

Contingency Plan

COVID-19

October 2021

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1. Introduction

The health and well-being of our community is our first priority. This document has been created to provide a framework that ensures a safe environment to students, staff and their families, in the context of the SARS-CoV-2 (COVID-19) pandemic. It is our aim to inform on preventive practices and strategies to mitigate the risk of transmission of infection in the community, and on the procedures to follow in the event of a suspect, or confirmed case at school. The document is based on the guidelines recommended by Direção Geral de Saúde (DGS) Orientação n.º 006/2020, de 26/2/2020 and it is subject to change according to the latest unfolding regarding the pandemic.

The measures implemented can change according to the evolution of the pandemic context and due to its context. Additionally, the school may find necessary to implement additional measures to appropriately ensure safety of the school community.

2. Coronavirus Disease (COVID-19)

The COVID-19 is an infectious disease caused by a new coronavirus. According to current evidence it is highly contagious and it is primarily transmissible through:

- Direct route. When an infected person coughs or sneezes, respiratory droplets are released into the air possibly contaminating people within a 2 m range. The longer the permanence, the higher the risk.
- Indirect route. Touching contaminated surfaces or objects and then touching the mouth, nose, or eyes. Symptoms may appear 2-14 days after exposure to SARS-CoV-2 and vary in severity. The most common are fever, cough and shortness of breath. Symptoms can also include sore throat, headache, fatigue, loss of appetite, loss of smell, loss of taste, diarrhoea, nausea and vomiting. Asymptomatic infection can occur.

3. The Contingency Plan

3.1 Identification of the effects that the disease may have on St. Dominic's International School

In the event of the Local Health Authorities determining the dismissal of face-to-face instruction, or if part of the members of the school community cannot attend, the school ensures the continuity of the full academic programme through on-line lessons, under the regular school timetable. While we recognise that eLearning cannot fully replace face-to-face classes, there are certain key elements for our focus:

- Maintaining student motivation

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- Ensuring consistency of teaching across grade levels
- Reinforcing the provision of visual student/teacher contact
- Recognising that, as in the classroom, we need to differentiate our teaching
- The importance of regular contact with parents to provide support, listen to their concerns and explain what we expect of their children

Our web-based platforms - Managebac and Office 365 - are suitable for remote learning, with students being expected to 'attend class' as if they were physically in school, and the teaching and learning will be monitored in order to improve and ensure quality standards.

3.2 Responsibilities


ST. DOMINIC'S
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COVID-19 (Coronavirus)
Who to contact


COVID19@dominics-int.org

Focal points:	
Mr. Stephen Blackburn	s.blackburn@dominics-int.org
Ms. Cristina Aguiar	c.aguiar@dominics-int.org
Ms. Anna Meinert	a.meinert@dominics-int.org

Please see Ms. Elsa Lopes (school reception desk) when the nurse is not in the premisses.

3.3 Equipment and supplies

The school provides the following equipment and products on its premises:

- Alcohol-based antiseptic solution in common areas and strategic locations, together with information on hand hygiene procedures
- Surgical masks and gloves for the use of the person considered a Suspect Case and the persons providing support
- Paper towels for drying hands, in sanitary facilities and classrooms.

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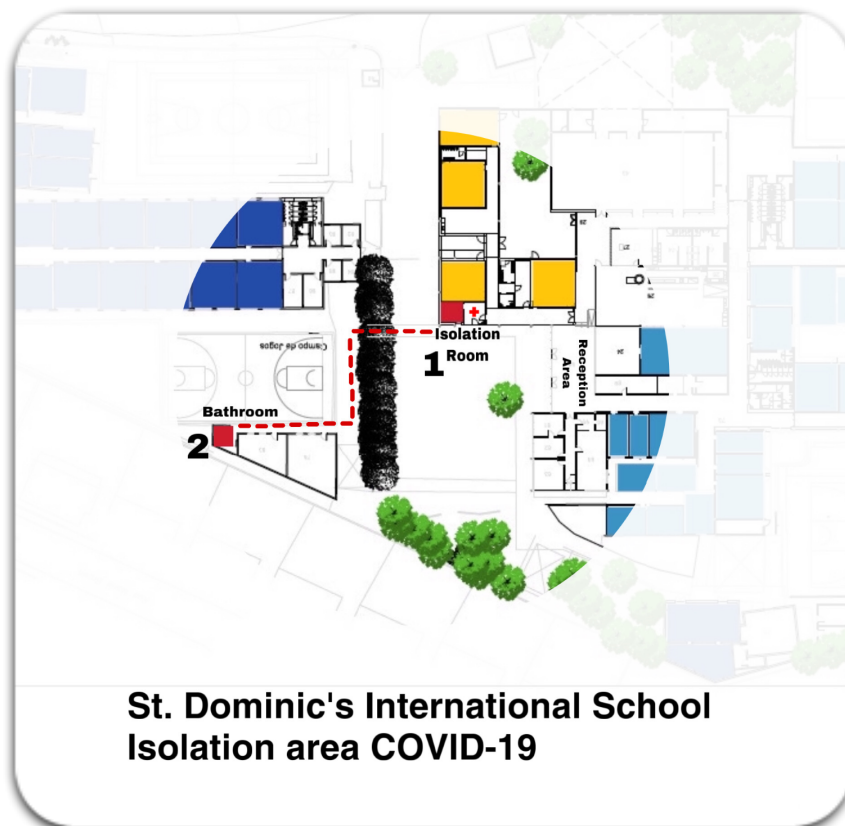
3.4 Preparing for a suspected case: isolation area

