VALE VERDE
INTERNATIONAL SCHOOL

September 2020

COVID-19 Contingency Plan

Stay at home if you feel unwell. If you have a fever, cough and have difficulty breathing, seek medical attention and call in advance for an appointment. Follow the directions of your local health authority. Consult your local medical authority for advice.

1. INTRODUCTION

The following guidelines are extracts from the DGS (*Direção-Geral de Saúde) Orientação no. 006/2020 of 26/02/2020* for the prevention, control and vigilance in the workplace against the infection of COVID-19 and is subject to change according to the latest updates regarding the pandemic. VVIS has been organising the Occupational Health and Safety Services (OHS and will ensure the safety and health conditions of its community on an ongoing and permanent basis, taking into account the general principles of prevention as well as the minimum requirements for the protection of the safety and health of staff and students against the risks of exposure to COVID-19. The Health Authority is responsible for intervening in situations of serious risk to Public Health, monitoring the health of citizens, providing health services and determining, when necessary, corrective measures, including the interruption or suspension of activities or services and the closure of establishments.

2. SCOPE

These Guidelines describe the main steps in order to establish a Contingency Plan at VVIS in the context of infection with COVID-19, as well as the procedures to be adopted should a member of staff or student present with symptoms of this infection. The Guidelines are applicable as at September 2020 and can be updated at any time, taking into account the evolution of the epidemiological framework of COVID-19. Situations not provided for in this Guideline will be assessed on a case by case basis.

A Workplace Plan of Action, aimed at preventing and controlling an outbreak of COVID-19 was circulated to the school community prior to start of school and has already been implemented.

Following the guidelines issued by the Directorate-General for Health (DGS) and the National Health Service (SNS), VVIS has prepared a Contingency Plan which provides a framework to take action and outlines procedures to be adopted in case of suspected or confirmed cases of COVID-19, which is the focal point of the Contingency Plan.

3. WHAT IS COVID-19?

COVID-19 is a disease caused by infection with the new Coronavirus (SARS-CoV-2). The disease is predominantly manifested by respiratory symptoms, namely fever, cough and difficulty in breathing, but there may also be other symptoms, including sore throat, generalised muscle pain, transient loss of taste or smell, diarrhea, chest pain and headache, among others. The infected person may not show signs or symptoms, in other words be asymptomatic. Children and young people diagnosed with COVID-19 usually have a mild manifestation of the disease, with a lower risk of complications and hospitalisation. Based on current scientific evidence, this virus is mainly transmitted through:

• **DIRECT CONTACT**: Dissemination of respiratory droplets, produced when an infected person coughs, sneezes or speaks, which can be inhaled or land in the mouth, nose or eyes of people that are close.

• **INDIRECT CONTACT**: Hand contact with a surface or object contaminated with COVID-19 and then with the mouth, nose or eyes. Some studies suggest also the accumulation of potentially infected aerosols in closed spaces.

The disease incubation period (time from exposure to the virus to the appearance of symptoms) is between 1 and 14 days. Transmission of COVID-19 can occur about two days before the manifestation of symptoms.

4.WHAT ARE THE PREVENTIVE MEASURES?

Without a specific vaccine or treatment for this disease, preventive measures assume a crucial role in combating COVID-19 and we all have a responsibility to play in preventing the transmission of COVID-19. To minimize the risk of infection by COVID-19, VVIS has adopted measures to **prevent and control the transmission** of COVID-19.

By definition of these measures, the virus transmits from person to person, mainly through droplets that can be inhaled or deposited on surfaces or objects that we touch, and, eventually, through potentially infected aerosols in closed spaces. To avoid transmission, the following guidelines are highlighted:

• **HANDS & HYGIENE**:

Personal hygiene – Wash your hands regularly with soap and water throughout the day.
Hand Sanitising Stations are placed at strategic places around the campus – use these before entering the Art & Music Rooms, Science lab, main building, primary school and dining room.
Disinfectant Gel is available in all rooms and bathrooms.
Respiratory hygiene - Cover your nose and mouth with your forearm when you cough or sneeze.
Dining – Do not share water or food; Keep your facemask in a zip-lock bag while eating, also during PE lessons.

• **FACE :** Use personal protection equipment such as a facemask and/or visor (For children aged 10 and above);

• **SPACE :** Social distance between people. Person-to-person transmission has been confirmed and is believed to occur during close-to-person exposure especially without adequate protection such as face masks.

