



ipt
Instituto
Politécnico
de Tomar

UPDATED COVID -19 CONTINGENCY PLAN

9 SEPTEMBER 2020

IPT President

IPT

UPDATED COVID-19 CONTINGENCY PLAN

1. Motivation

In line with the guidelines of the Directorate General of Health (DGS) on the Coronavirus epidemiological crisis (COVID-19) and considering the need for all public employers to develop and maintain a Contingency Plan, this Plan is established, which sets out and defines IPT's lines of action on this matter.

2. Framework

2.1 - General framework: The Instituto Politécnico de Tomar (IPT), as a public employer and public higher education institution, is responsible for ensuring safety and health conditions to its workers (faculty and staff) and students, on a continuous and permanent basis, taking into account general prevention principles.

Given the current risk and its responsibility to the entire academic community, IPT has drawn up and is keeping updated this Contingency Plan in line with national guidelines, whose application will be dynamic and changeable according to new information and knowledge, which in a dynamic context may lead to the implementation of new measures and result in new updates of this Plan.

Regardless of this Contingency Plan, the Health Authority (Ministry of Health/Directorate-General of Health) shall always intervene in situations considered of high risk to Public Health, by monitoring the health of citizens and the health level of services and establishments, and determining as necessary corrective measures, including the interruption or suspension of activities or services and the closure of establishments.

2.2 - Scope: This Plan describes the main steps to be considered in the Contingency Plan as well as the procedures to be adopted before a member of staff or a student with symptoms of this infection.

As mentioned above, this Plan can be updated at any time, taking into account the evolution of the COVID-19 pandemic scenario.

Situations not covered by this Contingency Plan will be evaluated on a case-to-case basis.

3. What is conoravirus – COVID-19.

The corona viruses belong to the Coronaviridae family, which includes viruses that can cause infection in humans, other mammals (e.g. bats, camels, civets) and birds.

To date, we know eight corona viruses that infect and can cause disease in humans.

Normally, these infections affect the respiratory system and can be similar to common colds or evolve into a more serious disease such as pneumonia.

Of the corona viruses that infect man, SARS-CoV, MERS-CoV and SARS-CoV-2 have jumped the species barrier, that is, these viruses were transmitted to man from a reservoir animal or host of these viruses.

SARS-CoV originated an epidemic in 2002-2003 and MERS-CoV emerged in 2012 and caused sporadic cases of human infection or small clusters of respiratory disease cases.

The new coronavirus, called SARS-CoV-2, was first identified in December 2019 in China, in the city of Wuhan. This new agent had never been identified before in humans. The source of the infection is still unknown.

SARS-CoV-2 is the name of the new virus and means Severe Acute Respiratory Syndrome - Coronavirus - 2.

COVID-19 (Coronavirus Disease) is the name of the disease and means Coronavirus Disease, referring to the year in which it was discovered in 2019.

4. How is it transmitted ?

COVID-19 is transmitted person-to-person through close contact with people infected by SARS-CoV-2 (direct transmission) or through contact with contaminated surfaces and objects (indirect transmission).

The transmission by close contact occurs mainly through droplets containing viral particles that are released by the nose or mouth of infected people when they cough or sneeze which can reach directly the mouth, nose and eyes of whoever is close.

Droplets can deposit on objects or surfaces surrounding the infected person and thus infect other people when they touch these objects or surfaces with their hands, and then touch their eyes, nose or mouth.

There is also evidence suggesting that transmission can occur from an infected person about two days before they develop symptoms.

5. Main symptoms

The signs and symptoms of COVID-19 vary in severity from absence of symptoms (asymptomatic) to fever (temperature $\geq 38.0^{\circ}\text{C}$), cough, sore throat, muscle fatigue and pain and, in more severe cases, severe pneumonia, severe acute respiratory syndrome, septicemia, septic shock and eventual death.

The data show that the worsening of the clinical situation can occur quickly, usually during the second week of the disease.

Recently, anosmia (loss of smell) and, in some cases the loss of taste, has also been reported as a symptom of COVID-19. There is evidence in South Korea, China and Italy that patients with COVID-19 have developed partial or total loss of olfaction, in some cases in the absence of other symptoms.

6. Incubation period

Currently, it is estimated that the incubation period of the disease (time elapsed from exposure to the virus until the appearance of symptoms) is between 1 and 14 days.

