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FEDERAÇÃO BRASILEIRA DE
COMUNIDADES TERAPÊUTICAS

**GUIDANCE MANUAL FOR
THERAPEUTIC
COMMUNITIES**

**Basic care in relation to the coronavirus pandemic
(COVID-19)**



**Guide for new
entries, visits and
outings.**

July 2020 Update



Preparation, distribution and information:

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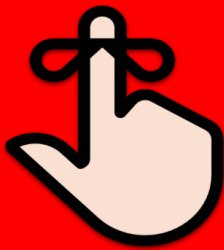


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CONTEXT

Unfortunately, COVID-19 will last indefinitely among all of us, so the Therapeutic Communities (TCs) need to organize themselves to carry out the new reception procedures, especially considering that the public served by the TCs has great chances of being contaminated with COVID-19 due to their social vulnerability.

TCs that have structure, trained human resources, guarantee of adequate personal protective equipment (PPE), notification flow with the municipality's Health Department and contingency plan, will be able to carry out the quarantine process (14 days) within the organization itself.



INDISPENSABLE

PRIOR MEDICAL EVALUATION!!

RDC ANVISA 29/2011, Art. 16º



In order for the quarantine process to be safe, it is extremely important that the new patients take place on the same day, so that the zero time is determined and consequently begins to count the 14 days of social isolation.

ANVISA GUIDELINES

According to the guidance of the PUBLIC TECHNICAL NOTE CSIPS / GGTES / ANVISA No. 01/2020¹, the space for quarantine must guarantee:

¹ The following text refers to its last update: June 25, 2020.

GENERAL



1. Those without respiratory symptoms **should wear a tissue mask**, if tolerable, whenever they are outside their rooms².



2. **To monitor** on a daily basis for fever, respiratory symptoms and other signs and symptoms of COVID-19.

- Use thermometers, preferably of the “infrared” type, which measures the temperature from a distance, or, in the case of traditional thermometers, you must perform their cleaning immediately after each use.



3. **Assess the symptoms of COVID-19** at the time of admission or return to the establishment and implement appropriate infection prevention practices for those who receive symptomatic patients, as will be seen below.



4. It is advisable that, if possible, newly admitted patients, whose status of COVID-19 is unknown, should be **allocated in individual rooms** for 14 days. In addition, patients who return from hospitalization should be under observation for 14 days and allocated in individual rooms, if possible.



5. Guide and encourage the patient to **perform hand hygiene** with water and liquid soap, often.

²Note: if the patient cannot tolerate the use of the mask due, for example, to shortness of breath or cognitive issues, they should be guided or assisted to strictly perform respiratory hygiene / cough etiquette, that is, cover the mouth and nose when you cough or sneeze with disposable paper and frequently perform hand hygiene with water and liquid soap or alcoholic hand preparation; in addition, this welcome should be kept at a greater distance from the other welcome.



6. **Make hand hygiene material available** in safe places in corridors, receptions, living rooms, cafeterias, dormitories and other common areas that exist in the institution.



7. **Help** those who are unable to clean their hands.



8. Guide the patient to **adopt the cough etiquette and respiratory hygiene**:

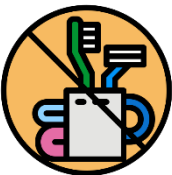
- If you cough or sneeze, cover your nose and mouth with a bent elbow or use a tissue.
- Use disposable tissue for nasal hygiene (discard immediately after or and perform hand hygiene).
- Perform hand hygiene after coughing or sneezing.



9. Guide the patient to **avoid personal greetings** with physical approach, (such as kisses, hugs and handshakes), explaining the reason for such guidelines and the importance of this practice at the present time.



10. It is also recommended that the greatest possible care be taken with the **elderly cared for**, people with chronic diseases or the immunocompromised, since there is great evidence that they constitute even more vulnerable groups in the face of COVID-19.



