

COVID-19

Recommendations for the return to activity

University
of Porto

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Introduction

The recommendation from the Ministry of Science, Technology and Higher Education, dated 17 April 2020, regarding the progressive lifting of lockdown measures motivated by the COVID-19 pandemic, stipulates that:

1. The return to activity in higher education and research facilities should start being implemented as of 4 May, reliant on the end of the state of emergency;
2. Home teaching and telework are still encouraged, albeit opening up to a gradual and effective combination with onsite activities, namely laboratory, practical classes and exams;
3. There must be a strict compliance with all recommendations from health authorities and with any technical regulations currently into force, namely those regarding hygiene and sanitisation. Social distancing measures and hand and surface hygiene must be enforced at all times; enforcing the use of all the materials and individual protection equipment as well, namely hand washing material, antiseptic alcohol-based solutions and non-medical face masks, which must be always available;
4. Priority must be given to:
 - a. The proper functioning of national science and technology facilities, namely R&D units, laboratories, physical, technological, cultural and performative arts facilities, and medical, veterinary and biological facilities, among others deemed essential by their institutions and which have been closed or partially inactive;
 - b. The return to onsite teaching activities where a physical presence is deemed critical for the learning process, such as laboratories or any of the facilities mentioned above;
 - c. The development of clinical trial activities within health studies courses, when possible;
 - d. The undertaking of internships whose conclusion requires onsite activities;
 - e. The adoption of evaluation procedures which require the physical presence of the students, whenever the use of online platforms isn't deemed appropriate;
 - f. The proper functioning of support services to students and to the overall community, namely food, accommodation, libraries and sports facilities.

5. Teleworking remains a priority, especially for risk groups; telematics meetings (video or teleconferences) are also encouraged, particularly Master's and Doctorate committee meetings, tender committee meetings for higher education teachers and researchers, as well as presentations or meetings of governing or managing bodies.

In this context, U.Porto has created a taskforce (Rectoral Order no. GR 06-04-2020 of 17 April), whose purpose is to set the guidelines for the university's overall response and preparedness strategy for every possible scenario during the institutions' return to activity, and thereby creating U.Porto's return to activity plan.

Bearing into account the need to promptly adopt measures to reduce the risk of transmission of SARS-CoV-2 and to know how to approach suspected cases of COVID-19, this taskforce, alongside U.Porto's previous taskforce for COVID-19, has elaborated a set of recommendations presented herein.

These recommendations are based on the existing scientific knowledge up to date, as well as on the recommendations of national and international public health organisations. They seek to preserve the safety and the health of the academic community, as well as to ensure a climate of confidence and tranquillity, which is critical for the proper functioning of the University.

1. MEASURES TO REDUCE THE RISK OF TRANSMISSION

The SARS-CoV-2 virus is transmitted via direct contact of the nasal, oral and eye mucosae with contaminated respiratory droplets, and via indirect contact with contaminated surfaces.

In this way, the options for preparedness to reduce the risk of transmission may be divided into two major groups: measures to reduce the risk of transmission via direct contact between people and those to reduce the probability of contact with contaminated environments.

1.1. REDUCING THE RISK OF TRANSMISSION VIA INTERPERSONAL CONTACT

The risk of transmission via interpersonal contact may be reduced by (1) limiting the number of people who are simultaneously at U.Porto's facilities; (2) limiting the duration of interpersonal contact and physical proximity; (3) raising awareness to U.Porto's community regarding social distancing measures and the inhibition of physical contact, as well as concerning personal hygiene and respiratory protection measures; (4) educating towards and supporting school or workplace absence among U.Porto students and workers with symptoms of COVID-19; (5) educating U.Porto's community towards an adequate use of individual protection equipment, such as masks or protection visors.

1.1.1. Limiting the number of people within U.Porto's facilities

- Distance education is to be kept in all curricular units where no significant harm will be done to the student's learning process. This is the case of both theoretical classes and theoretical/practical classes;
- Teleworking must also be maintained for all professionals if their activity enables them to do so;
- In workplaces where physical presence is essential, fixed teams shall work alternatively for a fortnight period; preferably, teams shall be composed of workers who are not among COVID-19 risk groups;
- The resumption of onsite activity at U.Porto for people who are part of a risk group, whether by age (over 65) or by prior chronic or immunosuppressed conditions, shall be validated by a doctor from U.Porto's Occupational Health service. In case the return to activity is inevitable, people pertaining to risk groups shall refrain from having close contact with a high number of people. They shall use surgical masks and reinforce hand and surface hygiene measures;

- Customer services shall preferably be carried out by e-mail or by phone, and documents shall preferably be sent and received electronically. Cashless payment systems shall be promoted, such as bank transfers or payment reference, MBWay or credit and debit cards (*Multibanco*) – preferably with *contactless* technology. Automatic vending machines may be adapted in order to accept these cashless systems.
- There shall be procedures to limit the access of visitors, namely suppliers, to U.Porto's facilities. Such visitors shall be duly aware of these procedures. Limited circuits shall be created to reduce circulation to a minimum, with the use of masks being recommended in closed spaces; hands must be washed or disinfected upon arrival to any facility.

1.1.2. Limiting the duration and the proximity of interpersonal contact

- The capacity available within U.Porto's several locations, such as classrooms or other workplaces, including laboratories, teachers' offices, food facilities – as canteens, snack-bars or restaurants –, e-learning cafés, study rooms, student recreation rooms and libraries, must be reduced in order to guarantee a distance of at least one metre¹ (3 feet) between people, the preferable distance being two metres (6 feet). Other options for preparedness are the recommendations for people with symptoms not to attend the school/workplace, the constant ventilation and sanitisation of all areas (points 1.2.1 and 1.2.2.), as well as the use of masks. These measures, adopted simultaneously, will significantly reduce the risk of contagion:
 - Onsite evaluation procedures and exams shall only be undertaken in auditoriums or in large rooms. In these cases, a distancing of two seats sideways must be created, as well as an interval row in the front and back. In classrooms without fixed seats, a two-metre distance (6 feet) shall be guaranteed between each workstation. Whenever possible, there shall be more than one entrance to the exam room; the process of entering the room shall be carried out in a way that avoids student agglomeration. Rooms must be ventilated and the tables must be disinfected between exams (as defined in 1.2.1);
 - The distance between people shall be equal or higher than two radial metres (6 feet) if they prolong their stay (several hours) and/or if the space permits such a distance (as is the case of open spaces);
 - Work, study or food areas shall be repositioned whenever possible, so as to avoid a face-to-face position.

¹ Distance should be considered radial-wise, i.e., calculated and guaranteed around a person.

- Work areas or classrooms shall be stationary, so as to reduce the variation and the number of contacts;
 - Food areas at U.Porto, such as canteens, snack-bars and restaurants, shall have a maximum of four people per 10m², ensuring a minimal distance of one metre (3 feet) between people, albeit the preferred distance being two metres (6 feet). Alternatives such as take-away meals shall also be presented (such as sandwiches or salads), to enable students or workers to eat outdoors or in their homes;
 - Shared rooms in university residences is unadvised; in case rooms are shared, a distance of at least two metres (6 feet) between beds must be ensured. The full capacity of common areas in university residences shall be adjusted so as to guarantee social distancing measures.
- Each member institution shall establish the maximum number of people simultaneously allowed in elevators, so as to ensure a distance of at least one metre (3 feet) between them, preferably two metres (6 feet). It is advised that the elevators are only be used by people with mobility impairments and who are unable to use the stairs. These measures shall be indicated by the door of each elevator.
- The period of simultaneous presence of people in a closed space shall be minimised:
 - Reducing the length of onsite classes must be under equation. Additional break time shall be enabled so as to ventilate closed spaces (for instance, a simultaneous opening of a window and a door in opposite sides to guarantee transverse ventilation).
 - Besides from the two-week shifts, fixed working teams shall be created for the morning periods and others for the afternoons, as long as the physical presence of workers on site is deemed essential. These shifts shall be asynchronous and shall not coincide in any moment.
 - Unessential recreation rooms, both in university residences and in member institutions, shall be kept closed. Likewise, all areas where distancing, hygiene or ventilation measures aren't applicable as per points 1.2.1. and 1.2.2. shall remain closed;
 - The use of "kitchenettes", meal rooms or "micro-wave areas" shall take the shortest time possible, guaranteeing a minimal distance of one metre (3 feet) between people, preferably two (6 feet). Furthermore, these areas must be properly ventilated (as per point 1.2.2.) and hygiene routines shall take place between each use (hygiene and surface disinfection agents must be available). If social distancing measures, ventilation or hygiene measures aren't applicable, these areas shall not be used..

