



**LET'S OVERCOME
THIS CRISIS
TOGETHER.**

**INDUSTRY'S BATTLE AGAINST
COVID-19.**

**SESI guide to prevent
COVID-19 in companies**

Updated on 04/13/2020

The recommendations included herein are subject to continuous revision and may be modified as the epidemiological situation changes.

Revision board

Version	Date	Modification
1	03/18/20	Original text
2	03/20/20	Modified: Recommendation for medium exposure risk
3	03/25/20	Introduction Suspected cases Question 4 What should be done in suspected cases: quarantine or medical certificate (companies are entitled to decide)... Annex
4	04/03/20	Substitution of breastfeeding for puerperal up to 45 day Precautionary and reasonableness principles for company's decision-base General Measures: advise against wearing jewelry, sanitize all surfaces exposed to hand touching
5	04/12/20	Legislative Decree 6 that declares public emergency Law 13.979 –measures to cope with public health emergency Use of masks Tutorial for cloth face coverings Provisional Measure 927/2020 PPE changing frequency Recommendations for the Specialized Service on Occupational Safety and Health Frequent Asked Questions Annex III – Handmade mask out of a T-shirt– CDC customization



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The role of Brazilian industry is essential for facing the Covid-19 pandemic, through the production of medicine and health equipment, hygiene materials, food and beverages; generation and distribution of electricity, gas, internet signal and telecommunications; capture and treatment of water, sewage, garbage; fuel production and distribution

Some of these operations are essential to maintain the population's health and well-being and to supply public and private health systems with the necessary inputs to adequately meet the demands of Covid-19 pandemic. In many cases, industries will need to maintain or increase their level of productivity so that the country can overcome the challenges of this pandemic.

On March 20, 2020, Brazilian Legislative Decree No. 6 declared public emergency state. On that same date, it was declared that Brazil had its first cases of community transmission of new coronavirus. Consequently, the Executive Chief has issued Provisional Measures and Decrees to cope with pandemic.

This document consolidates official, technical and scientific content, which includes measures, guidelines, policies, methods and recommendations for risk management of Covid-19 in companies. It is aligned with the national strategy adopted by the Ministry of Health and other federal agencies. Here you will find recommendations for daily workplace routine, for remote work, and in situations of isolation of confirmed and suspected cases of Covid-19.

Objectives

General goal

To support companies with useful material for devising corporate contingency plans concerning the COVID-19 pandemic in the national territory.

Specific Goals

- To consolidate public reference material, from competent national and international bodies, on COVID-19 and on corporate risk mitigation strategies.
- To guide companies' risk management strategies associated with COVID -19 spread.
- To provide guidance on the identification, notification and timely referral of suspected cases of Human Infection, in partnership with the public and private health systems.
- Provide guidance on protective measures in the workplace for different risk categories.
- To advise on protection measures for outsourced workers and service providers.
- Inform about the impacts of COVID-19 on companies' businesses.



Description

The information on description, symptoms, suspected cases, transmission and etiology presented below were adapted from the Clinical Management Protocol for COVID-19 of the Ministry of Health of Brazil.

COVID-19 causes respiratory infections in humans. It is highly transmissible. There is still no vaccine or specific drugs available and, currently, treatment is supportive and nonspecific.



Symptoms and suspected cases

**We now face widespread community transmission.
What happens now?**

With Brazil in the community transmission phase, it is urgent to concentrate all efforts on reducing the transmissibility of the disease. Therefore, the country has adopted new strategies to reduce the damage that the virus can cause to the population. They must be adopted inside and outside the workplace.

- ◆ Social contact reduction.
- ◆ Reinforcement of individual prevention with the practice of frequent hand hygiene, disinfection of objects and surfaces that are frequently touched (cell phones, toys, door knobs, handrails) and respiratory hygiene/ cough etiquette (cover your mouth with your forearm or paper tissue when coughing and sneezing).
- ◆ Social isolation of people with symptoms of common flu and their family members (people living in the same house) for 14 days.
- ◆ Special strategy for people over 60, who must observe **social physical distance**, commuting only for strictly necessary activities and avoiding crowds.

In accordance with Law 13,979, of February 3, 2020, which provides for measures to deal with Public Health Emergency of International Concern, it is considered:

Isolation: separation of sick or contaminated people, or luggage, means of transport, goods or affected postal parcels, from others, in order to avoid contamination or the spread of the coronavirus; and

Quarantine: restriction of activities or separation of people that are suspected of being infected from those who are not sick, or of luggage, containers, animals, means of transport or goods suspected of being contaminated, in order to avoid possible contamination or the spread of the coronavirus.



How to define whether a case is suspect

In this current phase of transmission, the concept of a suspected case no longer applies. All individuals must be treated using the syndromic approach. In other words, it now focuses on the clinical approach of Influenza Syndrome and Severe Acute Respiratory Syndrome (SARS), regardless of the etiological factor.

The typical clinical picture of the Flu Syndrome can vary. Its symptoms can be mild, asymptomatic, especially in children and young adults, or severe.

The symptoms typically include: fever (**>37,8 degrees**), **cough, dyspnea, and myalgia shortness of breath, superior respiratory symptoms, and more rarely gastrointestinal symptoms.**

The syndromic diagnosis depends on the epidemiological-clinic investigations and physical exam.



Situation 1: Clinic Picture of the Flu Syndrome (described above) with or without etiological exam.



Situation 2: Everyone living with a person with the symptoms above mentioned, since confirmed by medical certificate.

Note: The company health manager must evaluate if all workers who had close and long lasting contact with the person with the Flu symptoms should be considered suspect cases.



We understand that close contact one of the following situations:



1. Having been up to two meters away from a patient with the Flu symptoms, inside the same room (or aircraft or any other means of transport), for a prolonged period, without personal protective equipment.

