



Contingency Plan

COVID-19

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1 – INTRODUCTION

National and international entities and bodies, namely DGS and OMS, have been alerting the society in general and businesses in particular of the pandemic disease COVID-19, through all the media .

The elaboration of a contingency plan to detect and respond to any situation arising from this pandemic possible becomes a national, regional, local, institutional and civic duty.

The prevention of COVID-19 spreading should be the responsibility of all citizens

Thus, at this stage, when the risk of propagation is from person to person, the only way to cull the spread of the virus is to inform everyone, and it is up to InSight to play its role in this mission.

1.- Whoever walks into the facilities in which InSight takes place cannot always be checked/supervised by teachers or staff.

2.- Visitors should comply with the procedures. At this stage minimize the number of visitors.

3.- There will be a dispenser of disinfectant at the entrance and a notice to disinfect their hands for anyone entering from outside.

4.- If someone has recently been in contact with someone having Covid 19 the organization of InSight should be warned, and the participant shouldn't come to class until further notice.

5. - If there's a doubtful case during InSight there must be a clear procedure:

a) A participant who feels feverish, with a sore throat and cough has to notify the front desk/organization.

b) The person in charge, puts on a mask and gloves, goes to the respective class and picks up the participant, taking with him a mask and gloves for the participant and takes the participant to an isolation room.

c) The participants and the teacher keep the necessary physical distance and the person in charge, calls 8082424 and follows the given instructions.

d) the other participants and teacher should not leave the studio until "saúde 24" says what should be done.

Conclusion:

The plan aims to prevent and avoid the spread of the disease.

All critical points should be thought through, in good faith and with common sense.

2 – DISEASE

2.1 - What is a pandemic?

A pandemic is an epidemic of infectious disease that is transmitted to the population located in a large geographical region, continent or even the planet.

2.2 - What is COVID-19 disease?

The disease COVID-19 or the new coronavirus, called SARS-CoV-2, has been identified the first time in the city of Wuhan, China, in December 2019. This new virus had never been previously identified in human beings. There was an outbreak in the city of Wuhan. The source of the infection is still unknown. Coronaviruses are a family of viruses that can infect humans. The symptoms can be similar to a common flu or a more serious illness, like pneumonia.

Although the viruses that cause COVID-19 and flu are transmitted from person to person and can display similar symptoms, the two viruses are very different and do not behave the same way.

COVID-19 disease is caused by a new virus called SARS-CoV-2 and the flu is caused by the flu virus that has been circulating in the population for many hundreds of years. In contrast to the flu, the world population has no antibodies or immunity of any kind to counter COVID-19. In this way, the entire population is susceptible to the disease. For flu there is a vaccine and specific antiviral treatments, while those are still under development for COVID-19.

2.3 – Transmission

Updated information on COVID 19 :

(June 2020) Website: DGS

Transmission of the infection

It is considered that COVID-19 can be transmitted:

- By respiratory droplets (particles larger than 5 microns);
- By direct contact with infectious secretions;
- By aerosols used in therapeutic procedures/ventilators/inhalation (less than 1 micron).

The current knowledge about the transmission of SARS-CoV-2 is supported by the knowledge about the first cases of COVID-19 and other coronaviruses of the same subgenus. The transmission occurs through respiratory droplets produced when an infected person coughs, sneezes or talks, which can be inhaled or reach mouth, nose or eyes of people who are close. The contact of the hand with a surface or object carrying the new coronavirus and subsequent contact with the oral, nasal or ocular mucos (mouth, nose or eyes), may transmit the infection..."

The preventive measures under COVID-19 to be set up by InSight should have in mind the direct spreading routes (air and contact) and the indirect (contaminated surfaces/objects).

COUGH, TALK, SNEEZE
PROXIMITY LESS THAN 2M
SURFACE CONTAMINATION - HANDLES, KEYBOARDS, TELEPHONES AND SURFACES AND WORK EQUIPMENT

2.4 - Incubation period

Updated information data on the COVID 19 disease:

(June 2020) Website: DGS

Currently, it is estimated that the incubation period of the disease (time elapsed since the exposure to the virus until symptoms appear) is between 1 and 14 days.

2.5 – Spread

Potentially contagious is the individual who still has symptoms. Poor hand hygiene, longer periods in enclosed environments and greetings with body contact. Increase the risk of contagion.

Updated information on COVID 19 disease:

(June 2020) Website: DGS

Community transmission

Community transmission means that the virus circulates in the community without it being possible to identify the origin of all transmission chains.

2.6 – Groups at risk

Updated information data on the COVID 19 disease:

(June 2020) DGS website

Groups at risk for COVID 19 include:

Older people;

People with chronic diseases - heart disease, lung disease, neoplasms or hypertension, among others;

People with suppressed/weak immune system (undergoing chemotherapy, treatments for autoimmune diseases (rheumatoid arthritis, lupus, multiple sclerosis or some inflammatory bowel diseases), HIV/AIDS infection or transplants.

