

SARS-COV-2 (COVID-19) CONTINGENCY PLAN

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SUBJECT	SARS-CoV-2 (COVID-19) Contingency Plan Prevention, control and monitoring procedures	
FOR	UPT staff and students	
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<p>The guidelines contained in the UPT Contingency Plan were transcribed from the DGS Directive “SARS-CoV-2 infection (COVID-19) - Prevention, control and surveillance procedures in companies” (Number: 006/2020, 26/02/2020) and Order No. 2836-A/2020 of March 2nd, 2nd series of the Official Gazette (Diário da República).</p>		

1. SCOPE

The Contingency Plan describes the main steps UPT is establishing in the scope of the infection with the new Coronavirus SARS-CoV-2, causal-agent of COVID-19, as well as the procedures to be adopted before a student or staff member with symptoms of this infection.

2. DEFINITION OF SUSPECTED CASE

The following definition is based on the information available to date at the European Centre for Disease Prevention and Control (ECDC):

Clinical criteria	Epidemiological criteria
Acute respiratory infection (fever or cough or difficulty breathing) requiring hospitalization or not	Travel history to areas with active community transmission in the 14 days prior to the onset of symptoms OR Contact with confirmed or probable case of infection with SARS-CoV-2/COVID-19, in the 14 days prior to the onset of symptoms OR Health professional or person who has been in a health facility where patients with COVID-19 are treated

3. TRANSMISSION OF THE INFECTION

COVID-19 is believed to be transmitted:

- By respiratory droplets (particles greater than 5 microns)
- By direct contact with infectious secretions
- By aerosols in therapeutic procedures that produce them (particles smaller than 1 micron).

Current knowledge about the transmission of SARS-CoV-2 is supported by knowledge about the first cases of COVID-19 and other coronaviruses of the same subgenus. Person to person transmission has been confirmed and is thought to occur during close exposure to a person with COVID-19, through the dissemination of respiratory droplets produced when an infected person coughs, sneezes or talks, which can be inhaled or land in the mouth, nose or eyes of people who are close by. Contact of the hands with a surface or object with the new coronavirus and then contact with the oral, nasal, or ocular mucous membranes (mouth, nose, or eyes), can lead to the transmission of the infection. To date, there is no specific vaccine or treatment for this infection.

4. CONTINGENCY PLAN

4.1. Effects the SARS-CoV-2 (COVID-19) infection may have in UPT:

4.1.1. General situations, which must be analysed together with point 4.3 and the flowchart (annexes I and II).

- There is a greater risk of infection for staff members who perform activities requiring contact with the public, as well as teaching activities that may take place outside the UPT (e.g., internships at national or foreign institutions, Erasmus programmes, etc.) involving staff members and students;
- The reduction or suspension of the contact period, according to Order no. 2836-A/2020 published in the Official Gazette, 2nd series, of March 2nd, may occur when an staff member of the Academic Services or Human Resources or other services (e.g., Library), is suspected to be infected, until confirmation of the case. The specific procedures must be applied as described in point 4.3.1 or 4.3.2;
- If a case is considered to be a suspected case by the local health authority, the implementation of procedures should be triggered, namely ‘seal off’ the location, proceed to the isolation area, and inform staff members of the procedures to follow according to the instructions given;
- In case a worker has had contact with someone who is in the process of validation or with a validated disease, or has had contact with someone who has travelled from a country listed by WHO, it may be necessary, in agreement with health authorities, for the worker to resort to teleworking, use videoconference for meetings, and refrain from going into the work place until this hypothesis has been ruled out;
- In case a student has had contact with someone who is in the process of validation or with a validated disease, or has had contact with someone who has travelled from a country listed by WHO, it may be necessary, in agreement with health authorities, for the student to resort to distance learning and not to go into UPT until this hypothesis is ruled out;
- In these situations, the strengthening of the technological infrastructures for communication and

information must be guaranteed to enable these staff members to work in a teleworking regime;

- The suspension of public events or initiatives carried out in closed places or places open to the public, of face-to-face training activities, according to Order no. 2836-A/2020 published in the Official Gazette, 2nd series, of March 2nd, may occur when there is any suspected case of an individual infected with COVID-19 in the UPT community, and such decision is taken in articulation with health authorities;
- In the event of several confirmed cases of infected staff members or students, the operation of the bar, canteen and the use of common spaces in the UPT facilities may be suspended, or even the University may be closed, and such decision is taken in articulation with health authorities.

