

HIGH COMMISSION FOR MIGRATION, I.P. CONTINGENCY PLAN FOR THE NEW CORONAVIRUS (COVID-19)

06 March, 2020
[version 1.0]

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INTRODUCTORY NOTE

In accordance with Law 102/2009, of 10 of September, the employer is obliged to guarantee the safety and health conditions of the staff, in a continued and permanent manner, including the implementation of prevention measures.

The Chinese authorities identified in 2019 a new Coronavirus, designed as SARS-CoV-2, the causal agent of COVID-19. The potential impact of COVID-19 outbreaks is high, making the spreading of the virus likely.

Considering the infection caused by the new Coronavirus SARS-CoV-2, the Directorate-General of Health (DGS) has issued guidelines on how staff of public and private entities should act in situations of suspected or confirmed infection.

Order n.º 2839-A/2020, of 02 of March, determines the obligation of public employers to create a contingency plan aligned with the DGS guidelines (Guideline n.º 006/2020, of 26 of February).

ACM, I.P., having been developing preventative measures, shows in the present document the Contingency Plan to take into account in a situation of (suspected or confirmed) infection, not just of its staff members but also the staff of partner institutions that work in ACM, I.P. premises, the staff of companies which provide services in this Institute's premises and the citizens (clients) that daily access the public services made available by this Institute.

Taking into account the diversity of spaces where the Institute holds services and staff, this Contingency Plan, and whenever justifiable, identifies distinctive measures for each space¹.

The elaboration of this document used as references the following:

- DGS (2020), *Guideline n.º 006/2020, of 26 of February*, available here (Portuguese language version) <https://www.dgs.pt/corona-virus/documentos/orientacoes.aspx>
- DGS, *Frequently Asked Questions*, available here (Portuguese language version) <https://www.dgs.pt/corona-virus/perguntas-frequentes.aspx>
- MEAP, MTSS e MS (2020), *Order n.º 2836-A/2020, of 02 of March*, available here (Portuguese language version) <https://dre.pt/home/-/dre/129793730/details/maximized>

¹ CNAIM Algarve will follow, firstly, the guidelines issued by the Contingency Plan defined for the Citizen Shops (Lojas do Cidadão), in articulation with ACM, I.P. Management Board.

1. FRAMEWORK

1.1. Explaining the Coronavirus – Covid-19

The new Coronavirus, titled COVID-19, was first identified in December of 2019, in China, in the city of Wuhan, where an outbreak was reported. This new agent had never previously been identified in human beings and the source of infection remains unknown.

The Coronavirus are a family of viruses known for causing disease in human beings.

The means of transmission is still under investigation, however person-to-person transmission has been confirmed. It appears that transmission occurs during exposure in close proximity to a person with COVID-19, through the spread of respiratory droplets produced when an infected person coughs, sneezes or speaks, where these can land on the mouth, nose or eyes of those in close proximity. Contact through the hands with a surface or object with the new Coronavirus followed by contact with oral, nasal or ocular mucous (mouth, nose or eyes) can lead to the transmission of the infection. To date, there is no vaccine or specific treatment for this infection. It is considered also that COVID-19 can be transmitted by direct contact with infectious secretions and by aerosols in therapeutic procedures that produce them.

1.2. Main symptoms

The infection can be similar to the common flu or appear as a more serious disease, such as pneumonia. As such:

- Those infected can show signs and symptoms of a severe respiratory infection such as fever, cough and difficulty breathing.
- In more serious cases it can lead to severe pneumonia with acute respiratory distress, failure of the kidneys and of other organs and eventual death.

1.3. Incubation period

It is estimated that the incubation period of the disease (time elapsed since exposure to the virus until the appearance of symptoms) be between 2 and 14 days. The transmission by asymptomatic (without symptoms) people is still under investigation.

2. CONTINGENCY PLAN

The present Contingency Plan, defined for the prevention and control of the infection by the new Coronavirus (COVID-19), aims to establish the necessary actions for adequate response in different scenarios:

- Prevention;
- In case of infection by the new Coronavirus (suspected or confirmed) in ACM, I.P. premises;
- Pandemic.

