TAMUQ RETURN TO CAMPUS PLAN
FALL 2020
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<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC</td>
<td>Qatar Communicable Disease Center</td>
</tr>
<tr>
<td>&quot;Close Contact&quot;</td>
<td>A &quot;close contact&quot; is defined by the CDC as an individual who spent time closer than six feet away for at least 15 minutes with the person who had symptoms or tested positive and has not yet met the criteria for returning to school. Note that some hospitals do not consider it a ‘close contact’ if both people are wearing masks.</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus Disease 2019</td>
</tr>
<tr>
<td>Face Covering</td>
<td>A surgical face mask, or a material that that covers an individual’s mouth and nose fitting snugly but comfortably against the side of the face, is secured with ties or ear loops, includes multiple layers of fabric, allows breathing without restriction and is able to be laundered without damage or change to shape</td>
</tr>
<tr>
<td>HMC</td>
<td>Hamad Medical Corporation</td>
</tr>
<tr>
<td>“High-Risk” Individuals</td>
<td>Individuals who may be at increased risk of complications related to COVID-19 include people 60+ yrs or with health conditions like lung or heart disease, diabetes or conditions that affect their immune system.</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Also known as a communicable disease. Any disease that is transmissible by infection or contagion, which can spread from one person to another via direct or indirect contact. Spread can be by varying routes and varying degrees of infectivity. Vaccination programs exist for some, not all infectious diseases. The National Notifiable Disease Surveillance System (NNDSS) is responsible for the sharing of information regarding notifiable diseases in the U.S. Decree-Law No. 17 of 1990 on Protection from Infectious Disease 17 / 1990 is the State of Qatar Law for the protection against infectious diseases.</td>
</tr>
<tr>
<td>Isolation</td>
<td>A method used to keep sick people separate from healthy people, by restricting movement to a separate space in a hospital or restricted at home to limit contact.</td>
</tr>
<tr>
<td>MOI</td>
<td>Ministry of Interior</td>
</tr>
<tr>
<td>MoPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>Outbreak</td>
<td>Usually, two or more confirmed cases of the same infectious disease within a 1-2 week timeframe, dependent on the illness and where standard links are identified.</td>
</tr>
<tr>
<td>Partner University</td>
<td>Universities sharing Education City are identified as partner universities, this includes Northwestern University at Qatar, Georgetown University in Qatar, Weill Cornell Medicine University, Virginia Commonwealth University at Qatar, Carnegie Mellon</td>
</tr>
<tr>
<td><strong>Return to Campus</strong></td>
<td>University in Qatar, Hamad bin Khalifa University, University College of London.</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td>Prevent the infection of a communicable disease by maintaining a healthy physical environment and decent general working conditions.</td>
</tr>
<tr>
<td><strong>PPE</strong></td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td><strong>Quarantine</strong></td>
<td>Restricts the movement and contact of healthy people who have not been exposed to the infectious disease.</td>
</tr>
<tr>
<td><strong>Surveillance</strong></td>
<td>Set up a disease surveillance system with an early warning mechanism to ensure the early reporting of cases within TAMUQ to facilitate prompt detection and response to outbreaks within the campus community.</td>
</tr>
<tr>
<td><strong>U.S. CDC</strong></td>
<td>United States Center for Disease Control and Prevention</td>
</tr>
<tr>
<td><strong>WHO</strong></td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
INTRODUCTION

As the coronavirus, known as COVID-19, has overwhelmed the world stage, businesses and institutions have been forced to face rapidly shifting objectives against novel hazards and dynamic information. In March 2020, Texas A&M University at Qatar began to implement established plans focused on the continuity of world-class education and cutting-edge research. Any business continuity plan will have weaknesses that require modification and adjustment in the face of new information, and our plans were no different. However, they presented a foundation to build from and mechanisms to rapidly modify instead of creating them in the midst of the pandemic and provided a framework for balancing competing interests and obligations.

Throughout this period, the State of Qatar has balanced the competing interests of public wellbeing and public health. On 8 June 2020, the Qatar Supreme Committee on Crisis Management issued guidance on lifting previously instituted control measures (i.e. closing malls and restaurants, reducing office support capacities to 20%, prohibiting public gatherings, etc.) that were implemented to minimize the chance for human-to-human transmission.

Prior to these announcements, TAMUQ leadership engaged a number of stakeholder teams to prepare for the reopening of education services, including a focus on building and operational safety. This group has considered the following guiding principles to move forward:

- Instruction, administration, and social activities need to take place in a manner that minimizes the opportunity for human-to-human transmission of COVID-19.
- Development of Engineering Leadership, both inside and outside of the classroom, needed to be balanced in the favor of public health.
- Activities with risks above an acceptable threshold would need to be suspended or modified if mitigation measures could not sufficiently reduce the risk.
- The primary transmission mode for COVID-19 is the inhalation of droplets expelled from a COVID-19 positive person in close proximity when they cough, sneeze or speak.
PLANNING

Guiding Documents and Public Health

Texas A&M at Qatar is utilizing the following documents to chart a course for reopening:

1. MoPH COVID-19 Qatar National Response Action Plan
2. MoPH Workplace Guidelines for Coronavirus Disease (COVID-19)
5. MoPH Risk of Transmission of COVID-19
7. MoPH COVID-19 Guidance for the Public for Hand Hygiene and Using Gloves

Additionally, Texas A&M at Qatar has engaged in numerous conversations with Qatar Foundation and Partner Universities regarding specific operating standards and expectations. This document seeks to incorporate that knowledge and guidance which informs our overall risk assessment. This risk assessment will continue to be reviewed and updated based on future changes and guidance.
## Return to Campus

**Phased Reopening**

Texas A&M University at Qatar understands that the resumption of activities will need to be phased and deliberate while keeping the density of the population on campus below typical levels is vital to ensure public health interests.

<table>
<thead>
<tr>
<th></th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
<th>Phase 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Implementation:</strong></td>
<td>1 June</td>
<td>1 July</td>
<td>1 August</td>
<td>1 September</td>
<td>1 October</td>
</tr>
<tr>
<td><strong>Building Occupancy:</strong></td>
<td>Max 250 (20%)</td>
<td>Max 250 (20%)</td>
<td>Max 625 (50%)</td>
<td>Max 1000 (80%)</td>
<td>Max +1250 (100%)</td>
</tr>
<tr>
<td><strong>Preparation Actions:</strong></td>
<td>Reduced cleaning and security staff</td>
<td>Reduced cleaning and security staff</td>
<td>Cleaning personnel and regime increased</td>
<td>Cleaning personnel and regime increased</td>
<td>All non-essential areas can begin to fully open</td>
</tr>
<tr>
<td><strong>Essentials for Entry:</strong></td>
<td>Mandatory face covering Ehteraz app: “GREEN” QR code Restricted to essential staff Building services suspended in non-essential building areas</td>
<td>Mandatory face covering Ehteraz app: “GREEN” QR code Restricted to essential staff Building services suspended in non-essential building areas</td>
<td>Mandatory face covering Ehteraz app: “GREEN” QR code Open to non-“high risk” employees</td>
<td>Mandatory face covering Ehteraz app: “GREEN” QR code Open to non-“high risk” employees</td>
<td>Mandatory face covering Ehteraz app: “GREEN” QR code Open to all employees</td>
</tr>
</tbody>
</table>
BUILDING REOPENING

Is it “safe” to return to the building?

The key question on everyone’s minds during these unprecedented times revolves around the safety of not only themselves but of their families and the broader community. While this is ultimately a question that needs to be addressed on an individual basis, TAMUQ has committed that face-to-face operations will not take place, unless they can do so safely to a level which is reasonably practicable.

In consideration of this mandate, the following hazards have been identified:

⇒ Spread of infection by positive COVID-19 cases
⇒ Ventilation — spread of infectious aerosols or droplets
⇒ Shared surface cross-contamination
⇒ Occupant density leading to spread of disease (occupant loading)
⇒ Transmission of COVID-19 through external factors
⇒ Building arrangements and people proximity (occupant building flow)
⇒ Spread of transmission through food preparation and food service
⇒ Increased exposure to COVID-19 through lack of hygiene
⇒ Spread of COVID-19 through emergency response to medical emergencies within the facility
⇒ Legionella exposure from stagnant building hot water systems
⇒ Negative mental health impact
⇒ Non-MoPH or TAMUQ compliance (compliance officer) with established control programs

Each of these hazards is included on our “COVID-19 Return to Campus Operations Risk Assessment” (Appendix A), which includes control measures implemented to ensure that the risk of infection from TAMUQ-related activities is kept as low as reasonably achievable.
Return to Campus

How will we be kept safe while in the building?