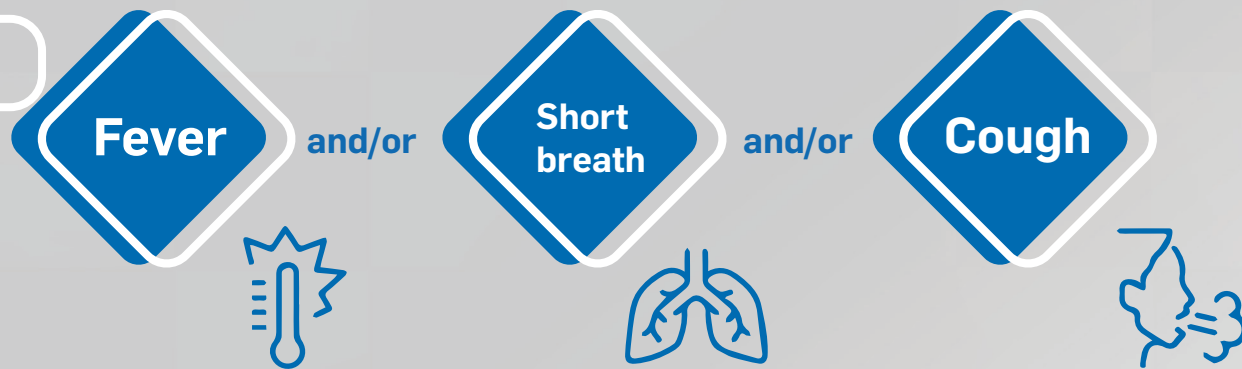


2. Having been caring for, living with, visiting or sharing a medical assistance area or waiting room with a patient with the Flu symptoms, especially in cases of direct contact with body fluids, while not using the recommended PPE.

IMPORTANT NOTE: Fever may be not present in certain cases as, for instance, young patients, elderly, immunosuppressed. Also, check if anti-thermal medicine was taken. In such cases, clinical evaluation must be taken into account and the decision must be registered.



What are the suspected cases of Coronavirus?



All people associated with one of the following situations:

1

Living with someone that has the Flu Symptoms

2

History of close and long lasting contact with a person that has the Flu symptoms

Additional recommendation should be evaluated by the company.

Probable Case of Human Infection

Suspected case showing inconclusive laboratory result for COVID -19 OR with positive test in a pan-coronavirus assay.

Confirmed Case of Human Infection

Individual with conclusive laboratory confirmation for independent COVID-19 signs and symptoms.

Discarded Case of Human Infection

The case fits the description of suspect and has lab confirmation for another disease OR negative results for COVID- 19.

Excluded from human Infection

Notified case that does fit the description of suspect. In this situation, the registration will be excluded from national database.





Transmission

The virus is transmitted from human to human through respiratory droplets.

- Close contact – up to 2m
- Saliva, cough, sneeze and cough
- Handshaking or contact with contaminated objects or surface, followed by touching mouth, nose or eyes.

Incubation Period

The mean incubation period of COVID-19 is 5.2 days on average, with mean intervals of 12.5 days. Thus, a safe quarantine range for people exposed to COVID-19 is 14 days, to avoid transmission.

Cloth Face Coverings as Preventive Measure

The benefit of the use of the mask by the asymptomatic population is still not well defined and there are divergences in the literature. However, masks can be used in some countries according to national public health administration guidelines.

WHO does not recommended the community use of masks due to lack of scientific evidence. However, the absence of evidence on its efficacy should not be interpreted as evidence of ineffectiveness, especially in a moment of unprecedented disease and with limited alternatives. The use of masks by people with the flu has long been recommended to limit droplets spread.

However, considering the growing number of cases of COVID-19 and the difficulty in purchasing Personal Protective Equipment - PPE, the Ministry of Health reported that the use of cloth face coverings by the population can be an important barrier method when combined with recommended hygiene care. People who wear masks should follow good practices for their use, removal and disposal. Also, they must care for proper hand hygiene before and after removing the mask.

Literature shows that wearing masks across the community helps to prevent stigma, which has discouraged sick people to wear masks around many places.

In addition, the virus transmission by asymptomatic infected individuals has already been registered. In the light of this new evidence, government agencies have decided to recommend the use of cloth masks in public places, where social distance is difficult to apply (for example, supermarkets and pharmacies), especially in an area of significant community transmission.

However, it is essential to highlight the importance of social distance of two meters, at least, as most effective measure to delay the spread of the virus.

Some recommendations related to cloth masks need to be observed. They must:

- be well adjusted to the face and be comfortable at the same time;
- have rubber bands or strings that attach to the ears;
- have more than one layer of fabric;
- allow breathing without restrictions;
- allow cleaning and washing in a dryer without being damaged or deformed;
- be made of thicker fabrics;

IMPORTANT NOTE: The cloth face coverings recommended are not surgical masks or N-95 respirators. These are essential medical supplies and must remain reserved for health professionals and other activities require PPE. It is also recommended that masks should not be placed on young children under age 2, anyone who has trouble breathing or unconscious, incapacitated or otherwise unable to remove the mask without assistance.

When removing masks, make sure you are doing it properly. Avoid touching your eyes, nose or mouth when removing it and wash your hands immediately.

In Brazil there are not enough tests for the entire population yet. Thus, it is difficult to know who is infected. Supported by recent scientific evidence, both the Centers for Disease Control and Prevention -CDC and the Ministry of Health recommend that everyone start wearing face masks whenever they leave home during the pandemic. Added to wearing a mask, it is important to maintain social distance of about 2 meters and the recommended hygiene measures.

General recommendation related to cloth face coverings:



1. It is for individual use. Do not share. Each family member must have his /her own mask;



2. Homemade masks can be made of cotton fabric (old T-shirt, socks, panties, underwear, scarves), TNT or other thick fabrics (scarf). It is important that it is customized to fully cover the mouth and nose, and be well adjusted to the face, without leaving spaces on the sides.



