



RESIDENTAS

**CONTINGENCY PLAN SUMMARY IN ENGLISH
COVID-19**

Lisbon, March 2020

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1. FRAMEWORK

This document discloses the essential points of the Contingency Plan of Residentas, owned by Activos Reais - Gestão Imobiliária S.A. for Coronavirus disease (COVID-19). Residentas is committed to protecting 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.

2. CORONAVIRUS DISEASE (COVID-19)

Coronaviruses are a family of viruses known to cause disease in humans and are quite common worldwide. The infection causes symptoms such as cough, fever or difficulty breathing, or presents as a more serious illness, such as pneumonia. In general, these infections can cause more severe symptoms in people with weaker immune systems, older people and people with chronic illnesses such as diabetes, cancer and respiratory diseases. The incubation period for the new coronavirus is 2 to 14 days.

3. THE TRANSMISSION OF COVID-19

There are two ways in which a person can become infected:

- Secretions can be directly expelled into the mouth or nose of those around (perimeter up to 2 meters) or can be inhaled into the lungs;
- A person can also become infected by touching surfaces or objects that may have been contaminated with respiratory secretions and then touching their own mouth, nose or eyes.

It is considered that COVID-19 can be transmitted:

- By respiratory droplets (particles larger than 5 microns);
- By direct contact with infectious secretions;
- By aerosols in procedures that produce them (less than 1 micron).

4. SPECIFIC PROCEDURES

4.1. Sanitization of hands

In several moments:

- arrival at the workplace;
- before clean procedures;
- after the risk of exposure to organic fluids;
- after contact with a colleague or customer or objects handled by them.

Properly use the available products (SABA and soap) and comply with the hand hygiene technique appropriate to the procedure.

The alcohol-based antiseptic solution (SABA) should be the first choice for hand hygiene in the workplace, as long as the hands are visibly clean and / or free of organic matter.

4.1.1. Hand hygiene techniques

Washing: hand hygiene with soap and water (common or with antimicrobial). This technique applies to situations where the hands are visibly dirty or contaminated with organic matter, before and after meals and after using the toilet. The procedure takes about 60 seconds.

Antiseptic friction: application of an alcohol-based antiseptic for hand rubbing (its use does not require water or wipes). This technique is applied both before clean procedures, and in most procedures used in the provision of room service, provided that the hands are visibly free of dirt or organic matter. The procedure takes between 15-30 seconds.

4.2. 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.

4.3. Placing a surgical mask

Mandatory use of a surgical mask in the workplace, which must be replaced every 4 hours or when it is wet. For the specific act of removing clothes, towels and making the washing bed, a mask with an FFP2 filter is used.

4.4. Social conduct

The maximum occupancy in the company office is 3 elements, seated side by side (2 meters of distance) and never face to face, with the remaining administrative employees in telework and a maximum of 1 element present at the Residentas Áurea customer service desk. This counter will work preferentially by appointment, and this practice will be explained to the customer. In case of face-to-face acts with customers at this counter, the use of a surgical mask by all individuals, hand disinfection and a distance of at least 2 meters will be mandatory. The cleaning team will have as many different shifts as possible and will not cross the same circuits.

All employees carry out daily self-monitoring to assess fever (measure body temperature and communicate for consent recording of measurement value and time), check for cough or difficulty breathing. The registration of the body temperature associated with the employee is done based on the signature of the consent document, facilitated to each employee.

5. WHAT IS A SUSPECTED CASE

Clinical criteria	Epidemiological criteria
Fever OR Cough OR Breathing difficulty	Travel history to areas with active community transmission in the 14 days prior to the onset of symptoms OR Contact with confirmed or probable case of COVID-19 infection, 14 days before onset of symptoms OR Health professional or person who has been to a health institution where patients with COVID-19 are treated

AND

6. DEFINITION OF THE ISOLATION AREA

An isolation area is established at Residentas. The guest's isolation will take place in the apartment that the guest has booked, in order to prevent him from passing through the

common facilities. The company is not responsible for supporting the charges associated with the extension of the guest's stay in case of suspicion or confirmed for COVID-19, but will assist the same: 1) find a win-win solution for the payment of the rental / extension of the stay, the guest is not exempt from payment; 2) find an alternative local accommodation / residence; 3) encourage the guest to contact the embassy in order to be given support and a place to stay. The company undertakes to inform the health authorities accompanying the suspected or confirmed case to COVID-19 about the change of location of the guest, if the intention to leave is confirmed.