2.1. EFFECTS OF PREVENTIVE MEASURES, VIGILANCE OR PANDEMIC PROCEDURES AND GUARANTEE OF MINIMAL SERVICES IN ACM, I.P

Considering the different nature of the work being developed in the Institute, the effect of pandemic by the new Coronavirus, the preventive measures or those resulting from vigilance procedures can also differ in line with the type of activity of each organic unit. While some tasks can be developed through telework, the same will not be possible for other tasks.

In an extreme situation, and in the case of closing down the premises or other measures external to ACM, I.P., such as the suspension of public transportation or the closing of schools, this Institute would become especially limited in the provision of services in the National Support Centres for the Integration of Migrants (CNAIM), namely in the face-to-face support provided to migrant citizens. Considering that in these Centres work other Ministries and other ACM, I.P. services, in an articulated manner, these work relations or the work itself would be conditioned.

Equally conditioned are all face-to-face actions, such as training and information sessions, welcoming international groups, travelling to other territories (national or international) and community based activities.

Considering the above indications, those responsible for each unit in ACM, I.P. should:

- Identify the staff members with higher risk of infection;
- Identify the services considered indispensable and how many workers will be needed for the effect;
- Identify the tasks that can be completed at a distance (telework or meetings through videoconference).

In addition to others that can be listed as indispensable, the following must be guaranteed:

- Electricity, water, communication and information/document management system:
 - The necessary resources will be provided so that, in telework mode, the monitoring of the services and the contact with the suppliers can be continued.
- Payroll procedures:
 - The necessary resources for the payment of salaries will be assured in telework.
- Register employee absenteeism:
 - Access to the registration platform from home.
- Procedures in course for acquisition of goods and services of vital importance:

- The necessary resources will be guaranteed through telework.

For those situations where telework is possible, and being a measure that can be put in place by ACM, I.P. Management Board as a preventive measure in case of pandemic, the work will be done in the personal computer of the staff member or in a computer attributed for the effect, where a remote configuration of the workplace will be established.

In those situations where, by indication of ACM, I.P. Management Board, the activities become temporarily suspended, the staff members will be temporary exempt from coming to work until further notice. The staff members may be assigned to work via telework, as long as the tasks fall within the workers' skill set.

2.2. PREVENTIVE MEASURES

2.2.1. "Isolation" area and how to reach it

The "isolation" area aims to prevent that other staff members or clients be exposed and infected by staff members or clients infected with SAR-CoV-2, preventing the spreading of the disease.

ACM, I.P. identified isolation areas, considering the DGS guidelines (Guideline n.º 006/2020, of 26 of February), establishing circuits in accordance with the characteristics of each one of the spaces and the way in which they are used. Different areas of isolation were signaled, one in each work building of this Institute.

These areas have:

- Natural ventilation and a mechanical ventilation system;
- Smooth and washable coatings, without mats, carpets or curtains.

These areas are equipped with:

- Telephone;
- Chair;
- Kit with water and some non-perishable food items;
- Residue container with non-manual opener and with a plastic bag;
- Alcohol based antiseptic solution available inside and at the entrance of the area;
- Paper towels;
- Surgical masks;
- Disposable gloves;
- Thermometer.

Sanitary installations duly equipped with soap and paper towels are available near these areas, which will be for the exclusive use of the person with symptoms/suspected of infection. The impediment of access to this sanitary installation by people other than the one indicated as possibly being infected with SARS-CoV-2 will be signaled.

In the circumstance of identifying a staff member or client with symptoms or suspected of infection, the access to the “isolation” area should be done avoiding zones where other people might be (for example, avoid passing through waiting rooms).

Once inside de isolation room, the communication process between the staff member or client suspect of COVID-19 will be done via telephone, having been installed within the isolation area a telephone and a contact list to be used for which ever communication necessary by the person with symptoms of infection of COVID-19.

