

# CONTINGENCY PLAN

## COVID-19

**2020/2021 SCHOOL YEAR**



**SEPTEMBER 2020**

Translation funded by:



## I- Framework

Following the recommendations issued by the national health authorities, the Schools' Cluster of Albergaria-a-Velha (SCAAV) developed its Contingency Plan. It aims to provide the necessary resources and information to manage situations that minimize the risk of COVID-19 transmission and assure the proper functioning of this educational community's activities.

The application of the measures provided in this document does not impair the validity of recommendations and information issued and to be issued by the DGS <sup>TN1</sup>.

### 1.1. What is the Corona Virus - COVID-19

Coronaviruses are a group of viruses that can cause infections, including COVID-19. Usually, these infections are associated with the respiratory system and may be similar to common flu or evolve into a more severe disease such as pneumonia.

### 1.2. Main symptoms

The symptoms are similar to flu, for example::

- fever;
- cough;
- shortness of breath (difficulty breathing);
- fatigue.

### 1.3. Incubation Time

According to information disclosed by the Health Authorities, the incubation period (until the onset of symptoms) may vary from 2 to 14 days. As a precautionary measure, active surveillance of close contacts takes place for 14 days from the date of the last exposure to the confirmed case.

Preventive measures within the scope of COVID-19 take into account direct transmission (by air and contact) and indirect transmission (contaminated surfaces/ objects).

#### 1.4. Transmission of the infection

It is considered that COVID-19 can be transmitted via:

- respiratory droplets (particles larger than 5 microns);
- direct contact with infectious secretions;
- aerosols in therapeutic procedures that produce them (less than 1 micron).

Person-to-person transmission has been confirmed, and it is thought to occur during a close exposure to a person with COVID-19. Transmission by close contact occurs through the spread of respiratory droplets produced when an infected person coughs, sneezes or talks. These can directly be inhaled, reach the mouth, nose, and eyes of those close to them. Droplets can also settle on objects or surfaces surrounding the infected person and infect other people when they touch these objects or surfaces with their hands and then touch their eyes, nose, or mouth.

## II. Contingency Plan

### Identification of the effects of students' infection or members of the teaching and non-teaching staff can cause the school community.

During this stage, it is foreseeable that students as well as members of the teaching or non-teaching staff may display symptoms and may be partially or inhibited from attending the school premises. Possible absenteeism may compromise the development of school activities.

#### 1- Identification of operational areas within the organization subjected to constraints

- School Office;
- Teacher's Room;
- Reception Area;

- Pavilhões A, B e C;
- Portarias.

2- In the case of teachers or non-teaching staff high absenteeism rate, the following areas will be provide a set of minimum services:

- Lobby Area;
- School Office;
- Reception;
- Cafeteria.

3- Possible effects that might disrupt school's functioning:

- Human resources reduction;
- Inability to supply goods or provide services;
- Increase of financial costs;
- Strategic reorganization of priority services;
- Cancellation/suspension of activities outlined in the annual activity plan;
- Partial or total closure of a section or sections of the school campus;
- School shutdown.

## **PRE-SCHOOL EDUCATION – ROOM ORGANIZATION**

- 1- Unused rooms of the educational establishment can be used for expansion, provided they are suitable for this purpose.
- 2- Children, teaching, and non-teaching staff should be organized by rooms, or other sections, to avoid contact between people from different groups.

- 3- The physical distance between children sitting at tables should be maximized without hindering the development of pedagogical activities.
- 4- Use wide and airy rooms or spaces as much as possible.
- 5- Internal circulation circuits should be set, considering the most proper spatial orientation for children and adults and the most suitable strategy to clean and sanitize spaces and equipment.
- 6- The educational establishment should set "dirty" and "clean" areas and establish, whenever possible, different entrance and exit circuits, as well as other access points to rooms.
- 7- Children should change the shoes they bring from home with ones that are only used in the kindergarten areas. These extra shoes **remain at the educational establishment** and will be cleaned every day after the child leaves. Staff members will comply with the same guidance.
- 8- The educational establishment must ensure there are individual sets of school supplies for activities and ensure their disinfection between different uses.
- 9- Non-essential equipment for teaching activities should be removed from the rooms, and the remaining equipment should be cleaned and disinfected frequently.
- 10- Children will not be allowed to take toys or other unnecessary objects from home to the kindergarten.
- 11- Overcrowding should be avoided when going to the toilet.
- 12- On-site support must be mobilized/provided to children accompanied by Early Intervention technicians and/ or teachers. This action should be monitored by the multidisciplinary support team for inclusive education (EMAEI<sup>TN2</sup>) in close cooperation with educators and local teams operating within the National Early Intervention in Childhood System (SNIP<sup>TN3</sup>).
- 13- Daily routines planning should consider the attribution of different playtimes and areas to distinct groups of children. Equipment must be sanitized after each group has used it.

**14-** During meal times, the following physical distance and hygiene measures must be respected:

- In order to minimize the crossover between groups/ children, dining room entry and exit times may be staggered. If it is not possible, children may take their meals in activity rooms;
- Before and after meals, children should wash their hands accompanied by an adult, to ensure they do it correctly;
- Seats should be marked to ensure the physical distance between children as much as possible;
- Between shift changeover, surfaces and equipment must be cleaned and disinfected;
- Sharing of eating utensils, equipment, or food is not allowed;
- Child's items should be returned to the parents/ guardians in a disposable bag, when possible;
- Staff lunch breaks should be planned to ensure the physical distance between professionals.