• **ENVIRONMENTAL HYGIENE** such as cleaning, sanitising/disinfection and adequate ventilation of the spaces (open windows instead of using air-conditioners whenever possible);

• **SELF-ISOLATION/MONITORING OF SYMPTOMS** : Stay at home if you feel unwell or when someone in your household has suggestive symptoms of COVID-19. Do not come to school if you have a) A high body temperature (> 37.5º); b) Cough c) Shortness of breath d) Sore throat f) Diarrhea

Further preventive measures are:

• **ENVIRONMENTAL HYGIENE** such as cleaning, sanitising/disinfection is ongoing and adequate ventilation of the spaces (open windows instead of using air-conditioners whenever possible);

• **SANITISING MATS** at strategic places around the school to disinfect shoes before entering buildings and the dining room.

• **ROTATION OF TEACHERS** instead of students rotating, except for Y12 & 13 students who rotate based on subjects. Rotating classes are: the ICT lab, Science Labs, Art Room, Music and PE.

• **SCREEN DIVIDERS/ACRYLIC BARRIERS** at the reception desk, Music Room and in rooms where the distance between teacher and student is less than **1 m**eter.

• **CORRIDORS AND STAIRCASES** converted to one-way systems. Using side entrances instead of the main entrance to avoid congestion in the foyer.

• Reducing the number of passengers on the **SCHOOL MINIBUSES** to two-thirds.

• **TEMPERATURE SCREENING STATIONS** are based close to the parking area on the inside of the premises to ensure that no one enters school with a fever. Temperatures will be measured but not recorded. All staff and students' temperatures will be measured prior to going to their classrooms. Primary and Secondary Schools will be screened separately.

- Teachers are screened from 08:30 to 08:45
- Secondary students are screened from 08:45 to 09:00
- Primary students are screened from 08:45 to 09:15

• **ACCESS TO THE CAMPUS** are by **APPOINTMENT** **o**nly or on business at the office. Parents and pupils must provide their own face-masks and wear it before entering the premises.

• **PARKING:** Parents are required to drop their children off at the school's designated parking, and are not to leave their respective vehicles. They must leave promptly after **DROP-OFF** and not linger or congest the parking after **PICK-UP.**

• The **SCHOOL GATES** are open to enter the campus at drop-off and collection times only and will close at 09:15 and 16:00 promptly.

• **STAGGERING OF BREAKTIMES & LUNCH TIMES :** Normal break times will apply, but keeping pupils together in cohorts (bubbles) on the playground. Each year group/bubble will have staggered short breaks without their face masks between break and lunch. A schedule of staggered lunch and meal times are on the outside Notice Board.

• **TRAINING OF STAFF** : Staff completed a COVID-19 Induction Training Course prior to start of school, which included training on correct use of PPE (face-masks/visors), correct hygiene protocols, and understanding the various control measures in place to combat the spread of the virus.

• **REORGANISATION OF THE SCHOOL SPACE:** Shelving and non-essential resources have been removed and desks have been rearranged to ensure at least 1 meter distance between each desk and only one student per double desk in Primary School.

• **TRAVEL ARRANGEMENTS:** As far as holiday travel is concerned, parents and staff are urged not to plan any overseas holidays for mid-term or December holidays and must inform the school of any travel plans. At the moment, Portugal is on the "red" list (high risk) for the UK, which means that UK tourists to Portugal have to quarantine for 14 days after their return to the UK. Likewise, the UK is now high risk so the same rule applies to persons travelling to the UK, who must self-isolate for 14 days upon their return to Portugal unless they test negative. Our students cannot afford to spend an additional two weeks of self-isolation because of a holiday, resulting in an even bigger vacuum in their learning. Every day of face-to-face learning is a bonus.

We understand that some parents have to visit companies in low risk countries outside of Portugal. In those cases, the parent must have COVID-19 test done immediately upon return to Portugal and self-isolate until they receive the negative results. A Medical Certificate of clearance must be produced prior to the staff member of student returning to school.

• **PROMOTING PREVENTIVE BEHAVIOURS** by disseminating important information by way of posters and information leaflets. A slide presentation has also been shown to the students and teachers to explain how the bubbles would work and the changes brought about regarding preventive measures.

• Consulting the **DGS** and **SNS** websites regularly for updates.

• Disclosing the **VVIS CONTINGENCY PLAN.**

5.TEACHING IN TIMES OF COVID-19

Schools are places of socialising and sharing, where it is important to practise health and hygiene habits among children and young people, in alignment with the measures implemented at community level by the different Health Authorities. As COVID-19 evolved, countries have gradually adjusted their policies and measures in accordance with the needs of each sector in the economy such as deciding inter alia on the closing and reopening of schools. The closure of schools has had a major impact on social determinants, such as mental and environmental aspects of health, which can be reflected in long-term consequences for the physical, psychological and social well-being of students. In this context, it is important to define strategies that will allow ongoing face-to-face teaching, giving priority to disease prevention and minimising the risk of transmission of COVID-19 within each school upon resumption of the 2020/21 academic year.