1.1.3. Raising awareness

- U.Porto shall inform and educate its entire community about the strict compliance of hand hygiene measures, respiratory protection measures, social distancing and an appropriate use of masks. Community members shall:
 - Frequently wash hands with water and soap/liquid soap, rubbing them well for at least 20 seconds and drying them out in a safe manner (with hand driers or paper towels). In case taps are manually activated, the tap shall be closed with a paper towel once the hands are duly washed. Hand washing must take place especially upon arrival or once leaving U.Porto's facilities; after sneezing, coughing or wiping one's nose; before putting on a mask or disposable gloves and also after discarding them; after using the toilet facilities; before and after contact with food; and upon contact with surfaces used by several people, such as doors knobs, elevator buttons or switches. Whenever hand washing procedures aren't possible, an antiseptic alcohol-based solution shall be used instead, rubbing the hands until dry;
 - To educate people not to share personal items and to frequently sanitise their phones. Phones shall be cleaned, with the cover removed, and then disinfected (cover included) with disinfectant wipes or paper towels moistened with 70% alcohol;
 - To adopt respiratory protection measures, namely coughing or sneezing into a single-use tissue or into the arm towards the bent elbow, never to the hands or to the air;
 - To inform and to educate U.Porto's community about the importance of keeping social contacts to a minimum and only if necessary, thus avoiding agglomerations or attendance in public closed areas. People shall also be aware of the importance of keeping social distancing measures and complying with hand hygiene measures after being in an area with several other people. In the specific case of public transports, the time of permanence within a means of transport shall be reduced to a minimum, by shortening the transport's itinerary to the bare essential. Alternatives such as walking, bicycle or other equivalent means of transport may be considered. The use of mask is also advised when in closed public areas;
 - To warn members of U.Porto's community and visitors, including suppliers, about the importance of using masks in closed areas, with the exception of people with contraindications.

According to the national General Directorate of Health, surgical masks shall be used by the most vulnerable, namely people over 65 years of age, with chronic or immunosuppressed conditions, as well as people who have been considered suspected cases and therefore been referred to isolation areas or to a testing facility (check 2.1.). Surgical masks shall also be used by customer service workers in services where social distancing is not guaranteed.

The remaining people within U.Porto's community shall use non-medical face masks, made of a washable cloth, in compliance with Infarmed regulations: a minimum filtering capacity of 90%, a breathing capacity of at least 8l/min (EN ISO 9237:1995), or at most 40 Pa (EN 14683:2019), which should permit an uninterrupted use of the mask for a period of four hours. During this period, the masks shall not degrade, maintaining both the capacity of droplet retention and breathability. They shall uphold its performance during its useful life cycle and must be adequately designed and manufactured.

Both surgical and non-medical face masks shall be replaced after 4 to 6 hours or whenever moist.

Member institutions shall guarantee the distribution of individual protection equipment to their workers and the existence of a number of masks to distribute among students and visitors who, by mistake or lack of knowledge, do not bring their own equipment to U.Porto's facilities. They shall also reinforce that this equipment does not exempt anyone from strictly complying with social distancing and hand hygiene measures;

- A protection visor shall be used in situations where social distancing cannot be guaranteed, such as laboratories, workshops or similar;
- While the "social" use of gloves is not recommended, due to the hazard of environmental contamination, it could be preferred by some people within U.Porto's community due to a greater "sense of security". It is, therefore, recommended, that gloves are only used when a person starts carrying out a long-lasting, uninterrupted activity (such as marking and grading exams). In this case, and before the aforementioned activity begins, one should wash their hands before putting on the gloves, which should be properly placed. Once the activity is finished or in case it needs to be interrupted, the gloves shall be carefully removed and the hands washed once again. The same pair of gloves shall not be used in different activities or in different areas, nor should they come into contact with different surfaces or spaces, due to the risk of microbial contamination.
- U.Porto community members such as students, teaching and non-teaching staff shall be educated and encouraged to never attend the school or workplace if they experience symptoms associated with COVID-19, even if mild. In such cases, distance education or telework shall be applied, if possible.
- If body temperature control is implemented on any person from U.Porto's community or visitor, through the use of infrared thermometers or thermal cameras, the data cannot be recorded. This control shall be performed at the entrance of university facilities, and the people awaiting for control shall remain outside the facilities with a two-metre (6 feet) radial distance between them. The workers carrying out body temperature control shall keep a safe distance of at least one metre (3 feet) and be

protected with a mask and a protection visor. They shall wash their hands frequently, especially before moving on to a different activity. Any person with a fever (body temperature equal or higher than 38° C) shall be considered a suspected case and conducted to an isolation area. Next to a control area, there shall be information regarding COVID-19 symptoms and the procedures in place, and especially regarding the importance of not attending the school or workplace if symptomatic.

- Informative and educational materials elaborated by U.Porto's Communication and Image Service shall be widely diffused and physically displayed in strategic locations within every facility.

1.2. REDUCTION OF ENVIRONMENTAL RISK

The reduction of environmental risk will mainly be achieved by frequently sanitising all areas and by disinfecting surfaces, as well as by frequently and effectively ventilating closed spaces.

1.2.1. Sanitisation and disinfection of spaces

- Member institutions shall adapt, implement and display the sanitisation plan for every facility and the equipment thereof, in accordance with the guidelines from the national General Directorate of Health, namely Recommendation no. 14/2020 of 2020/03/21 (Annex 1), which is concerned with the methodology, the materials, the products used and the frequency of cleaning operations.
 - The sanitisation and disinfection of surfaces meant to be used by a high number of people, such as door knobs, handrails, elevator buttons, ATM machines, vending machines, keyboards, mice, tables and chairs, should have full priority. The same is valid for equipment used in sports education, namely surfaces which will be in direct contact with a user's body;
 - Member institutions shall ensure that workers designated for cleaning operations are duly equipped for the performance of their duties (with the individual protection equipment as per Guideline no. 14/2020 of 2020/03/21, Annex 1) and that they are properly educated regarding the adequate, effective execution of the Sanitisation Plan, namely regarding methods, materials, frequency and proper use of specific cleaning materials;
 - It is necessary to create cleaning records (Guideline no. 14/2020 of 2020/03/21 of the General Directorate of Health), identifying the people responsible and how often cleaning operations took place;

- U.Porto should perform audits on the cleaning personnel to assess their knowledge regarding cleaning procedures;
 - Between different usages of shared spaces or equipment (for example, during break times), if cleaning personnel is unavailable, the users themselves shall be responsible for cleaning and disinfecting the surfaces they will come into contact with (such as table tops, keyboards, mice or sports equipment). In order to do so, they shall use the cleaning and disinfection materials that will be available on every shared space, following the procedures indicated thereby.
- The availability of surface cleaning and disinfection materials, as well as of cleaning personnel, shall be always guaranteed:
 - The materials shall comply with the General Directorate of Health (Guideline no. 14/2020 of 2020/03/21, on Annex 1);
 - For cleaning surfaces, detergents shall be used, while their disinfection should be performed with alcohol-based solutions (with 70% alcohol) or bleach (with 5% free chlorine), always in accordance with the type of surface and considering manufacturer recommendations;
 - To clean surfaces which are frequently touched, such as table tops or keyboards, between classes or exams, disinfecting detergents may be used; these are products composed of both detergent and disinfecting agents (2 in 1), allowing for quicker cleaning and disinfection procedures;
 - Materials such as paper towels or paper roll, as well as disinfectants, shall remain available in every classroom or working space, so that users may be able to disinfect the surfaces they will come into contact with.
 - Paper resources, such as exams or documents, may be handled without gloves, as long as the professional in question washes their hands upon contact and refrains from touching their face before washing them. These paper resources may be safely kept in a “quarantine” of 72 hours prior to use. In alternative, if the user prefers a “sense of security”, gloves may be used during the execution of uninterrupted, long-lasting tasks. In this case, hand washing must take place before putting on the gloves and right after taking them off, in compliance with precautions mentioned in 1.1.3.
 - Upon receiving orders, hands must be washed. In case orders have been placed in working surfaces, the latter shall be immediately disinfected.