**15-** The children must be delivered at the door of the establishment by their guardian or person designated by them and received by a child care assistant assigned for that purpose to avoid the circulation of external people inside the premises.

**16-** Proper hand hygiene should be used at all times when changing diapers. Surfaces should be sanitized before and after the diaper change, and children's and staff members' hands disinfected.

**17-** Dirty clothes items should be returned in a closed plastic bag whenever possible.

## **BASIC AND SECONDARY EDUCATION – ROOM ORGANIZATION**

Within the schools' autonomy framework, and provided that physical circumstances so allow, the following procedures should be taken:

- 1- Students will be organized in fixed groups/ classes during their permanence in the school premises. The groups'/ classes' schedule, breaks, and meal times will be deliberately planned to avoid contact between groups/ classes;
- 2- Classes will take place, whenever possible, in the same classroom, and each student will be assigned an individual fixed place/ desk and seat;
- 3- Wide and airy classrooms or spaces are to be used as much as possible. Classrooms attribution is dependant on their size; the educational establishment's features and capacity (number of students);
- 4- The physical distance measures are to be applied in the classrooms, maximizing space between people as much as possible. Thus,
  - all desks should face the same direction;
  - without hindering the development of teaching/ learning activities, students and teachers should keep at least 1 meter apart from each other in the classrooms whenever possible.
- 5- Sports activities, as well as other activities involving close physical contact, must be planned and comply with the measures instated by the health authorities.
- 6- Class breaks should be staggered. To restrict interaction, there will be designated group zones, and specific time slots will be appointed.
- 7- Circuits and procedures promoting physical distance will be clearly identified within the school, namely the route from the school entrance to the classroom and specific circuits to the cafeteria, bar, stationery

shop, pavilion entrances, and toilets. These will be disclosed to the entire school community at the beginning of the school activities.

- 8- The agglomeration of students in common spaces is to be avoided.
- 9- Create and disclose guidelines related to the use of the Teaching and Non-teaching Staff rooms.
- 10- Specific guidelines will be set to access and use cafeterias:
  - a) Classes' lunch periods, whenever possible, should be staggered to avoid the agglomeration of students and to comply with the physical distance recommendations;
  - b) Provision of a takeaway meal option;
  - c) Users must wash/disinfect their hands before and after any meal;
  - d) The use of a mask is mandatory, except during mealtime;
  - e) Cutlery and napkins must be supplied inside packages;
  - f) Tables and chairs must be cleaned and disinfected after each use;
  - g) Decorative items and other objects are to be removed from tables;
  - h) Ensure that there are adequate ventilation and air renewal.

**12-** Given that bars are frequently used spaces, counters, tables, chairs should be cleaned and sanitized on a frequent basis. Regarding this type of space, the following rules should be observed:

- a) Hands should be washed or sanitized upon entering and exiting the space;
- b) The use of a mask is mandatory, except during mealtime;
- c) Physical distance should be kept;
- d) To avoid overcrowding, determine the maximum number of people who can be inside of the area at the same time, taking into account specific features of the room;
- e) Ensure that there are adequate ventilation and air renewal.

**13-** Create/ reinforce the schools' cluster's health education teams. Comprised of teaching and non-teaching staff, the teams should work in close cooperation with the health care centers (with the school health teams), parents and guardians associations, students association, among others. The teams are responsible for developing and coordinating their health plans. These should contemplate actions aimed at the school community, such as information sessions.



### III. CODE OF CONDUCT

**During the 2020/2021 school year, efforts to contain the new coronavirus's spread should be maintained.**

Besides the use of masks in the school setting, the rules of hand hygiene, respiratory etiquette and social distancing should be maintained.

Taking this into consideration, all the educational community members should comply with the following preventive measures:

- 1- Everyone must always wear face masks - teaching and non-teaching staff, students (except 4<sup>th</sup>-year students and below), parents/ guardians, suppliers, and other school visitors when entering and inside the school grounds;
- 2- Always carry an extra face mask. The school will not supply masks beyond what is legally required;
- 3- Hand hygiene at the school grounds entrance and exit, with alcohol-based antiseptic solution (SABA);
- 4- Wash your hands frequently, with soap and water, rubbing them well for at least 20 seconds;
- 5- Wash your hands before and after meals, classes, using the bathroom, and whenever necessary;
- 6- Use tissues (single use) to blow your nose; put your used tissue in the wastebasket and wash your hands with soap and water afterward;
- 7- Cough or sneeze into your upper sleeve, not your hands;
- 8- Avoid touching the eyes, nose, and mouth;
- 9- Avoid touching common assets and surfaces such as handrails, handles, light switches, etc.

## IV. CASE MANAGEMENT

### 1- Response in case of a suspected infection

To avoid contact with those presenting the symptoms previously described, each educational establishment part of the schools' cluster has an **isolation room**.