In the case of employee isolation, the locations are:

- Residentas Áurea, located at rua Áurea 72: apartment 43
- Residentas Apóstolos, located at Largo dos Stephens nº 8: apartment APO4
- Residentas São Pedro, located at rua São Pedro de Alcântara nº 55: apartment 1st floor.

If it is impossible to isolate the employee in one of the places mentioned above, the company will help to find an alternative place (another local accommodation / residence).

These areas are equipped with:

- Chair and bed (for rest and comfort of the employee / client suspected of being infected by COVID-19, pending the validation of the case and eventual transport by INEM);
- kit with water and some non-perishable foods;
- waste container (with non-manual opening and plastic bag);
- alcohol-based antiseptic solution;
- paper towels;
- surgical mask (s);
- disposable gloves;
- properly equipped sanitary installation, namely with a soap dispenser and paper towels, for the exclusive use of the suspected case;
- the digital thermometer will not be in the isolation area, however, it is easy and quick to access. It will be present in the common area of each Residentas building, and its location will be disclosed to customers and employees.

7. RESPONSIBILITIES

7.1. Report

Residentas will designate a Responsible (Focal Point) for the management of any suspected case of COVID-19. It is to this Focal Point that a disease situation of a collaborator or visitor with symptoms and epidemiological link compatible with the possible case definition of COVID-19 should be reported. Whenever a situation is reported for an employee or visitor with symptoms, the Focal Point must ensure compliance with the procedures established in the Residentas Contingency Plan for Coronavirus Disease (COVID-19). The Focal Point will be the element that will accompany the suspected case to the designated isolation area, provide the necessary support and trigger the contacts established in the Contingency Plan.

Focal Point	Ângela Marques	+351 911 523 162
Occupational Physician	Dr. Luís Rocha	+351 213 193 730

8. PROCEDURES IN A SUSPECTED CASE

Any worker or visitor with signs and symptoms of COVID-19 and an epidemiological link, or who identifies a worker or visitor in the company with criteria compatible with the definition of a suspected case, informs the main or substitute focal point (preferably by telephone) and goes to the isolation area.

The sick worker/visitor (suspected case of COVID-19) already in the isolation area, contacts SNS 24 (808 24 24 24). This worker must wear a surgical mask, if his medical condition allows it. The mask must be put on by the worker/visitor himself.

In the case of a validated suspect case:

- The sick worker or visitor must remain in the isolation area;
- The focal point collaborates with the Local Health Authority in identifying contacts close to the patient (Suspected validated case).

9. PROCEDURES FOR SURVEILLANCE OF NEAR CONTACTS

“Close contact” is considered to be a worker/visitor 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:

- **High risk of exposure**, defined as:
 - Worker or visitor who was face-to-face with the confirmed case or who was with him in a closed space;
 - Worker or visitor who shared dishes (plates, glasses, cutlery), towels or other objects or equipment that may be contaminated with sputum, blood, respiratory droplets with the confirmed case.
- **Low risk of exposure (casual)**, defined as:
 - Worker or visitor who had sporadic (momentary) contact with the confirmed case (eg in movement / circulation during which there was exposure to 15 droplets / respiratory secretions through face-to-face conversation for more than 15 minutes, coughing or sneezing) ;
 - Worker or visitor who provided assistance to the confirmed case, provided he / she has followed preventive measures (eg, proper use of the mask and gloves; respiratory label; hand hygiene).

