

Novel Coronavirus 2019 (COVID-19) Employee Instructions

You are expected to closely read through this document **before** reaching out to your manager or Polar H.R.'s dedicated COVID email of covid19@polarsemi.com. This document includes helpful embedded resource links and clear instructions for various COVID-type leaves.

All COVID-related communications between Polar and employees will be via **EMAIL ONLY**. Check your email daily and use only covid19@polarsemi.com. Texts and phone calls will not be responded to by Polar H.R.

Find the ONE situation that best applies to your COVID-19 related situation and follow the directions.

Note: If your situation changes, follow the new, appropriate instructions.

If you (the employee) already had a confirmed case of COVID-19 within the last three months OR it has been at least two weeks since you (the employee) were FULLY VACCINATED for COVID-19... and now you have had a confirmed or potential COVID-19 exposure, are experiencing symptoms again, or have traveled internationally or were on a cruise, see pages 7 & 8. If it has been longer than three months since your last confirmed case of COVID-19 (and you are not fully vaccinated), then your confirmed or potential exposure or COVID symptoms are treated as your first/novel exposure.

If you (the employee) have COVID vaccine or COVID vaccine side effects questions, see page 6.

EMPLOYEE IS BEING TESTED FOR COVID-19 DUE TO SYMPTOMS OR EMPLOYEE HAS COVID-19 SYMPTOMS. To help determine if you should be tested based on symptoms and other factors, click [here](http://www.polarsemiconductor.com/MedicalTestingResources.pdf). Find COVID testing resources here: <http://www.polarsemiconductor.com/MedicalTestingResources.pdf>

Who to contact	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. Your facility access will be inactivated by H.R. You must also continue to follow all call-in procedures with your manager each shift.
Information to include in your notification email	<ul style="list-style-type: none"> Your first day of work missed. The date you will be tested. <p>Once your results are received, you will then follow the below instructions for either test-negative in GREEN or the test-positive in RED</p>
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644

EMPLOYEE TESTED NEGATIVE FOR COVID-19

<p>When you can return to work</p> <p><i>Note: Failure to timely follow the protocol to the right could result in attendance points. You will be expected to proactively manage your return to work situation and to collect and submit documentation to Polar via email as required in these instructions.</i></p>	<ul style="list-style-type: none"> You must provide negative COVID-19 test results documentation (PDF, screenshot, etc.) Work with the testing facility or clinic to access this documentation. Polar will not assist with this. PLUS You must complete the Polar Return to Work Form available at: http://www.polarsemiconductor.com/CompComms.html Complete the section for EMPLOYEE HAD SYMPTOMS BUT EMPLOYEE TESTED NEGATIVE FOR COVID-19 <p>Both items (test result and form) must be provided together in the same email to covid19@polarsemi.com</p> <p style="text-align: right;"><i>CONTINUED ON NEXT PAGE</i></p>
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When your facility access will be reactivated	<ul style="list-style-type: none"> Your facility access will be reactivated once both of the above bulleted items have been returned to covid19@polarsemi.com
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644

EMPLOYEE TESTED POSITIVE FOR COVID-19

Who to contact	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. Your facility access will be inactivated by H.R. if not already done. You must also continue to follow all call-in procedures with your manager each shift.
Information to include in your notification email	<ul style="list-style-type: none"> The date of your COVID-19 test. Positive COVID-19 test result (PDF, screenshot, etc.) Work with the testing facility or clinic to access this documentation. Polar will not assist with this. Last date in the Polar facility. List any close contact Polar employees (close contact = within less than six feet for more than 15 minutes while in the facility)
When you can return to work <i>Note: Failure to timely follow the protocol to the right could result in attendance points. You will be expected to proactively manage your return to work situation and to collect and submit documentation to Polar via email as required in these instructions.</i>	<ul style="list-style-type: none"> You can return when it has been at least ten days since your COVID symptoms first appeared (or ten days since the testing date if you have no symptoms) AND at least 24 hours since resolution of your last fever <i>without</i> the use of fever reducing medicine AND you've had improvement in symptoms. <i>Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation or return to work.</i> Important note: You may need to stay home longer than 10 days if 1) your symptoms are not improving or become worse, 2) if you have conditions that weaken your immune system, or 3) if you have been in the hospital. Talk to your healthcare provider for instructions in this situation. If you will be off longer than the standard 10 days request a doctor's note stating when you can safely return to work and provide that note to covid19@polarsemi.com . PLUS You must complete the Polar Return to Work Form available at: http://www.polarsemiconductor.com/CompComms.html Complete the section for EMPLOYEE TESTED POSITIVE FOR COVID-19. <p>Form(s) should be provided to covid19@polarsemi.com</p>
When your facility access will be reactivated	<ul style="list-style-type: none"> Your facility access will be reactivated once your Polar Return to Work Form has been returned to covid19@polarsemi.com
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644

