I. Introduction

In February 2020, IE University launched an action plan to address the health crisis. The aim of this plan was to protect the health of students, faculty, and staff, and guarantee its academic activities in any given scenario. In the light of events, the programs were transferred to a hybrid learning model in the last week of February, with students following classes both in person and remotely.

A few days later, the more than 7,000 students from 140 countries in IE University's undergraduate and graduate programs received access to the organization's online training platforms to pursue all of their studies remotely. By this stage, many students had already returned to their home countries. IE University therefore adapted timetables and recorded some sessions which were made available for a limited period so that students could attend classes at reasonable times in each region of the world.

Since then, IE University has worked hard to transform the learning experience with new methods, interactive solutions, tools, and technology platforms. The faculty and program directors have adapted both the academic programs (syllabi, structure, and timetables) and the assessment methods to the demands required by the situation.

Last spring, IE University adapted the campus to ensure health safety and to drive liquid learning in all its programs. This methodology combines classroom, hybrid, and online training, provides flexibility and reinforces active, personalized learning. IE University has 20 years of experience in online training and liquid learning is another step forward in the organization's strategy to transform the educational experience.

This action plan enabled us to resume face-to-face academic activity last June, based on strict compliance with public health regulations and under the supervision of IE University's medical team.

I. Objectives

Since the start of the health crisis, IE University has worked towards meeting three basic commitments:

1. To protect the health of all members of the IE Community: students, faculty, and staff.
2. To guarantee the continuity of academic activities to the same high standards of quality, efficiency, and rigor.
3. To provide timely, transparent information.

Framework of the Plan

Resuming academic activity in the 2020-2021 academic year has involved the simultaneous adoption of three types of measures.

I. Implementation by IE University of COVID-19 prevention measures in all its facilities and schools.
II. Adaptation of the facilities and academic management to a new model known as liquid learning, which is a methodology that combines classroom, hybrid, and online training.
III. Transparent information.
I. Implementation of COVID-19 prevention measures at IE University

SARS-CoV-2 is transmitted primarily by secretions from infected persons, chiefly by direct contact with respiratory droplets larger than five microns (that can be transmitted over distances of up to two meters) and with hands or fomites contaminated with these secretions, followed by contact with the mucous membrane of the mouth, nose, or eyes. The risk of propagating SARS-CoV-2 increases with greater human interaction and longer periods of time without appropriate prevention measures.

Therefore, the Ministry of Universities, in coordination with the autonomous regions, have established four basic principles to prevent COVID-19 as well as a set of recommendations on the measures required to implement these prevention criteria in educational centers. The application of these recommendations by IE University has led to the adoption of measures that go beyond what is required by the authorities.

I.1. Health crisis management committee

Last February, a health crisis management committee was established, consisting of representatives from IE University's main teams. This committee has the capacity to gather information, analyze it, and make decisions quickly. It is chaired by IE University's Vice President of Economic Affairs, who reports back regularly to the IE University Executive Board.

I.2. Medical team

Since the onset of the health crisis, IE University has reinforced its medical team with the incorporation of a specialist in Preventive Medicine, who is responsible for developing and updating health protocols, along with two doctors, four nurses assigned to COVID-19 on the two campuses, and a team of office staff trained to carry out tracking duties. The medical team is responsible for:

- Drawing up and updating health protocols as recommended by the corresponding education and health authorities.
- Advising IE University on prevention, hygiene, and health promotion measures, when they draw up training and education documents.
- Assessing the social and health conditions of the community that requires protection.
- Identifying vulnerable persons, due to their own medical conditions or those of others living with them, and providing recommendations for on-site or remote assistance to students, faculty, and staff.
- Conducting seroprevalence studies on the population that requires protection to help identify and manage possible cases.
- Prescribing and performing the necessary diagnostic tests.
- Studying potential suspected cases, including the tracking of close contacts.
- Ordering self-isolation for positive cases and quarantine for their close contacts.
- Managing the IE COVID-19 Tracer Web App and complying with the confidentiality of private personal data.
- Active monitoring of symptom evolution in positive cases and, when necessary, managing the transfer and admission of patients to hospital.
- Coordinating with public health authorities.
I.3. IE COVID Support Office

IE University created the COVID Support Office to help students who cannot come to campus during the pandemic for health reasons. The COVID Support Office provides individual attention to affected students as well as academic and technological support. The staff work closely with the medical team, which is responsible for monitoring the health status of all students, faculty, and staff who wish to access the campus.

In addition to the active monitoring of positive cases and their close contacts, the IE COVID Support Office helps the medical team with all issues that are not strictly health-related, but are essential if IE Community members are to follow the health recommendations and continue with their academic obligations, such as:

- Responding to requests for information from students and their families.
- Providing alternative accommodation in case of self-isolation or quarantine, when requested by the medical team.
- Providing academic support to positive cases in coordination with the program directors.
- Informing members of groups when a positive case has been identified, without disclosing any personal data.
- Monitoring and supporting the medical team.

[APPENDIX A: Non-medical support services for students in quarantine or self-isolation]

I.4. Monitoring the health of IE Community members

IE University's medical team asks students, faculty, and staff to complete a questionnaire to find out about their health conditions prior to accessing the campus. This includes questions about whether they have any history of COVID-19 infection and whether they or the people who live with them have any vulnerable health conditions.

The questionnaire has five parts and includes questions on the following aspects:

a. Evidence of infection/contact with the SARS-CoV-2 virus and relevant prior medical tests.
b. Prior medical conditions that might make the IE Community member especially vulnerable to COVID-19.
c. Cohabitation relationships with vulnerable people.
d. Current symptoms compatible with the COVID-19 virus.
e. History of symptoms.

[APPENDIX B: Health conditions and medical history in the IE Community]

Why is a health questionnaire conducted?

COVID-19 is a symptom-free or mildly symptomatic disease in most people who become infected, but it can become serious in individuals who have some underlying conditions or other risk factors (cardiovascular, pulmonary, kidney diseases, diabetes, high blood pressure,
Health Protocol

immunodeficiencies, pregnancy, etc.). In addition to possible prior medical conditions that might make some IE Community members especially vulnerable, it is also necessary to consider whether people in the household might also be at risk. Accordingly, and in order to tailor health recommendations to the specific situation of each IE Community member, aspects of their social and health conditions need to be ascertained.

How should the questionnaire be completed?

The IE Community has access to a web application to complete the initial health questionnaire, collect, and report the results of diagnostic tests that are carried out, and record possible symptoms compatible with COVID-19 on a daily basis, with an interactive form for self-assessment of compatible symptoms [although this is not a diagnostic tool], in addition to providing access to a form for tracing the contacts of confirmed cases. Private personal data is only accessible to members of the IE University Medical Service.

