



# Eastern Mediterranean University

## **COVID-19 PANDEMIC GUIDE AND ACTION PLAN**

Eastern Mediterranean University Pandemic Board  
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## 1. PREFACE

The “EMU-COVID-19 Awareness Committee” appointed by the Eastern Mediterranean University (EMU) Rector’s Office before the date when COVID-19 was first declared as a pandemic by the World Health Organization and continuing its campus wide activities until today was restructured as the “EMU Pandemic Board” on 23 August, 2021, in order to meet the new needs emerging in the current period which is called the “new normal” in terms of the pandemic and where the intercontinental epidemic still continues.

According to the Ministry of Health data published in the Official Gazette of the Turkish Republic of Northern Cyprus on 26 August, 2021, between 18.08.2021 and 24.08.2021 (1 week) the total number of cases in 100,000 people was 329.32, the number of local cases was 278.45, the test positivity rate and the rate of intensive care were reported as 1.05% and 0.71%, respectively. This report, in line with the decisions taken by the TRNC Council of Ministers and supreme boards/bodies (necessity to start face-to-face education, etc.) and current conditions (TRNC’s being in the red category in terms of COVID-19 pandemic, etc.), has been prepared with the aim of reaching the optimal education process whilst protecting the students’ and staff’s health at the highest level. Prepared by the EMU Pandemic Board, this guide covers the recommendations regarding the “EMU COVID-19 Pandemic Action Plan” that are proposed to be put into effect at EMU as of October 2021. This report is open to editing or amendment in the light of constantly updated scientific data and will be revised, if deemed necessary. All updates to be made in this report should be shared with all stakeholders following the approval of the University Administration and the relevant committees of the University.

## 2. AIM

The aim of the EMU COVID-19 Pandemic Guide and Action Plan is to ensure the planned implementation of the control measures that need to be implemented in order to ensure the health of all stakeholders serving and receiving services on EMU campuses during the ongoing COVID-19 pandemic. The said document also aims to provide the definition of authorities, duties and responsibilities for the early detection of the COVID-19 related state of emergency within the campus, and thus, the creation of the action plan necessary for a sustainable and effective educational process by minimizing the risk of spreading COVID-19 within the campus.

## 3. SCOPE

This plan covers the students registered at EMU, the academic and administrative staff serving at the University, supplier companies, all those within the borders of the EMU campuses for visiting purposes as well as the buildings, facilities and the land belonging to EMU.

## 4. RESPONSIBLE INDIVIDUALS/AUTHORITIES

EMU Rector’s Office, EMU Pandemic Board and all staff employed at EMU are responsible for the implementation of this plan.

## 5. LEGAL BASIS

Our university must comply with all COVID-19 measures prescribed by the TRNC Council of Ministers and/or the TRNC Ministry of Health and/or the TRNC Ministry of Health Communicable Diseases Supreme Committee. However, given that the epidemic is dynamic and also shows regional (eg., among universities in the country) and local (eg., programs of the same university) variations, different planning that do not conflict with the decisions of the authorities mentioned above may be required for practices.

## 6. DEFINITIONS

Antisepsis: Inactivation of disease-causing microorganisms on living tissues by using chemical substances. Antiseptic: Chemicals used for antisepsis.

SARS-CoV-2: The virus that can be transmitted from person to person, causing the disease COVID-19. The virus enters the body by droplets and indirect contact. The disease progresses in a spectrum ranging from asymptomatic infection to severe pneumoniae and severe acute respiratory tract infection especially in individuals at risk.

COVID-19: The name given to the new coronavirus disease that develops due to the SARS-CoV-2 virus. COVID-19 was first identified on 13 January, 2020 as a result of research conducted in a group of patients with respiratory symptoms (fever, cough, shortness of breath) in Wuhan Province, China in late December.

Transmission by Droplets: The way of transmission by the inhalation of droplets scattered in the environment during coughing, sneezing and speaking of infected people by sensitive people around.

Disinfection: The process of decontaminating an object or environment from microorganisms at a level that will prevent it from being a source of infection.

Disinfectant: The name given to all of the chemicals recommended to be used in the disinfection process.

Hand Hygiene: Washing hands with soap and water or rubbing them with antiseptics.

Infection: The entry and multiplication of disease causing microbes (bacteria, viruses, parasites, etc.) in the body of the organism.  
Epidemic: The occurrence of an infection or disease more than that expected in a particular region or community at a particular time.

Isolation: Physical measures taken to prevent the transmission of disease causing agents from infected patients to other people.

Quarantine: All precautionary measures taken by means of not contacting people who are suspected of being exposed to a contagious disease but do not show signs of the disease with anyone for the longest incubation period of the disease, health isolation.

Personal Protective Equipment: An equipment designed to protect against communicable diseases.

Pandemic: A global epidemic caused by an infectious disease.

Transmission by Contact: The acquisition of the infectious agent to the body either directly or indirectly by touching the hands to mouth, nose or eyes after they had contacted the contaminated surfaces (door handle, elevator button, etc.).

Cleaning: The process of mechanical removal of dirt and organic substances using water and detergent.

## 7. COVID-19 INFECTION CONTROL MEASURES

### 7.1. Precautions to be Taken about Awareness

- Informative posters approved by the EMU COVID-19 Pandemic Board should be posted at the entrances of all buildings and at places within the building that are visible to students.
- Informative posters about prevention methods should be placed on various locations in the campus including bus stops, cafes and restaurants.
- A guide on COVID-19 prevention methods should be prepared for students, academic and administrative staff.
- Within the scope of orientation, students should be informed through the guide about both the methods of prevention and especially the rules they have to abide by within the campus.
- The student guide to be prepared should be uploaded to the student portal and a written affirmation should be obtained from the students stating that they have read the said guide.
- Information and posters encouraging vaccination should be shared with students and staff both on the portal, on the official website and social media accounts of the University, as well as on boards within the campus.

### 7.2. Measures to be Taken in Areas Pertaining to Education and Research

#### 7.2.1. Air-Conditioning Systems

- Even the best air conditioning systems should not be used unless necessary as they cause air movement by suction and blowing.
- **Natural ventilation** should be preferred to prevent air circulation.
- Air conditioners working with indoor air (such as split air conditioner, FCU, VRF) and those working with mixed air should not be used in common areas during the pandemic period.
- In case of absolute necessity, air conditioning systems operating with 100% external air or systems with HEPA filters can be preferred. However, their use should also be limited.
- Standard filters used in air conditioners cannot filter the virus. However, in order to reduce the number of particles in the environment, the filters should be replaced with new ones when they become dirty.
- Air handling units and the internal equipment should be disinfected frequently. The air handling unit ducts and grilles should be disinfected with liquid disinfectants supplied to the unit suction during the hours when people are not present. Disinfection can also be done by circulating conditioned hot water in the heater coils increasing the central cell to 60 °C for one hour while the fan is stationary.
- During the cleaning of air conditioners, the staff in charge should use masks, gloves and shields.
- Fans should not be used as they will cause air movement.