In order to break the chains of transmission of the virus, it is important to limiting close contact between infected people and others. When someone develops symptoms of infectious illness that matches the criteria for covid-19, while at school, action must be taken to isolate them from other students and staff, as quickly as possible. In order to manage this situation effectively, the Protocol must detail responsibilities within the organisation, how to prepare for such a situation and how to identify/address a suspect or a confirmed case.

There are two designated Isolation areas is the room adjacent to the school nurse's office which must be accessed from the outside of the building.

The Isolation Area is equipped with a direct dial telephone with outside access, a pedal waste container, surgical masks, gloves, disposable gown and cap, thermometer, alcohol-based disinfectant solution inside and outside the room, and an individual kit containing bottled water and some non-perishable food items

The back-up toilet facilities will be at the end of the Senior School library hallway, equipped with paper towels and liquid soap dispensers. Once the contingency plan is activated, these facilities will no longer be available for general use.



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3.5 Definition of suspect case

The definition of suspect case has been updated to:

- a) Probable case: a person who fulfils the clinical and epidemiological criteria or the clinical and imaging criteria for probable case definition for COVID-19, according to DGS Standard No 020/2020 of the DGS.
- b) Possible case: a person who fulfils the clinical criteria for possible case definition of COVID-19 according to DGS Standard 020/2020. These are essentially people who develop an acute respiratory condition with cough (new or worsening of usual cough), or fever (temperature $\geq 38.0^{\circ}\text{C}$), or dyspnoea/respiratory distress (DGS Standard 020/2020).

3.6 Procedures regarding suspect cases

Action by the school:

- 1) Any student, teacher or staff member with criteria consistent with the definition of a suspected case of illness by COVID-19, or anyone who identifies another person in these circumstances, should inform the school by emailing COVID19@dominics-int.org. The Head of Administration and Operations and the Head of Junior/Senior School are informed immediately.
- 2) When the suspected case of COVID-19 is a student up to (and including) grade 5, it should be escorted by an adult to the isolation area, using the shortest and least crowded route; whenever possible, a distance of at least 2 meters should be ensured, as well as compliance with hand hygiene measures and respiratory etiquette. As a precautionary measure, in addition to the surgical mask, the accompanying person should wear a cap, visor, and a disposable gown. Whenever the suspected case is an adult, he/she should go alone to the isolation area. If the nurse is not present, the school reception should be contacted (Ms. Elsa Lopes), after which the suspect will be taken to the isolation area.
- 3) One of the focal points contacts the parents, requesting their presence at the school.
- 4) A record of the occurrence should be taken, noting the name, telephone number (if applicable), date and time.
- 5) In the isolation area, parents contact the SNS24 (808242424); the focal point of the education or teaching establishment can make the telephone contact if they have prior authorisation from the guardian. The school must report the suspect case to the Health Authority independently of parents having/not having contacted the SNS24.

- 6) During the stay in the isolation area the suspected case must wear a surgical mask well fitted to the face and in order to cover the mouth and nose. The access of third parties to the isolation area is forbidden.
- 7) After evaluation, the SNS 24 line informs the suspected case or focal point of one of the two situations:
- a) Non-possible case or no probability of being a case of COVID-19: the SNS24 Line defines the procedures appropriate to the clinical picture presented. The case is closed to COVID-19. The nurse will inform the direct manager and the school takes measures to disinfect the isolation area;
 - b) Possible or probability of being a COVID-19: SNS 24 may prescribe a COVID-19 test and decides on referral through one of the following:
 - i. Self-care: isolation at home;
 - ii. Clinical Assessment in COVID-19 Dedicated Areas in Primary Health Care;
 - iii. Clinical Assessment in the Hospital's Emergency Room.