6- IDENTIFICATION OF EFFECTS THAT COVID-19 MAY HAVE ON VVIS

STAY AT HOME IF YOU FEEL UNWELL

*No person is to come onto the campus if they are **SICK** (whatever the symptoms) and especially if you have a fever or are presenting with any of the listed COVID-19 symptoms, for the sake of your own health and well-being as well as for the health and well-being of others.*

If you have a fever, call **Saúde 24** at **800 24 24 24** for advice before going to school**.** If you have a fever, cough and have difficulty breathing, call **Saúde 24** at **800 24 24 24** or your medical professional immediately and follow their directions and advice. During the period while waiting for COVID-19 results, the person should SELF-ISOLATE with their family and remain at home.

It is essential to be able to anticipate the different scenarios that may occur within a school relating to COVID-19 and to organise a **SWIFT AND ADEQUATE RESPONSE** that will allow control of the transmission chains and prevent the occurrence of an outbreak.

7.1. CASE MANAGEMENT

ACTION BY THE SCHOOL BEFORE A SUSPECTED CASE OF COVID-19:

Before identifying a suspicious case, the following steps must be taken:

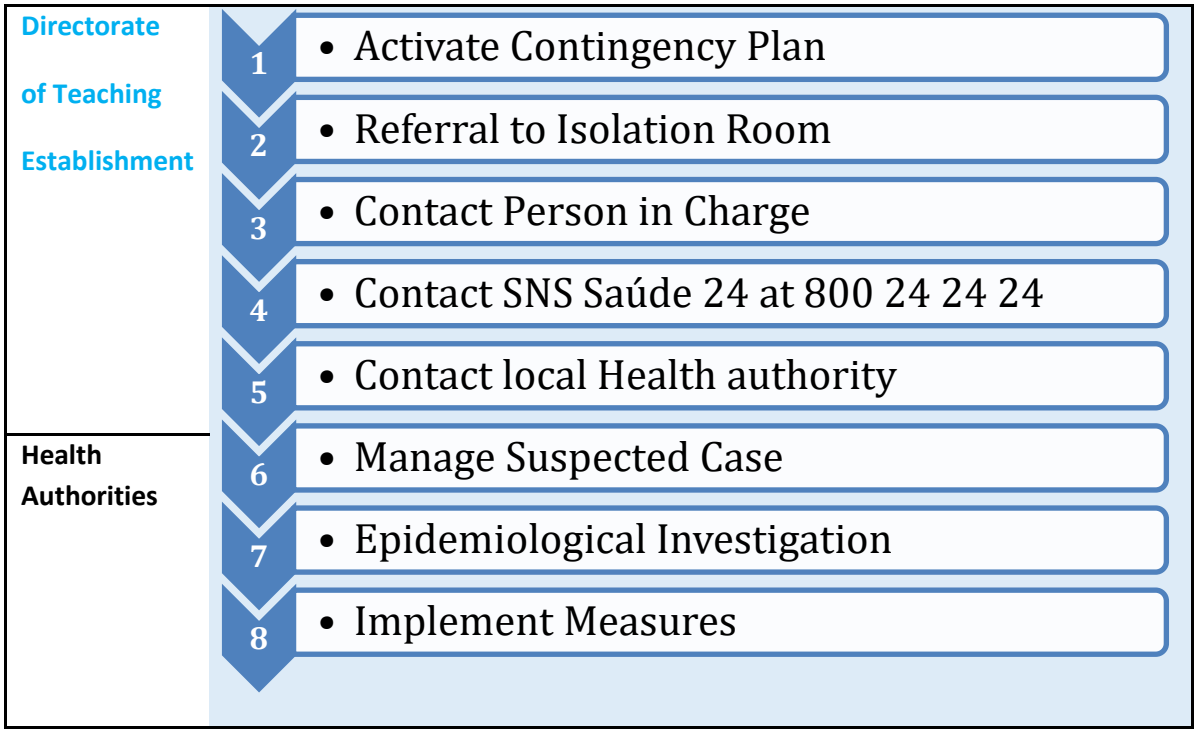

fig. 1 - Flowchart of steps to take in case of suspected COVID-19 within a school context

1) Upon detecting a suspected case of COVID-19 from a person at school, all procedures contained in the VVIS Contingency Plan will be immediately activated and the person designated by the Directorate of the school as the immediate response person/liaison officer with Health Authorities must be contacted.