2.2.2. Specific procedures to consider and what to do in case of suspicion of infection of SARS-CoV-2 of staff or client(s) in ACM, I.P.

The following procedures must be adopted:

- Basic procedures for hand hygiene: wash hands with water and soap for at least 20 seconds; if these are not available use a disinfectant solution with at least 70% alcohol, covering all hand surfaces and rubbing them until dry; soap and water should preferably be used if hands are visibly dirty;
- Procedures for respiratory etiquette: avoid coughing or sneezing into the hands; cough or sneeze towards the forearm or sleeve, with the forearm flexed or use a tissue; sanitize hands after contact with respiratory secretions.

Whenever justified the following procedures should also be adopted:

- Procedures of wearing a surgical mask: sanitization of hands before placing and after removing the mask;
- Procedures of social conduct: alter the frequency and/or the way staff members contact among each other and with clients – avoid shaking hands, face-to-face meetings, shared workspaces.

Facing a situation of a suspected case in the work premises, the staff member should inform his or her direct manager of the situation, via telephone, and go (or escort the client signaled as a suspected case) to the “isolation” area, following the procedures identified in points 3., 4. and 5. of this document and adopting the DGS orientations, including the procedures in *ANNEX I – Flowchart in the situation of Staff with symptoms of COVID-19* (Guideline n.º 006/2020, of 26 of February), included in this document as ANNEX 1.

In the identified procedures, the communication process should be as quickly and efficiently as possible.

In situations of a suspected case, the direct manager or the person responsible for the service will assess and register the contacts established by the person suspected of being infected with other staff members or clients.

2.2.3. Available equipment and products

ACM, I.P. will have available in the buildings where the staff members work the following equipment and products:

- Alcohol based antiseptic solution available in various parts of the buildings;

- Surgical masks for the use of the person (staff or client) with symptoms;
- Surgical masks and disposable gloves to be used, as a precaution measure, by staff members assisting staff or clients with symptoms (suspected case);
- Paper towels for hand drying in the sanitary facilities and in other locations where hand sanitation is possible;
- Residue container with non-manual opener and plastic bag (50 or 70 microns of thickness);
- Cleaning equipment, for one-time use, which should be eliminated or disposed of after being used, or cleaning and disinfecting of equipment such as buckets and the handles of the mops and brooms after being used.

The hygiene and cleaning of the space are executed more regularly in the work surfaces and equipment, as well as other surfaces with elevated use, such as doorknobs, handrails and elevator buttons, using disinfectant solutions.

2.2.4. Staff and clients information and training

ACM, I.P. executed the following actions, in course or being reinforced whenever possible and necessary:

- Informative sessions targeting the staff regarding SARS-CoV-2 (what is it, symptoms, how to act in case of a suspected case);
- Showing in its premises informative materials created by DGS;
- Dissemination of DGS recommendations regarding COVID-19 through ACM, I.P. Facebook page and official website;
- Dissemination of the present Contingency Plan to the staff;
- Distribution and informing clients of the *Flowchart in the situation of Staff with symptoms of COVID-19, identified within ACM, I.P. premises*, adapted from the Flowchart available in Annex 1 of this document;
- Sharing of official information and updates with staff members, clients and service providers working in ACM, I.P. premises.

2.3. DEFINITION OF RESPONSIBILITIES

All staff members should report to his or her direct manager a situation of disease that falls under a staff member or client with symptoms and epidemiologic connection compatible with the definition of a possible COVID-19 case, where the communications, if done by the person possibly infected, should be via telephone.

Whenever a situation of a staff member or client with symptoms is reported, the direct manager of the staff member must immediately inform the Director of the respective Department (or Unit Coordinator), via telephone.

In situations where the staff member or client with symptoms requires assistance (in the case of limited mobility, for example), the worker(s) who identified the situation will give assistance to the staff member or client, following the guidelines defined in point 3. of this document.

In ACM, I.P. all information is centralised and the person of contact for all intervenient authorities is the Director of the Support and Migratory Assistance Department, Mário Ribeiro.

