

Universidade do Minho



Version 1.0

March 7th, 2020

1. Introduction

This Plan describes the procedures to be adopted by teachers, students, researchers, “technicians, administrative and management employees” and by those who, for professional reasons or otherwise, visit the Rectory, cultural units and other buildings not covered by the remaining Contingency Plans of University of Minho - hereinafter referred to generically as Worker with Symptoms (suspected case of infection with the new Coronavirus SARS-CoV-2, the causal agent of COVID-19).

This Plan may be updated at any time, taking into account the evolution of the epidemiological profile of the COVID-19.

Situations not provided for in this Plan must be assessed on a case-by-case basis by the Commission for the Preparation and Management of the COVID-2019 Internal Contingency Plan of the University of Minho, appointed by Order RT-21/2020.

The definition presented in table 1 is based on the information available, at the time, at the European Centre for Disease Prevention and Control (ECDC), and is the one adopted by the University of Minho.

Table 1. Clinical criteria and epidemiological criteria.

Clinical criteria	Epidemiological criteria
Acute respiratory infection (fever or cough or shortness of breath) requiring (or not) hospitalization.	Recent travel to areas with active community transmission ¹ within 14 days prior to the onset of such symptoms
	or
	Contact with a confirmed or potential case of infection by the SARS-CoV-2/COVID-19, within 14 days prior to the onset of such symptoms
	or
	Health professional or person who has been to a health institution where patients with COVID-19 are treated.

Should you display any of the aforementioned symptoms (yourself or your cohabitants), do not visit the University of Minho or any health services, and please call the National Number on Covid-19 – SNS24 hotline (808 24 24 24) instead. Follow the instructions provided to you and inform the Safety Coordinator.

2. Specific procedures

This plan defines the following procedures:

- Procedures in case of a Suspected Case (point 8);
- Procedures in case of a Validated Case (paragraph 9);
- Procedure for the Surveillance of Close Contacts (point 10);
- Process for Alert and Internal Communication (point 11);
- Process for the Documentation of Contacts with the Suspected Case (point 12).

3. Responsibilities

¹ See updated information on the areas affected by the COVID-19 at <https://www.dgs.pt/corona-virus.aspx>

Main responsibilities essential to this plan:

- At the building reception, in a visible place, must be displayed the contact of the Safety Coordinator and the location of the isolation area;
- All workers must report to the Safety Coordinator an illness scenario framed within the following: worker with symptoms and epidemiological link compatible with the definition of a potential case of COVID-19 (Worker with Symptoms).
- Whenever a situation of Worker with Symptoms is reported, the Safety Coordinator immediately informs the direct line COVID-19 - UMinho (253 601 601);
- The Safety Coordinator informs which circuit to access the isolation area and escorts the Worker with Symptoms along the way. The area must be isolated, and, in due time, if necessary, guide the national medical emergency institute services (INEM) to the isolation area;
- The Safety Coordinator appoints a worker who provides communications assistance to the Worker with Symptoms during the isolation period.

4. “Isolation” areas and access circuits

Placing a Worker with Symptoms in an “isolation” area is a measure intended to prevent other workers from being exposed and infected. Its main goal is to prevent the spread of the communicable disease within the University of Minho and the community.

The “isolation” areas are intended to prevent or restrict direct contact between workers and the suspected infected worker (with signs and symptoms and epidemiological link compatible with the definition of a suspected case, criteria referred to in point 1) and allow for a social distance between the individual and the remaining workers.

The “isolation” areas are equipped with natural ventilation, or mechanical ventilation systems, and feature smooth and washable coverings. These areas are equipped with: telephone; chair or gurney (for rest and comfort of the Worker with Symptoms, pending the validation of the case and consequent transport by the INEM); kit with water and some non-perishable food items; waste container (with non-manual opening and plastic bag); alcohol-based antiseptic solution (available inside and at the entrance of this area); paper wipes; surgical mask(s); disposable gloves; thermometer. In these areas, or close to these, there must be a properly equipped sanitary facility, namely with a soap dispenser and paper towels, for the exclusive use of the Worker with Symptoms.

At the building reception, in a visible and accessible place, must be displayed the location of the isolation area. The Safety Coordinator will know the circuits to privilege when a Worker with Symptoms is forwarded to an “isolation” area. When accompanying a Worker with Symptoms, places with the highest number of people/workers on the premises should be avoided.

