



ipt
Instituto
Politécnico
de Tomar

CONTINGENCY PLAN COVID19

9 MARCH 2020

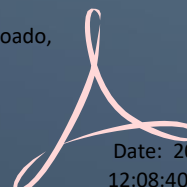
The IPT President The IPT Administrator

Signed digitally by José
Júlio Mendes Martins
Filipe



Date: 2020.03.10
12:18:11 Z

Signed digitally by João
Paulo
Pereira de Freitas Coroado,
PhD



Date: 2020.03.10
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CONTINGENCY PLAN COVID19

1. Motivation

Following the publication of Order No. 2836-A / 2020 of 3 February 2020 and in accordance with Guideline No.006/2020, of 26 February 2020, the Directorate-General for Health (DGS) both dealing on the recent global epidemic outbreak of coronavirus - CODIV-19, considering the need for all public employers to draw up a contingency plan within 5 working days after the date of publication of that Order, this Contingency Plan is drawn up that explains and defines the IPT lines of action in relation to this matter.

2. Framework

2.1 – General framework: The Polytechnic Institute of Tomar (IPT), as a public employer and public higher education institution, is responsible for ensuring their employees (faculty and staff) and students health and safety conditions, in a continuous and permanent basis, taking into account general prevention principles.

Given the current risk and its responsibilities towards the academic community, the IPT has prepared this Contingency Plan in line with the national guidelines, whose application will be dynamic and changeable according to new information and knowledge, which may lead to the implementation of new measures and result in the Plan being updated.

Regardless of this Contingency Plan, the Health Authority (Ministry of Health/Directorate-General of Health) shall always be responsible for taking action in situations considered a great threat to public health through public health monitoring and establishing remedial measures, including the cancellation or discontinuation of activities and services and the closure of establishments (Decree-Law no.135/2013) of 4 October).

2.2 - Scope: This Plan outlines the key steps to be included in the contingency plan, as well as the procedures to be adopted facing a case of a student or member of staff with symptoms of the infection.

As mentioned above, this plan can be updated at any time, taking into account the evolution of the epidemic situation.

The situations not covered by this contingency plan will be assessed on a case-to-case basis.

2.3 - Suspected case definition: The definition provided below is based on the information currently available from the European Centre for Disease Prevention and Control and described in Guideline No.006/2020, of 2 February 2020 of the Directorate-General for Health, and therefore it should be adopted by the IPT.

Clinical Criteria		Epidemiological criteria
Acute respiratory infection (fever or cough or difficulty breathing) requiring hospitalization or not	A N D	History of travel to areas with active community transmission ¹ in the 14 days before onset of symptoms OR Contact with confirmed or probable case of SARS-CoV-2/COVID19 infection in the 14 days before the onset of symptoms OR Healthcare professional or person who has been in a healthcare institution where infected patients were being treated.

2.4 - Infection transmission:

The COVID19 can be transmitted:

- Through respiratory droplets (particles greater than 5 microns);
- Through direct contact with infectious secretions;
- Through aerosol therapy procedures (particles smaller than 1 micron).

Current knowledge about the transmission of infection is supported in the knowledge of the first cases of COVID19 and on other corona viruses of the same subtype.

Person-to-person transmission has been confirmed and it is believed that this occurs during a close proximity to an infected person through the spread of respiratory droplets produced when coughing, sneezing or speaking², which can be inhaled or come into contact with the mouth, nose or eyes of nearby people.

Hand contact with a surface or object infected with the new coronavirus and then contact with the oral, nasal or eye mucous membranes (mouth, nose or eyes), can lead to the transmission of infection³.

To date, there is no vaccine or specific treatment for this infection⁴.