For further information, see answers to "Frequently Asked Questions" on the DGS website at <https://covid19.min-saude.pt/category/perguntas-frequentes/>

Contingency Plan

The IPT must have a specific Contingency Plan to respond to an epidemic scenario by the new coronavirus which should answer four basic questions:

- What effects can the infection by COVID-19 of staff or students cause in this case in IPT?
- What should be prepared to face a possible case of infection by COVID-19 of IPT staff or students?
- What to do in a situation where there is a member of staff or a student suspected of having a COVID-19 infection in IPT?
- What measures should be taken to prevent the risks of infection by COVID-19 from IPT staff or students?

Therefore, the present Contingency Plan is approved in which the following will be complied with:

7. RECIPIENTS OF THE PLAN

This Plan is aimed at all members of the IPT academic community, i.e. students, teaching staff, non-teaching staff, researchers and other collaborators, in any capacity, involved in the activities in the various organisational and functional units that make up the IPT.

8. OBJECTIVES OF THE CONTINGENCY PLAN

This plan aims

- a) To determine the needs and resources for an effective response proportionate to the level of risk;
- b) To communicate and train the IPT community with updated and reliable information and knowledge;
- c) To implement primary prevention measures adequate to the level of risk;
- d) To detect cases of disease and their contacts early, facilitating articulation and connection to appropriate health services;
- e) To ensure a coordinated response with other institutions and organisations;
- f) To ensure the continuity of the IPT teaching and learning process, according to the level of risk;
- g) To minimise the effect of the epidemic on the IPT community.

9. CONTINGENCY PLAN FOLLOW-UP TEAM

9.1 - To permanently follow-up the implementation and monitoring of this Plan, a team is formed, which will report directly to the President of IPT, constituted by the following elements:

Nuno Madeira (team coordinator)

Vice-President of IPT

Rita Anastácio (Team coordinator)

Pro-President of IPT

José Júlio Filipe (Team coordinator)

Director of IPT Central Services and Director of IPT Social Welfare Services

Jorge Silva

Escola Superior de Tecnologia de Abrantes

Tânia Matos

IPT Communications and Public Relations Office

Conceição Catroga

IPT International Relations Office

Vânia Gonçalves

UAE.IPT - IPT Associative Union of Students

9.2 – The follow-up team will:

- a) Ensure the creation of an isolation area and respective circuits;
- b) Ensure the dissemination to all professionals and students of information about the existence of an isolation area, the circuits and the measures listed in this document;
- c) Guarantee the resources and conditions for the implementation of the Contingency Plan;
- d) Be a focal point for the activation of the measures in case of suspected case and information regarding the list of classes and timetables;
- e) Inform the IPT President of any difficulties in implementing the Contingency Plan or refusals to comply with the provisions in this same Plan, which will decide, after hearing the follow-up team, the measures to be taken in accordance with the ethical and legal considerations in force;
- f) Provide the President of IPT with all the information he considers relevant to the understanding of the dynamics of the infection in IPT.

9.3 - The follow-up team 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)

General Directorate of Health (DGS)

Coordinating Council of the Higher Polytechnic Institute (CCISP)

Centro Hospitalar do Médio Tejo (CHMT)

Administração Regional de Saúde do Centro (ARSC)

Agrupamento de Centros de Saúde (ACES) do Médio Tejo

IPT Associative Union of Students (UAE.IPT)

Agrupamento de Centros de Saúde (ACES) do Médio Tejo

Middle Tagus Intermunicipal Community (CIMT)

Tomar City Hall (CMTomar)

Abrantes City Hall (CMAbrantes)

Private halls of residence for students

10. AREAS OF INTERVENTION

This Plan is based on the following four areas of intervention focused on the IPT community:

- Health protection measures;
- Resources and infrastructure;
- Teaching and research activity;
- Communication.