5. Availability of equipment and products

The University of Minho is committed to providing the following equipment and products:

- Alcohol-based antiseptic solution at strategic sites (e.g. dining area, biometric record, “isolation” areas), together with information on hand hygiene procedures;
- Surgical masks for the use of the Worker with Symptoms (suspected case);
- Surgical masks and disposable gloves, to be used, as a precautionary measure, for the Safety Coordinator;
- Paper wipes for hand drying, in the sanitary facilities and other places where hand hygiene is possible;
- Waste container with non-manual opening and plastic bag.

6. Information and training

The University of Minho is committed to:

- Disclosing the Contingency Plan specific to all workers, namely on the page <https://www.uminho.pt/PT/viver/COVID-19/>;
- Clarify workers, through accurate and clear information, on the COVID-19 in order, on the one hand, to avoid fear and anxiety and, on the other hand, to raise awareness towards the preventive measures they must institute;
- Inform and train workers on the specific procedures to be adopted in case of a suspected case.

7. Steps to be taken in the presence of workers suspected of infection by SARS-CoV-2

The University of Minho is committed to:

- Activating the Contingency Plan for the COVID-19;
- Confirming the effective implementation of the specific procedures provided for in the Contingency Plan for the COVID-19;
- Trying to keep the information on the COVID-19 up to date, on the page <https://www.uminho.pt/PT/viver/COVID-19/>, according to the information provided by the Directorate-General of Health (DGS), Local Health Authority and official media.

8. Procedures in a Suspected Case

Annex I shows the pathway to follow in a situation of a Worker with symptoms of COVID-19. This chapter describes the steps to follow.

Any worker who shows signs and symptoms of COVID-19 and epidemiological link, or whom may identify another worker with criteria compatible with the definition of a suspected case, preferably informs the Safety Coordinator by telephone.

The Safety Coordinator immediately informs the direct line COVID-19 - UMinho (253 601 601). The Safety Coordinator will appoint a worker who provides communications assistance to the Worker with Symptoms during the isolation period.

The Safety Coordinator accompanies the Worker with Symptoms along the route. Whenever possible, they must ensure the safety distance (greater than 1 meter) from the patient. The area must be isolated, and in case of a validated suspected case, forward and accompany the INEM to the isolation area.

The Safety Coordinator who accompany/render assistance to the Worker with Symptoms, must put on, just before beginning any assistance, a surgical mask and disposable gloves, in addition to complying with the basic infection control precautions regarding hand hygiene after contact with the diseased worker.

The diseased Worker (suspected case of COVID-19) already in the “isolation” area, contacts the SNS24 hotline (808 24 24 24).

This worker must wear a surgical mask, if his medical condition so allows. The mask must be put on by the worker himself. It must be checked whether 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 side areas of the face. In men with beards, an adaptation to this measure can be made - surgical mask supplemented with a tissue). Whenever the mask is damp, the worker must replace it with another one.

The SNS 24 health professional shall ask the diseased worker about signs and symptoms and any epidemiological link compatible with a suspected case of COVID-19. After assessment, the SNS 24 informs the Worker:

- If it is not a suspected case of COVID-19: defines the procedures suited to the worker's clinical status;
- If it is a suspected case of COVID-19: the SNS 24 contacts the Physician Support Line, from the Directorate-General of Health, to validate the suspicion. From this validation, the result can be:
- Non-Validated Suspected Case: it is closed for the COVID-19. The SNS 24 defines the usual procedures which are appropriate to the worker's clinical status. The worker informs the direct superior on the non-validation.
- Validated Suspected Case, the DGS activates the INEM, the INSA and the Regional Health Authority, thus initiating the epidemiological investigation and contact management. The direct superior of the Worker informs the employer on the existence of a suspected case validated at the University of Minho.

In the case of a Validated Suspected Case:

- The diseased worker must remain in the “isolation” area (with a surgical mask, as long as their clinical condition so allows), until the arrival of the team from the National Institute of Medical Emergency (INEM), activated by the DGS, which ensures transportation to the reference hospital, where biological samples will be collected for laboratory tests;
- The access to the “isolation” area is prohibited to all workers, except those designated to provide assistance;
- The University of Minho collaborates with the Local Health Authority in the identification of contacts close to the patient (Validated Suspected Case);
- The University of Minho informs the remaining workers on the existence of a Validated Suspected Case, pending results of laboratory tests, through the communication procedures established in the Contingency Plan.

