

CONTINGENCY PLAN

COVID-19



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SELO "CLEAN & SAFE"

ACCOMMODATION | Requirements to comply with

▼ TRAINING FOR ALL EMPLOYEES ▼

> All Employees received information and/or specific training on:

> Internal rules relating to the COVID-19 coronavirus outbreak.

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak, including the following procedures:

_Hand disinfection: wash hands frequently with soap and water for at least 20 seconds, or use hand disinfectant containing at least 70° alcohol, covering all surfaces of the hands and rubbing them until dry.

_Breath etiquette: cough or sneeze into your bent forearm or use a tissue, which must then be binned immediately; always disinfect your hands every time you cough or sneeze and after blowing your nose; avoid touching your eyes, nose and mouth with your hands.

_Social behaviour: change the frequency and form of contact between employees and between employees and customers, avoiding (where possible) close contact, handshakes, kisses, shared work stations, physical meetings and shared meals, utensils, cups and towels.

> How to self-check daily for fever (take body temperature twice a day and record the reading and time of check), check for coughing or difficulty in breathing.

> How to comply with Directorate General for Health guidelines for cleaning surfaces and dealing with clothing at work premises.



▼ INFORMATION TO ALL CUSTOMERS ▼

> The following information is available to all customers:

> How to take basic precautions to prevent and control infection relating to the COVID-19 coronavirus outbreak.

> Internal rules relating to the COVID-19 coronavirus outbreak.



▼ THE SERVICE ORGANISATION ENSURES ▼

> There will always be an employee responsible for following the necessary procedures in the event of a suspected case (including escorting the person to the isolation area, providing the necessary assistance and asking them to contact Directorate General for Health.

> In accordance with Directorate General for Health recommendations the isolation area will always be decontaminated after a positive or suspected case of infection, in particular frequently touched surfaces.

> The storage of waste produced by those suspected of infection will be placed in plastic bags, sealed with ties and then be disposed by a licensed provider that deals with the management of hospital bio-hazardous materials.

> Daily self-assessment aimed at measuring fever (measuring temperature twice daily and recording the value and time) and check if your colleagues have a cough or breathing difficulties.



▼ THE ESTABLISHMENT ASSURES ▼

- > All surfaces where people, employees and clients have contact are washed and disinfected in accordance to our internal protocol, ensuring the control and prevention of infections and antimicrobial resistance.
- > All surfaces and objects liable to be touched are cleaned several times a day (including light and lift switches, door knobs, cupboard handles).
- > Preference will be given to damp cleaning, as opposed to the use of a duster or vacuum cleaner.
- > Enclosed offices and spaces shall be aired regularly.
- > The disinfection of the swimming pool, or other equipment in SPAs / wellness areas (where applicable) will continue as a standard procedure, water will be replaced and chlorination will continue as defined in our internal protocol.
- > The disinfection of the jacuzzi (where applicable) is done regularly by replacing all the water followed by sterilisation with an adequate quantity of chlorine, in accordance with internal protocol.
- > Where food is served an increase in the cleaning of utensils, equipment and surfaces and avoidance of direct handling of food by clients and employees will be implemented.



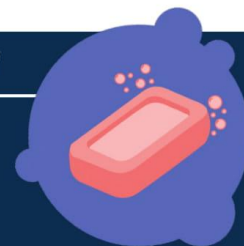
▼ THE ESTABLISHMENT HAS ▼

- > Personal Protection Equipment (PPE) in sufficient numbers, for all our employees.
- > PPE available to all our clients (maximum capacity of the establishment).
- > Single use cleaning materials in stock proportional to our requirements, including disinfectant wipes, bleach and 70° alcohol.
- > Alcohol based antiseptic or alcohol based solution dispensers, at each floor, near entrances/exits and at the entrance of the restaurants, bars and shared toilet facilities.
- > Non-manual waste collection bin.
- > A room to isolate people suspected or infected with the COVID-19 virus, preferably with natural ventilation or a mechanical ventilation system, with washable outer coverings, bathroom, stocked with cleaning materials, surgical masks and disposable gloves, thermometer, handsfree waste bin, bin bags, bags for used clothing, a supply of water and non-perishable food.
- > Liquid soap and paper towels should be available in the toilets.



▼ THE INTERNAL PROTOCOL FOR CLEANING AND SANITATION ENSURES ▼

- > The definition of specific care for changing bed linen and cleaning in the rooms, carried out in two stages with spaced intervals and with adequate protection according to the internal protocol.
- > The removal of bed linen and towels is performed without shaking, rolling it from the outside in, avoiding contact with the body and taking it directly to the washing machine.
- > The washing of bed linen/towels and employees uniforms will be done separately and at high temperatures (around 60°C).



**Requirements that the Accommodation ensures that fulfils
all the requirements of the Clean & Safe Stamp.**

1. INTRODUCTION

This document discloses the essential points of the Contingency Plan for Coronavirus Disease (COVID-19) established by CPFS. It provides information to the company's employees about this new disease, about the prevention and control measures for this infection, and about the procedures and measures to be adopted when identifying suspected and/or confirmed cases.

The Coronavirus Disease Contingency Plan (COVID-19) was developed based on the guidelines of Direção-Geral da Saúde (DGS) and on the best scientific evidence available to date. The company's employees are informed by the manager about coronavirus disease (COVID19) and about ways to prevent transmission, through the most appropriate means. The company is committed to the protection of the health and safety of its employees, and also has an important role to play in limiting the negative impact of this outbreak on the community, in view of the knowledge it has in several areas.

2. CORONAVIRUS DISEASE (COVID-19)

Coronaviruses are a family of viruses known to cause disease in humans and are quite common worldwide. The infection gives rise to nonspecific symptoms such as cough, fever or difficulty breathing, or it can present itself as a more serious illness, such as pneumonia. The incubation period for the new coronavirus is 2 to 14 days. This means that if a person remains well 14 days after contacting a confirmed case of coronavirus disease (COVID-19), it is unlikely to have been infected. After exposure to a confirmed case of COVID-19, the following symptoms may appear:

- Difficulty breathing;
- Cough;
- Fever.

Sore throat, runny nose, headaches and/or muscle and fatigue may also appear. In more severe cases, it can lead to severe pneumonia with acute respiratory failure, kidney and other organ failure and eventual death.

In general, these infections can cause more severe symptoms in people with weakened immune systems, older people, and people with chronic illnesses like diabetes, cancer and respiratory diseases.

3. COVID-19 TRANSMISSION

According to DGS, it is considered that COVI-19 can be transmitted by **respiratory droplets** (particles greater than 5 microns), by **direct contact with infectious secretions** or by **aerosols** in therapeutic procedures that produce them (less than 1 micron).

The current knowledge about the transmission of SARS-CoV-2 is supported by the knowledge about the first cases of COVID-19 and by other coronaviruses of the same subgenus. Person-to-person transmission has been confirmed and is thought to occur during close exposure to a person with COVID-19, through the spread of respiratory droplets produced when an infected person coughs, sneezes, or speaks, which can be inhaled or landed in the mouth, nose or eyes of people who are close. The contact of the hands with a surface or object with the new coronavirus and then with the oral, nasal or ocular mucous membranes (mouth, nose or eyes), can lead to the transmission of the infection. Until now, there is no specific vaccine or treatment for this infection.