11. HEALTH PROTECTION MEASURES

11.1 - Basic hygiene and health protection measures

Members of the IPT academic community and recipients of this Plan should:

- Inside and in the covered exterior corridors of the IPT buildings and its Schools, always use a face mask that completely covers the nose, mouth and lateral areas of the face, which is duly certified and complies with the manufacturer's specification and the guidelines issued by IPT at every moment;
- Observe the rules for the movement of people (entry, exit and stay) in the buildings of IPT and its attached schools posted on appropriate places at all times;

- Wash their hands frequently, with water and liquid soap, or blue and white soap, rubbing them well for at least 20 seconds;
- Reinforce hand washing before and after food contact, after using sanitary facilities and after contact with surfaces in public places (door handles, elevator buttons, public transportation, etc.);
- Use, as an alternative, for hand hygiene, an alcohol-based antiseptic solution (SABA);
- Use tissues (single use) for blowing;
- Throw the used tissues in a dustbin and wash your hands afterwards;
- Cough or sneeze into a tissue (single use) or into the arm with the elbow flexed, not the hands;
- Avoid touching the eyes, nose and mouth;
- Promote physical distancing, namely, not staying in crowded and closed spaces, without absolute necessity (except for school and professional activities);
- When they need to stay in spaces with more people, follow minimum physical distancing in relation to other people;
- Comply with the legal norms that, at all times, prohibit spontaneous gatherings of more than a certain number of people (currently, and at least until the end of September 2020, 10 people);
- Avoid greetings with physical contact;
- Clean contact surfaces and equipment (keyboard, desk, cell phone, etc.) frequently;
- If any symptoms appear such as coughing, fever or breathing difficulties (in one's own or one's co-workers), reduce social contacts, do not go to the health services and call the SNS24 line (808 24 24 24).

11.2 - Environmental hygiene measures

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

- The recommended frequency of surface cleaning and disinfection, namely tabletops, keyboards, handrails, door handles, elevator buttons is at least three times a day and whenever necessary;
- Hygiene and cleaning is adequate for the type of coating, and should be performed with degreasing detergent, followed by disinfectant such as a solution with sodium

hypochlorite or alcohol at 70%. The use of detergents and disinfectants should be in accordance with the manufacturer's recommendations regarding quantity, dilution and contact time;

- The availability of water, liquid soap, blue and white soap and paper towels for drying hands in all sanitary facilities and other hand washing points;
- The availability of SABA in the entrance/exit areas of buildings, the most crowded areas, on each floor next to the elevators or stairs, at the entrance and inside the isolation areas and other places that can be justified either by the number of people or by the distance to the sanitary points;
- Waste resulting from current sanitation is disposed of as usual.

11.3 - Isolation area

The isolation area (closed room or office) is intended to avoid or restrict direct contact with suspected cases.

The follow-up team must identify one or more isolation areas and inform the community of their existence, location and the member responsible for it.

These areas must be identified with an indication not to be used except for this purpose and must be available to be triggered by any suspected case (for example, they should not be locked).

Whenever possible, the location of the isolation area should allow for a circuit to and from the location with the least possible contact with other individuals.

In this area or in its vicinity, there should be a sanitary facility properly equipped for the exclusive use of the suspected case.

The isolation area must have:

- natural ventilation, or mechanical ventilation system;
- smooth and washable coatings (e.g. no rugs, carpets or curtains);
- telephone or cell phone (in case you don't have one yourself);
- chair or couch;
- water and some non-perishable foods;
- waste container (with non-manual opening and plastic bag);
- SABA (available inside and at the entrance of this area);
- paper towels;
- masks;
- disposable gloves;
- thermometer

11.4 - Steps to be taken when a suspected case is identified

Any person with signs and symptoms (fever, cough or difficulty breathing) in connection with the epidemic of COVID -19 disease (possible contact with confirmed case or, history of travel to areas with transmission in the community) should immediately put on a mask, even if in outdoor spaces, go to the marked isolation area and inform (before or after) one of the co-coordinators of the follow-up team (preferably by phone).

The co-coordinator contacted, or another member of the follow-up team appointed by him, must accompany the suspected case during the whole process;

If necessary (e.g. difficulty in moving the worker or student or visitor), the co-coordinator contacted should be asked to accompany the person to the "isolation" area.

Whenever possible, the safety distance (more than 2 meters) from the patient should be ensured.

Whoever assists or enters the isolation area, must put on and keep on disposable mask and gloves, in addition to the basic measures regarding hand hygiene, after contact.

Already in the isolation area, the person suspected of being infected should contact the SNS24 Line and follow the instructions provided to him/her.

As soon as possible, they should put on and maintain a mask, if their clinical condition allows it. The mask should be put on by the person himself or herself. It should be checked if the mask is properly adjusted (i.e. adjustment of the mask to the face, in order to ensure that nose, mouth and side areas of the face are fully covered).

Whenever the mask is wet, it should be replaced by another.

In the event there is more than one suspected case at the same time, the person in charge should consider defining a second area of temporary isolation or placement in the same area, ensuring a distance of more than 2 meters between cases.