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, to a minimum, the contact of this worker with other worker(s). Additional movement of the Validated Suspected Case within the facilities of the University of Minho should be avoided.

9. Procedures in case of a Validated Suspected Case

The DGS informs the Regional Health Authority on the laboratory results, which, in turn, informs the Local Health Authority.

The Local Health Authority informs the University of Minho on the results of the laboratory tests and:

- Should the Case be unconfirmed, it is then closed for COVID-19, with the usual procedures of the University of Minho being applied, including cleaning and disinfection;
- Should the Case be confirmed, the “isolation” area must be closed until the decontamination (cleaning and disinfection) is validated by the Local Health Authority. This ban can only be lifted by the Health Authority.

In the case of a Confirmed Case:

- The University of Minho must:
 - Provide for the cleaning and disinfection (decontamination) procedures of the “isolation” area;
 - Reinforce the cleaning and disinfection procedures, especially on surfaces frequently handled and most used by the confirmed patient, most likely to be contaminated. Focus on the cleaning and disinfecting procedures of the confirmed patient's workplace (including materials and equipment used by the patient);
 - Store the residues from 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 hospital waste with biological risk.
 - The Local Health Authority, in close coordination with the occupational health physician, informs on the measures implemented at the University of Minho to the DGS, and about the health status of close contacts with the patient.

10. Procedure for the Surveillance of Close Contacts

One considers “Close contact” when a worker, who shows no symptoms at the moment, had or may have had contact with a confirmed case of COVID-19. The type of exposure of the close contact will determine the type of surveillance (Annex II).

Close contact with a confirmed case of COVID-19 may be:

- “High risk of exposure”, which is defined as:

- Worker at the same workstation (office, room, section, clearance up to 2 meters) of the Case;
- Worker who was face-to-face with the Confirmed Case or who was with them in an enclosed space;
- Worker who shared crockery (plates, glasses, cutlery), towels or other objects or equipment, which may be contaminated with sputum, blood, respiratory droplets, with the Confirmed Case.

- “Low exposure risk” (casual), which is defined as:

- Worker who had sporadic (momentary) contact with the Confirmed Case (e.g. in movement/circulation during which there was exposure to respiratory droplets/secretions through face-to-face conversation for more than 15 minutes, coughing or sneezing).
- Worker(s) who provided assistance to the Confirmed Case, provided they have followed the preventive measures (e.g. proper use of the mask and gloves; respiratory label; hand hygiene).

In the event of a COVID-19 Confirmed Case, in addition to the above, the active surveillance procedures for close contacts should be activated, regarding the onset of symptoms. For purposes of management of the contacts, the Local Health Authority, in close coordination with the University of Minho, should:

- Identify, list and classify all close contacts (including casual contacts);
- Proceed with the required monitoring of contacts (call daily, inform, advise and refer, if necessary).

The estimated incubation period for the COVID-19 is 2 to 12 days. As a precautionary measure, active surveillance of close contacts shall occur in a period of 14 days from the date of the last exposure to a confirmed case.

The surveillance of close contacts should be shown in table 2.

Table 2. Surveillance of close contacts.

“High risk of exposure”	“Low risk of exposure”
<ul style="list-style-type: none"> - Active monitoring by the Local Health Authority for a period of 14 days since the last exposure; - Daily self-monitoring of COVID-19 symptoms, including fever, cough or shortness of breath; - Restrict social contact to the bare minimum; - Avoid travelling; - Be reachable for active monitoring during the 14-day period since the date of the last exposure. 	<ul style="list-style-type: none"> - Daily self-monitoring of COVID-19 symptoms, including fever, cough or shortness of breath; - Monitoring of the situation by the occupational health physician.

It should be noted that:

- The daily self-monitoring, carried out by the worker themselves, aims at assessing fever (measuring body temperature twice a day and documenting the value and time of measurement) and checking for cough or shortness of breath;
- If symptoms of COVID-19 are found and the worker is at the University of Minho, the “Procedures in case of a Suspected Case”, listed in point 8, must be initiated;
- If no symptoms appear within 14 days of the last exposure, the situation is closed for COVID-19.