- Within student residences:
 - Shared rooms are strongly unadvised, especially if it isn't possible to guarantee a two-metre distance (6 feet) between beds, as per point 1.1.2.;
 - The sanitisation of shared spaces must be frequent, and so shall the disinfection of surfaces with a higher risk of frequent contact, such as handrails, door knobs, switches and elevator buttons, in compliance with the General Directorate of Health's Guideline no. 14/2020 of 2020/03/21 (Annex 1).
 - Residents must be educated to not sharing kitchenware, towels or bedlinen;
 - Residents must be educated to the need of properly ventilating the room they use;
 - Users must frequently clean the areas/surfaces after using them;
 - Room cleaning and bedlinen washing shall be performed by the users themselves.

1.2.2. Room ventilation

- Room ventilation, both natural or mechanical, shall be ensured during and between working periods or classes, so as to enable air changes within classrooms or other closed spaces. The General Directorate of Health recommends at least 6 air changes per hour.
- Natural ventilation can be achieved by frequently opening doors and windows.
- The proper functioning of Air Handling Units shall be verified in all spaces regarding working hours and must be configured to use 100% fresh air (so as to prevent air recirculation). They shall also be frequently cleaned and their filters and pre-filters regularly changed. No other air recirculation systems shall be used, namely air conditioning units, fans or hot-air blowers.

1.2.3. Other physical, material and equipment-related aspects

- For effective hand washing, it is crucial to guarantee the availability of soap/liquid soap, water and safe hand drying equipment (paper towels or hand driers) in every toilet facility and/or water points. Shared fabric towels must be removed. Following guidelines from the General Directorate of Health, namely Guideline no. 14/2020 of 2020/03/21 (Annex 1), a replenishment frequency shall be defined. There shall be a record verifying the need to replenish soap/liquid soap and paper towels, as well as attesting to the proper functioning of the respective dispensers. An e-mail address

or phone contact shall be available so that users may notify the competent people regarding the need to replenish these materials.

- It is also key to guarantee the availability of antiseptic alcohol-based solutions (with 70% alcohol), preferably with non-manual dispensers, placed in strategic locations – considering the number of people who usually circulate in that particular area and how far it is from hand washing facilities. Relevant locations are entrance/exit points, food areas, areas next to vending machines, areas with greater agglomerations of people, locations with onsite customer service, on every floor by the elevator or near the stairs and, mandatorily, at the entrance of and inside isolation rooms. Replenishment frequency shall be defined. There shall be a record verifying the need to resupply antiseptic alcohol-based solutions, as well as attesting to the proper functioning of the respective dispensers.
- In areas where face-to-face service is paramount, an acrylic or glass barrier shall be installed to ensure a physical distance of at least one metre (3 feet). Likewise, antiseptic alcohol-based solutions for hand disinfection must be guaranteed, and payment via cashless payment methods is encouraged (such as bank transfer, bank reference, MBWay or debit or credit card, preferably using contactless technology). A safe distance mark on the floor shall be placed in locations of onsite customer service (of at least one metre (3 feet), preferably two (6 feet)).
- The main doors, classrooms or other frequently used spaces shall be kept open whenever possible. In alternative, doors in entrance or exit points shall be easily opened with a leg or with the elbow.
- Every trash bin for organic material shall be triggered by a pedal mechanism. Trash bins that are not triggered by a pedal mechanism shall only be used for non-organic trash and shall remain open in order not to be manipulated.
- The following must be guaranteed in all U.Porto food areas, such as canteens, snack-bars and restaurants:
 - No unpacked products in *self-service* areas;
 - No products such as seasonings available for use in *self-service* areas;
 - All available cutlery must be packed;
 - Only properly cleaned and disinfected raw fruits and vegetables available for sale;

- Cleaning of kitchenware and cutlery in an automatic dishwashing machine, with washing cycles at temperatures higher than 85°, which consequently guarantees disinfection;
- Distance of at least two metres (6 feet) in counter service areas, ideally with markings on the floor;
- Regular audits to verify the compliance with all food safety requirements and otherwise preventive procedures regarding COVID-19.

1.2.4. Specific cases

- Any area that does not comply with requirements regarding capacity, distancing, ventilation or hygiene measures shall not be used.
- Any activities that involve public service, such as medical check-ups in Psychology, Nutrition or other health services, shall be performed remotely, by phone or videoconference. Only the check-ups where physical presence is essential to the patient shall be considered. In such cases, a distance between one and two metres (3 to 6 feet) must be kept between doctor and patient (preferably with a marking on the floor), and disinfection must take place in door knobs, chair, paper towel dispensers and any other equipment or materials used by patients. Proper natural or mechanical ventilation must be ensured (check 1.2.2.). Check-ups shall be by appointment only so as to prevent an agglomeration of patients in waiting areas.
- Clinical practice classes of Medicine and Dental Medicine shall be very carefully thought out. If they are considered absolutely indispensable for student learning and if there are proper conditions to carry them out, they may take place with students duly equipped with the correct individual protection equipment and properly instructed about how to use it correctly.
- Resumption of sports activities at U.Porto may only take place upon authorisation from the Government and/or the health authorities.
 - Distance between people in a still position shall be higher than two metres (6 feet); if, however, people are in motion, safe distance must be even higher;
 - The execution of sports activities in closed spaces shall be avoided. If closed spaces are to be used, air changes must take place between 6 and 12 times per hour and a superior distancing between people shall be guaranteed. Both physical contact and the sharing of equipment must be avoided. The equipment's sanitisation shall take place before and after it is used. To this end, cleaning and

disinfection materials shall be available, such as paper rolls and disinfecting agents. Equipment used closer to the body, such as work-out floor mats, shall be individual and not shared.

- The use of swimming pools shall also follow guidelines from the Government and/or the health authorities. Recommendations regarding the use of pools are scarce, but the World Health Organisation and the *Centers for Diseases Control and Prevention* recommend that good disinfection practices continue, keeping free chlorine levels at the top of the recommended range. The *Health Protection Surveillance Centre* refers that disinfection takes place with at least 1mg/L of free chlorine. In Portugal, the General Directorate of Health recommends that recreational waters are disinfected with 1 to 2 mg/L of free chlorine to achieve a pH between 7,5 and 8 (Circular no. 14/DA of 2009/08/21). Despite this, the reopening of pools must be seriously considered, not due to risks associated to the water but due to difficulties in complying with guidelines regarding ventilation and physical distancing.
- The reopening of museums or other cultural spaces shall also follow guidelines from the Government and/or the health authorities.
- Isolation rooms as per U.Porto's previous Contingency Plan shall remain available to host suspected cases. They should be naturally ventilated or have a mechanical ventilation system without air recirculation. Surface materials shall be plain and easy-to-wash. The room shall include a phone or mobile phone (in the event that the suspected cases don't have theirs with them), a chair or stretcher, water and some non-perishable foods, a residue bin (with a non-manual opening and with a plastic bag inside), antiseptic alcohol-based solutions (available inside the room and at the entrance), paper towels, surgical mask, disposable gloves and a thermometer. There ought to be one or more isolation rooms per building, which shall be promptly available to be used by any suspected case. The route from and to the locale of the isolation room shall bear the least possible contact with other individuals. In the event of more than one simultaneous suspected case, the person responsible for each institution shall consider creating a second temporary isolation area, or placing all suspected cases within the same area as long as a two-metre (6 feet) distance between them is guaranteed. In these areas, or next to them, a toilet facility shall be available for the exclusive use of the suspected case.

