

Higher Institute of Administration and Languages

Specific Contingency Plan to respond to an epidemic scenario originated by the new coronavirus (COVID-19)

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1. Background Information

The new coronavirus, named SARS-CoV-2, emerged in December 2019 in China, in the city of Wuhan. Even though it had never been identified in human beings before, it was identified as the cause of several cases of pneumonia, with an epidemiological connection to a market located in the city of Wuhan. In spite of the intensive ongoing research, the source of infection is still to confirm. Coronaviruses are a group of viruses that may cause people infections. Normally these infections are associated with the respiratory system and they may be similar to a common flu or evolve into a more serious disease such as pneumonia.

According to the information provided by the General Directorate of Health, the European Centre for Disease Prevention and Control (ECDC) considers that there is, at the moment, a high risk of importation of Coronavirus cases – named COVID -19 – in the European Union/European Economic Area countries (EU/EEA), with a low to moderate risk of secondary transmission in the EU/EEA, as long as the appropriate practices of infection prevention and control are respected.

The legal regime of the promotion of safety and health at work, established by the Law no. 102/2009, of September 10, in its current wording, defines as an obligation of the private or public employer to ensure safety and health conditions to their employees, in a continuous and permanent way, bearing in mind the general prevention principles.

The minimal requirements of protection of the employees' safety and health against the risks of exposure to biological agents within the working context are established in the Decree-law no. 84/97, of April 16. The Health Authority is the one responsible for intervening in situations which present a high risk to the Public Health, monitoring the citizens' health and the sanitary conditions of the services and facilities and determining, whenever necessary, corrective measures, including the interruption and suspension of

activities or services and the closing of facilities (Decree-law no. 135/2013, of October 4).

Following the latest events and the Guideline no. 006/2020 of February 26, 2020, issued by the General Directorate of Health, the Higher Institute of Administration and Languages (ISAL), bearing in mind the current risk and according to its responsibility to the academic community and its employees, presents the following Contingency Plan, so that the required measures to its implementation are adopted.

This plan describes the main stages that ISAL should consider to establish a Contingency Plan, as well as the procedures to adopt with any employee, teacher or student who present the symptoms of this infection. This Guideline may be updated at any time, taking into account the evolution of the COVID-19 epidemiological picture. Therefore, this plan has a dynamic and changing application according to new information and knowledge. The situations that are not foreseen in this Guideline must be assessed individually.

2. Target Audience

ISAL's academic community, namely the teachers, the non-teaching workforce, the students and the researchers of the constitutive entities, as well as the whole educational community that attends ISAL.

3. Objectives

1. To determine the needs and resources to an effective response proportional to the level of risk;
2. To provide ISAL's academic community with updated and reliable information and knowledge;
3. To implement primary prevention measures appropriate to the level of risk;
4. To detect precociously the cases of illness and its contacts, facilitating the call to the appropriate health services;
5. To ensure a response coordinated with other institutions and organizations;
6. To guarantee the continuity of ISAL's teaching and learning process, according to the level of risk;
7. To minimise the effect of the epidemic in ISAL's academic community.

4. General Information

4.1. Definition of Suspected Case Introduction

The following definition is based on the available information, at the moment, in the European Centre for Disease Prevention and Control (ECDC) and it must be adopted by companies. To be considered a suspected case, it is required the validation of two criteria: Clinical Criteria and Epidemiological Criteria (table 1).

Table 1 - Required Criteria to be considered a Suspected Case

Critérios clínicos		Critérios epidemiológicos
Infeção respiratória aguda (febre ou tosse ou dificuldade respiratória) requerendo ou não hospitalização	E	História de viagem para áreas com transmissão comunitária ativa* nos 14 dias antes do início de sintomas OU Contacto com caso confirmado ou provável de infeção por SARS-CoV-2/COVID-19, nos 14 dias antes do início dos sintomas OU Profissional de saúde ou pessoa que tenha estado numa instituição de saúde onde são tratados doentes com COVID-19

* Áreas com transmissão comunitária ativa:

Ásia	China, Coreia do Sul, Japão, Singapura
Médio Oriente	Irão
Europa	Regiões de Itália: Emilia-Romagna, Lombardia, Piemonte, Veneto

Source: DGS Guideline No. 02/2020 of January 25, 2020, updated on February 25, 2020; Normative Circular No. 1/a of February 25, 2020, IASAUDE, IP-RAM

See Appendix I

4.2. Signs and Symptoms

The symptoms are similar to the flu, such as:

- o Fever
- o Cough
- o Shortness of breath (difficulty breathing)
- o Tiredness

In more serious cases it can evolve into a serious pneumonia with acute respiratory failure, renal failure and it can even lead to death.

Therefore, people infected with the NEW CORONAVIRUS may present signs and symptoms of an acute respiratory infection, such as fever, cough or difficulty breathing.

In more serious cases, it can lead to a serious pneumonia, acute respiratory failure, renal failure, other organ dysfunction and, possibly, to death.

4.3. Incubation Period and Infection Transmission

The estimated COVID-19 incubation period (until the emergence of symptoms) is from 2 to 14 days, according to the latest published information.

COVID-19 is considered to be transmitted:

- Through respiratory droplets (droplets that exceed 5 microns);
- Through the direct contact with infectious secretions;
- Through aerosols in therapeutic procedures that produce them (not exceeding 1 micron).

The current knowledge of the SARS-CoV-2 transmission is supported by the knowledge of the first COVID-19 cases and other coronaviruses from the same subgenus. The transmission from person to person was confirmed and it is believed that it happens during a close exposure to a COVID-19 case through the dissemination of respiratory droplets, produced when an infected person coughs, sneezes or talks, which can be inhaled or stay in the mouth, nose and eyes of people who are near. Hands contact with a surface or object with the new coronavirus and, afterwards, the contact with the oral, nasal or ocular mucosae (mouth, nose or eyes) may lead to the transmission of the infection. Up to now, there is no vaccine or specific treatment for this infection. The COVID-19 preventive measures to be established by the company must bear in mind the direct transmission channels (through the air and contact) and indirect transmission channels (contaminated surfaces/objects).

5. Contingency Plan

Companies should have a specific Contingency Plan to respond to an epidemic scenario originated by the new coronavirus.

5.1. Identification of the effects that the employees infected with SARS-CoV-2 may cause at ISAL

ISAL must be prepared for the possibility of part (or the totality) of its employees and teachers not going to work because of the disease, the suspension of public transportation, closure of schools and other possible situations. Therefore, the following situations should be identified:

- Identify the indispensable services to continue in operation to ensure the compliance with the urgent service, such as the secretarial services;
- Identify the services that are not indispensable and that can be reduced or closed/deactivated, such as events, conferences;
- Determine the minimum number of employees that must be in charge of these services, if the provision of services becomes impossible for a large part of the employees;
- Identify the employees with higher risk of infection, since their jobs involve dealing with the public;
- Identify the secretarial tasks that can be performed from a distance and prepare with the person who is in charge of the informatics the IT equipment that allows the remote access and meetings by means of a video or teleconference;
- Identify the possibility of lecturing lessons from a distance (distance learning) and preparing the teaching activities at home;
- Identify the company activities that may use alternative working methods and task performance, namely by relying on teleworking, video meetings and teleconferences and customer remote access;
- The reinforcement of the information and communication technology infrastructures must be considered for this purpose.

5.2. Preparing measures to face a possible case of infection with SARS-CoV-2

To face a possible case of infection with SARS-CoV-2 among ISAL's employees and/or students, the following measures must be adopted:

- 1. To create an 'isolation' area (Councils Room) to where people who might have been exposed or infected should be taken, as well as everyone presenting COVID-19 symptoms.**

The placement of an employee and/or students in an 'isolation' area intends to prevent other employees/students from being exposed and infected. Its main objective is to avoid the dissemination of the communicable disease within the company and community. The purpose of an 'isolation' area (Councils Room) in a company is to avoid and limit the direct contact between the employees/students with the sick employee/student (with signs and symptoms and an epidemiological connection compatible with the definition of suspected case) and to enable a social distance from him/her, in relation to the remaining employees.