#### 7.2.2. Classrooms and Study Halls

- There should be hand sanitizers at the entrance and hand hygiene should be provided at each entrance/exit.
- Classrooms should be pre-arranged with 1 student per 5 square meters, at most. The sparsed capacity of the class (1 student per 5 square meters) should be marked at the entrance of the class.
- Classes should be held with as few people as possible.
- The seating arrangement should be arranged so that the physical distance is at least 2 meters. For this purpose, necessary markings should be made on the seats as one empty and one full. If portable chairs are used, there should be as many chairs as the prescribed student capacity in the classroom and the seating plan should be arranged to be at least 2 meters apart. In order to prevent the chairs from being moved, the spots where the chairs are expected to be located should be marked on the floor (In classes where high-risk activities that cause high amount of droplet formation such as choir work and singing take place, physical distance should be 2

- meters. Class capacity should be adjusted so as to have one student per 6 square meters).
- All student chairs should be facing the front part of the class.
  - Students should not be allowed to carry chairs and desks in the room.
  - Common use of educational materials (notebook, book, pencil, eraser, etc.) during the class should not be allowed.
  - Students and instructors must wear masks properly throughout the lesson.
  - Prior to the start of each class, short presentations on methods for COVID-19 prevention, to be prepared by the EMU Pandemic Board, should be screened.
  - If there are central ventilation systems, these systems should be adjusted to provide completely natural air circulation. Otherwise, classrooms should be ventilated with external air by keeping windows and doors open. Air conditioners and/or ventilators should not be used.
  - At the end of the class, students should be warned to vacate the classroom by maintaining social distance (first the front seats, then the back seats, respectively).
  - Classrooms should be cleaned with 1:100 bleach or a suitable disinfectant before each lesson. For this purpose, the course schedule should be adjusted to allow time for disinfection before the shift of the members in the classrooms.

### **7.2.3. Meeting and Conference Halls**

- The capacity should be adjusted to a maximum of 1 person per 5 square meters and the number of people allowed should be posted on the door.
- Seating arrangement should be planned so as to maintain minimum 2 meters of physical distance.
- Hand sanitizers should be available at the entrance of the hall.
- Participation in meetings should be limited to the minimum number of people. Meetings with a large number of participants (especially if physical distance and maximum capacity conditions of the hall are insufficient) should be held online.
- If there are central air-conditioning systems, these systems should be adjusted to provide completely natural air circulation. Otherwise, the room should be ventilated with natural air by keeping the doors and windows open.
- All participants must wear masks properly during the meeting.
- The date, time and people attending the meeting should be recorded.
- Refreshments should not be served at the meetings.

### **7.2.4. Laboratories**

- The capacity should be adjusted to a maximum of 1 person per 5 square meters and the capacity number should be posted on the door.
- Seating arrangement should be planned so as the physical distance to be at least 2 meters.
- There should be hand sanitizers at the entrance of the halls. Students should be warned to ensure hand hygiene both at the entrance and the exit.
- The use of washbasins and sinks for personal hygiene should not be allowed. For this purpose, students should be directed to the hand hygiene station at the entrance.
- Informative posters should be placed at the entrance or inside the laboratory that are visible to students
- Everyone should wear a mask properly during laboratory practice. In cases where close contact between instructor-student or student-student is inevitable, participants should be adjusted so that the physical distance is 2 meters and/or all participants should use face/eye shield in addition to the mask.
- Common use of devices/equipment by different individuals should be prevented as much as possible. However, in inevitable situations, the devices should be properly disinfected after each use. For this purpose, an appropriate disinfectant should be available in the laboratory.

### **7.2.5. Library**

- Everyone in the library should wear masks properly.
- Students should be directed to the online facilities offered by the library as much as possible.
- The capacity should be adjusted to a maximum of 1 person per 5 square meters and the capacity information should be posted on the door.
- Seating arrangement should be planned so as the physical distance to be at least 2 meters.
- Windows and doors should be opened for natural air ventilation. The use of air conditioners and fans should be avoided.
- Hand sanitizers should be available at the entrance and especially in sections where books/magazines are available.
- Hand sanitizers should be used before and after using the books. Posters that increase students' awareness on

this issue should be posted.

#### **7.2.6. Guesthouse and Dormitories**

- If there are central air-conditioning systems, such systems should be adjusted to provide completely natural air circulation. Otherwise, the rooms will be ventilated with natural air by leaving the windows open.
- Beds should be adjusted so that the physical distance is at least 2 meters. For those who sleep in beds next to each other and on the top and bottom of the same bunkbed, arrangements should be made in the form of one person's head and the other's feet.
- Hand hygiene stations should be established in accessible areas within the dormitory.
- Disinfection of frequently touched surfaces (such as door handles) should be done at least 3 times a day with 1:100 diluted bleach or a suitable disinfectant.
- Toilet and bathroom facilities should be provided according to the number of students.
- Liquid soap (with photocell if possible) should be used in toilets rather than solid soap.
- Necessary arrangements should be made so as the physical distance to be at least 2 meters in toilet use (eg, marking urinals that do not comply with the physical distance in men's restrooms as "non-operational").
- Hand drying devices other than those working with hepafilter airflow should not be used in the toilets.
- Toilets should be disinfected with 1:10 diluted bleach or a suitable disinfectant.
- No external visitors are allowed in the dormitories.
- Students should wear masks and observe social distance in common areas.
- Hand sanitizers should be available in common kitchens. The table layout should be adjusted to be at least 2 meters apart.
- Posters related to COVID-19 control measures should be posted at dormitory entrances and areas in the dormitory that are visible to students.

#### **7.2.7. Buffets/Canteens/Cafes/Restaurants**

- Hygiene rules recommended by the Cyprus Turkish Restaurateurs Association must be adhered to.
- The table layout should be adjusted so that a physical distance of at least 2 meters is maintained.
- Customers should be directed to sit outdoors as much as possible.
- Closed areas should be ventilated frequently. The use of air conditioners and fans should be avoided.
- Customers should have easy access to hand sanitizers.
- Excluding eating and drinking, customers should wear masks. Employees should wear masks at all times. The physical distance between the employee and the customer should be at least 2 meters.
- Salt, pepper and similar food items should be provided in single-use packages. Forks, spoons and knives should be presented in paper packages.
- Water dispensers and vending machines must be contactless.
- Contactless payment methods should be preferred as much as possible.
- On-campus buffets, canteens, cafes and restaurants should be regularly checked by the EMU Canteens and Cafeterias Unit.