1.3. Verification list

Considering these recommendations, the persons responsible for each member institution, together with the persons handling the response strategies for COVID-19 and all the persons deemed pertinent, shall promptly create:

✓ Listing and stocking of material for surface cleaning and disinfection, as per the General Directorate of Health's Guideline no. 14/2020 of 2020/03/21 (Annex 1). The aforementioned stock must take into account the need for cleaning and disinfecting procedures carried out by cleaning personnel, as well as by the classroom and workplace occupiers;

✓ Listing and stocking of individual protection equipment (masks, gloves, protection visors, infrared thermometers) and of hand washing and disinfecting material (such as soap/liquid soap, drying wipes and antiseptic alcohol-based solutions), so as any other equipment that needs replacement to reduce the risk of environmental hazard (such as trash bins with a non-manual triggering mechanism);

✓ Sanitisation Plan, in compliance with the guidelines hereby presented and as per the General Directorate of Health's Guideline no. 14/2020 of 2020/03/21 (Annex 1). This plan shall also include cleaning records and documents to verify the need to resupply materials such as soap/liquid soap, paper towels or antiseptic alcohol-based solutions;

✓ A programme, verification list and audit plan for all U.Porto locations, including food areas and student residences, concerning sanitisation procedures, the availability of cleaning products, the supplying of antiseptic alcohol-based solutions, liquid soap and hand drying material or equipment;

✓ Verification procedures regarding space ventilation capacity and definition of the maximum capacity of each area, including elevators;

✓ Work and onsite classes plan, defining:

- procedures for face-to-face service (timetables, methodology, area), locales where to install acrylic or glass barriers, places to make physical distancing markings on the floor (for instance, in face-to-face service or food areas);
- working shifts in the necessary services and departments, in order to ensure gaps and different working hours for each fixed team, determining which areas are to be used by what team and guaranteeing proper cleaning procedures, ventilation and social distancing.

✓ Definition of specific procedures and routes for people to access each member institution, including suppliers;

✓ Definition of specific procedures for the use of eating areas and equipment, such as micro-waves or kitchenettes;

✓ Definition of appropriate sites to install antiseptic alcohol-based solutions;

✓ Definition of appropriate locations to affix any educational or informative materials.

2. APPROACHING A SUSPECTED CASE

2.1. ROUTE FOR SUSPECTED CASES AT U.PORTO

A member of U.Porto's community (student, teaching or non-teaching staff) who experiences acute cough (persisting cough or a worsening of chronic cough) and/or fever (body temperature equal or higher than 38° C) and/or difficulty breathing should follow the procedures indicated in the flowchart on Annex 3. They should then head to the isolation room, put on a surgical mask if physically able to do so, and to inform (before or after entering the premises) the person responsible for the institution, preferably by phone. They shall then call the national SNS24 hotline (808 24 24 24); in alternative, they can call U.Porto's Occupational Health Service, at the number 220426643 (between 9 a.m. and 5 p.m.), and follow every recommendation.

If needed, due to any mobility impairment, the responsible person shall be requested to provide assistance until the suspected case enters the isolation room. Whenever possible, the responsible person shall keep a safe distance of over two metres (6 feet) from the person suspected to have COVID-19. The person providing assistance or that who enters the isolation room shall firstly clean and disinfect their hands, put on a surgical mask and disposable gloves. Upon contact with a suspected case, the gloves shall be removed and the hands washed again.

If the case is validated as a suspected case, the responsible person for the institution shall:

- Inform and steer the suspected case, within schedule, to the diagnostics and testing facilities at the *Centro Hospitalar Universitário do Porto*, if the suspected case studies or works at campuses I and III (Central and Campo Alegre), or at the Occupational Health Service at the *Centro Hospitalar Universitário de São João* (Hospital of St. John) in case of students or workers from campus II (Asprela). A suspected case at U.Porto shall be redirected to one of these two testing facilities regardless of any other testing sites indicated by the SNS24 hotline.
- Notify U.Porto's Occupational Health Service to record the event at SINAVE;
- Inform U.Porto's COVID-19 taskforce about the existence of a new case within U.Porto's community, reporting the institution where they study or work, but without providing any further disaggregated data.

Every student or worker validated as a suspected case (regardless of who performs such validation), shall preserve the surgical mask on and head home to initiate an isolation period, preferably without using any public transport. School or work absence shall be later justified by a general practitioner, who will issue a sickness certificate (also known as medical leave).

Students and workers who have had contact with the suspected case shall be identified by the *Porto Ocidental* (Western Porto) and *Porto Oriental* (Eastern Porto) health authorities, in a joint effort with the head (or a designated person) of the U.Porto institution to which the student or worker is bound. The following high risk contact criteria must be observed:

- Contact within a distance shorter than two metres (6 feet) or for a period longer than 15 minutes with a patient with COVID-19 without proper respiratory protection, or
- Cohabitation with a confirmed case of COVID-19, or
- Physical contact with a confirmed case of COVID-19 or with their body fluids without proper protection, or
- Permanence, without adequate respiratory protection, in a closed space where aerosol procedures have taken place.

Afterwards, the *Porto Ocidental* and/or *Porto Oriental* health authorities will remain under active vigilance for 14 days. If the person or persons under vigilance develop any symptoms during this period, they shall be tested in previously identified testing locations. The *Porto Ocidental* and/or *Porto Oriental* health authorities will then determine school or work absence due to preventive isolation in high risk contact cases.

Cases of exposure that are not bound to the aforementioned definition of high risk contact do not have indication for school or work absence, nor for isolation. They shall only self-monitor for symptoms (namely measuring body temperature twice a day) (Annex 2) and contact U.Porto's Occupational Health Service if they develop any symptoms of COVID-19.

Asymptomatic students or professionals who have had contact with confirmed cases do not have indication for school or work absence.

After a suspected case leaves the isolation room, the responsible person shall guarantee that the area is properly cleaned and disinfected, including frequently touched surfaces. The suspected case's workplace must also be sanitised, in accord with the evaluation of a health authority. Any further restrictions to circulation within university facilities, due to the existence of COVID-19 cases diagnosed at U.Porto, shall be defined by the responsible health authorities.

Any residue from a confirmed case shall be dumped into disposable plastic bags (of 50 or 70-micron thickness), loaded up to 2/3 (two thirds) of its full capacity, and completely closed. The bags must be within a residue bin which must have a lid and be triggered by a pedal mechanism. Once used, the bags shall be placed into a second bag, which will be deposited in the undifferentiated waste container after being fully closed as well.

If the suspected case isn't validated, but the person is still experiencing symptoms, they should remain absent from the school or workplace, continuing their recovery at home. Their absence from school or workplace shall be certified by their general practitioner. In these cases, usual cleaning and disinfection procedures shall take place within the isolation room.

2.2. CLINICAL FOLLOW-UP AND RETURN TO ACTIVITY

Each case (and respective family or social contacts) is to be managed by the health authority of the corresponding residence area; professional contacts (amongst the U.Porto community) are the responsibility of U.Porto's Occupational Health Service and of the *Porto Ocidental* and/or *Porto Oriental* health authorities - depending on the campus to which the case is bound. The clinical follow-up of people with COVID-19 shall be carried out by a medical officer.

The return to school or work activity shall only occur after a validation from the health authority in charge of the case, as well as from U.Porto's Occupational Health physician. The latter, in case of U.Porto workers, shall issue a fit note; in case of students, the physician shall e-mail a fit note to the Board of their institution.

U.Porto students and workers who tested positive for SARS-CoV-2 may only resume school or work activity if the following criteria are met:

- 14 days since the symptoms began;
- No further symptoms;
- Two consecutive nasal and throat swabs, with a 24 to 72-hour interval, both tested negative;
- Cohabitants without greater risk of contagion.

2.3. PSYCHOLOGICAL SUPPORT IN THE MANAGEMENT OF A SUSPECTED CASE

In the event that the U.Porto community member who is a suspected case of COVID-19 expresses high stress levels, anxiety or major difficulty in managing their own concerns when assisted by the responsible person, they are recommended to use LAPUP – U.Porto’s Psychological Support Line (220 408 408). In every isolation room, regardless of the institution, this phone number and the suggestion to use it shall be indicated and well visible.

