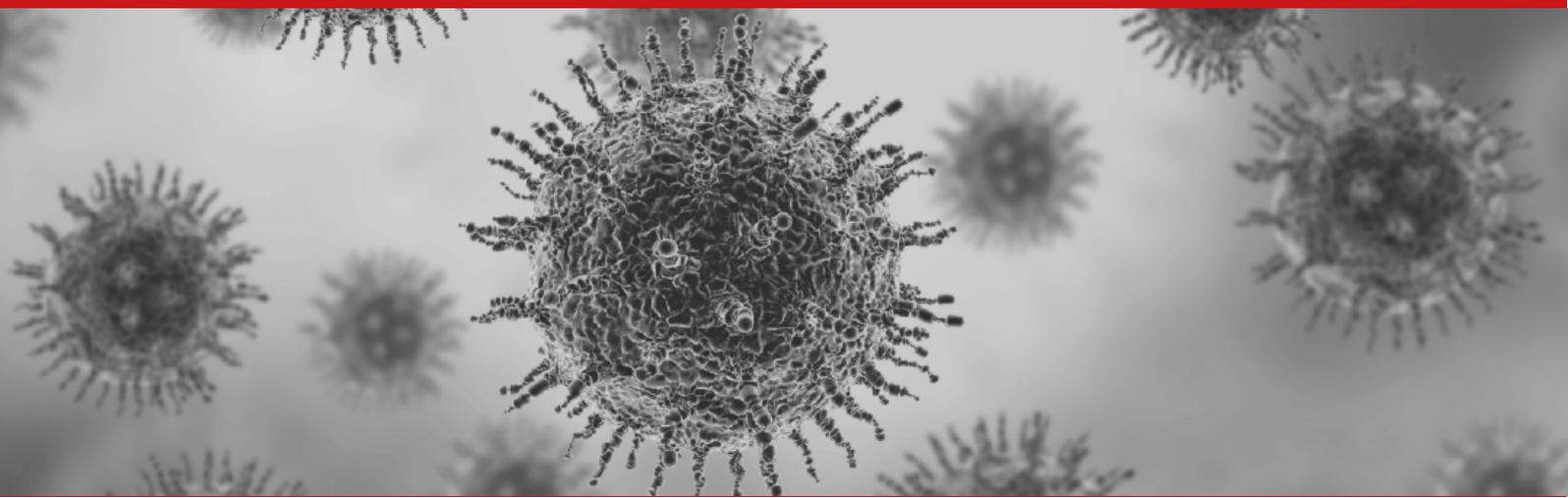


# Contingency Plan for the prevention of Transmission COVID-19

9 March 2020



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## PREAMBLE

This Contingency Plan aims to respond to Order No. 2836-A / 2020 of 2020-03-02 and to implement Guideline No. 006/2020 of the Directorate-General for Health of 26 February 2020, regarding infection with the new Coronavirus.

The Contingency Plan can be updated at any time, taking into account the evolution of the epidemiological framework of COVID-19.

## FRAMEWORK

### **Coronavirus: COVID-19 / SARS-CoV-2**

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COVID-19 is an emerging infectious disease, first identified in the Chinese city of Wuhan, whose initial cases date back to December 2019. Although the source of infection is still unknown, most of the initial cases were related to a food market and live animals in that city and there are important similarities with the 2003 SARS (Severe Acute Respiratory Syndrome) virus in such a way that this new virus is also called SARS-CoV-2. Since December, the outbreak has acquired an epidemic dimension, with confirmed cases on four continents and in more than 60 countries, including Portugal. The World Health Organization (WHO) Emergency Committee has enacted an International Public Health Emergency. According to the European Center for Disease Control Prevention (ECDC), the potential impact of COVID-19 is high, with the continued and global spread of the virus likely. Transmission occurs from person to person, through direct or indirect contact through droplets. The COVID-19 incubation period is thought to be able to go up to 14 days after exposure, but with most cases occurring up to 5 days after contagion.

After contact with the virus, most people develop mild illness (approximately 81%), about 14% develop severe illness and 5% have a critical illness, with the occurrence of serious complications being much more frequent in older age groups. and in people with a medical history of other chronic diseases.

In this context, the preparation of institutions, organizations, services and society is essential for an effective and timely response. The activities to be developed must be proportionate to the level of risk defined by the reference institutions. The strategy to be followed should take into account the alignment with the World Health Organization (WHO) and the Directorate-General for Health (DGS). The contingency plans are reference instruments for the measures to be adopted, according to the areas of intervention, the level of risk and the specificities of the organizations where they are activated.