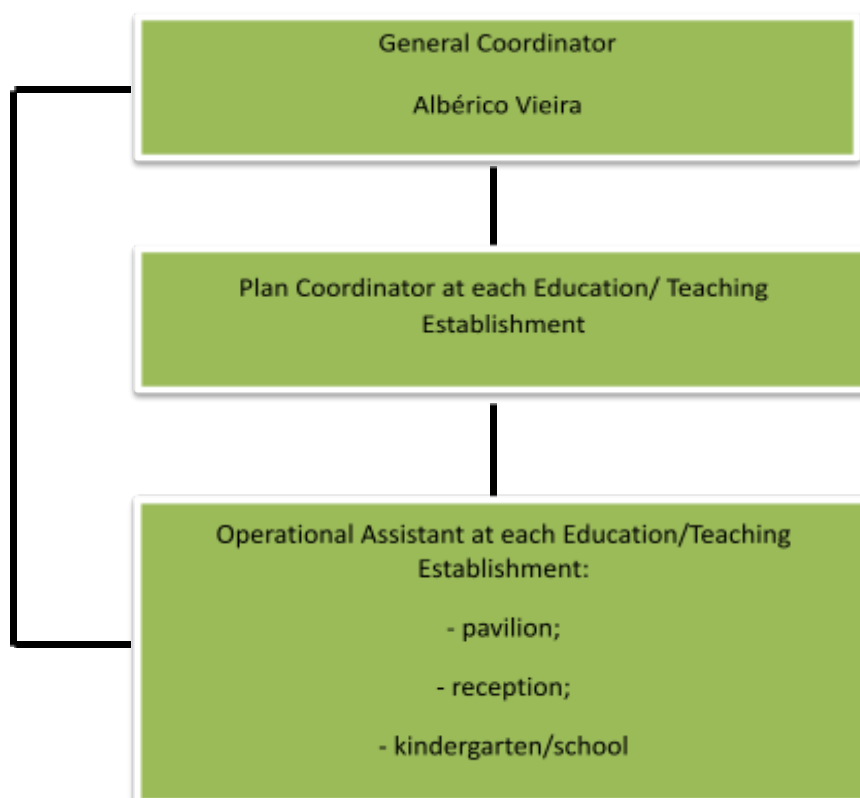
The placement in the **isolation room** aims to prevent others from being exposed and infected. Its main objective is to prevent the spread of a transmissible disease in the educational community..

#### i. Isolation Rooms in the Schools' Cluster

- Secondary School - Isolation room: GAA;
- Basic School of Albergaria-a-Velha - Isolation room: Room B1.2;
- Basic School of S. João de Loure - Isolation Room: Guardians Reception;
- Angeja School Center - Isolation room: Meeting room;
- Alquerubim School Center - Isolation Room: Room 6;
- Kindergarten / Basic School of Avenida - Isolation room: Expressions /Laboratory (school);
- Kindergarten/ Basic School of Sobreiro - Isolation room: Storage room;
- Basic School of Cruzinha - Isolation room: Teachers' room;
- Basic School of Igreja - Isolation Room: Hall;
- Kindergarten/ Basic School of Santo António - Isolation room: Room for disabled students (Kindergarten);
- S. João de Loure Kindergarten - Isolation room: Meeting room;

- Pinheiro Kindergarten - Isolation room: Activity room;
- Frossos Kindergarten - Isolation Room: Activity Room.

## ii. Coordination and Control



## iii. Definition of Responsibilities

- General Coordinator of the Contingency Plan - Albérico Vieira;
- Focal Point - Secondary School - Rui Barbosa;
- Focal Point - Basic School of Albergaria-a-Velha - Eugénio Bartolomeu;

- Focal Point - Basic School of S. João de Loure - Tomás Martins;
- Focal Point - Angeja School Center - Ana Bela Ferreira;
- Focal Point - Alquerubim School Center - Olga Sofia Castanheira;
- Focal Point - Kindergarten/ Basic School of Avenida - Manuela Rodrigues;
- Focal Point - Kindergarten/ Basic School of Sobreiro - Lúcia Pereira;
- Focal Point - Basic School of Cruzinha - Catarina Monteiro;
- Focal Point - Basic School of Igreja - Paula Nunes;
- Focal Point - Kindergarten/ Basic School of Santo António - Luís Monteiro;
- Focal Point - S. João de Loure Kindergarten- Eugénia Balseiro;
- Focal Point - Pinheiro Kindergarten - Filomena Marques;
- Focal Point - Frossos Kindergarten - Ângela Maia.

#### **iv. Health professionals and their contacts**

The contacts are:

- a) National Health Line SNS24 – 808 24 24 24**
- b) Health Delegate– Dr. Irene Francisco – 919 530 758**
- c) Medical Emergency - 112 - indicate it is a suspected infection case**

#### **v. Acquisition and availability of equipment and products**

Acquisition and distribution to all schools of certified disinfection and protection materials, as well as the distribution of personal protection equipment to all students (except 4<sup>th</sup>-year students and below), teaching and non-teaching staff.

#### **vi. Information and employees' training**

Information sessions and training meetings aimed at the operational assistants.