2) In the case of a minor, the suspected COVID-19 case must be accompanied by an adult to the isolation area, via the appropriate channels as defined in the VVIS Contingency Plan. In the case of

an adult, the person must go to the isolation area. A flowchart of steps to be taken is on display in the isolation area, and outlined in figure 1 above.

3) In the case of a minor, the immediate response person is to be contacted immediately, who will inform the parent or guardian about the minor's health status. The parent or guardian should go to school.

4) In the isolation area, the guardian (in the case of a minor) or adult must contact the SNS24 or other lines created for this purpose and follow the instructions issued. The immediate response person or liaison officer with Health Authorities must contact SNS24, with prior authorisation from the guardian.

FOLLOWING TELEPHONE SCREENING : • If the case is **not** considered suspicious of COVID-19 by SNS 24 or other line of authority, the person must follow the normal school procedure, in accordance with the VVIS Contingency Plan for COVID-19.

• If the case is **SUSPECTED** of being COVID-19 suspicious by telephone screening from SNS 24 or other line of authority, the following procedure will apply:

A) Self-isolation at home;
B) Clinical Evaluation in Dedicated COVID-19 Areas in Primary Health Care;
C) Clinical Evaluation in Emergency Services.

Note: If the guardian does not contact the SNS 24 or other lines created for that purpose, the Local Health Authority should be informed of the situation by the Director or designated response person of the school.

5)If there is a **SUSPICIOUS case of COVID-19** established following the screening by SNS 24 or other telephone lines, the Local Health Authority / Local Public Health Unit must be immediately contacted. These telephone contact numbers must be contained in a document and visible in the isolation area (on display), as well as the mobile phone number of the person designated by the director of the school as first response person.

6) **THE LOCAL HEALTH AUTHORITY:**

• Prescribes the test for COVID-19 and forwards it to the school to be performed;

• Clarifies the suspected case with the adult or guardian (in the case of a minor) regarding the steps to be taken while awaiting laboratory confirmation of the test as well as the procedures to be followed (as applicable in DGS Guidelines 10/2020).

When the patient goes back home, or goes to a health centre or to the place where he or she will be tested, the patient must go in his / her own vehicle, or the parents or guardian's own vehicle. If that is not possible, an individual means of transport should be used, and not public transport. During the entire route, the suspect case and the accompanying person(s) must keep their masks properly placed.

7) **THE LOCAL HEALTH AUTHORITY**, being the first contact with the school will make a quick assessment of the situation or risk, to decide the speed and extent of the measures to be adopted. If considered necessary, they will implement protective measures, pending laboratory confirmation, namely:

- **Isolation of contacts seated in close proximity in the classroom** or in the cafeteria or other close contacts identified;
- The Local Health Authority will then proceed with the **epidemiological investigation** (in loco, if necessary) ;
- **Tracing of contacts**;
- **Environmental assessment**.

8) The **LOCAL HEALTH AUTHORITY** will inform the school whether the contacts are of **HIGH or LOW RISK** and the individual's school will implement collective measures in accordance with the risk assessment of the situation such as :

- **Isolation of cases and contacts**, or
- **Closure of the class or specific areas** or
- **Closure of the entire school;** as well as:
- **Cleaning and disinfecting of surfaces** and ventilation of the spaces most used by the suspected case, as well as the isolation area (DGS Guideline No. 014/2020)
- **Packaging the waste products of the suspected case** in two resistant plastic bags, with two tight knots, preferably with a tie or clamp and placing them in collective waste containers **24 hours later** (never at eco points). For the implementation of measures and case management, the Local Health Authority can mobilise and lead a **Public Health Team.**

7.2 PROCEDURES to be adopted in case of SUSPECTED infection and SUBSEQUENT ISOLATION

An updated list of emergency contacts must be kept, with a hard copy filed in the front office and one copy in the isolation room. If any student or staff member shows the symptoms described below, it is considered a **case of SUSPECTED INFECTION** :

- High body temperature (> 37.5º);
- Cough;
- Shortness of breath or breathing problems;
- Sore throat and / or temporary loss of smell;
- Diarrhea and/or gastro intestinal disorder.