The University of Évora (UÉ), in view of the current risk and its responsibility to the entire academic community, prepared this contingency plan in line with national guidelines. Its application is dynamic and changeable according to new information and knowledge, which lead to new measures and result in the updating of the plan.

## Transmission of the infection

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### COVID-19 can be transmitted:

- By respiratory droplets;
- By direct contact with infectious secretions;
- By aerosols in therapeutic procedures that produce them.

Person-to-person transmission has been confirmed.

It occurs during close exposure (less than 1m) to an individual infected with COVID-19, through the spread of respiratory droplets produced by coughing, sneezing or speaking.

These particles can also be projected onto adjacent surfaces.

The contact of the hands with a contaminated surface or object and, then, the contact of these with the face, can cause contamination of the oral, nasal or ocular mucous membranes (mouth, nose or eyes) and lead to the transmission of the infection.

To date, there is no vaccine or specific treatment for this infection, only symptomatic treatment.

## Definition of suspected case

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Suspected cases are those that meet the clinical and epidemiological criteria defined in the table below, which is based on the information available at the European Center for the Prevention and Control of Communicable Diseases (ECDC), at the date of approval of this Plan.

Clinical Criteria	Epidemiological Criteria
Intense Respiratory infection (fever cough, or breathing difficulties) requiring or not hospital care	E Story of the trip to areas with communitarian active transmission during the last 14 days before symptoms occur Or Contact with a confirmed case or a probable case of infection with COVID-19 Or Health professional or person who has been in an institution where COVID-19 patients are being treated.

Table 1 - Criterion for defining a suspected case

Note: Areas with active community transmission, at the date of writing of this Plan: China, South Korea, Japan, Singapore; Iran; Italy)

## OBJECTIVES, GOVERNANCE MODEL AND FRAMEWORK

### Target population

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This Contingency Plan applies to the entire community of UÉ (students, teaching and non-teaching workers and researchers).

### Objectives

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- Determine the needs and resources for an effective response provided at the risk level;
- Communicate and empower the UÉ community with updated and reliable information and knowledge;
- Implement primary prevention measures appropriate to the level of risk;
- Detect disease cases and their contacts early, facilitating articulation and connection to appropriate health services;
- Ensure a coordinated response with other institutions and organizations;
- Ensure the continuity of the teaching and learning process at UÉ, according to the level of risk;
- Minimize the effect of the epidemic on the UÉ community.

### Governance model

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#### UÉ Task Force

- Ana Maria Ferreira da Silva Costa Freitas - Dean
- Maria Cesaltina Charréu Frade - Administrator
- Felismina Rosa Parreira Mendes - Director of ESESJD
- Ana Cristina Centeno - Director of Social Action Services
- Maria Guilhermina Gonçalves Silva Siquenique - Head of the Maintenance Division of Facilities and Equipment for Technical Services
- Andreia Sofia Francisco Rosa, Head of the Communication Division of the Rector's Services
- Fernanda Manuela dos Santos Barreiros - President of the Academic Association

- Prof. Felismina Mendes will be the focal point of UÉ. In case of impediment, she will be substituted by Dr. Cesaltina Frade. Their contacts (email and phone number) have already been sent to the local health authority.

### **Executive group**

The executive group is made up of the secretaries of the Schools and IIFA, hereinafter designated as responsible, whose functions are:

- Guarantee the creation of an isolation area and respective circuits in each UÉ building;
- Ensure the dissemination of information to all professionals and students about the existence of an isolation area, the circuits and the measures set out in this document;
- Guarantee the resources and conditions for the implementation of the contingency plan;
- Be a focal point for activating measures in the event of a suspected case and information on the list of classes and schedules;
- Communicate to the task force difficulties in implementing the contingency plan, through the email address: Covid19@uevora.pt
- In case of refusal to comply with what is defined in this contingency plan, you should contact the task force, which will decide the measures to be taken in accordance with the legal and ethical considerations in force;
- Provide the task force with all the information it considers relevant for understanding the dynamics of the infection in the entity it represents.
- Report, to the UÉ focal point, all incidents of suspect cases which occur in the UÉ community.