Keeping building occupants safe will be a community effort and requires everyone’s commitment and compliance, which starts before they even arrive at the building. Prior to returning to the building, all faculty and staff are required to successfully complete the following training courses:

2114130: Protocol and Certification for System Member Employees

2114131: Safe Practices for Returning to the Office During the COVID-19 Pandemic

These should have been automatically assigned to you through TrainTraq, but if not coordinate with OBO-HSSE or HR to get access to the training courses. Required student training will be allocated through Howdy.

With the training complete, the next control measure will be the encouragement of remote operations throughout the fall semester for all individuals where possible TAMUQ Leadership has regularly and consistently encouraged programs and departments to evaluate if operating in the building is necessary and when so, that it be constrained to just those things that can only be done in the building.

Once the training is complete, and community members have confirmed that they need to be in the building to address their specific tasks and obligations, the next step will be the completion of the daily self-assessment discussed in training. Community members should monitor their health for the following conditions:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
Return to Campus

If you find yourself exhibiting these symptoms, or caring for someone who has, then you are asked to not come to campus. Virtual solutions will be available for all classes, labs, and most operational activities. Also, those individuals that are in a “high-risk” category are asked to once again give serious consideration about whether they need to come to the building to execute their duties.
What is TAMUQ doing to help me stay healthy while in the building?

You have done your part, now it is time for us to do ours and it starts at the entrance.

All entrances will be marked with paths for entry and exit in efforts to reduce close proximity interactions and to assist guards with the arrival processing. The main entrance will only be one way into the facility.

All other building entry points, where we can see oncoming people will be asked to give way to people exiting the building and will exit along the opposite side of the barrier.

All individuals coming into the building will be met by our University Security Officers using established and expanded TAMUQ procedures for receiving guests. In addition to the regular TAMUQ identification check, ALL entrants will be required to present or display the following as a mandatory requirement:

A fitted face covering shall be worn appropriately around the nose and mouth.

The MoPH application Ehteraz must be opened and display the "GREEN" QR code.

A non-contact infrared body temperature reading will be taken from the forehead or wrist. It must be below <38°C to enter the building.

Maintaining 1.5m social distance will be maintained at all times.

Entry will be denied to anyone unable to meet the above requirements.
Return to Campus

While none of these elements will prevent the entry of an asymptomatic individual, the temperature check and Ehteraz status will reduce the chance of symptomatic individuals — or those who have spent time around someone found to be symptomatic — from entering the building. The face covering will reduce the extent that asymptomatic individuals will impact others while in the building.

Once you have made it past the entry point security process, you will find significantly less furniture than you may remember, split hallways with directional markers to reduce the face-to-face interaction, and fewer places to congregate.
COVID-19 is primarily transferred through the air. How will TAMUQ address this?

When considering building air handling, it is essential to address a research finding that shows that the air conditioning system of a restaurant in China was believed to be influential in spreading the virus from one infected individual to four members of the dining party and five other diners. The air conditioning system in this finding did not operate in the same method as air handling at TAMUQ. While the close proximity of the diners influenced the spread of the infection, the fact that there was not any air dilution and no appreciable increase in air velocity except near the unit itself also played a significant role in the outbreak. Along this level, one concern that has been shared by a few community members includes a scenario in which office occupants are concerned that someone could be exposed by the air in their office being drawn from that of an infected neighbor in another. With the exception of laboratory spaces — ventilation systems throughout the facility reuse a significant portion of the air by extracting it, mixing it with other building air, and redistributing it, so the likelihood of transmission in this manner is highly unlikely.

The primary reason that this manner of transmission is unlikely is because droplets of airborne particles are sufficiently heavy in air that they are not easily drawn into the general building air handling. That said, there are aerosols that have been shown to be sufficiently light that they remain in the air for extended periods of time and could potentially be drawn into the air handling system, as was the case in the restaurant case above.

Unlike the restaurant, our air handling instead extracts air from a room where it is returned to the plant room for temperature and humidity conditioning. The process of rapid air flow along the return air ducting would likely dry up any airborne aerosols making them noninfectious. In addition to this drying action, the air is diluted as it moves through the rest of the air handling system,
eliminating the above-mentioned concern related to potential cross-office contamination.

In addition to these measures, the amount of fresh air supplied to the building will be increased to at least 90% if building level humidity levels can remain adequately controlled. In the event that an infected individual is in the building, this fresh air increase will further help to dilute the amount of potential contagion in the air, again decreasing the likelihood of an infectious dose being available for inhalation.

In addition, face coverings have been shown to decrease the amount of any potential contagion in the air significantly.
What will the classrooms be like?

As you enter the classroom, you will notice two primary changes:

First, all classrooms will have a sanitation station with hand sanitizer for yourself and sanitizing wipes will be available for your seating space. This change will be in addition to the cleaners coming through at regular intervals. Even though the U.S. Centers for Disease Control and Prevention (U.S.CDC) has indicated that surface transmission of COVID-19 is not highly likely, room occupants will still be encouraged to do a personal cleaning as an extra measure of precaution.

Second, classrooms will be arranged so that students will be at least 1.5m from their nearest neighbors, resulting in a much more open space than usual. Combining 1.5m physical distancing (50% greater than current World Health Organization guidance) with face coverings provides a strong mitigation strategy to reduce the chance of human-to-human infection.
In addition, for face-to-face instruction in these classrooms, the lectern will have an acrylic shield placed between the faculty and the class and the front of the classroom will be marked with a dividing line to show the Qatar Ministry of Public Health (MoPH) 1.5m safe distance from the students in the front row. Though not currently mandated by any governing or standards body, for faculty or students who would like an added layer of protection, a face shield can be requested to further reduce the chance of passing the contagion during lectures. Request for face shields can be directed to facilities@qatar.tamu.edu. Face shields will not be shared and will remain the property of the individual.

To prevent possible cross-contamination, each faculty member conducting face-to-face instruction will be issued a set of markers, a dry eraser, and a lapel microphone to plug into the transmitter so that students studying from a remote location will be able to hear the lecture.
What will the academic laboratories be like?

For labs without fume hoods, except for sanitization stations being in the hall, controls will be very similar to classrooms with efforts to maintain 1.5m social distancing and tools to support remote instruction. To assist with the maintenance of social distancing expectations and to account for the general movement that takes place in a lab environment, the room occupancy will be further reduced compared to classroom spaces and the floors will be marked indicating workspace for the students. In addition, special care should be taken when handling shared equipment, especially lab apparatus or kits that will be used by multiple users. Once such equipment has been used and decontaminated, students and lab personnel will be instructed to make sure to participate in hand washing or other sterilizing techniques.

One item of note for labs without fume hoods will be that any Personal Protective Equipment (PPE) that is used in the lab will provide an added measure of safety.

Labs with fume hoods may take advantage of the fact that lab air is not recirculated like it is in other areas of the building, which could mean up to one student per fume hood. Once again, like labs without fume hoods, the risks of shared equipment remain, and the benefit of any PPE used provides an additional layer of protection. Additionally, disposable face coverings will be made available for any labs that use chemicals or other environments that may degrade the efficacy of face coverings.
Return to Campus

What should we expect in our offices?

Offices present four different issues to be considered:

- Ventilation (discussed above)
- Surface contamination
- Occupant density
- Shared equipment (i.e., computers, phones, etc.)

In all instances, one of the benefits of the prolonged shutdown is that time is one of the surest ways to destroy the COVID virus. Current literature indicates that in ideal conditions the COVID virus can last up to three days on plastic or stainless-steel surfaces, and under normal conditions airborne aerosols could remain in air for 30 minutes before settling on any surfaces.

It is important to note that even though surface transmission is currently considered to be a low probability transmission vector, prior to the return of faculty, staff, and students to campus, all office, classrooms, and common spaces will be given a deep surface cleaning. Unless requested otherwise, cleaners will nightly come through offices that are in use.

With the continued emphasis on video conferencing solutions and remote work activities, office density is expected to remain lower than our phased reopening building occupancy. For instances in which this is not feasible, occupants will be expected to wear approved face coverings and maintain social distancing, and also will be encouraged to add to the custodial cleaning regiments by providing self, spot-surface cleaning.

While units are encouraged to implement solutions that reduce or eliminate the need for shared equipment, there will be situations where this is not practical. In these situations, disinfecting wipes will be freely available for each office and in common spaces.
How will social gatherings take place?

Although we really enjoy celebrating our successes with each other, no social gatherings will be allowed initially. We hope to be able to implement some sort of outdoor activities after best practices are established and proven to be effective.

All social gathering activities will continue to be evaluated as the best practices of Qatar — and other nations — show suitable efficacy to ensure we can safely implement these crucial elements of life at TAMUQ.

What will the process be for visitors?

Community members will continue to be discouraged from inviting guests to the building. For the instances where visiting is unavoidable (e.g. equipment maintenance), guests need to be registered through the visitor management system and escorted while at the facility.
Who will enforce these rules and guidelines?

In compliance with MoPH requirements, TAMUQ will have a mandated Compliance Officer who will oversee that compliance activities are monitored and enforced.