I.5. Antigen tests

IE University carries out antigen tests on campus for all IE Community members to monitor their health status.

Antigen tests are certified to detect SARS-CoV-2 and constitute an alternative to PCR testing in high-prevalence risk populations. As they are a quick screening test for which it is easy to process samples of suspected COVID-19 cases (especially in the acute phase of the infection), they are a valuable tool for mass testing on campus. These tests are mainly useful for diagnosis, since they have been shown to have high sensitivity and specificity in the detection of SARS-Cov2*. If the test is positive, the diagnosis of SARS-CoV2 is confirmed and if it is negative, it rules out infection and the contagiousness, especially in the first few days after the onset of symptoms.

*The Spanish Microbiology Center at the Carlos III Health Institute has carried out validation studies of one of these newly marketed techniques approved by the FDA, which has CE marking. The results show a sensitivity of 98.2% and a specificity greater than 99% in symptomatic patients with an evolution of five days or less, and a sensitivity of 93.1% in patients with an evolution of seven days or less.


[APPENDIX D: Use of antigen testing in environments with high prevalence of COVID-19]

I.5.a. Before accessing IE University facilities

All IE Community members who wish to access campus must complete the initial health questionnaire, and make an appointment for an antigen test, which may be complemented, if necessary, with another diagnostic test if the medical service determines it relevant. Sample collection is carried out by qualified staff from IE University's Medical Service at designated areas on campus, by appointment.
All IE University students, faculty, and staff who are vaccinated and have achieved immunity according to the technical specifications of the vaccine manufacturer do not need to take an antigen test in order to access campus, unless they have symptoms compatible with Covid-19. The same applies to all campus visitors, once the medical team has validated their vaccination documentation.

The results are then sent to the individual and to the medical team in charge of assessing them and issuing the necessary recommendations.

1. When the antigen test reveals active infection, IE Community members need to self-isolate at home and can follow their programs online. They will not be allowed to access the IE University facilities and an individual tracking protocol to identify close contacts will be activated by the medical service until the infection disappears and the patient is medically cleared. Spanish legislation requires all COVID-19 cases to be reported to the public health authorities.

2. IE Community members will have full access to our facilities (as long as they comply with the health and hygiene measures established at the university) when the test is negative and they have no symptoms compatible with COVID-19; they are not a close contact of a confirmed case or when the infection has disappeared. All individuals receiving this recommendation must make a daily self-assessment of possible compatible symptoms before accessing our buildings and must log the results in the University's COVID-19 Tracer Web App.

3. Finally, individuals who are not infected and do not have any compatible symptoms, but have prior medical conditions that make them more vulnerable or who live with vulnerable people, will be advised to continue with their program online or work remotely.

See Decision Algorithm in APPENDIX E: Flow chart for the management of individuals in the performance of antigen tests.

I.5.b Checking for possible cases and/or close contact with positive cases

All IE Community members who wish to access campus must monitor their health on a daily basis through the COVID-19 Tracer Web App. This web app contains a form with questions about:

a) Any possible compatible symptoms
b) Close contact with positive cases in the previous 14 days
c) Casual contact with positive cases in the previous 14 days
d) Exposure to high-risk situations off campus (parties, family gatherings, etc., indoors and without the use of a face mask)

Answering yes to any of these questions helps the medical team detect a possible "suspected case" and activate the individual tracking protocol for both reported symptoms and tracing contacts. Interaction between the infected person and their contacts will be assessed based on sustained compliance with preventive measures: use of a face mask, physical distancing, and respiratory hygiene.

What is a suspected case?
Anybody with COVID-19 compatible, acute respiratory infection symptoms that appear suddenly and are severe in any way, such as a fever, a cough, shortness of breath, sore
throat, headache, sudden loss of smell or taste, conjunctivitis, diarrhea, muscle pain, or chest pain.

Any suspected COVID-19 case should have a rapid antigen test within 24 hours after the appearance of symptoms to confirm or rule out the COVID-19 diagnosis:

- If the test result is **NEGATIVE**, the patient should be placed in isolation for five days, and have another control antigen test on the fifth day. If the result is negative, active infection can be ruled out and they will no longer have to self-isolate.
- If the result of the rapid antigen test is **POSITIVE**, the patient must remain in isolation for 10 days from the date of the antigen test or from the onset of symptoms (if any). A further control antigen test should be performed on the tenth day, and if it is negative, active infection can be ruled out and they will no longer have to self-isolate, provided that they have no symptoms in the three days before the tenth day. At this point, the person can return to campus taking extreme protection and hygiene measures.

**What is a confirmed case of COVID-19?**

- **With active infection:** a person with COVID-19 compatible symptoms (or no symptoms) who tests **POSITIVE** on a SARS-CoV2 rapid antigen test. The person must remain in mandatory isolation for 10 days from the date of the screening test or from the onset of symptoms, if any.
- **With a resolved infection:** people with active infection will be given a second antigen test on the tenth day; if the result is negative and they have not had any symptoms in the previous three days, active infection can be ruled out, they will no longer have to self-isolate, and they will be authorized to return to campus.

The IE University medical team tracks and traces the close contacts of the confirmed case within the IE Community. If the confirmed case has symptoms, tracing will be carried out from two days before the onset of symptoms until the date the confirmed case was isolated. If the confirmed case has no symptoms, tracing will be done from two days prior to the antigen test. We also appeal to all students, faculty, and staff to act responsibly and to notify their diagnosis, if they test positive, to all the people they have had close contact with outside IE University, so that these people can take appropriate action to protect their health and the health of others.

**What is the definition of a close contact?**

A person is defined as a close contact of a suspected/confirmed COVID-19 case if they meet any of the following contagion risk situation criteria, such as:

- Direct physical contact, such as kisses and hugs.
- Face-to-face contact without a mask at a distance of less than 1.5 meters for more than 15 minutes.
- Being in the same closed, poorly ventilated space without a mask and without physical distancing for more than 15 minutes.
- Direct contact with secretions without any appropriate protective measures.

Therefore, it is necessary and is everyone’s responsibility to ensure:

- Mandatory use of a face mask on campus.
- Physical distancing of more than 1.5 meters.

**What is the definition of a casual contact?**
A casual contact of a suspected/confirmed COVID-19 case is a person who has shared a face-to-face academic session on campus with a confirmed COVID-19 case, or is at risk of contagion but does not meet any of the close contact criteria.