A flowchart including the action steps for this case is attached to this Plan (Annex I).

If the case is confirmed as falling within the criteria of a suspected case by the SNS24 Line, it will be forwarded to the hospital and the Local Health Authority will initiate the epidemiological inquiry and the identification and surveillance of close contacts, according to national guidelines.

After validation of the case by the SNS24 Line and subsequent evacuation, the person responsible must ensure that the isolation area is cleaned and disinfected by a worker properly equipped with surgical mask and disposable gloves.

Cleaning and disinfection must be reinforced, especially on surfaces frequently handled by the suspected case.

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

The confirmed case waste must also be stored in a plastic bag which, after being closed (e.g. with a clamp), must be segregated and sent to a licensed operator for the management of hospital waste with biological risk.

To this end, the follow-up team can liaise with those responsible for the entities that already have this waste management circuit defined.

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

11.5 - Specific steps to be taken in case of an asymptomatic person returning or coming in the last 14 days from an area with active community transmission

In addition to the basic hygiene measures, the person should also:

- Inform one of the co-coordinators of the follow-up team;
- Perform self-monitoring of symptoms, namely:
 - ✓ Measure and record the temperature twice a day, in the morning before leaving home and at night, after arriving, using Annex II to this Plan (Model for self-monitoring of temperature and symptoms);
- To maintain the teaching and professional activities, while asymptomatic;
- At the social level, avoid remaining in very busy and closed places if there is no absolute need.

A flowchart with the action steps for this case is attached to this Plan (Annex III).

11.6 - Steps to be taken in the event an asymptomatic person had contact with a confirmed case

In addition to the basic hygiene measures, the person should also:

- Perform self-monitoring of symptoms, namely:
 - ✓ Measure and record the temperature twice a day, in the morning before leaving home and at night, after arriving, using Annex II to this Plan (Model for self-registration of temperature and symptoms);

- Stay in prophylactic isolation certified by the Health Authority for 14 days, informing the follow-up team;
- Call the SNS24 line, informing the contact with the confirmed case. If you develop symptoms, you should only go to the health services if advised by the SNS24 Line.

A flowchart including the action steps for this case is attached to this Plan (Annex IV).

11.7 – Measures for other persons

Other persons 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 standards.

11.8 - Other exceptional measures

Considering the risks inherent in activities and the effectiveness of the health protection measures of the entire IPT's academic community and the communities surrounding IPT and its Schools, in 2020/2021 no initiatives or events related to academic practices will be allowed in the IPT facilities and its surrounding localities.

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

- The reinforcement of the cleaning and disinfection measures of the surfaces;
- The issuance of travel recommendations, which can consist of:
 - ✓ Recommendation to travel with the usual precautions;
 - ✓ Recommendation to travel with exceptional precautions;
 - ✓ Recommendation to reconsider travel;
 - ✓ Recommendation not to travel;
- The suspension of events, teaching and research activities as well as face-to-face services;
- The closure of facilities.

Within this context of exceptional measures, IPT teaching and non-teaching staff and students (nationals or foreigners) coming or returning from abroad, regardless of the country where they have been, must follow the guidelines set forth in sections 11.5 and 11.6 without prejudice to compliance with other measures determined by public and health authorities.

12. RESOURCES AND INFRASTRUCTURES

12.1 - Measures concerning facilities and equipment

The survey on the capacity of facilities, equipment and materials should be updated, including:

- Checking the hygiene and safety conditions of the facilities;
- Verifying the ventilation conditions and, in case of anomaly detection, notify the follow-up team;
- Promoting the aeration of all locations, keeping the windows open whenever possible;
- Ensuring the environmental hygiene measures previously defined.

The decision to close the facilities and its guidelines should be made by order of the President of the IPT, after hearing the follow-up team, the Directors of the Schools and the health authorities.

The cancellation of scientific, sports or other public events under the responsibility of IPT will be considered by decision of the promoters after hearing the follow-up team and, if appropriate, the Directors of the Schools.

12.2 – Security Measures

The necessary measures must be planned to ensure the security of people and IPT facilities, in particular by:

- Reinforcing the resources for the security of persons and property in the event of total or partial closure of the installations;
- Developing security and access control scenarios as a function of to the planned use of the facilities.