Measures to be implemented will also be recommended until the test result is known (DGS guideline 10/2020). The Local Health Authority should always be informed of the situation by the principal or focal point of the education or teaching establishment. When travelling home, to the health services or to the place where the test will be performed, the child should use their own car, or the parents' car if they are a minor, and public transport should not be used. During the whole trip, the suspected case and the respective accompanying person(s) should keep the mask properly fitted.

The local health authority informs the school of immediate measures to implement, while awaiting the results of the laboratory test. These measures may include isolating contacts who have been sitting in close proximity in the classroom or cafeteria or other identified close contacts.

If the result is negative the SNS24 line will define the appropriate procedures for the clinical picture presented and the case closed for COVID-19. The return to school will only be possible upon compliance with the quarantine imposed by SNS24 and prior sending of documentation proving the same to the e-mail COVID19@dominics-int.org .

Action by the local Health Authority:

1 - The Health Authority prescribes a laboratory test for SARS-CoV-2 and after confirmation of the case, the Local Health Authority will proceed with the epidemiological investigation:

- a) Epidemiological survey.
- b) Contact tracing.
- c) Environmental assessment.

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Pending laboratory confirmation, the Health Authority may implement proactive prevention measures such as:

- a) Determining prophylactic isolation and screening of direct contacts such as people who have been sitting in close proximity in the classroom or cafeteria or other close contacts identified.
- b) Determining the monitoring of the signs and symptoms of the case in prophylactic isolation.

2 - According to the evaluation, the Health Authority informs the confirmed case, the close contacts of high and low risk, and the school about the individual and collective measures to be implement:

- a) Isolation of cases and contacts, closure of the class, of areas or, in the limit, of the entire establishment.
- b) Cleaning and disinfection of surfaces and ventilation of the spaces most used by the suspected case, as well as the isolation area (DGS Guideline No. 014/2020).
- c) Packaging of the waste produced by the suspected case in two plastic bags, resistant, with two tight knots, preferably with an adhesive/sticker and placing them in collective waste containers after 24 hours of its production (never in Ecopontos).

3.7 Procedures in the event of a confirmed case outside the school

Anyone attending the school or part of their household, who presents criteria compatible with the definition of a suspected case of COVID-19 disease, or anyone who identifies someone in these circumstances, should inform the school. An email should be sent to COVID19@dominics-int.org , informing about the symptoms, any relevant elements, the measures recommended by the NHS24/medical doctors/DGS, and whether a COVID-19 test has been recommended.

Action by the school

- 1) After communication of the confirmed case in a member of the community or someone who entered the school, the contingency plan will be activated, and all responsible elements will be informed;
- 2) The school immediately contacts the Local Health Authority/Local Public Health Unit, informing them of the situation.

Action of the local health authority

- 1 - The Local Health Authority will proceed with the epidemiological investigation:

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- a) - Epidemiological survey.
- b) - Contact tracing.
- c) - Environmental assessment.

2 - According to the evaluation, the Health Authority informs the confirmed case, the close contacts of high and low risk, and the school about the individual and collective measures to be implement:

- Isolation of cases and contacts, closure of the class, of areas or, in the limit, of the entire establishment.
- Cleaning and disinfection of surfaces and ventilation of the spaces most used by the suspected case, as well as the isolation area (DGS Guideline No. 014/2020).
- Packaging of the waste produced by the suspected case in two plastic bags, resistant, with two tight knots, preferably with an adhesive/sticker and placing them in collective waste containers after 24 hours of its production (never in Ecopontos).

3.8 Measures to be taken by the confirmed case

If a case has a positive laboratory test (rRT-PCR) for COVID-19, the patient must remain in isolation and cannot return to the school until he/she complies with the criteria of the DGS standard number 004/2020 updated on 14/10/2020, which differentiates between symptomatic and asymptomatic patients.

Clinical Discharge Criteria and End of Isolation Measures for symptomatic patients:

- a. Mild or moderate illness, may end isolation provided that:
 - i. apyrexia (without use of antipyretics) for 3 consecutive days, and;
 - ii. significant improvement in symptoms for 3 consecutive days (except loss of smell and taste disturbance, which may persist for weeks) and;
 - iii. at least 10 days of isolation.
- b. Serious or critical illness may end isolation provided that:
 - i. Apyrexia (without use of antipyretics) for 3 consecutive days, and;
 - ii. significant improvement in symptoms for 3 consecutive days (except loss of smell and taste disturbance, which may persist for weeks) and;
 - iii. at least 20 days of isolation.

c. Immunosuppressed

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- i. 20 days from the onset of symptoms, provided that there is complete absence of fever (without medication) and significant improvement of symptoms for 3 consecutive days.

