

POLICY NUMBER:	HR10-005
EFFECTIVE DATE:	November 9, 2009
LAST REVISION DATE:	November 9, 2009

PANDEMIC POLICY

Policy:

The purpose of this policy is to provide guidelines to assist management and associates before, during, and after a pandemic or other health crisis.

INTRODUCTION

This policy is intended to provide a practical, flexible document to assist Imperial Sugar Company management and associates in preparing and executing emergency response activities before, during, and after a pandemic or other health crisis that considers the health of associates, customers, visitors, vendors, and suppliers; and maximizes the continuity of business.

This policy was prepared in anticipation of the impact of the 2009 H1N1 virus (swine flu) as well as potential future outbreaks of a similar nature. Swine flu is a disease of a respiratory nature caused by a strain of the influenza type A virus H1N1 which may be spread from person to person by coughing or sneezing.

Imperial Sugar is committed to providing a safe place to work as well as remaining in compliance with long-standing federal regulations surrounding safe food manufacturing practices. Company and plant management must and will take all reasonable measures and precautions to ensure this.

SCOPE

For the purposes of this policy, “Company” is defined to include all affiliates and subsidiaries of Imperial Sugar Company. The word “Pandemic” shall be used to refer to an epidemic of infectious disease that is spreading through the human population across a large region.

This policy applies to all persons performing work for the Company, including associates, contractors, and consultants, assigned or having reason to visit any Company location. It also applies to suppliers and vendors who may have reason to visit a Company location.

The Company reserves the right to amend, cancel, change, or add to this policy in its sole discretion at any time. The policy as posted on the Company’s internet site (www.imperialsugar.com), will be defined as the current policy.

This policy shall be monitored and enforced by the Company’s Environmental, Health, Safety, Quality, and Food Safety department in conjunction with the Company’s Human Resources department.

ROLES AND RESPONSIBILITIES

The following roles and responsibilities exist with regard to the Company’s Pandemic Policy:

Associate Responsibility:

Associates who are experiencing flu-like symptoms, should not report to work and should contact their supervisor to inform them of their need to be absent from work and the reason for the absence.

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If an associate develops flu-like symptoms while at work, they should notify their supervisor by telephone and then leave the premises as soon as possible in order to avoid contact with other associates. If an associate cannot leave right away, he should isolate himself and leave the premises as soon as possible.

An associate should remain home until at least 24 hours after the absence of fever or signs of a fever such as chills, feeling very warm, having a flushed appearance, or sweating. It is important that the fever should be absent without the use of fever-reducing medicines such as ibuprofen or acetaminophen. A fever, as defined by the Center for Disease Control (the “CDC”), is body temperature of 100 degrees Fahrenheit or 37.8 degrees Celsius.

At facilities where a health care professional is on staff, associates should consult that staff member regarding their symptoms and their ability to return to work.

Company Responsibility:

Imperial Sugar Company has an obligation to provide a safe working environment for all associates. Depending on the severity of the outbreak in a given facility, it may be necessary for the Company to take certain measures to ensure the well-being of associates. These measures may include, but are not limited to:

- Conducting active screening of associates as they arrive for work. This may include screening for fever, as defined by the CDC. Associates who have a fever or other flu-like symptoms will be asked to leave. If available, screenings will be conducted by the health care professional on site. Alternatively, a disposable thermometer or other non-invasive means may be used.
- Issuing personal protective equipment such as masks.
- Restricting visitor access to Company facilities. This may include closing certain entrances so that those entering the facility may be appropriately screened.
- Restricting company requested associate travel when certain geographic regions have been identified as being at an elevated risk level
- Encouraging communication via electronic means in order to avoid face-to-face meetings when possible

If any of these actions, or other similar actions, are deemed necessary by the Company, associates and involved bargaining unit officials will be informed as soon as possible.

If immunization is available, the Company may elect to provide voluntary immunizations for associates. If that is not practical, the Company may provide information as to where immunization may be obtained.