**The task force and the executive group may act in conjunction with the following entities:**

- Ministry of Science, Technology and Higher Education (MCTES)
- Directorate-General for Higher Education (DGES)
- Ministry of Health (MS)
- Directorate-General for Health (DGS)

- Council of Rectors of Portuguese Universities (CRUP)
- Regional Administration of Alentejo ACES Alentejo Central
- Academic Association of the University of Évora (AAUE)
- Public Security Police (PSP)
- Évora City Council (CME)
- UÉ student residences
- Private student residences

## **Contingency plan framework**

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### **Areas of expertise**

This contingency plan was designed around UÉ's areas of operation:

- Health protection measures
- Resources and Infrastructure
- Teaching and Research
- Communication

## Response levels and phases

Table 2 supports the adoption of proportional measures at the local and national risk level and the respective response phases, defined by ECDC.

<b>Risk Level</b>	<b>Description</b>	<b>Answer</b>
Level 0	Situation without identified cases in the country, but identified cases and / or transmission in the community in other European countries.	Surveillance
Level 1	Situation of multiple imported cases and limited local transmission, with only 2 generations of cases or clusters. Apparent absence of sustained transmission.	Prevention
Level 2	Situation of increase in the number of imported cases and localized transmission, with more than 2 generations of cases with epidemiological link.	Containment
Level 3	Situation with localized outbreaks, which can evolve to a generalized outbreak. Situation of sustained transmission in the community.	Mitigation
Level 4	Post-epidemic recovery situation.	Recovery

Table 2: Response phases considering the risk level defined by ECDC

## MEASURES BY AREA OF EXPERTISE

### Health protection measures

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General measures (levels 1 to 4) | **Basic hygiene measures,**

The UÉ community should:

- Wash hands frequently, with water and liquid soap, rubbing them well for at least 20 seconds;
- Reinforce hand washing before and after contact with food, after using sanitary facilities, and after contact with surfaces in public places (door handles, elevator buttons, public transport, etc.);
- Use, alternatively, for hand hygiene, an alcohol-based antiseptic solution (SABA);
- Use tissue paper (single use) to blow;
- Throw used tissues in a waste bin and wash your hands immediately;
- Coughing or sneezing into a handkerchief (for single use) or the arm with the elbow flexed, not the hands;
- Avoid touching the eyes, nose and mouth;
- Promote social distance, namely, not staying in places that are very frequented and closed, without absolute necessity (except academic and professional activities);
- Avoid complying with physical contact;
- Clean surfaces and contact equipment (keyboard, desk, mobile phone, etc.) frequently;
- If you experience any symptoms, such as cough, fever or difficulty breathing (in yourself or in your family), reduce social contacts, do not go to health services and call the SNS24 Line (808 24 24 24).

### Environmental hygiene measures

Since, under ideal conditions, the virus can remain active on surfaces for a few days, frequent and adequate cleaning and disinfection is essential:

- The frequency of cleaning and disinfecting surfaces, namely table tops, keyboards,

handrails, door handles, elevator buttons, is recommended at least three times a day and whenever necessary;

- Hygiene and cleaning must be appropriate to the type of coating, must be carried out with degreasing detergent, followed by disinfectant such as sodium hypochlorite solution containing 1000 ppm of active chlorine or 70° alcohol. The use of detergents and disinfectants must be in accordance with the manufacturer's recommendations regarding the amount, dilution and contact time;
- Ensure the availability of water, liquid soap and paper towels for drying hands in all sanitary facilities and other hand washing points;
- Ensure the availability of SABA at the entrance / exit points of the buildings, the area with the greatest crowding of people, on each floor next to the elevators or stairs, at the entrance and inside the isolation areas, and other places that are justified either by the number of people or distance to hygiene points;
- Residues resulting from current hygiene can be disposed of as usual.

### Isolation area

The isolation areas are already defined and equipped in each building of the UÉ, according to the rules issued by the DGS, and the respective responsible persons are appointed (Annex 1).

### Specific measures (levels 1 to 4) | Specific measures in the case of a suspected case

- Anyone with signs and symptoms (fever, cough or difficulty breathing) and epidemiological link (possible contact with a confirmed case or history of travel to areas with transmission in the community) should go to the isolation and detention area. train (before or after) the responsible person defined by the entity (preferably by telephone). This must accompany the suspected case from the time of contact until it leaves.
- If necessary, (eg difficulty in locomotion of the worker, student or visitor), the responsible person should be asked to provide adequate assistance up to the "isolation" area.
- Whenever possible, **ensure the safety distance** (greater than 1 meter) from the person.