¹ Areas with community transmission available at <https://www.dgs.pt/saude-a-a-z.aspx?v=%3d%3dBAAAAB%2bLCAAAAAAABABLszU0AwArk10aBAAAAA%3d%3d#saude-de-a-a-z/coronavirus/2019-ncov/areas-afetadas>

² ECDC (2020): <https://www.ecdc.europa.eu/en/novel-coronavirus-china/questions-answers>

³ CDC (2020): <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

⁴ CDC (2020): <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Precautionary measures regarding Covid19 should take into account the direct transmission routes (airborne and physical contact) and indirect transmission routes (contaminated surfaces/objects).

3. What is the Coronavirus - COVID19?

The new coronavirus - COVID19 is an emerging infectious disease, first identified in December 2019, in China, in the city of Wuhan. This new agent had never been previously identified in humans, having caused an outbreak in the city of Wuhan. The source of infection is still unknown.

Coronaviruses are a family of viruses known to cause disease in humans. The infection may resemble a common cold or manifest as a more serious illness such as pneumonia.

The route of transmission is still under investigation. Person-to-person transmission has been confirmed, although no further details are known.

To learn more, see answers to "Frequently Asked Questions" on the DGS web page at <https://www.dgs.pt/corona-virus/perguntas-e-respostas1.aspx>

4. Main symptoms

Infected people may show signs and symptoms of acute respiratory infection such as fever, cough and difficulty breathing.

In more severe cases, it can lead to severe pneumonia with acute respiratory failure, kidney and other organs failure and eventual death.

5. Incubation period and symptoms

The incubation period is still under investigation, but it is estimated to be between 12 and 14 days.

COVID19 can cause symptoms of fever, cough and difficulty breathing, which becomes even more relevant when the person has returned from some of the areas affected by COVID19 or have contacted with an infected patient.

Contingency Plan

According to guideline 006/2020 of 26 February 2020, the IPT must have a specific contingency plan to respond to a possible coronavirus mass epidemic, this plan should answer three basic questions:

- What effects may the COVID19 infection of students and staff cause in IPT?
- What precautionary measures should be prepared to cope with a possible case of a student or staff infected with COVID19 at IPT?
- What to do if a student or member of staff is suspected of being infected with COVID19 at IPT?

So, the following contingency plan is approved accordingly as follows:

6. RECIPIENTS OF THE CONTINGENCY PLAN

This Plan is aimed to all members of the academic community of the IPT, including students, faculty, staff, researchers and any other employees assigned to the various departments/units within IPT.

7. OBJECTIVES OF THE CONTINGENCY PLAN

This plan aims to:

- a) Determine the needs and resources for an effective response proportionate to the level of risk;
- b) Inform and instruct the academic community of the IPT with updated and reliable information;
- c) Implement primary prevention measures appropriate to the level of risk;
- d) Detect early cases of disease and their history, facilitating access to appropriate health services;
- e) Ensure a coordinated response with other institutions and organisations;

- f) Ensure the continuity of teaching/learning activities at IPT according to the level of risk;
- g) Minimise the effect of the epidemic among the IPT community.

8. MONITORING TEAM

8.1 - For a constant monitoring of the implementation of this Plan, a team is created that is composed of the elements below and will report to the President of the IPT:

Nuno Madeira (Team co-coordinator)
Vice-President of the IPT

Rita Anastácio (Team co-coordinator)
Pro-President of the IPT

José Júlio Filipe (Team co-coordinator)
Administrator of the Central Services of the IPT and Director of Social Support Services (SAS-IPT)

Jorge Silva
Escola Superior de Tecnologia de Abrantes

Tânia Matos
Communication and Public Relations Office - IPT;

Conceição Catroga
International Relations Office - IPT

Vânia Gonçalves
UAE.IPT - Student Union IPT

8.2 - The monitoring team is responsible for:

- a) Ensuring the creation of an isolation area and appropriate procedures;
- b) Ensuring that students and staff are informed about the existence of an isolation area and the measures described in this document;
- c) Providing the necessary resources and conditions to implement the Contingency Plan;
- d) Being the focal point for the activation of the measures when facing a suspected case and information on the list of classes and timetables;

- e) Communicate the difficulties in implementing the contingency plan or refusal to comply with the plan provisions to the President of IPT, who will decide, after consultation with the monitoring team, the measures to be taken in accordance with ethical and legal considerations in force;
- f) Provide the President with all the information required to understand the infection dynamics in IPT.