The isolation area chosen is located on the first floor of the building, the councils board, which has natural ventilation, as well as air conditioning and smooth and washable coatings (it should not have carpets or curtains). The room provides comfort for the ones who are waiting for the validation of the case and possible transportation by the emergency teams; it will have a kit with water and non-perishable food; waste containers; antiseptic alcohol-based solution (available inside this area, as well as in the entrance); paper wipes; surgical mask(s); disposable gloves; thermometer.

Near the room there is a sanitary facility properly equipped with soap dispenser and paper wipes, for the exclusive use of the employee presenting symptoms/Suspected Case.

During the displacement of the employee presenting symptoms, the places with the largest agglomeration of people/employees in the facilities must be avoided.

- 2. To contact, preferably by telephone, a responsible who will report the situation to the board.**

All the employees must report to their direct superior a situation of disease characterized as Employee with symptoms and epidemiological connection compatible with the definition of possible COVID-19 case).

Whenever a situation of Employee with Symptoms is reported the direct superior of the employee informs, immediately, the Administration. The contact will be Ms. Teresa Faria, 912 483 521, who will report immediately to Ms. Sancha de Campanella, 919419892.

- 3. To contact the companies that provide cleaning services, warning them about the need to reinforce the precautions to be taken during the cleaning tasks which need to be more frequent and visible, as well as about the need to clean the isolation areas under the conditions determined by the General Directorate of Health;**

The sanitary care in the common areas and the areas affected by the sick person will be reinforced.

- 4. To disseminate the Contingency Plan to all the employees and students and to inform them about the specific procedures to adopt when facing a Suspected Case.**

The specific procedures will be the following ones:

- **Employee with symptoms and epidemiological connection** (compatible with the definition of suspected case of COVID-19) **Alert Procedure**, that is, how to communicate internally with:

The employee with symptoms – or the employee that identifies another employee with symptoms in the company – and the direct superior and the Administration (or somebody appointed by the Administration). It is important to mention that this communication process must occur as soon as possible.

- **Basic procedures for hands washing** (e.g. to wash the hands with water and soap for at least 20 seconds; if these are not available use a hands disinfectant that has at least 70% of alcohol, covering all the surfaces of the hands and rubbing them until they are dry; soap and water must be used preferably if the hands are visibly dirty) see Appendix III;

- **Respiratory Tag Procedures** (e.g. avoid coughing or sneeze into the hands; cough or sneeze into the forearm or sleeve, with the bent elbow or use a tissue; clean the hands after the contact with respiratory secretions) see Appendix IV;
 - **Surgical Mask Placement Procedure** (including hand washing before wearing and after removing the mask);
 - **Social Behaviour Procedure** (e.g. change the contact among employees and between them and clients and its frequency – avoid the handshake, face-to-face meetings, shared workplaces);
 - **(Internal) Registration Procedure of Contacts with the Suspected Case.**
5. **To display the informative leaflet in the secretariat to enable the dissemination of its message in an efficient and effective way to as many people as possible.**

Dissemination of the contingency plan among employees and students.