The preventive measures within the scope of COVID-19 to be instituted by the company should take into account the direct transmission routes (by air and by contact) and the indirect transmission routes (contaminated surfaces/objects).

Based on the current knowledge, it is believed that SARS-CoV-2 can remain on surfaces for at least 48 hours. If there is no adequate cleaning and disinfection, and the frequency is increased, the surfaces can become reservoirs for viruses and other microorganisms.

<u>Direct contact routes</u>	<u>Indirect contact routes</u>
Through droplets that an infected person transmits through the mouth or nose when speaking, coughing or sneezing (and does not use the rules of respiratory etiquette) allowing them to enter directly into the mouth or nose of a person who is very close.	Through the hands, which touch the surfaces contaminated with the droplets expelled by the infected people, and which are then inadvertently taken to the face, mouth or nose, without having done hand hygiene.

4. PREVENTING COVID-19 TRANSMISSION

Currently, there is no vaccine against COVID-19. The best way to prevent infection is to avoid exposure to the virus. The establishment ensures that all people who work there are aware of compliance with the rules for correct hand washing (leaflet attached) and respiratory etiquette (leaflet attached), as well as other hygiene and environmental control measures. It should be noted:

- Each establishment has a plan for cleaning and sanitizing the facilities. This plan is posted in a visible place and has a cleaning registration system with identification of the persons responsible and the frequency with which it is carried out.
- Wash hands frequently - with soap and water for at least 20 seconds or if they are not available, using a hand sanitizer that has at least 70% alcohol, covering all surfaces of the hands

and rubbing them until they are dry. If hands are visibly dirty, soap and water should preferably be used.

- Respiratory etiquette - whenever it is necessary to blow, cough or sneeze, a tissue should be used, which should then be disposed of in a waste bin and hands should also be washed. In the absence of disposable tissues, the crease of your elbow should be used to cough or sneeze into. Never cough or sneeze into the air or hands.
- Surgical mask placement procedures must exist.
- People who experience cough, fever or difficulty breathing should remain at home and should not go to their workplace, children's schools or health facilities.
- Avoid touching your eyes, nose and mouth without washing the hands.
- Avoid close contact with people with cough, fever or difficulty breathing.
- Maintain a safety distance of not less than 2 meters.
- Frequently clean and disinfect commonly used objects and surfaces.
- Garantir as boas práticas de higiene e segurança alimentar (não partilhar louça).
- In case of symptoms or doubts, contact SNS24 Line: 808 24 24 24. Do not go directly to any health establishment.
- Regularly consult information at www.dgs.pt. DGS recommends the use of surgical masks and other personal protective equipment for professionals who provide services to the public, where the necessary social distance is not guaranteed. They also indicate that the principle of precaution in public health must be applied, that is, the use of masks by all people who remain in indoor spaces with multiple people must be considered, as a measure of additional protection to social distance, hygiene of people and respiratory etiquette. Health professionals are a priority for the supply and use of PPE's.

5. INFORMATION AVAILABLE

5.1 - To employees

All Employees received information and/or specific training on:

- Internal Protocol on the COVID-19 coronavirus outbreak.
- How to comply with basic precautions for infection prevention and control for the COVID-19 coronavirus outbreak, including the following procedures:
 - Hand hygiene: wash hands frequently with soap and water for at least 20 seconds or use hand sanitizer that has at least 70% of alcohol, covering all surfaces of the hands and rubbing them

until they are dry.

- Respiratory etiquette: cough or sneeze into the flexed forearm or use a tissue, which should then be immediately thrown away; hand hygiene always after coughing or sneezing and after blowing; avoid touching the eyes, nose and mouth with your hands.
- Social conduct: change the frequency and form of contact between workers and between them and customers, avoiding (when possible) close contact, handshakes, kisses, shared jobs, face-to-face meetings and sharing of food, utensils, cups and towels.
- How to comply with daily self-monitoring to assess fever, check for cough or difficulty breathing.
- How to comply with the DGS's guidelines for cleaning surfaces and treating clothes in establishments.

5.2 – To customers

The following information is available to all customers:

- How to comply with basic precautions for infection prevention and control for the coronavirus outbreak.
- What is the Internal Protocol for the COVID-19 coronavirus outbreak.

6. ADOPTED MEASURES

The following measures have been implemented and are currently in effect:

- Alcohol-based antiseptic solution (SABA) or alcohol-based solution is available at strategic places, namely near the entry/exit points of the accommodation and in the isolation areas. Information about hand hygiene procedures is attached to these dispensers (leaflet attached);
- Personal protective equipment is available to all customers, in the form of a kit containing a surgical mask, cleaning wipes for single use moistened with disinfectant and alcohol-based antiseptic solution (SABA) or alcohol-based solution;
- Surgical masks are available for the use of the worker with symptoms (suspect case);
- Surgical masks and disposable gloves are available, to be used as a precautionary measure by workers who assist workers with symptoms (suspect case);
- All personal protective equipment is available to employees and an internal strategic reserve for this equipment is defined. DGS recommends the use of surgical masks and other personal protective equipment for professionals who work directly with the public and where the necessary social distance is not guaranteed. They also indicate that the principle of precaution in public health should be applied, that is, the use of masks by all people who remain in indoor spaces with multiple people should be considered, as a measure of additional protection to

social distance, hand hygiene and respiratory etiquette;

- Liquid soap and paper towels are placed for washing and drying hands, in sanitary facilities and in other places where hand hygiene is possible;
- The existence of waste container with non-manual opening and plastic bag (50 or 70 microns thick) is guaranteed;
- A stock of cleaning materials was purchased, which contains single-use cleaning wipes moistened with disinfectant, bleach and alcohol at 70 °;
- After its use, the single use cleaning equipment is disposed of or discarded. When single use is not possible, the equipment is cleaned and disinfected after use (eg. buckets and cables), and it is guaranteed the possibility of its exclusive use in the situation in which there is a Confirmed Case in the accommodation. Compressed air equipment is not used for cleaning, due to the risk of aerosol recirculation;
- The hygiene and cleaning's plan includes the coatings, equipment and utensils, as well as objects and surfaces that are more handled. The surfaces are cleaned and disinfected with degreasing detergent, followed by disinfectant;
- It is given preference to wet cleaning (steam), over dry cleaning and the use of vacuum cleaner;
- The air in rooms and enclosed spaces is renewed regularly;
- The regular cleaning of the transport vehicles used by the employees is guaranteed by them;
- The specific Contingency Plan is available to all workers;
- Clarifications about COVID-19 are available to workers, through precise and clear information, in order to, on the one hand, avoid fear and anxiety and, on the other hand, make sure that they are aware of the preventive measures they must institute;
- It is promoted the formation and training of all professional groups from different areas of the accommodation on COVID-19 and on how to comply with the prevention and infection control precautions, as well as on the specific procedures to be adopted in the case of existence of a suspicious case in the company.