8.3 - The monitoring team may act in conjunction with the following entities:

- Ministério da Ciência, Tecnologia e Ensino Superior (MCTES).
- Direção-Geral do Ensino Superior (DGES)
- Ministério da Saúde (MS)
- Direção-Geral da Saúde (DGS)
- Conselho Coordenador dos Instituto Superiores Politécnicos (CCISP)
- Centro Hospitalar do Médio Tejo (CHMT)
- Administração Regional de Saúde do Centro (ARSC)
- Agrupamento de Centros de Saúde (ACES) do Médio Tejo
- União Associativa de Estudantes do IPT (UAE.IPT)
- Associação de Estudantes da Escola Superior de Tecnologia de Abrantes (AEESTA)
- Comunidade Intermunicipal do Médio Tejo (CIMT)
- Câmara Municipal de Tomar (CMTomar)
- Câmara Municipal de Abrantes (CMAbrantes)
- Private student residence halls

9. LINES OF ACTION

This plan is structured around four lines of action focused on the academic community of the IPT:

- Health protective measures;
- Resources and infrastructures;
- Teaching and research activities;

10. HEALTH PROTECTIVE MEASURES

10.1 - Basic hygiene measures

Students and staff and other recipients of this Plan should:

- Wash hands frequently with water and liquid soap, preferably white-and-blue soap, rubbing well for at least 20 seconds;
- Reinforce hand washing before and after contact with food, after using toilet facilities and after contact with surfaces in public places (door knobs, elevator buttons, public transport, etc.);
- Or alternatively use an alcohol-based solution to wash your hands (SABA);
- Use disposable tissues to blow your nose;
- Dispose of used tissues in bins provided and wash your hands afterwards;
- Cough and sneeze into a bent elbow or tissue, then throw away the tissue;
- Avoid touching your eyes, nose and mouth;
- Promote social distancing in particular not staying in crowded indoor areas without absolute need (except for academic and professional activities);
- Avoid physical contact;
- Clean frequently touched surfaces and contact devices (keyboard, desk, phone, etc.);
- If you or those living with you have any of the symptoms reported, reduce social contacts, do not seek help from health services and call the SNS24 Line (808 24 24 24).

10.2 - Environmental hygiene measures

As ideally the virus can remain active on surfaces for several days, it is essential to clean and disinfect them frequently as follows:

- Tabletops, keyboards, handrails, door handles, elevator buttons should be cleaned and disinfected at least three times a day and whenever necessary;
- Sanitizing and cleaning should be adequate to the type of material. Using a degreasing detergent followed by disinfectant such as sodium hypochlorite solution containing 1000 ppm of active chlorine or alcohol at 70 ° is the most appropriate procedure. The use of detergents and disinfectants should be in accordance with the manufacturer's recommendations as to the amount, dilution and contact time;
- Water, liquid soap, blue-and-white soap, paper towels for hand drying in toilets and all other hand washing points should be made available;
- Ensure that enough quantity of alcohol solution (SABA) is made available at the entrance/exit points of buildings, more crowded areas, in each floor next to the elevators or stairs, at the entrance and inside the isolation areas, and wherever it is justified both by the number of people or by the distance to disinfection points;
- Residues from routine disinfection should be disposed of in customary manner.

10.3 - Isolation area

The isolation area (sealed room or space) aims to prevent or limit direct contact with suspected cases.

The monitoring team should identify one or more isolation areas and inform the community about its existence, location and person in charge.

These areas should be identified with an indication not to be used except for this purpose and be available to be activated when a suspected case is identified (for example, must not be locked).

Wherever possible, the location of the isolation area should be so that the infected person gets in touch with the least number of people possible.