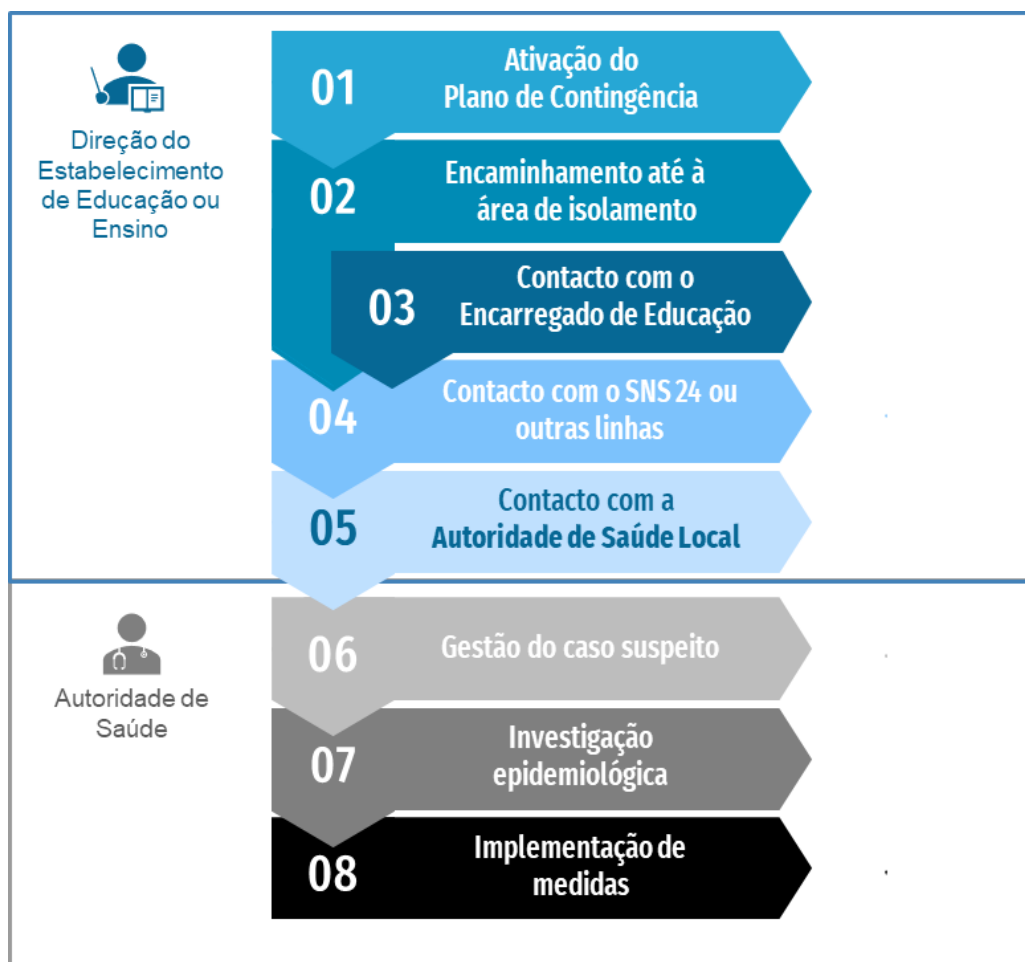
Broad dissemination of the Contingency Plan to the educational community (teachers, students, and other members).

## 2- Specific procedures to be followed in case of suspected infection:

According to the DGS, a suspected case presents the clinical criteria of acute respiratory infection (fever or cough or respiratory difficulty) associated with epidemiological criteria.

If a suspected infection case is identified, the following steps must be taken:

*Flowchart depicting steps to be taken in a suspected case of COVID-19 in a school context.*<sup>TN4</sup>



1<sup>st</sup>) Upon detecting a suspected case of COVID-19 at an educational or a teaching establishment, all procedures in the Contingency Plan are immediately activated, and the focal point is contacted.

2<sup>nd</sup>) An adult accompanies the suspected case of COVID-19 in the case of a minor to the isolation room. The person with symptoms should use the circuit defined in the contingency plan to access the isolation room. If the suspected case is an adult, he or she will go alone to the isolation room. The latter should have information regarding the steps to be taken in a suspect case of COVID-19 in a school context.escolar.

