

ACADEMIES IN THE PANDEMIC: EVALUATION OF THE PROTOCOL SECTOR OF FORTALEZA

ACADEMIAS NA PANDEMIA: AVALIAÇÃO DO PROTOCOLO SETORIAL DE FORTALEZA

GIMNASIOS EN LA PANDEMIA: EVALUACIÓN DEL PROTOCOLO SECTORIAL DE FORTALEZA

✉ Cinthia Soares Rodrigues Paier¹ e ✉ Edgley Carneiro Aguiar²

ABSTRACT

During the COVID-19 pandemic, the Executive Branch issued Decrees with preventive measures to be complied with by individuals and legal entities against COVID-19. In this context, gyms had priority for reopening after rigid social isolation, because they're essential activities. This study aimed to evaluate compliance with the measures to prevent COVID-19 related to the sectoral health protocol in the gyms in Fortaleza. This is a descriptive, quantitative and documentary study that evaluated inspection demands of the Fortaleza Inspection Agency system, carried out in gyms from 07/25/2020 to 01/14/2022. Gyms (68.71%) that complied with the sectoral protocol were considered safe spaces. Non-conformities were verified in 16.67% of the demands. As a limiting factor of the study, the fiscal dispatches (14.62%) that did not mention the verification of the protocol stand out.

Descriptors: *Gyms; Sanitary Inspection; Sanitary Protocol; Health Risk; COVID-19.*

RESUMO

Durante a pandemia de COVID-19 o Poder Executivo editou decretos com medidas preventivas a serem cumpridas por pessoas físicas e jurídicas no combate à COVID-19. Neste contexto, as academias tiveram prioridade de reabertura após o isolamento social rígido ao serem consideradas atividades essenciais. O objetivo deste trabalho foi avaliar o cumprimento das medidas de prevenção à COVID-19 relacionadas ao protocolo sanitário setorial nas academias de Fortaleza. Trata-se de um estudo descritivo, quantitativo e documental que avaliou demandas de fiscalização do sistema da Agência de Fiscalização de Fortaleza, executadas em academias, de 25/07/2020 a 14/01/2022. As academias (68,71%) que estavam adequadas ao protocolo setorial foram consideradas espaços seguros. As que apresentavam não conformidade foram verificadas em 16,67% das demandas. Como fator limitante do estudo destacam-se os despachos fiscais (14,62%) que não mencionaram a verificação do protocolo.


Descritores: *Academias; Fiscalização Sanitária; Protocolo Sanitário; Risco Sanitário; COVID-19.*

RESUMEN

Durante la pandemia del COVID-19, el Poder Ejecutivo emitió Decretos con medidas preventivas para personas naturales y jurídicas. En ese contexto, los gimnasios tuvieron prioridad para reabrir tras un rígido aislamiento social, por ser actividades esenciales. Este estudio tuvo como objetivo evaluar el cumplimiento de las medidas de prevención de la COVID-19 relacionadas con el protocolo sanitario sectorial en los gimnasios de Fortaleza. Un estudio descriptivo, cuantitativo y documental que evaluó las demandas de inspección del sistema de la Agencia de Inspección de Fortaleza, realizadas en los gimnasios del 25/07/2020 al 14/01/2022. Los gimnasios (68,71%) que cumplieron con el protocolo sectorial fueron considerados espacios seguros. Se verificaron inconformidades en el 16,67% de las demandas. Como limitante del estudio se destacan los despachos fiscales (14,62%) que no mencionaron la verificación del protocolo.

Descriptorios: *Gimnasios; Inspección Sanitaria; Protocolo Sanitario; Riesgo de salud; COVID-19.*

¹ Secretaria Municipal de Fortaleza. Fortaleza, CE - Brasil. 

² Secretaria Municipal de Fortaleza. Fortaleza, CE - Brasil. 

INTRODUCTION

In January 2020, the World Health Organization declared the SARS-CoV-2 virus, which causes COVID-19, as a public health emergency of international importance. The following month, Brazil recognized the state of public calamity due to the situation², having registered its first case³. In March 2020, COVID-19 was considered a pandemic.

The State of Ceará on May 5, 2020⁴ instituted in the capital Fortaleza, the policy of strict social isolation as a measure to cope with COVID-19, taking into account the capacity of the health system to withstand the increase in demand and enable the expansion of installed capacity, remaining in operation the activities considered essential⁵.