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

12.3 – Logistic Resources

The facilities must be equipped with the following resources:

- a) water and liquid soap;
- b) blue and white soap;
- c) alcohol based solution;
- d) paper towels;
- e) waste collection containers in strategic locations;

- f) appropriate detergents and disinfectants;
- g) materials to disseminate basic hygiene measures;

13. SERVICES, TEACHING, RESEARCH AND SPORTS AND CULTURAL ACTIVITIES

13.1 - Measures concerning IPT's pedagogical activities

- a) Alternative pedagogical 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:
 - Each School and its courses shall encourage the use of distance learning resources in all teaching activities, regardless of the level of risk;
 - In the event of facility closure, the teaching activities shall, whenever possible, be ensured by means of distance learning;
 - The IPT services competent for this purpose shall provide and be responsible for the maintenance of the necessary platforms for the implementation of these measures.
- b) 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 the autonomy of students in the use of the IPT computer network;
- c) A recovery plan of pedagogical activities should be developed, namely:
 - In each school and course, measures should be planned to respond in the event of the normal functioning of the school year, namely regarding, for example, changes in course syllabuses or changes in assessment periods. These measures should take into consideration different possible scenarios, considering different periods of possible closure.
- d) Alternative assessment methods should be considered such as online monitoring of exams, among others;
- e) For IPT students who, according to recommendations and indications issued, have to remain in prophylactic isolation or who have people in their care for whom isolation is indicated (either by prophylactic isolation or by closing support facilities such as schools, welfare centres, among others), it may be decided that those affected will not be penalised in terms of academic progression.

13.2 - Measures concerning research activities

Each Research Centre Director or person in charge of promoting a research project shall make a survey of the critical services and/or equipment of the research centres to ensure their biosecurity.

They must also prepare and maintain a plan to ensure the continuity of operation of the research centres, particularly in the event of partial or total closure of the facilities.

13.3 - Measures concerning IPT services and staff

a) Public face-to-face services should:

- Favour remote assistance by phone, email or other;
- Favour payments by users through ATM or bank transfer and avoid cash payments as much as possible;
- Ensure compliance with basic hygiene measures, and the highest levels of service managers should ensure that their workers are aware of them and have the appropriate resources to comply with them.

b) The planning of maintenance of essential operations of the services, including computer resources, staff salaries, continuity of communication with staff, students and families, and the maintenance services of the different IPT facilities and equipment must be ensured. To this end:

- Minimum service provisions should be established in every department/unit while ensuring safety of people and property;
- Standards should be defined and people in charge of specific activities should be appointed in the event of closure of the facilities.

c) For IPT staff who, according to the recommendations and binding decisions issued, have to remain in prophylactic isolation or who have people in their care to whom isolation is indicated (either by prophylactic isolation or by closing support facilities, namely schools, welfare centres, among others), it may be decided that those affected will not be penalised professionally;

d) Whenever staff duties allow it, conditions must be created for teleworking for employees, in particular:

- If the employee, through medical certification, is considered to be covered by the exceptional protection scheme for immunosuppressed and chronically ill who, according to the guidelines of the health authority, should be considered at risk, namely hypertensive, diabetic, cardiovascular patients, those with chronic respiratory disease, cancer patients and those with renal insufficiency;

- If the employee has a disability of 60% or more duly attested;
- When the physical spaces and the organisation of the work do not allow the fulfillment of the guidelines of the DGS on the subject, to the strict extent necessary.

e) Whenever staff duties allow it:

- Within the maximum limits of the normal working period and with respect to the right to daily and weekly rest provided by law, measures to prevent and mitigate the risks arising from the pandemic may be implemented, namely the adoption of work rotation schedules between the teleworking regime and the work performed at the usual workplace, daily or weekly, of differentiated entry and exit times or of differentiated break and meal times;
 - The teleworking regime may be adopted under the terms provided for in the Labour Code approved by Law 7/2009 of February 12th in its current wording.
- f) For staff in face-to-face work, the biometric system attendance control associated to the Wintime platform is reactivated, but with the necessary hygiene measures, the fingerprint reader is cleaned regularly on a daily basis and each worker, after registering his fingerprint in the reader, must disinfect his hands with the alcohol gel solution available on site.