In this area, or close to it, there must be a properly equipped health facility for the exclusive use of the person suspected of being infected.

The isolation area should have:

- natural ventilation or mechanical ventilation system;
- smooth and washable surfaces/materials (e.g. should not have rugs, carpet or curtains);
- telephone or mobile phone (in case the person is not in possession of his/her own);

- chair or surgical bed;
- water and some non-perishable food;
- waste container (with foot opening and a plastic bag);
- SABA (available inside and at the entrance to this area);
- paper towels;
- surgical masks;
- disposable gloves;
- thermometer.

10.4 - Precautionary measures after a suspected case

Anyone with signs and symptoms (fever, cough or difficulty breathing) and epidemiological link (possible contact with a confirmed case or travel history to areas with community transmission) should head to the isolation area and inform (before or after) one of the monitoring team co-coordinators (preferably by phone). The contacted co-coordinator, or another member of the monitoring team appointed by him/her, must accompany the suspected case from the time it was reported until isolation.

If necessary (e.g. student/staff/visitor locomotion difficulty), the team co-coordinator will be asked to help the person in question to reach the isolation area.

Whenever possible, the safety distance (greater than 1 meter) from the patient should be maintained.

People assisting the suspected case to reach the isolation room should, prior to doing that, put on a surgical mask and disposable gloves, in addition to meeting the basic measures as hand hygiene after contact.

Once in the isolation area, the person suspected of being infected should contact the SNS24 line and follow their instructions.

The infected person should put on a surgical mask as soon as possible, if his/her clinical condition allows. The mask should be put on by the person. Ensure that the mask is properly fitted (ie adjust the mask to the face so as to allow complete closure of nose, mouth and sides of the face).

When the mask is wet, it should be replaced.

Should there be more than one suspected case simultaneously, the person in charge should consider the creation of a second temporary isolation area or use the same area ensuring a distance between the suspected cases of at least 2 metres.

Attached to this document is a flowchart of the measures for this particular case (Appendix I).

If the case is validated by the SNS24 line as meeting the criteria for a suspected case, the person infected will be sent to the hospital and the local health authority will start the epidemiological inquiry and the tracing and monitoring of close contacts, according to national guidelines.

After validating the case to the SNS24 line and subsequent evacuation, the person in charge shall ensure that the isolation area is cleaned and disinfected by a member of staff properly equipped with surgical mask and disposable gloves.

Cleaning and disinfection should be reinforced especially in areas frequently handled by the suspected case.

Particular attention should be given to cleaning and disinfection of the workstation of the confirmed case (including materials and equipment used by him/her).

The waste produced by the person infected should be stored in a plastic bag (with a thickness of 50 or 70 micron) which, after being closed (e.g. with clamps) must be segregated and sent to licensed operator for the management of hospital biohazardous waste.

To this end, the monitoring team may coordinate with the authorities responsible for the management of this type of waste.

If the case is not validated by SNS24, the usual cleaning and disinfection procedures in the isolation area should be followed.

10.5 - Specific measures in face of asymptomatic persons returned from an area with active community transmission in the last 14 days

In addition to the basic hygiene measures, the person shall:

- Inform one of the monitoring team co-coordinators;
- Perform self-monitoring of symptoms, including:

Measure and record the temperature twice a day, in the morning before leaving the house and at night, after arriving, using Appendix II to this Plan (Temperature and symptoms self-monitoring template);

- Keep academic and professional activities, while asymptomatic;
- At the social level, avoid staying in crowded indoor environments if it isn't absolutely necessary.

Attached to this document is a flowchart of the measures for this particular case (Appendix III).

10.6 - Specific measures in face of an asymptomatic person with contact with a confirmed case

In addition to the basic hygiene measures, the person shall:

- Self-monitor the symptoms, including:
 - ✓ Measure and record the temperature twice a day, in the morning before leaving the house and at night, after arriving, using Appendix II to this Plan (Temperature and symptoms self-monitoring template);
- Stay in prophylactic isolation certified by Health Authority for 14 days and inform the monitoring team;
- Call the SNS24 line reporting having been in contact with the confirmed case. If you develop symptoms, you should only resort to healthcare services if recommended by the SNS24 line.