As the number of cases and bed occupancy rates decreased, the relaxation of the rigid social isolation that began on June 1, 2020, also in the capital, began. The phased resumption of economic and behavioral activities provided for compliance with sanitary measures to prevent the novel coronavirus published in the form of specific sanitary protocols for each activity⁶.

The Plan for the Responsible Resumption of Economic and Behavioral Activities in the State of Ceará was prepared by the Strategic Working Group. Among the activities with priority for resumption, obeying technical, sanitary and epidemiological criteria⁷, there is the “physical conditioning activity”, hereinafter referred to as gym, which won the status of essential activity with the Federal Government in May 2020⁸.

Considering that sanitary inspection is a form of state intervention in the protection of health⁹ and that academies, propagated as useful in the prophylaxis of COVID-19¹⁰, can influence the health status of practitioners¹¹, this study aimed to evaluate the adequacy of the academies of Fortaleza to the specific sanitary protocol for the responsible resumption of economic activities during the pandemic of COVID-19.

METHOD

Descriptive documentary study with a quantitative approach. The population consists of all the demands (work order) of inspection executed by Inspectors of Urban Activities and Sanitary Surveillance in academies of Fortaleza in the period from 07/25/2020 to 01/14/2022 having as search filters the words: "gym(s)" and "physical conditioning activity". The sample was composed of 342 demands that verified the functioning of the academies during the mentioned period and that the object of the demand (motivation of the inspection) or inspection order (report of the occurrence) was related to the actions of the pandemic. The study excludes the period between 03/04/2021 and 04/23/2021, in which the economic activity of physical conditioning was prohibited from functioning^{12,13}.

Data were collected from the Fiscalize System, of the Fortaleza Inspection Agency (AGEFIS) through a data collection form prepared with reference to the sector protocol 15 (PS15) according to the themes grouped in Chart 1. This protocol brought the rules for private spaces since the arrival of the practitioners, including waiting time, public capacity, criteria for performing the exercises, exit and also, layout and hygiene procedures and was published by the Governments of Ceará and Fortaleza^{14,15}.

The data collection instrument had the following variables: i) origin of demand; (ii) subject matter of the claim; (iii) inspection period and (iv) inspection shift; (v) terms drawn up; (vi) administrative measure applied; (vii) inspection order and (viii) administrative region.

Chart 1. Themes and requirements of the specific sectoral health protocol 15

Thematic	Requirements of the sector-specific health protocol 15
AGGLOMERATION	Absence of agglomeration
	Performs scheduling of practitioners
	Respect for the length of stay of practitioners

HAND HYGIENE	Features sink, soap, paper towel and pedal bin
	It has 70% alcohol for hands (gel, spray, foam)
HYGIENE OF ENVIRONMENTS AND EQUIPMENT	It has 70% alcoholic solution or another sanitizer
	Performs routine cleaning of equipment before and after training
	It has a sanitizing mat (2% sodium hypochlorite) at the entrance of the site
	Performs weekly cleaning of air conditioning filters
	Pool with adequate filtration system and monitoring of chlorine (\geq 0.8 to 3 mg/liter) and pH (between 7.2 to 7.8)/4h
ORIENTATION OF PREVENTIVE MEASURES	Protection and sanitization of card payment machines
	Guides students on good conduct practices to avoid COVID-19
	Conducts interview about symptomatic condition
	Performs self-declaration of asymptomatic condition
	Prohibits access of at-risk group practitioners
	It has communications posted on existing protocols in place
CONTACT PRECAUTIONS	Use of protective mask (professionals and practitioners)
	Performs temperature measurement at the entrance
	Does not share materials between practitioners in the same session
	Practitioners use individual objects (bottle and towel)
	Use of cup valve in drinking fountains
	Does not allow use of changing rooms and showers
	Respect for the alternate use of cabinets

Source: Own authorship, adapted from PS15^{14, 15}

The data were consolidated in the Microsoft Excel[®] version 2020 program and presented in tables and graphs through frequencies of the study variables. This study was approved by the Ethics Committee of ESP/CE No. 5,801,943/2022 and the principles of the general law of use and protection of data were respected.

