



Response and Contingency Plan COVID-19

(Last update 13-09-2021)

1 — INTRODUCTION

Following the recommendations of the Portuguese Health Authorities, Direção-Geral de Saúde (DGS), and in order to protect the community, CLIC has approved a Contingency Plan as regards the Coronavirus SARS CoV-2, causal-agent of the COVID-19 infection. This plan will be reviewed and updated as new recommendations and guidelines are issued by the World Health Organisation, the Portuguese Health Authority and DGEstE (educational authority), as well as any new orders issued by said authorities.

This plan establishes the contingency measures and procedures in case of a COVID-19 infection, following the guidelines from the Portuguese Health Authority (directive no. 006/2020) emitted on the 26 February 2020, and the DGS guidelines for schools regarding the academic year 2021-2022.

2 — COVID-19 LEADERSHIP TEAM

The overall coordination of the contingency plan is led by the Head Teacher, Delilah Miguel, who will be assisted by the Leadership Team made up of the following people:

Lower School Coordinator - Miss Yvonne McKie;
Middle and Upper School Coordinator - Mrs Manuela Vieira;
Exams Officer – Mr. Ricardo Leite
Cleaning Supervisor – Mrs Guida Abreu

3 — SYMPTOMS AND TRANSMISSION OF COVID-19

COVID-19 is caused by Coronavirus infection (SARS-CoV-2) and predominantly results in respiratory symptoms such as a cough and difficulty breathing, as well as fever, and may also lead to other symptoms, including sore throat, generalized muscle pain, transient loss of taste or smell, diarrhoea, vomiting, chest pain and headache, among others. The infected person may not show signs or symptoms, and is asymptomatic.

If there is still no group immunity or specific treatment for COVID-19 and in the face of the new variants of SARS-CoV-2 it is essential to optimize the application of transmission prevention measures, including scrupulous compliance with the measures of physical distancing between people, the proper use of mask and cleaning and disinfection of hands and surfaces.

Based on current scientific evidence, this virus is mainly transmitted through:

1. **Direct contact:** dissemination of respiratory droplets, produced when an infected person coughs, sneezes or speaks, which may come into contact with the mouth, nose or eyes of people who are nearby.
2. **Indirect contact: contact of the hands with a surface or** object contaminated with SARS-CoV-2 and then with the mouth, nose, eyes or through inhalation of aerosols containing the virus.

There are studies that suggest the accumulation of potentially infected aerosols in enclosed spaces.

4 – PREVENTATIVE COMMUNITY MEASURES

4.1 General community measures

- Any member of the school community who has a temperature of more than 38°C, a cough, difficulty breathing, partial, complete loss or alteration of their sense of taste or smell must remain at home and inform the Leadership Team.
- Mandatory use of mask, within school grounds, for all students from Form 5 upwards and all staff members;
- The use of a mask is highly recommended, in the classroom, for students between Form 1 and Form 4.
- Disinfection of the soles of shoes using the disinfectant floor mat on entrance and exit from the building;
- Respect social distancing, according to the updated guidelines issued by the health authorities (DGS);
- Avoid greetings involving physical contact;
- Frequent and correct hand washing using liquid soap and water, scrubbing the hands rigorously for at least 20 seconds.
- Reinforce hand washing before and after contact with food, after the use of toilets, and after contact with surfaces in public places (door handles, etc.);
- Alternatively, use an alcohol based sanitizer for hand washing;
- Use paper tissues (single-use);

- Place used tissues in a dustbin and wash your hands afterwards;
- Cough or sneeze into a tissue (single-use) or into the sleeve, and not into hands;
- Avoid touching eyes, nose and mouth;
- Use the different entrance and exit points to the building as indicated for different groups of students and staff;
- Follow the differentiated schedules and flow plans to minimise the crossing of large groups of people, including:
 - a. Staggered times to enter and exit the school building;
 - b. Staggered times as well as flow plans to enter and exit the classrooms.
 - c. Staggered breaks and lunches.

4.2 Use of masks

- Place a poster with the correct procedures for mask use in each classroom;
- Avoid touching the eyes, nose and mouth;
- Avoid touching the front of the mask;
- Change the mask whenever it is damp;
- Wash hands before and after removing the mask;
- Remove the mask using the ties/elastics;
- Discard in a waste container without touching the front;
- Drink water outside the classroom as removing masks in the classroom is not permitted;
- Remove the mask only for the time strictly necessary for lunch, folding it with the inner part to the inside. Then place it in a case/bag only for that purpose.