3. PROCEDURES IN CASE OF SUSPECTED INFECTION

Any staff member/client with signs and symptoms of COVID-19 and epidemiologic connection, or that identifies a staff member/client in the Institute with compatible criteria with the definition of a suspected case, must inform his or her direct manager (via telephone) and proceed to the “isolation” area.

The direct manager must immediately contact the respective Department Director (or Unit Coordinator) by the means established in the Contingency Plan of this Institute. In the necessary situations (in case of limited mobility of the person possibly infected by SAR-CoV-2, for example), the staff member or direct manager assures proper assistance is given to the staff member or client in reaching the “isolation” area. The safety distance (superior to 1 meter) should be respected whenever possible.

The worker(s) providing assistance to the staff member/client with symptoms, must put on, prior to given assistance, a surgical mask and disposable gloves, as well as following the basic precautions of infection control regarding hand hygiene (mentioned in point 2.2.2. of this document) after contact with the sick staff member or client.

The sick staff member/client (suspected case of COVID-19), when inside the “isolation” area, must contact SNS 24 (808 24 24 24). This staff member or client should use a surgical mask, if his/her clinical condition allows it. The mask should be put in place by the staff member/client himself or herself. The proper adjustment of the mask should be verified (namely: adjustment of mask to face, in order to permit the complete covering of the nose, mouth and lateral areas of the face. In case of men with beards an adaptation can be made to this measure – surgical mask complemented with a tissue). Whenever the mask is humid, the staff member/client must replace it with a new one.

In contact with SNS 24, the health professional will question the sick person regarding signs and symptoms and epidemiologic connections compatible with a suspected case of COVID-19. After evaluation, SNS 24 will inform the person of the following:

- If it is not a suspected case of COVID-19: define the adequate procedures considering the clinical situation of the staff member or client;
- If it is a suspected case of COVID-19: SNS 24 contacts the Medic Support Line (LAM), of DGS, for validation of suspicion. The result of this validation can be:
 - Suspected Case Not Validated, the case is closed as COVID-19. SNS 24 defines the regular procedures adequate to the clinical situation of the staff member/client. He or She informs the respective Department Director (or Unit Coordinator) of the decision.
 - Suspect Case Validated, DGS activates the National Medical Emergency Institute (INEM), the National Health Institute of Doctor Ricardo Jorge (INSA) and the Regional Health Authority, initiating an epidemiologic investigation and management of contacts. The direct manager of the staff member (or in the case of a client, the person responsible for the service) informs the respective Department Director (or Unit Coordinator) of the existence of a validated suspected case in the Institute.

In the situation of Validated Suspected Case:

- The sick staff member/client must remain in the “isolation” area (with surgical mask, as long as his or her clinical condition allows it) until the arrival of the INEM team, activated by DGS, who will guarantee the transportation to the Hospital of reference, where biological samples will be taken for laboratory testing;
- Access of other staff members/clients to the “isolation” area will be closed (except to the staff members designated to provide assistance);
- ACM, I.P. collaborates with the Local Health Authority in the identification of proximity contacts of the person infected (validated suspected case);
- ACM, I.P. informs, by e-mail, the remaining staff of the existence of a validated suspected case, awaiting lab results.

The Validated Suspected Case must remain in the “isolation” area until the arrival of the INEM team activated by DGS, in order to restrict to a minimum contact of this staff member/client with other workers/clients. Additional movement of the validated suspected case within the Institutes’ premises is to be avoided.

4. PROCEDURES IN A VALIDATED SUSPECTED CASE

When facing a Validated Suspect Case, DGS informs the Regional Health Authority of the laboratory results which, in turn, informs the Local Health Authority.

The Local Health Authority will inform ACM, I.P. contact person of the laboratory results and:

- If the Case is not confirmed, the case will be closed for COVID-19, and the regular cleaning and disinfecting procedures will be applied. In this situation ACM, I.P. Contingency Plan measures will be deactivated.
- If the Case is confirmed, the “isolation” area will be closed until validation of decontamination (cleaning and disinfection) by the Local Health Authority. The area will only be reopened when indicated by the Local Health Authority.

