

Tokyo University of Marine Science and Technology

School Infectious Disease Countermeasures Manual

(For school use)

Student Support Committee

Created: December 20, 2013

Revised: February 18, 2020

1. Objectives

The objective of this manual is to protect against the occurrence of the infectious diseases prescribed in the School Health and Safety Act, and to prevent epidemics, by responding promptly and appropriately so as to minimize the harm to students.

2. Preventive measures

(1) Remove the source of infection through disinfection and sterilization, etc.

a. Vomit, blood, and similar should not be touched with bare hands, and gloves must be worn without fail. After disposal, gloves shall be removed, and hands and fingers disinfected.

b. If required, sources of infection shall be disinfected and sterilized individually.

(2) Block routes of infection by not bringing in, taking out, or spreading the source of infection (pathogen).

a. Follow a strict policy of washing hands and gargling.

b. Wear a mask if there is a possibility of fragments of the source of infection being scattered about.

c. Maintain the hygiene of the immediate environment, such as food hygiene.

(3) Implement measures to reduce susceptibility. Increase the body's resistance by following a balanced diet and a regular lifestyle, taking appropriate exercise, and receiving vaccinations, etc.

3. Countermeasures in the event that an outbreak occurs

(1) Initial countermeasures

a. Students who suspect they may have an infectious disease should first check the website of this university, or that of the Ministry of Health, Labour and Welfare, and seek a diagnosis from a nearby medical institution.

b. Students who are diagnosed as having an infectious disease, or any persons who come to know of such matters, must immediately submit a report to that effect to the clerk for campus life in the Student Services Division, or to the clerk for student support in the Etchujima Campus Administration Division.

Clerk for campus life, Student Services Division: (03)5463-0433 E-mail: g-gaku@o.kaiyodai.ac.jp

Clerk for student support in the Etchujima Campus Administration Division: (03)5245-7316 E-mail: e-gaku@o.kaiyodai.ac.jp

c. When submitting a report of the kind mentioned above, the following matters shall be communicated to the person in charge:

- i) The name, affiliation, year, and student registration number of the person with symptoms
- ii) Date and time of onset
- iii) Main symptoms (temperature, vomiting, diarrhea, cough, skin problems, etc.)
- iv) Current condition and details of steps taken (diagnosis by medical institution, waiting at home, etc.)
- v) Movements before the onset of the illness, whether or not there has been close contact with other persons, etc.

(2) Countermeasures to prevent spread of infection

a. The content of the above-mentioned report shall be communicated to the head of the Health Center, and, depending on the judgment of Health Center doctors, necessary guidance will be given to the patient, and efforts will be made in accordance with this to prevent the spread of infection.

b. The head of the Health Center shall take into account the class of the infectious disease, the circumstances surrounding the onset of the disease (the number of people showing symptoms, and the location at which onset occurred, etc.) and the extent it has spread, then take advice from the doctors of the Health Center and issue a warning to the entire university or to individual departments, or provide other guidance as necessary.

Head of Health Center: (03)5463—0521

Head of Health Center (Shinagawa): (03)5463—0388

Etchujima (03)5245—7357

c. Be aware that individual departments may, if required, implement measures to suspend lectures for students.

(3) Communication with related institutions

The Health Center shall provide information to public health centers, etc. as required. In addition, there shall be discussion and cooperation in relation to necessary measures to take after the onset of the infectious disease.

○ Person in Charge of Infectious Diseases, Health Preservation Department, Minato Ward Health Center (03)6400-0081

○ Clerk in Charge of Infectious Disease Countermeasures, Health Preservation Department, Health Services Division (Health Center), Koto Ward (03)3647-5879

(4) Setting up Countermeasures Headquarters

In the event that a large number of cases occur due to an infectious disease at the University, or in the event that the infection is expected to spread, the President shall promptly set up a Countermeasures Headquarters at the request of the head of the Health Center. In such cases, the necessary measures will be taken in accordance with the Tokyo University of Marine Science and Technology Crisis Management Basic Manual.

In addition, in order to prevent the spread of the infection within the University, measures such as a temporary suspension (closing of the school and of classes) may be implemented.

4. Measures to take after the event

If a student contracts the infectious disease, and a doctor has diagnosed that they should suspend attendance, but the student wishes to return to lectures and so on, a doctor's note, etc. (a document describing the date on which treatment started, and clarifying when the patient will be recovered enough to attend lectures) shall be submitted to the Student Services Division or the Etchujima Campus Administration Division, and these instructions shall be complied with.

5. Other

(1) Sufficient care shall be taken with regard to the handling of personal information, and information that could be used to identify the individual shall not be disclosed.