The enforcement strategy will first appeal to the Aggie Spirit and sense of community that we all bring to this monumental occasion. The overwhelming majority of our community members regularly and consistently endeavor to make choices that embrace our culture. For these individuals, signage and other information will be prominently displayed throughout the building to help those who strive to do the right thing but may not be fully versed in our expectations.

For the minority of individuals who feel the rules do not apply to them, TAMUQ Security personnel will work to inform them of the expectations and ensure that they understand not only the need to comply but the reasoning behind such requirements and expectations. Part of this stage will include listening to the individual to ensure that we consider any opportunities where our standards may be contradictory or where improvements need to be considered.

In situations where non-compliance is obvious, overt, and repeated, the issues will be escalated to Human Resources, Student Affairs, or Academic Affairs to address through a disciplinary procedure.
What happens when a community member becomes sick with COVID-19?

In the event that a community member is found to be positive for the COVID-19 virus, a response will be initiated at multiple levels. The overall response will be directed by the MoPH in coordination with the Qatar Foundation. So that we can more speedily assist MoPH and Qatar Foundation, once OBO-HSSE are informed that a community member has tested positive, and has recently been in the building, TAMUQ has developed a contact trace protocol for internal review of such cases. While OBO-HSSE will strive to be as discrete as possible OBO-HSSE and to maintain confidentiality in such situation, there will be scenarios where this will not be possible.

It is important to note in these situations that discretion should be maintained in the sharing medical information and it is not be distributed to others (e.g. classmates, administrative assistants, supervisors, etc.) who are not authorized or required to receive such information.

In the event that individuals become ill while at the building, Security personnel will utilize an established procedure to limit the contact of individuals who may be infected with COVID-19.

I am at a “High Risk” for contracting COVID-19. How do I arrange accommodations so that I don’t have to come to the building?

Faculty and staff can email Human Resources at leaveadministrator@qatar.tamu.edu for more information about what conditions qualify and the process for requesting appropriate accommodations. Students would reach out to Student Affairs at dsa@qatar.tamu.edu for clarification.
The building has been idle for five months. What items are TAMUQ implementing as we restart?

As part of the reduction in service, a number of building systems and services were suspended or reduced. Besides the general cleanliness of the building, which will be addressed as part of the phased reopening deep clean, air handling systems will be brought back fully online, preventive maintenance and pest management will be conducted, and the building water system flushed.

While most items impacted during the shutdown will be comfort- and utility-related, one potential hazard from the extended shutdown is the potential for legionella contamination in the heated water systems. Though we expect the likelihood of this to be low, we will be conducting random sampling to ensure that this hazard is not present as we restart.
What should we do when not in the building to prevent getting infected/spreading COVID?

The best thing to do is to make sure that you are taking care of yourself and those around you. Beyond the physical risk that COVID-19 presents, many people are more likely to be impacted by the emotional and psychological tolls that this experience has taken on us all. We have all had our lives turned upside down by this experience, not to mention those who have suffered from the disease.

In the event of questions and support, we encourage utilizing the Coronavirus Disease Call Center:

CORONAVIRUS DISEASE (COVID-19) CALL CENTER: 16000

Q. Who can utilize the call center?
  A. Healthcare professionals and general public.

Q. What is the number to call?
  A. 16000 (toll free).

Q. What languages are spoken?
  A. Arabic and English.

For more info on novel coronavirus (COVID-19) visit www.moph.gov.qa or call 16000
Return to Campus

SUMMARY

While these are unprecedented times, Texas A&M at Qatar remains committed to the successful balance of safely operating in the time of COVID and offering the world class instruction and research that we are known for. Our Aggie community will come through this experience better than we went in. Plans that were theoretical have now been battle-tested, refined, and created where needed.

Technological resources have been expanded to meet the need and through all of these experiences we will be better prepared for not only similar events, but also for World Cup 2022, which was expected to have a large impact on operations that would have been difficult to operate without this level of improvement.
## COVID-19 Return to Campus Operations Risk Assessment

### RA No. RA_001

<table>
<thead>
<tr>
<th>No.</th>
<th>Hazard</th>
<th>Risk</th>
<th>Initial Risk</th>
<th>Risk Control</th>
<th>Residual Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contagious individuals</td>
<td>Increased person-to-person transmission of virus by allowing person(s) with potential infection into the facility</td>
<td></td>
<td>• Reduced entry points to the building. All access points remain closed and for use only in an emergency.</td>
<td></td>
</tr>
</tbody>
</table>

### Assessments

**Facility:** TAMUQ

**Task/Activity/Equipment:** TAMUQ operational reopening

**Date of Initial Assessment:** 6/30/2020

**Groups Affected**
- **Faculty:** 75
- **Students:** 650
- **Staff:** 375
- **Contractor:** 150
- **Visitors:** 0

**Position affected (Employees/students/visitors/contractors/public):**
- **Employees/Students/Contractors:** Total: 1250

**Risk Assessment Approver:**
- Kent Clawson
- Risk assessment assumptions are taking into consideration:
  - Qatar MoPH have confirmed the reduction in the confirmation of COVID-19 positive cases.
  - Qatar MoPH announces a phased reopening plan for the country.

**Date of Next Review:** 8/20/2020

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Facility: Office of Building Operations & HSSE**

**Task/Activity/Equipment:**

**Date of Initial Assessment:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Date of Next Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X

**Assessment Assumptions:**
- Positions affected (Employees/students/visitors/contractors/public):
  - Visitors: 0

**Date of Review:**
- **Faculty:** X
- **Students:** X
- **Staff:** X
- **Contractor:** X
<table>
<thead>
<tr>
<th></th>
<th>Spread of infection by positive COVID-19 cases</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Asymptomatic individuals unaware of their condition increase the spread the disease to others</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>
|   | • Wall-mounted and desk hand sanitizer stations (at least 60% alcohol) are in common areas.  
• Washrooms: Soap dispensers are in place and refilled regularly.  
• Digital educational displays around the facility promoting washing of hands for a minimum of 20 seconds and general hygiene guidance to follow.  
• Hand drying dispensers are installed.  
• Building occupants are required to wear face coverings at all times while in the building. With the exception of an individual working alone in an enclosed office. |   |   |   |   |
|   | Symptomatic individuals, aware or unaware of their condition, increase the spread of COVID-19 to others. | 4 | 4 | 16 |   |
|   | • Symptomatic individuals are informed to contact 16000 and isolate for 14 days.  
• Symptomatic individuals who ignore the symptoms or enter the facility will be stopped by their supervisor and instructed to return home.  
Assessment of the areas touched and attended will be performed to decide upon disinfection.  
• Symptomatic individuals displaying a thermal body temperature reading above 38.0°C will not be allowed to enter the facility. |   |   |   |   |
| 3 | Insufficient ventilation around the building may increase occupant exposure to the virus. | 3 | 4 | 12 |   |
|   | • Increase outdoor air flow to 100% using economizer modes of the HVAC operations.  
• Increase the total airflow supply to occupied spaces.  
• Increase central air filtration to as high as possible without diminishing the design airflow.  
• Regular filter housing and rack inspections for filter fitment and ways to minimize filter bypass.  
• Continue operation of the building ventilation during reduced occupancy times to maximize dilution ventilation.  
• Extraction fans in ablution areas should be fully functioning and operating at full capacity. |   |   |   |   |
|   | Operations in a laboratory setting with a fume hood | 3 | 4 | 12 |   |
|   | • Single pass air  
• Appropriate face covering must be worn  
• Social Distancing will be maintained  
• Contamination risks of shared equipment and lab kits as different students interact with same equipment/kits located at their working area |   |   |   |   |
### Operations in a laboratory setting without a fume hood leading to increased spread of the virus.

<p>| | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>3</td>
<td>4</td>
<td>12</td>
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</tbody>
</table>

- Increase outdoor air flow to 100% using economizer modes of the HVAC operations.
- Increase the total airflow supply to occupied spaces.
- Increase central air filtration to as high as possible without diminishing the design airflow.
- Regular filter housing and rack inspections for filter fitment and ways to minimize filter bypass.
- Continue operation of the building ventilation during reduced occupancy times to maximize dilution ventilation.
- Extraction fans in ablation areas should be fully functioning and operating at full capacity.
- Lab safety hazard increases situational awareness in a laboratory environment.
- Contamination risks of shared equipment and lab kits as different students interact with same equipment kits located at their working area.

---

### Shared surface cross-contamination

<p>| | | | |</p>
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<tbody>
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<td>2</td>
<td>4</td>
<td>8</td>
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</tbody>
</table>

- Increase person-to-person transmission of virus through surface transmission of equipment.
- Shared equipment, e.g., telephones, writing instruments, test equipment, hand-tools, files, books, and computers, etc., are subject to an increased rate of virus transmission.