- Whoever assists or enters the isolation area, must put, moments before, a surgical mask and disposable gloves, in addition to complying with the basic measures regarding hand hygiene, after contact.
- The suspect case, already in the isolation area, should **contact SNS24** Line and follow the instructions. As soon as possible you should put on a surgical mask, if your clinical condition allows it. The mask must be put on by itself. It must be checked if the mask is well adjusted (ie: adjustment of the mask to the face, in order to allow complete occlusion of the nose, mouth and lateral areas of the face). Whenever the mask is wet, it must be replaced by another one.
- In view of the possibility of having more than one suspicious case simultaneously, the responsible person defined by the entity must consider the definition of a second temporary isolation area, or placement in the same area guaranteeing a distance greater than 2 meters between suspected cases.

## **Flowchart of action before a suspicious case in UÉ**

### **A person with:**

Presence of symptoms (fever or cough or difficulty breathing)

Travel history to affected areas or contact with confirmed case

### **Should:**

Head to isolation area

Inform (in person or by telephone) the responsible person at the entity

### **In the isolation room:**

Put on your mask

Contact SNS24 line (808 24 24 24)

Follow guidelines

### **After deciding on the case:**

Cleaning and disinfection of the isolation area

Replacement of used material

### **Specific Measures in a Validated Suspect Case**

- The worker / student with validated suspicion must remain in the isolation area), until the arrival of the team from the National Institute for Medical Emergency (INEM), activated by DGS, which ensures transportation to the reference Hospital, where the samples will be collected biological for laboratory tests;
- The access of others to the isolation area is prohibited (except those responsible for providing assistance);
- The Task-force collaborates with the Local Health Authority in the identification of contacts close to the patient (Suspected validated case);
- The Task-force informs the UÉ community of the existence of a validated suspected case, awaiting results of laboratory tests, via e-mail to all employees.
- DGS informs the Regional Health Authority of the laboratory results, which in turn informs the Local Health Authority;

### **The Local Health Authority informs UÉ of the results of laboratory tests and:**

- If the case is confirmed, it is closed for COVID-19, with the usual procedures of UÉ being applied, in terms of cleaning and disinfection;
- If the Case is 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.

### **Procedures after a confirmed case in the UÉ**

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*UÉ services should:*

- Reinforce cleaning and disinfection, especially on surfaces frequently handled and most used by the confirmed patient, most likely to be contaminated. Pay special attention to cleaning and disinfecting the confirmed patient's workplace (including materials and equipment used by the patient);
- Store the confirmed patient's waste in a plastic bag (50 or 70 microns thick) which, after being closed (eg with a clamp), must be segregated and sent to a licensed operator for the management of biohazardous medical waste.

- The Local Health Authority, communicates to the DGS information on the measures implemented in the UÉ and on the health status of the contacts close to the patient.

## Procedure for monitoring close contacts

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- Close contact is considered a worker / student who has no symptoms at the moment, but who 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.
- Close contact with a confirmed case of COVID-19 at UÉ, or outside UÉ, implies the activation of the active surveillance procedures of close contacts, regarding the onset of symptoms.

### For the purpose of managing contacts, the Local Health Authority, in close coordination with UÉ, must:

- Identify, list and classify nearby contacts (including casual ones);
- Carry out the necessary monitoring of contacts (call daily, inform, advise and refer, if necessary).
- The surveillance of close contacts, varies depending on the risk, and follows the rules in Table 3.

Surveillance of close contacts	
High risk of exposure	Low risk of exposure
Active monitorization by local health authorities during 14 days since last exposure Daily self monitorization of symptoms including cough fever of breath difficulties Restraint social contacts Avoid trips Being available for active monitorization during 14 days	Daily self monitorization of symptoms including cough fever of breath difficulties Monitorization of situation by clinical surveillance

Table 3 - Surveillance of close contacts

### **Specific measures when an asymptomatic person returned, in the last 14 days, from an area with active community transmission**

In addition to basic hygiene measures, the person must also self-monitor symptoms, namely:

- Assess and record the temperature twice a day, in the morning before leaving home and at night, after arriving (see **Appendix 2: Model of self-recording of temperature and symptoms**);
- Maintain academic and professional activities while asymptomatic;
- On a social level, avoid staying in very frequented and closed places, if there is no absolute need.