Criteria for Clinical Discharge and End of Isolation Measures for asymptomatic patients (persons without any clinical manifestation of disease at the time of laboratory diagnosis and until the end of clinical follow-up) the end of isolation measures is determined 10 days after the laboratory test that established the diagnosis of COVID-19.

If additional laboratory testing is required (healthcare professionals, caregivers, and patients admitted to the National Network for Long Term Care/Palliative Care/Elderly Residential Care) and the laboratory test for SARS-CoV-2 is positive, isolation is extended to 20 days from the onset of symptoms, at which point isolation is ended without the need for additional laboratory testing.

3.9 Returning to school after having contracted a COVID infection

The return to school of members of the community who have been positive for COVID-19 can only be determined by the Health Authority. Additionally:

- a) Students that have been infected with covid-19 need to inform the school as soon as possible, send a copy of the test result to covid19@dominics-int.org
- b) Before returning to school, students who have been infected will need to send the official proof of recovery issued by the health authority or a EU digital COVID certificate of recovery to covid19@dominics-int.org
- c) No students will be allowed in the school premises without these documents.
- d) If students present themselves at school without previously having sent this documentation, parents will be asked to collect their child from the school as soon as possible.

4. Contact tracing

In the event of a confirmed case, the school has implemented a protocol for monitoring close contacts and should work in collaboration with the Local Health Authority to identify them. Contact tracing aims at the rapid identification of persons who have been in contact with a confirmed case of COVID-19, ensuring the identification of possible secondary cases in order to interrupt the transmission of the disease. Contact tracing should begin within the first 24 hours after identification of the confirmed case.

A contact is a person who has been exposed to a confirmed case of COVID-19 infection within the transmissibility period or to biological material infected with SARS-CoV-2. The transmissibility/infectivity period for contact tracing purposes extends:

- a. In symptomatic cases: from 48 hours before the date of onset of symptoms of COVID-19 until the day on which the end of isolation of the confirmed case is established, in accordance with DGS Standard 004/2020.
- b. In asymptomatic cases: from 48 hours before the date of the collection of the biological sample for the laboratory test for SARS-CoV-2 until the day on which the end of the isolation of the confirmed case is established, in terms of Rule 004/2020 of the DGS or, (when it is possible to establish an epidemiological link) from 48 hours after exposure to the confirmed case until the day on which the end of isolation of the case is established, in accordance with DGS Standard 004/2020.

4.1 Risk assessment

Contact tracing comprises (DGS Norma No. 015/2020):

- 1) Identification of contacts (the person who, by having been in association with something or someone infected, or with an environment contaminated by an infectious agent, has a risk of acquiring that agent) and encompasses contacts at school (students, teaching staff, non-teaching staff), cohabitants and contacts from other contexts that may be relevant (DGS Standard No. 015/2020).
- 2) Vaccination status.
- 3) Classification of contacts according to risk stratification (DGS Standard No. 015/2020).
- 4) Implementation of measures: quarantine, active or passive monitoring, among others.

4.1.1 High Risk Contact

Someone with a high level of exposure to the confirmed case of SARS-CoV-2 / COVID-19 infection and that:

- a) Do not have a complete vaccination schedule.
OR
- b) Present complete vaccination scheme, but:
 - i. Cohabit with the confirmed case in close proximity (e.g. sharing the same room);
 - ii. Are confirmed case contacts in the context of an outbreak.

A contact is considered of high level of exposure when:

- a) Face-to-face contact with a confirmed case of SARS-CoV-2/ COVID-19 infection at a distance of less than 1 meter, regardless of the time of exposure.
- b) Face-to-face contact with a confirmed case of SARS-CoV-2/ COVID-19 infection at a distance of 1 to 2 metres and for 15 minutes or more (sequential or cumulative, over 24 hours).
- c) Enclosed contact with a confirmed case of SARS-CoV-2/ COVID-19 infection (e.g. cohabitation, meeting room, waiting room, classroom) for 15 minutes or more, including travel in an enclosed vehicle with a confirmed case of SARS-CoV-2/ COVID-19 infection (risk assessment in aircraft and ship should be referred to the standards in force).
- d) Direct and unprotected provision of healthcare services to SARS-CoV-2/ COVID-19 confirmed cases (i.e. without the use of PPE appropriate to the respective healthcare activity, in accordance with Norma No 007/2020 and/or DGS Guideline No 019/2020, or whenever there is evidence of incorrect use/removal).
- e) In schools, determining prophylactic isolation and screening of direct contacts, will have into consideration the measures implemented by the school. Thus, in a school context, only some students might be considered a high-risk contact, such as people who have been sitting in close proximity in the classroom or in the refectory.