5 – ACCESS TO CLIC

Until otherwise indicated, only staff and students may enter the school building. In order to ensure physical distancing and minimize the risk of contamination, anyone who is not essential to the operation of CLIC will not be able to enter the building.

Where strictly necessary, an authorization may be given. In these cases, the following are mandatory: the use of a mask; disinfection of the soles of the shoes, using the floor mat provided, when entering and leaving the building and the use of hand sanitizer. Temperature will be measured upon arrival, entry will not be permitted when the visitor has a temperature equal to or greater than

38°C, or displays any other possible symptom of COVID-19. All visitors are required to complete a visitor register.

6- PREVENTATIVE MEASURES AT CLIC

6.1 – General Measures

- Keep community members informed using the materials made available by the health authorities (DGS);
- Cleaning procedures will take place in accordance with health authority (DGS) Guideline 014/2020;
- Preschool and Reception students should be dropped off at the side door, by their guardian (mandatory use of mask), or by a person designated by them, and handed over to a member of the Auxiliary Staff;
- The remaining pupils should go to their designated door on their own, in a safe manner;
- If students are brought to school by car, the person bringing them MUST remain in their car during drop-off. Students should collect their own bag (it is strongly recommended that children have their bags and coats next to them in the car, rather than in the boot, to facilitate independence) and go into school by themselves, returning by themselves to the car at the end of the school day. In view of this, drivers should be particularly vigilant and drive slowly while on the school grounds.
- Temperatures will be measured upon arrival, and entry will not be permitted when a temperature is equal to or greater than 38°C, or if another possible symptom of COVID-19 is detected;
- Members of the school community should enter their classroom as quickly as possible, respecting the rules of physical distancing.
- The classroom doors will remain open to increase ventilation. Where possible, the windows will also be opened to further increase ventilation;
- Rooms that are not in use will remain closed;
- Classes will be organized so that each group has a fixed room, whenever possible;
- Each student will have a fixed place within the room whenever possible;
- The number of students per class will ensure minimum distance following the most recent health authority (DGS) guidelines;
- Several places and times of entry/exit, intervals and meals will be established in order to minimize the crossover between groups;
- Signs to indicate flow of foot traffic will also be placed near entrances/exits and along corridors with the same purpose;

- There will be distance markers to queue in order to ensure social distancing;
- Student use of the bathrooms will be controlled to avoid the possibility of overcrowding;
- Each student must bring their own school supplies as sharing will not be allowed;
- It will not be possible to bring toys or balls from home;
- Students may not remain at CLIC beyond the established time;
- The Isolation Room will be reorganized and equipped with all recommended items;

6.2- Cleaning and hygiene (DGS Guideline 014/2020)

- All rooms and communal areas will have hand sanitizer;
- The cleaning team will manage the waste on a daily basis in accordance with health authority (DGS) guidelines;
- The rooms will be disinfected when there is a change of group or every two hours;
- The teacher's desk, including the computer keyboard, will be cleaned between lessons;
- Toilet facilities will be cleaned after each break and at the end of the day;
- Communal areas and surfaces will be disinfected 6 times a day;
- Rooms used for meals will be disinfected immediately after use;
- Toys in preschool will be used in rotation and will be disinfected after use;
- The areas used by staff only will be disinfected after each break and at the end of the day.

6.3 - Transport of children

- Availability of alcohol-based solution (70% concentration) at the entrance and exit of the vehicle;
- The vehicle will be decontaminated after each trip, according to the health authority guidance (DGS) (Guidance 014/2020 March 21st);
- Each student will have a fixed seat in the bus;

Measures shall be taken by all users when using public or private passenger public transportation in accordance with existing legislation and DGS Guideline 027/2020:

1. Use of certified community mask or surgical mask;

2. Respect the flow of movement signs and the recommended measures in each means of transport;
3. Maintain maximum distance between users, ensuring the recommended physical distancing between people, during the waiting period and use of transport;
4. Adequately ventilate the means of transport used;
5. Comply with respiratory etiquette;
6. Disinfect or wash your hands after touching surfaces or objects;
7. Refrain from using public transport whenever you have any symptoms.