6.1 - Protection of professionals responsible for maintaining guest accommodation in the accommodation

- The employees responsible for the treatment of the bedroom and bed's cloths of a suspected or confirmed case, and the people who are responsible for cleaning the accommodation do not run unnecessary risks, as long as they comply with the recommended protection measures and ensure the control of exposure to the risk of transmission. However, the risk of transmission exists in cases of accidents where the previously recommended protective measures have not been fully complied with. This way, all professionals are formed and trained in this area and are

- protected with the appropriate PPE's;
- The cleaning and sanitizing of the rooms is respects two spaced intervals, one for removing clothes, cleaning the room, making the beds and placing towels, and the other for cleaning the space;
 - During the phase of a possible epidemic or of a suspected COVID-19 case, the teams previously responsible for the treatment of bed linen and room cleaning are more exposed to the risk of aerosols. This way, it is particularly important that they protect themselves with PPE's, which is why it is providing to them equipment like mask type FFP2, visor for eye protection, plastic apron on the uniform and gloves;
 - The work uniform and PPE's are different, depending on the type of intervention or task, as well as the risk of exposure;
 - The work uniform is for exclusive use in the workplace, is not taken home and is washed in the company's laundry at high temperatures (in the washing machine);
 - After changing the bedding and the towels in the bedroom of a suspected COVID-19 or sick person, the latency period is awaited before starting cleaning the rooms.

6.2 – Room's linen change and cleaning and disinfection of the accommodation

- The room's linen change creates aerosols, which is why the cleaning and linen changes are separated and there is a waiting time between these two tasks (a time of at least 2-3 hours is respected between removing the sheets and bedding and towels, and cleaning floors and surfaces).
- When removing clothes from the cover and towels, the following rules are respected:
 - ✓ Do not shake the bed's clothes;
 - ✓ Remove the clothes without shaking, rolling them outwards and making a "wrap";
 - ✓ Avoid touching your body with the clothes, as much as possible;
 - ✓ Transport clothes in bags and put directly in the washing machine.
- The clothes (bed linen/towels and employees' uniforms) are washed at the highest temperature they can handle and a disinfection cycle is guaranteed by the heat of at least 60 °C for 30 minutes;
- In cases where the clothes (bed linen/towels and employees' uniforms) cannot, due to their characteristics, be washed with hot temperatures, they are washed in the machine at a temperature of 30-40 °C and with a final disinfection cycle in the machine, with a disinfectant suitable for this type of clothing and compatible with the machine;

- In the absence of a washing machine, the clothes are packed in a waterproof bag, that is then tightly closed, taken as soon as possible to the laundry and deposited directly into the machine;
- The waste from a sick person's room is placed in a tightly closed first bag, which is then deposited in a second bag. The second bag is identified as biological waste and properly treated;
- Hygiene and cleaning instructions for workplaces (Annex VIII) are respected. It is importante to refer:
 - ✓ If blood, respiratory secretions or other organic liquids are present, the following procedure is performed: absorb the liquids with absorbent paper, apply the bleach diluted in water in the proportion of one bleach measure, to 9 equal measures of water and let it act during 10 minutes. Then, rinse the area with water and detergent, rinse only with hot water and let it air dry. A mask is used for dilution and bleach application and windows are opened for ventilation of the space;
 - ✓ With regard to kitchens, dishes are washed at a high temperature, cabinets, countertops, tables and chairs (including cabinet and door handles), the tap, the sink and the drain are cleaned and disinfected;
 - ✓ The walls are cleaned up to the height of the arm;
 - ✓ The furniture is cleaned;
 - ✓ Furniture and equipment are disinfected after cleaning with wipes moistened with disinfectant or alcohol at 70 °.

7. WHAT IS A SUSPECTED CASE

Suspected cases are considered to be workers who present clinical criteria and epidemiological criteria, according to the following table:

Clinical Criteria		Epidemiological Criteria
Acute respiratory infection (fever or cough or difficulty breathing) requiring hospitalization or not	AND	<p>History of traveling to areas with active community transmission in the 14 days before the onset of symptoms.</p> <p style="text-align: center;">OR</p> <p>Contact with a confirmed or probable case of SARS-CoV-2/COVID-19 infection, within 14 days before the onset of symptoms.</p> <p style="text-align: center;">OR</p> <p>Health professional or person who has been to a health institution where patients with COVID-19 are treated.</p>

8. ESTABLISHMENT OF AN INSULATION AREA

The placement of an employee/customer suspected of being infected with COVID-19 in an isolation area aims to prevent other employees from being exposed and infected, and to allow their social distance from the other employees/customers. This measure has as main objective to avoid the spread of a communicable disease in the accommodation and in the community. The isolation area will be the client's room, whose windows must be opened to renew the air and the door must be kept closed.

This area is equipped with:

- Telephone;
- Bed and Chair (for rest and comfort of the client suspected of being infected by COVID-19, pending the validation of the case and eventual transport by INEM);
- Kit containing water and some non-perishable foods (eg. energy bars, preserved cans, cream-free cookies, dried fruits, etc.);
- Waste container (with non-manual opening and plastic bag);
- Alcohol-based antiseptic solution - SABA (available inside and at the entrance to this area);
- Paper wipes;
- Surgical mask(s);

- Disposable gloves;
- Thermometer.

In this area, or close to it, there is a properly equipped sanitary installation, namely with a soap dispenser and paper towels, for the exclusive use of the client with symptoms/suspected case. The employees of each organic unit must be informed of the location of the isolation area in your institution.

9. DEFINITION OF RESPONSIBILITIES

All employees must report to their direct manager, a disease situation framed as an employee/client with symptoms and epidemiological link compatible with the definition of possible COVID-19 case.

Whenever a situation of employee/client with symptoms is reported, the employer (or someone designated by him) must be immediately informed.

In situations where the employee/client with symptoms needs to be monitored (eg. mobility difficulties), the worker(s) who accompany/provide assistance to the patient are defined.

10. PROCEDURES IN A SUSPECTED CASE

Any customer with signs and symptoms of COVID-19 and epidemiological link, or who identifies a customer with criteria compatible with the definition of a suspected case, informs the employee (preferably by telephone) and goes to the “isolation” area.

The employee must immediately contact the employer. In the necessary situations (eg. difficulty in locomotion of the client) the employee (or employer) ensures that adequate assistance is provided to the client up to the “isolation” area. Whenever possible, ensure the safety distance (greater than 1 meter) from the patient.

The employee(s) that accompanies/provides assistance to the client with symptoms, must put, a moment before starting this assistance, a surgical mask and disposable gloves, in addition to the fulfillment of the basic infection control precautions (PBCI) for hand hygiene after contact with the sick client.

The sick client (suspected case of COVID-19) already in the “isolation” area, contacts SNS 24 (808 24 24 24).

This client must wear a surgical mask, if his clinical condition allows it. The mask must be put on by the customer himself. It should be checked if the mask is properly fitted (this is: adjustment of the mask to the face, in order to allow complete occlusion of the nose, mouth and lateral areas of the face. In men with a beard, an adaptation to this measure may be made - surgical mask complemented with a tissue). Whenever the mask is wet, the customer must replace it with another one.