Attached to this document is a flowchart of the measures for this particular case (Appendix IV).

10.7 - Measures for other members of the academic community

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

10.8 - Other exceptional measures

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

- The reinforcement of the cleaning and disinfection measures of surfaces;
- The drawing up of travel recommendations, which may include:
 - ✓ Recommendation for travelling taking the usual precautions;
 - ✓ Recommendation for travelling taking exceptional precautions;
 - ✓ Recommendation for reconsidering travelling;
 - ✓ Recommendation not to travel;
- Discontinuation of events, school activities, research and services involving face-to-face contact;
- Closure of the facilities.

In line with these emergency measures and considering the current world epidemic crisis:

- a) We confirm and maintain our decision of 6 March to discontinue, until further notice, all international mobility of IPT faculty and staff;
- b) Discontinue IPT student mobility (outgoing) under the ERASMUS program;
- c) Discontinue international student mobility (incoming) under the ERASMUS program;

In line with these contingency measures, faculty, staff and students (national and international) coming from overseas countries, regardless of the country where they have been, should comply with the guidelines in 10.5 and 10.6.

11. RESOURCES AND INFRASTRUCTURES

11.1 - Measures concerning facilities and equipment

Data on the capacity in terms of facilities, equipment and materials should be updated as follows:

- To examine the health and safety conditions of the facilities;
- To examine the ventilation conditions and notify the monitoring team in case of failure;
- To promote aeration of all areas, keeping the windows open whenever possible;
- To ensure the environmental hygiene measures described above.

The decision to close the facilities and respective guidelines shall be subject to an order of the President of IPT, after consultation with the monitoring team, the School Directors and health authorities.

Cancellation of scientific, sports or other public events sponsored by IPT will be decided by the promoters after consultation with the monitoring team and, if applicable, with the School Directors.

11.2 - Security Measures

The necessary measures should be planned to ensure the safety of people and facilities within IPT, including by:

- Strengthening security of people and property in case of total or partial closure of facilities;
- Drawing up safety and access control plans based on estimated occupancy of facilities.

The measures to be taken must be coordinated with local security authorities.

11.3 - Logistics resources

Facilities should be provided with the following resources:

- water and liquid soap;
- blue and white soap;
- alcohol-based solution;
- paper towels;
- waste collection containers at strategic locations;
- suitable detergents and disinfectants;
- informative materials on basic hygiene measures;
- surgical masks, disposable gloves and thermometer.

12. TEACHING AND RESEARCH

12.1 - Measures concerning the continuity of IPT educational activities and services

a) Alternative educational procedures should be developed, tested and disseminated to ensure continuity of the teaching/learning process in the event of facility closure, including:

- Each School and respective programmes should encourage the use of e-learning resources in all school activities, regardless of the level of risk;
- Should the facilities close, teaching activities should, where possible, be ensured by means of e-learning.

- The competent IPT services shall create and maintain the necessary platforms to implement these measures.
- b) Wherever possible, efforts should be made to facilitate access to the acquisition of computer equipment and internet access, by entering into agreements with companies, promoting the autonomy of the students in the use of the IPT's computer network.
- c) A plan to recover teaching/learning activities should be drawn up, including:
 - In each school and courses, preventive measures should be devised should the normal running of classes be affected, including changes in course content or assessment periods. These measures should take into account different possible scenarios considering different periods of possible closure.
- d) Alternative assessment methods should be devised such as the use of remote online exam invigilation among others.

12.2 - Measures concerning research activities

Each Research Centre Director or responsible for promoting a research project should make a survey of the services and/or critical equipment in the centres to ensure their biosecurity. They should also prepare a plan to ensure the research centres continue to work, particularly in case of partial or total facility closure.