GENERAL GUIDELINES

If an associate is absent from work due to the pandemic, the following will apply:

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Sick Leave Policies:

Provisions of the sick leave policies at each location, if any, will apply. If an associate has sick leave available, he may designate that time for his absence. The associate may also use accrued vacation time while absent. If an associate is required to be away from work due to the illness of an immediate family member, he should notify his supervisor as soon as possible of the need to be absent and the reason for the absence. In certain circumstances, it may be possible for the supervisor to arrange for an alternate work schedule so that the associate may continue to report to work as well as provide the care required by the family member. In limited cases, it may be possible to perform a job function by telecommuting. Either situation will require approval in writing in advance from the supervisor. If the nature of the work doesn't allow an alternate work schedule or telecommuting, provisions under existing sick leave policies at each location, if any, will apply.

Family Medical Leave Act

If the associate's illness, or the illness of the associate's child, spouse or parent, is sufficiently serious to constitute a serious health condition, reference should be made to the Company's Family Medical Leave Act Policy. Under the Family Medical Leave Act, a serious health condition must involve: (1) inpatient care in a hospital or medical care facility, or (2) continuing treatment by a health care provider. To qualify as "continuing treatment", the associate or family member must have a period of incapacity of more than three consecutive, full calendar days. In addition, the associate or family member must receive subsequent treatment, or have a period of incapacity relating to the same condition, that also involves treatment two or more times within thirty days of the first day of incapacity, unless extenuating circumstances exist, by a health care provider or under the orders or referral of a health care provider, or treatment by a health care provider on at least one occasion that results in a regimen of continuing treatment. A "regimen of continuing treatment" includes a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition. The Company will require the appropriate documentation when an illness is considered a serious health condition including a Certification of Health Care Provider for Employee's Serious Health Condition, or Certification of Health Care Provider for Family Member's Serious Health Condition, as appropriate.

Return to Work Certification:

Whether the Company will require a doctor's certification or allow the associate to self certify their ability to return to work will be dependent upon the nature of the pandemic and the guidance of the Center for Disease Control at the time of the pandemic. Regarding the 2009 H1N1 pandemic, it is noted that most people experience mild symptoms that do not require a doctor's care. Accordingly, the Company will not require a doctor's certification in order for an associate to return to work following an illness due to the H1N1 virus unless special circumstances dictate otherwise. This includes, but is not limited to, the length of the absence and the associate's attendance history. The location's Human Resource department shall have the authority to require a doctor's certification. If the illness qualifies as a serious health condition under the Family Medical Leave Act, the Company will require a doctor's certification to return to work.

External Resources:

Each facility will monitor local sources of information as the severity of the pandemic may vary from place to place and associates are encouraged to do the same. Regarding the 2009 H1N1 pandemic, associates should contact:

In Sugar Land: the Fort Bend County Office of Emergency Management at www.fbcoem.org, or the Texas Health Hotline at 2-1-1



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In Port Wentworth: the Georgia Department of Community Health H1N1 Hotline 1-888-899-9788, or <http://www.health.state.ga.us/h1n1flu/>.

In Gramercy: the Office of Public Health at 985-447-0916 ext. 338 or 340, or the Louisiana Department of Health & Hospitals at www.dhh.louisiana.gov.

If an associate does not regularly report to one of these three facilities, he should contact his local health department for guidance or go to www.flu.gov. The Center for Disease Control (www.cdc.gov/h1n1flu/ or 1-800-CDC-INFO) is also a good resource for pandemic information.

Questions:

Associates with questions regarding this policy or its application should discuss their question with their immediate supervisor. For more information, please contact a member of the Safety Department or the Human Resources Department.



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The interpretation and administration of this policy is the responsibility of the Vice President-Administration. This policy may be revised at any time at the Company's discretion.



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ACKNOWLEDGMENT

PANDEMIC POICY

I certify that I have received and read and that I will abide by the Imperial Sugar Pandemic Policy.

Signed: _____
(signature)

Name: _____
(printed)

Date: _____