The SNS 24 health professional asks the sick client about signs and symptoms and epidemiological link compatible with a suspected case of COVID-19. After evaluation, the SNS 24 informs the client:

- If it is not a suspected case of COVID-19: defines the procedures appropriate to the client's clinical situation;
- If it is a suspected case of COVID-19: the SNS 24 contacts the Physician Support Line (LAM), of Direção-Geral da Saúde, to validate the suspicion. From this validation the result can be:
 - ✓ Suspected Case Not Validated, it stays closed for COVID-19. SNS 24 defines the usual procedures and appropriate to the client's clinical situation. The client/employee informs the person responsible about the non-validation, and this person must inform the responsible work physician, if applicable.
 - ✓ Suspect Case Validated, the DGS activates INEM, INSA and the Regional Health Authority, initiating epidemiological investigation and contact management. The employee informs the employer about the existence of a suspicious case.

10.1 - The operation ensures

- That there is always a collaborator at the service responsible for triggering the procedures in case of suspected infection (accompanying the person with symptoms to the isolation space, providing the necessary assistance and contacting SNS);
- The decontamination of the isolation area whenever there are positive cases of infection and the reinforcement of cleaning and disinfection whenever there are patients suspected of being infected, especially on surfaces frequently handled and most used by the him, as indicated by DGS;
- The storage of the waste produced by patients suspected of infection in a plastic bag that, after being closed (eg. with a clamp), and its sending to a licensed operator for the management of hospital waste with biological risk.

10.2 - Procedure in case of a sick client or suspected of being ill by COVID-19 in the accommodation

- The sick person must not leave the accommodation. He must stay in his room and call professionals in the administrative area of the accommodation, so that they can call SNS24 (808 24 24 24) who will assess the case and contact the Local Health Authority;
- The sick person should not go to the health center, private practice or hospital emergency room;
- The sick person must wait for the instructions and the clinical decision of the health professionals who will assist him;
- Whenever the accommodation has a mask, it must deliver a surgical mask to the person, indicating the correct way to put it on and ensuring that the person fits it well to the face;

- The Local Health Authority may choose to send the person to the reference Hospital in the area or not, depending on the clinical situation in which the patient is;
- In suspected COVID-19 cases, cleaning professionals must wait for the result of the laboratory diagnosis to confirm the suspected or not suspected case, before starting the procedures for removing clothes and cleaning.

11. PROCEDURES IN A VALIDATED SUSPECTED CASE

In the situation of validated suspect case:

- The patient should remain in the “isolation” area (with a surgical mask, as long as his clinical condition allows it), until the arrival of the team from the National Institute of Medical Emergency (INEM), activated by the DGS, which ensures his transport to the reference Hospital, where biological samples will be collected for laboratory tests;
- The access of other employees/customers to the “isolation” area is prohibited (except for employees designated to provide assistance);
- The employer collaborates with the Local Health Authority in identifying contacts close to the patient (Suspected validated case);
- The employer informs the occupational physician responsible for monitoring the patient's health;
- The employer informs the remaining workers of the existence of a validated Suspected Case, awaiting results of laboratory tests, using the communication procedures established in the Contingency Plan;
- Patients who are validated suspicious cases must remain in the “isolation” area until the arrival of the INEM team activated by DGS, in order to restrict, to the minimum necessary, the contact of this patient with other employees/clients. Additional travels of the suspected case validated in the accommodation facilities should also be avoided;

DGS informs the Regional Health Authority of the laboratory results, which informs the Local Health Authority.

The Local Health Authority informs the company management of the results of laboratory tests and:

- ✓ If the case is not confirmed, it stays closed for COVID-19, and the usual company procedures are applied, including cleaning and disinfection. In this situation, the measures of the accommodation Contingency Plan are deactivated;
- ✓ If the case is confirmed, the “isolation” area must be closed until the decontamination (cleaning and disinfection) is validated by the Local Health Authority. This ban can only be lifted by the Health Authority.

12. PROCEDURES IN A CONFIRMED CASE

In the case of a confirmed case, the employer must:

- Provide for cleaning and disinfection (decontamination) of the “isolation” area;
- Reinforce cleaning and disinfection, especially on surfaces frequently handled and most used by the confirmed patient, which are most likely to be contaminated (including materials and equipment used by the patient);
- In the case of clients, the areas of greatest risk are the COVID-19 sick person's room. The rest of the areas where the person has been for shorter periods are likely to have lower levels of contamination, so it is expected that the risk of continuous transmission of the infection will be lower. However, these spaces are cleaned and disinfected;
- Store the residues from the Confirmed Case in a plastic bag (50 or 70 microns thick) which, after being closed (eg. with a clamp), must be segregated and sent to a licensed operator for the management of hospital waste with biological risk;
- The Local Health Authority, in close coordination with the occupational physician, communicates to DGS the information about the measures implemented in the company, and about the health status of the patient's close contacts.

13. PROCEDURES IN SURVEILLANCE OF NEAR CONTACTS

Close contact is considered to be a person who has no symptoms at the moment, but who had or may have had contact with a confirmed case of COVID-19. The type of exposure of close contact will determine the type of surveillance. Close contact with a confirmed case of COVID-19 may be in:

- “High exposure risk”, defined as:
 - ✓ Client cohabiting in the same room/apartment;
 - ✓ Client/employee who has been face-to-face with the confirmed case or who has been with him in a closed space;
 - ✓ Client who has shared with the confirmed case dishes (plates, glasses, cutlery), towels or other objects or equipment that may be contaminated with sputum, blood, respiratory droplets).
- "Low exposure risk" (casual), defined as:
 - ✓ Client/employee who had sporadic (momentary) contact with the confirmed case (eg. in movement/circulation during which exposure to droplets/respiratory secretions through face-to-face conversation for more than 15 minutes, coughing or sneezing);

- ✓ Collaborator(s) who provided assistance to the confirmed case, if he has followed the preventive measures (eg. proper use of the mask and gloves; respiratory label; hand hygiene).

In addition to the aforementioned, in the case of a case confirmed by COVID-19, active surveillance procedures for close contacts should be activated, regarding the onset of symptoms. For the purpose of managing contacts, the Local Health Authority, in close coordination with the company, must:

- Identify, list and classify nearby contacts (including casual ones);
- Carry out the necessary monitoring of contacts (call daily, inform, advise and refer, if necessary).