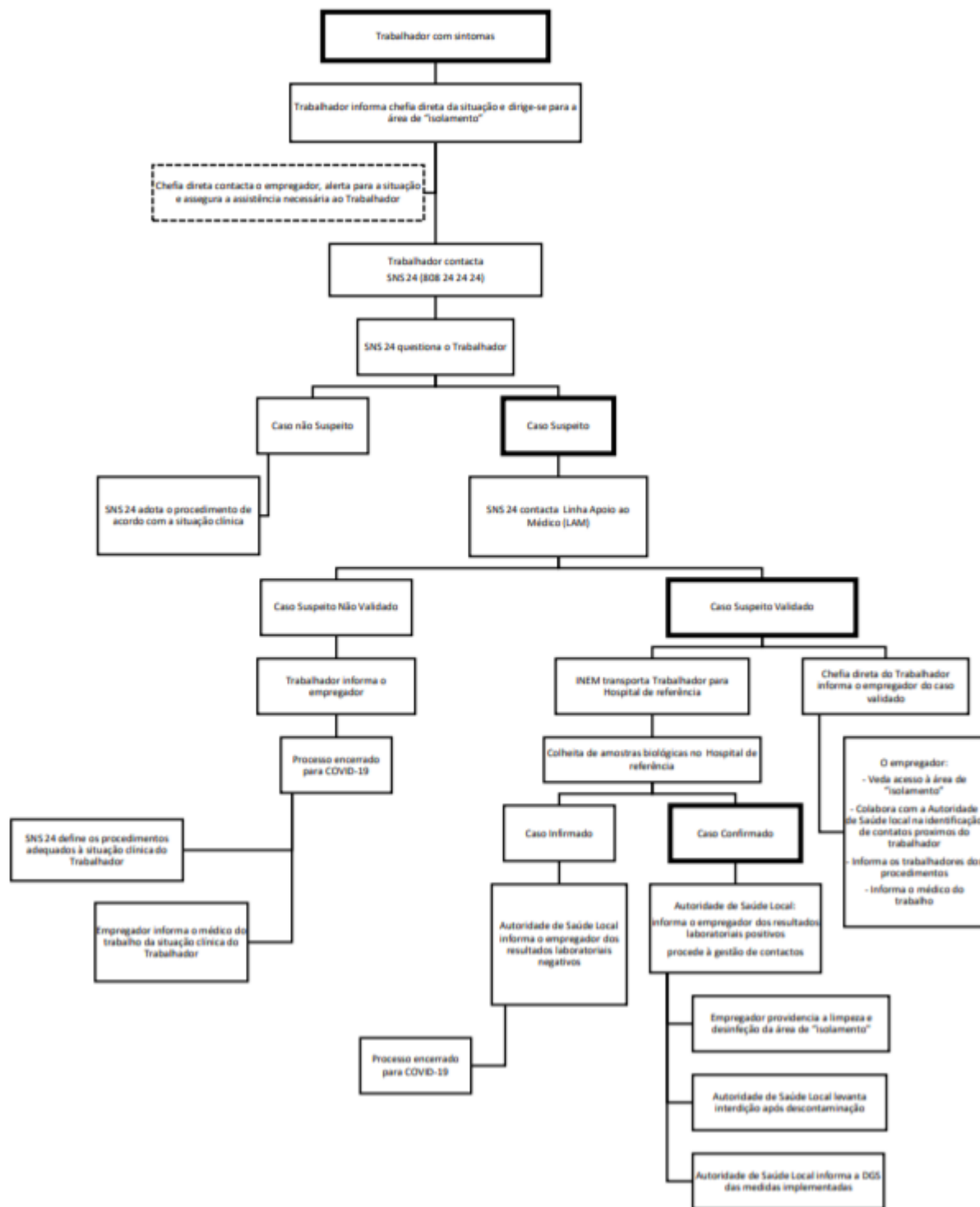
6. **To communicate the specific Contingency Plan and procedures to adopt to all the employees.**

To inform the employees with accurate and clear information about COVID-19, in order to, on the one hand, avoid fear and anxiety and, on the other hand, to make them aware of the preventive measures that they must establish.

5.3. Determining specific procedures with a Suspected Case

The procedures to adopt must comply with the ones presented in the figure 1:

Figure 1 - Flow chart of the situation of an employee with COVID-19 symptoms in a company



Source: DGS – Guideline no. 006/2020 of February 26, 2020

- Any employee with COVID-19 signs and symptoms and epidemiological connection must inform the direct superior, by telephone, and go to the isolation area determined in the Contingency Plan;

- The assigned responsible must report the situation to the Board immediately;
- After the employee is in the isolation area, the SNS 24 must be contacted (800 24 24 20), writing down the hour of the phone call and the name of the healthcare professional who picked up the phone. The isolated person must never leave the isolation area without an explicit order from the healthcare authorities;
- Call the fire station 291 221 122;
- After the assessment of the situation, the SNS 24 professional informs the employee if he/she is a:

- **Non-validated Suspected Case:** the SNS 24 defines the usual procedures appropriate to the clinical situation of the employee and must inform the assigned responsible about the non-validation that, afterwards, informs the Board, closing the COVID-19 process and proceeding to the cleaning and disinfection.