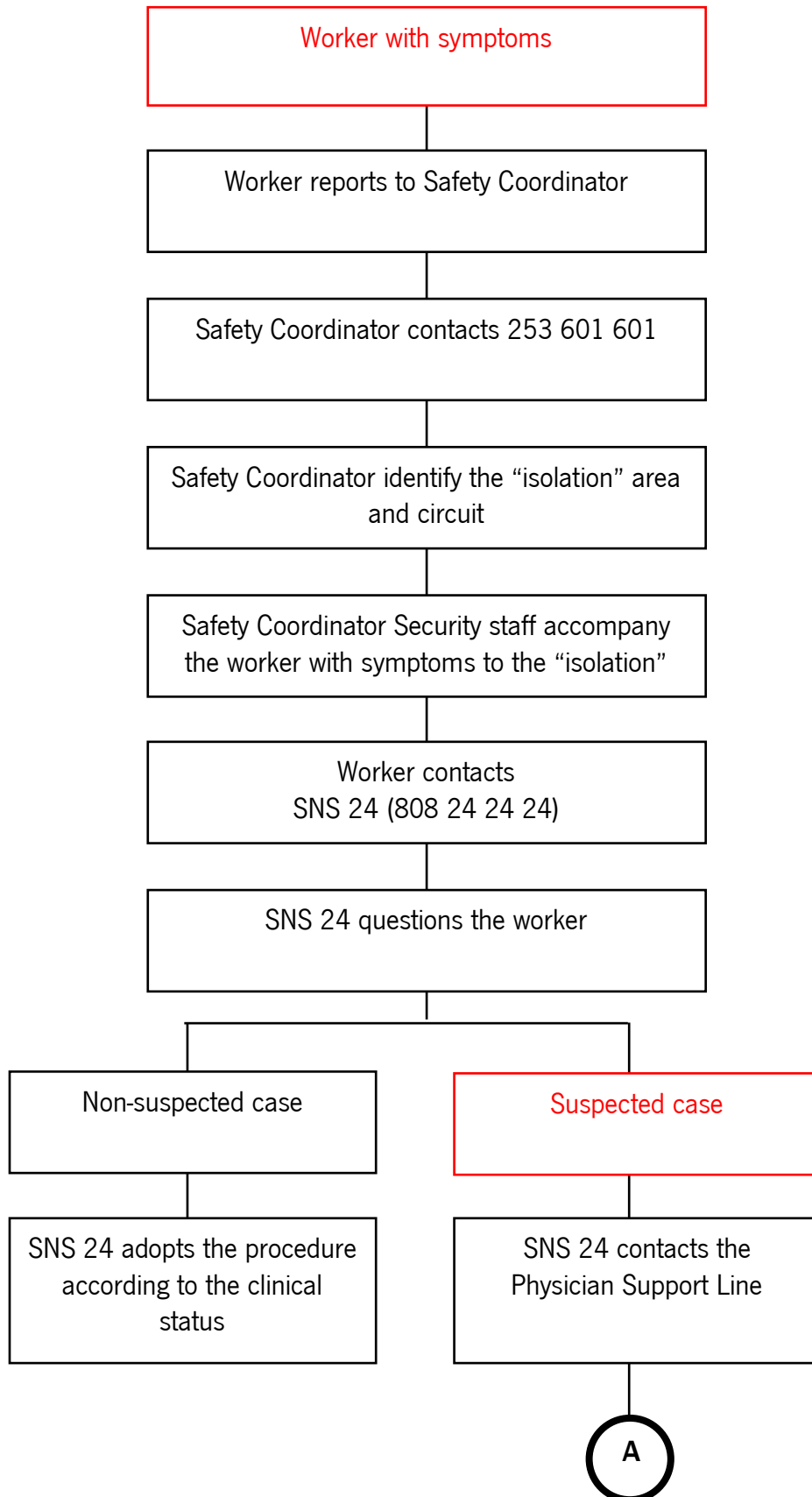
11. Process for Alert and Internal Communication