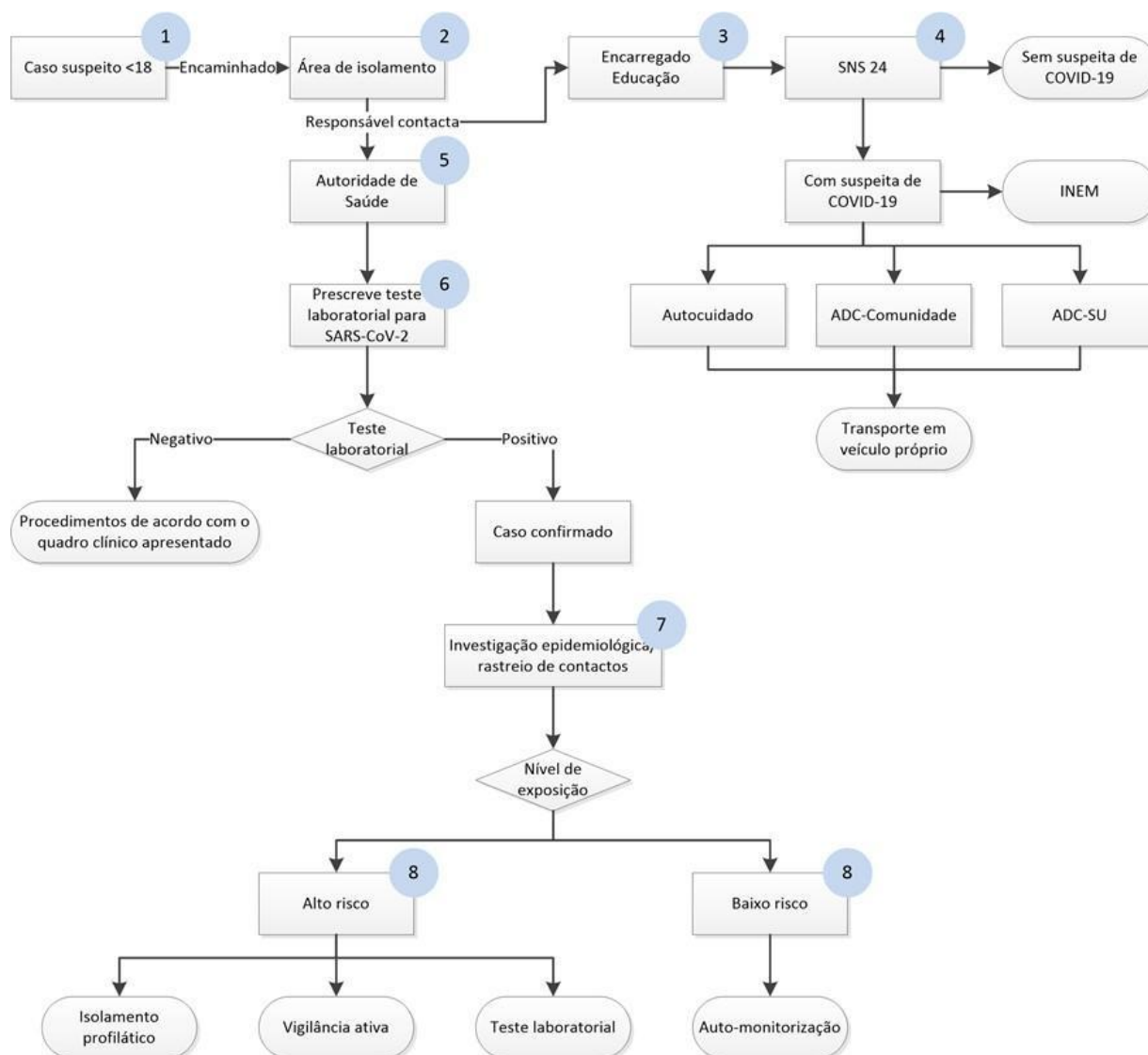
3<sup>rd</sup>) In the case of a minor, the guardian is immediately contacted and informed of the minor's health condition. The guardian/ parent must come to the educational or teaching establishment, preferably using their own vehicle.

4<sup>th</sup>) In the isolation room, the guardian, or the person with symptoms if they are an adult, contacts the health line SNS 24 or other lines assigned for this purpose and follows the indications provided. The focal point of the educational or teaching establishment can make this contact by telephone if he or she has the guardian's prior authorization..

#### Following the telephone screening:

- **If it is not considered a suspected case** of COVID-19, the person follows procedures indicated for his/her possible health condition. The regular school procedure is followed, and the contingency plan procedures finish.
- **If it is considered a suspected case** of COVID-19, the person will be directed in one of the following ways::
  - Home isolation;
  - Clinic evaluation at COVID dedicated Primary Health care centers;
  - Clinic evaluation at the emergency services.

Flowchart of action in a suspected case of COVID-19 in a school context<sup>TNS</sup>



Note: If the parents/ guardians do not contact the SNS 24 (or other related lines), the Local Health Authority must be immediately contacted by the Coordinator of the Plan or focal point of the educational or teaching establishment.

**5<sup>th</sup>)** If there is a suspected case of COVID-19 validated by the SNS 24, the Local Health Authority/ Local Public Health Unit is immediately contacted. Their telephone contacts must be clearly displayed in a document in the isolation room. Both the focal point and the educational or teaching establishment director should have these contacts on their mobile devices.

**6<sup>th</sup>)** The Local Health Authority:

- prescribes the SARS\_CoV-2 test and informs the adult or parents on the measures to follow while waiting for the result;
- informs the adult or parents/ guardians on the measures to follow while waiting for the result and determines the measures to be applied (DGS Guideline No. 10/2020).

**Traveling** home, to the health services, or the test site must be made in your own vehicle or guardian's/ parent's vehicle if you are a minor.

If this is not possible, an individual means of transport should be used while public transport should not be used. During the entire route, the suspected case and the respective accompanying person or people must wear masks.

**7<sup>th</sup>)** The Local Health Authority, in the first contact with the educational or teaching establishment, makes a quick evaluation of the situation/risk to decide on the scope of the measures to be adopted. While waiting on laboratory confirmation, if it considers necessary, it may implement protective measures, namely: isolation of the contacts that were seated in proximity in the classroom/ cafeteria or of other contacts already identified;

After laboratory confirmation of the case, the Local Health Authority proceeds to the epidemiological investigation (on-site, if necessary):

- Epidemiological survey;
- Contact tracing;
- Environmental assessment.

**8<sup>th</sup>)** The Health Authority reports the case, the high and low-risk contacts and informs the educational or teaching establishment about the individual and collective measures to be implemented, according to the situation/risk evaluation, namely:



- Cases, contacts, or class isolation; closing of areas or the entire educational/ teaching establishment if necessary;
- Cleaning and disinfection of the surfaces and ventilation of the spaces mostly used by the suspected case, as well as the isolation room (DGS Guideline no. 014/2020);
- Store the waste produced by the suspected case in a double, plastic, and resistant bag, with two tight knots, preferably with an adhesive/clamp, and place them in collective waste containers 24 hours after the waste has been produced (never use recycling bins).

To implement measures and manage cases, the Local Health Authority can mobilize and lead a Public Health Team.