What do you need to do if you have been in close contact with a suspected case?
You should use the COVID-19 Tracer Web App to report any symptoms, so that IE University's Medical Service can follow this up, as well as waiting for the COVID-19 diagnosis of the suspected case to be confirmed:

a) If the result of the suspected case’s rapid antigen test is NEGATIVE:
If the suspected case does not test positive, as a close contact of a non-infected case you can return to the IE University campus and follow the hygiene and health recommendations.

b) If the suspected COVID-19 case’s test is POSITIVE:
Close contacts of positive COVID-19 cases should be monitored at all times for the possible appearance of compatible symptoms. The medical team will organize an antigen test for them within 24 hours and, depending on the result, may indicate self-isolation or quarantine:

- If the rapid antigen test result is NEGATIVE, the patient must stay in quarantine for up to ten days. At the end of the quarantine period, another antigen detection test will be performed. If the result is negative once again and provided there are no symptoms, they will be authorized to return to campus.

- If the result of the rapid antigen test is POSITIVE, the patient must remain in isolation for 10 days from the date of the antigen test or from the onset of symptoms (if any). Another antigen test will be performed on the tenth day. If the result is negative and the patient has not had any symptoms in the three days before the tenth day, active infection can be ruled out, they will no longer have to self-isolate and they will be authorized to return to campus.

c) If any member of the IE Community considers themselves to be or is considered to be a casual contact of a confirmed COVID-19 case, the medical team will organize a rapid antigen test for them within 24 hours:

- If the test result is NEGATIVE, quarantine is not necessary, as long as the patient has no symptoms. If the casual contact of a confirmed COVID-19 case has compatible COVID-19 symptoms, they must self-isolate for 5 days. Another control antigen test will be performed on the fifth day. If the result is negative, active infection can be ruled out, they will no longer have to self-isolate and they will be authorized to return to campus.

- If the result of the rapid antigen test is POSITIVE, the casual contact of a confirmed COVID-19 case must remain in isolation for 10 days from the date of the antigen test or from the onset of symptoms, if any. Another antigen test will be performed on the tenth day. If the result is negative and the patient has not had any symptoms in the three days before the tenth day, active infection can be ruled out, they will no longer have to self-isolate and they will be authorized to return to campus.

See Decision Algorithm in APPENDIX E: Flow chart for the management of individuals in the performance of antigen tests.

Differences between self-isolation and quarantine
- **Quarantine**: a measure taken to separate people who have been exposed to COVID-19 (in close contact with people with symptoms or COVID-19 infection) to prevent the spread of disease before they know if they are infected with SAR-CoV2 although they do not have any symptoms. People who have been instructed to observe quarantine should avoid leaving home as much as possible and restrict contact with household members for the duration of the quarantine period.

- **Self-isolation**: a mandatory measure taken to separate people with COVID-19 compatible symptoms or COVID-19 infection (positive COVID-19 test) from others who are not infected. The infected person must remain isolated in a specific location and avoid contact with others even within their own home.

### I.5.c COVID-19 Reinfection

Because of possible reinfections, individuals who had a confirmed Active Infection Diagnostic Test of SARS-CoV-2 more than 90 days ago must also take an antigen test in order to access campus if a) showing compatible symptoms of COVID-19 b) have been in a risk situation, or c) have been identified as a close contact of a confirmed case. In addition, in these cases, the IE University health protocol will be applied.

### I.5.d Vaccination Certificate against the COVID-19

Vaccinated individuals who want to access the IE campus must upload their vaccination certificate to the Covid-19 Tracer Web App. The medical team will review the information, confirm the official date of the effective immunization based on the vaccine manufacturer’s instructions, and update your profile accordingly.

Even those individuals who have been vaccinated against COVID-19 or have already overcome the COVID-19 infection less than 90 days ago must still monitor their health on a daily basis, update the Covid-19 Tracer Web App, and continue to comply with all the IE University health protocol measures. In both cases, it will be necessary to take an antigen test if showing symptoms compatible with COVID-19 and if you have been in close contact with a confirmed case or another risk situation, please note the following:

- If have been vaccinated, the medical service will contact you, and they may recommend you take antigen depending on your specific case.
- If you have overcome the COVID-19 infection less than 90 days ago, you have the option of taking an antigen test in order to confirm possible reinfection.

### I.6. COVID-19 Tracer Web App

IE University has developed a web app that includes:

- Information from the health questionnaire that all IE Community members are required to complete.
- The results of antigen tests and other possible diagnostic tests performed by IE University’s Medical Service.
- Daily record of compatible symptoms.
- Close contacts of confirmed cases.
- Relevant information about COVID-19, the rules of coexistence on campus and health recommendations.
- The data provided by members of the IE community if they were vaccinated against COVID-19, in relation to their vaccination certificate.
The app informs students and IE University of the type of recommendation issued by the medical service as to whether the person can access IE University’s facilities. The medical details collected in the app are only accessible to each individual who, in accordance with Spanish legislation, is the sole owner of his/her data. IE University’s Medical Service may also be given access to this data if authorized.

[**APPENDIX F: COVID-19 Tracer Web App**]

I.7. Limiting contacts

All the facilities, their rules for use and people flows within, the entrance and exit times, and the structure and methodology of the programs have been adapted to guarantee physical distancing of 1.5 meters throughout the campus (see point II, adapting facilities and academic management to a flexible, hybrid learning model).

I.8. Entering and leaving classrooms

Students must enter the classrooms in an orderly manner, maintaining minimum physical distancing of 1.5 meters from their classmates, faculty, and staff. Crowding must be avoided and blocking entrances is strictly prohibited. Once in the classroom, each student must sit down and remain in his/her seat until the faculty member arrives.

The faculty are the last to enter the classrooms and the first to leave. Any queries that have not been answered during the session will be resolved online, by e-mail, or by the video-conferencing systems available to students. Once the faculty member has arrived in the classroom, no other students will be allowed to enter. All the desks must be cleared after each class to make it easier for IE University's staff to clean.

I.9. Mandatory use of face masks

Everybody entering IE University’s facilities must wear a protective face mask at all times (preferably hygiene or surgical masks.) IE University has run awareness campaigns to promote the correct use of masks.

[**APPENDIX G: Additional information about face masks**]

I.10. Hand washing

Hand washing is one of the best and most effective ways to prevent the spread of the pandemic and minimize the chances of transmitting the SARS-CoV-2 virus and other infections. Hygiene recommendations should be followed both on IE University's facilities and throughout the remainder of the day by all members of the community. To follow these recommendations, the IE Community follows the WHO and Ministry of Health measures in this regard.

Hand sanitizer dispensers have been installed in all buildings to facilitate hand hygiene.

I.11. Cleaning and disinfecting the facilities

The transmission of the SARS-CoV-2 virus through furniture and its ability to survive for hours or days on surfaces makes it necessary to establish protocols for additional cleaning and disinfection of spaces and surfaces using specific disinfectants to reduce the risk of infection.
Accordingly, IE University has procured the appropriate cleaning products and supplies and has increased the number of staff available to clean the classrooms after each 90-minute session. This cleaning process pays special attention to the elements that are touched most frequently such as handrails, doorknobs, door handles, and access buttons, as described in the document "Recommendations for cleaning surfaces ie_coronavirus19".