### **Flowchart of action before an asymptomatic person returned from an area with active community transmission**

(Areas with active community transmission at the time of writing this plan: Asia; Middle East Europe: China, South Korea, Japan, Singapore; Iran; Regions of Italy: Emilia-Romagna, Lombardia, Piemonte, Veneto)

#### **Asymptomatic person returned from an affected area in the last 14 days:**

- Respiratory etiquette measures and social distance
- Maintain academic and professional activities
- Active self-monitoring of symptoms - fever, cough and difficulty breathing

**If symptoms appear:**  
Call SNS24 immediately (808 24 24 24)

### **Specific measures for an asymptomatic person with contacts with a confirmed case**

In addition to basic hygiene measures, the person must also self-monitor symptoms, namely:

- Measure and record the temperature twice a day, in the morning and at night (see **Annex 2: Model of self-recording of temperature and symptoms**);

- Stay in prophylactic isolation certified by the Health Authority for 14 days, informing the responsible person defined by the entity;
- **Call the SNS24** Line informing of the contact with the confirmed case;
- If you develop symptoms, you should follow all the instructions of the SNS24 Line, never going to a health service on your own initiative.

### Flowchart of action before an asymptomatic person with contact with a confirmed case Asymptomatic person with contact with a confirmed case of COVID-19

#### Prophylactic isolation and active symptom surveillance - fever, cough or difficulty breathing

If symptoms appear Call SNS 24 immediately (808 24 24 24)

The remaining people (asymptomatic or not) who have not returned from an area with active community transmission or who have not had contact with a confirmed case, must comply with basic hygiene measures.

#### Exceptional measures (levels 2 and 3) \_\_\_\_\_

According to the risk assessment and government guidelines, the following may be considered:

- The reinforcement of cleaning and disinfection measures for surfaces;
- Issuing travel recommendations according to the following levels: level 1, traveling with the usual precautions; level 2, travel with exceptional precautions; level 3, reconsider travel; level 4, do not travel;
- The suspension of events, academic activities, research and services with face-to-face assistance;
- The closure of the facilities.

Closure of schools in the community for UÉ workers with children (up to the age of 14) should contact the Task Force if crèches or schools are closed.

These workers will be assigned the teleworking regime for the duration of the closure, if they have to stay at home to accompany their children.

## **Resources and infrastructure | Facilities and equipment measures** \_\_\_\_\_

The capacity survey must be updated in terms of facilities, equipment and materials, namely:

- Check the health and safety conditions of the facilities;
- Check the ventilation conditions. In case of anomaly, notify the responsible person;
- Promote the ventilation of all places, keeping the windows open whenever possible;
- Ensure the environmental hygiene measures defined above;
- The decision to close the facilities and the respective guidelines must be made by the Dean, after consultation with the task force, the respective senior officials and the health authorities;
- The cancellation of scientific, sporting or other public events under the responsibility of UÉ will be considered by decision of the heads of the promoting entities, after hearing the task force (see also annex 3).

## **Security measures** \_\_\_\_\_

The necessary measures must be planned to guarantee the safety of the people and facilities of the entities of the UÉ, namely through:

- Reinforcement of the means of security for people and property in case of total or partial closure of the facilities;
- Elaboration of scenarios, in terms of security and access control, weighted according to the occupation planned for the facilities;
- The measures to be taken must be articulated with the local security authorities.

## **Logistical resources**

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The facilities must be equipped with the following resources:

- Water and liquid soap;
- Alcohol based solution;
- Paperwipes;
- Waste collection containers in strategic locations;
- Appropriate detergents and disinfectants;
- Materials to publicize basic hygiene measures;
- Surgical masks, disposable gloves and thermometer;

## **TEACHING AND RESEARCH**

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### **Measures related to the continuity of UÉ's pedagogical and research activities**

Alternative teaching procedures should be developed, tested and disseminated to ensure the continuity of the teaching-learning process, in the event of the closure of the facilities, namely:

- Each entity should encourage the use of means of distance learning in all teaching activities, regardless of the level of risk;
- In the event that units are closed, teaching activities should, whenever possible, be provided by means of distance learning;
- Computer Services will provide and will be responsible for maintaining the platforms necessary for the implementation of these measures;
- Whenever possible, efforts should be made to facilitate access to the acquisition of computer equipment and access to the Internet, by entering into agreements with companies, promoting student autonomy in the use of UÉ's computer network;

### **A pedagogical activities recovery plan should be developed, namely:**

- In each School, response measures should be planned in the event that the normal

functioning of the school year is affected, in relation to changes in school periods and assessment. These measures should take into account different possible scenarios, considering different periods of possible closure;

- Alternative measures for assessing knowledge should be considered, such as the use of electronic examination surveillance, among others;

### **Measures relating to research activities**

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- Each entity must carry out a survey of the services and / or critical equipment of the research centers to ensure their biosafety. It must also prepare a plan in order to guarantee the continuity of operation of the research centers, particularly in the case of partial or total closure of the facilities.