EMPLOYEE ILLNESS – **NO COVID-19 SYMPTOMS**

To help determine if you should be tested, use the [Coronavirus Self Checker Tool](#). If it is recommended that you get tested, see category above **EMPLOYEE IS BEING TESTED FOR COVID-19 DUE TO SYMPTOMS OR EMPLOYEE HAS COVID-19 SYMPTOMS**. If it is determined to be unrelated to COVID-19:

Who to contact for non-COVID symptoms	Your manager via normal call-in procedure
When you can return to work	Stay home until healthy and symptom free for 24 hours <i>without</i> the use of pain or fever reducing medications.
Payment during time off If employee cannot work from home	Your manager will apply available Paid Time Off, reversing future requested time off if necessary.
Facility restriction?	No

IMMEDIATE HOUSEHOLD MEMBER OR IDENTIFIED CLOSE CONTACT INDIVIDUAL IS BEING TESTED FOR COVID-19 DUE TO SYMPTOMS OR THEY HAVE COVID-19 SYMPTOMS.

If they have symptoms, they should immediately schedule a [COVID test](#).

Keep in mind that COVID-19 is likely contagious up to 48-72 hours *before* an individual starts experiencing symptoms.

Who to contact	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. Your facility access will be inactivated by H.R. You must also continue to follow all call-in procedures with your manager each shift.
Information to include in your notification email	<ul style="list-style-type: none"> Your first day of work missed. The date your family member or close contact is being tested. <p>Once their test results are received, you will then follow the below instructions for either test-negative in PURPLE or the test-positive in ORANGE</p>
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644

IMMEDIATE HOUSEHOLD MEMBER OR IDENTIFIED CLOSE CONTACT INDIVIDUAL TESTED NEGATIVE FOR COVID-19

<p>When you can return to work</p> <p><i>Note: Failure to timely follow the protocol to the right could result in attendance points. You will be expected to proactively manage your return to work situation and to collect and submit documentation to Polar via email as required in these instructions.</i></p>	<ul style="list-style-type: none"> You must provide the individual's negative COVID-19 test results documentation. Work with his/her testing facility or clinic to access this documentation. Polar will not assist with this. <p>PLUS</p> <ul style="list-style-type: none"> You must complete the Polar Return to Work Form available at: http://www.polarsemiconductor.com/CompComms.html Complete the section for IMMEDIATE HOUSEHOLD MEMBER OR CLOSE CONTACT INDIVIDUAL HAD COVID-19 SYMPTOMS BUT TESTED NEGATIVE FOR COVID-19 <p>Both items above must be provided together in the same email to covid19@polarsemi.com</p>
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When your facility access will be reactivated	<ul style="list-style-type: none"> Your facility access will be reactivated once both of the above bulleted items have been returned to covid19@polarsemi.com
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644

IMMEDIATE HOUSEHOLD MEMBER OR IDENTIFIED CLOSE CONTACT INDIVIDUAL HAS TESTED POSITIVE FOR COVID-19.

Who to contact	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. Your facility access will be inactivated by H.R. You must also continue to follow all call-in procedures with your manager each shift.
Information to include in your notification email	<ul style="list-style-type: none"> The date of your household member/close contact's COVID-19 test. Documentation of your household member/close contact's positive COVID-19 test (PDF, screenshot, etc.).
When you can return to work <i>Note: Failure to timely follow the protocol to the right could result in attendance points. You will be expected to proactively manage your return to work situation and to collect and submit documentation to Polar via email as required in these instructions.</i>	<ul style="list-style-type: none"> At the end of a 7 day quarantine period following your last potential exposure and a negative COVID-19 test which was taken at least 5 days following the last date of potential exposure. Or, after 10 days with no test. <p>PLUS</p> <ul style="list-style-type: none"> You must complete the Polar Return to Work Form available at: http://www.polarsemiconductor.com/CompComms.html Complete the section for IMMEDIATE HOUSEHOLD MEMBER OR IDENTIFIED CLOSE CONTACT INDIVIDUAL TESTED POSITIVE FOR COVID-19 <p>Both items (test result and form) must be provided together in the same email to covid19@polarsemi.com</p>
When your facility access will be reactivated	<ul style="list-style-type: none"> Your facility access will be reactivated once both of the above bulleted items have been returned to covid19@polarsemi.com
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644