#### **7.2.8. Technical Units/Workplaces**

- Capacity limitation is 1 person per 5 square meters. The seating arrangement should be adjusted so as the physical distance to be at least 2 meters between individuals.
- Equipment should be adjusted so as to be used by one person whenever possible. Where such adjustment is not possible, the equipment should be disinfected with 1:100 diluted bleach or 70% alcohol before being used by the others.
- Disinfection of frequently touched surfaces (door handles, equipment surfaces, telephone, etc.) will be carried out frequently, at least 3 times a day.
- Both the disinfectants required for equipment disinfection and the antiseptics needed for hand hygiene should be localized in such a way that the personnel in the relevant unit may access them.
- Posters related to the ways of COVID-19 transmission and measures for infection prevention should be posted.

#### **7.2.9. Student/Staff Services/Educational Services Involving Transportation**

- Markings should be made on the seats to create a cross seating arrangement.
- The driver's seat should be separated from the passengers with suitable materials.
- Both the driver and passengers must wear masks properly during the entire journey.
- Air conditioners should not be operated as much as possible and natural air circulation should be provided by opening the windows. In cases where it is necessary to operate the air conditioner, re-circulation should never be used.
- Posters about hand hygiene should be posted at the stops where the buses stop and depart.

- Passengers should be warned to observe a physical distance of at least 2 meters when getting on or off the bus.
- At the end of the bus service, frequently touched surfaces (such as door handles, armrests, handles, window opening and the bus-stop buttons) should be disinfected with bleach (1:100 diluted) or a suitable disinfectant before new passengers are admitted.

### **7.2.10. Utilities, Hardware, Equipment**

- Equipment should be used by as few people as possible.
- Equipment used by more than one person should be disinfected before and after each use.
- If the equipment is in a closed space, the area should be ventilated with natural air.

### **7.2.11. Indoor Sports Halls**

- As activities performed in indoor sports halls increase the output of respiratory droplets, such activities are considered as high-risk activities. Therefore, the capacity of these areas should be arranged as to be 1 person per at least 6 square meters and the placement of the equipment should be adjusted so that a physical distance of at least 2 meters is maintained.
- Posters prepared by the EMU Pandemic Board regarding the rules to be followed in the hall and COVID-19 protective measures should be posted at the entrance of the hall.
- Limited number of people should be served.
- Individuals falling within the COVID-19 risk group defined by the TRNC Ministry of Health should be advised not to go to the sports halls.
- The indoor sports hall should work with an appointment system or the entrance and exit times of those entering the gym should be recorded.
- Masks must be worn in the gym. High-intensity activities that cannot be done with a mask should be avoided as much as possible; if not, care should be paid to maintain a physical distance of 2 meters.
- Team sports and sports that require close contact such as boxing, wrestling etc. should be avoided.
- Hand sanitizers should be available at the entrance of the hall and also inside (especially to be used in case of contact with frequently-touched surfaces). In addition, participants should be warned to bring their own hand sanitizer with them when they come to the hall.
- The hall should often be ventilated with external air. Frequently touched surfaces should be disinfected.
- The parts of equipment such as bicycles that come into contact with the hand and body should be disinfected after each use. Informative posters regarding this should be posted in the gym.
- Shared use of items such as towels should be avoided. Individuals should be warned to bring their own personal items.

### **7.2.12. Pitch Turf /Outdoor Sports Activities**

- The number of people should be arranged so as to have 1 person per 6 square meters.
- Physical distance should be minimum 2 meters.
- The entrance and exit times of the users should be recorded.
- Temperature measurement should be done at the entrance and those with a temperature higher than 38 °C should not be admitted to the facility.
- Shower and changing rooms should not be used. In unavoidable situations, changing rooms should be used with a consideration of the 2 meter social distance rule and through the proper use of masks.
- People in the risk group should be advised not to go to the pitch turf.
- There should be a hand hygiene station at the entrance. In addition, hand sanitizers should be available in the pitch turf facility to ensure hand hygiene especially after contact with frequently touched surfaces.
- Masks should be worn at all times, except during training and matches.
- Posters on the rules to be followed and also on COVID-19 protective measures should be posted at the entrance and also in places of common use such as toilets.
- Frequently used areas and items (balls, etc.) should be cleaned regularly and more frequently. In cleaning, 1:100 diluted bleach (1:10 diluted for toilets), 70% alcohol or a suitable disinfectant should be used according to the appropriateness of the material.
- Floor and surface cleaning should be carried out with damp wiping and mopping. Dust-raising cleaning methods should be avoided.

### **7.2.13. Open Areas**

- If there are other people in the environment, a mask should be worn.
- A physical distance of 2 meters must be maintained.
- There should be hand hygiene stations at the entrance of areas such as parks to ensure hand hygiene.

- Measures should be taken to reduce queues at entrances and to maintain physical distance (e.g. floor signs).

#### **7.2.14. Toilets and Lavatories**

- Liquid soap, paper towels and toilet paper should be available at all times.
- Hand dryers (except those with hepafilter) should not be used.
- The use of urinals in men's restrooms should be adjusted to maintain physical distance.
- The lid of the European-style toilet should be closed before flushing.
- Toilets, closets and urinals should be disinfected with diluted 1/10 bleach. Sinks, faucets and taps, and door handles should be disinfected with 1/100 bleach.
- Times of toilet cleaning should be recorded in a posted list that can be seen by users.
- Cleaning personnel should use masks, gloves and shields.
- Windows in toilets should be kept open.
- Disinfection of frequently touched surfaces (such as door handles) should be done more frequently.
- To dispose of toilet paper and paper towels, there should be pedaled and closed bins.
- Informative posters pertaining to hand hygiene in visible places (especially near sinks) in toilets should be made available.

#### **7.2.15. Lifts**

- Lifts should not be used, unless absolutely necessary. A warning poster regarding this should be posted at the entrance of the lift.
- There should be a warning sign about how many people at most can use the lift at the same time, which is 1/3 of its normal capacity.
- In lifts that can be used by more than one person (provided that it does not exceed 1/3 of the capacity), the areas where people will stand must be marked to comply with the physical distance of 2 meters.
- In case of more than one person, individuals should stand back to back.
- After contact with frequently touched areas such as keys, doors, etc., hand hygiene should be provided with antiseptics.
- Masks should be worn properly in the lift.

#### **7.2.16. Waiting Rooms/Corridors**

- Entrance and exit doors should be separated and one-way signs should be placed on the ground indicating the direction of travel.
- Masks should be worn in waiting rooms.
- Items such as books/magazines/brochures that will increase indirect contact should not be available in the room.
- In order to maintain a physical distance of 2 meters, the places where people are expected to stand should be marked.

#### **7.2.17. Entrance to the Campus**

Entrance to the campus will be available from 4 points;

- Entry from the side of Nicosia Road Sabancı Dormitory
- Salamis Road main entrance
- Salamis Road entrance next to the church
- South Campus entrance

Temperature should be measured at all entrance points and people with a temperature higher than 38 °C will not be allowed in the campus.