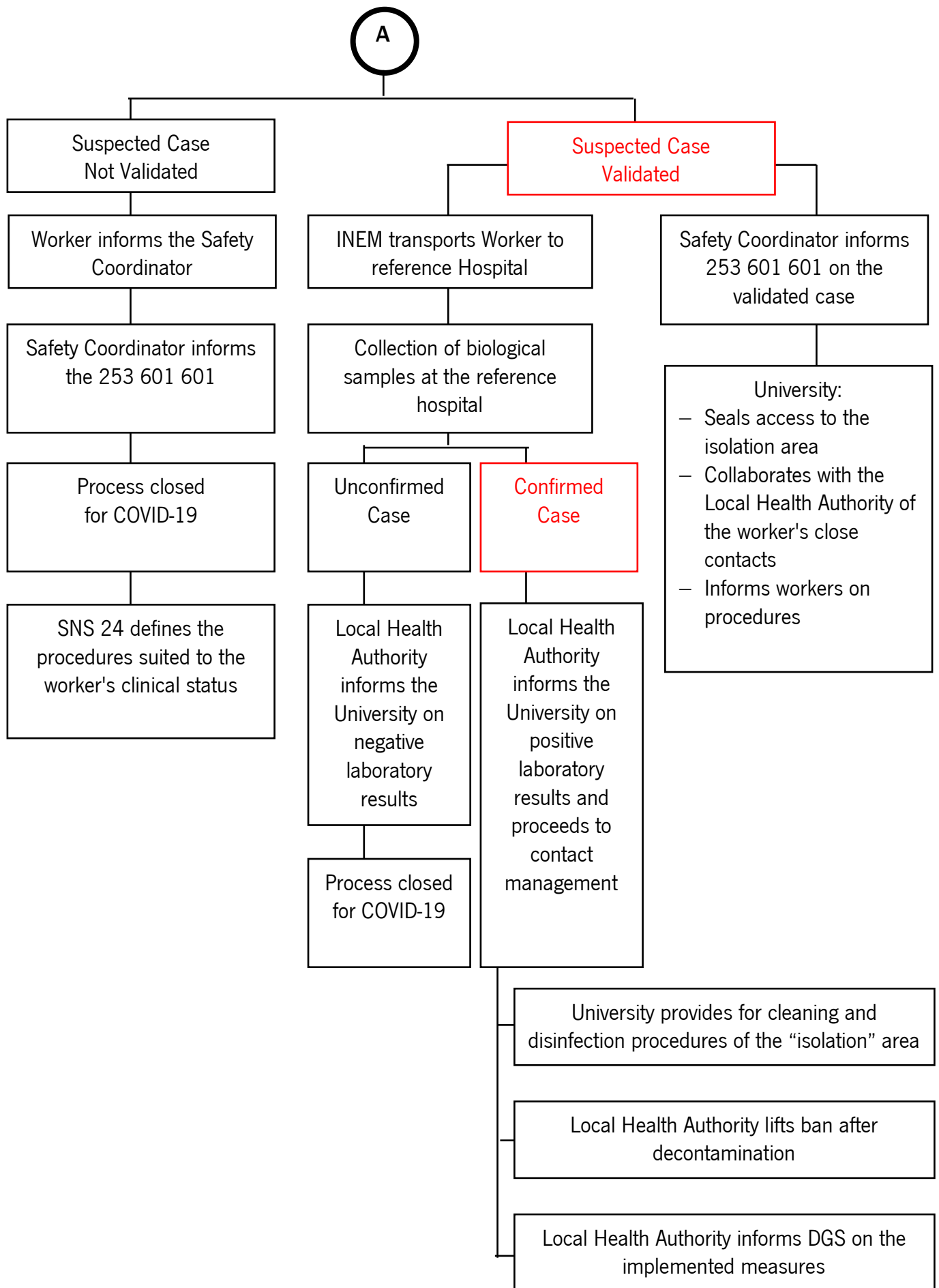
Any new instructions applicable to the Public Administration, in general, or to Public Higher Education Institutions and to the University of Minho, in particular, shall be immediately communicated to the academic community, namely on the web page <https://www.uminho.pt/PT/viver/COVID-19/>

12. Process for the Documentation of Contacts with the Suspected Case

The documentation of contacts with the Suspected Case must be carried out in the form presented in Annex III.