LAPUP may be used:

- by the case’s own initiative;
- by indication of those who are following up on the situation, if they observe out-of-control anxiety levels (intense crying, difficulty to stop crying, fear of being locked in the isolation room, sudden shaking, among other signs that, in a medical interpretation of the situation, are seen as non-recoverable) or other exaggerate emotional responses;
- by the professional who is following up on the situation, to get guidance for providing a better care.

LAPUP can also be used by people who have been diagnosed with COVID-19, as well as by people with a history of contacts with suspected and confirmed cases within U.Porto’s community.

Any person who, in the process of returning to activity at U.Porto, feels concerned or unsafe, may also call LAPUP or consult the Psic.ON – U.Porto’s Online Psychological Support Platform – for a more continuous guidance (<http://up.pt/suporte-psicologico-online> or by e-mail: suporte-psicologico-online@reit.up.pt).

Both the people diagnosed with COVID-19 and their high risk contact can be referred by the designated medical officer and/or by the health authority in charge of their case for further assessment and psychiatric follow-up, if justified.

3. MONITORING THE EPIDEMIC AT U.PORTO

Anonymous data regarding the appearance of cases within any member institution shall be communicated to U.Porto's taskforce for COVID-19. The latter shall then compile the information and appoint the designated persons to analyse it. Describing the cases by early symptoms, spatial distribution (by institution or by institution area or floor) and by number of secondary cases will enable a more effective monitoring of the epidemic at U.Porto, as it will provide a better understanding of possible distribution patterns. And perhaps it may provide more information regarding the need to review current measures or to implement more control restrictive options for preparedness in each member institution.

4. FINAL NOTES

In an effort to create the best conditions to resume the normal functioning of activities, namely those in the teaching-learning scope, U.Porto is looking out to the fundamental principle of fostering equity conditions amongst students.

During the resumption of onsite activities, particular attention shall be given to the equity of opportunities amongst students, to guarantee that any situations of unequal access to learning activities does not occur. To this end, the university shall foresee alternative mechanisms to provide every student with a fair and equal treatment, including those who are not able to take part in learning activities. Therefore, it is recommended that all member institutions develop adequate teaching mechanisms beforehand for students who may be impeded of attending onsite learning activities, due to any circumstances validated by teachers of the curricular units they are enrolled in, and/or by the directors of the courses they are attending. This may include students living in the Azores or Madeira islands, Erasmus students, students in other mobility programmes who have returned to their home countries, students diagnosed with COVID-19 or in preventive isolation, students pertaining to risk groups due to health conditions, etc.). There shall also be a focus on possible economic or financial difficulties that may impede students from taking part in onsite activities. If such situations are duly confirmed, there is a set of measures for adequate pedagogical options in order to enable these students to continue their academic trajectory. Such measures shall seek to diminish any added risk of school abandonment due to economic difficulties.

It is also recommended that, when organising the exam calendar or other activities which imply a sporadic physical presence of students, the timetables created shall enable students who do not live in Porto to be able to travel to Porto and return home on the same day.

It is crucial to advise that any options implemented with regards to distance education, evaluation or otherwise, shall consider the possibility of unequal access conditions from students to computers or to other technological equipment, as well as the unequal Internet coverage, which may not have the necessary quality to undertake such activities.

All recommendations herein shall be adapted to the circumstances of each member institution, course and/or curricular unit, wherefore the person responsible for each member institution regarding the preparedness for COVID-19 is advised to coordinate taskforces that enable a rightful adjustment and an effective implementation of these measures.

One must consider that the current sanitary situation may suffer alterations. Bearing that into account, every member institution shall elaborate contingency plans or adjust the ones they already have in order to be better prepared to respond to suspected cases or to reconsider the existence of onsite activities.

The recommendations herein may be adjusted at any point depending on the evolution of the current sanitary situation and/or by determination of the Government or of the health authorities.

Any doubts regarding the interpretation of these recommendations shall be presented to U.Porto's taskforce for COVID-19.

ANNEXES

ANNEX 1

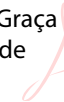
SARS-CoV-2 infection (COVID-19) - Cleaning and disinfection of surfaces in public or similar establishments, DGS

(<https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0142020-de-21032020-pdf.aspx>)

ORIENTAÇÃO

NÚMERO: 014/2020

DATA: 21/03/2020

Maria da Graça
Gregório de
Freitas 
Digitally signed by Maria da
Graça Gregório de Freitas
DN: c=PT, o=Direção-Geral da
Saúde, cn=Maria da Graça
Gregório de Freitas
Date: 2020.03.21 12:54:13 Z

ASSUNTO: Infecção por SARS-CoV-2 (COVID-19)
Limpeza e desinfeção de superfícies em estabelecimentos de atendimento ao público ou similares

PALAVRAS-CHAVE: Coronavírus; desinfeção, superfícies; estabelecimentos de atendimento ao público; outros estabelecimentos na comunidade; COVID-19

PARA: Estabelecimentos de atendimento ao público e população em geral

CONTACTOS: geral@dgs.min-saude.pt

Nos termos da alínea a) do nº 2 do artigo 2º do Decreto Regulamentar nº 14/2012, de 26 de janeiro, emite-se a Orientação seguinte:

1. Introdução

No âmbito da infeção pelo novo Coronavírus (SARS-CoV-2), que pode evoluir para a COVID-19, estão a ser desenvolvidas medidas de Saúde Pública de acordo com a fase de resposta à propagação do vírus.

O sucesso das medidas preventivas depende essencialmente da colaboração dos cidadãos e das instituições. É importante incentivar e salvaguardar o papel específico dos estabelecimentos, nomeadamente aqueles que lidam diretamente com o público em geral.

Por serem frequentados e expostos a várias pessoas e de forma continuada, os estabelecimentos podem contribuir para a transmissão indireta do vírus. O vírus permanece em superfícies durante um período temporal que pode ir de algumas horas a 6 dias, e a limpeza e desinfeção frequente dos espaços diminui consideravelmente esse período.

Assim, devem ser tomadas medidas adicionais de cuidados na limpeza e desinfeção de superfícies, de modo a prevenir a disseminação da COVID-19. Esta orientação poderá ser atualizada consoante a evolução do surto e/ou disponibilização de nova evidência científica.

Orientação nº 014/2020 de 21/03/2020

1/14

2. Características de transmissão e prevenção da doença

O novo Coronavírus (SARS-CoV-2) pode transmitir-se por contacto direto e contacto indireto, através de gotículas expelidas para superfícies.

À luz do conhecimento atual pensa-se que o SARS-CoV-2 pode permanecer nas superfícies durante pelo menos 48 horas. Se não houver uma limpeza e desinfecção adequada, e o aumento da sua frequência, as superfícies podem constituir-se como reservatórios de vírus e de outros microrganismos.

Via de contacto direto	Via de contacto indireto
Através de gotículas que uma pessoa infetada transmite pela boca ou nariz quando fala, tosse ou espirra (e não utiliza as regras de etiqueta respiratória) podendo estas entrar diretamente para a boca ou nariz de uma pessoa que está muito próxima.	Através das mãos, que tocam nas superfícies contaminadas com as gotículas expelidas pelas pessoas infetadas e que depois são levadas à cara, à boca ou ao nariz inadvertidamente, sem termos feito a higiene das mãos.

2.1. Superfícies críticas na transmissão da COVID-19

Todas as superfícies podem ser veículos de contágio, mas o risco deste contágio varia consoante a frequência de manipulação, de toque ou de utilização.

As superfícies com maior risco de transmissão são as de toque frequente, ou seja, as superfícies manipuladas ou tocadas, por muitas pessoas, e com muita frequência ao longo do dia. São exemplos destas superfícies: maçanetas de portas, interruptores de luz, telefones, *tablets* e teclados de computadores principalmente quando usados por várias pessoas, botões de elevadores, torneiras de lavatórios, manípulos de autoclismos, mesas, bancadas, cadeiras, corrimãos, brinquedos em salas de diversão para crianças em espaços públicos, dinheiro, entre outros.