13.4 - Measures concerning the Student Welfare Services

- a) IPT Student Welfare Services (SAS-IPT) will draw up guidelines to ensure the continuity of services by providing direct welfare support (scholarships) and indirect welfare support (housing and food) to students who lack these services and will appoint the people responsible for their implementation;
- b) As usual, applications for scholarships will be made online and students' questions should be sent by email (to sas@ipt.pt) and answered via the same channel;
- c) The pre-registration for obtaining the credentials to apply for the scholarship will be carried out electronically, at <http://www.ipt.pt/sas-bolsas/>;
- d) The application for accommodation at the IPT residences is made preferably by downloading and filling out the appropriate forms at http://portal2.ipt.pt/pt/ipt/servicos_de_acao_social/formularios_sas_ipt/ and sending them after being filled out by email, to sas@ipt.pt indicating in the subject, "application for accommodation";
- e) Regarding the IPT and ESTA Campus cafeterias and snack bars, they shall be kept in operation, ensuring the layout of the spaces so that, during their use, the appropriate physical distance between users is ensured and an alternative take-away service shall be maintained for those users who prefer it;

- f) Regarding the student residences, they will be of restricted use to the residents, not being allowed visits from non-resident students or from external people (namely family members of the students) that are not part of the SAS.IPT services related to the residences;
- g) The needs in terms of supply and provision of essential goods for the maintenance of the operation of the entities (non-perishable food, water, electricity, consumables and necessary equipment) should be defined in the light of the closure of facilities by:
 - Estimating the number of students who will need this support;
 - Estimating and ensuring a stock of food and other subsistence goods;
 - Ensuring the continuity of payment of grants, scholarships and other financial support to students.
- h) In the event of using IPT residence halls for quarantine periods of students in isolation, a specific area in one of the halls shall be reserved to support cases in isolation; in no circumstances whatsoever will they be allowed to return to their homes.

13.5 – Sports and leisure activities

- a) When performing sports and leisure activities at the IPT facilities, all participants in any capacity must ensure compliance with the rules of respiratory etiquette, correct hand washing, as well as other hygienic and environmental control measures;
- b) In facilities for sports and leisure activities, physical distance measurements, namely distance of at least two meters between people in the context of not performing physical exercise (circulation spaces, etc.), or three meters between people during physical exercise, must be observed, both indoors and outdoors;
- c) Use and training sessions must be booked via the email address: sas@ipt.pt
- d) During sports and leisure activities in the IPT facilities, and for all people participating in them, in any capacity, the wearing of masks is mandatory, being dispensed with only during physical exercise.
- e) Accesses must be controlled to avoid crowding and it is recommended that places be marked (for example on the floor) to ensure distancing.
- f) In group training, the number of participants must be reduced in order to ensure a physical distance of at least 3 meters between practitioners, taking into account the spatial arrangement and movement of people throughout the sessions.
- g) Between sessions, indoor spaces must be ventilated for at least 20 minutes and the equipment used must be cleaned and disinfected.

- h) Training sessions which take place outdoors should privilege spaces with little movement of people and ensure physical distance of at least 3 meters between practitioners.
- i) Strict fulfillment of Guideline no. 030/2020 of 29/05/2020 of the DGS available in <https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0302020-de-29052020.aspx> must be ensured, the provision of individual protection equipment for users being the total responsibility of the entities that reserve IPT's sports and leisure facilities.

13.6 – Measures that are applicable to all activities

When holding meetings, and whenever this is possible and does not jeopardise the objectives of the meeting, the use of video conference systems or other remote electronic means should be preferred.

1. COMMUNICATION

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

14.1 – Follow-up team

The follow-up team referred to in section 9.1 of this Plan will be the single and unified body of the IPT in response to the crisis generated by COVID-19, having the power to issue recommendations, guidelines and other related information.

The follow-up team will establish internal procedures for the approval of all communications to be issued by this body.

IPT's official spokesperson(s) for public communications are established when deemed necessary and in this order, the President of IPT and the co-coordinators of the follow-up team.

14.2 – Follow-up team contacts

The specific email COVID19@ipt.pt is created for questions, suggestions, etc. by the recipients of this Contingency Plan, including those responsible for the various IPT services. These questions will be answered by the follow-up team.

14.3 - Definition of the means of distribution of information to the recipients of the Contingency Plan

The dynamic email system is set as the preferred channel for internal communication, complemented by http://portal2.ipt.pt/pt/ipt/covid_19.

The email address COVID19@ipt.pt will be the sender of all information related to the disease.

The above-mentioned media will be supported by the use of IPT's social networks, namely Facebook and Instagram, which by their nature will also serve as external media (see section 14.6).