IE University has developed specific protocols for its cleaning staff to reinforce both hygiene in the facilities and the teams' personal protection. In addition, the cleaning operations carried out daily in each of the buildings are duly recorded.

Disinfection using UV-C radiation. IE University has robots that use ultraviolet light lamps to sanitize the campus. These robots are activated at night when the buildings are empty.

*I.12. Commitment to community health: IE Community Compact*

IE University’s students have signed the Community Compact, a manifesto in which they undertake to comply with health protocols on and off campus to help stop the spread of the COVID-19 virus, as a sign of individual responsibility and respect for their health and that of others.

They specifically undertake to:

- Comply with IE University's health protocol, as well as all public health regulations.
- Monitor and log on a daily basis any possible compatible symptoms, close contact with positive cases and exposure to risk events, through the IE COVID-19 Tracer Web App.
- Comply with quarantine when indicated by the IE Medical Service.
- Always enter the campus with their health passport and personal identification.
- Comply with the hand washing and respiratory hygiene rules.
- Maintain physical distancing of 1.5 meters.
- Always wear a mask on campus and wear it correctly.
- Follow the people flow signs on campus.
- Not to participate in parties or private gatherings of more than six people.
- Not to invite people from outside our university to the campus.
I.13. Non-compliance with the Community Compact

Failure to comply with this Community Compact may result in disciplinary measures, depending on the gravity or reiteration of the infringement. These measures may include temporary suspension from accessing the campus (between one and thirty days) or being expelled from the program.

II. Adapting the facilities and academic activities to a liquid learning model

IE University has adapted its facilities and technological infrastructure to drive liquid learning in all programs. This methodology combines classroom, hybrid, and online training, provides flexibility, and reinforces active, personalized learning. IE University has 20 years of experience in online training and ‘liquid learning’ is another step forward in the organization’s strategy to transform the educational experience.

II.1. Adapting the facilities

II.1.1. Installation of thermographic cameras at entrances

In addition to taking daily temperature measurements, monitored thermographic cameras have been installed at the entrances to the different IE University buildings to detect possible cases of community members who may have a fever. Should this occur, these members will have to return home in accordance with their ethical commitment to safeguard the health of others. The University’s Medical Service will be notified so that the "suspected case" protocol can be activated.

COVID-19 is not the only disease that involves an increase in body temperature. However, this symptom is present in between 60% and 80% of infections.

[APPENDIX J: Thermographic camera characteristics]

II.1.2. Installation of hand sanitizer dispensers

Hand washing is one of the best ways to prevent the spread of the epidemic and minimize the chances of transmitting micro-organisms. In order to encourage the uptake of this recommendation, hand sanitizer dispensers have been installed at the entrances and in the corridors of the buildings in IE University.

II.1.3. Installation of protective screens for staff that deal with the public

The staff that deal with the public have had plastic screens fitted to their workstations to protect them.

Protective panels and partitions have also been installed in the vending and café areas.
II.1.4. Signposting of one-way entry and exit routes

One of the most effective measures to prevent the spread of SARS-CoV-2 is physical distancing. In order to avoid direct contact with other members of the community, separate one-way entry and exit routes have been set up in all the facilities to prevent facility users from crossing paths and to maintain the appropriate physical distance at all times.

II.1.5. Checking and adapting ventilation in the facilities

To contain the spread of any respiratory infection, it is advisable to adapt and optimize measures aimed at improving air quality (air renewal and filtering) inside buildings. This air renewal helps to purify any micro-droplets that may remain in suspension.

To this end, the following measures, amongst others, have been implemented:

- Application of the operating and maintenance recommendations for air conditioning and ventilation systems in buildings and premises to prevent the spread of SARS-CoV-2, published by IDAE.
- Photocatalytic filters for air purification and disinfection.
- Cleaning and sanitization of air filters.
- Elimination of the means used to reutilize air in favor of maximum ventilation with fresh air.
- Air handling units that use fresh air intake
- Air quality (CO2 level) sensors in all classrooms
- Facility hygiene and ventilation audits are conducted to check:
  - Documentation
  - Surface cleaning
  - Ventilation ratio calculations
  - Hygiene of ventilation systems
  - Indoor air quality
  - COVID Safe Certificate

As many doors and windows as possible remain open in order to improve ventilation. This measure also prevents continued use of door knobs and repeated door contact, thus minimizing transmission through contact.

II.1.6. Use of communal areas and protocol for security staff

Use of the elevators, given that they are confined spaces and offer poor ventilation, is limited to one person at a time, except for people with reduced mobility who need assistance.

Community members are encouraged to use the stairs to prevent grouping in elevator waiting areas.
Restroom access is also restricted. Only one person is allowed to use the restrooms at any given time. Likewise, some toilets have been put out of service in order to guarantee distancing measures.

Security and reception staff have been provided with guidelines on how to handle different scenarios, the measures to be implemented if possible cases are detected, and the procedures to ensure compliance with legislation.

II.1.7. Capacity monitoring system

In addition to measures to reduce classroom occupancy, IE University is implementing a sensor-based system that confirms how many people there are in each classroom in real time.

The capacity monitoring sensors that are being installed in IE University classrooms have the following characteristics:

- IoT sensor based on direct imaging: these are very low resolution cameras which capture 'blobs' rather than faces. They use AI to infer that they are people and not inert objects. Thus, the system adheres to the GDPR law and protects the privacy of users.
- Information processed inside the sensors: the images of these 'blobs' are processed internally by each sensor and are never stored or transmitted. Only the data is transmitted.
- Artificial intelligence algorithm for image processing: AI is used to process the images of the ‘blobs’, obtaining data or metadata related to the position in the classroom seating plan, even discerning whether the ‘bundle’ is standing or sitting.
- Data transmission via wifi: all the data related to the positions of the ‘blobs’ are transmitted for display to the cloud platform via the wifi network with WPA2-AES(PSK) encryption and authentication protocol.
- Smart motion detection: if the ‘bundle’ moves, the sensors detect this in real time, sending new coordinates to the platform.
- Detection and counting of objects and people in different areas: thanks to AI, image data and metadata, the platform can monitor capacity and physical distance within a sensorized area.

II.1.8. Facial recognition access control system

IE University has a campus access control system that uses facial recognition cameras installed at building entrances. This access control system is integrated with the IE COVID-19 Tracer Web App, and allows or refuses people access to the campus depending on the information provided by the web app. In addition, this control system prevents access if the thermographic cameras detect a temperature above 37.8°C.