The estimated incubation period for COVID-19 is 2 to 14 days. As a precautionary measure, active surveillance of close contacts takes place for 14 days from the date of the last exposure to a confirmed case. The surveillance of close contacts should be as follows:

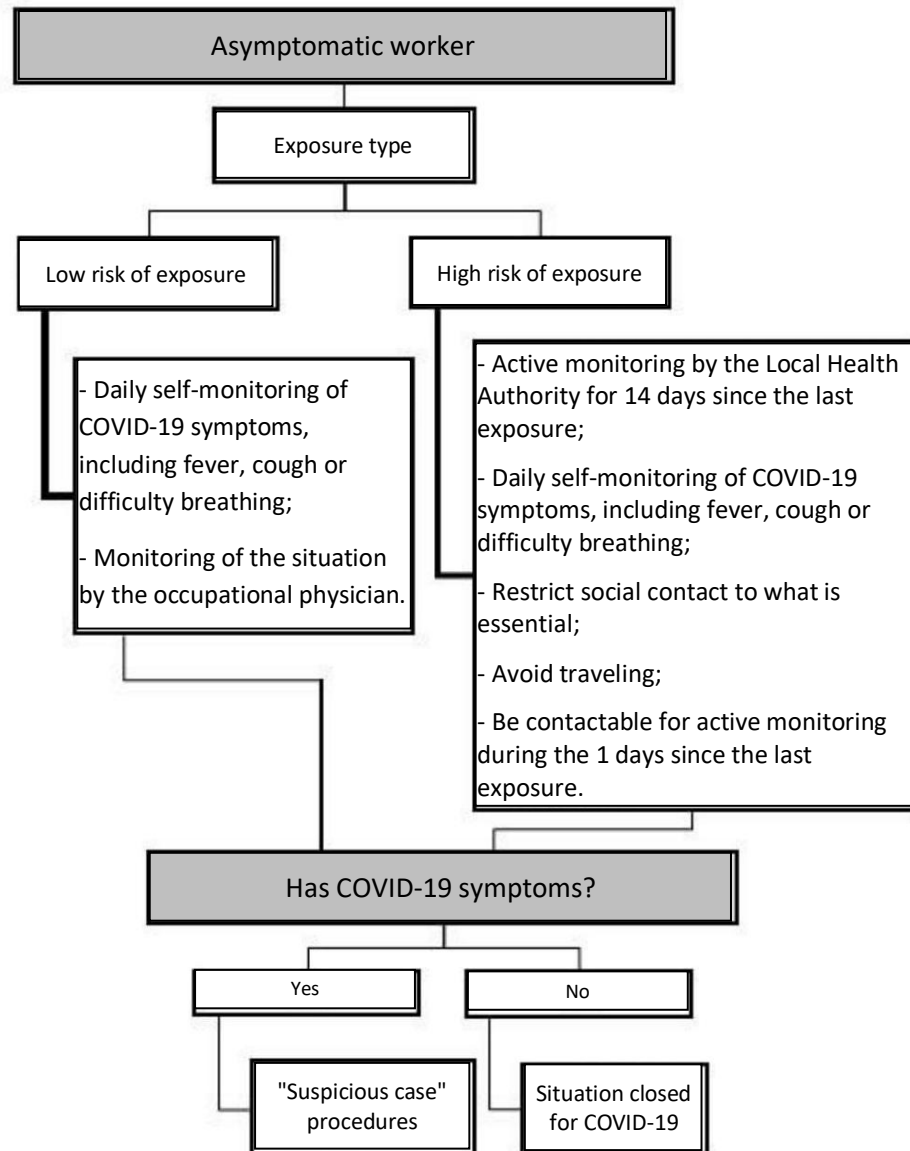
Surveillance of close contacts	
<u>“High risk of exposure”</u>	<u>“Low risk of exposure”</u>
<ul style="list-style-type: none"> - Active monitoring by the Local Health Authority for 14 days since the last exposure; - Daily self-monitoring of COVID-19 symptoms, including fever, cough or difficulty breathing; - Restrict social or indispensable contact; - Avoid traveling; - Be contactable for active monitoring during the 14 days since the last exposure date. 	<ul style="list-style-type: none"> - Daily self-monitoring of COVID-19 symptoms, including fever, cough or difficulty breathing; - Monitoring of the situation by the occupational physician.

It's important to point out that:

- Daily self-monitoring, carried out by the employee himself, aims at assessing fever (measuring body temperature twice a day and recording the value and time of measurement) and checking for cough or difficulty breathing;
- If symptoms of COVID-19 exist and the employee is in the company, the “Procedures in a Suspicious Case” must be initiated;
- If no symptoms appear within 14 days of the last exposure, the situation is closed for COVID-19.

ANNEXES

ANNEX I – Flowchart for monitoring close contacts (asymptomatic workers) of a confirmed COVID-19 case (worker)



ANNEX II - Concepts

Risk assessment - Qualitative or quantitative estimate of the likelihood of appearing adverse effects that may result from exposure to specific health risks or the absence of protective factors. The risk assessment uses clinical, epidemiological, toxicological, environmental and other relevant data. The process consists of four steps: risk/threat identification; risk characterization; exposure assessment; risk estimate.

Transmission Chain - Model based on the transmission of an agent from a reservoir or host, through an exit door, which infects a susceptible individual (host) through an entrance door.

Case - Situation defined by the set of clinical, laboratory or epidemiological criteria that characterize a given infection or disease. In epidemiology, an individual from the study population or group identified as suffering from a given infection, disease, health disorder or other condition under study.

Confirmed Case - Person who meets the criteria for defining a confirmed case (clinical, laboratory and/or epidemiological) for a given infection or disease.

Probable case - A person who meets the criteria for defining a probable case (clinical, laboratory and/or epidemiological) of a given infection or disease.

Case under investigation - Person with clinical and epidemiological criteria OR history of high-risk exposure and any of the symptoms listed for the disease in question.

Suspicious case - Person who meets the criteria for defining a suspicious case (clinical, laboratory and/or epidemiological), of a particular infection or disease.

Validated case - Case that meets the validation criteria for a given infection or disease.

Contact - The person who, having been in association with something/someone infected, or with an environment contaminated by an infectious agent, has the opportunity to acquire this infection.

Direct contact - Mode of transmission of infection between an infected host and a susceptible host. It occurs when the skin or mucous surfaces of these hosts come into contact. Transmission through blood or tissue from an infected donor to a susceptible individual can also be considered direct.

Indirect contact - Mode of transmission of infection through contaminated vectors or items (equipment).

Close contact - Person who may have been exposed to oro-nasopharyngeal secretions or the patient's feces (cohabitants, close friends, student, teaching and non-teaching staff in educational and teaching establishments, caregivers, health professionals, patients who shared the same space hospitalization or others).

Contagion - Transmission of the infection by direct contact, saliva droplets, articles or other contaminated objects.

Contamination - Presence of an infectious agent on the body surface, personal items, medical-surgical-dental instruments or in environmental items and substances, such as water or food.

Control - Interventions, operations, projects or programs in progress, in order to reduce the incidence and/or prevalence the diseases or even to eliminate them.

Coronavirus - Genus of zoonotic viruses belonging to the Coronaviridae family.

COVID-19 - Disease caused by the new coronavirus / SARS-CoV-2/2019-nCoV.

Decontamination - Use of chemical or physical means in order to remove, inactivate or destroy microorganisms present in materials, equipment or surfaces, so that they are no longer able to transmit infectious particles during its use or handling.

Disinfection - Thermal or chemical destruction of microorganisms. Depending on the level of disinfection, it destroys most of the microorganisms present, but not necessarily the sporulated forms.