- **Validated Suspected Case:** it is activated an alert system and the employee/student must wait in the isolation area with a mask, if his/her physical condition allows him/her to do so, until the arrival of the medical team with the transportation to the Hospital Dr. Nélio Mendonça. The responsible activates the necessary means in coordination with the indication of the healthcare professional from the SNS 24 line and must inform the Board about the existence of a validated suspected case;

- Other people's access to the isolation area is banned (except for those who were assigned to provide assistance); until the validation of the decontamination (cleaning and disinfection) by the Local Health Authority;

- The Board must collaborate with the Local Health Authority in the identification of the close contacts of the patient (validated case) and inform the occupational doctor responsible for the monitoring of the employee's health;

- The Board must inform the remaining employees and students about the existence of a validated suspected case.

5.4. Procedures to adopt with a validated Suspected Case

After the laboratory results and the confirmation of a Validated Suspected Case from the Healthcare Authority, the Board must:

- Direct the sick person to the isolation area;
- The sick employee (COVID-19 suspected case) who is already in the 'isolation' area contacts the SRS24 Madeira (800 24 24 20);
- Provide the cleaning and disinfection (decontamination) of the isolation area;
- Reinforce the cleaning and disinfection of the surfaces which are frequently handled and used by the person who is confirmed with COVID-19;
- Store the wastes of the confirmed case in a plastic bag (50- or 70-micron thickness) that, after being closed, must be separated and sent to the operator licensed to manage the hospital waste with biological hazard.

Everyone who reveals symptoms and an epidemiological connection compatible with the definition of a possible COVID-19 case must be reported to the following email isal@isal.pt.

5.5. Monitoring procedure with close contacts

It is considered a 'close contact' an employee who does not present symptoms at the moment, but was or may have been in contact with a confirmed COVID-19 case.

All the situations in which an employee who has been in affected areas in the last 14 days or has had a close contact with a confirmed case but is not presenting symptoms at the moment must be reported to the Board, so that the appropriate measures to that situation are adopted, for instance working from home.

For the activation of the procedure of monitoring close contacts, with reference to the beginning of the symptoms and management of the respective contacts, the Local Health Authority, in cooperation with the Board of ISAL and the OSH doctor, must:

- Identify, list and classify the close contacts (including the casual ones);
- Proceed to the necessary monitoring of contacts (to call daily, to inform, to advise and to reference if necessary).

As a preventive measure, the active monitoring of close contacts takes place for 14 days, counting from the date of the last exposure to a confirmed COVID-19 case.

6. Acquisition and provision of equipment and products

For the provision of equipment and products mentioned in the DGS guideline, these items should be acquired according to the following conditions:

- Disposable gloves;
- Thermometer;
- Single-use cleaning equipment;
- Waste containers (non-manual opening);
- Plastic bags;
- Antiseptic alcohol-based solution – that must be available in the reception areas (for the use of the employees), in the isolation area and in the meals area, as well as the respective holders;
- Surface disinfectant;
- Surgical masks (according to the suppliers' availability).

Funchal, March 11, 2020

The Vice Director General

Sancha de Campanella

7. Bibliographical References

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European Centre for Disease Prevention and Control. Outbreak of novel coronavirus disease 2019 (COVID-19): increased transmission globally – fifth update, 2 March 2020. ECDC: Stockholm; 2020.