II.2. Classroom set-up

II.2.1. Adapting classrooms to a liquid learning model

IE University has developed a unique liquid learning model that transforms the educational experience. Students can learn in person or connect simultaneously to the University's classrooms online with the same immersive experience and academic excellence.
The programs have a hybrid format that gives students flexibility and reinforces active, personalized learning. IE University has redesigned all its programs with new methodologies, content and academic materials to adapt them to this new liquid learning model. The organization has restructured its facilities and provided classrooms with technological solutions to enhance interaction.

All real-time sessions can be followed simultaneously in person and remotely. In order to improve the learning experience and the integration of classroom students with online students, IE University has reinforced its technological resources and has set up protocols to encourage the technological immersion of students, thus ensuring a premium academic experience.

Devices have been installed in strategic locations to provide a broad view of the classroom, the faculty member and the teaching resources and materials. The web cameras give remote students excellent visibility and immersion in the classroom experience. Microphones have been installed to record the voices of the faculty member and of other students during the sessions. In addition, the classrooms have been equipped with an extra screen so that the faculty and students on site can see the students connected online.

IE University uses videoconferencing systems that provide excellent interaction between users and the visibility of all students in a class at the same time.

The faculty is continuously supported by the program directors and by the IT support teams who ensure the sessions run smoothly.

Any work that needs to be done in groups is conducted online, as the availability of workspaces has been limited in order to guarantee distancing measures. These areas are reserved for students who do not have access to basic study conditions at home.

II.2.2. Classroom occupancy ratio

Students must always leave a free seat between them and the next student, as shown in the diagram below:
If seating issues make it impossible for all students to physically attend a session, one of three measures are taken, in this order of preference:

- a) The number of students studying the subject is divided into two groups and the session(s) is/are taught twice.
- b) The sessions are moved to a larger room in order to ensure distancing measures can be maintained.
- c) Turns are taken to physically attend the sessions, working with the students and the program directors to organize this.

Class times in adjacent rooms are scheduled so that students do not coincide in the corridors and communal areas before or after their classes.

II.3. Adapting programs

At the beginning of the health crisis, to provide online training to our 7,000 students in all the programs we offer, we moved all our sessions to remote learning mode and reorganized subjects and programs to adapt them to the digital environment. Since then, our classroom sessions have been given through videoconferences, forums and "non-class learning" which includes a variety of options.

During the 2020-2021 academic year, with the campus open and students physically in the classroom and online simultaneously, we have continued to apply these measures and have adapted them to use the most appropriate methodology in each program. In order to sustain our commitment to top quality education, the syllabus of every subject has been revised, applying the best academic approach in each session to maximize learning and enrich the student experience.

In order to minimize contact between students, faculty, and staff, we have staggered entry times across a period of 15 minutes in the various different areas, and have spread sessions...
evenly in the various different buildings to prevent students in adjacent rooms from coinciding when classes change over.

The IE University teams have revised the general program timetables so that students outside Spain, in time zones that are way ahead or behind Madrid, can participate in classes in real time.

III. Transparent information

IE University's aim from the outset of the health crisis has been to provide timely, transparent information about all the measures approved through internal and external channels, in both the media and on social media.

The Communications and Marketing teams work to create the necessary content to share the main measures contained in this Plan with all our stakeholders: candidates, students, families, alumni, faculty, staff, the educational and business community, the authorities, and society as a whole, in coordination with the different teams and Schools.

IE University informs all IE Community members about the pandemic action plan, FAQs about COVID, the latest news and internal health protocols on the We Are Ready website.

IE University has also designed a communication strategy to respond to possible cases of contagion among students, faculty, and staff. The objective is to inform students, families, faculty, and staff members of the situation, depending on each case.
APPENDICES -
APPENDIX A. Non-medical support services for students in quarantine or self-isolation

The main services include:

1. Re-housing students with active COVID-19 infection: the campus COVID-19 coordinator confirms the characteristics of the student's accommodation, the people they live with and other relevant details in order to establish whether they need to be re-housed so that they can comply with their self-isolation period in the conditions required by the health authorities, and thus prevent the spread of the virus. Cases in which a student needs to be re-housed: these will be jointly assessed by the health authorities and the campus coordinator.
   a) Students living in university residences: they must stay in the actual residence or, if necessary, the residence must provide them with alternative accommodation.
   b) Students living in individual housing: they must stay at home.
   c) Students living in shared housing:
      ● If the confirmed COVID-19 student does not have their own room and private bathroom, alternative accommodation will be provided.
      ● If the IE student is not positive, but lives with people outside IE University who have tested positive, alternative accommodation will be provided if the student does not have their own room and private bathroom. They will be required to take an antigen test.
   d) Students in shared housing who are all COVID positive: they can stay in the same house or hotel whilst complying with the corresponding health measures.

2. The student is transferred from their accommodation to the location where they are to be re-housed:
   a) COVID-positive student transfer: the transfer will be carried out by a professional company that complies with health measures.
   b) Negative COVID student transfer, in quarantine. The transfer will be carried out by a professional company that complies with health measures.
   c) Negative COVID student transfer. They can transfer by themselves.

3. Follow up of student’s condition
   a) Both the medical team and the IE COVID Support Office will be in regular contact with the student during the period of self-isolation to provide individual assistance.
   b) Psychological assistance: IE University has a counseling service for undergraduate students. Students can also receive support from other students through the Mentoring Society, if requested. Graduate students will have access to SINEWS.
c) Program directors will contact the student to provide academic support and minimize the possible impact of their symptoms on their academic performance.

4. Other services:

a) Library and technology: the student will be given priority in regards to follow up on technology issues.

b) Students will be provided with information about companies where they can purchase basic necessities (food, medicine, personal hygiene, cleaning products, etc.) and others (online sport, entertainment, and cultural activities, etc.).
APPENDIX B. Health conditions and medical history in the IE Community