6.4 - Organization of the Isolation Room

The isolation rooms are properly identified and equipped with a telephone and with the following items:

- chair or stretcher;
- water and some non-perishable food;
- rubbish bin (with foot pedal and bin bag);
- hand sanitizer;
- paper towels;
- surgical masks;
- disposable gloves;
- thermometer;
- disposable aprons;

7- CONTAINMENT PROCEDURES

If infection is suspected and the student/staff member is not in the school, it is up to the guardian/staff member to inform the Leadership Team.

7.1- Activation of Contingency Plan

- If infection is suspected while at CLIC, you should go (be directed in the case of a student) to the isolation area and inform the Leadership Team;

- When heading to the isolation room, you must follow the indicated route, and should not touch any surfaces or interact with third parties;
- When arriving at the isolation room you should immediately sanitize your hands;
- If there is an adult member of staff, they should sanitize their hands and put on a disposable apron and gloves;
- A temperature reading should be taken and the thermometer disinfected;
- While in use, access to the isolation room is prohibited, unless the person in isolation is a minor, in which case he/she will be accompanied by an adult who must be properly equipped;
- Wait at least 20 minutes after the sick person, or person suspected of being sick leaves the isolation/quarantine area and, only then, start cleaning procedures safely;
- After use the isolation room must be cleaned and disinfected by cleaning staff wearing PPE;
- Cleaning and disinfection will be reinforced, especially on surfaces which may have been handled or items which were used by the suspected case, and therefore most likely to be contaminated; Particular attention will be paid to cleaning and disinfecting the area previously being used by the suspected case;
- Any rubbish produced by the suspected case should be double-sealed in two strong plastic bags, secured with two tight knots and preferably with an adhesive or tie-closure, then disposed of in a rubbish bin after 24 hours (never in recycling bins);
- If the infection is confirmed, CLIC will follow any hygiene and disinfection measures defined by the health authorities (DGS);
- If the infection is confirmed, CLIC will inform the school community of the procedures to be taken in accordance with the health authority, and implement all necessary measures.

7.2 – Procedures for suspected COVID-19 case

Case Management

In view of the identification of a possible or probable case at CLIC, in accordance with the definitions set out in DGS Standard 020/2020, the following steps should be taken under DGS Standards No 004 and 015/2020:

1. Follow all the procedures contained in the

Contingency Plan and contact the leadership team;

2. Head to the isolation area, using the predefined circuits. In the case of a minor, they should be accompanied by an adult.
- Contact the parent or guardian of the child to inform them of the situation and enquire about possible contact with any confirmed or probable case of COVID-19. The parent/guardian must then go to CLIC, preferably in their own vehicle.
 - Contact the appropriate Health Authority, whose telephone contacts and email address must be up-to-date and easily visible in the isolation area, as well as being saved on the mobile phone of the leadership team and the Director of the school.
 - In the isolation room, the parent /guardian, or the adult themselves, should contact **SNS 24 (808 24 24 24)** or other lines created for this purpose and follow the instructions given to them. The Director/Leadership Team may make telephone call if he/she has prior authorisation from the parent.

Following telephone screening:

If the case is not validated as being a possible or probable case of COVID-19 (SNS 24 or other lines), the person follows the normal procedure of the school for other health issues. The procedures contained in the Contingency Plan for COVID-19 end and the "Flowchart of action before a possible or probable case of COVID-19 in the school" no longer applies.

If the case is considered validated as a possible or probable case of COVID-19 (SNS 24 or other lines) it will be dealt with according to its severity;

The relevant Health Authority shall be informed of the situation by CLIC ,regardless of whether or not the parent has contacted SNS 24 or other lines set up for this purpose.

The SNS 24 or the relevant Health Authority:

- prescribes the test for SARS-CoV-2;
- clarifies the care to be taken pending laboratory confirmation and on the following procedures (as applicable to DGS Guideline No 010/2020).

The trip home, to the health services or to the place of testing must be made, if possible, in the adult's own vehicle or that of the parent. If this is not possible, a private vehicle should be used and public transport should not be used.

- Carries out risk assessment, and informs which procedures are to be adopted.