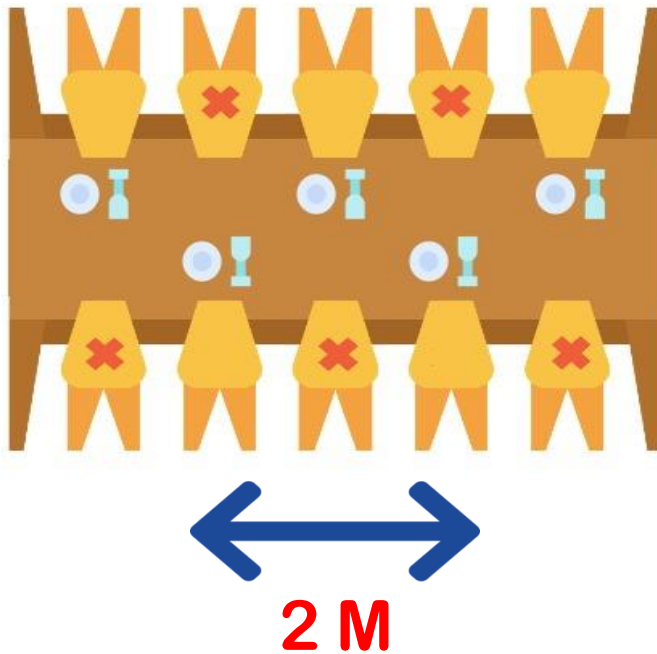
11. Patients should be instructed **not to share personal objects** (such as brushes, cell phones, glasses, makeup, among others). Eliminate or restrict the use of items for collective use such as television control, pens, phones, etc. Sanitize cell phones, tablets and electronic equipment.



12. Disseminate **updated health information** on a permanent basis to the institution's welcomed and professionals, using simple and easy to understand language.

PHYSICAL STRUCTURE

13. In relation to the **spaces used for food**, the concomitant use of cafeterias or tables by a large number of people should be avoided (we suggest extending meal times in order to provide a staggering number of people), maintaining a minimum distance of 2 meters between people and avoid buffet meals (which facilitate the spread of the virus).



14. The physical structure must not be shared by those who are already receiving care, that is, the **physical structure must be exclusive for those in quarantine.**

Exclusive physical structure for quarantine





15. In this quarantine space, **have a place of isolation**, in case one of the people in quarantine shows symptoms of COVID-19.



16. Provide **conditions for hand hygiene with water and liquid soap**: washbasin / sink with liquid soap dispenser, paper towel holder, paper towel, trash can with lid and opening without manual contact.

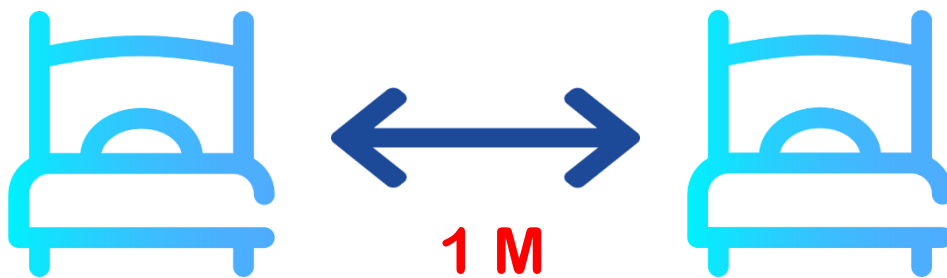


17. If possible, **keep the doors of areas with greater circulation open**, so that, as long as this does not compromise the security or privacy of those welcomed.

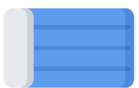


18. **Exclusive bathroom** for the use of quarantined people.

19. The dorms must guarantee a **minimum spacing of 1 meter between the beds**, as well as ensure natural air circulation (do not use air conditioning) providing that the windows are always open.



20. Make the beds / bunk beds available in the rooms, so that there is **no obstruction of the windows**, thus allowing better air circulation.



21. Ensure **waterproof protective covers** on mattresses and pillows, to provide cleaning even after the quarantine period.



22. **Do not store pillows and blankets** of those welcomed together, keep them on their own beds or in an individual closet.



23. If the **supply of food** for these patients originates from an external structure (kitchen of TC), TC must guarantee all the care with the flow of food, as well as the cleaning of the utensils used (preferably use disposable utensils).



24. Organize a storage process (temporary storage) and collection of **infectious waste** (disposal of PPE's, waste from the isolation area).



25. Place reserved for **storage of PPE's**.



26. The solid waste (garbage) from the quarantine space is considered **infectious waste**, and must be **stored in an appropriate place** (for 3 days), until the moment of disposal, and cannot be stored with the other solid waste.