RESULTS

AGEFIS carried out inspection in all 12 administrative regions of Fortaleza¹⁶, in 81 (66.94%) of the 121 neighborhoods of the city¹⁷, between the months of July 2020 and January 2022, in the three shifts. Table 1 presents the overview of inspection demands in the period studied.

Table 1 - Overview of inspection demands (n=342) carried out in academies in Fortaleza, related to COVID-19, between July 2020 and January 2022

Variables		Percentage (n)
Inspection period	Jul - Dec 2020	27,19 (93)
	Jan - Jun 2021	45,03 (154)
	Jul - Dec 2021	16,96 (58)
	Jan 2022	10,82 (37)
Inspection shift	morning	53,51 (183)
	afternoon	44,15 (151)
	night	2,34 (8)
Tax terms drawn up	notice of infringement	2,63 (9)
	inspection report	7,89 (27)
	notification	10,82 (37)
	none	78,65 (269)
Administrative measures applied	interdiction	0,88 (3)
	none	99,12 (339)

Source: Own authorship

The inspections occurred mainly in the period between the months of January to June 2021 (45.03%), in the morning shift (53.51%) without the need to draw up fiscal terms (78.65%).

Considering the origin of the demands: 62.58% came from the general channel of complaints of the Municipality of Fortaleza (central 156); 0.30% of the AGEFIS (Fiscalize Fortaleza) complaint application and 37.12% represent spontaneous demands of the inspection teams and/or planned by AGEFIS.

The motivations for inspection are freely written by the complainant or AGEFIS and for the purposes of this study were distributed into 14 categories, of which five of them correspond to the themes of PS15 (Chart 1). Table 2 shows that the main motivations for inspection were the absence of precautionary contact measures (26.26%), in which the absence of masks was the most common exponent.

Table 2 – Frequency of inspection demand objects evaluated during the study period

Objects of inspection demand	Percentage (n)*
Check for crowding	13,58 (105)
Check for the absence of hand hygiene items	4,40 (34)
Check the absence of items for hygiene of environments and equipment	2,59 (20)
Verify the absence of guidance on preventive measures	0,26 (2)
Check for absence of contact precautionary measures	26,26 (203)
Check for the absence of distancing between equipment	8,93 (69)

Check for no air renewal	0,13 (1)
Verify disrespect for current decrees or health protocols	22,51 (174)
Check for non-compliance with opening hours or lockdown	8,28 (64)
Verify the performance of collective activity not allowed	0,26 (2)
Check health passport	4,53 (35)
Check good practices	7,63 (59)
Check absence of operating license	0,26 (2)
Check noise pollution	0,39 (3)

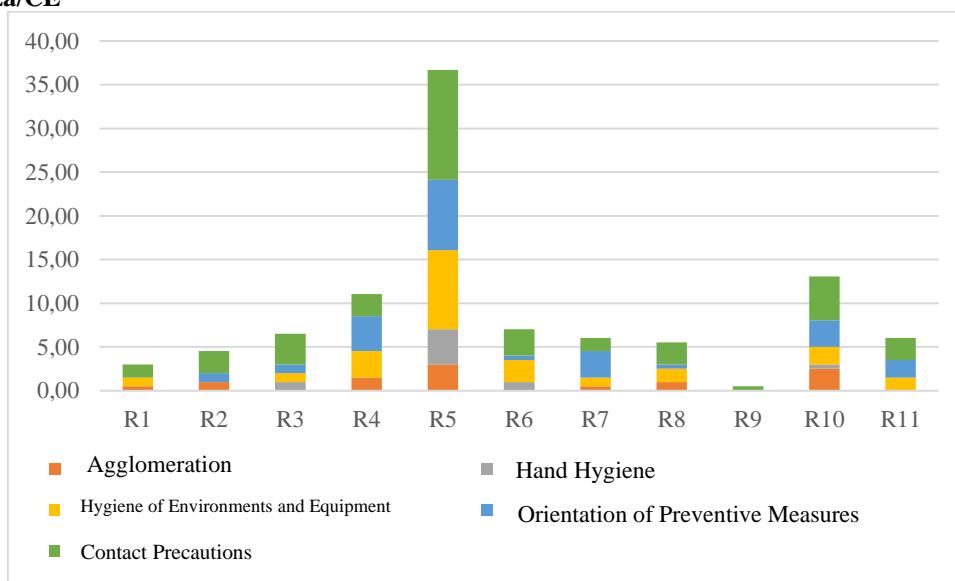
Source: Self-authored.