Disinfectant - Chemical or physical agent, applied to an inanimate environment, which destroys pathogenic microorganisms or other microorganisms, but not necessarily the sporulated forms.

Personal Protective Equipment (PPE) - Set of protective barriers, used to protect mucous membranes, skin and clothing, from contact with infectious agents, and may include gloves, masks, respirators, glasses, visors, caps, aprons, gowns, protection of footwear or others that are considered necessary.

Exposure - Proximity and/or contact with the reservoir of a disease agent, in such a way that the effective transmission of that agent, or its harmful effects, can be verified to the individuals who have suffered such contact.

Source - Place of departure of the infectious agent to the host, by direct or indirect contact. It can correspond to the reservoir itself, or the source can be contaminated by a reservoir, be fixed or mobile.

Droplets - Large particles ($> 5\mu$), passing briefly through the air when the source and host are very close, being produced during speech, coughing or sneezing and settling quickly on surfaces.

Hand hygiene - Procedures that include: Hand washing with soap and water, hand rubbing with SABA or pre-surgical hand preparation.

Host - Person or animal that allows the accommodation, maintenance and subsistence of any infectious agent or transmissible disease, under natural conditions.

Impact - Set of consequences, events and effects that occur later and are the result of a well-defined and identified phenomenon.

Immunocompromised - Individual with a deficiency of the immune system, able to confer a decrease in the host's responsiveness to aggressive agents.

Infection - Transmission of microorganisms to a host, after invasion or progression beyond the defense mechanisms, resulting in their multiplication. The host's response to the infection may include clinical signs or symptoms or be absent (asymptomatic infections).

Isolation - Separation of contaminated patients or persons or affected luggage, containers, means of transport, goods or postal parcels, in order to prevent the spread of infection or contamination.

Cleaning - Removal, usually with water and detergent, of dirt (visible or perceptible) present in material, equipment or other surface, through manual and/or mechanical processes, which is intended to make safe handling and/or decontamination.

Mask - Refers to the equipment used to cover the mouth and nose, including surgical and procedure masks.

Surgical mask - Equipment, used by the professionals of a surgical team in the operating room, which covers the mouth and nose during surgical procedures, intended to protect both patients and health professionals from contamination by microorganisms or organic fluids. Surgical masks are also used to protect professionals from contact with potentially infectious droplets. Surgical masks do not protect against inhaling small particles and do not serve the same purpose as particle respirators (recommended for situations where the infectious agent is transmitted by air).

Monitoring - Performing routine measurements and subsequent analysis, in order to detect changes in the environment and/or the health status of the populations.

Pandemic - Epidemic involving several countries or continents and affecting a large population.

Incubation period - Time between the infection and the appearance of the first sign or symptom of a disease.

Latency Period - Time between the infection and the beginning of the contagion period.

Infectiousness period - Contagion time.

Planning - Rationalization in the use of scarce resources in order to achieve the goals set and to reduce the health problems established as priorities, implying the coordination of efforts from the various socio-economic sectors.

Carrier - Person or animal that houses a specific infectious agent, in the absence of a clinically recognizable disease, and that can serve as a potential source of infection. The carrier status can be considered in an asymptomatic individual, during its entire course, or only during the incubation, convalescence or post-convalescence period in the case of an individual with clinically recognized disease. The carrier status can be short or long term (temporary or transient carrier and chronic carrier, respectively).

Disease prevention - Set of measures that aim not only to prevent the occurrence of certain disease(s) and the reduction of the respective risk factors, but also to prevent and decrease its progression and the appearance of sequelae, once established.

Health Promotion - Process that aims to empower the individual, in order to increase control, knowledge and responsibility over their own health, improving it.

Quarantine - Restriction of activities and/or separation of suspicious persons who are not sick, or of suspicious luggage, containers, means of transport or goods, in order to avoid the possible spread of infection or contamination.

Risk - Probability of the occurrence of an event (disease or death) in a given period of time with the potential to cause deleterious effects on the health of populations.

SARS-CoV-2 (previously 2019-nCoV or novel coronavirus) - New virus of the genus coronavirus, family Coronaviridae, etiological agent of COVID-19.

Outbreak - Occurrence of a number of cases of a disease, greater than what would be considered expected, in a given population during a well-defined period of time.

Cross-transmission - Infections caused by microorganisms acquired from another person (cross-infection).

Transmission route - Transmission from the source to the host, through direct contact, indirect contact, common vehicle, air or vector.

Surveillance - Collection, compilation and systematic continuous analysis of data, for the purposes of public health and timely dissemination of information for the purposes of assessment and response, according to needs.

ANNEX III – Recommendations

CORONAVÍRUS (COVID-19)

RECOMENDAÇÕES | RECOMMENDATIONS



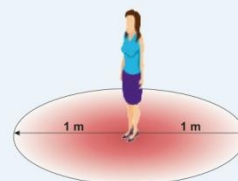
Quando espirrar ou tossir tape o nariz e a boca com o braço ou com lenço de papel que deverá ser colocado imediatamente no lixo

When coughing or sneezing cover your mouth and nose with your forearm or with tissue paper that should be placed immediately in the trash



Lave frequentemente as mãos com água e sabão ou use solução à base de álcool

Wash your hands frequently with soap and water or an alcohol -based solution



Se regressou de uma área afetada, evite contacto próximo com outras pessoas

If you returned from an affected area, avoid contact close with people

EM CASO DE DÚVIDA LIGUE
IF IN DOUBT, CALL

SNS 24 


808 24 24 24



ANNEX IV – Handwashing

NOVO CORONAVÍRUS COVID-19

LAVAGEM DAS MÃOS

 Duração total do procedimento: **20 segundos**

00 Molhe as mãos

01 Aplique sabão suficiente para cobrir todas as superfícies das mãos

02 Esfregue as palmas das mãos, uma na outra

03 Palma com palma com os dedos entrelaçados

04 Esfregue o polegar esquerdo em sentido rotativo, entrelaçado na palma direita e vice versa

05 Esfregue rotativamente para trás e para a frente os dedos da mão direita na palma da mão esquerda e vice versa

06 Esfregue o pulso esquerdo com a mão direita e vice versa

07 Enxague as mãos com água

08 Seque as mãos com um toalhete descartável

ANNEX V – Hand washing (with an alcohol-based solution)

NOVO CORONAVÍRUS COVID-19

LAVAGEM DAS MÃOS (com uma solução à base de álcool)



Duração total do procedimento: **20 segundos**



01 Aplique o produto numa mão em forma de concha para cobrir todas as superfícies



02 Esfregue as palmas das mãos, uma na outra



03 Palma direita sobre o dorso esquerdo com os dedos entrelaçados e vice versa



04 Palma com palma com os dedos entrelaçados



05 Esfregue o polegar esquerdo em sentido rotativo, entrelaçado na palma direita e vice versa



06 Esfregue rotativamente para trás e para a frente os dedos da mão direita na palma da mão esquerda e vice versa

SEJA UM AGENTE DE SAÚDE PÚBLICA

Partilhe informação e boas práticas sobre o COVID-19

ANNEX VI – Respiratory etiquette measures

NOVO CORONAVÍRUS COVID-19

Medidas de etiqueta respiratória



Ao TOSSIR ou ESPIRRAR não use as mãos, elas são um dos principais veículos de transmissão da doença. Use um **LENÇO DE PAPEL** ou o **ANTEBRAÇO**.