In the situation of a confirmed Case:

- ACM, I.P. shall:
 - Provide cleaning and disinfection (decontamination) of the “isolation” area;
 - Reinforce cleaning and disinfection, especially of surfaces of elevated use by the confirmed person infected, with higher probability of being contaminated. Provide particular attention to the cleaning and disinfection of the workspace of the confirmed infected person (including materials and equipment used by him or her). In case of a client, locate the places/surfaces the client was in contact with within ACM, I.P. premises, in order to reinforce cleaning and disinfection of those areas.
 - Store the residues of the confirmed Case in a plastic bag (50 or 70 microns of thickness), which after being closed (with a clamp, for example), must be segregated and sent to a licensed operator in management of hospital residues of biological risk.
- The Local Health Authority will inform DGS in regards to the implemented measures and the health situation of those contacts in proximity to the person infected.

5. PROCEDURES FOR VIGILANCE OF PROXIMITY CONTACTS

It is considered “proximity contact” a staff member/client who does not present symptoms at the moment, but who had or may have had contact with a confirmed Case of COVID-19. The type of exposure of the proximity contact will determine the type of vigilance. Proximity contact with a confirmed Case of COVID-19 may be:

- “High exposure risk” and is defined as:
 - Staff from the same workspace (department, room, section, 2 meter zone) of the case;
 - Staff member/client who was face-to-face with the confirmed Case or was with the person in a closed space;
 - Staff member/client that shared dishes, cups, utensils, towels or other objects or equipment that can be contaminated with phlegm, blood, respiratory droplets.
- “Low exposure risk” (casual), is defined as:
 - Staff member/client with sporadic contact (momentary) with the confirmed Case (for example, in movement/circulation where exposure to respiratory droplets/secretions occurred through face-to-face conversation of more than 15 minutes, cough or sneeze).
 - Staff member/client that provided assistance to the confirmed Case, as long as the prevention measures were followed (for example, adequate use of mask and gloves; respiratory etiquette; hand hygiene).

When faced with a confirmed Case of COVID-19, in addition to the previous instructions, vigilance procedures of proximity contacts will be activated, in relation to the beginning of the symptoms.

For the management of the contacts, the Local Health Authority in close articulation with the Institute shall:

- Identify, list and classify all proximity contacts (including the casual ones);
- Proceed to the necessary monitoring of the contacts (daily call, inform, give advice and reference, if necessary).