#### **7.2.18. Entrance and Exit to the Buildings**

- Entrance and exit doors should be opened in a way that does not cause crowding in buildings.
- Arrangements should be made so as the physical distance be at least 2 meters at the entrances of buildings (eg., student affairs) where a queue occurs. In such a case, floor signs indicating the places where people should stand should be used.
- Entries and exits should be through different doors and relevant floor signs should be made available for this purpose.
- Posters with information on methods of prevention prepared by the EMU COVID-19 Pandemic Board should be posted at the building entrances.
- Work areas such as information desks or Registrar's Office where staff members need to contact students or visitors less than two meters should be separated with suitable materials or such staff should use a shield in addition to the mask.



### **7.2.19. Personnel Offices**

- The capacity should be set to 1 staff per 5 square meters and the maximum capacity should be marked at the entrance of the room.
- The seating arrangement should be adjusted to provide a physical distance of at least 2 meters.
- Personnel with complaints of fever, cough, runny nose and shortness of breath should not come to workplace. They should be directed to the nearest health institution to take a COVID-19 test.
- Masks should be worn when there is more than one person in the offices.
- There should not be more than one person in the room whilst eating or drinking.
- Before starting the day, offices should be disinfected with 1:100 bleach, 70% alcohol or a suitable disinfectant, and frequently touched surfaces (such as door handles, telephone handset, desk surfaces and computer keyboards) should be disinfected frequently during the day.
- Rooms should be ventilated with natural air through windows.
- Air conditioners and fans should not be used.

### **7.2.20. Break Rooms**

- The capacity should be adjusted as 1 personnel per 5 square meters.
- The seating arrangement should be adjusted so that a physical distance of 2 meters is maintained.
- Shared water dispensers should be contactless.
- Masks should be worn except for eating and drinking.
- People should not talk while eating and drinking.

### **7.2.21. Contractors, External Service Providers and Suppliers**

- Contractors, external service providers and suppliers should follow safe working systems. They are also obliged to comply with the organization's practices and national authority rules to prevent the spread of COVID-19. Suppliers should be informed about the rules to be followed and their compliance should be monitored.

### **7.2.22. Disinfection of Areas Where COVID-19 Positive Cases Have Been Detected**

- Measures should be taken to prevent entry to the office/classroom where a positive case has been detected.
- The room should be ventilated for 24 hours through opening the windows.
- After 24 hours, all surfaces should be disinfected with 1/100 diluted bleach or 70% alcohol or surface disinfectants that are effective against viruses.
- Textile products should be washed with normal detergents at minimum 60 °C.
- Cleaning staff should wear surgical masks, shields, disposable gloves and long-sleeved disposable gowns.
- After the cleaning process has been completed, the personal protective equipment should properly be removed; disposable ones (aprons, masks, gloves) should be thrown into the pedal bin in double bags. Reusable materials such as glasses/face shields should be disinfected by wiping with 70% alcohol.

## **8. PERSONAL PROTECTIVE EQUIPMENT**

In COVID-19 infection, transmission occurs through droplets and contact. Universities are classified among medium-risk environments in terms of the spread of COVID 19 because they are environments where people from different communities and regions are present and where they spend a long time in a closed environment. Every individual within the university carries the risk of both getting infected and transmitting the disease. Therefore, each individual must comply with personal protective measures against the risk of transmission. In order to avoid COVID-19, it is necessary to pay attention to the use of personal protective equipment (mask, eye/face shields, etc.) as well as hand hygiene and distance between individuals.

### **8.1. Masks**

The mask that is a personal equipment is efficient in the prevention of COVID-19 disease. People should only use their own masks. In order to prevent the risk of transmission in the community, it is recommended to use disposable surgical masks or reusable cloth masks. Everyone can wear a mask, except children under the age of 2, those who do heavy physical activity and those who are prohibited from wearing masks by the doctor.

#### **8.1.1. Types and the Use of Masks**

The use of surgical (medical) masks is recommended for protection against COVID-19 in the community. Due to the priority given to the use of medical face masks by healthcare workers, there are studies indicating that non-medical face masks made of various textile materials can also be used in the community as a personal protective equipment. The Turkish Standards Institute has determined the criteria for "Textile Reusable Protective Face Masks-Non-Medical" (TSE K599/May 2020).

Surgical masks are disposable. If they are washed, the protective fiber structure is deteriorated. On the other hand,

masks made of cloth should be washed regularly at minimum 60 °C. After washing the mask, it should be allowed to dry, and be ironed hot and dry prior to the use. The reusability of fabric masks is limited to 30-50 times depending on the nature of the fabric.

Masks with high protection features such as N95 (FFP2) or N99 (FFP3) are generally used by doctors. Since these masks are not designed for long-term use in daily life, they may cause deterioration in respiratory comfort when used daily. Especially people with chronic lung and heart diseases cannot breathe easily with these masks. N95 type masks with a valve that expel air puts the people around at risk, since they give the breath of the wearer directly to the outside. For these reasons, it is not recommended to use such masks in public.

#### **8.1.1.1. Proper Use of Masks**

- Because the mask will not have protective properties if used improperly and also may be a source of disease, it is very important to use the mask properly.
- Before touching the mask, hands should be washed with soap and water or a hand sanitizer should be used.
- Before putting on the mask, it should be checked for holes.
- While wearing the mask, it should be held by the ropes and care should be paid not to touch the inner/outer surface.
- The mask should be placed on the face covering the mouth and chin, with the metal strip facing up.
- For proper mask use, the mask must fully cover the nose, mouth and chin, and fully touch the sides of the face.
- Leaving the mask out under the nose or chin, removing it and leaving it on the table, and then putting it back on increases the risk of transmission of infectious agent.
- The mask should be removed after use through the elastic loops behind the ears, kept away from the face and clothing, and immediately disposed of in a pedal bin.
- After touching the mask, hands should be washed with soap and water or rubbed with an alcohol-based anti-septic.
- Masks lose their protective properties as they get damp in situations such as long/loud talking, hot weather and physical activity. The mask should be changed when it becomes damp and dirty and is used for a long time.

### **8.2. Eye/Face Shield**

In COVID-19 disease, the droplet emitted from the sick person can spread to the eye mucosa of the person opposite and lead to the transmission of the infection. Such a type of transmission may occur in environments where air conditioners are used directly and close contact with a coughing or sneezing person with high volume of voice (such as choral work) occurs. For this reason, those who have close contact with many different people during the day (such as security officers, staff at information desks, student affairs personnel), and those who need to work face-to-face with others for more than 15 minutes in a closed environment (laboratory, etc.) and cannot maintain a physical distance of 2 meters, are recommended to use goggles or face shields in addition to the mask. A shield is not recommended as a replacement for a mask. The shield should be suitable for the shape of the face, covering the sides of the face and extending under the chin.

Before use, the mask should be put on first and then goggles/face shield. When removing, goggles/face shield should be removed first and the mask last. The outer surface of goggles or face shield should be considered dirty. For this reason, goggles or face shields should be removed by lifting the headband behind the head without touching the front. Proper hand hygiene should be provided each time after putting on and taking off the personal protective equipment. Hands should be washed with soap and water for at least 20 seconds or hand hygiene should be provided with hand sanitizer. The face shield and goggles can be reused through wiping with soapy water or 70% alcohol at the end of the period of use or when dirty.