4.12 Situation per service, in the case of recommendation or decision to reduce or suspend activities:

- If necessary, the teaching activity can be ensured, among others, with the use of the following resources:
 - Moodle
 - Skype for Business (Teams)

Access: using user_number/initials@alunos.upt.pt and the password used for SIUPT.
- Technical and Scientific Council, Pedagogical Council and Ethics Committee meetings may be suspended.
- In the Academic Management Service:
 - Activities performed that are essential to continue are the following:
 - Response to the service's email;
 - Response to students' requests/questions/enquiries through the SIUPT platform;
 - Answering phone calls;
 - The activities that must necessarily be performed with due protection because they require contact with the public are:
 - Delivery of documentation;
 - Cash payments.
- In the External Relations, Projects and Communication Service:
 - Activities performed that are essential to continue are the following:
 - Response to the service's email;
 - Answering phone calls;
 - Mobility flow control;
 - Supporting the in and out mobility processes.
 - The activities that must necessarily be suspended because they require contact with the public are:

- Face-to-face service to students and teachers with in and out mobility scholarships;
 - Signing mobility agreements;
- In the Information Resources Service (Library):
 - The activities performed that are essential to continue are the following:
 - Response to the service's email;
 - Answering phone calls;
 - Supporting bibliographic research;
 - Monitoring scientific production;
 - Recording master's dissertations in the RENATES platform.
 - The activities that must necessarily be suspended because they require contact with the public are:
 - Training sessions for students;
 - Reception of books;
 - Book loaning using manual record control;
 - Using the library as a reading and study room;
- In the Logistics area:
 - The activities performed that are essential to continue are the following:
 - Events logistics, namely due diligence related to the postponement and/or cancellation of events;
- In the Maintenance and Infrastructure area:
 - The activities performed that are essential to continue are the following:
 - Logistics of interventions/repairs the UPT's buildings carried out by staff members of this area and by the maintenance company contracted to provide services;
- In the Information Systems area:
 - The activities performed that are essential to continue are the following:
 - Response to the service's email;
 - Answering phone calls;
 - Resolution of problems submitted on the helpdesk platform;
 - Remote management of some problems related to servers and computer network;
 - Local management of servers and computer network, in case of imperative need and in accordance with the recommendations of the authorities.
 - The activities that must necessarily be suspended because they require contact with the public are:
 - Face-to-face helpdesk;
- In the Human Resources Service:
 - The activities performed that are essential to continue are the following:
 - Response to the service's email;
 - Answering phone calls;
 - Payroll processing;

According to the specific procedures, namely those shown in point 4.3.1., any student/staff member with signs and symptoms of COVID-19 and epidemiological link must immediately put on the respiratory protection equipment (surgical mask) and gloves and, in the presence of the designated staff member, go to the isolation area or remain in the space, if this is the space to be confined.

The isolation room is equipped with natural ventilation and mechanical ventilation system, telephone, chair and couch, a kit with water and some non-perishable food, waste container with pedal control, alcohol-based antiseptic solution - AAS, paper towels, surgical mask(s), disposable gloves, and thermometer. The sanitary installation is properly equipped, namely with a soap dispenser and paper towels, for the exclusive use of the staff member/student with Symptoms/Suspected Case.

4.3. Specific Procedures

4.3.1. Procedures for a Suspected Case

1. Any student/staff member with signs and symptoms of COVID-19 and epidemiological link, or who identifies a student/staff member at UPT with signs/symptoms meeting the definition of a suspected case should:
 - a. Inform the direct manager or, in the case of students, the Department Director (preferably by telephone);
 - b. Go to the “isolation” area (Room 501, 5th floor) or stay in a room designated for that purpose;
 - c. Ensure the safety distance (greater than 1 meter) from other people, whenever possible.
2. The direct manager or the Director of the Department must immediately contact the UPT Crisis Office, through the contacts identified in the header of this document.
3. The student(s)/staff member(s) who accompanies/provides assistance to the student(s)/staff member(s) with symptoms, must put on, moments before starting this assistance:
 - a. A surgical mask;
 - b. The disposable gloves;
 - c. They must comply with basic infection control precautions (BICP) regarding hand hygiene after contact with the patient.
4. The sick student(s)/staff member(s) (suspected case of COVID-19) already in the “isolation” area, contact the NHS hotline “SNS 24” (808 24 24 24).
5. This student/staff member must wear a surgical mask, if his/her clinical condition allows:
 - a. The mask must be put on by the student/staff member him or herself.