12.3 - Measures concerning the continuity of IPT services

- a) Frontdesk services should:
 - Prefer another type of contact other than face-to-face, including telephone, e-mail or another, once more than two confirmed cases of COVID19 are identified;
 - Ensure compliance with basic hygiene measures, and the head of services must ensure that their employees are aware of them and have the appropriate means to fulfil them.
- b) Minimal services should be ensured at IPT, including computer services, staff payrolls, communication with staff, students and families and maintenance of facilities and equipment. For this purpose:
 - Minimal services in every department/unit/service should be established taking into account the need to ensure the safety of people and property;

- Rules and people in charge for specific activities should be assigned in the event of facility closure.
- c) IPT students and staff who, according to the recommendations, decide to proceed with prophylactic isolation or have people in their care that must be in isolation (either due to prophylactic isolation or because their support institutions are closed such as schools, nursing homes or others), may not be penalised academically or professionally.
- d) The head of services should as far as possible create conditions and allow teleworking for their staff.

12.4 - Measures concerning the Social Support Services

- a) The Social Support Services (IPT-SAS) shall draw up guidelines to ensure the continuity of residence halls and food services to students who rely exclusively on these services and appoint the people responsible for their implementation.
- b) The needs in terms of supply/procurement of essential goods to maintain minimal operation should be defined (non-perishable food, water, electricity, supplies and necessary equipment) in the case of facility closure by:
 - Estimating the number of students who require this support;
 - Estimating and ensuring a stock of food and other livelihood assets;
 - Ensuring the continuity of payment of scholarships and other student grants.
- c) In the event that residence halls are used to host students in quarantine, a reserved area in one of the residence halls shall be defined to support students in isolation who, for some reason, are prevented from returning to their homes.

13. COMMUNICATION

Taking into account the stage of evolution of the disease in Portugal at the time of this writing, this Plan will prioritise measures that can be implemented quickly and with the greatest possible extent by the academic community.

13.1 - Monitoring team

The monitoring team referred to in paragraph 8.1 of this Plan will be the single, unified body to respond to the crisis generated by the COVID19 virus, and has the power to issue recommendations, guidelines and other related information.

The monitoring team shall internally establish the procedures for the approval of all public notices/announcements to be released by this body.

There will be official spokesmen for public communication, if necessary and in this order, the President of the IPT and the monitoring team coordinators.

13.2 - Contacts of the monitoring team

A specific email COVID19@ipt.pt is available where the recipients of this contingency plan can ask questions, make suggestions, etc. These questions will be answered by the monitoring team.

13.3 - Definition of the channels used to disseminate the Contingency Plan

A dynamic email system is established as a privileged means of internal communication, complemented by the webpage www.ipt.pt/COVID19.

The email address COVID19@ipt.pt will be the contact e-mail to answer all your questions related to the disease.

In addition to the above channels, IPT social networks can also be used namely Facebook and Instagram, which will serve as external channels (see paragraph 13.6).

Essential information will be made available in English.

13.4 - Creation of a Public Information Website

The web page www.ipt.pt/COVID19 is created to compile specific information and communicate infection control measures to the recipients of this Plan;

The website will also serve as gathering point for all the information produced by the monitoring team (e.g. public notices, recommendations, awareness-raising materials) as well as to provide links on useful information produced by health authorities and partners, including the website www.dgs.pt/corona-virus;

Essential information will be made available in English.

13.5 - Launching of internal information and awareness-raising campaigns

Information and awareness-raising campaigns shall be developed aiming at:

- a) Strengthening public information campaigns on transmission methods and precautions to prevent infections among recipients of the Contingency Plan;
- b) Favouring the use of digital media, including IPT websites and social networks to ensure faster implementation of the Plan;
- c) Develop materials based on the official information issued by the DGS or provide the exact copies of communication materials issued by the DGS itself;
- d) Considering the distribution of printed materials (posters, flyers) throughout all the IPT buildings entertaining the possibility of printing them at the IPT units/services themselves.