For the purpose of the previous points, complete vaccination status corresponds to administration of the last dose of the COVID-19 vaccine of the recommended scheme, in accordance with DGS Standard 002/2021, at least 14 days before.

For high risk contacts it is mandatory:

- a) Prophylactic isolation.
- b) Molecular laboratory test (TAAN) for SARS-CoV-2 (Norma 15/2020 and 19/2020):
 - i. First test: as early as possible and ideally by the 5th day after the date of the last exposure to the confirmed case;
 - ii. Second test: on the 10th day after the date of the last exposure to the confirmed case.
- c) Active vigilance on the platform *Trace Covid*.
- d) If test result is negative and no symptoms are shown the same type of test will be repeated. A negative test result does not invalidate the need to comply with the period of prophylactic isolation and active surveillance since the date of the last high-risk exposure under the terms of Norma No. 015/2020.

4.2.2 Low risk contact

A contact is considered of low level of exposure when:

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- a) Face-to-face contact at a distance of 1 to 2 metres with a confirmed case of SARS-CoV-2 / COVID-19 infection for less than 15 minutes.
- b) Enclosed contact with a confirmed case of SARS-CoV-2 / COVID-19 infection (e.g., cohabitation, meeting room, waiting room, classroom), including travel in an enclosed vehicle with a confirmed case of SARS-CoV-2 / COVID-19 infection, for less than 15 minutes (sequential or cumulative; over 24 hours)

For low risk contacts it is mandatory:

- a) Passive vigilance for 14 days from the date of last exposure.
- b) Compliance with DGS Guideline no. 010/2020.
- c) Self-monitor and record COVID-19 compatible symptoms daily, as well as measuring and recording body temperature twice daily.
- d) Limit contacts with other people, reducing their trips to the indispensable (e.g.: work, school, home), and adopt the preventive measures at all times.
- e) Contact SNS 24 if symptoms compatible with COVID-19 develop.
- f) Molecular laboratory test (TAAN) for detection of SARS-CoV-2, according to DGS Standard No 019/2020. If the molecular test is not available or does not allow the result to be obtained in less than 24 hours, a rapid antigen test (TRAg) should be used. The test needs to be done as early as possible and ideally no later than the 5th day after the date of the last exposure to the confirmed case.

The information sent to the Health Authority will be the strictly necessary for the purpose of contact tracing, as defined in the document Referencial Escolas - controlo de transmissão de COVID-19 em contexto escolar, September 2021-2022, DGS. All those involved in the case management and contact tracing procedures follow ethical principles for handling personal information, to ensure responsible data management and respect for privacy throughout the process.

4.3 General measures to apply to all contacts

All contacts should take the following measures for 10-14 days from the date of last exposure:

- a) Wear a surgical mask under all circumstances, indoors and outdoors, in accordance with DGS Guideline 011/2021;
- b) Remain contactable;

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- c) Self-monitor and record daily symptoms compatible with COVID-19, as well as measuring and recording body temperature at least once a day;
- d) Contact SNS 24 if signs and/or symptoms compatible with COVID-19 appear.

4.4 Quarantine and prophylactic isolation

High-risk contacts are subject to prophylactic isolation, at home or at another location defined other location defined at local level by the Health Authority. The end of prophylactic isolation is established after a negative TAAN laboratory test result for SARS-CoV-2 is obtained on the 10th day following the date of the last exposure to the confirmed case.

According to Norma No. 015/2020 of the DGS, and only by written indication of the Health Authority, the contacts may interrupt prophylactic isolation according to their vaccination status. Regarding contacts who have been infected in the 180 days previous to the contact, the same Norma informs that they will not be subject to laboratory testing or active quarantine period, only being indicated for passive vigilance for a period of 14 days.

In situations where the risk of generating chains of transmission to persons with conditions associated with evolution to severe COVID-19 is high (case-by-case assessment), the Health Authority may order prophylactic isolation until day 14 after exposure to a confirmed case of SARS-CoV-2 / COVID-19 infection.