EMPLOYEE – RECENT INTERNATIONAL TRAVEL

Who to contact	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. Your facility access will be inactivated by H.R. You must also continue to follow all call-in procedures with your manager each shift.
Information to include in your notification email	<ul style="list-style-type: none"> The date you re-entered the U.S. Documentation showing your re-entry date (flight information, stamped passport or visa, etc.).
When you can return to work <i>Note: Failure to timely follow the protocol to the right could result in attendance points. You will be expected to proactively manage your return to work situation and to collect and submit documentation to Polar via email as required in these instructions.</i>	<ul style="list-style-type: none"> At the end of a 7 day quarantine period following your last potential travel exposure and a negative COVID-19 test which was taken at least 5 days following the last date of potential travel exposure. Or, after 10 days with no test. <p>PLUS</p> <ul style="list-style-type: none"> You must complete the Polar Return to Work Form available at: http://www.polarsemiconductor.com/CompComms.html Complete the section for EMPLOYEE – RECENT INTERNATIONAL TRAVEL <p>Both items (test result, if applicable, and form) must be returned together in the same email to covid19@polarsemi.com</p>
When your facility access will be reactivated	<ul style="list-style-type: none"> Your facility access will be reactivated once the above bulleted items have been returned to covid19@polarsemi.com
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644

EMPLOYEE – RECENT CRUISE

Who to contact	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. Your facility access will be inactivated by H.R. You must also continue to follow all call-in procedures with your manager each shift.
Information to include in your notification email	<ul style="list-style-type: none"> The date your cruise ended. Documentation showing the end date of your cruise travel.
When you can return to work <i>Note: Failure to timely follow the protocol to the right could result in attendance points. You will be expected to proactively manage your return to work situation and to collect and submit documentation to Polar via email as required in these instructions.</i>	<ul style="list-style-type: none"> At the end of a 7 day quarantine period following your last potential cruise exposure and a negative COVID-19 test which was taken at least 5 days following the last date of potential cruise exposure. Or, after 10 days with no test. <p>PLUS</p> <ul style="list-style-type: none"> You must complete the Polar Return to Work Form available at: http://www.polarsemiconductor.com/CompComms.html Complete the section for EMPLOYEE – RECENT CRUISE <p>Both items (test result, if applicable, and form) must be returned together in the same email to covid19@polarsemi.com</p>
When your facility access will be reactivated	<ul style="list-style-type: none"> Your facility access will be reactivated once the above bulleted item has been returned to covid19@polarsemi.com
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644

COVID VACCINATION & RELATED SYMPTOMS

After the vaccine, individuals may have no side effects or may have mild side effects for 1-2 days (redness/pain/swelling at the site of injection, headache, muscle aches, fatigue, joint pain, chills, nausea, diarrhea). You can continue to work if you have no symptoms from the vaccine or your symptoms fall within the above listed side effects and they resolve within 1-2 days of the vaccine AND you have had no known COVID-19 close contact exposure within the previous 14 days. If you need to miss any shifts due to these symptoms, follow normal call-in procedures with your manager each shift. Your manager will apply available Paid Time Off, reversing future requested time off if necessary. No form is required to return to work.

If you have a fever after the vaccine, you should stay home until you have been fever-free for 24 hours without medication. Follow normal call-in procedures with your manager each shift. Your manager will apply available Paid Time Off, reversing future requested time off if necessary. As long as your fever resolves with 1-2 days of the vaccine AND you have had no known COVID-19 close contact exposure within the previous 14 days, you can return to work when fever-free for 24 hours. No form is required to return to work.

If you still have a fever on the 3rd day post-vaccine or you have any of these symptoms (cough, shortness of breath, sore throat, runny nose, or change in taste or smell) then you should follow the instructions for EMPLOYEE IS BEING TESTED FOR COVID-19 DUE TO SYMPTOMS OR EMPLOYEE HAS COVID-19 SYMPTOMS.