Seroprevalence questionnaire for COVID-19 virus infection

<table>
<thead>
<tr>
<th>1. USER DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>Gender □ Male □ Female □ Other</td>
</tr>
<tr>
<td>Date of birth (DD/MM/YYYY): <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>Tel. No. (mobile)</td>
</tr>
<tr>
<td>Age (years, months)</td>
</tr>
<tr>
<td>Email address</td>
</tr>
<tr>
<td>Country of residence</td>
</tr>
<tr>
<td>Nationality</td>
</tr>
<tr>
<td>Profession</td>
</tr>
<tr>
<td>Program/department/area</td>
</tr>
<tr>
<td>Academic year</td>
</tr>
<tr>
<td>Have you or any of your household members been to work on a regular basis in the last 21 days? □ Me</td>
</tr>
<tr>
<td>Date of the last time you went to work (DD/MM/YYYY): <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>□ Household member</td>
</tr>
<tr>
<td>Date of the last time you went to work (DD/MM/YYYY): <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>Have you or a household member visited a health center, clinic, hospital, etc for a purpose unrelated to COVID-19 in the past 21 days? □ Me</td>
</tr>
<tr>
<td>Date of visit (DD/MM/YYYY): <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>□ Household member</td>
</tr>
<tr>
<td>Date of visit (DD/MM/YYYY): <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>Have you had any contact with anyone suspected or diagnosed as being infected with the COVID-19 virus? □ Yes</td>
</tr>
<tr>
<td>Date of contact (DD/MM/YYYY): <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>Do you live with or are you responsible for any vulnerable people (elderly, chronically ill, pregnant women, etc.)? □ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>Have you been previously tested for the presence of the virus? □ Yes</td>
</tr>
<tr>
<td>Date of the test (DD/MM/YYYY): <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>Please state the type of test performed □ Rapid □ Laboratory □ Other</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>Have you been previously tested for the presence of antibodies? □ Yes</td>
</tr>
<tr>
<td>Date of the test (DD/MM/YYYY): <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>Please state the type of test performed □ Rapid □ Laboratory □ Other</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>
### 2. CURRENT SYMPTOMS

As of **today**, do you have any of the symptoms listed below?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify the date of the onset of symptoms (DD/MM/YYYY): ___/___/___

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Temperature ≥38°C**
- **A cold**
- **Tiredness**
- **Muscle pain (myalgia)**
- **Sore throat**
- **Cough**
- **Runny nose (rhinorrhoea)**
- **Breathing difficulty (dyspnoea)**
- **Abnormal breathing sounds**
- **Chest pain**
- **Other respiratory symptoms**
- **Headache**
- **Nausea/vomiting**
- **Abdominal pain**
- **Diarrhoea**
- **Other**

### 3. HISTORY OF SYMPTOMS

Since the pandemic began, have you had symptoms?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**START** date (DD/MM/YYYY): ___/___/___

**END** date (DD/MM/YYYY): ___/___/___

- **Temperature ≥38°C (100 °F)**
- **A cold**
- **Tiredness**
- **Muscle pain (myalgia)**
- **Sore throat**
- **Cough**
- **Runny nose (rhinorrhoea)**
- **Breathing difficulty (dyspnoea)**
- **Abnormal breathing sounds**
- **Chest pain**
- **Other respiratory symptoms**
- **Headache**
- **Nausea/vomiting**
- **Abdominal pain**
- **Diarrhoea**
- **Other**

- **Did you need medical attention for any of these symptoms?**
  □ Yes  □ No
- **Did you have to leave work or school for any of these symptoms?**
  □ Yes  □ No
- **Were you hospitalized for any of these symptoms?**
  □ Yes  □ No

### 4. OTHER ILLNESSES

Do you have any other health conditions? [Diabetes, heart disease, , , pregnancy, other]

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Don't know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Protocol</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don't know</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------</td>
<td>------</td>
<td>--------------</td>
</tr>
<tr>
<td>Diabetes</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>Heart disease</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease (COPD),</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>Immune deficiency (congenital or acquired)</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>Other</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
</tr>
</tbody>
</table>
Antigen tests detect specific proteins — known as antigens — on the surface of the virus, and can identify people who are at the peak of infection, when virus levels in the body are likely to be high.
APPENDIX D. Use of antigen testing in environments with high prevalence of COVID-19

Dr. Javier Flores.

Currently, the diagnosis of SARS-CoV2 infection in a susceptible population is carried out through the identification of viral RNA in samples taken from the respiratory system [nasopharyngeal, oropharyngeal and bronchoalveolar lavage, etc.] by RT-PCR [reverse transcription polymerase chain reaction] and through rapid detection tests for specific SARS-CoV2 viral antigens, which are proteins located in the virus envelope in nasopharyngeal samples.

As an aid to clinical diagnosis, antigen detection tests are a good alternative to PCR tests in populations with high prevalence, as they are quick (results are obtained in 15 minutes) and the samples of suspected COVID-19 cases are easy to process, especially in the acute phase of the infection. These tests have a mainly diagnostic utility, since they have been proved to have high sensitivity and specificity in the detection of SARS-CoV2. If the test is positive, the diagnosis of SARS-CoV2 is confirmed and if it is negative, it rules out the infection and the contagiousness, especially in the first few days after the onset of symptoms.

As a screening test when there is high prevalence in certain areas, the antigen detection test takes on greater importance because it is quick and easy to use. This is especially useful for detecting individuals who are contagious but do not have any visible COVID-19 symptoms.

As a trace test, used mostly in studies of contacts and rapid detection of cases in the current pandemic, antigen tests perform best in environments with high prevalence of COVID-19 two days before the onset of symptoms and during the first few days after the onset of symptoms. They are a good tracking tool in the study of close contacts of confirmed COVID-19 cases as an initial test and during a quarantine period, and are used to detect cases before they can spread to others once they have finished quarantine.

Since the goal is to safeguard health and prevent the transmission and spread of the SARS-CoV2 virus in the IE Community in the current COVID-19 pandemic, IE Community members will be tested to diagnose any SARS-CoV2 virus infection. This antigen test will be administered to individuals with acute respiratory infection symptoms [cough, fever, general malaise, etc.] as well as to asymptomatic individuals as a method for early detection of possible cases who may infect others though they do not have any visible symptoms, using the Panbio™ COVID-19 Ag Rapid Test Device (Abbott Test).

Once we have obtained the informed consent form, duly completed and signed by each of the IE Community members, the following procedures will be carried out:

a) Completion of questionnaire on health conditions and medical history in the IE Community. In order to identify the susceptible population and their social and health conditions, a questionnaire has been drawn up to collect data on the history of infection, the presence of comorbidities and other non-health-related circumstances [cohabitation with risk groups with complications in the event of infection, etc.].

b) All members of the IE Community members will be invited to take a rapid antigen detection test. If the test result is negative, access to the campus will be authorized as long as the
patient has not been in close contact with a confirmed COVID-19 case and does not have any compatible COVID-19 symptoms. If the test result is positive, the case will be reviewed and followed-up on, self-isolation measures applied and academic and other activities adapted.
APPENDIX E. Flow chart for the management of individuals in the performance of antigen tests (New on-campus entry, individuals with symptoms, infected individuals, and possible close/casual contacts.)

If you have already been vaccinated against Covid-19, you can upload the vaccination certificate to the Covid-19 Tracer web app.
APPENDIX F. COVID-19 Tracer Web App
A web app has been developed through a cloud solution with two different interfaces:

a) IE Community user interface

The user logs onto the web page and will be given access to the Portal, after accepting the privacy policy and conditions of use. They will have to complete an initial questionnaire on their health conditions and medical history (in order to identify the susceptible population and their social and health conditions). Once this step has been completed, the user’s internal record is created, giving the university’s medical service access to it. Next, the user will have to make an appointment for an antigen test in order to access the IE University Campus.