7.2 Epidemiological Survey and Implementation of Measures

Where the relevant Health Authority deems it necessary, it may implement proactive prevention measures such as those below, pending laboratory confirmation:

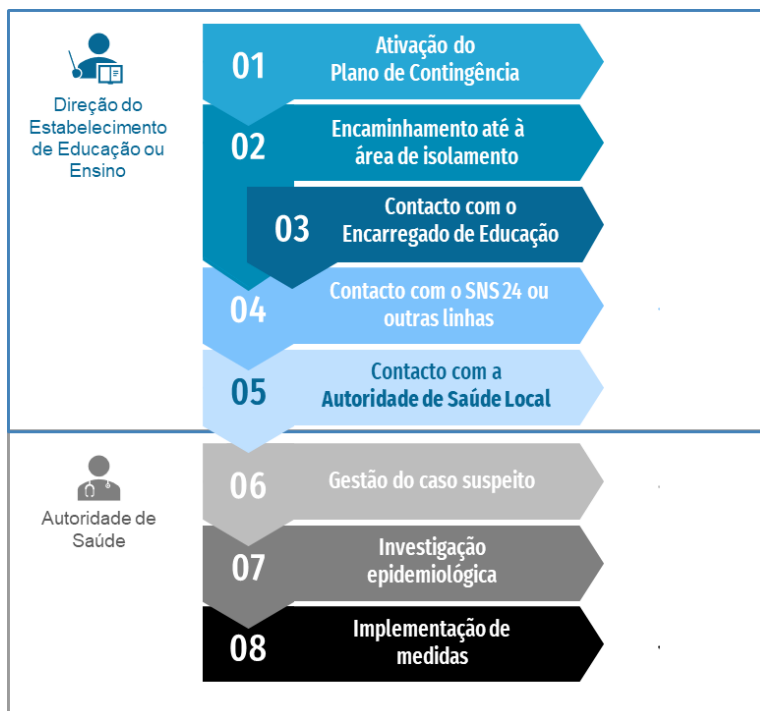
- i. determine prophylactic isolation and screening of direct contacts such as those who have been sitting in close proximity in the classroom or cafeteria or other close contacts identified;
- ii. determine the monitoring of the signs and symptoms of the case in prophylactic isolation, assessing and recording body temperature 2 times a day (morning and night) and being aware of the appearance of new symptoms, or worsening thereof, compatible with SARS-CoV-2 infection, in accordance with Standard No.

004/2020 of the DGS; if symptoms worsen or others arise, you should contact SNS 24.

iii. If the laboratory result indicates that it is a confirmed case, the relevant Health Authority will carry out the following:

- Epidemiological survey (should be started, ideally, in the first 24 hours);
- Contact tracing;
- Risk Assessment;
- Communication of situations that require community intervention to the COVID-19 Management Team or the Outbreak Management Team.

The relevant Health Authority, in accordance with the risk assessment, will inform the cases of high- and low-risk contacts and the school on the individual and collective measures to be implemented. By determination of the relevant Health Authority it may be necessary to apply exceptional measures to contain outbreaks.



If the confirmed case has been identified outside the educational establishment and the case has attended the same establishment, all steps in the Contingency Plan, including immediate contact with the leadership team, must be followed.

7.2 Contact Tracing

The rapid identification of people who have been in contact with a confirmed case of COVID-19, ensuring the identification of possible secondary cases, with a view to stopping the transmission of the disease.

- epidemiological survey and contact screening (pupils, teaching and non-teaching staff; cohabitants and persons in other contexts that may be relevant) should be begun in the 24 hours following the knowledge of the existence of the case, in accordance with DGS Standard No. 015/2020, regardless of how this information was obtained.

The risk of getting SARS-CoV-2 infection is dependent on the degree of exposure. This risk stratification is carried out by the relevant Health Authority during the epidemiological survey in accordance with DGS Standard 015/2020.

- The relevant Health Authority, after identifying and classifying the level of risk, implements a set of measures, including completing a mandatory model for recording cases and outbreaks.

Individual Measures to Be Applied to Contacts

In accordance with DGS Standard No 015/2020, these measures do not apply to high-risk contacts with confirmed COVID-19 disease less than 90 days previously and who have been under passive surveillance for 14 days since the date of the last exposure.