3. It is also important to attach elastic bands or straps in a way that it is tied up above the ears and below the neck. The cloth should always protect the mouth and nose and there must not be spaces on the face;

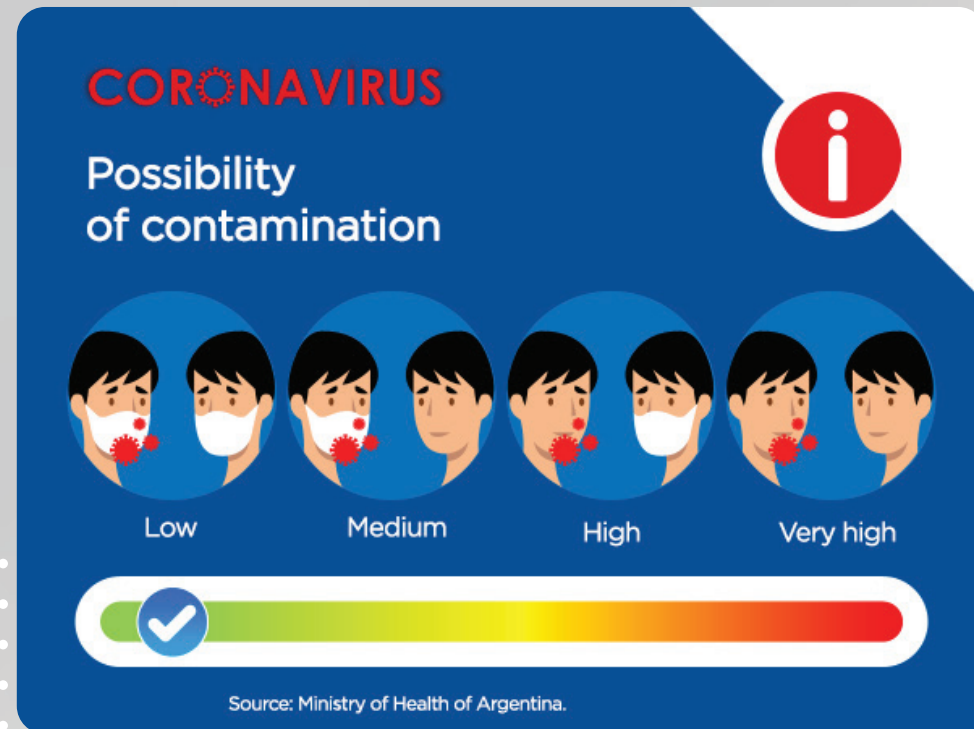


4. As it becomes moist (in about 2 hours), it is necessary to change and wash it with soap and water. If you wish, after washing the mask, let it be in hot water for some time to get sterilized. Let it dry naturally and, finally, iron it in hot temperature. If you cannot wash it immediately after wearing it, keep it in a separate bag and sanitize it when you get home. It is therefore important to have at least two masks to make the changes. Remember that you must use them when going to the market, pharmacy and using public transportation. At home, try to keep distance from people.



5. Try not to touch your face while wearing a mask.

***See ANEXX for CDC's recommendation on how to make a homemade mask.**



Frequent Asked Questions about Covid-19:



1. What is the difference between suspected cases and cases of high risk for COVID-19?

People with chronic diseases and the elderly have developed more severe cases of COVID19. A study carried out by control bodies in China has shown that these population groups had a higher lethality rate (death due to COVID19). In children, for example, the lethality rate is close to zero and in the elderly over 80 years old it is 14.8%. For this reason, some companies have chosen to recommend remote work and social isolation for workers with chronic diseases and those over 60 years old, as a way to protect them.



2. Is pregnancy a risk condition?

There is no evidence that pregnant women are more susceptible to infection or to more severe complications. There are concerns related to the potential effect on the fetus as it has happened with other diseases, such as Zika. Therefore, pregnant and puerperal (up to 45 days) women need to have special attention regarding prevention, diagnosis and management.



3. Why is it important to avoid crowds for prevention?

It has been observed that contamination is related to the spread of respiratory droplets by an infected person's cough, sneeze near other people. For this reason, restaurants and companies are expected to organize the space with bigger distance among tables and people. Where this is not possible to happen, like movie theaters and schools, places have been compulsorily closed.



4. What should be done in relation to asymptomatic people who have had close contact with confirmed cases and/or returned from trips to locations where there is ongoing community spread of COVID19?

People who have had close contact with confirmed cases of Covid-19 must be in quarantine for 14 days, once, even without any symptoms, they may have been contaminated. The strategy to isolate people who have returned from locations where there is ongoing community spread of COVID19 must be followed by health authorities of each region, since it also depends on the local transmission behavior.



5. Should asymptomatic people be tested?

Covid-19 is expected to overload health systems in all countries, including Brazil. This can make adequate treatment unfeasible for those in need. That is why it is important to make rational use of the available health resources. Racing for asymptomatic exams can lead to a lack of test kits for those who really need it or to a delay in the test results of those who need to be treated urgently.



6. How long does the virus survive on surfaces?

The Coronavirus may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment). As we are constantly in contact with surfaces that may be infected (keyboard, cellular phone, glasses, table, door knob), washing hands is an essential strategy. Companies must guide cleaning professionals to disinfect surfaces and protect themselves at the same time by taking preventive measures.



7. Regarding cloth face covering, what kind of fabric is mostly recommended?

In accordance with the Ministry of Health, homemade masks should be made of cotton fabric, TNT or other thick fabrics, as long as they are well designed and correctly sanitized. More importantly, the mask should have the right measures so as to fully cover the mouth and nose, and be well adjusted to the face, without leaving spaces on the sides.

As per a Technical Note of the City of Florianopolis, the recommended types of fabric are, in decreasing order of their capacity to filter viral particles:

- Vacuum cleaner bag fabric;
- Cotton Mix Fabric (composed of 55% polyester and 45% cotton);
- Cotton fabric (like 100% cotton t-shirts)
- Antimicrobial fabric pillowcases.

Technical Guide for Confection of Cloth Face Covering (material and tutorial) are available at the Industry's Portal: <https://senaicetiqt.com/acesse-os-manuais-tecnicos-para-producao-de-mascaras-alternativas/>

What to do in suspected cases?

1. Ensure the company's channels of communication, as well as the system of health's, are known to every worker and to their family members so they can get fast contact in case of suspicion;
 - a. The SUS (Brazilian Unified Health System)'s hotline 136 or its Coronavirus – SUS App are recommended for information on symptoms, preventive measures, self-diagnosis and Basic Health Units' access. Avoid emergency rooms and labs for exams, if you have not been referred to.