- Particular importance should be given to animal houses.

### **Measures relating to the continuity of UÉ services**

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Public contact:

- Prefer other types of assistance other than face-to-face, namely by phone, e-mail or other, during risk levels 2 and 3;

- Ensuring compliance with basic hygiene measures, with the heads of services responsible for ensuring that their workers are aware of them and the appropriate means to do them;

- Planning for the maintenance of essential entities' operations must be guaranteed, including computerized means, the salaries of workers, the continuity of communication with workers, students and families, and the maintenance services of the different institutions of the UÉ. To this end, they must:

- Define minimum services in each of the entities, also taking into account the need to guarantee the safety of people and goods;

- Define norms and persons responsible for specific activities, in case the facilities are closed;

- UÉ students and workers who, under the recommendations issued, decide to proceed with prophylactic isolation or who have people in their care who are given isolation (either by prophylactic isolation or by closing support facilities, namely schools, centers assistance, among others), will not have penalties from the academic and professional point of view;

- The top managers of the entities should, as far as possible, create conditions and allow the teleworking regime to all workers;

### Measures related to Social Action Services

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The University's Social Action Services (SASUÉ) must establish guidelines to ensure the continuity of residence and food services for students who depend exclusively on these services and designate the persons responsible for their implementation.

Needs must be defined in terms of supply/supply of essential goods for the maintenance of the functioning of the entities (non-perishable food, water, electricity, consumables and necessary equipment) in the event of the closure of facilities, through:

- Estimate the number of students who will need this support;
- Estimating and guaranteeing a stock of food and other subsistence goods;
- Ensuring continued payment of scholarships and other grants to students.

In the event of the use of UÉ student residence (s) for quarantine periods for students in isolation, the Bento de Jesus Caraça residence was designated to support cases in isolation, which for some reason are prevented from returning to their homes.

## COMMUNICATION

Taking into account the stage of evolution of the disease in Portugal at the time of writing this document, this plan will focus on measures that can be applied quickly and as widely as possible by the academic community.

### Definition of the crisis cell

- Instituting the task force as the single and unified EU unit for responding to the crisis, with decision-making power to issue recommendations, guidelines and other related information.
- Establish procedures within the task force for the approval of all communications to be issued by this body.
- Official spokesperson (s) for public communications, will be the Rector as coordinator of the task force and the Coordinator of the Communication Division (Andreia Rosa). In view of the impossibility of these elements, it will be decided internally which of the

remaining members assumes this role.

- Ensure the connection and coordination with constituent entities and partners.

### **Creating a point of contact with the task force**

- Establish the email [Covid19@uevora.pt](mailto:Covid19@uevora.pt) for questions, suggestions, etc. by the Contingency Plan's target audience, including those defined. These questions will be answered by the Contingency Plan task force.
- Definition of the means of distributing information to the target audience.
- Using the dynamic email system as a privileged means of internal communication. Use the email address [Covid19@uevora.pt](mailto:Covid19@uevora.pt) as the sender of all information related to the disease.
- Add to these means the use of the university's social networks (namely Facebook and Twitter), which will also, by their nature, serve as external means of communication.
- Ensure that critical information is also available in Portuguese and English.

### **Creation of a public information webnews**

- Make available on the UÉ page all the specific information on the UÉ and disseminate infection control measures to the target audience.
- Make available on the UÉ page all the information produced by the task force (ex: communications, recommendations, awareness materials), as well as a link to useful information produced by health authorities and Contingency Plan partners, in particular on the website [www.dgs.pt/corona-virus](http://www.dgs.pt/corona-virus)
- Ensure that critical information is also available in Portuguese and English.

### **Development of internal information and awareness campaigns**

- Reinforce public information campaigns on transmission methods and precautions to avoid contagion among the Contingency Plan's target audience.
- Privileging the use of digital media, namely UÉ websites and social networks and constituent entities, to ensure faster execution.
- Develop the materials based on the official information issued by the DGS or until they are exact copies of the communication supports issued by the DGS itself.