DEITE O LENÇO AO LIXO e **LAVE** sempre as mãos a seguir a tossir ou espirrar.

EM CASO DE SINTOMAS, LIGUE  **SNS 24** **808 24 24 24**

NOVO CORONAVÍRUS COVID-19

Porque é tão importante?

Quando TOSSE, ESPIRRA ou FALA, liberta GOTÍCULAS, SECREÇÕES OU AEROSSÓIS que podem ser **INSPIRADOS** por outras pessoas ou **DEPOSITAR-SE** em objetos e superfícies que o rodeiam.

Com medidas de etiqueta respiratória consegue **PROTEGER AS OUTRAS PESSOAS.**



EM CASO DE SINTOMAS, LIGUE  **SNS 24** **808 24 24 24**

ANNEX VII – Use of surgical mask

Whenever the use of surgical masks is indicated, their correct use must comply with the following steps:

1. Hand hygiene, with soap and water or an alcohol-based solution, before putting on the mask;
2. Placing a surgical mask with the white side (inner face) facing the face, and the side with another color (outer face) facing outward;
3. Adjusting the rigid end of the mask to the nose, covering the mouth, nose and chin with the mask and making sure that there are no gaps between the face and the mask;
4. You should not touch the mask while it is in use, if this happens, hand hygiene should be performed immediately;
5. The mask should be replaced with a new one as soon as it is wet;
6. Single-use masks should not be reused;
7. The mask must be removed from the back (do not touch the front of the mask), holding the ties or elastics;
8. The mask must be disposed of in a waste container;
9. A new hand hygiene must be performed at the end of the mask use.

ANNEX VIII – Hygiene and cleaning instructions for workplaces

All surfaces as well as work equipment can be contagious vehicles, but the risk of contagion varies depending on the frequency of manipulation, touch or use. In this way, **surfaces/equipments touched and/or manipulated by many people and more frequently throughout the day represent a greater risk of transmission.**

Examples of critical surfaces: door handles, light switches, telephones, keyboards and computer mice, washbasin taps, flushing handles, tables, chairs, handrails, elevator buttons.

Facilities cleaning and sanitation plan

The organization must prepare a sanitation plan, which must be posted in a visible place, as well as a cleaning registration system with the identification of the persons responsible and the frequency with which it must be carried out. The frequency of cleaning and sanitizing should, at this stage, be increased, since the cleaning previously stipulated is no longer enough.

Cleaning frequency

Surfaces	Recommended minimum cleaning frequency
Frequent touch surfaces	6 times a day
Door handles	6 times a day
Floor	2 times per day
Floor of the sanitary facilities	3 times a day

Cleaning techniques

The **preferred cleaning technique should always be the wet one**, dry vacuum cleaners should not be used in public areas, unless they are vacuum cleaners with a water tank that collects dirt in the water. This deposit must be dumped and washed between each of the areas to be vacuumed.

With regard to the sense of cleanliness, it must be from top to bottom and, from the cleanest areas to the dirtiest:

- I. Walls;
- II. Surfaces above the floor (benches, tables, chairs, handrails, others);
- III. Sanitary facilities;

IV. Floor (**must be the last to clean**).

Cleaning materials

The existence of different cleaning materials (exclusive use) **for the different areas to be cleaned must be guaranteed**. Cleaning cloths should preferably be of single-use, disposable and differentiated by a color code, for each area to be cleaned, according to the level of risk.

For example:

Area	Color	
Benches, tables, chairs, armchairs, etc.	Blue	
Meal tables and food preparation areas.	Green	
Sanitary facilities (washbasin cloth and toilet cloth)	Washbasin: Yellow	Toilet: Red
Note: The bottom of the toilet does not need a cloth, it must be rubbed with the toilet brush itself and with disinfectant based detergent.		

Disinfection cleaning products

For cleaning products to be used, **detergents and disinfectants must be used**. The detergents to be used are the common or household ones, on the other hand, the disinfectants that can be used are the common bleach (sodium hypochlorite) with at least 5% free chlorine in its original form and 70% alcohol.

In addition to the products mentioned above, quick disinfection products can also be used in the form of wipes moistened with disinfectant and supplied in a special dispenser. These products usually have compatible detergent and disinfectant in their composition, thus allowing a faster procedure, since they have a two-in-one action. It should be noted that these wipes are must be used on one surface and should not be reused on multiple surfaces, as they can promote the spread of contaminants, and should be discarded in the waste bin after use.

The metallic parts of the surfaces or the parts that are not compatible with the bleach, should be disinfected with 70% alcohol or another compatible product, in order to avoid corrosion or damage.

Cleaning and disinfecting surfaces in common areas

Surfaces and equipment's cleaning must be carried out using a damp cloth, preferably disposable and following the instructions below:

- I. Initially wash surfaces with water and detergent;
- II. Prepare the bleach solution (sodium hypochlorite) with at least 5% free chlorine in its original form. To prepare 1 L of disinfectant solution, 20 ml of bleach should be used in 980 ml of water). **Bleach should be diluted at the time of use;**
- III. Perform disinfection using a disinfectant such as bleach or alternatively an alcohol-based disinfectant, for example 70% alcohol. The solution should be spread evenly over the surfaces;
- IV. Leave bleach to act on surfaces for at least 10 minutes;
- V. Rinse surfaces only with hot water;
- VI. **Allow it to air dry.**

Room cleaning and disinfection

The cleaning and disinfection of the rooms must follow the instructions below:

- Changing bed linen causes aerosols, so it is advisable to separate cleaning and linen changes, allowing a waiting time between these two tasks. A period of at least 2-3 hours must be respected between removing the sheets and bedding and towels and cleaning the floors and surfaces.
- When removing bed linen and towels, the following rules must be respected:
 - ✓ Do not shake bedding;
 - ✓ Remove the clothes without shaking, rolling them outwards inwards, making a "wrap";
 - ✓ Avoid touching with clothes on your body as much as possible;
 - ✓ Transport the clothes and put them directly in the washing machine.
- The laundry must be washed at the highest temperature it can withstand (check label - thermoresistance). Ensure a heat disinfection cycle of at least 60 ° C for 30 minutes;
- In cases where the clothes cannot, due to their characteristics, be washed with hot temperatures, they must be washed in the machine at a temperature of 30-40 ° C and with a final disinfection cycle in the machine, with a disinfectant suitable for this type of clothes and compatible with the machine;

- In the absence of a washing machine, the clothes must be packed in a waterproof bag, tightly closed, taken as soon as possible to the laundry and deposited directly into the machine;
- Residues from a sick person's room must be packed in a tightly closed first bag, which is then deposited in a second bag. The second bag must be identified as biological waste and treated by incineration or autoclaving.
- If there is presence of blood, respiratory secretions or other organic liquids, absorb the liquids with absorbent paper, apply the bleach diluted in water in the proportion of one measure of bleach, to 9 equal measures of water and let it act for 10 minutes. Then rinse the area with water and detergent, rinse only with hot water and let it air dry. Mask must be used in the dilution and application of the bleach and open the windows for ventilation of the space;
- If there is a kitchenette, wash the dishes at a high temperature, clean and disinfect cabinets, countertops, tables and chairs, never forgetting to disinfect cabinet and door handles and then clean and disinfect the tap, sink and drain;
- The walls must be cleaned up to the height of the arm;
- Remove the curtains and send them to wash, including the bathroom curtain, if any;
- Clean the furniture;
- Furniture and some equipment can be disinfected after cleaning with wipes moistened with disinfectant or alcohol at 70°.

