

SAFETY, HEALTH AND ENVIRONMENTAL UNIT			
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## BACKGROUND

On December 31, 2019, the Wuhan Municipal Health and Commission, Hubei Province in China, reported a cluster of 27 cases of pneumonia with an unknown cause and an onset of symptoms that had started on December 8. This included seven severe cases with a common exposure to a wholesale market for seafood, fish and live animals in the city of Wuhan. The source of the outbreak was not identified and the market was closed on January 1, 2020.

On January 7, 2020, the Chinese authorities identified a new type of virus from the Coronaviridae family as the causal agent of the outbreak, which was called "new coronavirus" or 2019-nCoV. It was later named SARS-CoV-2 and the COVID-19 disease. On January 30, the WHO announced the SARS-CoV-2 outbreak in China, thus reporting an important international public health emergency.

## GENERAL OBJECTIVE

Establish action procedures in accordance with national and international regulations on health and safety regarding suspected cases of COVID-19 among students, teaching, administrative and service staff at the Salesian Polytechnic University.

## SPECIFIC OBJECTIVES

- a) Permanently disseminate updated and timely information on individual and collective protection measures to all employees.
- b) Establish prevention measures for health personnel in charge of caring for suspected COVID-19 patients.
- c) Plan and execute prevention plans in the event of a suspected case of COVID-19.

## SCOPE

This protocol is aimed at all students, teaching, administrative and service staff at the Salesian Polytechnic University.

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## LEGAL FRAMEWORK

Action guide for the prevention and control of Covid-19, during the face-to-face work day. /  
 MINISTRY OF LABOR / DIRECTORATE OF WORKPLACE HEALTH AND SAFETY AND  
 COMPREHENSIVE RISK MANAGEMENT

## RECTOR AND VICE RECTOR RESPONSIBILITIES

Provide the necessary resources to implement the Action Protocol in the event of a suspected case of Covid-19 and designate compliance officers.

## UNISSMA

Train and instruct all staff on biological risks related to their duties inside and outside the institution. The person in charge will prepare the technical terms of reference for the acquisition of personal protective equipment for the university community, assume sole responsibility for the delivery of the equipment and documentation of its mode of delivery, as well as offer training on proper usage and written confirmation in the security dialog format.

## HUMAN RESOURCES MANAGEMENT

Alongside medical service personnel, coordinate the processes of training and dissemination of necessary information, as well as execute personnel actions aligned with the health emergency. The department will provide staff lists to process in-person workdays as well as vacation and travel requests, among others, that apply to the protocol. Within the framework of its competencies, it must send exam notifications and request compliance from the Administrative Technical Departments and, in the case of the president's office, from the Accounting Department.

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It will also be responsible in each of the locations where we operate for managing the exam requests issued by doctors regarding specific cases, in coordination with UNISSMA, the Administrative Directorates and the President's office accounting department.

#### EMPLOYEES

Comply with and enforce the procedures and provisions implemented at the organizational level to prevent biological risks within the institution.

#### HEAD ADMINISTRATIVE DEPARTMENTS

Manage prevention requirements issued by the relevant departments, as well as guarantee the procurement of at least two laboratories to carry out testing and evaluate services provided by doctors.

#### DEFINITIONS (ABBREVIATION / DEFINITION)


- **UNISSMA:** Safety, Health and Environment Unit
- **GTH:** Human Resources Management
- **MSP:** Ministry of Public Health
- **WHO:** World Health Organization
- **PPE:** Personal Protective Equipment

#### GENERALITIES

#### CONCEPT

Coronavirus disease (COVID-19) is a pathology of viral origin caused by the recently discovered new Coronavirus SARS-CoV-2. While most people who become infected experience mild respiratory illness and recover, the disease can be more severe for others, especially those over 60 and people with underlying chronic diseases.

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## FORMS OF CONTAGION

Transmission by droplets produced by talking, coughing or sneezing (> 5 microns) is considered the main form of contagion from one person to another; however, the risk is not equally distributed, as it all depends on the duration and intensity of contact. This can be evidenced in the variation of secondary attack rates (TAS) in different populations, for example, among household members the rate ranges from 10% to 40%. In less sustained close contacts such as eating together, the TAS rate is 7%, while interactions between people who buy are associated with an attack rate of 0.6%.