- Increased cleaning frequency
- Common access to hand sanitizer
- Required back to work awareness training
- Sanitizing wipes available for equipment decontamination
- Reduce number of touch points by keeping doors open
- Reduced hot desk use
- Education campaigns through digital signage, posted, etc.

---

<p>| | | | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>3</td>
<td>4</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

- Increase person-to-person transmission of virus through surface transmission of High-Contact Touch Points (HTP), e.g., elevator buttons, handrail, water dispensers, printers, door handles, etc.

- Increased cleaning frequency
- Common access to hand sanitizer
- Required back to work awareness training
- Sanitizing wipes available for equipment decontamination
- Reduce number of touch points by keeping doors open
- Reduced hot desk use
- Education campaigns through digital signage, posted, etc.

---

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>4</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

- Increase person-to-person transmission of virus through surface transmission of Low-Contact Touch Points (LTP), e.g., personal office phone, personal keyboard, personal desktop, reception desks, etc.

- Increased cleaning frequency
- Common access to hand sanitizer
- Required back to work awareness training
- Sanitizing wipes available for equipment decontamination
- Reduce number of touch points by keeping doors open
- Reduced hot desk use
- Education campaigns through digital signage, posted, etc.

---
## Return to Campus

### Occupant density leading to spread of infection (occupant loading)

<p>| | | | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>
| Close working conditions leading to a rise in the rate of virus transmission within the workplace. | Classrooms and teaching in close proximity between faculty and students leading to an increased rate of virus transmission.  
 e.g. Classrooms, Lecture Halls and Conference Rooms | Classrooms will maintain a social distancing of 1.5m  
 Numbers of students physically present within a classroom will be reduced to accommodate social distancing  
 Face coverings will be worn at all times when in a classroom environment  
 Ehrelaz App must be switched on and be active whilst participants are within the classroom  
 Between classes there will be a cleaning schedule to clean all high-touch points.  
 The occupant loads to areas will be reduced by social distancing requirements of 1.5m.  
 Non-essential common areas are closed  
 Hand sanitizer stations will be made available in common areas  
 Awareness campaigns will instruct employees and students to maintain social distancing requirements and good hygiene  
 Cleaning frequency is increased for common areas with high-touch points  
 Shared equipment has been discouraged between employees and students  
 Games equipment will be closed until further notice e.g. air hockey, table tennis, play station etc.  
 All building occupants must wear a face covering when not alone in an enclosed office space. | 1 | 4 | 4 |
| Higher concentration of employees, students, contractors and visitors within the building increasing the risk of exposure to the virus | Monitoring of higher concentration will be done through organizationally controlled return to work scheme, reducing the number of personnel allowed in the building and controlling times allowed for building use.  
 Those who can work from home are encouraged to do so.  
 Social distancing is advised at all times whilst within the facility.  
 High concentrated congregations are monitored by CCTV and security and compliance personnel are dispatched to disperse groups.  
 Directional entry and egress routes are delineated around the entry/egress points to maintain social distance and prevent a congregation of people.  
 Elevators are limited to two-person use. | 1 | 4 | 4 |

### Transmission of COVID-19 through external factors

<p>| | | | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>
| Delivery of contaminated items to TAMUQ spreading transmission to TAMUQ personnel. | Visitors bringing increased transmission of COVID-19 into the facility.  
 U.S. CDC identifies the spread of COVID-19 by touching a surface or object is a possibility but not thought to be the main way of virus transmission.  
 Delivery drivers are not permitted to enter the building; deliveries will be collected at the loading dock.  
 Visitors have been stopped from entering the facility unless approval is gained.  
 Approval for visitors will contain screening of the visitor  
 Approved visitors will require face covering. | 1 | 4 | 4 |
<table>
<thead>
<tr>
<th></th>
<th>Building arrangements and people proximity (occupant building flow)</th>
<th></th>
<th></th>
<th>Ehteraz App and IR temperature check at the access points.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>The congregation and proximity of personnel in one area for a period of time, leading to an increased risk for transmission</td>
<td>5</td>
<td>4</td>
<td>20</td>
<td>• Social distancing will be implemented and maintained at 1.5m. • Educational awareness campaigns will be throughout the facility to notify social distancing and hygiene • All persons will be required to wear a face covering at all times around the building except when alone within enclosed office spaces • Flow of personnel traffic through building entry points will be directional and controlled to prevent congregation • Corridors will be directionally controlled with the use of stickers and awareness campaign</td>
<td></td>
</tr>
</tbody>
</table>

|   | Spread of transmission through food preparation and food service |   |   |   |   |
|---|---|---|---|---|
| 8 | Food service areas, e.g. coffee shop, kitchen, pantry, etc. present a higher exposure of viral ingestion by the very nature of food consumption. Virus can be transmitted between or among users through contact with infected surfaces, directly and indirectly. | 3 | 4 | 12 | • Pantry staff/coffee shop staff are required to wear PPE at all times, including wearing of masks and rubber gloves • Prevention of catered events • Only pre-packaged food • Discourage sharing of food • Food services closed until September |

|   | Increased exposure to COVID-19 through lack of hygiene |   |   |   |
|---|---|---|---|
| 9 | Lack of access to washrooms and sanitary supplies, e.g., hand cleaner, tissues, sanitary wipes, etc., will increase the risk the virus spread | 4 | 4 | 16 | • Hand-sanitizers and other hygienic supplies are readily available to employees/students/occupants • We are encouraging employees and students to frequently wash hands with soap or hand cleaner access control procedures while reducing the number of access points into the building • Return all bathrooms to full service • Remove battery from middle sinks to maintain social distancing • Increase cleaning frequency • Signage in the bathroom |

|   | Non-MoPH or TAMUQ compliance (compliance officer) |   |   |   |
|---|---|---|---|
| 10 | Employees, students, contractors or visitors fail to comply with MoPH or TAMUQ guidelines/policies/education in relation to COVID-19 preventative and mitigating measures. | 5 | 4 | 20 | • Increased education about the mitigation measures of COVID-19 around the facility. • The appointment of a COVID-19 Compliance Office to implement rules and regulations. • Inform employees of disciplinary action should the rules or regulations not be followed. • Inform students of student conduct disciplinary procedures being implemented for not adhering to rules and regulations. |

|   | Spread of COVID-19 through emergency response to medical emergencies within the facility |   |   |   |
|---|---|---|---|
| 11 | Possibility of person-to-person infection due to infected person coming into contact with TAMUQ employees or students during an emergency response | 3 | 4 | 12 | • Infectious Disease Emergency Response Plan OBO_CRI_PLN_004 identifies the response protocols to potential cases of COVID-19 within the TAMUQ facility. • Medical Emergency Response Plan OBO_CRI_PLN_006 outlines the TAMUQ medical emergency response actions. • Medical emergency responders will wear a face mask, glasses and gloves as mandatory. • Employees, students and contractors are informed that they must not report to the workplace in the event of feeling any symptoms of COVID-19. • Following a medical response to a suspected
COVID-19 has an impact on mental health of TAMUQ community members, some more than others. Fear and anxiety about the disease can be overwhelming and cause strong emotion and stress in employees and students.

- Employees, students, visitors and contractors are advised to call 16000 in the event of concerns surrounding mental health.
- Students are directed to communicate with the TAMUQ counsellor for health and wellness.
APPENDIX B: FURTHER READING AND GUIDELINES

Health Insurance Portability and Accountability Act of 1996 (HIPPA)

MoPH Guidance for Environmental Cleaning in Non-Healthcare Facilities concerning COVID-19

MoPH National Infection Prevention and Control Interim Guideline for COVID-19

MoPH National Interim Guideline Quarantine Measures for COVID-19 Containment

MoPH Workplace Guidance COVID-19

Qatar Law No. 9 of 2020 (as updated) Decree-Law No.17 of 1990 on Protection from Infectious Diseases 17/1990

Schools for Health: Risk Reduction Strategies for Reopening Schools, Harvard T.H Chan School of Public Health

Family Educational Right and Privacy Act of 1974


TAMUS System Policy 34.07 Emergency Management

TAMUS System Policy 34.07.01 Emergency Management Plans

MoPH COVID-19 Qatar National Response Action Plan (March 2020)
APPENDIX C: LAB WORK PROTOCOLS

Students:
1. Beside maintaining a safe physical distance, students must work inside their safe areas marked on the floor.
2. Students must clean/sanitize their hands before entering the lab.
3. Students must wear a face covering before they enter the lab and while they are in the lab.
4. Students should use provided disinfecting wipes to sanitize their workstation and bench space. Students are responsible to clean equipment/workstations before and after use.
5. Students must not use other liquid sanitizers to clean lab station or equipment to avoid electric shocks or damaging the equipment.
6. Students are expected to use provided sanitizers for hand sanitizing before entering and after exiting the lab.
7. Only students assigned to attend in-person labs or with valid reservations are allowed to come to the labs. No walks-ins will be allowed.
8. Once the lab session is complete, students should exit the room without delay and not congregate in hallways.
9. Students should only move within labs as instructed by teaching staff.