### Response in case of a confirmed case of COVID-19 outside the educational establishment's premises

Measures to be taken outside the school's premises:



*Flowchart of action in a confirmed case of COVID-19 in a school context<sup>TNG</sup>*

1<sup>st</sup>) When someone, who has attended the establishment, is reported as a confirmed case of COVID-19, all procedures in the Contingency Plan must be immediately activated, and the establishment's focal point must be contacted.

2<sup>nd</sup>) The Board of the educational or teaching establishment or the focal point immediately contacts the Local Health Authority/ Local Public Health Unit to report the situation.

3<sup>rd</sup>) The Local Health Authority, along with the Local Public Health Unit, proceeds to the epidemiological investigation (on site, if necessary):

- Epidemiological survey;
- Contact tracing;
- Environmental assessment.

4<sup>th</sup>) According to the situation/risk evaluation, the Local Health Authority reports the high and low-risk contacts and informs the educational or teaching establishment about the individual and collective measures to be implemented:

- Cases, contacts, or class isolation; closing of areas or shutdown of the educational/ teaching establishment if necessary;
- Cleaning and disinfection of the surfaces and ventilation of the spaces mostly used by the suspected case, as well as the isolation room (DGS Guideline no. 014/2020 );
- Store the waste produced by the suspected case in a double, plastic, and resistant bag, with two tight knots, preferably with an adhesive/clamp, and place them in collective waste containers 24 hours after the waste has been produced (never use recycling bins).

#### **i. Response in case of a confirmed case**

In the case of a positive laboratory test (rRT-PCR) for COVID-19, the person must follow the isolation recommendations until meeting the healing criteria according to DGS norm no 004/2020.

The isolation site's definition will depend on the severity of the patient's clinical condition and if the person's living accommodations meet adequate habitability conditions.

People with COVID-19 are **considered cured** when::

- They show a complete absence of fever (without medication), and their symptoms improve for three consecutive days;

- They have a negative laboratory test (rRT-PCR), performed at least 14 days after the onset of symptoms (in patients without hospital stay by COVID-19) or two negative laboratory tests (rRT-PCR), performed at least 24 hours apart and, at least 14 days after the onset of symptoms (in patients with hospital stay by COVID-19).

After being considered cured and with the Local Health Authority's indication, the person may return to the educational or teaching establishment.

## **ii. Contact Tracing**

Contact tracing is a public health measure whose objective is the quick/ fast identification of people who have been in contact with a confirmed case of COVID-19. This allows for the identification of possible secondary cases and thus interrupt the transmission of the disease.

This screening<sup>TN7</sup> is comprised of three steps (DGS Norm no. 015/2020):



## **iii. Contact identification**

Contact tracing should be started at the earliest after confirmation of a COVID-19 case, preferably within 12 hours of identifying the case. Contacts include school contacts (students, teaching staff, non-teaching staff), people living in the same house or shared accommodation, and other contacts considered relevant (DGS Norm no. 015/2020).

#### iv. Classification of contacts

The risk of contracting SARS-CoV-2 infection depends on the level of exposure. Contacts are classified into high risk and low risk of exposure. This risk stratification is carried out by the Local Health Authority/ Public Health Unit during the epidemiological investigation, in accordance with DGS Norm no.015/2020.

#### v. Implementation of measures

After identifying and classifying the contacts, the Local Health Authority and taking into account the risk evaluation that was carried out implements a set of individual and collective measures (DGS Norm No. 015/2020).

#### vi. Individual measures to be applied to contacts

##### ● HIGH-RISK CONTACTS

Contacts classified as **high risk** of exposure are subjected to the following procedures:

- **Prophylactic isolation** at home or other location defined by the Health Authority, until the end of the active vigilance period (Despachos no. 2836-A/2020 and/ or no. 3103-A/2020);
- **Laboratory test** to detect the presence of SARS-CoV-2;
- **Active vigilance** for 14 days, from the date of last exposure to infection..

Performing a molecular test with a negative result does not invalidate the need to comply with the prophylactic isolation and active vigilance period of 14 days since the last exposure.

If the result of the molecular test is positive, the case is confirmed, and the procedures concerning the "Approach of the confirmed case of COVID-19" - DGS Norm no. 004/2020 and the procedures of "Contact Screening" and the DGS Standard no. 015/2020 are initiated.

The Local Health Authority determines the above measures and informs all stakeholders of the procedures to be adopted.

##### ● LOW-RISK CONTACTS

Contacts classified as **low risk** of exposure are subjected to passive vigilance procedures - daily self-monitoring of COVID-19 symptoms, or monitoring by parents/ guardians (minors), for 14 days following last exposure.

### **vii. Collective measures**

In addition to the individual measures, the Health Authority may determine other collective measures to be applied by the educational or teaching establishment, in compliance with the Proportionality Principle:

- Isolation of one or more classes ;
- Closing one or more areas of the educational or teaching establishment;
- Shutting down the educational or teaching establishment\*.

\*Shutting down the educational or teaching establishment should only be considered in high-risk situations in the establishment or the community. This measure can solely be determined by the Local Health Authority (Regional and National Health Authorities take part in the decision making process).

If deemed necessary, the Local Health Authority may consider further action.

## **V. OUTBREAK MANAGEMENT**

It will be considered **an outbreak in the school context** any aggregate of 2 or more cases with active infection and epidemiological link.

In a situation where there are **two or more cases of different origins**, the action is analogous.