## INCUBATION PERIOD

The approximate incubation period is 4 to 7 days (95% confidence interval). Some studies have estimated a wider range for the incubation period, while data from human infection with other coronaviruses (for example, MERS-CoV or SARS-CoV-2) suggest that the incubation period may vary from 2 to 14 days.

## PROGNOSIS

Approximately 85% of those infected heal spontaneously and the disease can go unnoticed or appear as a mild respiratory infection; fifteen percent have a moderate or severe respiratory infection and 3% die from the disease.

## AT RISK PERSONNEL

Campus doctors must evaluate the individual risk factors of workers who belong to priority attention groups and are in conditions of vulnerability with documentation that supports their condition:

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- People over 60.
- Pregnant and breastfeeding women
- People with disabilities.
- People with catastrophic, rare, orphan or highly complex diseases.
- People with immune disorders.
- People considered as substitute staff or in charge of people with disabilities.
- People with chronic illnesses or catastrophic illnesses.
- People caring for school age children.

Remote work should be a priority for those who belong to the aforementioned groups. For workers in priority attention groups and in conditions that prevent their duties from being carried out remotely, a proper medical evaluation will be carried out by a doctor who will then determine whether in-person work is possible. The criterion of a specialist is very important; otherwise, remote work will be recommended.

## SYMPTOMS

The condition begins with nonspecific respiratory symptoms that can evolve to a more severe condition.

The main symptoms are as follows:

- Fever, usually greater than 38.5 degrees (83-98)
- Dry cough (46%-82%)
- General malaise and fatigue (11-44%)
- Dyspnea (shortness of breath) (31%)

There may also be other symptoms including the following:

- Throat pain.
- Decreased taste and smell.

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Diarrhea and abdominal pain.

- Headache.
- Myalgia (muscle aches)

#### THE INSTITUTION WILL CONSIDER THE FOLLOWING

##### First Level Contact:

Those less than two meters away from a person suspected of infection, delivering or receiving any document or object, without the proper use of protection elements and without having carried out biosafety protocols (hand washing, disinfection of spaces used , etc.).

##### Second Level Contact:

Those who were at a two meter distance and did not deliver or receive a document or object directly from a person suspected of infection, without the proper use of protection elements and without having carried out biosafety protocols (hand washing, disinfection of spaces used, etc.

##### Third Level Contact:

Those who were at a distance greater than two meters with a second level contact.

#### DEFINITIONS

#### CONDITIONS FOR CONSIDERATION AS A SUSPICIOUS CASE

A suspected case is considered to be a person who meets one of the following criteria:

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a) A person with acute respiratory infection of any level of severity that includes at least one of the following symptoms: fever, cough, myalgia, odynophagia, diarrhea and abdominal pain, headache or respiratory distress with an evolution of 5 days prior to the start of symptoms; or those who have maintained contact with confirmed cases of COVID-19 in the 5 days prior to the onset of symptoms.

b) If you have been in close contact with someone with COVID 19, you may be infected. Close contact means living with someone who has the disease or having been within a meter of someone who has the disease without a mask for at least 5 minutes. In these cases, it is advisable to stay at home and report the case to an immediate supervisor and medical clinic.

c) Even if you do not believe you have been exposed to COVID 19, but still develop these symptoms, it is recommended to stay home and request to work remotely. You must report your case to an immediate supervisor and medical clinic through the established channels.

#### CONSIDERATIONS FOR A PROBABLE CASE

- A suspected case for whom laboratory tests for the SARS-CoV-2 virus could not be performed for any reason. (Included are deceased people who could provide a sample).
- A suspected case due to clinical or epidemiological link who could not access any RT-PCR laboratory test or had a non-conclusive or undetermined laboratory result.
- A suspected clinical or epidemiological case, who dies without having obtained a laboratory sample for RT-PCR.
- A suspected case that has an X-ray, CT or other diagnostic support tests compatible with COVID-19, in the absence of another etiology that would explain the result, without RT-PCR.
- A suspected case due to clinical and epidemiological links who could not access any RT-PCR laboratory test or any other support test.