ISOLATION ROOM - The isolation room will be equipped with a table, water, perishable food items, disinfection kit, disposable masks and gloves, being located next to sanitary facilities;

7.2.1 In the case of a **SUSPECTED INFECTION OF A STUDENT**, the student must be accompanied to the isolation room, following a demarcated route and kept under supervision of an adult. The student's body temperature will be measured with a contactless thermometer. The situation will be reported to the parent, who should pick up the child as soon as possible. As parents cannot enter the buildings, the student will be taken to the entrance via the demarcated route. The coordinator will email the parents to ensure that they keep the school informed of the student's progress. Should the student be tested positive for COVID-19, all parents of the student's bubble will be informed, following the guidelines of the contingency plan. After the isolation room is vacated, it will be properly disinfected and included in the daily cleaning log. Those responsible for cleaning must be equipped with a mask, resistant gloves and closed shoes, and guarantee ventilation of the room during the cleaning process.

If the suspect **TESTS POSITIVE FOR COVID-19**, the school will follow the guidelines issued by the local health authority**, and INFORM THE ENTIRE SCHOOL COMMUNITY**. Interactions of the infected person, while at school, will be checked as well as **active surveillance** of **CLOSE CONTACTS**. A close contact is considered to be those who do not show symptoms, but had or may have had contact with a confirmed case of COVID-19. Contact with confirmed case of COVID-19 can be considered:-

HIGH RISK OF EXPOSURE : If the people shared the same spaces (room, office, zone up to 2 meters); if they were face to face or in an enclosed space and / or used dishes, towels, objects or equipment that may have been contaminated with spittle, blood or respiratory droplets.

LOW RISK OF EXPOSURE : Those who have been in sporadic contact with a confirmed case (e.g. in motion, during which there was exposure to respiratory droplets or secretions through conversation face to face for longer than 15 minutes, coughing or sneezing) as well as those who **PROVIDED ASSISTANCE TO THE CONFIRMED CASE** but followed the safety measures (e.g. proper use of mask and gloves, breathing and hand hygiene).

7.2.2 **SURVEILLANCE OF CLOSE CONTACTS** - Measures to be taken in **HIGH RISK OF EXPOSURE**:

- Measure body temperature twice a day and record values;
- Be aware of the appearance of cough, fever or respiratory difficulty;
- Stay in prophylactic isolation for 14 days, certified by Health Authorities and reduce social contact to the essential.

LOW RISK OF EXPOSURE:

- Measure body temperature twice a day and record values;
- Be aware of the appearance of cough, fever or respiratory difficulty.

7.3 ACTION PLAN IN CASE OF PREVENTIVE ISOLATION OF THE SCHOOL COMMUNITY

7.3.1 In the case of prophylactic isolation of a teacher, the way in which their students are monitored will be determined by the Head of the respective school.

7.3.2 In case of a student's prophylactic isolation, it is up to the tutor, in conjunction with the Head of the respective school to define a plan for the student, in order to reduce the impact of isolation on their academic progress.

7.3.3 The strategies to be developed in the plan may include synchronous sessions, through the Moodle platform (depending on the size of the group)

7.3.4 Asynchronous sessions which do not require real-time interaction. This may be more convenient for the teacher who will be teaching fulltime during the day.

7.3.5 Student autonomous work - sending work home.

7.4 ACTION TO BE TAKEN BY SCHOOL BEFORE A CONFIRMED COVID-19 CASE OUTSIDE OF SCHOOL

If the case confirmed has been identified outside of school, the following steps must be taken:

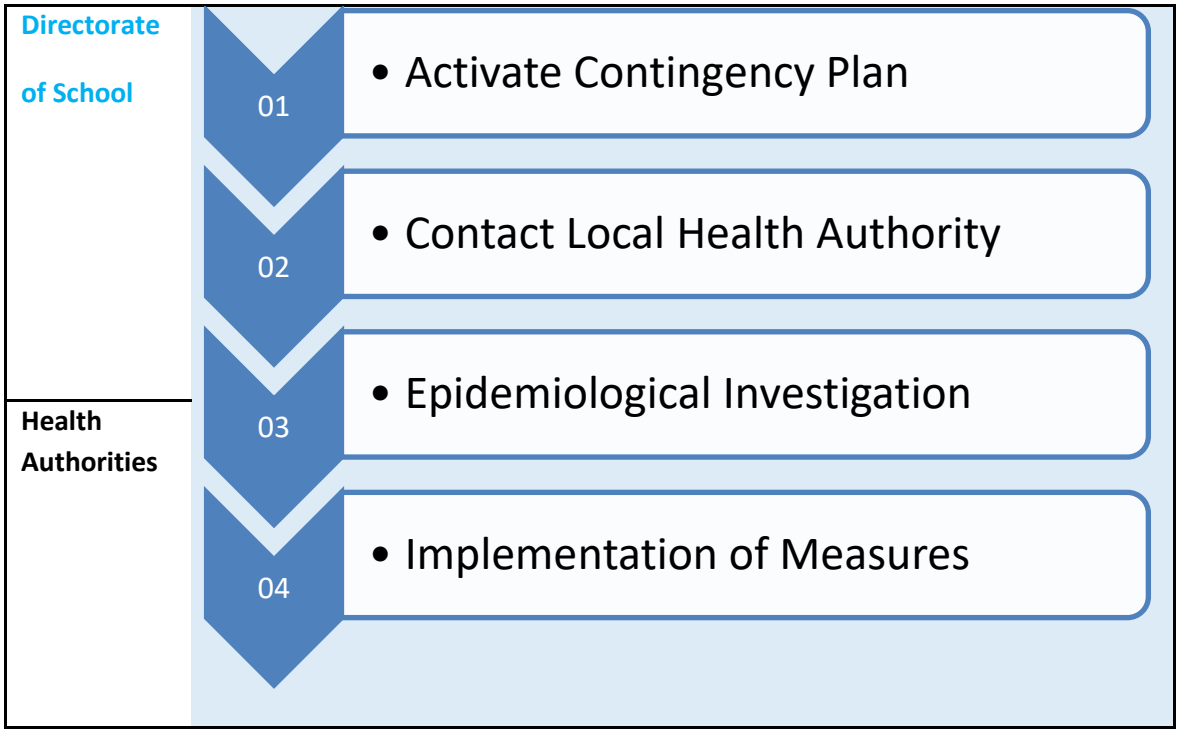

fig. 2 - Flowchart of steps to take in case of a CONFIRMED case

1) When a **CONFIRMED CASE OF COVID-19** of a person who has attended VVIS is communicated to the school outside of school hours, all the procedures contained in the **Contingency Plan** must be immediately activated and the Director and person designated by the Director of the school must be contacted. (figure 2)

2) The management of the school or the designated person will immediately contact the **Local Health Authority** or Local Public Health Unit and inform them of the situation.

3) The **Local Health Authority**, supported by the **Local Public Health Unit** will ensure the epidemiological investigation (on site, if necessary) by way of:

- **Epidemiological survey;**
- **Tracing contacts;**
- **Environmental assessment.**

4) In accordance with the **risk assessment** carried out, the **Local Health Authority** informs the **high and low risk contacts** as well as the school advising them which **measures to implement,** such as:

• **Isolation of contacts**,

• **Closure of the class or areas** or

• **Closure of the entire school;** as well as

• **Cleaning and disinfection of surfaces** and ventilation of the spaces used by the suspected case, as well as the isolation area (DGS Guideline 014/2020)

• **Packaging the waste** products of the suspected case in two resistant plastic bags, with two tight knots, preferably with an adhesive and tie and placing them in collective waste containers 24 hours after their production (never in eco points).

5) **MEASURES TO BE TAKEN BY THE CONFIRMED CASE** In the event of a case with a laboratory test (rRT-PCR) positive for COVID-19, the person must remain in isolation until he/she complies with the documented curing criteria (Norm No. 004/2020 of the DGS).

The local definition of isolation will depend on the severity of the clinical condition and the living conditions of each person.

6) People with COVID-19 are **CONSIDERED CURED** when:

• They have a **complete ABSENCE OF FEVER (without medication)** and significant improvement of symptoms for **3 consecutive days**; and

• They have a **NEGATIVE LABORATORY TEST** (rRT-PCR), performed at least 14 days after the onset of symptoms (in patients without hospitalisation due to COVID-19) or two negative laboratory tests (rRT-PCR), at least 24 hours apart, performed at least 14 days after the onset of symptoms (in patients with hospitalisation due to COVID-19). After **determination of cure** and upon **indication of the Local Health Authority**, the person can return to school.

8. CONTACT TRACING

Contact tracing is a public health measure, the objective of which is 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 interrupting the transmission of the disease. This screening comprises three steps (DGS Standard No. 015/2020):

STEP 1 - IDENTIFICATION OF CONTACTS

- Identification of all persons (contacts) that were potentially exposed to COVID-19

STEP 2 - CLASSIFICATION OF CONTACTS

- Classification i.a.w. evaluation of risk, via investigation and communication with identified contacts

STEP 3 - IMPLEMENTATION OF MEASURES

- Preventive isolation, active and passive surveillance/observation, etc.

STEP 1) **IDENTIFICATION OF CONTACTS** - The contact screening should start promptly after the confirmation of a COVID-19 case, preferably within 12 hours after the identification of the case, including contacts at school (students, teaching staff, non-teaching staff), cohabitants and other contacts that may be relevant (DGS Rule No. 015/2020).