4.5 Returning to school of students who are a direct contact of a positive case of covid-19

- Students who have been in contact with a positive case of Covid-19 **need to inform the school** as soon as possible via covid19@dominics-int.org and **not come to school** until they have contacted the health authorities asking for their guidance.
- Before returning to school, students who have been in isolation due to a contact with a positive case of covid-19 will need to send the **Declaração de Isolamento Profilático** issued by the health authority. This document will state the beginning and end dates for the quarantine.
- No students will be allowed in the school premises without these documents.
- Is students present themselves at school without previously having sent this documentation, parents will be asked to collect their child from the school as soon as possible.

5. Outbreak Management

Outbreak is now classified into:

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- **Cluster:** set of cases, groups or events that appear to be related by their form of distribution in space and/or time (DGS Standard 015/2020).
- **Outbreak:** occurrence of a higher number of cases of a COVID-19 than exceeds the expectations in a given population during a well-defined period of time.

Possible scenarios:

- A. "Outbreak" in a class: cases in a class or classes operating in cohorts. In cohorts, chains of transmission may be confined to this closest contact group;
- B. "Outbreak" in several classes without epidemiological connection: cases occurring in different classes in the same time period, but without epidemiological connection between them;
- C. "Outbreak" in several classes with epidemiological link: cases occurring in different classes resulting from secondary or tertiary transmission within the school community;
- D. "Outbreak" without controlled transmission: high number of cases in different groups of the school community (students, teaching and non-teaching staff) with uncontrolled transmission.

In the event of an "outbreak" the school must take immediate action by implementing the individual and collective measures indicated by the Local Health Authority. These are decided taking into account the following criteria:

- Layout and organisation of the rooms.
- Organization of people by cohorts.
- Structural organisation of the establishment, namely corridors and circulation circuits.
- Ventilation of the spaces.
- Period between the onset of symptoms and identification of the suspected case.
- Other preventive measures in place.

5.1 Measures to be adopted

In a cluster or outbreak situation all contacts (high and low risk) should have a rapid antigen test (TRAg) for SARS-CoV-2, in accordance with DGS Standard No 019/2020, for rapid implementation of public health measures, in accordance with DGS Standard No 015/2020.

According to the risk definition, the Health Authority decides which control measures to implement, including:

- Isolation of confirmed or suspected cases and prophylactic isolation of high-risk contacts;

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- Closure of one or more classes.
- Closure of one or more areas of the school.
- Closure of the entire educational or teaching establishment*.

* The closure of the entire educational or teaching establishment should only be considered in situations of high risk in the establishment or in the community. This measure can only be determined by the Local Health Authority, involving in decision making the Regional and National Health Authorities (Referential schools DGS September 2021-2022)

5.2 Cumulative measures to be implemented in an outbreak context - possible scenarios

A	<p>The Local Health Authority will decide according to the risk assessment what control measures to implement, including:</p> <ul style="list-style-type: none"> - Isolation of cases; - Contact tracing; - Prophylactic isolation of high-risk contacts; - Laboratory testing of high-risk contacts
B	<p>The Local Health Authority is studying the relationship between the cases and additional measures will be assessed in relation to scenario A, including:</p> <ul style="list-style-type: none"> - Closure of classes with confirmed cases for 14 days from the date of commencement of prophylactic isolation of all contacts; • Closure of one or more areas of the school for 14 days from the date of commencement of prophylactic isolation of all contacts.
C	<p>The Local Health Authority analyses the relationship between cases and additional measures will be assessed in relation to scenario B, including:</p> <ul style="list-style-type: none"> - Extending isolation measures to low risk contacts.
D	<p>The Local Health Authority, in conjunction with the Regional and National Health Authorities, may consider the need to escalate measures, evaluating the temporary closure of the educational or teaching establishment. Its reopening should occur when the Health Authority so determines, based on the control of the epidemiological situation and when it does not pose a risk to the school community.</p>

Source: Referencial Escolas | 2021-2022

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6. Alert and communication procedures

Community members who have had contact with a confirmed case will be informed, always respecting the privacy of the elements involved.

All and any information received by any member of the community, regarding someone's absence/illness, should be sent immediately to the e-mail COVID-19@dominics-int.org , providing the following elements:

- Date of onset of symptoms and description of symptoms.
- Information resulting from contact with the SNS24/physician/other hotlines, including date of contact, code assigned, recommendations, isolation/quarantine details (start and duration), and the respective documents to support this.