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:

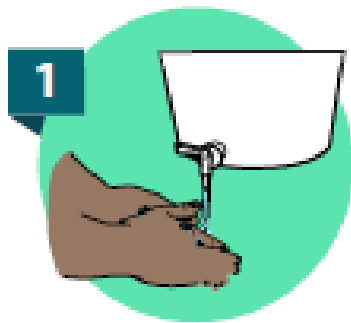
Low risk of exposure	High risk of exposure
<ul style="list-style-type: none"> • Active monitoring by the Local Health Authority for 14 days since the last exposure. • Daily self-monitoring of the symptoms of COVID-19, including fever, cough or difficulty breathing. • Restrict social contact to what is essential. • Avoid traveling. • Be contactable for active monitoring during the 14 days since the date of the last exposure. 	<ul style="list-style-type: none"> • Daily self-monitoring of the symptoms of COVID-19, including fever, cough or difficulty breathing. • Monitoring of the situation by the occupational physician.

It is important to underline that in the case of workers:

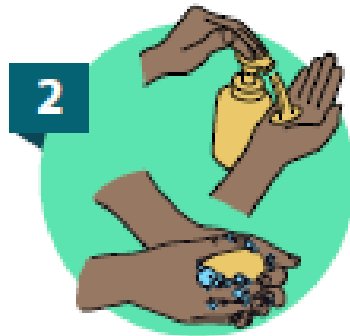
- If symptoms of COVID-19 are found and the employee is at the workplace, **PROCEDURES IN A SUSPECTED CASE** must be initiated;
- If no symptoms appear in the 14 days resulting from the last exposure, the situation is closed for COVID-19;
- If symptoms of COVID-19 are found and the employee is at home, he / she should not travel to work and should contact the SNS 24 and then inform the focal point about the considerations given by the health authority.

ATTACHMENTS

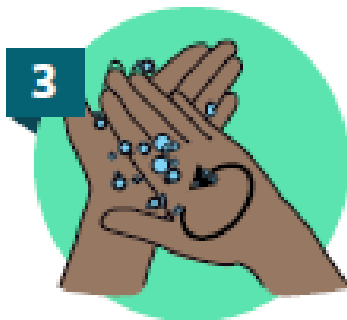
Wash hands with soap and water for at least 20 seconds. Use the cleanest water possible, for example from an improved source.* Use an alcohol-based hand rub that contains 60% alcohol if soap and water are not available.



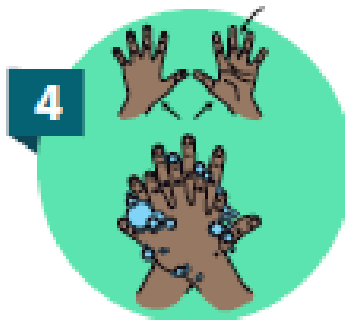
Wet hands with water.



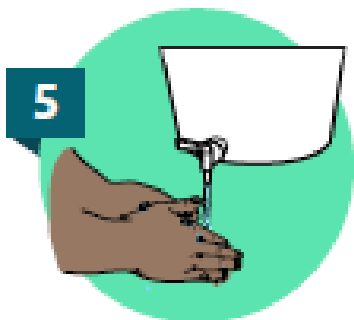
Apply enough soap to cover all hand surfaces.



Rub hands together and scrub everywhere.



Wash the front and back of your hands, in between your fingers, and under your nails.



Rinse hands with water.



Dry hands completely using a single-use towel or air dry.

WHEN TO WASH HANDS TO PREVENT COVID-19:

- After blowing your nose, coughing, or sneezing
- After being in a public place
- Before and after caring for someone who is sick

Remember to wash your hands after each of these activities to stay healthy:

- Before, during, and after preparing food
- Before eating food
- After changing diapers or cleaning up a child who has used the toilet
- After using the toilet or latrine
- After touching an animal, animal feed, or animal waste
- After touching garbage

*Water should be from an improved or protected water source. Learn more at <https://washdata.org>.



cdc.gov/coronavirus

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epi-win

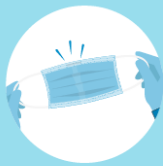
Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



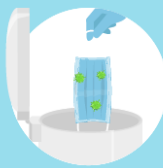
Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



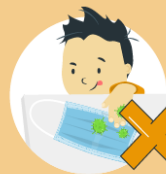
Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.