Provision of key information in English should also be ensured.

14.4 – Creation of public information website

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

The web page will also serve as a point for collection and archive of all information produced by the follow-up team (e.g. memos, recommendations, awareness raising materials), as well as a linking to useful information produced by health authorities and Contingency Plan partners, in particular www.dgs.pt/corona-virus;

Provision of key information in English should also be ensured.

14.5 - Development of internal information and awareness campaigns

Information and awareness raising campaigns will be developed that are aimed at:

- a) Reinforcing public information campaigns on transmission methods and precautions to be taken to avoid contagion among the recipients of the Contingency Plan;
- b) Privileging the use of digital media, namely IPT websites and social networks, in order to ensure greater speed in the execution of the Plan;
- c) Developing materials based on official information issued by the DGS or until they are exact copies of the communication media issued by the DGS itself;
- d) Considering the distribution of printed materials (posters, leaflets) among all IPT buildings and the possibility of printing them on IPT's own units and services.

14.6 - Ensure external communication channels

For the purpose of establishing communication with the outside, it is stipulated that:

- a) The IPT Communications and Public Relations Office shall be the single point of contact with members of the national and international media, both as a recipient of requests for information and as a transmitter of information to the external community;

- b) The media already existing and recognised by journalists, namely e-mail gab.com@ipt.pt and their telephone contacts shall be used to make contacts;
- c) In case of need and when appropriate, a spokesperson on behalf of the IPT shall be used under the terms defined in section 14.1(c) of this Plan;
- d) Provision of key information in English shall also be ensured.

2. DOUBTS, ERRORS AND OMISSIONS

Any doubts, errors or omissions raised by this contingency plan will be resolved by order of the President of IPT after hearing the co-coordinators of the monitoring team.

Note: The doubts raised by the present contingency plan may be clarified as follows:

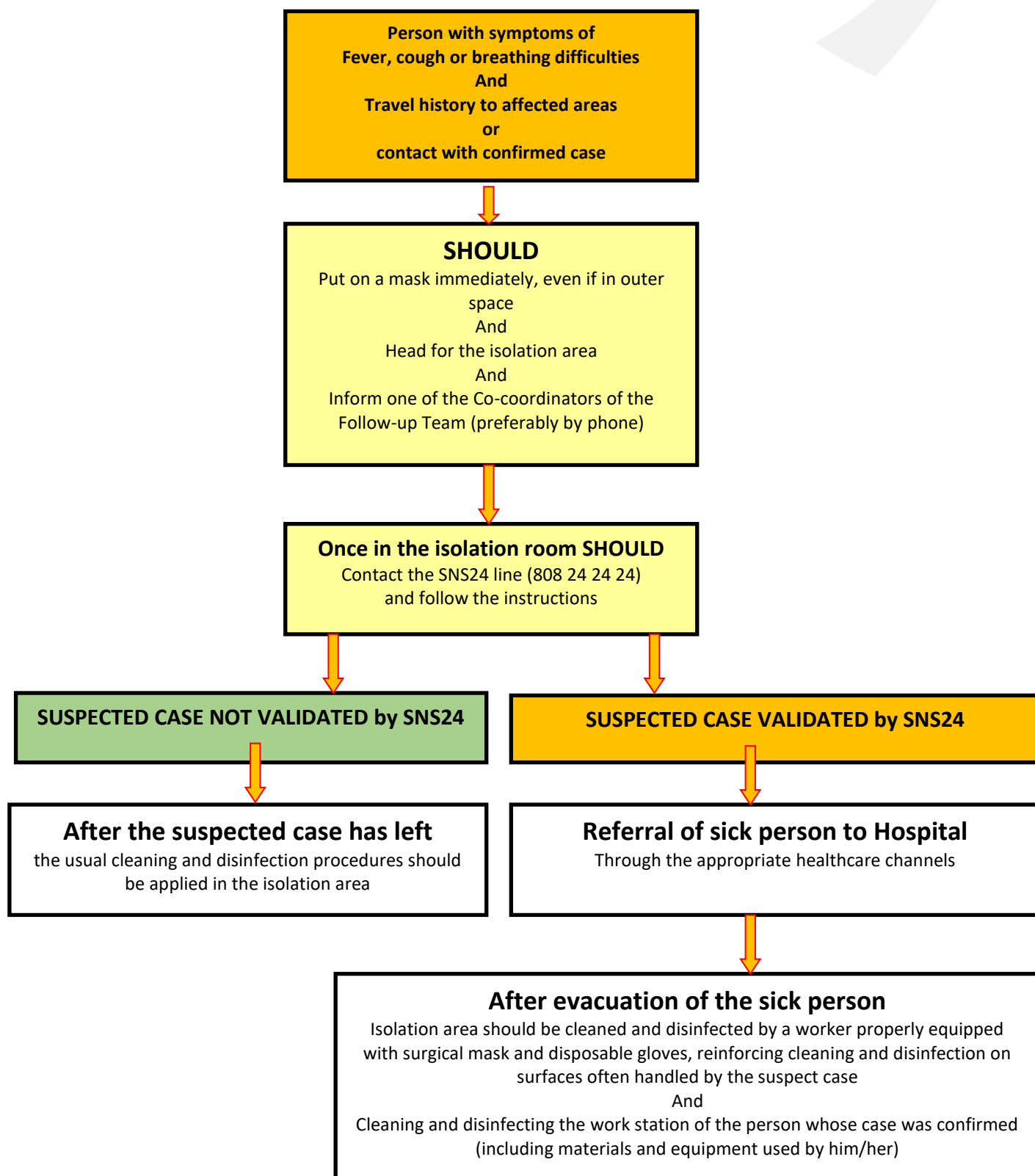
General questions: to the email covid19@ipt.pt