In the event of a confirmed case or "outbreak" in a school setting:

- Local Health Authority activates the Public Health Team to collaborate with the epidemiological investigation, case management, communication and implementation of measures to prevent and control the transmission of SARS-CoV-2.
- In case of an outbreak of COVID-19 or a case with great social transcendence, the Local Health Authority informs the Municipal Civil Protection Committee, promoting the activation of emergency plans by the Municipal Civil Protection Committee, whenever justified.
- The Local Health Authority/Public Health Unit communicates to the Direction of the educational or teaching establishment the risk and the individual and collective protection measures to be adopted.
- The Local Health Authority/Public Health Unit will indicate to the Direction of the educational establishment when it should inform all parents and the rest of the school community of the existence of an outbreak, the measures that have been taken and those to be adopted, in detail and preserving the confidentiality and anonymity of those involved.

7. Information and training

The St. Dominics International School is committed to:

- Give precise and clear information about COVID-19, in order to manage fear and anxiety in the school community.
- Provide knowledge of the prevention measures that should be taken.
- Inform and train employees on the specific procedures to follow in the event of a suspicious case.
- Consult information regularly at www.dgs.pt

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- Make the Contingency Plan accessible by publishing it on the school's Web site.

8. Procedures to adopt after returning from areas with active community transmission

When returning to school from abroad students need to follow the public health measures implemented upon arrival to the country.

8.1 Tests and certificates

Before returning to school students need to send the following to covid19@dominics-int.org:

- Proof of a test, with a negative, result for COVID-19: **NAAT** - Nucleic Acid Amplification Tests (RT-PCR, NEAR, TMA, LAMP, HDA, CRISPR, SDA, etc), carried out the last **72 hours** prior to boarding;

OR

- Proof of a test, with a negative, result for COVID-19: **Antigen Test*** (TRAg) performed within **48 hours** prior to shipment (only rapid antigen tests on [this list](#) are accepted).

OR

- **EU Digital COVID Certificate** of complete vaccination, at least 14 days ago with a vaccine against COVID-19. This certificate is issued by the health authority via <https://www.sns24.gov.pt/certificado-digital-covid/#aceder>

Children under 12 years are an exception. All students from 12 years of age up must comply with testing requirements.

Self-tests, of any kind, are not accepted.

Additionally, families arriving from Brazil, South Africa, Nepal, India and the United Kingdom must register their data on travel.sef.pt

8.2 Prophylactic isolation/quarantine

The prophylactic isolation for 14 days is mandatory for passengers with origin/drop off in one of these countries: South Africa, Nepal, and India.

For more information please consult <https://www.ana.pt/en/passenger-guide/what-you-need-to-know/covid-19>, <https://www.visitportugal.com/en/content/covid-19-measures-implemented-portugal>
<https://travel.sef.pt/Forms/Default.aspx>

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https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate_en

Parents will be required to send the school their child's copy of the negative test result/EU digital certificate of complete vaccination and if quarantine is required, proof of the date of flight.

If students present themselves at school without previously having sent this documentation, parents will be asked to collect their child from the school as soon as possible.

These Legislation in force in the countries of origin, transfer and destination should be always consulted.

9. Vaccination in Portugal

The vaccination programme in Portugal modulated the risk of infection by SARS-CoV-2 and changed the clinical evolution of COVID-19.

Vaccination in Portugal is open for children from 12 years of age and highly recommended by the DGS.

For more information, contact the National Health Authorities (Centro de Saúde) or visit <https://www.sns.gov.pt/vacinacaocovid19/>

10. Preventing the spread of COVID-19 at St. Dominic's International School

10.1 General measures implemented at St. Dominics International School

Key messages and Actions:

- To give precise and clear information about COVID-19, and the current protocol.
- To give information about the signs of the infection.
- To provide knowledge of the prevention measures that should be taken and to promote their practice through the implementation of sessions to address training, questions and concerns, the use of signs and daily reminding of these measures. These include hand and respiratory hygiene, use of Personal Protective equipment (PPE), social distancing, cleaning and disinfecting and activities and sharing of equipment and objects.
- Disclosure of the procedures and measures to be adopted when identifying suspected and/or confirmed cases.