### **8.3. Gloves**

The necessity of using gloves is related to the work that is done. If the work does not require the use of gloves, gloves should not be used for protection against COVID-19.

Employees at our university canteens, cafeterias and similar venues should use disposable gloves in food preparation and presentation. Similarly, gloves should be used whilst collecting garbage, used masks and food wastes.

When using gloves, it should not be forgotten that the glove does not replace hand hygiene. The gloves should be considered dirty after use, and the face, mouth and nose should not be touched with gloves. Torn or extremely dirty gloves should be replaced. After removing the gloves, hands should be washed with soap and water for at least 20 seconds or rubbed with a suitable hand sanitizer.

### **8.4. Staff Workwear**

Some staff working in the university (cleaners, those who prepare food, security, etc.) may need to use special work clothes depending on their job. Workwear should be tailored to the person and staff should not walk around in common areas or go home with these clothes. These clothes should be changed in a special room on the way to and from work.

When the personnel's work clothes are taken off, they should be stored in a bag by placing them in a way that does not allow dust and particles to form after they have been folded without whisking and shaking. Before putting on and taking off work clothes, hands should be washed with soap and water for at least 20 seconds or a suitable hand sanitizer should be applied. Work clothes should be washed in the washing machine at the appropriate temperature with appropriate detergent when necessary.

## **9. MANAGEMENT OF PANDEMIC/CASES AND ACTION PLAN**

### **9.1. Presentation**

In this section, information on the procedures to be applied in states of emergency which may occur in relation to the COVID-19 pandemic at our University and action plans to be realized in an event of emergency are explained. Academic staff, administrative staff, students, visitors, contractors and other individuals are obliged to abide by the rules approved by the University administration and are subject to apply the measures fully and appropriately. All personnel must take the precautions specified in the plan in the areas under their responsibility. This plan consists of information on the measures and precautions to be taken in our University campus regarding the COVID-19 pandemic during the 2021-2022 academic year (changes might be suggested in an event of a change in the process).

As the Pandemic Board, our priority is to protect the health of our students and staff as much as possible during education. Moreover, in line with the decisions taken by the TRNC Council of Ministers and the Communicable Diseases Supreme Committee (eg., the decision to start face-to-face education, etc.) and within the current conditions (e.g. the TRNC being in the red category in terms of the COVID-19 pandemic, etc), one should bear in mind that the plan has been prepared with the aim of reaching the most ideal education process in terms of health by providing highest level of health protection for both staff members and the students. Considering the recent increase in the number of cases in TRNC and the categorization of our country as "Red" category according to the TRNC Ministry of Health, each individual besides the institution is obliged to take maximum protective measures.

### **9.2. Forming Strategy for the Pandemic Process and Establishment of the "Pandemic Coordinator's Office" Unit in the University**

EMU has actively followed the COVID-19 pandemic process since the first months of the outbreak, completing the preparations and acting as a guide during the transition process to online education following the detection of the first case in our country and the decision of the TRNC Council of Ministers' on "interruption of education in universities". Process management in our university was conducted by the "COVID-19 Awareness Committee" that was established at the beginning of the pandemic.

The Action Plan proposed in hereby report has been prepared to guide the institution in the fight against the COVID-19 pandemic, which has affected our country and the world, during the "new normal" process at the beginning of the 2021-22 academic year after the lockdown period. Additional action might be required depending on the general, local and emergency needs. In this context, the vision mentioned in the presentation is suggested to be detailed by the Eastern Mediterranean University Rector's Office with a strategy recommendation (Proposal 1: P1).

In addition, a "Pandemic Coordinator's Office" should be established under the roof of the EMU Health Center in order to coordinate the daily developments within the university (in consultation with the Pandemic Board and the Rector's Office) during the process where face-to-face education is planned (Action Plan 1: AP1). The Pandemic Coordinator's Office should work as a central unit where students and staff can reach and consult in case of probable/confirmed cases, be informed about the processes to be done and the rules to be followed within the scope of this guide, and are directed to the relevant Health Institutions when necessary. For instance, a student who suspects that s/he has been in contact with someone who is diagnosed with COVID-19 should contact this unit regarding the institution(s) s/he can do a test or what s/he should do, or the instructor should inform this unit in case of a confirmed or probable case in a class. Such a communication network, which will be established by announcing the contact information of the Pandemic Coordinator's Office to all staff members and students, will ensure that daily developments are resolved with a central and easy algorithm that will prevent confusion which may arise at the University during an emergency state. Similarly, since vaccinations are done and the samples of PCR tests are taken at the EMU Health Center, a faculty member who wants to direct an unvaccinated and untested student for vaccination and testing should be able to direct the student by consulting this unit. The unit, which will be created with a centralized approach, will facilitate the management of the pandemic in our university which hosts more than 15,000 individuals.



**Figure 1.** Diagram summarizing various roles of the proposed Pandemic Coordinator's Office.

### 9.3. Pandemic Management

#### 9.3.1. Identification of Susceptible Persons to Take Necessary Precautions and Encouraging Vaccination of Those on Campus

In the context of COVID-19, the entire society is considered to be susceptible to the disease. However, some people are more susceptible to the disease than the others. Healthcare workers are the most risky occupational group in terms of exposure to the virus. Men, people over the age of 50, people with comorbidities (hypertension, heart disease, diabetes, malignancy, COPD, kidney disease, etc.), seasonal agricultural workers, people living in care and rehabilitation centers, schools, barracks, prison and detention houses and immigrant camps are sensitive groups. It is necessary to identify vulnerable individuals (students, staff members) who fall into the risk group class specified by the Communicable Diseases Supreme Committee and to evaluate their status in line with the TRNC Ministry of Health report (AP2). Personal protective equipment for sensitive individuals is as important as other individuals in terms of protection in daily life. Therefore, access to the personal protective equipment described in the previous sections, especially for sensitive students and staff on campus, should be ensured. The proper use of these equipment should be inspected and its sustainability should be ensured (AP3).

Vaccination is currently the most effective method of protection against the disease in the long term. Unvaccinated individuals are more susceptible to the disease and more effective in spreading the disease than vaccinated individuals. Within the context, vaccinated and unvaccinated individuals in the university should be identified and unvaccinated individuals should be encouraged to get vaccinated by providing the access to the vaccine (AP4). In order to ensure the reliability of the identification of vaccinated individuals, our board attaches importance to the integration of the AdaPass system, which was started to be implemented as a pilot in the workplaces in Nicosia in the TRNC, to the university or to obtain legal advice for the establishment of a separate QR code-based system.