STEP 2) **CLASSIFICATION OF CONTACTS -** The risk of contracting SARS-CoV-2 infection is dependent on the level of exposure, with contacts classified, according to their level, in high-risk and low-risk exposure. This risk stratification is carried out by the Local Health Authority / Public Health Unit in the course of epidemiological investigation, in accordance with DGS Standard 015/2020.

STEP 3**) IMPLEMENTATION OF MEASURES** – The Local Health Authority, after identifying and classifying the level of risk of contacts in the COVID-19 case, and after carrying out the risk assessment, implements a set of individual and collective measures (Norm No. 015/2020 of the DGS).

8.1 INDIVIDUAL MEASURES TO BE APPLIED TO CONTACTS

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

- **Prophylatic (preventive) isolation** at home or in another location defined by the Health Authority, until the end of the active surveillance period (Dispatch no. 2836-A / 2020 and / or n. 3103-A / 2020)
- **Laboratory test for SARS-CoV-2 detection**
- **Active surveillance (quarantine) for 14 days**, from the date of the last exposure

ATTENTION: Performing a molecular test with a **negative result** does not invalidate the need to comply with the period of prophylactic (preventive) isolation and active surveillance (quarantine) of 14 days from the date of the last exposure.

If the result of the molecular **test is POSITIVE**, it is considered as a **CONFIRMED case** and starts immediate procedures related to the **APPROACH TO THE CONFIRMED CASE OF COVID-19** of this document and DGS Standard No. 004/2020 as well as initiating the **CONTACT TRACING PROCEDURES** of this document (item 8) and DGS Standard No. 015/2020.

The **LOCAL HEALTH AUTHORITY** determines the measures mentioned above and informs all stakeholders of the procedures to be adopted.

LOW RISK CONTACTS - Contacts classified as having LOW RISK EXPOSURE are subject to the following procedures:

• Passive surveillance, with monitoring of symptoms by parents, if minors, or by themselves, for 14 days from the date of the last exposure.

COLLECTIVE MEASURES TO BE TAKEN BY THE SCHOOL

The **LOCAL HEALTH AUTHORITY** may determine, in addition to the individual measures to be adopted by contacts, other **collective measures** to be applied by the school in compliance with the Principle of Proportionality:

- **Closure of one of more classes;**
- **Closure of one or more areas of the school;**
- **Closure of the entire school**. The closure of the entire school should only be considered in situations of **HIGH RISK** in the school or in the community. This measure can only be determined by the **LOCAL HEALTH AUTHORITY**, involving decision making by the **REGIONAL AND NATIONAL HEALTH AUTHORITIES**. If deemed necessary, the Local Health Authority may recommend other measures.

9. MANAGEMENT OF THE OUTBREAK

9.1 **Outbreak Management** – It will be considered an outbreak in the educational context if there is on aggregate two or more cases with active infection and an epidemiological link. In a situation where there are two or more cases with different origins, the action is similar. In both scenarios, both will henceforth be called “outbreaks”.

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

A. **“Outbreak” in a class**: cases in a class or classes that work in a cohort (bubble). 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 year groups within the same time period, but without an epidemiological link between them;

C. **"Outbreak" in several classes** with epidemiological link: cases that occur in different classes or year groups, resulting from secondary or tertiary transmission within the school community;

D**. "Outbreak" without transmission control**: A high number of cases in different year groups of the school community (students, teaching and non-teaching staff) with uncontrolled transmission.

Given the existence of an "outbreak" in an educational establishment, it will be necessary for the Local Health Authority to act quickly and apply individual and collective measures. The measures to be taken will depend on a set of factors considered in the risk assessment, carried out by the **LOCAL HEALTH AUTHORITY**, such as:

- Distance between people;
- Room layout and organisation;
- Organisation of people by cohorts (bubbles)
- Structural organisation of the establishment such as corridors and circulation circuits;
- Ventilation of spaces;
- Period between the onset of symptoms and the identification of the suspected case;
- Other factors.

As such, it is important to note that **RISK ASSESSMENT** will be carried out on a case-by-case basis by the **LOCAL HEALTH AUTHORITY**, and different measures may result in each educational or teaching establishment.

9.2. **IMPLEMENTATION OF MEASURES:** The Local Health Authority will decide, according to the risk assessment, which control measures to implement, and may determine:

- Isolation of confirmed or suspected cases;
- Isolation of confirmed cases or suspected prophylactic isolation from high-risk contacts;
- Closure of one or more classes;
- Closure of one or more areas of the school;
- Closure of the entire school.