Essential information will be made available in English.

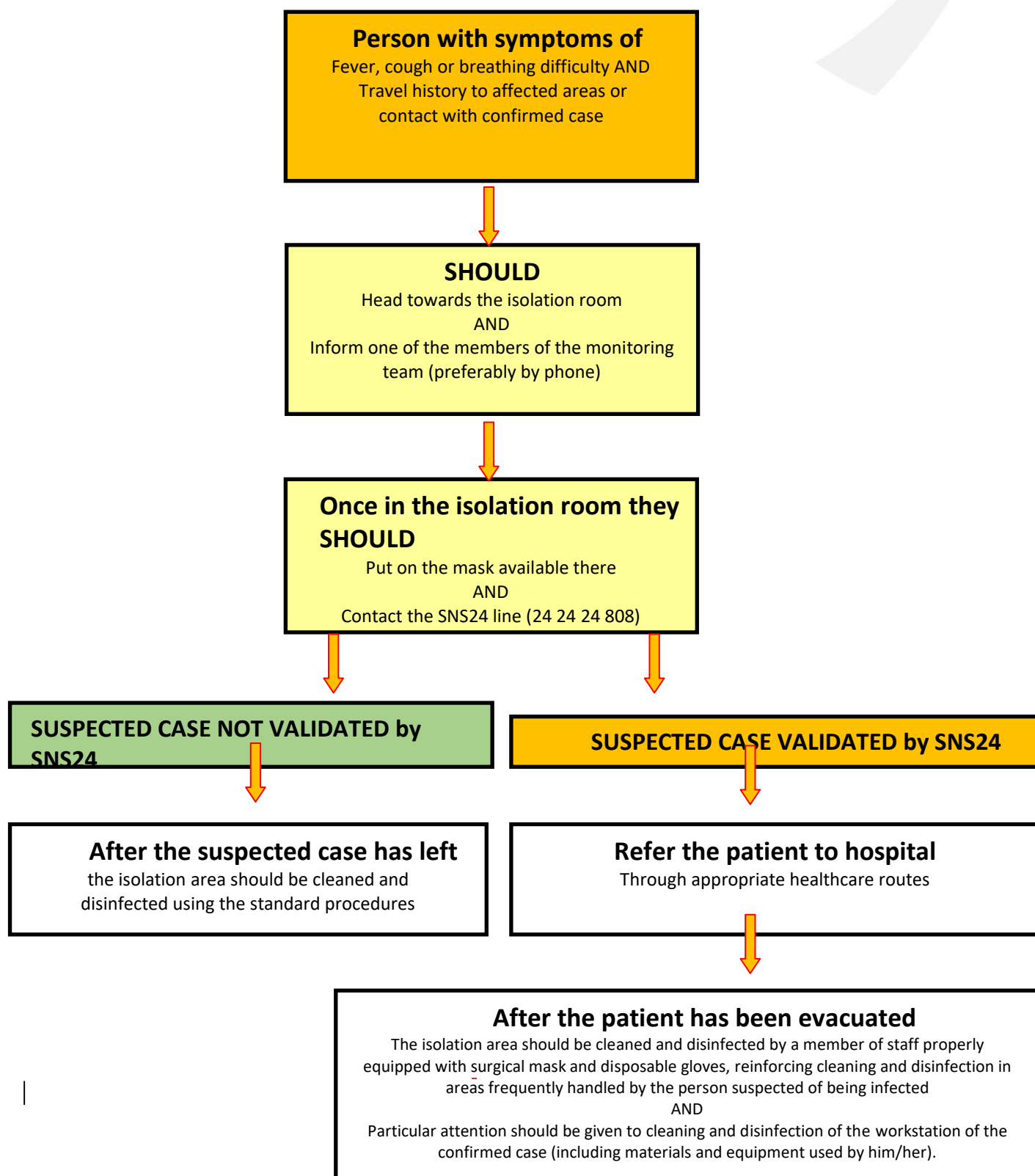
13.6 - Ensure external communication channels