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#### CONSIDERATIONS FOR A CONFIRMED CASE

A person who took a RT-PCR NASOPHARYNGEAL test for coronavirus SARS-CoV-2 with confirmed results, regardless of clinical signs and symptoms.

#### CONSIDERATIONS FOR A NEGATIVE CASE

A negative laboratory test result for SARS-CoV-2 is considered a negative case.

#### RISK TYPE CHARACTERISTICS FOR COVID-19 CONTACTS

Level of risk	Close contact	Community
Low risk	Contact less than one meter away for more than 15 minutes with a suspected, probable or confirmed case, WITH proper handling of PPE according to the level of exposure.	Caregiver of a probable or confirmed case, isolated in a single room with a surgical mask. The caregiver, with a surgical mask, follows biosecurity measures.
Moderate risk	DIRECT PHYSICAL contact for less than 15 minutes with a probable or confirmed case of COVID-19, WITHOUT use of PPE.	Short-term, limited contact with probable or confirmed case (shopping at the store, bakery, pharmacy), without a mask.
High risk	CLOSE contact with a suspected, probable or confirmed case of COVID-19 WITHOUT the use of PPE.	Contact with a suspected, probable or confirmed case without the use of PPE. People who live at the same address or provide care at home to a person confirmed with COVID-19 without using the recommended precautions for home care and isolation.

#### PROCEDURES FOR SUSPECTED / CONFIRMED COVID-19 CASES

In the event of suspected cases of COVID-19, the following actions will be taken:

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**ALL EMPLOYEES MUST AVOID HEADING TO THE INSTITUTION IF THEY PRESENT RESPIRATORY SYMPTOMS COMPATIBLE WITH COVID-19.**

If any person has symptoms such as fever, dry cough, shortness of breath, general malaise or fatigue, sore throat, runny nose, muscle aches, headache, diarrhea, decreased taste or smell, they should contact the medical department through the established means and must notify their immediate supervisor by email with a copy to Human Resources. The medical service personnel will proceed to notify them with the protocol for managing suspected cases of COVID19.

**NOTIFICATION OF A SUSPECTED CASE OF COVID 19**

Once a SUSPECTED CASE is confirmed, the medical service personnel must immediately notify immediate supervisors and Human Resources.

- The medical department will monitor the case and issue a report for the patient's medical history. The patient will be prescribed MANDATORY RESPIRATORY ISOLATION to their home where they must remain in a single room with adequate ventilation and use a disposable mask daily; they will also be advised not to have direct contact with any of their relatives. In addition, an order will be issued for the worker to take a Covid-19 RT-PCR test from the fifth day of the onset of their symptoms.
- If the COVID-19 PCR test result is POSITIVE, the medical department of each Campus will issue a notification for a CONFIRMED CASE OF COVID-19. (APPENDIX 2)
- If COVID-19 PCR test result is NEGATIVE and the patient does not present respiratory symptoms, they will be discharged and categorized as a DISCARDED CASE.
- The medical service will issue a certificate of assignment for remote working or medical rest of a maximum of 3 days according to the worker's starting medical history. (APPENDIX 2).
- If the worker requires more rest days, they will be requested to seek medical attention from a private doctor, private insurance or any public health entity, who will recommend further rest based on the case as well as any other therapeutic remedies.

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- Telephone or telemedicine control will be maintained with the patient until the results of the requested examination or follow-up by the treating physician are obtained.
- Immediate supervisors and the human resources department will receive notification of the different cases made by medical service personnel.
- Before completing their mandatory respiratory isolation in a confirmed case of COVID-19, the patient's health situation during their isolation must be evaluated according to guidelines set by the Ministry of Public Health. In special cases, a laboratory test may be requested based on the current health status of the patient and analyze their possible return to work activities. This will be managed by the medical staff at each Campus, private doctor, private insurance or any public health sector physician.