Cleaning and disinfection of sanitary facilities

The cleaning of the sanitary facilities must follow the indications below:

- I. **Use different cloths for the washbasins and the areas around them and outside the toilets.**
Cleaning cloths should preferably be single use and disposable and differentiated by a color code for each area to be cleaned. The bottom of the toilet does not need a cloth, it must be rubbed with the toilet brush itself and with disinfectant based detergent.
- II. **Follow the sequence:**

- Start cleaning through the washbasins, first with the taps and only after the washbasin and drains, then the surfaces around it, bath or shower, using the same procedure previously described for the washbasins, not forgetting to clean the shower well, namely unscrew the head and wash and disinfect. Finally, toilet and bidet.
- Clean the toilets;
 - **Interior part:**
 - If there is urine or feces, flush the toilet first;
 - Do not pour bleach or ammonia containing product into the urine, as it causes a harmful reaction to health;
 - Apply the detergent product with a disinfectant base; leave to act for at least 5 minutes-10 minutes;
 - Rub well inside with toilet brush;
 - Flush the toilet with the toilet brush still inside the toilet so that it is also clean;
 - Flush the water again.
 - **Exterior part:**
 - Spread the detergent/disinfectant on the top of the toilet and on the tops;
 - Rub with the cloth: the tops first and only then the outside of the toilet (on top and sides);
 - Wipe with water only;
 - Allow it to air dry;
 - Clean and disinfect the flush button well. You can also disinfect with alcohol at 70°-80°;
- Clean the floor;
- At the end of cleaning, wipe with a cloth moistened with disinfectant in all taps;
- Don't forget to clean the bathroom door handles frequently.

Cleaning and disinfecting surfaces in the isolation area where a suspected or confirmed COVID-19 person has been

When cleaning and disinfecting the surfaces of quarantine or isolation areas, of a suspected or confirmed patient, the following indications must be followed:

- I. Wait at least 20 minutes after the person who is ill, or suspected of being ill, leaves the isolation/quarantine area and only then begins cleaning procedures safely;
- II. Wash surfaces initially with water and detergent;
- III. Prepare the bleach solution (sodium hypochlorite) with at least 5% free chlorine in its original form. To prepare 1 L of disinfectant solution, 20 ml of bleach should be used in 980 ml of water). **Bleach should be diluted at the time of use;**
- IV. Perform disinfection using a disinfectant such as bleach or alternatively an alcohol-based disinfectant, for example 70% alcohol. The solution should be spread evenly over the surfaces;
- V. Leave the bleach to act on the surfaces for at least 10 minutes;
- VI. Rinse surfaces only with hot water;
- VII. **Allow it to air dry.**

Cleaning and disinfecting surfaces containing blood or other organic products

The cleaning and disinfection of surfaces in areas containing blood and/or other organic products, including vomiting, urine and feces, must follow the guidelines below:

- I. Wear resistant gloves, waterproof apron and protective visor;
- II. Absorb spill as much as possible with absorbent paper to avoid spreading liquids;
- III. Then apply the bleach solution in the dilution of 1 part of bleach in 9 equal parts of water;
- IV. Leave on for at least 10 minutes, cover the affected area with wipes so that people do not step on it and place the alert device for the zone under maintenance cleaning;
- V. Wash the soiled area with water and common detergent;

VI. Rinse only with water;

VII. **Allow it to air dry.**

Care to be taken when cleaning spaces

- Aerate the place to clean/disinfect;
- Use the appropriate PPE's. In this phase of possible spread of the virus, cleaning professionals are advised to use:
 - Waterproof jacket, although a waterproof apron can also be worn over the uniform **(do not wear clothes that you bring from home)**;
 - Ordinary mask well adjusted to the face - the mask should be changed whenever it is wet (minimum 4-6 hours);
 - Disinfectant resistant gloves (disposable);
 - Wear a clean uniform every day and footwear for cleaning only.
- Have the safety data sheets (technical data sheets) for cleaning products that are included in the hygiene plan and follow the manufacturer's instructions, instructions on labels and product safety data sheets, namely on dilutions and safety rules for use;
- Ensure that chemicals are properly labeled, closed and kept in their original packaging;
- Store cleaning products indoors, properly identified and not directly communicating with workplaces.

ANNEX IX – Hygiene Plan

		Area (if applicable)	Product	Method of use	Cleaning method	Frequency *	Responsible	Supervisor
Accommodations	Kitchens	Handles/Switches	2 in 1 soap and bleach based product	Manual execution with cloth impregnated in the cleaning solution	Steam cleaning	Beginning and end of stay (depending on duration)	Sandra Esteves/ Verónica Cruz**	Paula Ferreira
		Countertops/Tables/Chairs						
		Cabinets						
		Home appliances						
		Crockery/Utensils						
		Windows						
		Garbage containers						
	Flooring	Mechanical washer with suction through water tank and particulate filter						
	Living room	Handles/Switches		Manual execution with cloth impregnated in the cleaning solution				
		Countertops/Tables/Chairs						
		Home appliances						
		Couch						
		Windows						
Curtains								
Flooring	Mechanical washer with suction through water tank and particulate filter							

		Area (if applicable)	Product	Method of use	Cleaning method	Frequency *	Responsible	Supervisor
	Bedrooms	Handles/Switches		Manual execution with cloth impregnated in the cleaning solution				
		Tables/Chairs						
		Windows						
		Curtains						
		Couch						
		Beds						
		Garbage containers						
	Flooring	Mechanical washer with suction through water tank and particulate filter						
	Sanitary facilities	Handles/Switches		Manual execution with cloth impregnated in the cleaning solution				
		Countertops						
		Washbasin						
		Bath/Shower						
		Bidet						
		Toilet						
Garbage containers								
Flooring	Mechanical washer with suction through water tank and particulate filter							

Area (if applicable)		Product	Method of use	Cleaning method	Frequency *	Responsible	Supervisor
Balconies/ Terraces	Handles/Switches		Manual execution with cloth impregnated in the cleaning solution				
	Tables/Chairs						
	Flooring		Mechanical washer with suction through water tank and particulate filter				

* Or more often, if requested by the guest.

** Depending on the person who is on service, since they represent different teams.