(2) Refer to infectious disease surveillance initiatives as appropriate:

Infectious Disease Surveillance Center, National Institute of Infectious Diseases

Address: Toyama 1-23-1, Shinjuku Ward

Tel (03)5285-1111

Website <http://www.nih.go.jp/niid/ja/from-idsc.html>

Reference materials 1: Ordinance for Enforcement of the School Health and Safety Act, Article 18
(Class of Infectious Disease)

Class I	Ebola hemorrhagic fever; Crimean-Congo hemorrhagic fever; smallpox; South American hemorrhagic fever; plague; Marburg virus disease; Lassa fever; acute poliomyelitis (polio); diphtheria; severe acute respiratory syndrome (limited to cases in which the pathogen is the SARS coronavirus); Middle East respiratory syndrome (limited to cases in which the pathogen is the MERS coronavirus); specified avian influenza (meaning specified avian influenza as prescribed in Article 6, Paragraph 3, Item 6 of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases [Law No.114 of 1998], hereinafter the same shall apply) *In addition to the above, infectious diseases such as novel influenza, specified infectious diseases and new infectious diseases
Class II	Influenza (excluding specified avian influenza); pertussis; measles; parotitis; rubella; chickenpox; pharyngoconjunctival fever; tuberculosis and meningococcal meningitis
Class II	Cholera; bacillary dysentery; enterohemorrhagic Escherichia coli infection; typhoid; para typhoid; epidemic keratoconjunctivitis; acute hemorrhagic conjunctivitis, and other infectious diseases

Reference materials 2: Ordinance for Enforcement of the School Health and Safety Act, Article 19
(Standard for Suspension of Attendance)

	Class of infectious disease	Standard for suspension of attendance
Class I	<ul style="list-style-type: none"> •Ebola hemorrhagic fever •Crimean-Congo hemorrhagic fever •Smallpox •South American hemorrhagic fever •Plague •Marburg virus disease •Lassa fever •Acute poliomyelitis (polio) •Diphtheria •Severe acute respiratory syndrome (limited to cases in which the pathogen is the SARS coronavirus) •Middle East respiratory syndrome (limited to cases in which the pathogen is the MERS coronavirus) •Specified avian influenza (meaning specified avian influenza as prescribed in Article 6, Paragraph 3, Item 6 of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases [Law No.114 of 1998]) 	Until recovered

	*In addition to the above, infectious diseases such as novel influenza, specified infectious diseases and new infectious diseases	
Class II	•Influenza (excluding specified avian influenza)	• Until five days have elapsed since onset, and two days have passed since the fever broke (three days for infants)
	•Pertussis	• Until the characteristics disappeared, or until a 5-day treatment by means of an appropriate antibiotic preparation has been completed
	•Measles	• Until three days have passed since the fever broke
	•Parotitis (mumps)	•Until five days have passed since the appearance of swelling in the parotid glands, the <i>glandula submandibularis</i> , or the <i>glandula sublingualis</i> , and until overall physical condition returns to normal
	•Rubella (German measles)	• Until the rash disappears
	•Chickenpox	• Until all rashes have scabbed over
	•Pharyngoconjunctival fever	• Until two days have elapsed since the main symptoms receded
	•Tuberculosis •Meningococcal meningitis	• Until the symptoms lead a University doctor or other doctor to acknowledge that there is no longer a risk of infection
Class II	•Cholera •Bacillary dysentery •Enterohemorrhagic <i>Escherichia coli</i> infection •Typhoid •Para typhoid •Epidemic keratoconjunctivitis •Acute hemorrhagic conjunctivitis •Other infectious diseases	• Until the symptoms lead a University doctor or other doctor to acknowledge that there is no longer a risk of infection

Reference materials 3: main infection routes and causative organism

Infection route	Characteristics	Main causative organism
Oral infection	<ul style="list-style-type: none"> ○ Infection through contaminated food or items introduced to the mouth by fingers. 	Norovirus Enterohemorrhagic Escherichia coli infection, etc.
Droplet infection	<ul style="list-style-type: none"> ○ Propagation by droplet particles (of at least 5 μm) from coughs, sneezes, conversation, etc. ○ Falls to the floor about a meter away, and will not continue to float in the air. 	Influenza virus Parotitis (mumps) virus Rubella virus Legionella, etc.
Airborne infection	<ul style="list-style-type: none"> ○ Propagation by droplet nuclei (less than 5 μm) from coughs, sneezes, etc. ○ Floats in the air, is dispersed by air currents. 	Tubercle bacillus Measles virus Chickenpox virus, etc.
Contact infection	<ul style="list-style-type: none"> ○ Infection through touching mouth, nose, or eyes with contaminated hands. 	Pharyngoconjunctival fever
Infection through the medium of blood	<ul style="list-style-type: none"> ○ Blood, fluids, or secretions contaminated by the pathogen are introduced through accidental needle contact, leading to infection. 	Hepatitis B/C virus Human immunodeficiency virus (HIV), etc.

Reference materials 4: cough etiquette

What is cough etiquette?

Many infectious diseases, including influenza, are transmitted by droplets from coughs and sneezes. “Cough etiquette” means covering your mouth and nose with a mask, tissue, handkerchief, or sleeve when coughing or sneezing so that infectious diseases are not transmitted to others.