8. Appendices

Appendix I: Covid 19 Suspected Case



CRITÉRIO CLÍNICO

Infeção respiratória aguda (febre ou tosse ou dificuldade respiratória) requerendo ou não hospitalização

E

PELO MENOS 1 CRITÉRIO EPIDEMIOLÓGICO

História de viagem para áreas com transmissão comunitária ativa* nos 14 dias antes do início de sintomas

OU

Contacto com caso confirmado ou provável de infeção por SARS-CoV-2/COVID-19, nos 14 dias antes do início dos sintomas

OU

Profissional de saúde ou pessoa que tenha estado numa instituição de saúde onde são tratados doentes com COVID-19

* ÁREAS COM TRANSMISSÃO COMUNITÁRIA ATIVA:

Ásia: China, Coreia do Sul, Japão, Singapura

Médio Oriente: Irão

Europa: Norte de Itália - Regiões de Emília-Romagna, Lombardia, Piemonte, Veneto

Atualização da definição de caso a 25/02/2020

Appendix II: Covid-19 Recommendations Poster

CORONAVÍRUS (COVID-19)



RECOMENDAÇÕES | RECOMMENDATIONS



Quando espirrar ou tossir tape o nariz e a boca com o braço ou com lenço de papel que deverá ser colocado imediatamente no lixo

When coughing or sneezing cover your mouth and nose with your forearm or with tissue paper that should be placed immediately in the trash



Lave frequentemente as mãos com água e sabão ou use solução à base de álcool

Wash your hands frequently with soap and water or an alcohol-based solution



Se regressou de uma área afetada, evite contacto próximo com outras pessoas

If you returned from an affected area, avoid contact close with people

EM CASO DE DÚVIDA LIGUE

IF IN DOUBT, CALL

SRS24 Madeira

☎ 800 24 24 20



Secretaria Regional
 de Saúde e Proteção Civil
 Instituto de Administração
 da Saúde, 1746-001



REPÚBLICA
 PORTUGUESA
 SAÚDE



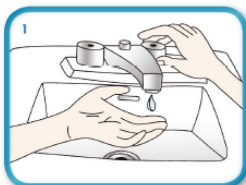
SNS
 SERVIÇO NACIONAL
 DE SAÚDE



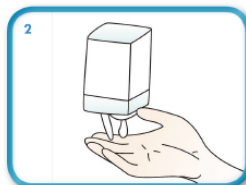
DGS
 Direção-Geral da Saúde

Appendix III: Hand Washing

Como lavar as mãos:



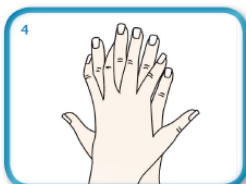
Molhe as mãos com água



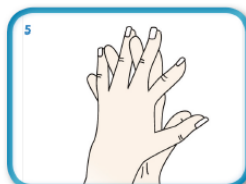
Aplique sabão



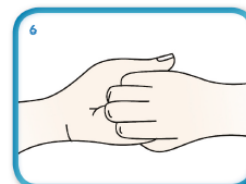
Esfregue as palmas das mãos, uma na outra. As mãos têm que ficar cobertas pelo sabão



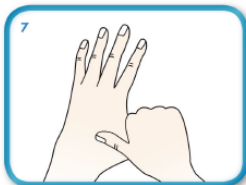
Esfregue a palma direita sobre o dorso esquerdo com os dedos entrelaçados e vice versa



Esfregue palma com palma com os dedos entrelaçados



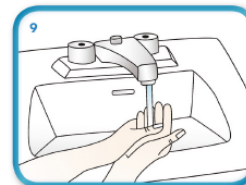
Esfregue a parte de trás dos dedos nas palmas opostas com os dedos encaixados



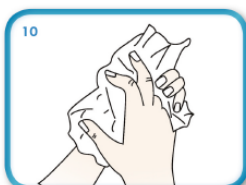
Rode o polegar esquerdo dentro da mão direita e vice versa



Faça círculos com os dedos da mão direita na palma da mão esquerda e vice versa



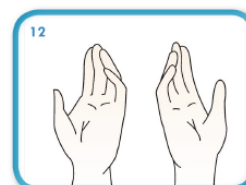
Passe as mãos por água corrente



Seque as mãos com toalhete descartável ou lenço de papel. Evite os secadores automáticos



Utilize um toalhete ou lenço para fechar a torneira, se esta for manual



Agora, as suas mãos estão limpas e seguras

Appendix IV: Respiratory Tag