*Note: An inspection demand may contain more than one demand object.

The majority (68.71%) of the demands inspected complied with COVID-19 prevention measures at the time of inspection. In 14.62% of the demands analyzed through the inspection orders, it was not possible to understand whether or not the inspectors evaluated the compliance with the PS15, because there was not enough information about it. In these cases, the tax orders were limited to responding to the object of the inspection demand, as an example "I inform you that no student or employee of the academy was seen without a protective mask or with any flu-like symptoms during the inspection."

Non-conformities to the PS15 were verified in 16.67% (n=57) of the demands evaluated and presented in Graph 1 in a grouped way by theme and by administrative regions of the city (R).

Graph 1 - Thematic nonconformities identified in the inspection demands through the inspection order by administrative regions of Fortaleza/CE



Source: Self-authored.

No irregularities were identified in the academies inspected in the neighborhoods that make up the R12. The highest percentage of non-compliance for all themes was observed in R5, followed by R10. In the other regions, at least one of the themes was in compliance. A small rate of nonconformity (0.50%) occurred in R9 for the theme "contact precautions". This was the theme of non-compliance common to all regions. In the theme "agglomeration", the highest frequencies of non-compliance occurred in R 5 (3.02%) and R10 (2.51%). Regarding the items related to "hand hygiene", the highest frequencies were in R5 (4.02%), followed by R6 (1.01%), R3 (1.01%) and R10 (0.50%). Non-conformities in the theme "hygiene of environments and

equipment" were present in nine of the twelve regions. "Orientation of preventive measures" was not considered a problem in R1, R6 and R9.

DISCUSSION

Gyms in Fortaleza were initially allowed to operate at 30% of their capacity four months after the start of strict social isolation, provided they complied with the sanitary measures to prevent the novel coronavirus contained in PS15¹⁸. The verification of compliance with these measures was under the responsibility of AGEFIS, the authority responsible for implementing the municipal policy of urban inspection and in a supplementary manner by the Secretariat of Health of Ceará^{19,20}.

Considering only the supervision of AGEFIS, the percentage in the semester of resumption was not so expressive. A study on the reopening of gyms in Porto Alegre identified that the restriction of public capacity was an obstacle to the resumption for small and medium-sized companies due to the high financial costs²¹. The highest concentration of inspections occurred in the period from January to June 2021 coincides with the second wave of COVID-19 in the city (Oct 2020 to Nov 2021) with the peak occurring on March²².

The inspections, in their majority, did not generate tax documents (78.65%), which is close to the values found for demands that complied with the PS15 (68.71%). As an inspection procedure, AGEFIS instructed the inspection teams not to draw up notification for cases in which there would be the possibility of adequacy of the regulated sector at the time of inspection²³. This instruction raises the question: where the spaces already suitable for the PS15 or did they become adequate at the time of inspection because they are items of easy resolution?

The Federal Government recommended to States and Municipalities that the resumption of economic activities occur in a safe, gradual, planned, regionalized, monitored and dynamic way, considering the specificities of each sector and territories, in order to preserve people's health and lives²⁴. The State of Ceará and the Capital Fortaleza issued sanitary protocols for this resumption. Thus, the adequacy to the PS15 observed by the AGEFIS Inspectors attests that these spaces were safe for the practice of physical conditioning activities reducing the risks of contamination by coronavirus and may remain open. Otherwise, the interdiction as a precautionary measure for the cession of risk would have been applied as provided for in the sanitary regulation, which occurred in less than 1% of the inspection demands evaluated in the period, with agglomeration being the main motivation^{14,15}.

The population was a partner of the public power in sanitary control, demonstrating knowledge of sanitary measures and concern about the risk of transmission of SARS-CoV-2 by contributing to the motivation of 62.88% of the demands made.

Regarding the evaluation of non-compliance with the PS15, it was observed that what was found in inspections corroborated with one of the main motivations of inspection: absence of precautionary measures of contact. The most unfulfilled requirement within the theme was the use of masks. According to gym managers²¹, enforcing such a measure generated a lot of discomfort with practitioners, contrary to studies that stated that the use of masks was an effective strategy to reduce new cases of COVID-19, especially indoors, such as gyms²⁵.