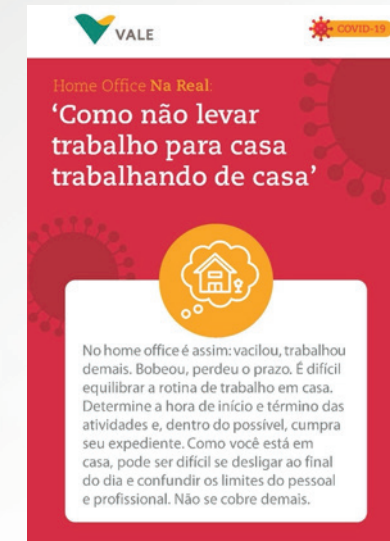


Coronavirus-SUS APP. Brazilian Government

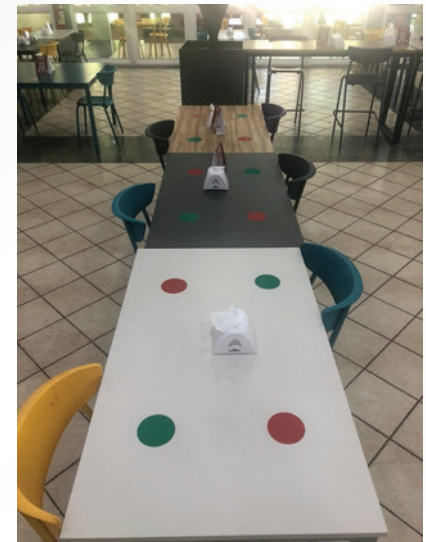
2. Only get information from trustable and official channels. Combat Fake News, to keep people's peace of mind.
3. The company is in charge of defining the rules to be followed by people who have had contact with suspected cases:

- a. The Ministry of Health recommends that all people who have been close to suspected cases in their houses should be home isolated for 14 days. The same recommendation should be considered for the workplace, according to the exposure to risk rate. (See exposure to risk rating table on page 38)
- b. Any suspected case should inform all people who live in the same home address, fill out and sign the Free, Prior and Informed Consent Term (ANNEX I) and a Declaration Term (ANNEX II), being subject to civil and criminal responsibility for omission or false information.
- c. The medical professional that decides for the isolation measure must issue a certificate to the symptomatic person and all persons informed in the declaration form (ANNEX II).

4. Whenever possible and in accordance with human resources policies of each company, make remote work a prevention strategy to reduce human contact. The remote worker must reduce his social contacts, avoiding crowds inside and outside his home. Link for tips on emergent remote work: https://www.officeless.cc/remotos?ck_subscriber_id=704107418



Source: Vale.



Source: Vale.

How to make a company's contingency plan?

It is important that all employers make contingency plans to cope with pandemics such as COVID-19. Based on the reasonableness and precautionary principles, the employer sets rules for situation analysis and risk management. These plans should guide companies and workers to identify risks and decide on the appropriate behavior in each situation.

Provisional Measure 927/2020 provides that, during the public emergency, the following measures are allowed:

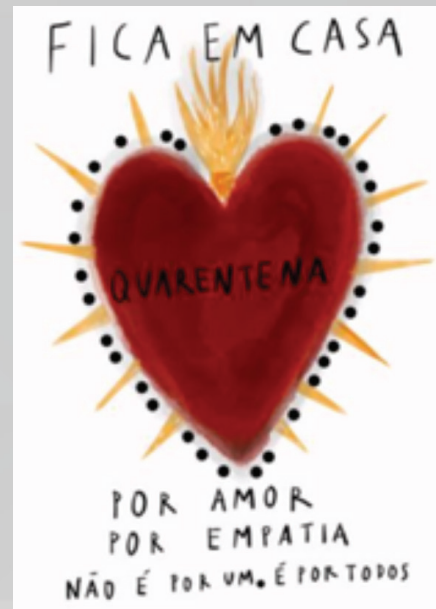
- remote work;
- anticipation of individual vacation period;
- collective paid vacation;
- anticipation of paid holidays;
- hour bank;
- suspension of administrative work safety and health requirements;* (see “Worker’s Health – Annex to this guide)
- employee’s referral to professional development programs, among others.

Guidance on this matter is not aimed to be protocol or to recommend regulation. Each company should adapt recommendations to fit local reality. The contingency plan content was adapted from the following documents:

- Guidance on Preparing Workplaces for COVID-19, elaborated by the U.S. Department of Labor Occupational Safety and Health Administration OSHA, 2020.
- First known person-to-person transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the USA, Elsevier, 2020.

5. All workers and their family members should be guided and encouraged to reduce human contact, not only at the workplace. Brazilian artists have made social network campaigns through which they mean to touch people’s heart, without physically touching. Some companies have made campaigns asking people to switch handshaking and kisses for smiles.

Examples:



Source: Globo - Artistas fazem campanha por quarentena 17/3/2020.



Source: Alcoa.

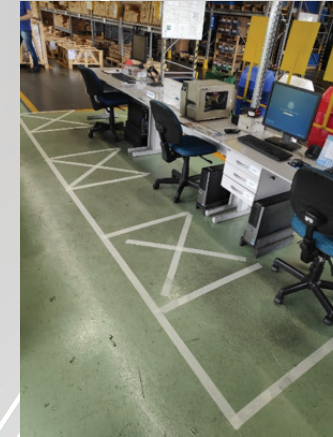
How to prepare your workplace to cope with the COVID-19 pandemic



Step 1. Set general measures for workplace prevention.

These measures should reach all workers. Some suggestions are listed below:

- Communicate effective COVID-19 infection prevention measures:
 - Wash hands with running water and soap, for at least 20 seconds, or, clean them using alcohol-based hand rub frequently.
 - Cover nose and mouth, when sneezing or coughing.
 - Avoid crowds.
 - Allow for room ventilation.
 - Never share personal objects.
- Make sure people are encouraged to sanitize their hands by frequently washing hands, preferably, using soap and water: workers, clients, and visitors.
- Advise people against wearing jewelry and watch at work and outside the worksite.
- Advise people against sharing objects that are in touch with hands and mouth: cell phone, PC, glasses, drinking fountain, etc.



Source: Weg.



Source: Weg.