Algumas áreas de maior risco para a transmissão entre pessoas incluem:

- Áreas de isolamento, quer o quarto da pessoa doente de COVID-19 que permanece no seu domicílio e a casa de banho que utiliza, quer a área(s) de isolamento em estabelecimentos públicos;
- Áreas de restauração onde as pessoas comem (nomeadamente em grandes superfícies e restaurantes) ou outros (mesas, tabuleiros, bancadas, cadeiras) podem aumentar o risco para as pessoas que as frequentam, se não forem desinfetadas frequentemente e entre clientes;

- Áreas de confeção de alimentos, são críticos para evitar contaminação dos mesmos. Por isso, existem regras muito rigorosas de limpeza e desinfeção destas áreas;
- Instalações sanitárias públicas.

3. Medidas gerais para estabelecimentos de atendimento ao público

Os estabelecimentos devem assegurar-se que todas as pessoas que trabalham no mesmo, estão sensibilizadas para o cumprimento das regras de etiqueta respiratória (folheto anexo), da lavagem correta das mãos (folheto anexo), assim como as outras medidas de higienização e controlo ambiental abaixo descritas. Salienta-se ainda a importância:

- Cada organização deve elaborar o seu plano de contingência para COVID-19, de acordo com a orientação 006/2020 da Direção Geral da Saúde e atuar em conformidade;
- Cada organização deve estabelecer um plano de limpeza e higienização das instalações. Mais:
 - Este plano deve estar afixado em local visível;
 - Deve existir um sistema de registo da limpeza com identificação das pessoas responsáveis e a frequência com que é realizada;
 - Nesta fase, a frequência de limpeza deve ser aumentada não bastando cumprir os horários habituais de limpeza estipulados anteriormente;
 - Os profissionais de limpeza devem conhecer bem os produtos a utilizar (detergentes e desinfetantes), as precauções a ter com o seu manuseamento, diluição e aplicação em condições de segurança, como se proteger durante os procedimentos de limpeza dos espaços e como garantir uma boa ventilação dos mesmos durante a limpeza e desinfeção.

Toda a comunidade, nomeadamente os cidadãos, as famílias e os profissionais nos seus locais de trabalho, devem preocupar-se em manter a limpeza de rotina das superfícies, sobretudo aquelas onde todos tocam frequentemente.

3.1. Técnicas de limpeza

Os estabelecimentos devem assegurar-se que a limpeza segue a seguinte técnica:

- A limpeza deve ser sempre húmida - não usar aspiradores a seco em zonas públicas, salvo se forem aspiradores com tanque de água que recolhe a sujidade na água; este depósito deve ser despejado e lavado entre cada uma das áreas a aspirar;

- Deve ser realizada sempre no sentido de cima para baixo e, das áreas mais limpas, para as mais sujas:
 - i. Paredes e teto (se aplicável)
 - ii. Superfícies acima do chão (bancadas, mesas, cadeiras, corrimãos, outros);
 - iii. Equipamentos existentes nas áreas;
 - iv. Instalações sanitárias;
 - v. Chão – é o último a limpar.

3.2. Materiais de limpeza

Em relação aos materiais de limpeza, os estabelecimentos devem assegurar-se que:

- Devem existir materiais de limpeza distintos (de uso exclusivo) de acordo com o nível de risco das áreas a limpar;
- Os panos de limpeza devem ser, preferencialmente, de uso único e descartáveis (usar e deitar fora), diferenciados por um código de cores, para cada uma das áreas, de acordo com o nível de risco. São exemplos:
 - Bancadas, mesas, cadeiras, cadeirões de restaurantes e de gabinetes, entre outros: azul;
 - Mesas de refeição e áreas de preparação de alimentos: verde;
 - Casas de banho: pano só para limpar o lavatório: amarelo; pano para as sanitas (exterior): vermelho;
 - A parte interior da sanita não precisa de pano. Deve ser esfregada com o próprio piaçaba e com detergente de base desinfetante;
- O balde e esfregona para o chão são habitualmente reutilizáveis, pelo que se deve garantir uma limpeza e desinfeção destes equipamentos no final de cada utilização. O balde e esfregona devem ser diferentes, para as áreas atrás referidas. Por exemplo: o balde e esfregona usados nas casas de banho, não devem ser usados nas áreas de alimentação, ou em outros espaços públicos.

3.3. Frequência de limpeza

Em relação à frequência de limpeza, os estabelecimentos devem assegurar-se que:

- A limpeza de superfícies de toque frequente pode ser realizada com detergente de base desinfetante, para conseguir um procedimento mais rápido, isto é, um produto que contém na sua composição, detergente e desinfetante em simultâneo (2 em 1),

compatíveis. Podem ter várias apresentações: líquida, gel, espuma ou spray. Não usar produtos em spray nas áreas de exposição e venda de alimentos já confeccionados;

- A frequência de limpeza das superfícies de toque frequente deve ser no mínimo 6 vezes ao dia, mas pode ser necessário aumentar essa frequência;
- Nas áreas de restauração/cafés, esta limpeza rápida deve ser feita quando sai um cliente e entra outro para a mesma mesa. Os puxadores de portas devem ser limpos com mais frequência (cerca de 1 vez por hora);
- Chão: lavar com água quente e detergente comum, seguido da desinfecção com solução de lixívia diluída em água. A frequência de limpeza deve ser no mínimo 2 vezes ao dia;
- Instalações sanitárias (casas de banho): lavar preferencialmente com produto que contenha na composição detergente e desinfetante porque é de mais fácil aplicação e desinfecção. A frequência de limpeza do chão deve ser no mínimo, 3 vezes ao dia;
- Os espaços onde podem estar crianças a brincar, devem ser limpos mais vezes durante o dia.

3.4. Produtos de limpeza e desinfecção

Em relação aos produtos de limpeza e desinfecção, os estabelecimentos devem assegurar-se que:

- De forma a serem tomadas as medidas necessárias para proteger a saúde e o ambiente e garantir a segurança nos locais de trabalho, é necessário ter no estabelecimento as fichas de dados de segurança dos produtos (vulgarmente designadas por fichas técnicas) que constam no plano de higienização;
- Devem ser cumpridas as indicações do fabricante e instruções nos rótulos dos produtos e nas fichas de segurança;
- Os produtos químicos devem estar devidamente rotulados, fechados e conservados nas suas embalagens de origem, de modo a evitar o risco de contaminação de alimentos, por exemplo;
- Os produtos químicos devem ser armazenados fora das áreas onde são manuseados os alimentos, em local fechado e devidamente identificado e fora do alcance de crianças ou pessoas com necessidades especiais;
- Os detergentes a usar são os comuns ou de uso doméstico;
- Os desinfetantes mais utilizados são: a vulgar lixívia (hipoclorito de sódio) com pelo menos 5% de cloro livre na forma original e o álcool a 70%;
- Podem ser ainda utilizados produtos de desinfecção rápida sob a forma de toalhetes humedecidos no desinfetante e fornecidos em dispensador próprio (facilitando tirar 1 a 1 sem os contaminar). Estes são produtos que juntam habitualmente na sua composição,

detergente e desinfetante compatíveis. Estes toalhetes são para usar numa superfície e não devem ser reutilizados em várias superfícies, porque favorece a disseminação dos agentes contaminantes. Usar um toalhete para cada superfície e descartar para o caixote do lixo. Não secar a superfície depois de usar o toalhete desinfetante, porque é necessário que a superfície fique molhada durante uns minutos até secar ao ar, para ser eficaz;

- Existem no mercado, pastilhas de *Dicloroisocianurato de sódio* (com efeito semelhante à lixívia) mas de preparação mais rápida, não necessitando de grandes espaços para armazenar. Os utilizadores devem seguir as instruções do fabricante (rótulos) para o seu uso em segurança; estas pastilhas devem ser preparadas só na altura da utilização, para manter a sua eficácia;
- As partes metálicas das superfícies ou as que não são compatíveis com a lixívia, devem ser desinfetadas com álcool a 70% ou outro produto compatível, para evitar a corrosão ou danificação;
- Ao aplicar lixívia ou outro produto semelhante, abrir as janelas para arejar e renovar o ar, ajudando também a secar mais rapidamente as superfícies.