27. **Regularly empty the bins.** Particular attention should be paid to hygiene, closing of garbage bags, constant emptying and proper disposal of garbage, especially in the case of dumpsters that contain handkerchiefs, masks and materials with secretions or excretions, such as diapers.

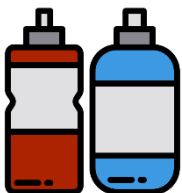
- **Infectious waste** - when there is suspicion or confirmation of cases of COVID-19, the waste in this space becomes infectious (Hospital Waste), and has an appropriate disposal flow, which must be organized with the Health Department.



28. Organize an intensified **daily hygiene and cleaning process** of the quarantine's physical structure.



29. Ensure the **cleaning**, whenever necessary, **of the most touched surfaces** (ex: door handles, telephones, tables, light switches, handrails and support bars, etc.) and of the common areas, bedrooms and other environments used by the guests.



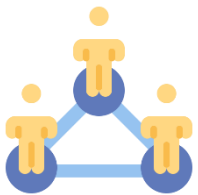
30. Subsequently, **perform the disinfection of the surfaces** (disinfection can be done with chlorine-based products, such as sodium hypochlorite, 70% liquid alcohol or other general-purpose disinfectant, as long as it is regularized with ANVISA).



31. If possible, **cleaning materials for the quarantine structure should be exclusive**, that is, avoid sharing these materials with other structures in the Therapeutic Community.



32. If possible, an **exclusive laundry space** to serve quarantined guests. If not, develop a space cleaning protocol to keep it clean for the next use. The clothes of those received in quarantine must be washed separately from the clothes of the other welcomed.



33. It is recommended that the **distance of 2 meters be kept between people**, as well as not making personal greetings with physical approach. Reduce the time spent in the common areas of the institution to avoid crowds.



34. For the TCs that allow the **use of tobacco**, guide the welcomes on attention to distance, as well as establish the maximum number of welcomes per moment of tobacco use, to avoid crowding.

PROFESSIONAL HANDLING

35. If possible, ensure the performance of **exclusive professionals for the quarantine program**.

These professionals should not have contact with the other welcomed, as well as avoid the traffic where the other welcomed are.



36. **Empowering professionals** on the correct way to clean hands and arms, as well as the correct use of PPE's. (TECHNICAL NOTE GVIMS / GGTES / ANVISA No. 04/2020)³.



37. Professionals should adopt the idea that **everyone can be potentially infected** with COVID-19, and must wear the necessary PPE: mask, goggles or face shield, apron and procedure gloves; (PPE for cleaning professionals are specific, if they think it is pertinent to place).

38. **Ensure PPE delivery protocol** for professionals in quarantine, and supervise correct and conscientious use.



39. Develop a **specific Therapeutic Project** for the quarantine period.

40. Carry out monitoring of the **distance measurement of the temperature** of the professionals and those received in the morning and afternoon.



41. Psychosocial consultations may be carried out through **tele-assistance**.



³ <http://portal.anvisa.gov.br/documents/33852/271858/Nota+Técnica+n+04-2020+GVIMS-GGTES-ANVISA/ab598660-3de4-4f14-8e6f-b9341c196b28>

NETWORK ARTICULATION



42. When organizing and adapting spaces for quarantine, the institution's technical manager should **contact the municipality's Health Surveillance** to communicate this procedure, as well as receive guidance from that body.