Contactos de Alto Risco

Contacts classified as having high-risk exposure are subject to the following procedures:

- a. **Prophylactic isolation** at home or elsewhere defined by the relevant Health Authority, until the end of the active surveillance period (Orders No. 2836-A/2020 and/or No. 3103-A/2020);
- b. **Molecular laboratory test** (TAAN) for SARS-CoV-2, carried out in accordance with DGS Standards No. 015/2020 and 019/2020;
- c. **Active surveillance on the Trace Covid** Platform for 14 days, since the date of the last exposure;
- d. **In view of negative and asymptomatic** testing, there **should be a repeat molecular laboratory test** for SARS-CoV-2 in accordance with Standard No. 015/2020.

The cohabitants of contacts are "equated" to high-risk contacts and, as such, are subject to the same procedures.

Testing with a negative result does not invalidate the need to comply with the period of prophylactic isolation and active surveillance for 14 days since the date of the last high-risk exposure.

Low Risk Contacts

Contacts classified as having **low-risk exposure are**, in accordance with DGS Standard No. 015/2020, subject to the following procedures:

- a. Passive surveillance for 14 days from the date of the last exposure; Compliance with DGS Guidance No. 010/2020 "Social Distancing and Isolation";
- b. Self-monitoring and recording daily symptoms compatible with COVID-19, as well as measuring and recording the temperature twice a day;

- c. Limiting contacts with others by reducing trips to the essential (e.g. work, school, home), and adopt preventative measures on a permanent basis;
- d. Contact SNS 24 if COVID-19-compliant symptoms appear;
- e. Perform molecular laboratory testing (TAAN) for the identification of SARS-CoV-2, in accordance with DGS Standards No. 015/2020 and 019/2020. If the molecular test is not available or it is not possible to get the result in less than 24 hours, a rapid antigen test (TRAg) should be used.

In cluster or outbreak situations all contacts (high and low risk) should do a rapid antigen test (TRAg) for SARS-CoV-2 in accordance with DGS Standard No. 019/2020 for the rapid implementation of public health measures in accordance with DGS Standard 015/2020.

Collective Measures to Be Adopted by the Educational Establishment

The relevant Health Authority may determine, in addition to the individual measures to be taken by the contacts, other collective measures to be applied by the educational and/or educational establishment:

- a. Closure of one or more classes;
- b. closure of one or more areas of the school;
- c. Closure of the entire school.
- d. **Without prejudice to the preceding paragraphs, by determination of the relevant Health Authority, it may be necessary to apply exceptional measures to contain outbreaks and cases:**
 - i. Intervention in the school environment to prevent cases and outbreaks should be done gradually in order to reinforce preventive measures;
 - ii. The measures should be adopted in a phased manner in accordance with the risk analysis carried out by the territorially competent Health Authority;

- iii. Measures, in particular those involving suspension of face-to-face school activity, shall be taken for the period strictly necessary for the investigation and/or isolation of high-risk cases and contacts;
- iv. Low-risk contacts and/or contact of contacts whose tests are negative should interrupt prophylactic isolation, resuming their in person schooling/jobs.

After receiving confirmation from the relevant Health Authority, the CLIC Director will inform all parents and the rest of the school community of the existence of a cluster or outbreak, of the measures that have been taken and of those yet to be taken.

Return of the Confirmed Case to school

All persons who have recovered from COVID-19, and who have met the determined end-of-isolation criteria, shall maintain compliance with infection prevention and control measures in accordance with the recommendations of the Health Authority.

The end of measures to isolate **symptomatic patients** is determined by the relevant Health Authority, following compliance with the following criteria, without the need for laboratory **testing for SARS-CoV-2** and according to the severity of symptoms:

- a. **Asymptomatic or with mild or moderate disease:** 10 days from the onset of symptoms or positive test (asymptomatic), provided that there is a complete **absence of fever (without medication)** and significant improvement of symptoms **for 3 consecutive days;**
- b. **Severe or critical illness:** **20 days** from the onset of symptoms, provided that there is a complete **absence of fever (without medication)** and significant improvement of symptoms **for 3 consecutive days;**
- c. **People with immunodepression,** regardless of the severity of

the disease: **20 days** from the onset of symptoms, provided that they present complete absence of fever (**without** recourse to medication) and significant improvement of symptoms for **3 consecutive days**.