#### **EMPLOYEES WITH FAMILY MEMBERS WITH CONFIRMED POSITIVE CASES**

Should an employee report they have a relative who has tested positive for Covid-19, they must conduct the following:

- Notify the medical service staff through the procedure established at the main Campus or by email, and attach the positive test of the affected family member.
- Once the issued request has been received and validated, the medical service staff will recommend remote work for the employee to Human Resources according to the criteria of the main Campus doctor based on established times for cases of close contact.
- Should the employee present symptoms during remote work, they must, through the established procedures, notify the medical service staff so proper medical recommendations and procedures can be issued.
- The employee must comply with the medical guidelines in accordance with what is established in the RIHST.

**Only medical certificates for family members who live with the employee will be validated.**

#### **MEDICAL CERTIFICATES**

Workers with confirmed cases of COVID19, as evaluated by an external doctor, must inform the University of their status through the channel established at each campus and attach their certificate to proceed with their registration.

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According to the recommendations of the IESS health authorities, medical certificates must call for time of rest and time of isolation; the control of medical certificates will be the responsibility of the Campus doctor.

Employees who, due to their job description and functions, cannot conduct remote work, must obtain a medical certificates for the days they were in isolation based on their clinical status or as a suspected case so they can apply for an IESS health subsidy.

#### DISCHARGE

Medical discharges must be requested according to the guidelines established in each of the university campuses.


For the return to in-person duties after a COVID19 infection, a MEDICAL DISCHARGE can given through a medical certificate issued by the treating doctor, at the discretion of the Campus doctor o through a negative COVID ANTIGEN TEST.

If the worker continues to present respiratory symptoms despite having a NEGATIVE ANTIGEN swab test, the treating physician or Campus physician may recommend remote work for approximately 5 days until further medical evaluation.

#### SCOPE OF DIAGNOSTIC COVID TESTS

The diagnostic tests for Covid-19 conducted in laboratories will be covered by the employee in the following cases: in and outside the campus, for return to work under medical prescription, and for monitoring of the employee's health status.

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## CAPACITY LIMITS

The Department of Administration and Inventories, in conjunction with UNISSMA, must evaluate capacity limits in each physical space, be it offices, classrooms, meeting rooms, laboratories, or bars, among others.

If there are restrictions according to the alert levels issued by the competent authority in each canton, the Campuses must respect the capacity limits according to the authorized percentage.

## RETURN TO WORK CONDITIONS FOR NON-VACCINATED EMPLOYEES


**In accordance with the Work Health and Safety Regulation No. 214-19-2021-09-15 Art. 2. WORKER GENERAL RIGHTS AND OBLIGATIONS, paragraphs l. Undergo all preventative or periodic medical examinations that are expressly mandated, as well as comprehensive rehabilitation processes. t. Comply with all biosafety protocols, procedures and instructions that are implemented due to epidemics and pandemics, among others, that are considered a biological risk. This includes health surveys and other documentation requested by medical service staff or UNISSMA personnel.**

Employees who fail to meet their vaccination schedule will not be able to return to work in-person. In cases where the employee presents a duly documented justification to the Medical Department that is accepted in writing, they must present a RT PCR test recommended for asymptomatic individuals every 15 days. The costs will be covered by the employee.

Employees who, under medical recommendations, have not been able to acquire the vaccine, must present their medical history duly certified by the IESS for review by the relevant department.

## CONTROL OF CHANGES

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### Summary of changes

- Legal base
- Definitions: First Level Contact / Second Level Contact / Third Level Contact
- Health action protocol
- TRIAGE: First paragraph
- Suspicious case
- Confirmed case: reinstatement criteria is added
- Travel between venues, procedure
- Post-holiday handling and staff vacations
- Suspicious Case Within UPS facilities: With Response from MSP.
- Suspicious Case Within UPS facilities: No response from the MSP.
- Suspicious Case Outside UPS facilities with on-site personnel.
- Usage among medical department health personnel.
- Scope of diagnostic tests
- APPENDIX 3: ISOLATION NOTICE

### DETAILS ON ELIMINATED PORTIONS

Suspicious Case within UPS facilities: No Response from the MSP.

1. Treatment will be established, depending on the severity of the respiratory disease

Suspicious Case within UPS facilities: With Response from MSP

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