### 9.3.2. Vaccination and Screening Strategy

Nowadays, vaccination and infection screening practices are carried out by international authorities using different strategies via taking the country and geographical dynamics into account. At this point, it is recommended to consider the regional epidemic situation and other factors while determining these strategies, and to develop population-specific strategies. It is of great importance that the vaccine, which is currently a means of the most effective prevention method, reaches all individuals. Anti-vaccination attitudes are the biggest obstacle all over the world at the moment, especially among young people. Therefore, awareness-raising and informative applications should be implemented to prevent anti-vaccination attitudes. These applications should be classified as passive applications such as posters, information boards and active applications such as one-on-one trainings/communications.

In addition to vaccination promotion activities, the access to the vaccines for individuals who want to be vaccinated should also be provided by the University administration. In this context, inclusion in the vaccine supply chain, vaccine supply, vaccine storage and vaccination organizations should be planned in advance in consultation with the TRNC Ministry of Health (AP6).

In addition to increasing personal control measures and vaccination, another important application in the prevention of the disease is to monitor the status of individuals in a certain population with screening tests. In this context, antigen and PCR tests are carried out. In our country, the organization of the tests is carried out by the TRNC Ministry of Health, Communicable Diseases Health Supreme committee. It has been observed that these strategies can constantly change according to the situation of the country. The decisions taken by the Communicable Diseases Health Supreme Committee regarding COVID-19 screening are legally binding and must be followed. In this regard, our committee recommends that randomized screening tests for higher education be carried out in a way to cover all individuals, as recommended by CDC (Centers for Disease Control, USA), to compile demographic, vaccination and infection-related data, and to consult with the Health Supreme committee on this issue (P2). Moreover, vaccination status is important in determining the test strategy. Infections occur in a relatively minor proportion of fully vaccinated persons, even with the Delta variant. However, preliminary evidence suggests that people infected with the Delta variant who are fully vaccinated can transmit the virus to others. To reduce the risk of being infected with the Delta variant and potentially spreading it to others: Our committee recommends that fully vaccinated individuals also comply with all preventive measures and participate in large random screenings (P3). The guidebook for Higher Education Institutions published by the CDC suggests giving precedence to unvaccinated individuals during the screening. In this context, since it is mandatory to comply with the TRNC Ministry of Health, Health Supreme committee decisions; taking into consideration that going to university was categorized as a medium risk activity in the "Roadmap to be followed against the Pandemic" table of the Health Supreme committee of the TRNC Ministry of Health as of 29.08.2021, preparation date of hereby report, and the TRNC also being classified under the red code; it is recommended to request a test (PCR or test based on antigen detection) in every 3 days from unvaccinated individuals who go to university. This decision is deemed appropriate by our Committee and; vaccinated individuals are recommended to be screened in consultation with the TRNC Ministry of Health in accordance with the regional testing capacity (AP7). Considering that PCR tests are more sensitive, both vaccinated and unvaccinated individuals who show symptoms related to COVID-19 or have a history of suspected contact should have access to PCR testing (AP8). The QR code based system proposed in AP4 can also be used for loading PCR/antigen tests.

Another important point is to be aware of the rate of protection provided by vaccines. Currently, most of the EMU staff have been vaccinated. However, it is observed that most of the personnel have been vaccinated with 2nd line (Janssen, AstraZeneca etc.) or 3rd line (Sinovac etc.) vaccines which are considered to be relatively less protective. First-line mRNA vaccines with the highest level of protection are seen as the least used vaccine group in our community. This situation reveals that the frequency of infection may increase in vaccinated individuals and that the vaccination strategy should be reviewed in case of emergence of possible different variants in the future. Adding more, since the studies investigating the time-dependent protection of vaccines do not yet provide sufficient data, it should be taken into account that booster doses may be required for vaccinated individuals during the Academic Year. In such a case, vaccine supply and capacity of vaccination should be planned for students and staff to provide a booster dose.

### 9.4. Case Management

It is important to identify the contacts and close contacts of people who have been diagnosed with COVID-19, as there is a risk of transmission starting from the 2 days prior to the beginning of the signs of the disease and lasting for 10-12 days as the symptoms continue. In this context, it is important for individuals to inform the institution by categorizing themselves when necessary, as well as for the institution to monitor the individuals. Therefore, individuals need to be aware of case definitions.

The case definitions for COVID-19 cases have changed several times. It should be kept in mind that the case manage-

ment may be updated by the Ministry of Health and international authorities. Staff members and students should apply to the Pandemic Coordinator's Office in the event of probable case or suspicion of infection (AP9). In case of being directed to the nearest health unit by the Pandemic Coordinator's Office, the people who are referred and accompanying persons, if any, must take all the personal protective measures.

Contact and case definitions related to case management are defined and updated by local health authorities. It is important for people to know the contact and case definitions in terms of awareness. However, case management (case definition, contact tracing, filiation, etc.) is organized only by the Communicable Diseases Supreme Committee. Universities' direct involvement in this process (such as contact tracing) is neither possible nor legal in terms of public health. Since the current definitions and tracing algorithm published by the TRNC Ministry of Health were not accessible during the preparation of this report, case and contact definitions were obtained from the Ministry of Health of the Republic of Turkey in order to raise awareness of these definitions and case follow-up among our employees. In case of being updated by the TRNC Ministry of Health, the definitions and case follow-up algorithm given below will be renewed.

#### **9.4.1. Case and Contact Definitions**

##### **PROBABLE CASE:**

- At least one of the signs and symptoms of fever, cough, shortness of breath, sore throat, headache, muscle aches, loss of taste and smell or, diarrhea AND
- The absence of any alternative diagnosis that fully explains the clinical presentation AND
- Individual or his/her close contact having a history of being in a high-risk area for the disease 14 days prior the onset of symptoms

##### **OR:**

- At least one of the signs and symptoms of fever, cough, shortness of breath, sore throat, headache, muscle aches, loss of taste and smell or diarrhea AND
- Being a close contact of an individual who is diagnosed with COVID-19 14 days prior the onset of symptoms

##### **OR:**

- At least one of the signs and symptoms of fever and severe acute respiratory tract infection (cough and respiratory distress), AND
- Necessity to be hospitalized (SARI)\* AND
- The absence of alternative diagnosis that fully explains the clinical presentation

\* SARI (Severe Acute Respiratory Infections) - The necessity of hospitalization of a patient with acute respiratory tract infection that developed in the last 14 days due to fever, cough and dyspnea, tachypnea, hypoxemia, hypotension, diffuse radiological findings on chest imaging, and altered consciousness,

##### **OR:**

- At least two of the signs and symptoms of fever, cough, shortness of breath, sore throat, headache, muscle aches, loss of taste and smell, or a diarrhea, in the absence of any alternative diagnosis that fully explains the clinical presentation

##### **CONFIRMED CASE:**

Among the cases that fit the probable case definition, those in which SARS-CoV-2 was detected by molecular methods.