3.5. Uso de equipamentos de proteção individual pelos funcionários de limpeza:

Em relação a equipamentos de proteção individual, os estabelecimentos devem assegurar-se que:

- Os funcionários que limpam as áreas de alimentação não são os mesmos que limpam as casas de banho;
- Nesta fase de possível disseminação do vírus, aconselha-se a que os profissionais de limpeza usem:
 - Bata impermeável, embora possa também ser usado um avental impermeável por cima da farda (não usar a roupa que traz de casa);
 - Uma máscara comum bem ajustada à face - a máscara deve ser mudada sempre que estiver húmida (mínimo de 4-6 horas);
 - Luvas resistentes aos desinfetantes (de usar e deitar fora);
 - Utilizar uma farda limpa todos os dias e um calçado próprio só para as limpezas; a farda deve ser lavada nos locais de trabalho e preferencialmente em máquina com ciclo de lavagem e desinfeção pelo calor - não deve ser levada para casa, para ser lavada pelos funcionários;
 - Na desinfeção de áreas de isolamento e/ou em grandes espaços (cinemas, restaurantes, centros comerciais, cantinas, escolas, entre outros) onde se supõe

que possam ter ocorrido casos de COVID-19 ou eventual disseminação, pode recorrer-se ao método de desinfeção por vapor de peróxido de hidrogénio, através da aquisição de uma máquina e produto próprio. Esta desinfeção é feita depois da limpeza prévia e só pode ser realizada com a área vazia (sem ninguém presente). Cumprir as instruções do fabricante/fornecedor para a utilização deste desinfetante em segurança.

4. Limpeza e desinfeção das superfícies de áreas comuns

Na limpeza e desinfeção das superfícies de áreas comuns deve seguir as seguintes indicações:

- Preparar a solução de lixívia (hipoclorito de sódio) com concentração original de 5% ou mais de cloro livre. A lixívia deve ser diluída na altura de utilizar. A solução diluída deve ser a 0,1%, na proporção de 1 parte de lixívia para 99 partes iguais de água (**Consulte o Anexo I**).
- Lavar primeiro as superfícies com água e detergente.
- Em seguida, espalhar uniformemente a solução de lixívia nas superfícies.
- Deixar atuar a lixívia nas superfícies durante pelo menos 10 minutos – ler as instruções do fabricante/fornecedor. Essa etapa é fundamental.
- De seguida enxaguar as superfícies só com água quente.
- Deixar secar ao ar.

4.1. Instalações sanitárias

- Utilizar panos diferentes para os lavatórios e as áreas à volta destes e para o exterior das sanitas.
- Seguir a sequência:
 - Iniciar a limpeza pelos lavatórios (1.º as torneiras e só depois o lavatório) e superfícies à volta destes;
 - Limpar os trocadores de fraldas;
 - Limpar as sanitas;
 - Limpar o chão.
- Limpeza da sanita:
 - **Parte interior:** limpar o interior da sanita apenas com o piaçaba:
 - Se houver urina ou fezes, descarregar primeiro o autoclismo;

- Não deitar lixívia ou produto com amoníaco sobre a urina, porque provoca uma reação gasosa nociva para a saúde;
- Aplicar o produto detergente com base desinfetante; deixar atuar durante pelo menos 5 minutos;
- Esfregar bem por dentro com o piaçaba;
- Puxar o autoclismo com o piaçaba ainda dentro da sanita para que este também fique limpo;
- Volte a puxar a água.
- **Parte exterior** da sanita:
 - Espalhar o detergente/desinfetante na parte de cima da sanita e sobre os tampos;
 - Esfregar com o pano: primeiro os tampos e só depois, a parte exterior da sanita (em cima e nos lados);
 - Passar com pano só com água;
 - Deixar secar ao ar;
 - Limpar e desinfetar bem o botão do autoclismo. Pode desinfetar também com álcool a 70°-80°.
- No final da limpeza, deve voltar a passar um pano humedecido em desinfetante em todas as torneiras.
- Não esquecer de limpar frequentemente as maçanetas das portas das casas de banho.

4.2. Fraldário em casas de banho públicas

- As superfícies devem ter uma capa plástica coberta intacta (sem rasgões ou fendas);
- O profissional de limpeza que limpa o fraldário deve:
 - Limpar e desinfetar primeiro a cobertura plástica dos dois lados – lavar e desinfetar o colchão no sentido de cima para baixo e deixar secar ao ar na posição horizontal;
 - De seguida, lavar e desinfetar o tampo do móvel e as partes laterais e da frente do fraldário; passar depois com pano só com álcool a 70% porque tem uma ação mais rápida ou deixe secar ao ar. Pode também fazer uma limpeza e desinfecção deste espaço com toalhetes humedecidos em desinfetante compatível;
 - Siga as instruções dos rótulos dos produtos utilizados sobre: diluições, regras de segurança na utilização, entre outras.

4.3. Mobiliário e brinquedos em locais públicos de diversão para crianças

- Os brinquedos de plástico ou de borracha que entrem na boca de uma criança devem ser lavados com água e detergente e se possível passar com álcool a 70°;
- Os brinquedos que possam ser lavados e desinfetados em máquina, devem sê-lo preferencialmente; os que não suportem a temperatura elevada, mas possam ser lavados em máquina de lavar roupa, devem ser lavados a temperatura baixa (fria ou morna) e depois submetidos a um ciclo final de desinfeção com produto compatível com os brinquedos; verificar as instruções do fabricante para ter a certeza de que a máquina atinge a temperatura certa;
- Os brinquedos que não podem ser lavados em máquina, mas podem ser imersos, devem ser lavados num recipiente específico para o efeito, com uma solução detergente e desinfetante compatível; deixar atuar durante 5 minutos; enxaguar apenas com água e por a secar de preferência em máquina se tolerarem o calor;
- Os brinquedos que não podem ser imersos e têm de ser limpos manualmente devem ser evitados em espaços públicos. Neste caso, se existirem, passar com um toalhete humedecido em desinfetante sobre todas as partes do brinquedo. Pode também humedecer um pano apenas em álcool a 70% ou um pano bem torcido humedecido em solução de lixívia na diluição de uma medida de lixívia em 200 medidas iguais de água. Passar com um pano só com água de seguida e deixar secar ao ar;
- Os brinquedos que aguentem a secagem em máquina de secar devem ser secos por este método preferencialmente.

4.4. Áreas de preparação e confeção de alimentos

- Os materiais de limpeza são específicos para estas áreas e seguem as regras definidas pela legislação em vigor;
- Deve haver panos diferentes de limpeza para as bancadas e utensílios destas; as mesas, cadeiras e outro mobiliário; material específico para o chão;
- Os produtos a utilizar (detergentes e desinfetantes devem ser produtos que não contaminem eventualmente os alimentos);
- Não borrifar com desinfetante em spray nas áreas onde há alimentos em confeção ou em exposição.

5. Limpeza e desinfeção de superfícies da área de isolamento onde esteve uma pessoa suspeita ou confirmada de COVID-19

Na limpeza e desinfeção das superfícies de áreas de quarentena ou isolamento, de suspeito ou doente confirmado, deve seguir as seguintes indicações:

- Esperar pelo menos 20 minutos depois de a pessoa doente, ou suspeita de estar doente sair da área de isolamento/quarentena e, só depois, iniciar os procedimentos de limpeza em segurança;
- Preparar a solução de lixívia (hipoclorito de sódio) com concentração original de 5% ou mais de cloro livre. A lixívia deve ser diluída na altura de utilizar. A solução diluída deve ser a 0,1%, na proporção de 1 parte de lixívia para 49 partes iguais de água (**Consulte o Anexo I**);
- Lavar primeiro as superfícies com água e detergente;
- Em seguida, espalhar uniformemente a solução de lixívia nas superfícies;
- Deixar atuar a lixívia nas superfícies durante pelo menos 10 minutos – ler as instruções do fabricante/fornecedor. Esta etapa é fundamental;
- De seguida enxaguar as superfícies só com água quente;
- Deixar secar ao ar.