- Consider the distribution of printed materials (posters, leaflets) among all the buildings of the UÉ.
- Annex 3 provides a communication model for information to congresses, or other scheduled events, participants.
- Make all critical information available in Portuguese and English.

### **Ensure external communication point**

- Establish the Communication Division (Rectorate Services) as a single point of contact with members of the national and international media, both as a recipient of requests for information and as an issuer of information to the external community.
- Professor Felismina Mendes will be the focal point for contacts with health services.
- Use the means already existing and recognized by journalists, namely the email [divcom@uevora.pt](mailto:divcom@uevora.pt) and the telephone numbers of the Rector's press officers, for making contacts.
- Ensure the production and sending of communications to the media at every moment of establishing new guidelines and containment measures, in accordance with the decisions issued by the task force.
- Ensure that critical information is also available in Portuguese and English.

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# Annex

## Annex 1

Circular nº 5/2020 (4 March)

MOD02-PR01 / Document digitally signed

Communication COVID 19

To all Academic staff and students,

After the first cases of COVID-19 infection in Portugal were known, it is advisable to recall some of the previously released recommendations and take some containment measures adapted to the new situation.

**Be aware:**

DG Saúde information on COVID-19 is available at the link

<https://www.dgs.pt/coronavirus.aspx>;

The link <https://www.dgs.pt/pagina-de-entrada3/corona-virus/boletim-informativo.aspx> updates the situation in Portugal;

In cases of wanting to maintain some mobility action, which is not recommended, you can check in

<https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd> updating the cases in the world, and identifying which countries to avoid.

In compliance with Order No. 2936-A / 2020 published in Diário da República No. 43/2020, 2nd Supplement, Series II of 2020-03-02, the University of Évora today presents the second phase of its communication and contingency plan, which contains the specific contacts for reporting suspicious situations and identification on the isolation rooms/offices.

Included in this plan is the creation of isolation rooms in each of the UÉ buildings, the provision of specific contacts for situations of suspected contamination and the filling of dispensers with disinfectant, never forgetting frequent hand washing.

The isolation rooms and respective responsible for the support, in each of the buildings of the UÉ, are:

The **isolation rooms** and respective responsible for the support, in each of the buildings of the UÉ, are:

**Escola Superior de Enfermagem**

Gabinete: Multiusos, Piso 1

Responsável: Dr. Nuno Antunes

Contacto: 939007001

**Colégio do Espírito Santo**

Gabinete: Gab. 1, junto às escadas da reprografia

Responsável: Dr.<sup>a</sup> Antónia Pereira

Contacto: 964 696 487

**Colégio Luís António Verney**

Gabinete: Sala 136, Gab. 1

Responsável: Dr. Paulo Ramos

Contacto: 962 533 822

**Edifício dos Leões**

Sala de Reuniões no edifício Clara Meneres

Responsável: Sr. João Polido

Contacto: 961 708 875

**Colégio Pedro da Fonseca**

Gabinete: Bloco A, sala 1.01

Responsável: D. Maria João Garcia

Contacto: 934 775 754

**Mitra**

Gabinete: Edifício Ario Lobo de Azevedo, Gab. 133

Responsável: Eng.<sup>a</sup> Francisca Figo

Contacto: 967 866 336

**Mateus de Aranda**

Casa de banho no piso superior junto à sala de espelhos

Responsável: Dra. Manuela Barros

Contacto: 927 525 646

**Palácio do Vimioso**

Gabinete: Sala 110

Responsável: Eng.<sup>a</sup> Cláudia Marques

Contacto: 967 865 671

**Cordovil**

Gabinete: sala 025

Responsável: Eng.<sup>a</sup> Angélica Lopes

Contato: 939 006 980

**Edifício Antiga Cadeia**

Gabinete: Gab. 223

Responsável: Dr.<sup>a</sup> Cláudia Zacarias

Contato: 965 641 364

**Contacts**

In the event that any member of the academy experiences symptoms of COVID-19, while on campus, you should contact the above telephone numbers in order to be forwarded to one of the isolation rooms, after which the University will inform the Health Line 24 - 808 24 24 24.

If you are outside the University's premises, the first thing to do is to contact the Health Line 24 - 808 24 24 24.

Do not go to hospitals or health centers.