- Encourage frequent sanitation of objects that need to be shared at work, such as tools and equipment;
- Reinforce sanitization in surfaces that are most exposed to hand touching, such as door handles, chair arms, telephones and benches. Remember that the virus can persist on surfaces or objects for days..
- Encourage respiratory etiquette measures such as covering coughs and sneezing with elbows.



Source: Weg.



Source: Weg.

- Define whether it is possible to establish policies and practices for making the place and working hours more flexible, for example:
 - Flexible shifts (reducing the use of public transportation at peak hours).
 - Create new shifts (reducing social contact at the workplace).
 - Remote work in alternated days among team members (reducing social contact at the workplace).
 - Full remote work for a determined period.
- Define whether it is possible to establish policies and practices at work for less human contact, for example:
 - Reduce face-to-face meeting or business trips.
 - Encourage virtual meetings, even inside the workplace.
 - Restrict contact to the public.
 - Establish different shifts for lunch and coffee breaks.
 - Clean workplace more severely, with disinfection of equipment and furniture surfaces.
 - Consider, if possible, providing the flu vaccine to employees in order to prevent illnesses that have the same symptoms as Covid-19.



Source: Vale.



Source: Vale.



Step 2. Develop internal identification policy and isolation of sick people

- Create a flow for rapid identification and isolation of suspected Covid-19 cases.
- Encourage workers to promptly report their health condition and monitor themselves accordingly.
- Create agile procedures for workers to report when they are sick or have Covid-19 symptoms.
- If possible, companies should create procedures for immediate isolation of suspected cases and train their workers to implement these procedures.
- When possible, for suspected cases, provide disposable surgical masks and guidelines on how to use and dispose them. The measure aims to create a barrier of contact with respiratory droplets.
- Restrict the number of people with access to isolation areas, if any;
- Protect workers who need to have prolonged contact with suspects with additional engineering, administrative, security and personal protective equipment measures.
- Classify workers by risk profile (low, medium, high, very high) to address appropriate protective measures in each case. (see “step 5” of this document)



Step 3. Develop, implement and communicate work environment protections and flexibilities

- Check if the company's sick leave policy is flexible enough to meet the recommendations of the Ministry of Health and the Department of Health of the state where your company is located.
- Talk to your suppliers about measures to protect outsourced workers in accordance with your company's policy.

- Make available, if possible, alternative digital means for delivering documentation related to health conditions (certificate, reports), postponing the presentation and delivery of the original physical document.
- Assess the possibility of flexible policies for workers who have dependent family members classified in the risk group.
- Establish efficient and constant communication mechanisms. Informed workers make better choices and are less prone to absenteeism.
- For companies that offer health insurance, ensure that healthcare providers are providing the information needed to access testing and treatment services for workers and their families.



Step 4. Implement control measures in the workplace

Occupational health and safety professionals use the Hierarchy of Control guidelines to for prevention or reduction of risks in the workplace. The best way to do this is to systematically reduce people's exposure to the risk of contamination by the coronavirus. The quarantine for suspected and confirmed cases and for people who have had contact with confirmed cases is one example.

During the pandemics, when possible, more effective protective measures follow the hierarchy bellow:

- 1º - Safety Engineering Control
- 2º - Administrative Control
- 3º - Work Safety Practice
- 4º - Personal Protective Equipment

In most cases, a combination of these measures is required.

Safety Engineering Control

This type of measure does not depend on the behavior of workers and is generally more cost-effective. Examples of engineering measures for risk prevention related to Covid-19 are:

- Air conditioning filters that contribute to disinfect the environment.
- Room ventilation.
- Physical barriers (plastic curtains, drive-through windows) that protect employees against respiratory droplets.
- Ventilation that generates negative pressure, usually used in healthcare environments, for example.

Administrative Control

This type of measure requires worker and company involvement. These are changes in policies and procedures aimed at reducing risk exposure. Bellow are suggestions that can be assessed by each company:

- Encourage sick workers to stay at home.
- Reduce contact between workers and between them and customers.
- Replace face-to-face with virtual contact (remote work, virtual meeting even in the workplace).
- Establish alternate working days or new shifts to reduce the number of people present in the workplace at the same time and increase the physical distance between them.
- Reduce non-essential business trip and commute during the pandemic.
- Develop emergency communication plans such as information forums, online training and virtual communication about Covid-19.
- Provide online training for professionals who need to wear PPE.
- Consider postponing non-urgent occupational health procedures, so as to prioritize issues related to the pandemic.

Work Safety Practice

It includes procedures to reduce the time, frequency and intensity of exposure to risk, such as:

- Provide material for personal hygiene and work equipment: alcohol-based hand rub, toilets, and non-shared personal equipment.
- Place reminders about hygiene measures and respiratory etiquette around the workplace.
- Create systematic hygiene protocols.
- Require people with symptoms of the disease or confirmed cases to wear masks in order to create a barrier against respiratory droplets.

Personal Protective Equipment -PPE

The correct use of PPE prevents exposure to risk. Examples of these are gloves, hats, masks, eye protection. In such cases, care must be taken to maintain and sanitize after each use. The correct use also involves correctly disposal.

Follow the manufacturer's guidelines for PPE's change frequency. In case of shortage, you must follow the recommendations of ANVISA.



Step 5. Define recommendations according to the risk of exposure

To define protection measures, each company must consider individual health conditions, exposure to risks and urgency in carrying out the work.

1. Individual Health Conditions:

- a. Age: above 60.
- b. Health conditions: diabetes, hypertension, respiratory problems, cardiovascular diseases, and immunosuppressed patients.
- c. Pregnancy and puerperal (up to 45 days) women.

2. Exposure to risks

- a. Symptom presentation.
- b. Close and / or prolonged contact with suspected and confirmed cases.
- c. Attendance to places with high population density: schools, universities, public transport, hospitals, shopping malls, airports.
- d. Visit to clients and frequent business trips.
- e. International travel.

3. Emergency Workers:

- a. Essential Health and Public Security work that can not be interrupted.
- b. Priority Jobs that cannot be interrupted or postponed by the company.