Teaching Staff:
1. Teaching staff must wear a face covering during all lab times. Staff will have the option to request and wear a face shield.
2. Teaching staff must prepare a seating plan showing students’ locations (station). The plan should include one-way traffic patterns throughout the workplace where feasible while considering safe physical distance. This plan must be clearly displayed next to the lab door.
3. Teaching staff must maintain safe physical distance while moving between students or assisting them.
4. Teaching staff should ask a student to move away from his station in case the teaching staff needs to work on that station or check the student’s work.
5. Teaching staff should end the lab session on time to allow sufficient time for cleaning between lab sessions.
APPENDIX D: SIGNAGE EXEMPLARS

Entry Points
<table>
<thead>
<tr>
<th>Reception/Service Locations</th>
<th>![Social Distancing Sign 1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Social Distancing Sign 2]</td>
<td></td>
</tr>
<tr>
<td>![Social Distancing Sign 3]</td>
<td></td>
</tr>
</tbody>
</table>
Return to Campus

<table>
<thead>
<tr>
<th>Common Touch Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image of Commonly Touched Area]</td>
</tr>
<tr>
<td>PLEASE REMEMBER TO WASH OR SANITIZE YOUR HANDS BEFORE AND AFTER TOUCHING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sanitizing Stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image of Sanitizing Station]</td>
</tr>
<tr>
<td>WASH OR SANITIZE YOUR HANDS BEFORE AND AFTER TOUCHING COMMON SURFACES</td>
</tr>
</tbody>
</table>
## Phase 3

### Implementation Date:
1 August 2020

**Building Occupancy Maximum:** 625 (50%)

**Business Hours:** 7:30 a.m. – 5 p.m. (Building closed outside of business hours)

**Visitors:** Critical maintenance only, pre-approval required, subject to entry point screening.

<table>
<thead>
<tr>
<th>Building/Security Access Point</th>
<th>Ehteraz App</th>
<th>IR Thermal Checking</th>
<th>Amount of University Security Officers</th>
<th>Barriers Required (amount)</th>
<th>Route Plan Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Entrance</strong></td>
<td>1.</td>
<td>2.</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Link Atrium</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CLOSED</td>
</tr>
<tr>
<td><strong>Research Entrance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CLOSED</td>
</tr>
<tr>
<td><strong>Bateel/HOP Entrance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CLOSED</td>
</tr>
<tr>
<td><strong>Basement Car Park Entrance (Glass bowl)</strong></td>
<td>1.</td>
<td>2.</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Loading Dock</strong></td>
<td>3.</td>
<td>4.</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Security Patrollers</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Control Room Operator</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>COVID-19 Compliance Officer</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### Business Hours - Security Operations

#### Main Entrance
- One-way entry system exits via stairwell number one fire exit route.
- CCTV pinned to the exit route doorway.
- Infrared Camera installed for body temperature checking.

#### Link Atrium
CLOSED

#### Research Entrance
CLOSED

#### Bateel/HOP Entrance
CLOSED

#### Basement Car Park Entrance (Glass bowl)
- Security desk moved closer to the door & one-way entry via the center door.
- Exit via the side doors.

#### Loading Dock
- Bi-directional signage with a give way to exiting personnel.

#### Security Patrollers
- Lead Guard patrols and covers breaks/lunch.

### Night Shift
3 Security Officers (Lead Guard/Patroller, Control Room Operator, Loading Dock) — Building is closed to staff, faculty and students from 5:30 p.m. to 6:30 a.m. the next day.
# Return to Campus

## Phase 4

<table>
<thead>
<tr>
<th>Implementation Date:</th>
<th>1 September 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Occupancy Maximum:</td>
<td>1,000 (80%)</td>
</tr>
<tr>
<td>Business Hours:</td>
<td>7:30 a.m. – 10 p.m.</td>
</tr>
<tr>
<td>Visitors:</td>
<td>Building Access Form and subject to entry point screening.</td>
</tr>
</tbody>
</table>

### Business Hours - Security Operations

<table>
<thead>
<tr>
<th>Building/Security Access Point</th>
<th>Ehteraz App</th>
<th>IR Thermal Checking</th>
<th>Amount of University Security Officers</th>
<th>Barriers Required (amount)</th>
<th>Route Plan Comments</th>
</tr>
</thead>
</table>
| Main Entrance                  | 5.          | 6.                  | 1                                      | 5                         | One way entry system, exit via stairwell number one fire exit route.  
• CCTV pinned to the exit route doorway. |
| Link Atrium                    | 7.          | 8.                  | 1                                      | 4                         | External doors open and one-way system. |
| Research Entrance              | 9.          | 10.                 | 1                                      | 2                         | Security desk moved closer to the door & one-way entry.  
• Exit via other research area exit doors |
| Bateel Entrance                | 1.          | 2.                  | 1                                      | 3                         | Security desk moved closer to the door & bi-directional signage with a give way to exiting personnel. |
| Basement Car Park Entrance     | 3.          | 4.                  | 1                                      | 3                         | Security desk moved closer to the door & one-way entry via the center door.  
• Exit via the side doors. |
| Loading Dock                   | 11.         | 12.                 | 1                                      | 4                         | Bi-directional signage with a give way to exiting personnel. |
| Security Patrollers            | N/A         | N/A                 | 2                                      | N/A                       | Lead Guard patrols and covers breaks/lunch. |
| Control Room Operator          | N/A         | N/A                 | 1                                      | N/A                       | |
| COVID-19 Compliance Officer    | N/A         | N/A                 | 1                                      | N/A                       | Emergency Management Coordinator / Facilities & Security Specialists |

### Night Shift

X7 Security Officers (Lead Guard, Patroller, Control Room Operator, Loading Dock, Main Entrance, Car Park, Research) — Building is open to limited staff, faculty and students from 5:30 p.m. to 6:30 a.m. the next day. Classes are currently scheduled until 9:30 p.m.
### Phase 5

<table>
<thead>
<tr>
<th>Implementation Date:</th>
<th>1 October 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Occupancy Maximum:</td>
<td>1,250 (80%)</td>
</tr>
<tr>
<td>Business Hours:</td>
<td>07:30 am – 10:00 pm</td>
</tr>
<tr>
<td>Visitors:</td>
<td>Building Access Form and subject to entry point screening.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Building/Security Access Point</th>
<th>Ehteraz App</th>
<th>IR Thermal Checking</th>
<th>Amount of University Security Officers</th>
<th>Barriers Required (amount)</th>
<th>Route Plan Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Entrance</td>
<td>13.</td>
<td>14.</td>
<td>1</td>
<td>5</td>
<td>One way entry system, exit via stairwell number one fire exit route.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CCTV pinned to the exit route doorway.</td>
</tr>
<tr>
<td>Link Atrium</td>
<td>15.</td>
<td>16.</td>
<td>1</td>
<td>4</td>
<td>External doors open and one-way system.</td>
</tr>
<tr>
<td>Research Entrance</td>
<td>17.</td>
<td>18.</td>
<td>1</td>
<td>2</td>
<td>Security desk moved closer to the door &amp; one-way entry.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exit via other research area exit doors.</td>
</tr>
<tr>
<td>Bateel Entrance</td>
<td>3.</td>
<td>4.</td>
<td>1</td>
<td>3</td>
<td>Security desk moved closer to the door &amp; bi-directional signage with a give way to exiting personnel.</td>
</tr>
<tr>
<td>Basement Car Park Entrance (Glass bowl)</td>
<td>5.</td>
<td>6.</td>
<td>1</td>
<td>3</td>
<td>Security desk moved closer to the door &amp; one-way entry via the center door.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exit via the side doors.</td>
</tr>
<tr>
<td>Loading Dock</td>
<td>19.</td>
<td>20.</td>
<td>1</td>
<td>4</td>
<td>Bi-directional signage with a give way to exiting personnel.</td>
</tr>
<tr>
<td>Security Patrollers</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>N/A</td>
<td>Lead Guard patrols and covers breaks/lunch.</td>
</tr>
<tr>
<td>Control Room Operator</td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>COVID-19 Compliance Officer</td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
<td>N/A</td>
<td>Emergency Management Coordinator / Facilities &amp; Security Specialists</td>
</tr>
</tbody>
</table>

**Night Shift**

| X7 Security Officers (Lead Guard, Patroller, Control Room Operator, Loading Dock, Main Entrance, Car Park, Research) — Building is open to limited staff, faculty and students from 5:30 p.m. to 6:30 a.m. the next day. Classes are currently scheduled until 9:30 p.m. |
APPENDIX F: TAMUQ INFECTIOUS DISEASE EMERGENCY RESPONSE PLAN (INCLUDES CONTACT TRACE PROTOCOL)