- b. Ensure that the mask is properly fitted (i.e.: adjustment of the mask to the face, in order to allow complete occlusion of the nose, mouth and sides of the face. In men with a beard, an adaptation may be made to this measure - surgical mask complemented with a paper tissue.
 - c. Whenever the mask is wet, the student/employer must replace it with a clean one.
6. The SNS 24 health professional questions the sick student/staff member about signs and symptoms and epidemiological link compatible with a suspected case of COVID-19. After evaluation, the SNS 24 informs the student/staff member:
- a. If it is not a suspected case of COVID-19: the SNS 24 defines the procedures appropriate to the student/staff member's clinical condition;
 - b. If it is a suspected case of COVID-19: the SNS 24 contacts the Physician Support Line (LAM - Linha de Apoio ao Médico), of the General Health Direction, to validate the suspicion. The result of such validation may be:
 - i Non-Validated Suspected Case: the case is closed for COVID-19. SNS 24 defines the usual procedures according to the clinical condition of the student/staff member. The student/staff member informs the UPT Crisis Office about the non-validation and the latter informs the BoD.
 - i Validated Suspected Case: the General Health Direction activates the National Institute of Medical Emergency, the National Institute of Health, and the Regional Health Authority, thus starting the epidemiological investigations and contact tracing. The UPT Crisis Office informs the BoD about the validation.
7. In the event of a validated suspected case:
- a. The sick student/staff member should remain in the "isolation" area (with surgical mask on, provided his or her condition allows it) until the arrival of the National Institute of Medical Emergency (INEM) team, activated by the DGS, which will transport the suspected case to the reference Hospital, where the biological samples for laboratory tests will be collected;
 - b. Access of other students/staff members to the "isolation" area is forbidden (except for workers designated to provide assistance);
 - c. The Crisis Office works in collaboration with the local health authority to identify the sick person's close contacts (Validated suspected case);
 - d. The Crisis Office informs the other students/staff members of the existence of a Validated suspected case awaiting results of laboratory tests, through the communication procedures set in the Contingency Plan.
 - e. The Validated suspected case must remain in the "isolation" area until the arrival of the INEM team activated by the DGS, in order to restrict the contact of this student/worker with other people to a strict minimum.

4.3.2. Procedures before a Validated suspected case

The DGS informs the Regional Health Authority of the results of laboratory tests, which in turn informs the Local

Health Authority.

The Local Health Authority informs the UPT Crisis Office of the results of laboratory tests and:

- a) If the Case is not confirmed, it is closed for COVID-19, with the usual procedures being applied, including cleaning and disinfection. The UPT's Contingency Plan measures are deactivated;
- b) If the Case is confirmed, access to the "isolation" area is forbidden until decontamination (cleaning and disinfection) is validated by the Local Health Authority. The restrictions on access can only be lifted by the Health Authority. In the event of a Confirmed case, the Crisis Office should:
 - i. Provide for the cleaning and disinfection (decontamination) of the "isolation" area;
 - ii. Reinforce cleaning and disinfection, mainly of the surfaces frequently handled and more used by the confirmed patient, which are more likely to be contaminated. Special attention should be given to the cleaning and disinfection of the confirmed patient's workstation/classrooms/laboratories (including objects and equipment used by said patient);
 - iii. Store the waste of the Confirmed Case in a plastic bag (50 or 70 microns thick) which, after being closed (e.g. with a clamp), must be segregated and sent to a licensed operator for the management of biohazardous medical waste.

The Local Health Authority, in close articulation with the Crisis Office, communicates to the DGS information about the measures implemented at the school, and about the health status of the patient's close contacts.

4.3.3. Surveillance of Close Contacts

	"High risk of exposure"	"Low risk of exposure"
Characteristics	<ul style="list-style-type: none"> - Student/staff member from the same workstation/class (office, room, laboratory, area up to 2 metres) of the Case; - Student of staff member who has been face-to-face with the Confirmed Case or who was in the same closed space with him/her; - Student/staff member who shared with the Confirmed case tableware (plates, glasses, cutlery), towels or other objects or equipment that may be contaminated with sputum, blood, respiratory droplets. 	<ul style="list-style-type: none"> - Student/staff member who had casual contact with the confirmed case (for example, in movement contact during which there was exposure to droplets/respiratory secretions through face-to-face conversation of longer than 15 minutes, cough or sneezing); - Student(s) or staff member(s) who assisted the confirmed case, as long as they have followed all prevention measures (e.g., proper use of face mask and gloves; respiratory etiquette; hands hygiene).
Surveillance	<ul style="list-style-type: none"> - Active monitoring by the Local Health Authority during the 14 days after the last exposure; - Daily self-monitoring of COVID-19 symptoms, including fever, cough, or difficulty breathing; - Restrict social contacts to the minimum; - Avoid travelling; - Be available by phone for active monitoring during the 14 days following last exposure 	<ul style="list-style-type: none"> - Daily self-monitoring of COVID-19 symptoms, including fever, cough, or difficulty breathing; - Follow up of the situation by the Crisis Office.