Confirmation of the end of disease time (isolation) for **asymptomatic patients**, i.e. of people without any manifestation of the disease at the time of laboratory diagnosis and until the end of the clinical follow-up, is determined by the Health Authority via a negative result in a molecular test for SARS-CoV-2, carried out 10 days after the date of the last exposure to the confirmed case of COVID-19 and, whenever possible, of contact with the patient in order to check for the presence of any signs and symptoms suggestive of SARS-CoV-2 infection.

- CLIC will communicate to its school community which procedures are to be adopted in accordance with the health authority, and implement all necessary measures;
- Where necessary, protective measures may be implemented while awaiting the result of a laboratory test, such as:
 - Isolation of those who were seated in close contact in the classroom or canteen, or other identified close contacts.
- Where a student has to remain in social isolation, teachers should allow for the possibility of providing materials through digital platforms that enable the development of learning;
- In the case of a teacher who has to remain in social isolation, they must provide students with online learning which, in the case of the Upper School, can be completed independently and monitored by the teacher.
- If a class or specific sector of CLIC has to close, the school will inform parents;
- The school may determine proactively that direct and/or indirect contacts should move to Home Learning without waiting for official contact by the Health Authorities;
- If the school has to close, the parents will be informed and all measures will be taken to ensure that conditions return to normal as quickly as is possible. CLIC will endeavor to maintain cleaning, disinfection and administrative services;
- In the case of school closure, the Home Learning system used previously will be reactivated;

- CLIC will only reopen on instruction from the Health Authority, which will be determined by the epidemiological situation and when there is no risk to the school community.