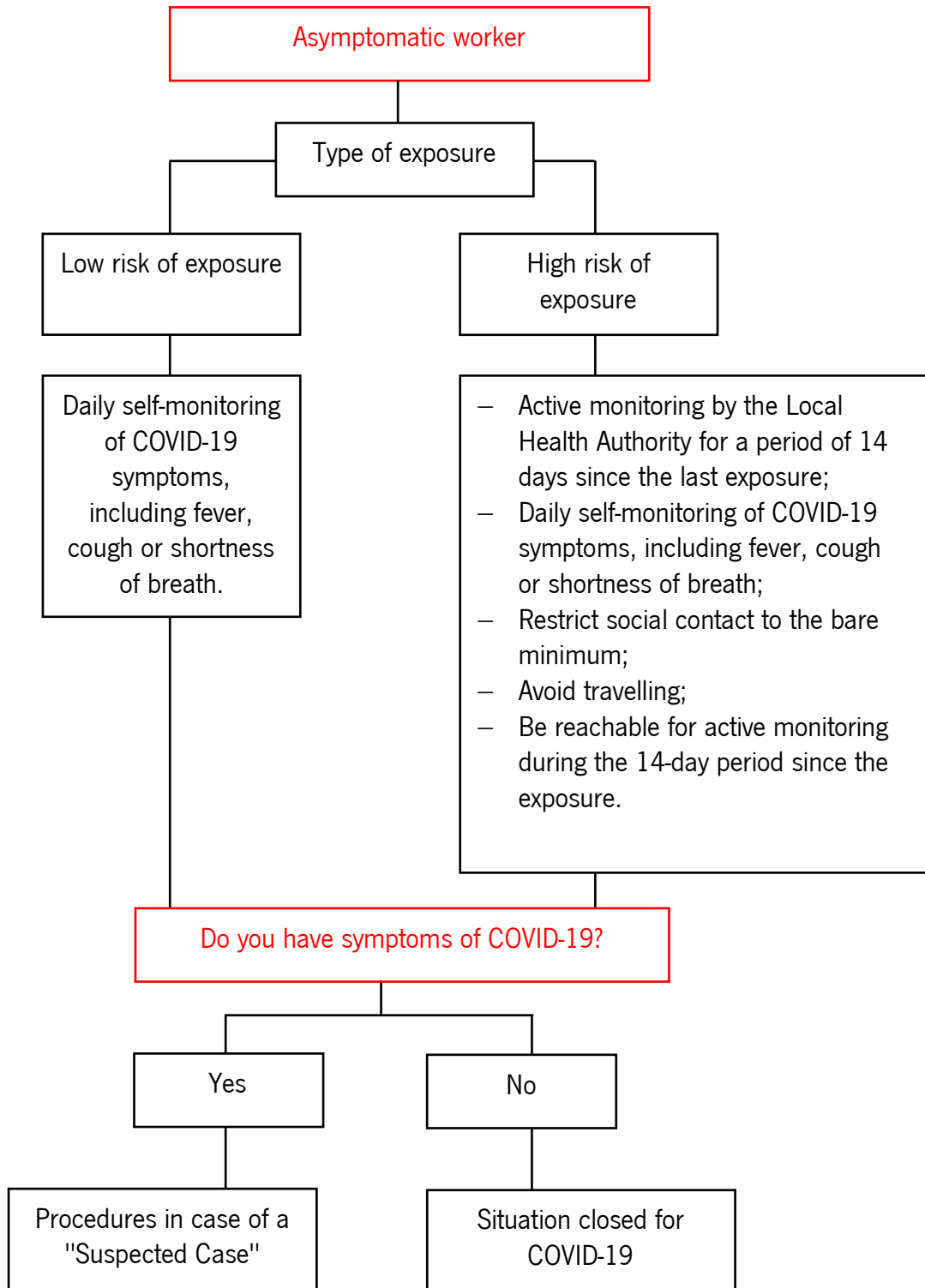
Pathway for a situation of a Worker with symptoms of COVID-19





Annex II

Pathway for the monitoring the close contacts (asymptomatic workers) of a Confirmed Case of COVID-19 (worker)



Annex III
Contacts with the Suspected Case - Form

DOCUMENTATION OF EXPOSED WORKERS WITH SUITABLE PERSONAL PROTECTION EQUIPMENT

Service / Unit: _____

Date: ___ / ___ / ___

Name	Mec. No.	Procedures Conducted

IDENTIFICATION OF EXPOSED WORKERS WITHOUT PROPER PERSONAL PROTECTION EQUIPMENT

Service / Unit: _____

Date: ___ / ___ / ___

Name	Mec. No.	Professional Category	Address	Telephone	Contact Date	Contact Time
					___ / ___ / ___	
					___ / ___ / ___	
					___ / ___ / ___	
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