##### **CLOSE CONTACT:**

- Individuals who stay in the same closed environment with a COVID-19 patient, such as a classroom or laboratory, for less than 1 meter and for 15 minutes or longer,
- Individuals who provide direct care to a confirmed or probable case of COVID-19 without taking preventive measures for droplet transmission,
- Individuals who work with healthcare workers infected with COVID-19 or those who are exposed to risk of transmission by visiting patients infected with COVID-19,
- Individuals who share a home or care for pre-school and school children with a COVID-19 patient,
- Individuals who share a dormitory or hotel room with a COVID-19 patient,
- Individuals who come in contact with the secretions (saliva, sputum, etc.) of a COVID-19 patient without any preventive measure,
- Passengers traveling on the same plane with a COVID-19 patient sitting in two front, two back and side seats,
- Individuals who live in the same room in a house/dormitory with a COVID-19 patient,
- Individuals who work in the same office with a COVID-19 patient

##### **CONTACT**

- Individuals who have been in the same indoor environment (classroom, hospital or other institutions' waiting rooms, transportation vehicles such as shuttle, bus etc.) with the COVID-19 patient, but have been away from 1 meter or for less than 15 minutes,
- Individuals who have been face-to-face with a COVID-19 patient at a distance of less than 1 meter for less than 15 minutes,

- Individuals who have been in the same indoor environment with a COVID-19 patient for more than 15 minutes wearing a mask.

Distinction of contact, close contact or non-contact will be made by the TRNC Ministry of Health filiation team and individuals will be guided by the Ministry of Health. If requested by the Supreme Committee, the University should consult with the Ministry of Health to identify contacts/close contacts (P4).

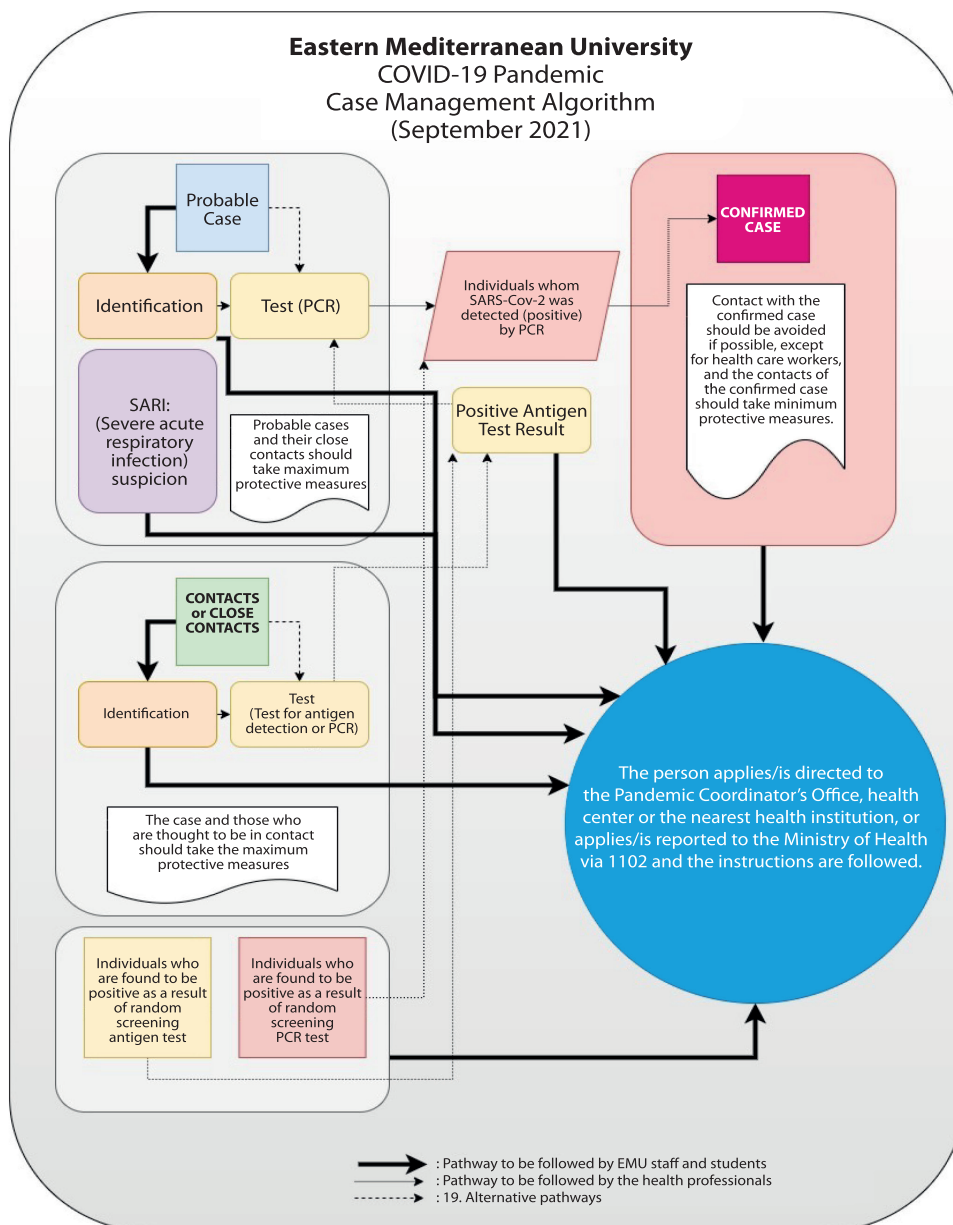
### 9.4.2. Contact Tracing, Probable and Confirmed Case Follow-Up

In the event that an individual within the university complies with the definition of a probable case and/or confirmed case, Pandemic Coordinator's Office should be informed after ensuring that the individual stays away from other people by taking protective measures. With the guidance of the Coordinator's Office, the person should be directed to the nearest health institution.

In accordance with the TRNC Communicable Diseases Law, every patient who meets the COVID-19 Probable Case Definition should be notified immediately to the TRNC Ministry of Health via the Notification Form or by phone (1102), and should be referred to the Health Center or the nearest Fever and Cough Outpatient Clinic for diagnosis, treatment and follow-up of COVID-19. In our university, such steps and procedures should be organized by the Pandemic Coordinator's Office.

When returning to the institution after the quarantine/isolation recommended by the Ministry of Health, it should be ensured that the period recommended by the Ministry of Health has come to an end.

**Figure 2.** Diagram Summarizing the Case Management Plan of Eastern Mediterranean University\*



\* In cases where a decision cannot be made, the Pandemic Coordinator's Office should be consulted.

## **9.5. Outbreak Control Measures and Disinfection Action Plan**

During the fight against the pandemic, the proper application of good hygiene practices is emphasized to be the basic means of preventing the transmission of the virus. Inadequate hygiene practices or lack of preparedness for the state of emergency will cause the risks to become widespread and magnified. Measures to be taken regarding good hygiene practices in the fight against COVID-19 in EMU and workplaces within EMU are explained in detail in the “COVID-19 INFECTION CONTROL MEASURES” section of this report. Therefore, the infection control measures in the relevant section of the report should be applied to the maximum (AP10).