8 — EMERGENCY CONTACTS

SNS24: 808 24 24 24

Saúde Pública (Local health authority): 244 572 923

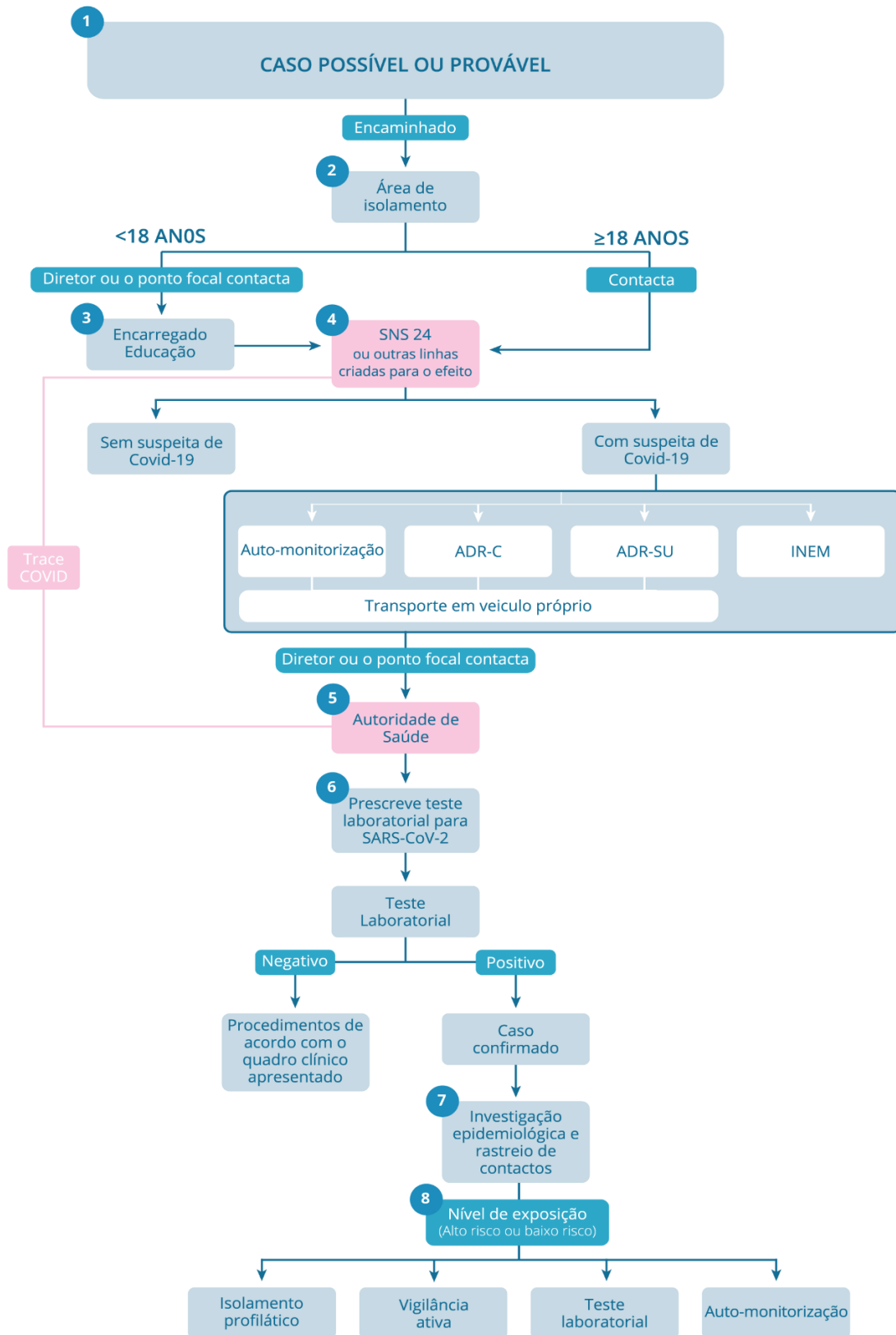
Emergency Services: 112

Miss Miguel: 919 656 169

Miss McKie: 965 854 892

FLOW CHART FOR POSSIBLE/PROBABLE CASE OF COVID-19

09



ANEXO 1 CONSENTIMENTO INFORMADO

*Para realização, em estabelecimento de ensino, de teste laboratorial para
SARS-CoV-2 a alunos menores de idade*

Designação do Estabelecimento de Ensino: _____.

Nome do Aluno: _____.

Número de Utente de Saúde: _____.

Ano de Escolaridade: _____.

Nome do Encarregado de educação: _____.

Grau de Parentesco (quando aplicável): _____.

Número do cartão de cidadão: _____.

Residência: _____;

Concelho: _____; Distrito: _____.

Telemóvel n.º: _____; Endereço Eletrónico: _____.

O meu educando foi diagnosticado com COVID-19 há menos de 90 dias *[não deve realizar teste]*

Declaro que consinto

Declaro que não consinto

(assinalar com um X a opção pretendida)

que ao meu educando, menor de idade, seja realizado teste laboratorial para SARS-CoV-2.

Mais declaro que me foi previamente facultada toda a informação necessária, enquadramento legal e sanitário, adequados à realização do teste, bem como me foi dada a garantia de que os dados constantes do presente consentimento e os que resultem do teste efetuado serão utilizados exclusivamente pelas autoridades sanitárias, em articulação com o Instituto de Segurança Social e a Direção-Geral dos Estabelecimentos Escolares, para efeitos de sinalização de casos positivos, permanecendo os dados pessoais, próprios e do meu educando, salvaguardados nos termos do disposto no Regulamento Geral de Proteção de Dados e na demais legislação geral e especial em vigor.

_____, ____/____/2021.

ANEXO 2

CONSENTIMENTO INFORMADO

Para realização, em estabelecimento de educação/ ensino, de teste laboratorial para SARS-CoV-2 a docentes/não docentes

Designação do Estabelecimento de Ensino: _____.

Docente Não Docente (assinalar com X a opção correspondente)

Nome : _____.

Número de Utente de Saúde: _____.

Número do cartão de cidadão: _____.

Residência: _____;

Concelho: _____; Distrito: _____.

Telemóvel n.º: _____; Endereço Eletrónico: _____.

Fui diagnosticado com COVID-19 há menos de 90 dias **[não deve realizar teste]**

Declaro que consinto

Declaro que não consinto

(assinalar com um X a opção pretendida)

que me seja realizado teste laboratorial para SARS-CoV-2.

Mais declaro que me foi previamente facultada toda a informação necessária, enquadramento legal e sanitário, adequados à realização do teste, bem como me foi dada a garantia de que os dados constantes do presente consentimento e os que resultem do teste efetuado serão utilizados exclusivamente pelas autoridades sanitárias, em articulação com o Instituto de Segurança Social ou a Direção-Geral dos Estabelecimentos Escolares, para efeitos de sinalização de casos positivos, permanecendo os dados pessoais salvaguardados nos termos do disposto no Regulamento Geral de Proteção de Dados e na demais legislação geral e especial em vigor.

_____, ____/____/2021.

O Declarante: _____