This is an important practice, particularly in areas where people gather, such as trains, workplaces, and schools.

The three elements of correct cough etiquette

1. Wear a mask.	2. Cover your nose and mouth with a tissue or handkerchief, etc.	3. Cover with the inside of your outer garments or sleeve.
		
<p>Read the instructions carefully before putting on a mask and fitting it correctly. Ensure that it covers your face from nose to chin, without gaps.</p>	<p>Tissues used to cover your mouth and nose should be disposed of immediately.</p>	

*The spread of the pathogen can also be prevented by the washing of hands.

Example of bad practices

Using hands to contain a cough or sneeze	Doing nothing in particular when coughing or sneezing
	
<p>When hands are used to contain coughs and sneezes, the virus can be left on surrounding objects, such as doorknobs, after contact with those hands.</p> <p>The disease could be transmitted to other people via the doorknob.</p>	<p>When coughing or sneezing, the spray can fly as far as 2 m.</p> <p>Because this spray may contain the pathogen, the disease could be transmitted to other people.</p>

Reference materials 5: how to gargle



- The basic principle with gargling is rinse your mouth and throat separately.
 1. Prepare some water or tepid water in a cup.
 2. Take around 1/3 to 1/2 of the water into your mouth and swill it inside your mouth once or twice, while continuing to face forwards.

The objective here is to wash away particles of food and the like from inside your mouth.
 3. Take around 1/3 to 1/2 of the water into your mouth, tilt your face up (as if looking at the ceiling), and make “Aaaarh” and “Gaaaa” noises while opening your mouth.

Or make a gargling noise so as to rinse the throat.

Continue this for around ten seconds each time and repeat two-three times. The objective here is to wet the throat and wash away dust and germs.

手洗いの手順

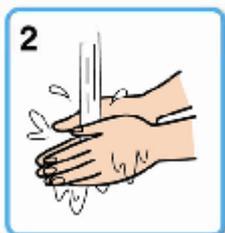
かならず手を洗いましょう。

- ◆ トイレに行ったあと
- ◆ 料理の盛付けの前

- ◆ 調理施設に入る前
- ◆ 次の調理作業に入る前



1 時計や指輪をはずしたのを確認する



2 ひじから下を水でぬらす



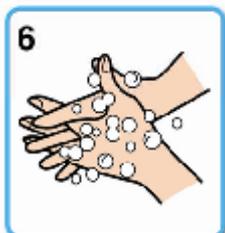
3 手洗い石けんをつけて



4 よく泡立てる



5 手のひらと甲 (5回程度)



6 指の間、付け根 (5回程度)



7 親指洗い (5回程度)



8 指先 (5回程度)



9 手首 (5回程度) 腕・ひじまで洗う



10 水で十分にすすぎ



11 ペーパータオルでふく (手指乾燥機で乾燥する) タオル等の共用はしないこと



12 蛇口栓にペーパータオルをかぶせて栓を締める



13 アルコールを噴霧する※ (水分が残っていると効果減)



14 手指にすり込む (5回)

3～9までを2回くり返す
2回くり返し、菌やウイルスを洗い流しましょう。

※アルコールはノロウイルスの不活化にはあまり効果がないといわれています。

Reference materials 7: disposing of vomit, etc.

Vomit or excreta caused by infectious gastroenteritis can become a source of infection. Care must be taken to avoid spreading the infection further through inappropriate disposal. Norovirus in particular floats in the air when it dries out, and can cause infection by entering the airways, so it is important that vomit or excreta is not allowed to dry.

1. Disposal procedure

When performing disposal, be sure to open windows to allow sufficient ventilation.

- i) First, put on disposable gloves and a mask. Ideally, goggles and a plastic apron should also be worn.
- ii) Cover the vomit with a wetted paper towel or a disposable cloth.
- iii) Holding the paper towel, etc. from the outside, gather the vomit into the center and place it in a doubled-up plastic bag. When wiping it up, do so gently to avoid scattering the virus contained within the substance being disposed of.

Then wipe it again with a wetted paper towel, etc.

- iv) Next, using a 0.02% chlorine-based disinfectant (dilute commercial bleach products with a chlorine concentration of 5-6% by two hundred times) such as sodium hypochlorite, soak the floor with a paper towel, etc. For example, add one capful of the chlorine-based disinfectant to a 1-litre PET bottle of water.

After this, wipe away the water. Put the paper towels used for wiping in the plastic bag as well.

- v) After finished wiping the floor, change out the disposable gloves for new items. When doing so, take them off in such a way that the used outer surface is on the inside, and immediately put them in the plastic bag, being careful not to touch your clothes or body.
- vi) Close the plastic bag with the substance for disposal tightly and treat it as infectious waste.
- vii) After completing the above disposal procedure, the person performing the task must, without fail, wash their hands with soap and running water.

*This manual was created pursuant to the revised School Health and Safety Act, which came into effect on July 1, 2019.