In the case of COVID-19, different scenarios may occur at the educational establishment:

- a. "Outbreak" in a class: cases in a class or classes that work in a cohort (an organized group of people who share common features, activities, and events). In the cohorts, the transmission chains may be circumscribed to this closest contact group;
- b. "Outbreak" in several classes without epidemiological link: cases that occur in different classes at the same time, but without epidemiological link between them;;

- c. "Outbreak" in several classes with epidemiological link: cases that occur in different classes, resulting from secondary or tertiary transmission within the school community;
- d. "Outbreak" without transmission control: high number of cases in different school community groups (students, teaching and non-teaching staff) with the uncontrolled transmission.

In case of an "outbreak" in an educational or teaching establishment, the Local Health Authority will need to take rapid action and implementation of individual and collective measures.

The measures to be adopted will depend on a set of factors taken into account in the risk evaluation conducted by the Local Health Authority, such as:

- Distance between people;
- Layout and rooms' organization;
- Organization of people by cohorts;
- The establishment's structural organization, namely halls and circulation circuits;
- Space ventilation;
- Period between the onset of symptoms and the identification of the suspect case;
- Other factors.

It should be highlighted that the risk evaluation should be done on a case-by-case basis by the Local Health Authority, and it may result in different measures to be implemented in different educational or teaching establishments.

## IMPLEMENTATION OF MEASURES

After the epidemiological investigation has been carried out and in accordance with the risk evaluation, the Local Health Authority will decide which control measures should be implemented:

- Isolation of confirmed or suspected cases;
- Isolation of confirmed or suspected cases and prophylactic isolation of high-risk contacts;

- Isolation of one or more classes;
- Closing one or more school areas;
- Shut down the entire educational or teaching establishment\*.

\* *The shut down of the entire educational or teaching establishment should only be considered in high-risk situations in the establishment or the community. This measure can solely be determined by the Local Health Authority, involving the Regional and National Health Authorities in the decision making.*

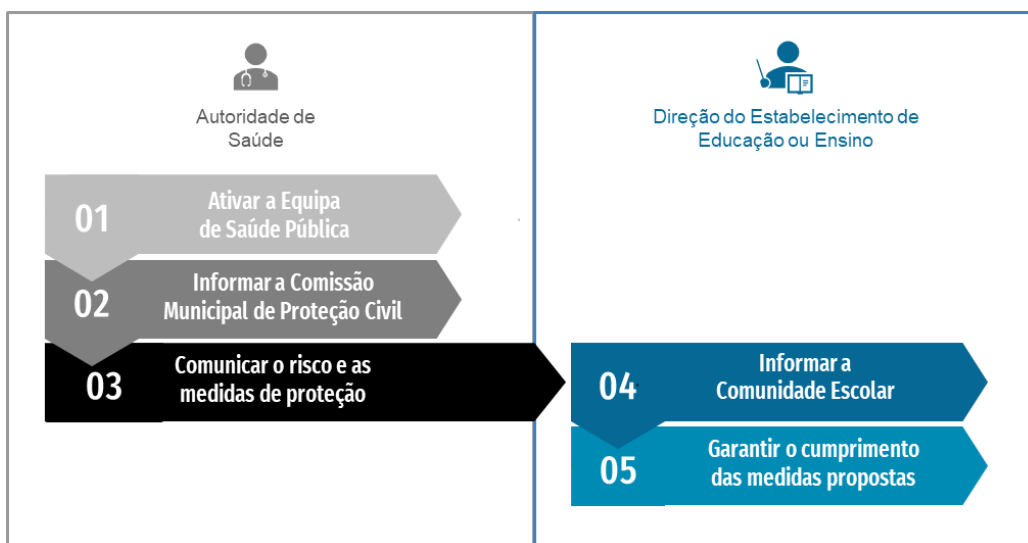
Figure 3 presents measures to be implemented according to the magnitude of the transmission in the school community. However, the Public Health intervention and its recommended measures should be thoroughly evaluated on a case-by-case basis. These measures should be anchored in the local reality and take into consideration, among other factors, the epidemiological situation in which the educational or teaching establishment is located, its conditions, and the existence of the necessary resources to control the transmission.

## COMMUNICATION AND ARTICULATION WITH PARTNERS

There is a pressing need to control the transmission of SARS-CoV-2. It is essential to involve partners in the educational community to support the educational or teaching establishment committed to ensuring an adequate response.

Communication plays a vital role. Regular updates on situation status, disclosing and sharing measures and recommendations to be adopted at each moment are key steps to ensure the serenity of the educational community in the face of uncertainty. Furthermore, this communication strategy may promote health literacy and effectively stimulate the adoption of health protection behaviors.

Due to its strategic importance, the articulation with the educational community' partners must be promoted and optimized. It is essential to ensure compliance with all procedures and engage all those involved in taking part in the process, if possible, in decision-making.



**Figura 3.** Flowchart of response in case of an outbreak in a school context<sup>TN8</sup>

**1<sup>st</sup>)** The Local Health Authority activates the Public Health Team to support the phases of epidemiological investigation, case management, communication, and implementation of measures to prevent and control the transmission of SARS- CoV-2. These teams should be created by the Health Groups and Centers (ACeS) and be led by the Health Authority in articulation with the School Health Team.

**2<sup>nd</sup>)** In case of a COVID-19 outbreak, the Local Health Authority informs the local Civil Protection Commission. The goal is to ensure articulation and institutional collaboration between all bodies and services with responsibilities. If necessary, the local civil protection commission may activate the emergency plan.