Infectious Disease Emergency Response Plan (Annex J)

Health, Safety, Security and Environment

Contact: The Office of Building Operations & HSSE

-------------------------------------------------------------------
Infectious Disease Emergency Response Plan

Approval History

<table>
<thead>
<tr>
<th>ORIGINATOR</th>
<th>CHECKED BY</th>
<th>APPROVED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>DATE</td>
<td>NAME</td>
</tr>
<tr>
<td>Matthew McDonough</td>
<td>05/13/2020</td>
<td>Aaron Scheffler</td>
</tr>
</tbody>
</table>

Revision History

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<tr>
<th>REVISION</th>
<th>DATE</th>
<th>DESCRIPTION OF CHANGE</th>
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<tr>
<td>0</td>
<td>10/27/2020</td>
<td>First issue</td>
</tr>
<tr>
<td>1</td>
<td>04/29/2020</td>
<td>Update in relations to the response to Coronavirus Disease – COVID-19 &amp; addition of contact tracing.</td>
</tr>
<tr>
<td>2</td>
<td>05/13/2020</td>
<td>Align the emergency response plan with the Qatar National Guidelines, HIPAA, FERPA, Clery Act and other Qatar Regulations.</td>
</tr>
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# Infectious Disease Emergency Response Plan

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1 INTRODUCTION, SCOPE & OBJECTIVE

1.1 Introduction

The Texas A&M University at Qatar (TAMUQ) Infectious Disease Emergency Plan recognizes the risks posed by infectious diseases to the campus community. Although major outbreaks are rare, TAMUQ must consider known disease risks. Early planning and response by International & National authorities can contain the spread of infectious diseases to reduce the threat posed to the campus community.

Where an infectious disease is confirmed, TAMUQ's primary role involves working closely with external health agencies and the Qatar Foundation. The aim is to assist with managing the spread of disease and limit the spread amongst the campus community while taking into consideration the continuation of the university's mission.

1.2 Scope

This Infectious Disease Emergency Response Plan applies to the activities taken by the TAMUQ Crisis Management Team in response to an emergency involving an infectious disease, whether on its premises, in Qatar or worldwide. The plan provides a framework for the university to prepare for, respond to, and recover from an infectious disease outbreak.

1.3 Objectives

Our first objective is always to prevent incidents before they happen. Still, if they do, we're ready to respond safely and effectively. The objectives of the TAMUQ Infectious Disease Emergency Response Plan are as follows:

- Minimize the risk of an infectious disease to the community through education, immunization, hygiene, isolation of the sick, sick days for employees and other preventative measures.
- Complete a hazard identification and consequence analysis to develop specific operational emergency plans and procedures.
- Complete exercises to test our plans and processes.
- Ensure strong coordination and communication between TAMUQ's emergency management programmes Qatar Foundation and other programs including Northwestern University at Qatar, Carnegie Mellow University at Qatar, Weill Cornell Medicine University at Qatar, Georgetown University in Qatar, Hamad bin Khalifa University, Virginia Commonwealth University at Qatar.
Infectious Disease Emergency Response Plan

- Utilize the Qatar Foundation Primary Health Care Clinic to diagnose and refer patients to the Qatar Communicable Disease Center.
- Develop, implement, establish and report on controls to prevent, manage and mitigate conditions during a response to an infectious disease, under a coordinated and systematic response management structure.
- Implement business continuity plans, where permitted and able, to ensure essential university functions can operate during an infectious disease outbreak.
- Assess and return to 'normal' operating conditions for research, teaching and service operations as soon as practicable.

1.4 Reference

Family Educational Right and Privacy Act of 1974
Health Insurance Portability and Accountability Act of 1996 (HIPPA)
MoPH COVID-19 Qatar National Response Action Plan (March 2020)
MoPH Guidance for Environmental Cleaning in Non-Healthcare Facilities concerning COVID-19
MoPH National Infection Prevention and Control Interim Guideline for COVID-19
MoPH National Interim Guideline Quarantine Measures for COVID-19 Containment
MoPH Workplace Guidance COVID-19
Qatar Law No. 9 of 2020 (as updated) Decree-Law No.17 of 1990 on Protection from Infectious Diseases 17/1990
TAMUS System Policy 34.07 Emergency Management
TAMUS System Policy 34.07.01 Emergency Management Plans
# Definitions and Abbreviations

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAR</td>
<td>After Action Report</td>
</tr>
<tr>
<td>BC</td>
<td>Business Continuity</td>
</tr>
<tr>
<td>CDC</td>
<td>Communicable Disease Centre</td>
</tr>
<tr>
<td>Contact Tracing</td>
<td>Contact tracing is an effective disease control strategy that involves investigating cases and their contacts and then interrupting disease transmission—typically by asking cases to isolate and contacts to quarantine at home voluntarily.</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus Disease 2019</td>
</tr>
<tr>
<td>HMC</td>
<td>Hamad Medical Corporation</td>
</tr>
<tr>
<td>HVAP</td>
<td>Hazard Vulnerability and Assessment Planning Forum</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Also known as a communicable disease. Any disease that is transmissible by infection or contagion, which can spread from one person to another via direct or indirect contact. Spread can be by varying routes and varying degrees of infectivity. Vaccinations programs exist for some, not all infectious diseases. The National Notifiable Disease Surveillance System (NNDSS) is responsible for the sharing of information regarding notifiable diseases in the U.S. Decree-Law No. 17 of 1990 on Protection from Infectious Disease 17 / 1990 is the State of Qatar Law for the protection against infectious diseases.</td>
</tr>
<tr>
<td>Isolation</td>
<td>A method used to keep sick people separate from healthy people, by restricting movement to a separate space in a hospital or restricted at home to limit contact.</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection Prevention Control</td>
</tr>
<tr>
<td>MOI</td>
<td>Ministry of Interior</td>
</tr>
<tr>
<td>MoPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>Outbreak</td>
<td>Usually, two or more confirmed cases of the same infectious disease within a 1-2 week timeframe, dependent on the illness and where standard links are identified.</td>
</tr>
<tr>
<td>Partner University</td>
<td>Universities sharing Education City are identified as partner universities, this includes Northwestern University at Qatar, Georgetown University in Qatar, Weill Cornell Medicine University, Virginia Commonwealth University at Qatar, Carnegie Mellon University in Qatar, Hamad bin Khalifa University, University College of London.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Prevent the infection of a communicable disease by maintaining a healthy physical environment and decent general working conditions.</td>
</tr>
<tr>
<td>PHA</td>
<td>Public Health Authority</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>QF CMT</td>
<td>Qatar Foundation Crisis Management Team</td>
</tr>
<tr>
<td>Quarantine</td>
<td>Restricts the movement and contact of people who have been exposed to the infectious disease regardless of whether they demonstrate symptoms for a prescribed period of time (usually the maximum incubation period for the disease) to observe if they develop the disease.</td>
</tr>
<tr>
<td>Surveillance</td>
<td>Set up a disease surveillance system with an early warning mechanism to ensure the early reporting of cases within TAMUQ to facilitate prompt detection and response to outbreaks within the campus community.</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
### 2 QATAR NATIONAL RESPONSE GUIDELINES

In 2019, the Ministry of Public Health (MoPH) produced ‘The Qatar National Preparedness and Response Action Plan” for Communicable Disease. This document identifies clear action plans required for the response to a Communicable Disease outbreak and focuses on the well-being of the public. These plans consider the required actions to prepare, monitor, respond and recover from any outbreak (current plans focus on Coronavirus Disease 2019).

The pandemic response follows a relatively predictable phase. Accordingly, Qatar’s response is levelled proportionate to the developing phases of the pandemic in the country, according to the phases below:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert but no cases in Qatar, set up medical and emergency structures, monitor and stay alert of the global situation, screen and quarantine high-risk countries, reduce risks of exposure, educate, and maintain a very high level of alertness and vigilance to detect the first case(s).</td>
<td></td>
</tr>
<tr>
<td>First cases in Qatar with imported cases only, screen, trace contacts, isolate and quarantine people and facilities if necessary, reduce exposure by limiting events and mass gatherings, practice strict infection control measures.</td>
<td></td>
</tr>
<tr>
<td>Observations of intra-country transmissions not linked to imported cases in small clusters of the community, strict containment measures; isolate, quarantine, and if necessary to contain disease spread, close schools, places of gathering, communities and zones. Practice strict infection control measures and stop mass gatherings and events.</td>
<td></td>
</tr>
<tr>
<td>Spread of transmission across the communities, manage sickest patients in health facilities and less sick in the community. Use containment measures to reduce the impact on infrastructures and economy until containment measures do not apply anymore. Consider keeping people at home, closing workplaces and schools.</td>
<td></td>
</tr>
<tr>
<td>Recover, re-assess, re-build health system and economy and restore normal operations.</td>
<td></td>
</tr>
</tbody>
</table>
Infectious Disease Emergency Response Plan

The MoPH has prepared a state-level phased response to the communicable disease. Phases may and can be adjusted to fit the response requirements of forthcoming communicable diseases.