For the purpose of establishing communications with the outside, it is determined that:

- a) The Communication and Public Relations Office - IPT is established as the single point of contact with members of the national and international media, both as receiver of requests for information and as sender of information to the outside community;
- b) Existing communication channels, already known by journalists, will be used such as the email gab.com@ipt.pt and the telephone contacts;
- c) Efforts will be made to ensure drawing up and send press releases to the media every time there are new guidelines and precautionary measures according to the monitoring team's decisions;
- d) If necessary and where appropriate, the use of a spokesman on behalf of IPT, as set out in paragraph 13.1(c) of this Plan;
- e) Essential information should be made available in English.

APPENDIX I

FLOWCHART OF MEASURES CONCERNING A SUSPECTED CASE



APPENDIX II

DAILY TEMPERATURES AND SYMPTOMS SELF-MONITORING TEMPLATE FOR ASYMPTOMATIC PEOPLE WHO HAVE RETURNED FROM AREAS AFFECTED BY COVID19 OR WHO HAD CLOSE CONTACT WITH A CONFIRMED CASE

If you have been in an area affected by the COVID-19 infection:

- Keep a watch on your health condition for 14 days from arrival;
- Measure and record your temperature every morning and evening during these 14 days;
- Also record the occurrence of other symptoms such as cough, fever, difficulty breathing, headaches, fatigue, among others.

Date of arrival in Portugal: ____ / ____ / ____

RECORDING OF TEMPERATURE AND SYMPTOMS:

Recording Date	Morning temp.	Afternoon temp.	Other symptoms/observations
____/____/____	°C	°C	
____/____/____	°C	°C	
____/____/____	°C	°C	
____/____/____	°C	°C	
____/____/____	°C	°C	
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If you have a fever (equal to or higher than 38.0°C) or any other symptom mentioned above, call the SNS24 Line (808 24 24 24)

APPENDIX III
FLOWCHART OF MEASURES CONCERNING AN ASYMPTOMATIC PERSON WHO RETURNED
FROM AS AREA WITH ACTIVE COMMUNITY TRANSMISSION IN THE LAST 14 DAYS

**Person without symptoms
such as**

Fever, cough or breathing difficulty AND
has returned in the last 14 days from an
area affected with COVID19

SHOULD

Inform one of the members of the monitoring team (preferably by phone)
AND
Self-monitor the symptoms, including:
(measure and record body temperature before leaving home and in the evening when you arrive home and
record the symptoms - using appropriate form)
AND
Keep academic and professional activities, while asymptomatic AND
At the social level, avoid staying in crowded indoor environments if it isn't absolutely necessary.

If symptoms develop

Fever, cough or breathing difficulty

When at IPT

Comply with the procedures set out in Appendix I -
Flowchart in case suspected symptoms develop

When outside of IPT

Contact the SNS24 line (24 24 24 808)
and follow the instructions AND
Inform one of the members of the monitoring
team (preferably by phone)

APPENDIX IV

FLOWCHART OF MEASURES CONCERNING AN ASYMPTOMATIC PERSON WHO HAD CLOSE CONTACT WITH AN INFECTED PERSON

**Person without symptoms
such as**

Fever, cough or breathing difficulty AND
contact with a confirmed case of COVID19
infection

SHOULD

Inform one of the members of the monitoring team (preferably by phone)
AND
Self-monitor the symptoms, including:
(measure and record body temperature before leaving home and in the evening when you arrive home and
record the symptoms - using appropriate form)
AND
Stay in prophylactic isolation certified by Health Authority for 14 days AND
Call SNS24 line reporting having been in contact with the confirmed case.
(If you develop symptoms, you should only resort to healthcare services if recommended by the SNS24 line)

If symptoms develop

Fever, cough or breathing difficulty

SHOULD

Contact the SNS24 line (24 24 24 808)
and follow the instructions AND
Inform one of the members of the monitoring team (preferably by phone)