If you were notified of any COVID-19 close contact exposure shortly after your vaccination then you should follow the instructions for IMMEDIATE HOUSEHOLD MEMBER OR IDENTIFIED CLOSE CONTACT INDIVIDUAL IS BEING TESTED FOR COVID-19 DUE TO SYMPTOMS OR THEY HAVE COVID-19 SYMPTOMS.

GENERAL VACCINATION INFORMATION:

[HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/VACCINES/INDEX.HTML](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html)

YOU ALREADY HAD YOUR OWN COVID-19 POSITIVE DIAGNOSIS/RECOVERY WITHIN THE LAST THREE MONTHS or IT HAS BEEN AT LEAST TWO WEEKS SINCE YOU WERE FULLY VACCINATED FOR COVID-19... AND YOU'VE HAD A POSSIBLE/CONFIRMED COVID-19 EXPOSURE (via family member, close contact) or you WENT ON A CRUISE or TRAVELLED INTERNATIONALLY, AND YOU HAVE NO SYMPTOMS

You can return to work. However, you must complete the Polar Return to Work Form available at: <http://www.polarsemiconductor.com/CompComms.html>. Email the completed form to covid19@polarsemi.com.

Complete the Section for: **EMPLOYEE HAS ALREADY HAD OWN COVID-19 DIAGNOSIS/RECOVERY WITHIN THE LAST THREE MONTHS OR IT HAS BEEN AT LEAST TWO WEEKS SINCE THE EMPLOYEE WAS FULLY VACCINATED FOR COVID-19 AND EMPLOYEE HAD POSSIBLE/CONFIRMED COVID-19 EXPOSURE (via family member, close contact) or WENT ON A CRUISE or TRAVELLED INTERNATIONALLY AND EMPLOYEE HAS NO SYMPTOMS.**

YOU ALREADY HAD YOUR OWN COVID-19 POSITIVE DIAGNOSIS/RECOVERY WITHIN THE LAST THREE MONTHS or IT HAS BEEN AT LEAST TWO WEEKS SINCE YOU WERE FULLY VACCINATED FOR COVID-19... AND YOU'VE HAD A POSSIBLE/CONFIRMED COVID-19 EXPOSURE (via family member, close contact) or you WENT ON A CRUISE or TRAVELLED INTERNATIONALLY, AND YOU ARE EXPERIENCING SYMPTOMS RELATED TO THIS COVID-19 EXPOSURE OR CRUISE/TRAVEL

Who to contact	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. You must also continue to follow all call-in procedures with your manager each shift.
Information to include in your notification email	<ul style="list-style-type: none"> The date of your past COVID-19 positive test that was taken within the past three months or the date your vaccination was complete The date you started experiencing symptoms again. Last date in the Polar facility.
<p>When you can return to work</p> <p><i>Note: Failure to timely follow the protocol to the right could result in attendance points. You will be expected to proactively manage your return to work situation and to collect and submit documentation to Polar via email as required in these instructions.</i></p>	<ul style="list-style-type: none"> When it has been at least 24 hours since resolution of your last fever <i>without</i> the use of fever reducing medicine AND you have a doctor's note stating that you can return to work and/or your recent negative COVID test (related to these current symptoms) if your physician recommended a test. PLUS You must complete the Polar Return to Work Form available at: http://www.polarsemiconductor.com/CompComms.html Complete the section for EMPLOYEE HAS ALREADY HAD OWN COVID-19 DIAGNOSIS/RECOVERY WITHIN THE LAST THREE MONTHS <u>OR</u> IT HAS BEEN AT LEAST TWO WEEKS SINCE THE EMPLOYEE WAS FULLY VACCINATED FOR COVID-19 AND EMPLOYEE HAD POSSIBLE/CONFIRMED COVID-19 EXPOSURE AND EMPLOYEE EXPERIENCED COVID SYMPTOMS RELATED TO THIS COVID-19 EXPOSURE OR CRUISE/TRAVEL. <p style="text-align: right;"><i>CONTINUED ON NEXT PAGE</i></p>

	<p>Items (doctor's note plus test result, if recommended, and form) must be returned together in the same email to covid19@polarsemi.com</p>
<p>Payment during time off If employee cannot work from home</p>	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644
<p>Facility restriction?</p>	<p>No</p>