2.7 - Suspicious Case Definition

The following definition is based on the information available from the European Centre for Disease Prevention and Control (ECDC), and shall be adopted by the public authorities.

Clinical criteria		Epidemiological criteria
Acute respiratory infection (fever or cough or difficulty breathing), requiring hospitalization or not.	AND	Travel history for areas with community transmission active in the 14 days before the onset of symptoms OR Contact with confirmed case or likely to have been infected by SARS-CoV-2/COVID-19, 14 days before the symptoms OR Health professionals or persons who have been in a health care institution where patients with COVID-19 are treated.

Updated information data on COVID 19 disease:

(June 2020) DGS website

Symptoms

The symptoms of COVID-19 vary in severity, from the absence of symptoms (being asymptomatic) to fever (temperature $\geq 38.0^{\circ}\text{C}$), cough, sore throat, tiredness and muscle pain and in the most severe cases, severe pneumonia, severe acute respiratory syndrome, sepsis, septic shock and eventual death.

The data show that worsening of the clinical situation can occur rapidly, usually during the second week of the disease. Recently, anosmia (loss of smell) and in some cases the loss of taste have been identified as a symptom of COVID-19. There is evidence from South Korea, China and Italy that patients with COVID-19 developed partial or total loss of olfaction (smell), in some cases in the absence of any other symptoms.

2.8 - Preventive measures

Preventive measures should prevent and slow down the spread of the virus .

Prevention therefore is a matter of attitude, hygiene, use of protective equipment and maintaining of healthy life style.

HYGIENE
<ul style="list-style-type: none"> - Avoid close contact (under 2m) to people ; - When coughing or sneezing cover your mouth and nose with a tissue or forearm; <li style="padding-left: 40px;">- Put the tissue in the trash immediately; - Wash your hands frequently with soap and water or alcohol-based individual wipes; <li style="padding-left: 40px;">- Avoid hand contact with eyes, nose and mouth; - Frequently clean the surfaces or objectsexposed to hand contact with cleaning product; <li style="padding-left: 40px;">- If you have flu symptoms avoid hugging, kissing and shaking hands.
MASK
<p>The DGS initially did not recommend wearing masks but with the information guidance No. 009/2020 of 13/04/2020 and the resolution of the Minister’s Council now requiring the use of a mask or visor in enclosed spaces, it is now recommended,.</p>

Treatment

Updated information data on the COVID 19 disease:

(June 2020) DGS website

The treatment for the signs and symptoms that the patient presents aims to provide relief and greater comfort to patients. We do not recommend taking any medication without a doctor's advice, because this may hide other symptoms.

3. CONTINGENCY PLAN FOR INSIGHT

3.1 - Objectives of the Contingency Plan

- Minimize the impact of COVID-19 on the participants and staff;
- To not put InSight at risk
- To be able to cope with alternative possible scenarios;
- Get back to normal activity as fast and safe as possible.

3.2 - Internal and external information and communication management

3.2.1- Target groups and actions planned:

a) Employees:

- Information on the situation
- Regular updates of information
- Participant support
- Special procedures to be followed to limit contagion and spread

b) Participants:

- Information on the situation
- InSight's Contingency Plan Information

3.2.2 - Monitoring and validation of information

- The staff should prevent rumors and false information from circulating.
- Official information should be supplied by staff as requested by the directors.

3.2.3- Dissemination of information

- Written and verbal communication personally.

3.3 – Measures taken by InSight

	Receptionist	Health Admin.	Responsible	Internal team
Provision and restocking of cleaning supplies and disinfectants	X	X	X	X
Cleaning of facilities				X

3.4- Evaluation of people at risk

Given the specificity of the service provided, we will have to include, on the basis of the Contingency Plan, participants considered critical , and/or staff who are directly or indirectly involved.

3.5- Actions required and operationalization of the measures

- COVID19 Management Team
- Knowledge of Contingency Plan by the School Community

Procedures for:

- Suspicious cases during InSight
- Suspicious cases among people involved with but outside InSight
- Action to be taken by the directors about suspect cases during InSight

3.5.1 - Protective equipment

- Masks
- Alcohol-based wipes
- Bottles of Rubbing Alcohol
- Disposable gowns (paper)
- Disposable gloves

3.5.2 - Information and awareness raising – internal

- Training / Awareness raising with all participants.
- Distribution and posting of posters
- Know the Contingency Plan

3.5.3 – Facilities

- Wipes or bottles (alcohol based) at the entrance of studios used by InSight
- Restricted access limited to a maximum of 10 people at the same time, guaranteeing a minimum distance of about two meters between participants.
- Where and whenever possible keep the street door open to increase natural air circulation.

3.5.4 - Training needs

Training needs are identified by the staff who monitors the situation or propagation of the virus.

4. - FINAL NOTE

InSight has a pivotal role to play in society with respect to both social and civic responsibilities, and therefore should be a model in the protection of their employees and participants.

Thus, this Contingency Plan gives InSight the measures needed to deal with a situation which may put its operation at risk.

This plan's success is of the responsibility of all stakeholders, participants and staff of InSight's community . They have a right to be properly informed.