Academic affairs: spoc@ipt.pt or WhatsApp (0351 913 950 802)

International students: gri@ipt.pt

ANNEX I

FLOWCHART IN THE EVENT SOMEONE HAS SUSPECTED SYMPTOMS



ANNEX II

MODEL FOR THE SELF-MONITORING OF DAILY TEMPERATURES AND OTHER SYMPTOMS BY ASYMPTOMATIC PERSON RETURNED OR COMING FROM AREAS AFFECTED BY THE COVID-19 INFECTION OR WITH CONTACT WITH A CONFIRMED CASE

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

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

Date of return: _/ _/ _

RECORDING OF TEMPERATURE AND SYMPTOMS:

Date of Recording	Morning	Afternoon	Other symptoms / observations
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	
/ /	°C	°C	

If you have a fever (equal to or above 38.0°C) or any other symptom mentioned above, call the SNS24 Line (808 24 24 24)

ANNEX III

FLOWCHART IN THE EVENT OF ASYMPTOMATIC PERSON WHO HAS RETURNED, IN THE LAST 14 DAYS, FROM AN AREA WITH ACTIVE COMMUNITY TRANSMISSION

Person asymptomatic of

Fever, cough or difficulty breathing
And

Returned, in the last 14 days, from affected
area with COVID-19

SHOULD

Inform one of the Co-coordinators of the Follow-up Team (preferably by phone)

And

Perform self-monitoring of symptoms

(Measurement and recording of temperature before leaving home and at night, after arrival, and recording of
symptoms - in a proper form)

And

To maintain the teaching and professional activities while asymptomatic

And

At the social level, avoid staying in crowded and closed places if there is no absolute need

If symptoms appear

Fever, cough or difficulty breathing

If you are at the IPT

Observe the behaviours provided in Annex I - Flowchart in
case of appearance of person with suspected symptoms

If you are outside of the IPT

Contact the SNS24 line (808 24 24 24)
and follow the guidelines given to you
And

Inform one of the Co-coordinators of the Follow-up
Team (preferably by phone)

ANNEX IV

**FLOWCHART OF ACTION IN CASE OF ASYMPTOMATIC PERSON WITH CONTACT WITH
CONFIRMED CASE**

Person without symptoms of

Fever, cough or breathing difficulties
And
contact with confirmed case of infection with
COVID-19

SHOULD

Inform one of the Co-coordinators of the Follow-up Team (preferably by phone)
And
Perform self-monitoring of symptoms
(Measurement and recording of temperature before leaving home and at night, after arrival, and recording of
symptoms - in a proper form)
And
Stay in prophylactic isolation certified by the Health Authority for 14 days
And
Call the SNS24 Line informing of the contact with the confirmed case
(If you develop symptoms, you should only go to the health services if advised by the SNS24 Line)

If symptoms appear

Fever, cough or breathing difficulties

SHOULD

Contact the SNS24 line (808 24 24 24)
and follow the guidelines provided to you
And
Inform one of the Co-coordinators of the Follow-up Team (preferably by phone)