The MoPH Communicable Disease Response Phases:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparedness</strong></td>
<td>Activities are undertaken to ensure the preparedness of the country, including health services.</td>
</tr>
<tr>
<td><strong>Surveillance and Detection</strong></td>
<td>Domestic and international systems that provide continuous “situational awareness” to ensure the earliest diagnosis, support and advice and surveillance to contain outbreaks.</td>
</tr>
<tr>
<td><strong>Response and Containment</strong></td>
<td>Actions to further limit the spread of the outbreak and ensure health services are ready to provide high-quality care to large numbers of severe patients. They are ensuring mitigation of the health, social and economic impacts.</td>
</tr>
<tr>
<td><strong>Recovery and Continuity</strong></td>
<td>Supporting people, systems and the broader economy to return to business as usual, learn lessons and enhance future response capabilities.</td>
</tr>
</tbody>
</table>

**NOTE:** The Ministry of Public Health were identified by HE Prime Minister and the Supreme Committee for Crisis Management to lead the guidance for response to Coronavirus Disease 2019. In the early stages of a communicable disease in Qatar, it should be identified if this remains the case for new viruses and crisis responses.
### 3 ORGANIZATIONAL TRIGGERS, INDICATORS AND RESPONSE ACTIONS

The following indicators and triggers guide operational decision making about responding to public health and medical emergencies and disasters. Indicators and triggers represent information and actions taken at specific thresholds that guide incident recognition, response and recovery.

<table>
<thead>
<tr>
<th>Trigger Description</th>
<th>Move to Phase 1</th>
<th>Move to Phase 2</th>
<th>Move to Phase 3</th>
<th>Move to Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>A significant communicable disease enters Qatar, identified as imported cases only. The event has the potential to threaten, or potentially threaten, the safety and security of our community members or our operational viability for us to consider raising our response level.</td>
<td>A significant communicable disease enters the Qatar community, not linked to imported cases. The cases generally remain clustered within the communities.</td>
<td>The spread of transmission is across the communities within Qatar.</td>
<td>The infectious disease has peaked and beginning to reduce, or lethality/assessment of the infectious disease has reduced. Begin to move to recovery, reassess operations and the local &amp; global economies and restore to normal operations.</td>
<td></td>
</tr>
<tr>
<td>An infectious disease identified by the World Health Organisation and Qatar Ministry of Public Health as a communicable disease.</td>
<td>The communicable disease presents a risk to the community and operations of the organization.</td>
<td>Reduce business operating capacity within the facility to 40%. Work from home. Classes moved to virtual synchronous learning with options for face to face labs. Research projects to be reduced to essential work. Cancel all events. Travel only for emergencies. Reduce financial spending on non-essential items. Create a recovery plan and update the risk assessment.</td>
<td>Reduce business operating capacity within the facility to 20%. Use of strict social distancing and appropriate PPE measures. Continue work from home. Classes and labs will be exclusively delivered virtually. Events and meetings all held virtually. Research projects continue with increased social distancing and other operational constraints. Support research being performed for emergency purposes to support national response efforts with similar operation constraints to local research operations. Review budgets/ spending and reduce capacity. Emergency spending only. Travel only for emergencies. Update the recovery plan and the risk assessment.</td>
<td></td>
</tr>
<tr>
<td>The communicable disease threatens the State of Qatar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Response Actions</strong></td>
<td><strong>Response Actions</strong></td>
<td><strong>Response Actions</strong></td>
<td><strong>Response Actions</strong></td>
<td></td>
</tr>
<tr>
<td>Increase sanitation efforts with particular focus given common touch points. Increase stock of hand sanitizer and other sanitization products. Inform and communicate to the campus community. Limit exposure through limiting events and mass gatherings. Essential travel only. Classes prepare virtual learning. Research projects prepare experiments and equipment for potential shut down or hibernation state. Liaise and identify supply chain requirements for the potential of a protracted response. Create a risk assessment.</td>
<td>Reduce business operating capacity within the facility to 40%. Work from home. Classes moved to virtual synchronous learning with options for face to face labs. Research projects to be reduced to essential work. Cancel all events. Travel only for emergencies. Reduce financial spending on non-essential items. Create a recovery plan and update the risk assessment.</td>
<td>Reduce business operating capacity within the facility to 20%. Use of strict social distancing and appropriate PPE measures. Continue work from home. Classes and labs will be exclusively delivered virtually. Events and meetings all held virtually. Research projects continue with increased social distancing and other operational constraints. Support research being performed for emergency purposes to support national response efforts with similar operation constraints to local research operations. Review budgets/ spending and reduce capacity. Emergency spending only. Travel only for emergencies. Update the recovery plan and the risk assessment.</td>
<td>Identify the 'new norm'. Implement the recovery plan. Take a phased approach to the opening of normal business operations. Risk assess the new operating conditions and implement appropriate mitigation controls and strategies. Identify and implement areas for improvement.</td>
<td></td>
</tr>
</tbody>
</table>
3.1 University Staff & Faculty Initial Response Flowchart

Infectious Disease Emergency Response Flowchart

University Staff & Faculty

Staff or Faculty member confirm they have been diagnosed with a notifiable infectious disease.

The TAMUQ Crisis Manager will contact the affected staff member. Confirmation of their current health and previous history of their locations etc.

In the event of the staff or faculty member being over 100 miles away from their home, the Crisis Management Team and Medical support provider will be notified.

The Crisis Manager will confirm if there is any increased risk posed to staff or students.

The TAMUQ Crisis Manager will activate the Crisis Implementation Team & provide the Executive Policy Group with a situational update.

The TAMUQ Executive Policy Group will decide upon a suitable communicational strategy.

The TAMUQ Crisis Implementation Team will determine a suitable management plan for the staff or faculty member.

The Crisis Implementation Team will:
- Communicate with Hamad Hospital Communicable Disease Centre
- Confirm if any further quarantine is required.
- Establish Global Rescue input
- Ensure family support (if both spouse and dependent affected)
- Inform residential property management
- Establish mitigating measures for the campus community.

The TAMUQ Crisis Manager will complete a post incident review and prepare an OBO_CRI_TMP_004 After Action Report (AAR). The AAR will be shared with TAMUQ TAMU for review, feedback and recording purposes.

Incident Stood Down: Staff or Faculty member is reporting improvements in health and release from quarantined status.
3.2 University Student Initial Response Flowchart

Infectious Disease Emergency Response Flowchart

**University Student (TAMUQ)**

A TAMUQ Student confirms they have been diagnosed with a notifiable infectious disease.

The TAMUQ Student Affairs will contact the affected student member and notify the Crisis Manager. They will make a confirmation of their current health and previous history of their locations etc. In the event of the student being over 100 miles away from their home, Global Rescue will be notified. The Crisis Manager will confirm if there is any increased risk posed to staff or students.

The TAMUQ Crisis Manager will activate the Crisis Implementation Team & provide the Executive Policy Group with a situational update.

The TAMUQ Crisis Implementation Team will determine a suitable management plan for the TAMUQ Student.

The Crisis Implementation Team will:
- Communicate with Hamad Hospital Communicable Disease Centre
- Confirm if any further quarantine is required.
- Establish Global Rescue input
- Establish family support
- Inform QF Housing management (if within the QF Dormitories)
- Establish mitigating measures for the campus community.

Incident Stood Down: The TAMUQ Student is reporting improvements in health and release from any quarantined status.

The TAMUQ Crisis Manager will complete a post incident review and prepare an ‘OBO_CRI_TMP_004 After Action Report’ (AAR). The AAR will be shared with TAMUQ, TAMU for review, feedback and recording purposes.
3.3 Education City/Partner University Initial Response Flowchart

**Infectious Disease Emergency Response Flowchart**

**Education City/Partner University Staff, Student (Non-TAMUQ)**

- An Education City/Partner University Staff or Student confirm they have been diagnosed with a notifiable infectious disease.

  - Qatar Foundation or the Partner University will inform the TAMUQ Focal Point to confirm the case.

  - The Crisis Manager will contact the affected Partner University or QF and establish if the student is cross registered. They will try to make a confirmation of any previous history of visits or involvement with TAMUQ etc.

  - The Crisis Manager will confirm if there is any increased risk posed to staff or students.

  - The TAMUQ Crisis Manager will monitor the situation and update the Crisis Management Team of the situation.

  - The TAMUQ Executive Policy Group will decide upon a suitable strategy to minimize the TAMUQ exposure to additional risk.

  - The TAMUQ Crisis Manager will meet with the Partner Universities and discuss increased risk and business continuity measures.