Recommendations to the Specialized Service in Occupational Safety and Medicine – SESMT

On March 22, 2020, the President of the Republic under force of law issued Provisional Measure number 927/20, which provides for labor measures to cope with the State of Public Emergency. Some occupational safety and health requirements were suspended. Restrictions to the Department of Labor audit were adopted.

Restriction to labor audit means more flexible Health and Safety measures in companies. During State of Public Emergency, it is essential that the Occupational Health and Safety Management Programs be fully maintained.

Excerpt from Provisional Measure (MP) 927 / 2020, which provides the suspension of administrative requirements for occupational safety and health, and establishes special labor audit regime:

Art. 15. During the state of public emergency referred to in art. 1, the obligation to carry out occupational, clinical and complementary medical examinations is suspended, except for dismissal examinations.

§ 1 The examinations referred to in the caput will be carried out within sixty days from the closing date of public emergency state.

§ 2 In case a physician who is coordinating medical control and occupational health program considers that the extension of the measure represents a risk to the employee's health, the physician shall recommend the employer to carry out necessary medical examinations.

§ 3 The dismissal examination may be waived if the most recent occupational medical examination has been carried out less than one hundred and eighty days before the event.

Art. 16. During the state of public emergency referred to in art. 1, the obligation to carry out periodic and occasional training of current employees is suspended, as provided for in regulatory standards for safety and health at work.

§ 1 The training referred to in the caput will be carried out within ninety days, counting from the closing date of public emergency state.

§ 2 During the public emergency state referred to in art. 1, the training referred to in the caput may be carried out in distance learning modality and it will be up to the employer to observe the contents, in order to ensure that the activities are carried out safely.

Art. 17. Internal accident prevention commissions may be maintained until the end of public emergency state and electoral processes in progress may be suspended.

Art. 31. During the period of one hundred and eighty days, starting from the date of issue of this Provisional Measure, Labor Auditors of the Ministry of Economy will only provide guidance, except for the following irregularities:

I - Lack of employee registration, based on complaints;

I - Situations of serious and imminent risk, only for irregularities immediately related to the configuration of the situation;

II - Occurrence of a fatal occupational accident determined by means of an auditing procedure for accident analysis, only for irregularities immediately related to the causes of the accident; and

III – Work in slavery conditions or child labor.

In accordance with the Federal Council of Medicine and the National Association of Occupational Medicine, the occupational physician is entitled to establish the routine for remote appointments for guidance and monitoring. This may make it easier to support workers and companies, contributing to prevent millions of people seeking for public health service, in cases of light symptoms of COVID-19.

Each company shall define how COVID-19 prevention and control measures should be implemented. In general, the SESMT team is designated to coordinate plans of action for coping with COVID-19. For companies that do not have to keep SESMT, the employer can define on responsible person or even hire a company that may support coping with the pandemic inside the corporation.

Besides that, it is important to establish a communication channel between the company and employees. This communication can be centralized in the SESMT. Or, it may be carried out by a professional, who is appointed by the employer, and who has the authority to take decisions in situations of emergency. For an easy communication with workers, one can make use of social network applications (WhatsApp, Telegram, among others), intranet, newsletter or any other means that allows for fast effective information exchange.

For occupational doctors, it is suggested that medical certificate confirmation be made remotely, by having the required documentation – medical certificate, doctor's report, medical prescription and exams- sent by e-mail or any other communication channel agreed.

It is recommended that all exams for bronchoscopy and spirometry, added to other elective exams, may be postponed to another moment after the public emergency is over.

About notification and registration

Every Flu Syndrome suspicion must be notified to the Brazilian Unified Health System-SUS, even if it requires no hospitalization.

Health professionals and institutions from public and private sectors, in all national territory, must notify COVID-19 cases, as per current legislation.

In Brazil, notifications of COVID-19 must be carried out through e-SUS VE <http://notifica.saude.gov.br>

Exposure to Risk Rating Table

The table below has been adapted by SESI in order to support companies rate workers' exposure to risk so recommendations can be followed accordingly.

Classification	Criteria	Recommendations
No Risk ◆	Non-contact interactions with a person, symptomatic or not, who has had confirmed diagnose of COVID 19 by a lab.	Preventive measures.
Low Risk ◆◆	<ol style="list-style-type: none"> Environment with distant contact (over 2 m) with a suspected or confirmed case of COVID-19 Workplace with low level of human contact 	Active monitoring ** of symptoms for 14 days after last exposure.
Medium Risk ◆◆◆	<ol style="list-style-type: none"> Environment with close contact (less than 2 m) with a suspected or confirmed case of COVID-19 Customer Service in locations with high population density: malls, bus stations, schools, restaurants, gym, factory, aircraft and ship crew. Business travelers Workplace where tools and working stations are shared. 	<ol style="list-style-type: none"> Active monitoring** of symptoms for 14 days after last exposure Home quarantine for 14 days after last exposure***

Classification	Criteria	Recommendations
High Risk ◆◆◆◆	Long lasting or frequent contact with a lab confirmed symptomatic case of COVID-19. Ex: classmate, occupational health and/or assistance team, health transport workers (ambulance)	Home quarantine for 14 days after last exposure***
Very High Risk ◆◆◆◆◆	<ol style="list-style-type: none"> Live in the same house with an intimate partner confirmed COVID-19 case; Work as lab assistant who has dealt with a confirmed COVID-19 case; Company health professionals that work with aerosol generation procedures (eg: orotracheal intubation, cough induction procedures, bronchoscopy, some dental procedures / exams or invasive sample collection. Laboratory professionals that have handled samples from confirmed or suspected COVID-19 patients; 	<p>Active monitoring ** of symptoms for 14 days after last exposure</p> <p>Ensure psychological and behavior support</p>

* The suspected cases were described on page 04 of this document and follow the protocol established by the Ministry of Health.
 ** Active monitoring is understood as individual observation (guided self-assessment) or assessment procedures (by health professionals) of the exposed population.
 *** This recommendation is only applicable in cases of close and prolonged contact with a suspected or with confirmed case of COVID-19. For health professionals, the recommendation will only be applicable in the case of confirmed disease or symptomatology compatible with a suspected condition. For health professionals it is recommended to postpone non-urgent or non-essential procedures.