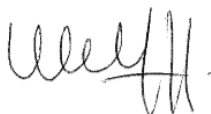
6. Limpeza e desinfeção de superfícies que contenham sangue ou outros produtos orgânicos

Na limpeza e desinfeção das superfícies de áreas que contenham sangue ou outros produtos orgânicos (vómito, urina, fezes), deve seguir as seguintes indicações:

- Utilizando luvas resistentes, avental impermeável e óculos de proteção, absorver o mais possível o derrame com papel absorvente para não espalhar os líquidos;
- Aplicar de seguida a solução de lixívia na diluição de 1 parte de lixívia em 9 partes iguais de água;
- Deixar atuar durante pelo menos 10 minutos; tapar a zona afetada com toalhetes para que as pessoas não pisem e colocar o dispositivo de alerta para zona em limpeza de manutenção;
- Lavar a área suja com água e detergente comum; enxaguar só com água e deixar secar ao ar.

7. Onde posso obter mais informação?

Mais informação pode ser encontrada em <https://covid19.min-saude.pt/>.



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Anexo I – Diluições de lixívia

Diluição de lixívia para desinfeção da área de isolamento em estabelecimentos públicos: lixívia na concentração original de cloro livre a 5%, na diluição de 1/50, ou seja, 1 parte de lixívia em 49 partes iguais de água.

Aplica-se também às instalações sanitárias e áreas de toque frequente.

Concentração original da lixívia	Para obter 1 litro de solução de lixívia a 1000 ppm, pronta a utilizar	
%	Volume de lixívia	Volume de água
5	20 mililitros	980 mililitros

Concentração original da lixívia	Para obter 5 litros de solução de lixívia a 1000 ppm, pronta a utilizar	
%	Volume de lixívia	Volume de água
5	100 mililitros	4,900 litros

Concentração original da lixívia	Para obter 10 litros de solução de lixívia a 1000 ppm, pronta a utilizar	
%	Volume de lixívia	Volume de água
5	200 mililitros	9,800 litros

1. **Desinfeção com lixívia das superfícies comuns em estabelecimentos públicos:** lixívia a 5% de cloro livre na forma original, na diluição de 1/100 ou seja, 1 parte de lixívia em 99 partes iguais de água:

Concentração original da lixívia	Para obter 1 litro de solução de lixívia pronta a utilizar	
%	Volume de lixívia	Volume de água
5	10 mililitros	990 mililitros

Concentração original da lixívia	Para obter 5 litros de solução de lixívia pronta a utilizar	
%	Volume de lixívia	Volume de água
5	50 mililitros	4,950 litros

Concentração original da lixívia	Para obter 10 litros de solução de lixívia pronta a utilizar	
%	Volume de lixívia	Volume de água
5	100 mililitros	9,900 litros

2. **Diluição de lixívia para desinfeção das áreas comuns no domicílio de uma pessoa com COVID-19:** lixívia com uma concentração original de 5%, na diluição de 1 parte de lixívia em 99 partes iguais de água.

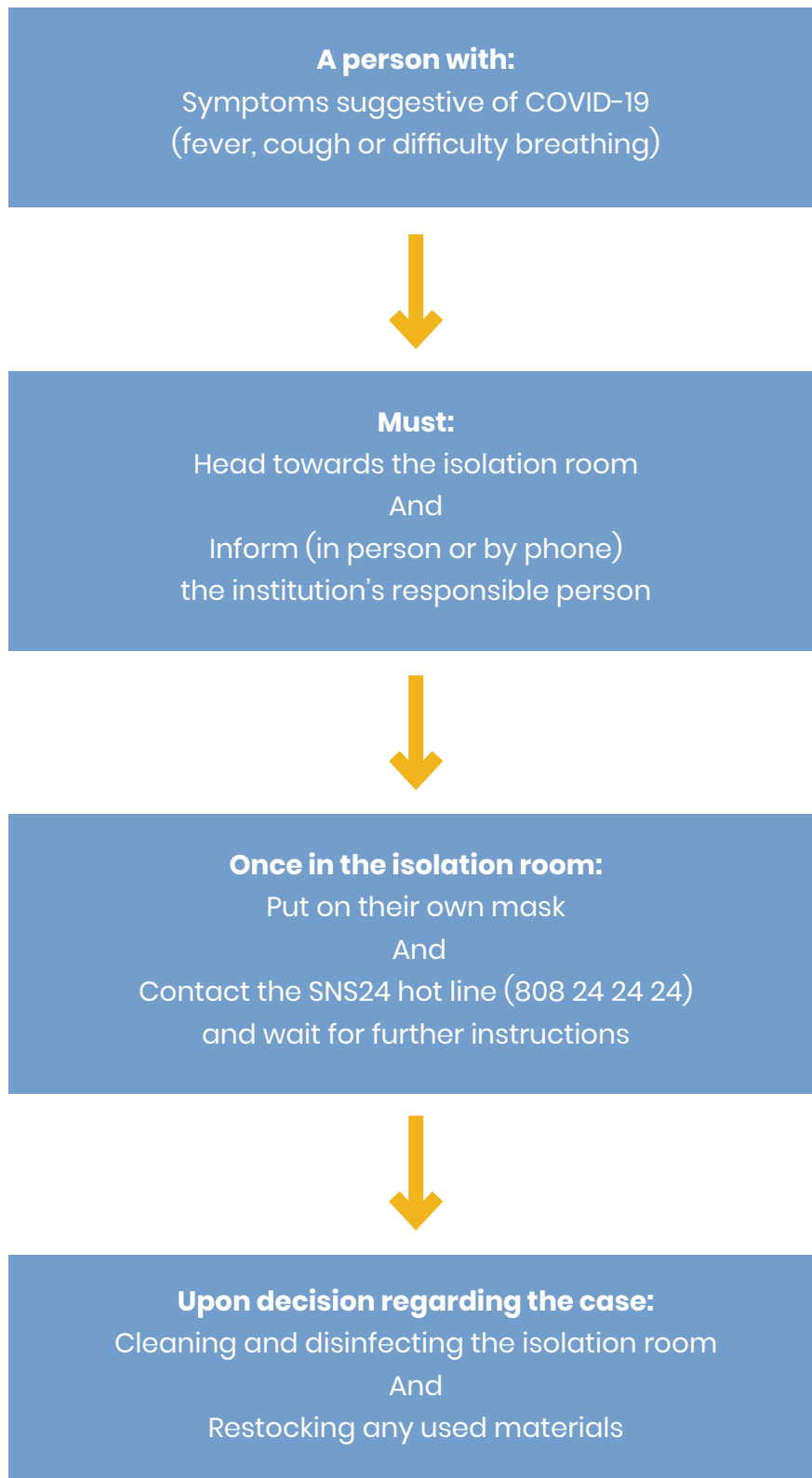
Para diluir a lixívia em casa, de forma mais simples, e conforme a quantidade de solução de lixívia que deseja preparar, recomenda-se:

- 5 colheres de sopa de lixívia em 3,8 litros de água,
- Ou
- 4 colheres de chá de lixívia em 1 litro de água.

ANNEX 2

FLOW CHART REGARDING OPTIONS FOR RESPONSE IN THE EVENT OF A SUSPECTED CASE

(ADAPTATION OF ANNEX 1 OF U.PORTO'S CONTINGENCY PLAN)



ANNEX 3
SELF-MONITORING MODEL FOR BODY TEMPERATURE AND SYMPTOMS
 (ADAPTATION OF ANNEX 2 OF U.PORTO'S CONTINGENCY PLAN)

Information and monitoring of asymptomatic citizens who have contact with a person diagnosed with COVID-19

If you have been in contact with a person diagnosed with COVID-19:

- **Monitor your health closely** for 14 days since the contact;
- **Monitor and record your body temperature in the morning and at night** for the same 14 days. Record the occurrence of any other symptoms as well, such as: cough, fever, difficulty breathing, headache, tiredness, among others.

Date of contact ____ / ____ / _____

Body temperature record:

Monitoring date	Morning	Night	Other symptoms/observations
____ / ____ / _____	°C	°C	
____ / ____ / _____	°C	°C	
____ / ____ / _____	°C	°C	
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If you have a **fever (38°C / 100.4°F or higher)** or any other aforementioned symptoms, call:
 • **SNS 24 hot line (808 24 24 24)**

Thank you for your collaboration.

**University
of Porto**

up.pt/covid-19