The COVID-19 Tracer Web App enables the user to:

- Access all information related to their records: the results of antigen tests and other possible diagnostic tests performed by IE University's Medical Service.
- Access all the relevant information about COVID-19, the rules of coexistence on campus and health recommendations, as well as contact details (e.g. IE Medical Service, emergency services, COVID Support Office…)
- Request an appointment for an antigen test or other diagnostic tests.
- Download medical reports with the results of the medical tests performed.
- Complete a contact and activity log questionnaire, should they test positive for COVID-19, in order to identify their close contacts and make it easier to track them.
- Perform their daily health check, indicating whether:
  - They have any symptoms that are compatible with COVID-19.
  - They have been in close/casual contact with a confirmed case in the previous 14 days.
  - They have been exposed to high-risk situations off campus (parties, family gatherings, etc., indoors and without the use of a face mask).
In any of these situations, the user may request an appointment for an antigen test.

- Carry out a self-assessment of compatible symptoms to inform the medical service.
- Upload the certificate of vaccination against COVID-19.
- Find out the type of recommendation issued by the medical service as to whether they can access IE University’s facilities, according to the status of their Health Passport:

![Medical Service Interface](image)

a) **Medical Service interface**

The Medical Service has a database with all the users’ records, containing the following fields:

- The patient’s category, indicating their health status: susceptible, active infection, PCR, no restrictions, antigen test.
- Whether they can return to campus or not.
- If the user has been in close contact with a positive case, a link is provided to the medical history of the COVID-19 positive case.
- If the user has symptoms, or has had close/casual contacts, as indicated through the daily self-assessment procedure.
- Diagnostic tests performed and their results.
- Current status of the patient: active monitoring, quarantine, self-isolation, discharged because they are non-contagious, discharged
- Date and campus of the appointment booked by the user for a diagnostic test.
- COVID-19 Vaccine information: date of vaccination, laboratory, country of vaccination and date of immunity.

In addition to the above, the Medical Service can see all the forms sent by the IE Community member and the history of the changes that have been made. Finally, the Medical Service can configure and automate the imports of diagnostic tests performed off-campus and save them in the corresponding records.
# APPENDIX G: Additional information about face masks

**RECOMMENDATIONS FOR THE USE OF FACE MASKS**

*Source: Health Ministry. Spanish Government*

<table>
<thead>
<tr>
<th>WHAT</th>
<th>WHO</th>
<th>WHEN</th>
<th>WHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical or medical face mask (approved medical device)</td>
<td>People with COVID-19 symptoms or diagnosis [1,2]</td>
<td>When a person enters a room or is attended to at a distance of less than 2 meters.</td>
<td>Surgical masks reduce the release of respiratory droplets into the air, thus preventing the transmission of the virus to other people.</td>
</tr>
<tr>
<td></td>
<td>People who have been in close contact with someone diagnosed with COVID-19 in the last 14 days.</td>
<td>When they are at home with people they live with and if they have to go outside.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>People looking after COVID-19 patients [3,4,5,6]</td>
<td>When looking after a patient at a distance of less than 2 meters. The patient should also wear a surgical mask.</td>
<td>Surgical masks have a barrier effect if used properly and are associated with preventive measures.</td>
</tr>
<tr>
<td></td>
<td>Vulnerable people [people over 60, with high blood pressure, diabetes, cardiovascular disease, chronic lung disease, cancer, immunodeficiencies and pregnant women, as a precautionary principle].</td>
<td>When going outside or coming into contact with other people.</td>
<td></td>
</tr>
<tr>
<td>Community or hygiene face masks (non-medical device, self-made or commercial)</td>
<td>Generally healthy population [not in contact with COVID-19 patients] [7, 8, 9, 10, 11]</td>
<td>When physical distancing measures cannot be maintained in situations such as commuting to work going shopping, or in enclosed spaces.</td>
<td>The use of hygiene masks may help to reduce transmission by people without symptoms or with mild symptoms, provided that this is combined with other preventive measures.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When using public transport.</td>
<td></td>
</tr>
</tbody>
</table>
**Health Protocol**

| Mask not advised | Children under 3 years of age, people who have trouble breathing and people who have difficulty removing their mask without assistance [12, 13] | A mask should not be worn unless recommended by a healthcare professional. | For masks to have a barrier effect they must fit the face snugly and allow proper breathing. Precautions must also be taken to ensure that masks are used correctly. |

1. **Infection prevention and control protocol when dealing with patients with COVID-19 14.04.20**: any patient with respiratory symptoms or a confirmed or probable case of COVID-19 should wear a surgical mask.

2. **Protocol for dealing with COVID-19 at home 17.03.20**: if the patient must use communal areas, a surgical mask must be worn and hand hygiene must be observed when leaving a room and before entering it. If caregiving requires approaching the patient at a distance of less than one meter, the caregiver must wear a surgical mask.

3. **Infection prevention and control protocol when dealing with patients with COVID-19 14.04.20**: visitors must wear a surgical mask.

4. **Protocol for dealing with COVID-19 at home 17.03.20**: the gloves and masks used by the caregiver shall be placed in waste bag 2. The person responsible for cleaning should be protected by gloves and mask (if available).

5. **Home isolation infographic 11.04.20**: includes the caregiver wearing a mask when sharing communal areas (no indication of whether surgical or hygiene).

6. **Hygiene measures for preventing the transmission of COVID-19 06.04.20**: anybody cleaning areas with COVID-19 patients should wear a mask (if available). The gloves and mask used by the caregiver should be placed in waste bag 2.

7. **Good workplace practices 11.04.20**: a non-medical face mask should be worn if using public transport.

8. **UNE technical specifications for the manufacture of reusable hygiene masks**: hygiene masks are intended for adults and children over 3 years of age without symptoms who are not suitable for using surgical masks or particle filtering masks, in accordance with the measures established in the technical document "Infection prevention and control when dealing with patients with COVID-19".

9. **ECDC 08.04.20**: the use of non-medical face masks in public spaces may help reduce the spread of infection in the community by minimizing the excretion of respiratory droplets from infected individuals who have not yet developed symptoms or who remain asymptomatic. The use of a face mask in the community could be considered, especially when visiting busy, enclosed spaces such as supermarkets, shopping centers, or when using public transport, etc.

10. **CDC**: recommends using cloth face coverings or covering one’s face in public settings where other physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission.

11. **WHO**: in its document on "non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza", the WHO conditionally recommends the use of face masks in community settings for asymptomatic people in severe epidemics or pandemics to reduce transmission in the community.

12. **CDC**: cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

13. **UNE technical specifications for the manufacture of reusable hygiene masks**: state that these masks are suitable for children over 3 years of age and warn that adult supervision to fit, use and remove the mask is required (for children’s masks).