**Mobility**

Remember, once again, that mobility is totally inadvisable.

Academy members can, because they are free, responsible and adults, decide to keep moving despite this recommendation.

It is clarified, however, that any member of the Academy that intends to continue with the mobility that it had planned should sign the declaration that is attached to this circular, as the case may be.

**Remember, again, that:**

- It is advisable to inquire about the health system at the destination;
- You should also try to find out under what conditions foreign citizens are entitled to health care;
  
- Do not forget that mobility within these countries can be restricted and airlines can cancel in and out flights;

- In these countries, quarantine measures that prevent mobility may be implemented, creating unpleasant situations;

The University services do not provide this information.

Anyone, teaching or non-teaching, who maintains mobility or who enters Portugal/University of Évora from affected countries must maintain the quarantine period of 14 days. It is recalled that the quarantine implies avoiding personal contacts and observing increased care in any relationship with the 3rd.

Avoiding contagion is everyone's duty!

The Rector of the University of Évora, on March 4, 2020

### **MOD02-PR01 / Document digitally signed**

Annex to Circular No.5/2020 (March 4)

### **Declaration of Responsibility for Mobility**

I, .....,.... (Teaching / non-teaching)...., no.... (Department / Service)... .., I declare that I took knowledge of the restrictions and recommendations placed by the University of Évora on mobility (Circular nº 5/2020, of March 4), and I assume that, despite this, I want to maintain mobility just as planned, to be carried out in the period from.../.. / .. to.../.../... in... (Institution).... in... (country).....

I declare that I am available for when I return, if so suggested by the Health Services, to do a quarantine period. I am also aware that, in countries with weaker, almost nonexistent health systems, or those where foreign citizens do not have the same means available to them as the natives, the risk is increased.

Évora, .....

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signature

## ANNEX 2

### TEMPERATURE AND SYMPTOMS SELF-REGISTRATION MODEL

Information and surveillance of asymptomatic citizens returning from areas affected by COVID-19 infection and contact with confirmed cases

#### If you were in an area affected by the COVID-19 infection:

- Be aware of your health for 14 days, since arrival;
- Measure and record your temperature in the morning and evening, during those 14 day;
- Also record the occurrence of other symptoms such as: cough, fever, difficulty breathing, headaches, tiredness, among others;

Date of arrival in Portugal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

#### Temperature recording:

Date	Morning	Night	Other symptoms
...../...../.....	°C	°C	

#### ATTENTION

If you have a **fever** (equal to or greater than 38.0°C) or any other symptom mentioned above, **call the SNS 24 Line (808 24 24 24)**

## Annex 3

Date 9/03/2020

Congress participants or other visitors

Dear participants,

In view of the recent coronavirus outbreak "COVID-19", several questions have been raised about the possible effects / implications of COVID-19 in events and meetings that involve the accumulation of a large number of people.

THEREFORE, it is considered important to provide some information as well as the recent clarifications on the subject.

The potential risk posed by COVID-19 to participants in any conference, symposium, congress, seminars or the like is real.

It is important that we are able to provide detailed and current information, namely that provided by WHO as well as the Portuguese authorities.

Currently, Portugal is not a risky country and the Évora region is less likely to be a risky area.

The most recent decision of (name of the event) is not to cancel/(or to cancel) this event; at the same time the contingency plan implemented at the University of Évora is disclosed, for your security and information.

The University has isolation rooms in all buildings; direct telephone contact numbers for SOS, as well as dispensers with disinfectant solution distributed throughout the different buildings.

Following the recommendations of the health authorities, all participants from risk areas, or who have visited them in the 14 days prior to the start date of this event, are requested to cancel their presence at the event due to the risk they pose to remaining participants and even to Portugal.

At the time, China, South Korea, Japan, Singapore, Iran, Italy: Emiglia - Romana; Italy: Lombardy; Italy: Piedmont; Italy: Veneto, are considered as risk areas;

The same request applies to participants who may be sick (for example, flu symptoms) or who have been in contact with a confirmed case of COVID-19.

All others should consider maintaining their participation.

If conditions in Portugal get worse or if the number of countries with a high number of confirmed cases increases rapidly, we will inform you as soon as possible.

We believe that it will be useful to regularly visit the website of the General Directorate of Health to obtain updates on the situation in Portugal and in the world <https://www.dgs.pt/em-destaque/relatorio-de-situacao-n-001-03032020.aspx>.