Closure of the entire school should only be considered in high risk situations in the establishment or in the community. This measure can only be determined by the **Local Health Authority**, involving decision-making by the **Regional and National Health Authorities**. Table 3 presents measures to be implemented through the magnitude of SARS-CoV-2 transmission in the school community. However, the Public Health intervention and the respective measures that are recommended should result from a thorough assessment on a **CASE-BY-CASE BASIS**. These measures should be adapted to the local situation and considered, among other factors, the epidemiological situation within which the school is functioning as well as the existence of necessary resources to control transmission.

Table 3. Measures to be implemented in the context of an outbreak

SCENARIO	CUMULATIVE MEASURES TO IMPLEMENT
A	The Local Health Authority will decide, in accordance with the risk assessment, which control measures are to be implemented, including: • Isolation of cases; • Screening of contacts; • Prophylactic isolation of high-risk contacts; • Conducting laboratory tests on high-risk contacts.
B	The Local Health Authority studies the relationship between the cases and additional measures will be evaluated in relation to scenario A, including: • Closing of classes with confirmed cases, for 14 days from the date of commencement of prophylactic isolation from all contacts; • Closing of one or more areas of the school for 14 days from the commencement of prophylactic isolation from all contacts.
C	The Local Health Authority studies the relationship between the cases and additional measures will be evaluated in relation to scenario B, including: • Extension of isolation measures to low risk contacts.
D	The Local Health Authority in conjunction with the Regional and National Health Authorities may consider the need to scale the measures, assessing the temporary closure of the school. Its reopening should only occur when the Health Authority so determines, based on the control of the epidemiological situation and when it does not represent a risk for the school community

10. COMMUNICATION AND LIAISON WITH PARTNERS

It is essential to involve partners in the educational community to support the school in order to respond quickly and appropriately to control the transmission of SARS-CoV-2.

COMMUNICATION plays a fundamental role. Regular sharing of key measures and recommendations are to be adopted at each moment to form key pieces of the communication strategy and to promote health literacy, which allows not only to reassure and provide confidence in the face of uncertainty, but also to adopt community health protection for the school and the stakeholders. Due to its strategic importance, the liaison with the partners of the educational community must be promoted and strengthened. It is essential to ensure compliance with all procedures, as a strategy of involvement in the entire process and, whenever possible, in decision making, through participation by everyone, from the very first moment in response to an outbreak.

11. FAILURE NOT TO SELF-ISOLATE

FAILURE by any person **NOT TO SELF-ISOLATE** for the prescribed quarantine period or who is presenting with COVID-19 symptoms and fails to be tested for the virus, will result in the application of the **NATIONAL PROTOCOL** being implemented as per **GOVERNMENT NOTICE FOR DISASTER MANAGEMENT.**

The school must be informed if any person is **ADMITTED TO HOSPITAL** for any reason and will not be allowed to return to school until they have medical clearance.

IN THE EVENTUALITY OF ANOTHER LOCKDOWN – In the event that the **LOCAL HEALTH AUTHORITIES** decide to dismiss face-to-face instruction in schools, VVIS will continue to provide online learning of its full academic programme under a revised timetable to avoid long periods of virtual exposure which is not conducive to learning. During online learning, focus will be on:

- Encouraging all students to participate and maintaining **student motivation**;
- Ensuring consistency and a **balance of subjects** across all levels;
- Reinforcing the provision of visual (face-to-face) contact to **include all students**;
- **Differentiating** our teaching as we would do within our classrooms;
- Maintaining **regular contact** with our parents who are important in supporting their children during virtual learning;
- **Monitoring teaching** and **learning** to continue to meet our quality standards.
- Aiming to **clarify expectations**.

We wish to record our gratitude to those parents who have been informing the school of their travel plans and who agreed to undergo the SWAB test upon their return. This is very reassuring and we trust that we can rely on parents' cooperation in future to keep the school informed of any travel plans and what steps they are taking to prevent the spread of COVID-19 amongst the community.

FLU VACCINATIONS may keep absences at bay, reducing absenteeism and allowing ongoing education during a very uncertain time.

GUIDELINES issued by the authorities are subject to change. Depending on the development of the pandemic situation, the plan will be reviewed and updated whenever necessary, whenever new guidelines or impositions are issued by the competent authorities.
The VVIS Contingency Plan is based on information extracted from the **Reference Document** within the school context as drafted and approved by the **DGS** (Direção-Geral de Saúde), **SNS** (Serviço Nacional de Saúde) and the **RP Saúde**. 28.ix.2020