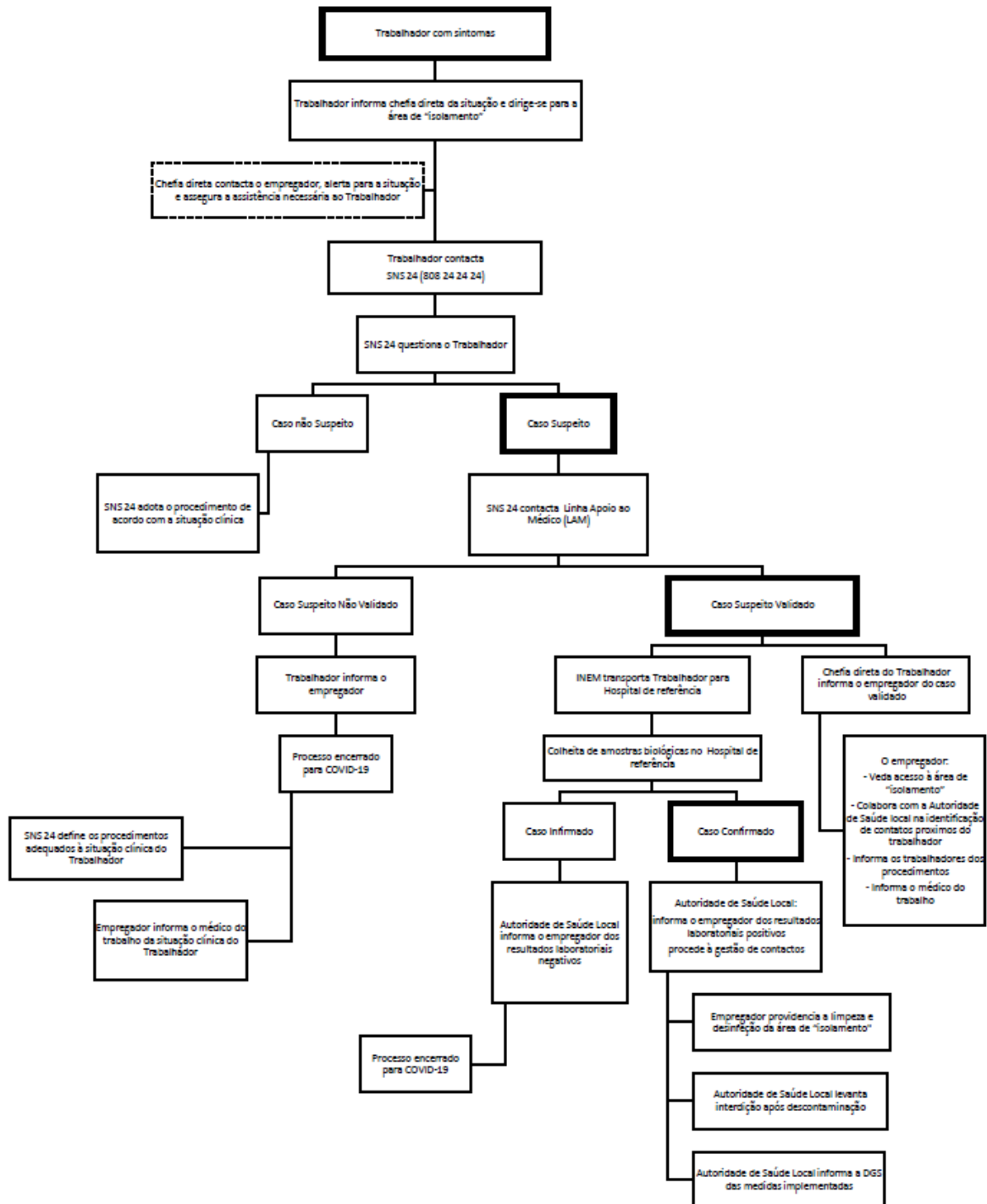
The estimated incubation period of COVID-19 is between 2 and 12 days. As a precaution measure, active vigilance of all proximity contacts occurs during 14 days since the date of exposure to the confirmed Case.

The vigilance of proximity contacts should be as follows:

- Vigilance of proximity contacts with “high exposure risk”:
 - Active monitoring by the local Health Authority during 14 days since the last exposure;
 - Daily self-monitoring of COVID-19 symptoms, including fever, cough or difficulty breathing;
 - Avoid social contact unless indispensable;
 - Avoid travelling;
 - Be reachable for active monitoring during the 14 days since the last exposure.
- Vigilance of proximity contacts with “low exposure risk”:
 - Daily self-monitoring of COVID-19 symptoms, including fever, cough or difficulty breathing;
 - Medical assistance of the situation.

Note that daily self-monitoring includes measurement of fever (measure corporal temperature twice a day and register the value and time of day it was measured) and the evaluation of cough or difficulty breathing. If symptoms of COVID-19 are detected and the staff member/client is in the Institute, the “Procedures in Case of Suspected Infection” are initiated, established in point 3. If no symptoms occur in the 14 days since the last exposure, the situation is closed as a COVID-19 Case.

ANNEX 1 – Flowchart in the situation of Staff with symptoms of COVID-19 (Portuguese language version)
Fluxograma de situação de Trabalhador com sintomas de COVID-19 numa empresa



Source: Guideline n.º 006/2020 of 26/02/2020 (ANNEX I)