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- Reusable cloth masks and visors were made available to all staff members. The purchase of masks of national production, certified level two, reusable, according to the DGS safety recommendations, is in the market research phase, for distribution to all staff members.
- The mandatory use of masks from 10 years of age, according to the indications of the DGS.
- Promoting self-monitoring of symptoms, recommending temperature measurement in the morning before coming to school, advising not to enter school if the temperature is 37° or higher, returning only when there are no symptoms for 24 hours without the use of antipyretic medication.
- Temperature measurement of the students and staff at the entrance of the school establishment, and the entry into school may be refused if the temperature is 37° or higher, returning only when there are no symptoms for 24 hours without the use of antipyretic medication; the temperature of 37°C is understood as a standard measurement, from which monitoring should be done according to the specifications of each situation. If, after a second measurement, the temperature is higher, even if lower than 38°C, and as an additional preventive measure, the patient will be asked to return home for monitoring throughout the day.
- Prior submission of medical statement when absence from school is longer than 3 days.
- Implementation of a testing strategy that reflects the context of the pandemic in the community, and the level of transmission within the school at any given time. Students and teachers screening for covid-19 can be implemented during the school year, according to guidance of the Health Authorities. Although the school tries to adapt the testing conditions to the school routine, the screenings are organized by external entities which not always can adapt their schedules to suit our requests.
- All students, teachers and staff are required to disinfect their hands and use the shoe disinfecting mats on entrance on school's premises, as well washing hands before.
- To ensure that all staff, students and visitors clean their hands on arrival at the setting, before and after each activity, before and after eating, after sneezing or coughing, after recess time and before or after removing a face mask.
- Ensure social and physical distancing by:
 - a) Respecting general rules of safety and physical distancing between teaching and non-teaching staff and students.
 - b) In classrooms, whenever possible, a physical distance between students and students/teachers of at least 1,20 metre, maximising the space between people without compromising the normal functioning of the teaching activities.
 - c) Separation of desks and tables.
 - d) The definition of circuits in the school grounds.

- e) Segmentation of common spaces to work in groups (e.g. playground).
 - f) The alternation of entrance and exit times and the mobilisation of "bubble groups".
 - g) Cancel indoor activities that are not essential and favour outdoor activities.
- The measures regarding cleaning and disinfecting have been updated according to the current requirements by DGS Orientação 014/2020 and include reinforcement of cleaning of at least six times a day of commonly touched surfaces namely door knobs, light switches, telephones, tablets, computers, printers, taps, flush buttons, tables and counters, chairs, polls and rails; floors at least twice daily and the cleaning and disinfection of bathrooms at least three times a day.
 - Protocols regarding the returning to school of students and staff returning from an area with active community transmission of the new coronavirus.
 - The external service providers of the school concerning refectory service, bus service, cleaning service and security, comply with the guidelines and recommendations by the health authorities.
 - The pick up and drop off protocols have been adapted to comply with social distancing measures and hand hygiene.
 - Promoting effective ventilation through the opening doors and windows in all spaces. Air-conditioning systems are not allowed during occupancy periods.
 - Definition of procedures regarding the disinfection of shared materials, as well as the allocation of an individual kit with objects for individual use in the classroom.

10.2 The use of masks

Any person 10 years of age or older, and in the case of students, from grade 5 onwards, regardless of age, should wear a certified community mask or surgical mask for access to or permanence within the school. This obligation does not apply to open-air recreational areas, although it is recommended that masks should be worn whenever crowds occur.

For students from grade 1 to grade 4, regardless of age and given that children at this age are not vaccinated, the use of a certified community mask or surgical mask is strongly recommended, for access to or permanence within the school.

The use of a mask should always be adapted to the clinical situation, namely in situations of developmental or behavioural disorders, respiratory insufficiency, immunosuppression or other pathologies. This should be assessed case by case and parents must send a doctor's declaration.

10.3 Testing for detection of SARS-CoV-2

The test for the detection of SARS-CoV-2 is prescribed by SNS 24 or the territorially competent Health Authority for all possible or probable cases and high and low risk contacts, and to be performed according to the instructions described in DGS Standard No 015/2020.

The territorially competent Health Authorities and the school, reserves the right to carry out any tests that may prove necessary in the light of the development of the epidemiological situation and school context.

In a school outbreak situation all contacts (high and low risk) should have a rapid antigen test (TRAg) for SARS-CoV-2, in accordance with Norma 019/2020, for the rapid implementation of public health measures.

10.4 Administration of medication at school

The current pandemic context of COVID-19, and as a preventive measure, no antipyretic or analgesic medication will be administered. The nurse will contact parents to inform them of the occurrence, with reference to the symptoms. People with a temperature of 37°C or higher will not be allowed in school.

The return to school may only occur when there is significant improvement of symptoms, for 24 hours, and without the use of anti-pyretic medication.

If the absence is longer than 3 days, the return to school will have to be preceded by a medical statement sent to the e-mail covid19@dominics-int.org.

11. COVID OUT Certification by ISQ

In the quality of pioneer on the COVID OUT services in Portugal, the ISQ awards St. Dominics International School the **Selo de Confiança** which certifies that the school premises are safe, by monitoring and implementing the back to school plan measures.