  - The Crisis Manager will:
    - Confirm if any TAMUQ Students have been infected.
    - Establish Global Rescue updates to the successful management plan of the infectious disease.
    - Establish any additional mitigating measures for the campus community.

  - *Incident Stood Down: The non-TAMUQ Student is reporting improvements in health and release from any quarantined status.*

  - The TAMUQ Crisis Manager will complete a post incident review and prepare an ‘OBO_CRI_TMP_004 After Action Report’. The AAR will be shared with TAMUQ, TAMU for review, feedback and recording purposes.
Infectious Disease Emergency Response Plan

3.4 University Visitor Initial Response Flowchart

Infectious Disease Emergency Response Flowchart

University Visitor

University official visitor confirms they have been diagnosed with a notifiable infectious disease.

The TAMUQ Crisis Manager will contact the affected visitor and establish if they are within Qatar. Confirmation of their current health and previous history of their locations etc. Global Rescue will be notified.

The Crisis Manager will confirm if there is any increased risk posed to staff or students.

The TAMUQ Crisis Manager will activate the Crisis Implementation Team & provide the Executive Policy Group with a situational update.

The TAMUQ Executive Policy Group will decide upon a suitable communicational strategy.

The TAMUQ Crisis Implementation Team will determine a suitable management plan for the visitor.

The Crisis Implementation Team will:
- Communicate with Hamad Hospital Communicable Disease Centre (if visitor in Qatar)
- Confirm if any further quarantine is required.
- Establish Global Rescue Services
- Inform the visitors organisation
- Ensure family support (inform family)
- Inform residential management (Hotel)
- Establish mitigating measures for the campus community.

Incident Stood Down: The University Visitor is reporting improvements in health and release from quarantined status.

The TAMUQ Crisis Manager will complete a post incident review and prepare an ‘OBO_CRI_TMP_004 After Action Report’ (AAR). The AAR will be shared with TAMUQ, TAMU for review, feedback and recording purposes.
4 CONTACT TRACING

In the event of severe infectious diseases, the Ministry of Public Health or Qatar Foundation may require contact tracing or Texas A&M University at Qatar CMT may initiate contract tracing of their own accord.

Contact tracing is performed only for those connections and interactions within the Texas A&M University at Qatar building.

Six necessary steps of contact tracing are as follows:

- Activation of a TAMUQ Contact Tracing Team (CTT):
  - The CTT is a team trained with the use of correct PPE, questioning and communicational methods.
  - The CTT compromise of members who are directed by the TAMUQ CMT.
  - Activation by TAMUQ CMT, MoPH or QF CMT.
  - Once activated the CTT liaise to confirm:
    - Type of infectious disease
    - Period of incubation and infectious period are identified
    - PPE requirements
    - Suitable environment to operate from
    - Escalation contacts
  - The form 'OBO_CRI_F_087_R0 Infectious Disease Contact Tracing' is used by the CTT to collect the required data.
  - Once collected, the information is shared with the national response teams (when requested).
Infectious Disease Emergency Response Plan

1. Ministry of Public Health and CDC test and confirm a case
2. Case sent to isolation unit
3. Positive Case sent to treatment unit
4. Treatment Unit
5. QF CMT informed
6. TAMUQ Informed
7. Contacts Identified
8. Contacts Interviewed
9. Symptomatic
   - YES
   - HIGH RISK
   - Low Risk identified
   - LOW RISK
10. Risk rating identified
11. Continue to monitor and use preventative measures
12. YES
Infectious Disease Emergency Response Plan

Each contact has a qualitative assessment to address the risk level of possible contamination. Contamination may spread in a variety of manners and may not be confirmed at the time of contact tracing.

The CTT should agree on a risk table before the start of the contact tracing.

Below: Risk rating table example (blank).

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Likely Assessment Conditions</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>High</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: the table above is adopted from the MoPH Quarantine Guidelines and the Health Protection & Communicable Disease Control staff will be responsible for determining whether the contact is 'high-risk' to go to quarantines or low risk to self-monitor.
Infectious Disease Emergency Response Plan

5 COMMUNICATION

During confirmation of a diagnosed notifiable infectious disease in Qatar, the Ministry of Public Health (MoPH) manages the case/outbreak.

The Executive Policy Group shall devise a suitable internal and external communication strategy in response to the outbreak, under the guidance of Hamad CDC.

Information circulated internally may include but is not limited to;
- Direct communication/advice issued by Hamad CDC/MoPH
- Confirmation of an infectious disease case/outbreak
- Symptoms typically associated with the respective disease
- Prevention strategies
- Reporting procedures for suspected cases

All forms of external communication must be approved by TAMUQ MarCOMM or Executive Leadership team.

5.1 Ministry of Public Health (MoPH)

The Ministry of Public Health lays out the overall health strategy for the State of Qatar and in the event of a pandemic the government may activate a 'Supreme Committee of Crisis Management'. In cases such as Coronavirus Disease, the MoPH are invited to lead the guidance to the National response.

The Supreme Committee of Crisis Management leads the national response to a crisis.

Contact:
Tel: +974 4407 0000
Helplines:
- COVID-19 related cases: 16000
- Technical related questions: 109

5.2 Hamad Communicable Disease Center (CDC)

The Hamad Hospital Communicable Disease Centre (CDC) is a dedicated diagnosis, treatment and prevention of infectious diseases as well as education and research center. The
facility houses 65 single bedrooms, served with negative pressure and 100% fresh air exchange, with the ability to be converted to isolation units.

The CDC is home to the Qatar Travel Clinic, which offers vaccinations and preventative information for people travelling overseas. It provides assessment, treatment and counselling for those returning with travel-related illness.

<table>
<thead>
<tr>
<th>Contact:</th>
<th>Travel Clinic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamad Medical Corporation</td>
<td>Tel: +974 4025 4003</td>
</tr>
<tr>
<td>Email: <a href="mailto:nesmaak@hamad.qa">nesmaak@hamad.qa</a></td>
<td>Email: <a href="mailto:CDCTravel@hamad.qa">CDCTravel@hamad.qa</a></td>
</tr>
<tr>
<td>Tel: +974 4025 4001 and 4025 4002 (non-emergency)</td>
<td></td>
</tr>
<tr>
<td>Tel: 999 (Emergency)</td>
<td></td>
</tr>
<tr>
<td>PO BOX 3050</td>
<td></td>
</tr>
<tr>
<td>Doha, Qatar</td>
<td></td>
</tr>
</tbody>
</table>

5.3  Qatar Foundation
Qatar Foundation’s Crisis Management Team (QF CMT) may work in partnership with the national response to an infectious disease to support the response strategy.
Communication from QF CMT is sent to the Partner Universities in three distinct manners:

1. Through the QF CMT universities focal point who liaise with the university Deans and relay messages directly to be disseminated through each of the Partner Universities.

2. Using a WhatsApp group ‘Q.F. PU Crisis Comms’.

3. Sent via the HVAP group to be shared via the Partner University focal points.

5.4  Partner Universities
Communication between the partner universities is maintained between the focal points using the HVAP communication channels (WhatsApp Group(s)) to inform each other of confirmed cases of an infectious disease within their campus.
6 RETURN TO CAMPUS OPERATIONAL CONSIDERATIONS

As part of the business continuity process, and dependent on the easing of the impact of a pandemic, Qatari government restrictions, and Qatar Foundation conditions or constraints, TAMUQ employees and students return to campus, potentially in phases, following:

- Development of a plan that allows students, faculty, and staff to confidently return to campus with the resources needed to live, learn, and work together.
- Upholding Qatar Ministry of Public Health guidelines and recommendations for transmission prevention.
- Implementing strategies for social distancing and/or any other determining mitigation measures within all school operations.
- Prioritizing the return of functions that enhance the university experience and supports fulfillment of our mission.
- Complying with Qatar Foundation, Qatar Ministry of Interior, and Qatar Ministry of Public Health regulations.
- Remaining flexible and resilient to changing guidance and best practices.
- Collaborating with partner universities and the Qatar Foundation in implementing a successful and productive return to campus operations.

A plan developed by the designated task force identified by the Executive Policy Group. The following core principles guide it:

- A ‘social contract’ between the university and members of its community
- Appropriate social distancing and/or other mitigation measures
- A high level of cleaning protocols and good personal hygiene
- Health monitoring
- Health communication with the campus community
- Selection and appropriate use of Personal Protective Equipment
7 RECORD CONTROL

7.1 Records

All related documentation collected and recorded, stored and maintained for auditing purposes.

8 ATTACHMENTS

OBO_CRI_TMP_004 After Action Review
OBO_CRI_F_087 Infectious Disease Contact Tracing Form
OBO_CRI_F_088 Infectious Disease Body Temperature Monitoring Flowchart
OBO_EMF_F_001 Medical Attendance Report Form
OBO_CRI_TMP_005 Infectious Disease Risk Assessment Record