In this context, especially disinfection processes are important in controlling the spread of the virus. In order for the disinfection processes to be implemented in a planned, regular and disciplined way, it is necessary to provide and train sufficient personnel in consultation with the Cleaning Affairs Department (AP11). It should be ensured that the Cleaning Affairs Branch Supervisor works in communication with the administrative officers of the faculties and other administrative units (AP12).

### **9.5.1. Inspection of the Control Measures**

Determining, supplying, stocking and distributing the materials (personal protective equipment, hand sanitizers, posters, warning landmarks, etc.) required within the scope of control measures, as well as the preparation of physical places will be administered by the EMU Rector’s Office and Pandemic Board.

In addition, a team of a few people should be appointed in each academic and administrative unit to check that the protection measures specified in this guide are effectively implemented under the control and responsibility of the administrative officer (or the persons deemed appropriate by the Rector’s Office). The mentioned team should conduct regular checks and should report the deficiencies to the relevant administrative officer (AP13). It is recommended that the elimination of the deficiencies should be under the responsibility of the administrative offices.

## **9.6. Psychological Support**

Guidance documents and videos for SARS-CoV-2 and COVID-19 should be prepared and the existing ones should be updated. Informative articles written by experts in the field on how to overcome the COVID-19 pandemic process in a healthy way should be shared and psychological support should be provided to facilitate the isolation process when necessary.

Since our students and staff members may encounter psychological difficulties during the pandemic, the “COVID-19 Psychological Support Unit” which was established at the beginning of the pandemic should be activated and our students and staff should be informed of the existence of the unit (AP14).

## **9.7. Academic Risk Planning**

Dynamics can change very quickly during the pandemic. For example, it is always possible that countries undergo lockdown or that unexpected variants appear to change the course of the pandemic. Such unexpected situations pose a risk especially for the academic life of students. Therefore, it is recommended to evaluate and determine these risks in advance and to make algorithmic plans so that students experience minimal academic loss (P5).



ACTION PLAN CODE	ACTION PLAN
AP. 1	Establishing a “Pandemic Coordinator’s Office” under the roof of the Health Center in order to coordinate the daily developments within the university (in coordination with the Rector’s Office and the Pandemic Board) in a healthy and systematic way during the process where it is thought that students will go to face-to-face education.
AP. 2	Identifying individuals (students, staff members) in sensitive groups and evaluating their status in line with the TRNC Ministry of Health report.
AP. 3	Ensuring the access to the personal protective equipment especially by the sensitive students and staff on campus. The proper use of these equipment should be inspected and its sustainability should be ensured.
AP. 4	Unvaccinated individuals in the university should be identified and encouraged to get vaccinated by providing the access to the vaccine. Carrying out a study to integrate it into a QR code system in order to control the reliability of the vaccination notification.
AP. 5	Awareness-raising and informative practices should be implemented to prevent anti-vaccination attitudes.
AP. 6	Inclusion in the vaccine supply chain, vaccine supply, vaccine storage and vaccination organizations should be planned in advance.
AP. 7	Unvaccinated individuals should submit a test (PCR or antigen) in every 3 days; vaccinated individuals should be screened in consultation with the TRNC Ministry of Health in accordance with the regional testing capacity.
AP. 8	Both vaccinated and unvaccinated people who show symptoms related to COVID-19 or have a history of suspected contact should have PCR testing. In order to be able to follow up the PCR test, a study should be carried out to switch to the QR-based system.
AP. 9	If an individual within the university fits the definition of a probable case and/or a confirmed case, it should be ensured that the individual applies to the Pandemic Coordinator’s Office.
AP. 10	Maximum implementation of infection control measures should be ensured.
AP. 11	In order for disinfection processes to be implemented in a planned, regular and disciplined manner, sufficient personnel should be assigned and trained.
AP. 12	It should be ensured that the unit related to disinfection works in coordination with the administrative officers of the faculty and other administrative units.
AP. 13	Under the control and responsibility of the administrative offices, a team of several people should be assigned to check that the protection measures specified in this guide are effectively implemented and to eliminate the deficiencies. This team should be ensured to report the deficiencies to the administrative authority by making regular checks.
AP. 14	Since our students and staff may encounter psychological difficulties during the pandemic, the “COVID-19 Psychological Support Unit” which was established at the beginning of the pandemic should be activated and our students and staff should be informed of the existence of the unit.

**Table 2.** EMU’s Action Plan in Pandemic and Case Management.

PROPOSAL CODE	PROPOSAL EXPLANATION
P1	University pandemic vision should be detailed with a strategy recommendation.
P2	Randomized screening tests should be carried out in a way to cover all individuals, to compile demographic, vaccination and infection-related data.
P3	Fully vaccinated people are recommended to adhere to prevention methods and participate in regular random screenings.
P4	If there is a request from the Supreme Committee in this direction, the Ministry of Health should be consulted on the distinction between close contact, contact and no contact.
P5	It is recommended to evaluate and determine the risks in advance and to make algorithmic plans so that students experience the least academic loss.

**Table 3.** Additional Proposals for the Action Plan.

## 10. RESOURCES:

1. <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html#section4>
2. [https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html#anchor\\_1615910527039](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/ihe-testing.html#anchor_1615910527039)
3. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>
4. <https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19/caring-for-children/families.html>
5. <https://saglik.gov.ct.tr/COVID-19>
6. <https://covid19.saglik.gov.tr/Eklenti/39551/0/covid-19rehberigenelbilgiler epidemiyolojivetanipdf.pdf>
7. KKTC Resmi Gazete, 26 Ağustos 2021
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13. KKTC Sağlık Bakanlığı Bulaşıcı Hastalıklar Üst Komitesi Kararları. <https://saglik.gov.ct.tr/BULA%C5%9EICI-HASTA-LIKLAR-%C3%9CST-KOM%C4%B0TES%C4%B0-TARAFINDAN-ALINAN-KARARLAR>
14. 29.06.2021 tarihli Türkiye Cumhuriyeti (TC) Sağlık Bakanlığı COVID-19 Salgın Yönetimi ve Çalışma Rehberi,
15. 28.05.2021 tarihli TC Sağlık Bakanlığı Halk Sağlığı Genel Müdürlüğü COVID-19 (SARS-CoV-2 Enfeksiyonu) Temaslı Takibi, Salgın Yönetimi, Evde Hasta İzlemi ve Filyasyon Rehberi
16. TC Yükseköğretim Kurulu (YÖK) Yüksek Öğretim Kurumlarında Sağlıklı Ortam Geliştirilmesi Kılavuzu
17. TC Aile, Çalışma ve Sosyal Hizmetler Bakanlığı İşyerlerinde Koronavirüse (Covid-19) Karşı Alınması Gereken Önlemler duyurusu