YOU ALREADY HAD YOUR OWN COVID-19 POSITIVE DIAGNOSIS/RECOVERY PREVIOUSLY WITHIN THE LAST THREE MONTHS or IT HAS BEEN AT LEAST TWO WEEKS SINCE YOU WERE FULLY VACCINATED FOR COVID-19... AND YOU ARE EXPERIENCING SYMPTOMS NOW

<p>Who to contact</p>	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. You must also continue to follow all call-in procedures with your manager each shift.
<p>Information to include in your notification email</p>	<ul style="list-style-type: none"> The date of your past COVID-19 positive test that was taken within the past three months or the date your vaccination was complete. The date you started experiencing symptoms again. Last date in the Polar facility.
<p>When you can return to work</p> <p><i>Note: Failure to timely follow the protocol to the right could result in attendance points. You will be expected to proactively manage your return to work situation and to collect and submit documentation to Polar via email as required in these instructions.</i></p>	<ul style="list-style-type: none"> When it has been at least 24 hours since resolution of your last fever <i>without</i> the use of fever reducing medicine AND you have a doctor's note stating that you can return to work and/or your recent negative COVID-19 test (related to these current symptoms) if your physician recommended a test. <p>PLUS</p> <ul style="list-style-type: none"> You must complete the Polar Return to Work Form available at: http://www.polarsemiconductor.com/CompComms.html Complete the section for EMPLOYEE HAS ALREADY HAD OWN COVID-19 DIAGNOSIS/RECOVERY PREVIOUSLY WITHIN THE LAST THREE MONTHS OR IT HAS BEEN AT LEAST TWO WEEKS SINCE THE EMPLOYEE WAS FULLY VACCINATED FOR COVID-19 AND EMPLOYEE EXPERIENCED COVID SYMPTOMS AGAIN. <p>Items (doctor's note plus test result, if recommended, and form) must be returned together in the same email to covid19@polarsemi.com</p>
<p>Payment during time off If employee cannot work from home</p>	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644
<p>Facility restriction?</p>	<p>No</p>

YOU OR AN IMMEDIATE FAMILY MEMBER IS DEEMED [HIGH RISK PER CDC](#)

Who to contact	Email covid19@polarsemi.com
Add'l documentation needed	Medical Certification establishing underlying condition and if medically related absences are prescribed
When you can return to work	Per employee/employer/physician discretion
Payment during time off If employee cannot work from home	To be determined; case-by-case analysis
Facility restriction?	No

YOU ARE NERVOUS TO BE WORKING DURING COVID-19 AND/OR YOU HAD POSSIBLE SECONDHAND EXPOSURE (*examples: one of your non-household friends is being tested for COVID-19, a friend's friend has tested positive for COVID-19, etc.*)

You should remain/return to work. If any time is missed, PTO will be applied and attendance points would be applied if applicable per standard Polar policy.

YOU ARE HAVING DAYCARE ISSUES DUE TO COVID-19

Who to contact	<ul style="list-style-type: none"> Email covid19@polarsemi.com with the information in the box directly below. You must also continue to follow all call-in procedures with your manager each shift.
Add'l documentation needed	Documentation supporting how COVID-19 has affected your daycare situation; i.e. cancellation/closure notice of daycare provider, etc.
When you can return to work	You should return to or be at work as soon or as often as you are able. This link may be helpful https://mn.gov/mmb/childcare/families/ (Polar employees are Tier 2 employees)
Payment during time off If employee cannot work from home	<ul style="list-style-type: none"> Your manager will apply available Paid Time Off, reversing future requested time off if necessary. You can also contact unemployment: www.uimn.org 651-296-3644
Facility restriction?	No

YOU ARE HAVING COVID-19 RELATED ISSUES NOT SPECIFIED ON THIS FORM

Please email covid19@polarsemi.com and explain your situation in detail and attach supporting documentation. Instructions will then be provided appropriate to your unique circumstances.

Click [HERE](#) for COVID Symptoms. Click [HERE](#) for COVID Testing Resources.

Medical Resources:

HealthPartners Nurseline: 612-339-3663

Virtuwell online clinic: www.virtuwell.com

Doctor on Demand: www.doctorondemand.com

[HealthPartners Open Access provider link](#)