Table 1 - In addition to the recommendations mentioned in the table, prevention measures are applicable to any risk classification.

Source: Table adapted from Guidance on Preparing Workplaces for COVID-19 – OSHA and from the article First known person-to-person transmission of severe acute respiratory syndrome coronavirus 2, The Lancet, 2020.

Frequent Asked Question on Transmission Risk:

1. What to do when a confirmed case of COVID-19 appears in the company?

a) The person with a confirmed diagnosis of COVID-19 in the company, **when asymptomatic**, should:

- i. Be immediately isolated.
- ii. Receive mask and instructions for its use.
- iii. Be sent to home quarantine.
- iv. Receive guidance on when and how to contact the health system.
- v. Receive guidance on measures to be taken during home isolation to prevent contamination to others.
- vi. Receive guidance on measures to be taken if he/she needs to go to the health center.
- vii. Be monitored every 2 days to monitor the evolution of the disease and the situation of the people who live with him/her.

b) The person with a confirmed diagnosis of COVID-19 in the company, **when presenting symptoms**, must:

- i. Be immediately isolated.
- ii. Receive mask and instructions for its use.
- iii. Be referred to the nearest health center.
- iv. If the Health System sends you to a home quarantine, you should receive all guidelines for asymptomatic cases.

c) All persons who have had prolonged (over 15 minutes) and close (less than 2 meters) contact with the person with confirmed COVID-19 must:

- i. Be quarantined for 14 days.
- ii. Receive guidance on disinfection and home isolation measures.

d) The workplace of the person with a confirmed case and of those who have had close and prolonged contact must be banned for disinfection.

- i. It is necessary to clean all surfaces and equipment used by isolated people, as the virus can remain on some surfaces for days.
- ii. For surface disinfection, preparations based on ethanol (between 62-71%), 0.5% hydrogen peroxide (hydrogen peroxide) or 0.1% sodium hypochlorite (equivalent to a bleach soup / L water). Other biocidal agents, such as 0.05-0.2% benzalkonium chloride or 0.02% chlorhexidine digluconate, are less effective.

e) Other places used by remote workers (confirmed case and close people) must be disinfected: bathroom, dinner room etc.



2. What is the recommendation regarding the use of public transportation, as it is usually very busy during peak hours? What are the guidelines for entrepreneurs?

Public transport, as it is on the list of essential activities, remains in operation and is the means of transport for many workers who cannot stop. Companies can opt for some of the administrative measures mentioned in this guide, such as: establishing alternate working days or new shifts outside the peak hours of public transport; encourage the use of homemade masks in crowded places as recommended by the Ministry of Health; and encourage reinforcing hygiene measures and respiratory etiquette.

3. In the case of public transport and the company, what is the risk rating for drivers and workers? Are there any recommendations and protocol?

The driver could be classified as medium risk because he/she works with customers and in places with high population density. Engineering control can be adopted in order to isolate the driver's cabin, similar to what was done in supermarkets and by taxi drivers that have isolation cabins in countries like the USA and England, in addition to the administrative measures already mentioned in this guide.

4. What should be in case the employee refuses to check the temperature or to take the test?

According to article 3 of Law 13,979, of February 6, 2020, which provides for measures to deal with the public health emergency of international concern, due to coronavirus, states that medical examinations are compulsory in such situation. A worker's refusal to be tested can be dealt with by the company in each case. However, the other workers are not supposed to be exposed to risk of illness.

5. Should a company provide psychological support? As, usually, only the big companies offer psychological aid, how should we demand psychological support from smaller companies?

A company has no legal obligation to provide psychological support, but we understand that this can be positive for the company, for it may reduce the possibility of workers' falling ill during and after the pandemic. Some free services have been offered on social networks. Companies can train non-psychologist professionals for Psychological First Aid - PFA. Learn more about psychological support to workers on SESI mental health guide.



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ANNEX I – Free, Prior and Informed Consent Term on Isolation

FREE, PRIOR AND INFORMED CONSENT TERM ON ISOLATION

I, _____, ID _____, CPF _____
Declare that I have been properly informed by doctor _____ on the need to _____ (isolation or quarantine), which must start on _____ and must end on _____, place of fulfillment of measure _____, as well as possible consequences of non compliance.

Patient: _____

Responsible person: _____

Name: _____ Family member: _____

Signature: _____ ID Nº: _____

Date: ____/____/____ Hour: ____: ____

Must be filled by the doctor

I explained to the patient and / or his/her guardian the public health measure to which the aforementioned patient is subject. They were told about the risks of not meeting the measure recommended and I have answered the questions asked by them. According to my understanding, the patient and / or his/her guardian has understood what was informed to them. The following guidelines should be followed:

Doctor's name: _____ Signature: _____

CRM _____



ANNEX II – Declaration Term for People who live in the same address

DECLARATION TERM

I, _____, ID nº _____, CPF nº _____, living on _____, ZIP code _____, in the city of _____, State _____, declare that I have been properly informed by Doctor _____ on the need to be isolated along with all people who live or work in the same house, starting from _____, up to _____, place of fulfillment of measure _____.

Names of all people who live in the same house and must be home isolated:

1. _____
2. _____
3. _____

Signature of person with symptoms: _____

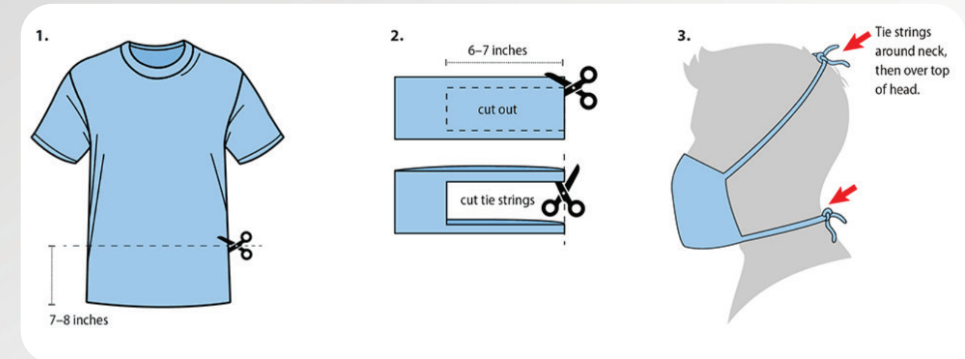
Date: ____/____/____ Hour: ____: ____

ANNEX III – Production of cloth face coverings – Center of Disease Control

1. Quick Cut T-shirt Cloth Face Covering (no sew method)

Material:

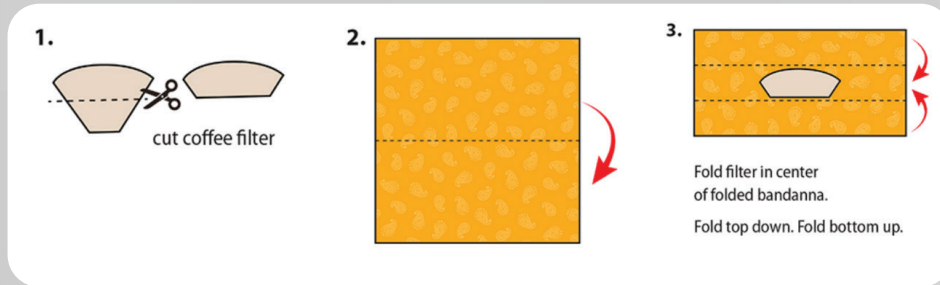
- T-shirt
- Scissors



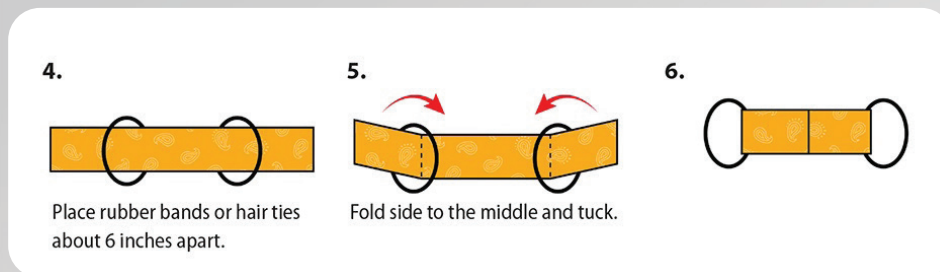
- Cut 20 cm to 18 cm of a t-shirt from the bottom;
- Cut a rectangle of about 15 cm to 20 cm length and 15 to 20 cm height from one side, leaving less than 30 cm of cloth between the cut and the border of the cloth;
- Cut the borders to make strings;
- Tie strings around the neck and over top of the head

2. Bandana Cloth Face Covering (no sew method) and coffee filter

For this mask, the CDC says that you will need a coffee filter, rubber bands, scissors and a bandana (or a square cotton fabric) measuring about 50 cm on each side.



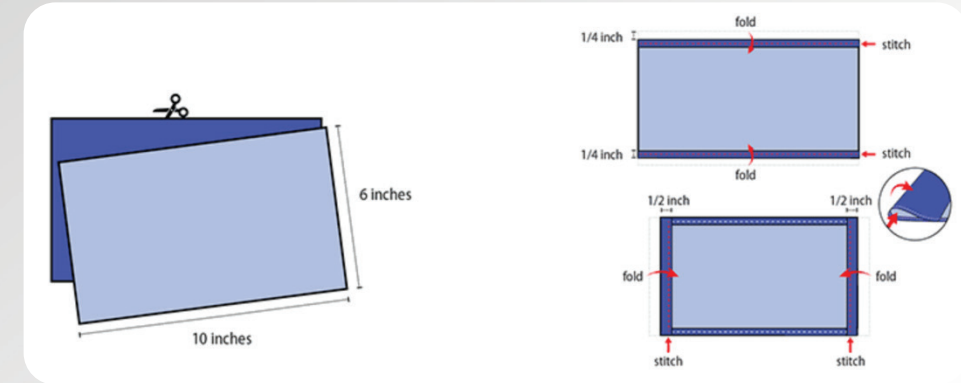
1. First, cut the coffee filter in half longitudinally (parallel to the opening at the top);
2. Then, fold the bandana or piece of cloth in half;
3. Place the top of the coffee filter in the middle of the folded tissue;
4. Fold the top and bottom thirds of the scarf over the central section, where the coffee filter is;



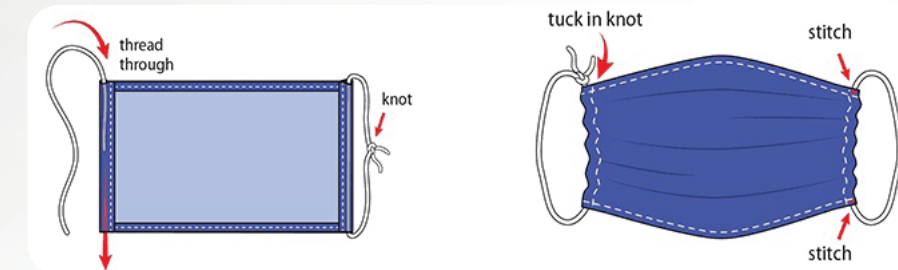
5. Place plastic or hair ties approximately 15 cm apart between the two ends;
6. Fold the ends in half and slide the elastics around the ears;
7. To keep the elastics in place, try to secure them with a clamp, safety pin or needle and thread, if available.

3. T-shirt or piece of fabric (requires sewing)

For this mask, the agency says that you will need two pieces of cotton fabric in a rectangular shape (25.4 cm x 15.24 cm), two elastic bands of 15 cm (can be conventional or those of hair) or cords, scissors, needle and thread (or a sewing machine). The CDC recommends using cotton fabrics, but note that with a shirt it works well too.



1. Start by stacking the two pieces of cloth so that they are aligned in the same way;
2. Fold the top and bottom of the long sides in half a centimeter and sew them;
3. Pass the elastic strips (or cords) through the half-centimeter openings on the shorter sides of the fabric and tie the ends (The CDC recommends using a group or a large needle to help);



4. Place the knots inside the sheaths on each side;
5. Check that the mask is fitted to your face and secure the elastics in a seamed location

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Brazilian National Confederation of Industry
THE FUTURE OF INDUSTRY