It is important to highlight that:

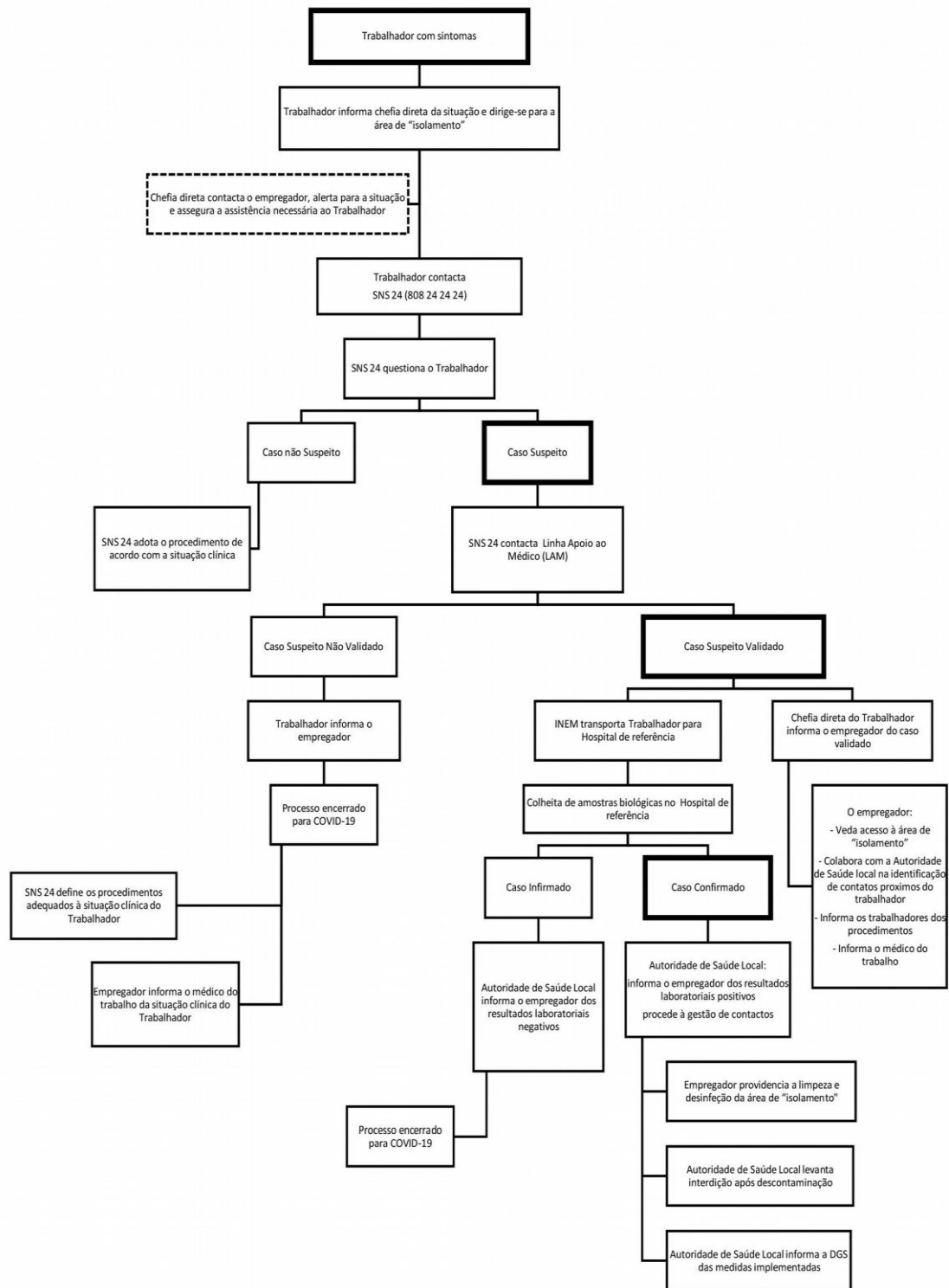
- The estimated incubation period of COVID-19 is between 2 to 14 days. As a precaution, active surveillance of close contacts will be carried out during 14 days from the date of the last exposure to a confirmed case;
- Daily self-monitoring, by the student/staff member themselves, aims to assess fever (measure the body temperature twice a day and take note of the value and time of measurement) and monitor cough or difficulty

breathing;

- In case of COVID-19 symptoms presenting in a student/staff member inside the UPT, the “Procedures for a Suspected Case” set in point 4.3.3 should be triggered;
- If there no symptoms present during the 14 days following the last exposure, the situation is closed for COVID-19.

Annex I

Flow chart for a situation of student/staff member with symptoms of COVID-19



Annex II

Flow chart for monitoring of close contacts (asymptomatic workers/students/staff members) of a Confirmed case of COVID-19 (worker/student/staff member)