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**APPENDIX H Disinfection protocol**

**RECOMENDACIONES DE LIMPIEZA SUPERFICIE**
APPENDIX I: Community Compact

* For undergraduate, graduate and executive education students at IE University

As a student at IE University, as a sign of responsibility and respect for the people around me inside and outside the university, I hereby undertake to behave appropriately so as to reduce the spread of the COVID-19 virus.

Accordingly, I undertake to comply with all the measures outlined in the IE University Health Protocol as well as the public health regulations in force at all times, both in the classroom and in the extracurricular activities organized by the university on campus and in the university residences.

I undertake to comply with the rules and regulations set out by IE University's medical team, as detailed below:

Daily monitoring on the web app
- I undertake to access the COVID-19 Tracer Web App daily to monitor my health status and report any possible compatible symptoms in the 15 days prior to my arrival on campus, if I plan to attend classes in person.
- I undertake to use my personal identification to access the campus.

Self-isolation
- If I test positive for COVID-19 or am in close contact with an infected person, I undertake to follow medical advice, the necessary self-isolation or quarantine measures and all other aspects outlined in the Action Protocol for COVID-19 cases.

Health and hygiene
- I undertake to maintain appropriate personal hygiene including frequent hand washing and the use of hand sanitizers before and after entering the campus.

Physical distancing, face masks, behavioral standards
- I undertake to maintain a minimum distance of 1.5 meters from other people on campus.
- I undertake to always wear a face mask on campus, both in the classroom and in indoor and communal indoor and outdoor areas (café, library, labs, Area31, outdoor cafés, etc.) and in residential buildings.
- I undertake to follow the people flow signs marked inside the buildings.
- I undertake to comply with the rules concerning indoor and outdoor meetings on campus.
- I undertake not to organize or participate in parties or private gatherings where there are more than 10 people. If I participate in private gatherings with friends or family in which the maximum number of people is not exceeded, I undertake to maintain maximum compliance with health protection measures.
- I undertake not to invite people with no connections to IE University to the campus without prior authorization from the head of the university.

Infringements and disciplinary measures
- I acknowledge and accept that failure to comply with the commitments I have undertaken and with the rules established in the IE University Health Protocol and the Action Protocol for COVID-19 cases may lead to the imposition of disciplinary
measures. I also accept that these documents may be updated according to the applicable regulations which may be evaluated by IE University.

In particular, I acknowledge and accept that IE University will evaluate whether I have infringed these rules and regulations in the following cases:

1. Not providing truthful, accurate information to the medical team both in the App questionnaire and in the follow-up conversations that I may have with them.

2. Not complying with the measures ordered by the medical team if I test positive for COVID-19, or if I am in close contact with an infected person or if I have to undergo self-isolation or quarantine for any other reasons as a result of my health condition.

3. Not complying with any other rules or regulations described in the aforementioned IE University protocols in academic or extracurricular activities organized by IE University inside or outside the campus.

I acknowledge and accept that any such behavior will be evaluated by the program head and may be considered as a minor or serious infringement depending on the gravity or reiteration of the behavior:

- Minor infringement: except for the last scenario set out below, failure to comply with a measure will be considered as a minor infringement. The disciplinary measure will consist of being suspended from campus and from any curricular or extracurricular activity during the academic day following the announcement of the disciplinary measure.

- Serious infringement: the third minor infringement committed during a term will be considered as a serious infringement. The disciplinary measure will consist of being suspended from campus and from any curricular or extracurricular activity during five consecutive school days following the announcement of the disciplinary measure. During the period of time I am suspended from campus, I agree to continue my training through the university's online platforms.

- Very serious infringement: any new infringement occurring in the same term, after being disciplined for a serious infringement, will be considered as a very serious infringement. The disciplinary measure will consist of being suspended from campus and from any curricular or extracurricular activity for 30 consecutive school days following the announcement of the disciplinary measure.

Providing false information in the app or manipulating the app in order to gain access to the campus or to the activities organized by IE University when a student is aware that they have tested positive for coronavirus will also be considered as a very serious infringement and will not require reiteration for the relevant disciplinary measures to be imposed. In this case, the program head, depending on the circumstances of the case and the consequences for the rest of the community, may decide on more severe disciplinary measures, which may include being expelled from the program.

I understand that the objective of these disciplinary measures is to reinforce the safety of the people who access the IE University campus in order to protect their health, enable the university to carry out its activities and teach its programs normally.
For all of the above reasons, I understand the importance of behaving appropriately to protect my health and the health of the people around me. I therefore undertake to comply with the above rules and behave responsibly as an IE University student.

**APPENDIX J: Characteristics of thermographic cameras**

The thermographic cameras located at the entrances of IE University have the following characteristics:

- The products have been developed and are manufactured in Germany.
- Based on ONVIF standards, they can be integrated with any ONVIF IP CCTV system on the market. They have been configured in isolation and are not integrated.
- IP66, IK07, PoE Class 3, with built-in PIR sensor, recorder, speaker and microphone. Configured not to record.
- The solution delivers non-invasive, non-contact alerting of access to the facilities by people whose body temperature is within a certain range. The alert is currently set at 37.8ºC.
- The alert can be sent to a mobile device, a desktop app, contact closure for door locking, email, the camera’s inbuilt speaker, etc.
- Access records and videos are stored along with their measurements. The alerts are only notified by the beeps of the camera.
- On-screen temperature information with a +/- 0.1º centigrade actual accuracy range.
- It displays a “normal” image with the thermal zone in the detection range superimposed on it to enable seamless identification of the person. The images are viewed by the security officer on duty in each building.
How should I use the digital thermometer?

The instructions on how to use the digital thermometer are defined by the manufacturer. However, the following tips should be taken into account:

a) Avoid hot drinks, physical exercise and hot showers before taking your temperature.

b) Once you have decided where you are going to take your temperature (underarm, mouth, etc.), the probe (the end of the thermometer that measures the temperature) must be correctly put in place. In the case of the underarm, the probe must be placed vertically in the underarm fold. In the case of the mouth, the probe must be inserted under the tongue and the mouth must be closed firmly.

c) The temperature measurement result will enable us to confirm:

Normal temperature: between 36°C and 37.4°C (96.8°F – 99.3°F)
Low-grade fever: between 37.4°C and 37.8°C (99.3°F – 100°F)
High-grade fever: over 37.8°C (100°F)

d) It is important to remember that body temperature can vary throughout the day. In general, in "susceptible" individuals, it is advisable to take a temperature reading once a day in the morning, around 8 am. In the case of individuals under active monitoring because they have been in contact with a suspected or confirmed case of COVID-19, it is advisable to take their temperature twice a day (at 8 am and 8 pm).