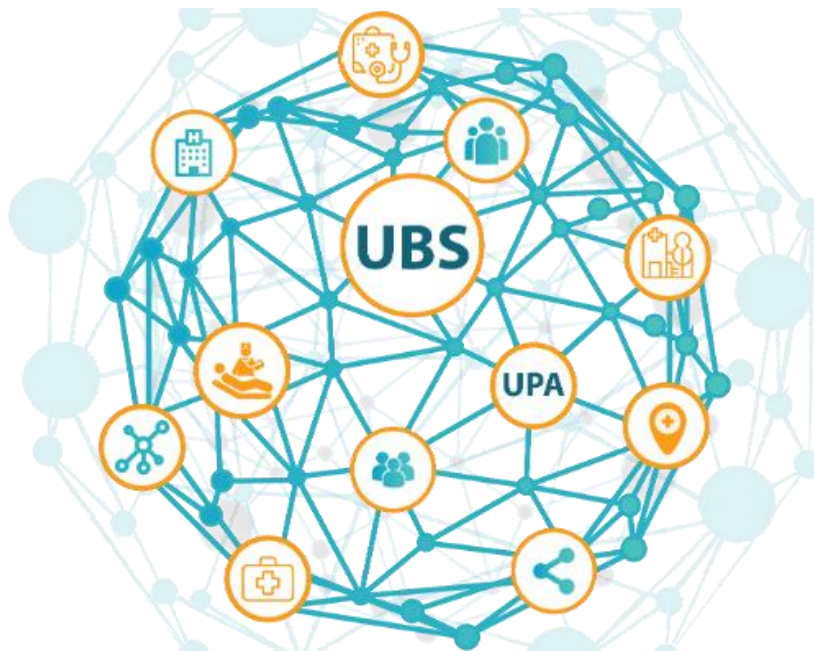


43. In the event of enter with symptoms and / or suspicion of contamination by COVID-19, **immediate communication** must be made with the municipality's health authorities (Health Surveillance, Basic Health Unit, Health Secretariat).



44. Make notifications for the **Epidemiological Surveillance** of the municipality:

- **NEGATIVE NOTIFICATION:** at least WEEKLY - when there are no cases of suspicion.
- **POSITIVE NOTIFICATION:** IMMEDIATE - when there are suspicious or positive cases.



FAMILY VISITS

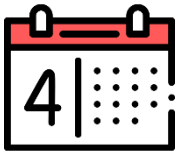


45. **Scheduled and individual**, with a restricted number of people and limited and reduced visit time.



46. **Question visitors on arrival** from the institution on symptoms of respiratory infection (cough, fever, difficulty breathing, among others) and on previous contact with people with suspected or diagnosed COVID-19.

- It is also recommended that the temperature of the visitor be assessed prior to entering the institution. In addition, such visitors must wear fabric masks throughout their stay at the institution.



47. Promote a schedule of visits establishing days and times to **avoid crowding**.

48. The visits of the welcomed must be made by a group of coexistence, that is, for the visit established for the welcomed “João”, the people who live in the same house, for example, residents of “HOUSE A”, should visit it. At another time, visits may be made with the residents of “HOUSE B” or “HOUSE C”.



HOUSE A



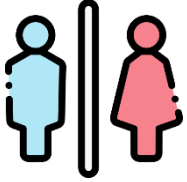
HOUSE B



HOUSE C

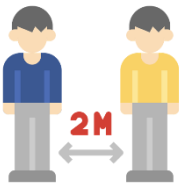


49. Considering the great difficulty of **children** to carry out all prophylactic measures to prevent the proliferation of COVID-19, it is advisable to carry out all the attention and care when they visit their family members in the TC.



50. For the day of visit, leave a **specific bathroom for visitors**, promoting cleaning procedures after use.

51. Provide space for **hand hygiene**.



52. Visits should be carried out in an open, wide and airy space, **ensuring a 2m distance between people**, if possible, making demarcation on the floor.

53. Do **not allow visitors** to access other areas of the TC, remaining exclusively in the space designated for the visit.



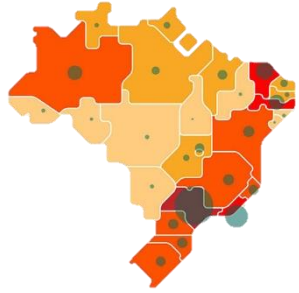
54. Mandatory **use of masks**.

55. Do not allow **physical contact** (hugs, kisses and handshake).



56. In the case of **telephone calls**, disinfect the phone before and after use.

OUTINGS SOCIAL REINSERTION



- 57. The **Social Reinsertion** exits must be made according to the quarantine flexibility of each municipality.
- 58. Outings should be evaluated in case of **extreme need**.
- 59. To carry out the exits, it is necessary to **maintain the prophylaxis protocols** (use of a mask, avoid physical contact, hand hygiene) and when arriving at the TC, perform a complete hygiene process (showering) and complete change of clothes.



OUTINGS FAMILY REINSERTION

60. Exits for family reintegration should also be in **accordance with the flexibility of quarantine in the municipalities**, taking into account that the process of evolution of COVID-19 in the interior is on the rise.

61. In cases of extreme need and through team evaluation, family reintegration trips may be programmed, considering the possibility that the patient, **when returning to the TC, will be quarantined** (14 days), to avoid cases of contamination.