**3<sup>rd</sup>)** According to the risk evaluation, the Local Health Authority /Public Health Unit reports to the Board the risk and the individual and collective protective measures to be adopted.



4<sup>th</sup>) After the Local Health Authority / Public Health Unit indication, the Board informs guardians/parents and remaining members of the educational community of the outbreak and the measures already in place and those which are to be adopted. The briefing should be detailed. The confidentiality and anonymity of those involved must be protected.

5<sup>th</sup>) The Board ensures the supply of resources and equipment so that compliance with the measures indicated by the Health Authority is possible..

Closing part of the educational or teaching establishment or shutting it down does not necessarily imply the pedagogical or learning process's interruption.

## DAILY PREVENTION MEASURES

- Use masks in the school premises (inside and outside the classroom, except in situations where the specificity of the activity does not allow it) and on the home-school-home route (especially when public transportation is used);
- Avoid touching the front of the mask;
- When entering the school, disinfect your hands with an alcohol-based antiseptic solution (SABA);
- Wash your hands frequently, with soap and water, rubbing them well for at least 20 seconds;
- Reinforce hand washing before and after meals, classes, using the toilet and whenever they are dirty;
- Use tissues (single use) to blow your nose; put your used tissue in the wastebasket and wash your hands with soap and water afterward;
- Cough or sneeze into your upper sleeve, not your hands;

- Avoid touching the eyes, nose, and mouth;
- Maintain physical distance, inside and outside the school;
- Avoid touching common goods and surfaces such as handrails, handles, switches, etc.;
- Disseminate/promote, in educational spaces, campaigns to raise awareness to good hygiene practices, mask wearing, as well as physical distance and respiratory etiquette.

The Contingency Plan may be amended/revised whenever new updates from WHO, DGS, DGEStE, or any other related entity/responsible warrant.

The shut down of the Schools' Cluster of Albergaria-a-Velha is the responsibility of the DGEStE, Health Delegate and/or other entity with competence for the act.

Albergaria-a-Velha, September 10 2020

The Director

Albérico Tavares Vieira

## Translator's Notes

### TN1

DGS - Direção Geral de Saúde; a Portuguese health authority.

### TN2

EMAEI - Portuguese acronym for Equipa Multidisciplinar de Apoio à Educação Inclusiva.

### TN3

SNIPi - Portuguese acronym for Sistema Nacional de Intervenção Precoce na Infância

### TN4

Flowchart depicting steps to be taken in a suspected case of COVID-19 in a school context ( description)

Board of the Educational or Teaching Establishment

- 1- Activation of the contingency plan
- 2- The Person is directed or escorted to the isolation room
- 3- Contact and inform the Parent/ Guardian
- 4- Contact health line SNS 24 or other related lines
- 5- Contact Local Health Authority

Health Authority

- 6- Suspected case management
- 7- Epidemiological investigation
- 8- Implementation of measures

### TN5

Flowchart of action in a suspected case of COVID-19 in a school context (description)

1- Suspected Case <18

Referral

2- Isolation Room

The person in charge contacts

3- Guardian/ Parents

4- SNS 24

Suspected case of COVID-19 not confirmed

Suspected case of COVID-19 confirmed INEM.

Home Isolation

ADC- Community

ADC-SU

Transport (own vehicle)

5- Health Authority

6- indication laboratory test for SARS-CoV 2

Laboratory test

Negative

Procedures for the presented health condition

Positive

Confirmed case

7- Epidemiological investigation

Contact tracing

Exposure level

8- High Risk

Prophylactic Isolation

Active surveillance

Laboratory test

8- Low risk

Self-monitoring

## **TN6**

Flowchart of action in a confirmed case of COVID-19 in a school context description

Board of Educational or Teaching Establishment

1- Activation of the Contingency Plan

2- Contact Local Health Authority

Health Authority

3- Epidemiological investigation

4- Implementation of Measures

## **TN7**

Screening- Steps, description

1<sup>st</sup> Contact Identification

Identification of all people (contacts) who were potentially exposed to a case of COVID-19.

2<sup>nd</sup> Contact classification

Stratification according to risk evaluation, through research and communication with identified contacts.

3<sup>rd</sup> Implementation of Measures

Prophylactic isolation, active and passive vigilance, among others.

## **TN8**

Flowchart of response in case of an outbreak in a school context, description

1<sup>st</sup>) The Local Health Authority activates the Public Health Team to support the phases of epidemiological investigation, case management, communication, and implementation of measures to prevent and control the transmission of SARS- CoV-2. These teams should be created by the Health Groups and Centers (ACeS) and be led by the Health Authority in articulation with the School Health Team.

2<sup>nd</sup>) In case of a COVID-19 outbreak, the Local Health Authority informs the local Civil Protection Commission. The goal is to ensure articulation and institutional collaboration between all bodies and services with responsibilities. If necessary, the local civil protection commission may activate the emergency plan.

3<sup>rd</sup>) According to the risk evaluation, the Local Health Authority /Public Health Unit reports to the Board the risk and the individual and collective protective measures to be adopted.

4<sup>th</sup>) After the Local Health Authority / Public Health Unit indication, the Board informs guardians/parents and remaining members of the educational community of the outbreak and the measures already in place and those to be adopted. The briefing should be detailed. The confidentiality and anonymity of those involved must be protected.