



PERSONA CIÈNCIA EMPRESA

UNIVERSITAT RAMON LLULL

Barcelona, 16 March 2020

IQS ACTION PROTOCOL FOR THE CORONAVIRUS (COVID-2019) HEALTH ALERT

Written by Eduard Serra Hosta

This protocol is under permanent revision based on the evolution of the virus and the new information available.



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This document is the IQS action protocol concerning the outbreak caused by the SARS-CoV-2 or Covid-19 virus, known as the Coronavirus.

Please take into account that this protocol is under permanent revision based on the directives issued by the Government of Catalonia or the Spanish Government.

On 31 December 2019, Chinese health care authorities informed the World Health Organization (WHO) of a group of 27 cases of pneumonia of unknown aetiology, which included seven severe cases, related to shared exposure in a wholesale fish market in the city of Wuhan, in the Hubei province in China.

On 7 January 2020, a new type of virus from the *Coronaviridae* family, known as COVID-19, was identified as the causal agent of the outbreak. At this moment, six areas have been defined as areas with evidence of community transmission.

On 12 March 2020 the WHO declared the coronavirus Covid-19 outbreak as a pandemic. The same day the Government of Catalonia published a decree that closed the schools (until 27 March) and suspended face-to-face activity in universities (until 3 April).

On 14 March 2020 the Government of Spain declared a state of alarm until 29 March and the Government of Catalonia demanded that its population practice confinement to the greatest extent possible.



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Definition of cases of SARS-CoV-2 infection

The current situation in Catalonia is exerting enormous pressure on the healthcare system and has led to changes in the diagnostic strategy. The strategy is now focused on providing care for patients who require hospitalisation, with special attention to critical patients given the characteristics of the epidemic outbreak. This involves prioritising PCR detection in patients with respiratory diseases that require being admitted to hospital and in particularly vulnerable groups. In this stage of the epidemic, searching for cases in the community is not considered a priority.

In a situation like this, we must consider any patient with a sudden-onset acute infection of the airways (cough, fever, respiratory distress of any severity) without any other aetiology that fully explains the clinical symptoms (clinical suspicion based on the most recent criteria set forth by the ECDC and the WHO) as a probable case of Covid-19 infection as well as anyone who is in close direct contact with a confirmed or probable case. Any person who is in hospital emergency care or who is hospitalised and presents signs and symptoms of a lower respiratory infection must be considered as a case under investigation, and therefore SARS-CoV-2 infection must be included in the differential diagnosis.

ACTIONS TAKEN BY IQS

1. PRINCIPLES

IQS will adopt the measures that the competent authorities recommend at all times according to the following principles and provisions:

- The indications from the health care authorities and the emergency staff must always be followed.
- The adoption and application of measures must be in accordance with the principle of proportionality and utmost respect for individuals, while ensuring that the principle of prevention prevails.
- IQS will aim not to raise alarm and panic. The university will provide precise, uniform and transparent information.



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2. MEASURES ADOPTED WHILE THE HEALTH CARE ALERT IS IN FORCE

Following the instructions of the decree published by the Government of Catalonia on 12 March 2020, URL has temporarily ceased all its face-to-face teaching activities as of 12:00 a.m. on 13 March until 11:59 p.m. on 3 April. IQS will continue providing remote academic services (online classes, Moodle, Teams, etc.).

We recommend to all our staff not to go in person to IQS unless it is strictly necessary “with the goal of protecting the health and safety of the citizens, containing the progression of the disease and reinforcing the public health system”.

However, it will be possible to come to IQS every day from 8:00 a.m. until 12:00 p.m. for any person who must carry out an essential task or who comes to collect material to be able to work from home.

In order to ensure that our staff travels as little as possible, free parking is temporarily being provided during this situation in the IQS parking lot for individuals who do not have a parking pass, to help reduce the use of public transport.

We are well aware that in an institution of our size, there may be a case of the disease within the next few weeks. In the event that a person from IQS tests positive for Covid-19, this must be reported immediately to Human Resources (rrhh@iqs.url.edu).



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As long as the health care alert for Covid-19 is active, the following measures must be applied:

- Any person from IQS (teachers or students) who, due to their activity, wants to travel to any of the zones defined as areas with evidence of community transmission shall require express written authorisation from the General Director, or his delegate, after a previous request with the approval from the head of his or her department.
- Avoid sending students to areas with evidence of community transmission.
- The employees at IQS (researchers or staff) who are moving in these areas of risk and who are not affected by confinement/quarantine measures must follow the recommendations of the health care authorities and host institutions. IQS will provide the support required in each case.
- Following the indications and recommendations of the competent authorities, the General Director will adopt the necessary measures, which will be published on the IQS website and will be reported to everyone, both students and staff.

3. COMPETENT BODIES

A Follow-Up Team has been formed by the General Administration, the Dean's Office of the IQS School of Management, the Dean's Office of the IQS School of Engineering, the HR Management, the IR Coordination, and the Security Director and Emergency Director of IQS.

The IQS Security Director and Emergency Director will be the university's representative with the health care authorities. The representative must communicate any case to the General Administration and to HR Management, and will act according to the established Protocol.



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4. ACTIONS IN THE EVENT THAT A CASE OF SARS-CoV-2 CORONAVIRUS IS DETECTED AMONG MEMBERS OF THE UNIVERSITY COMMUNITY

The members of the IQS university community who have become **infected** by this illness or who are affected by **confinement** and/or quarantine measures must immediately report this condition by email to rrhh@iqs.edu or eduard.serra@iqs.edu.

5. REVISION

This protocol is under permanent revision based on the evolution of the virus and the new information available. The modifications will be published on the IQS website.

6. PUBLICATION OF THIS PROTOCOL

This protocol, which has been reported to the Executive Board of IQS, will be published on the IQS website and will remain in force as long as the health care alert due to the disease caused by the new SARS-CoV-2 coronavirus is active.

References

<http://canalsalut.gencat.cat/ca/salut-a-z/c/coronavirus-2019-ncov/>

<https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/home.htm>

<https://www.url.edu/ca/informacio-sobre-el-coronavirus>



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ANNEX TO THE IQS ACTION PROTOCOL FOR THE CORONAVIRUS (COVID-2019) HEALTH CARE ALERT

Transmission

The form of acquiring the infection is not currently known with precision. By analogy with other infections caused by similar viruses, it seems that the transmission could occur through contact with infected animals or through close contact with the respiratory secretions generated by the cough or sneeze from a person infected with the virus. These secretions would infect another person if they enter in contact with the nose, eyes or mouth.

Symptoms

The most common symptoms include fever, difficulty breathing, cough or general discomfort (80% of the cases present mild symptoms). In the most severe cases, the infection can cause pneumonia, kidney failure and other complications. The most severe cases generally occur in elderly individuals or people who suffer from any comorbidity such as heart or lung disease, or immunity problems.

Prevention

The generic personal protection measures when faced with respiratory illnesses include:

- maintaining proper hand hygiene (washing with water and soap or alcohol solutions), especially after close contact with individuals who have respiratory diseases or with their surroundings
- preventing close contact with people who show signs of respiratory infection
- maintaining a distance of approximately two metres from the people with symptoms of acute respiratory infection
- closing your nose and mouth with disposable handkerchiefs or with the inside of the elbow when coughing or sneezing and washing your hands immediately after.
- avoiding sharing meals or belongings (cutlery, glasses, napkins, handkerchiefs...) and other objects without fully cleaning them first.