The third main motivation (agglomeration) was little observed by the inspectors. Agglomeration is associated with specific times and shifts as the objects of demand point out and it was noticed that, routinely, the demands were executed in a shift or time divergent from the one informed in the demand, which demonstrates the fragility of the agency in the operationalization of the inspections.

Non-compliance with the guidelines of preventive measures was observed in 9 of 12 administrative regions of Fortaleza. These measures were intended to prevent access by symptomatic people or at-risk groups and to inform about ways to prevent COVID-19 and keep the space operating safely.

In general, the availability of inputs and the conditions for hand hygiene with soap and water or with a sanitizer such as 70% alcohol was not a critical requirement in this study, which is consistent with the fact

that it is a simple, low-cost and easy-to-perform measure²⁶. Almasri et al.²⁷ identified changes in the behavior of physical activity practitioners in Jeddah gyms in Saudi Arabia regarding their commitment to personal hygiene due to the COVID-19 pandemic.

The non-compliance with the PS15 was significant for all themes in inspections that occurred in neighborhoods that integrate the administrative regions 5 and 10 of Fortaleza, neighborhoods with a low human development index²⁸.

It is perceived that to prevent COVID-19 requires collective commitment, in addition to public policies, health awareness and education. Health is not focused on the individual²⁹ as its own definition suggests, with determinants and conditioning factors that interfere in the collectivity, such as basic sanitation, environment, income, access to essential goods and services³⁰.

CONCLUSION

This work made it possible to verify the application of the public policy to confront the pandemic to reduce the spread of the virus through the action of the Health Surveillance. These spaces were considered safe when assessing compliance with the sanitary measures to prevent the novel coronavirus, described in PS15 during the resumption of economic activities.

As perspectives, it is expected that AGEFIS, a member of the National Health Surveillance System, will use the data generated, listing indicators to better execute the urban inspection policy, with emphasis on the territories and the behavior of the activities to expand the promotion and protection of health.

As a limitation, the study evaluated the result of actions of a collective of inspectors on the health protocol in question and each one from their own experiences, technical training, knowledge, dangerousness of each territory and pandemic context, acted according to the law in their own way in what was appropriate interpretation and discretion as to the potential risk of the applicable sanitary measures. Other limiting factors were the tax orders that in 14.62% of the evaluated demands did not mention the PS15.

REFERÊNCIAS

1. OPAS. Organização Pan-Americana da Saúde. Histórico da pandemia de COVID-19 [Internet]. [202-]. [cited 2022 Jul 26]. Available from: <https://www.paho.org/pt/covid19/historico-da-pandemia-covid-19>
2. Brasil. Decreto Legislativo nº 6, de 20 de março de 2020. Reconhece, para os fins do art. 65 da Lei Complementar nº 101, de 4 de maio de 2000, a ocorrência do estado de calamidade pública, nos termos da solicitação do Presidente da República encaminhada por meio da Mensagem nº 93, de 18 de março de 2020. Diário Oficial da União. 2020 Mar 20; 24-A(1 extra):1.
3. Agência Brasil. Primeiro caso de covid-19 no Brasil completa um ano. Linha do tempo mostra enfrentamento da pandemia no país. 2021 Feb 26 [cited 23 Mar 20]. [Internet]. Brasília. Available from: <https://agenciabrasil.ebc.com.br/saude/noticia/2021-02/primeiro-caso-de-covid-19-no-brasil-completa-um-ano>
4. Ceará. Decreto nº 33.544 de 19 de abril de 2020. Prorroga, em âmbito estadual, as medidas necessárias ao enfrentamento da pandemia da COVID-19 e dá outras providências. Diário Oficial do Estado. 2020 Apr 19; 3(XII, nº 079):1.
5. Ceará. Decreto nº 33.521, de 21 de março de 2020. Altera o decreto nº 33.519, de 19 de março de 2020, que prevê medidas para enfrentamento da infecção humana pelo novo coronavírus, e dá outras providências. Diário Oficial do Estado. 2020 Mar 21. 3(XII, nº 058):3.
6. Ceará. Decreto nº 33.608, de 30 de maio de 2020. Prorroga o isolamento social no estado do Ceará, na forma do decreto nº 33.519, de 19 de março de 2020, e institui a regionalização das medidas de isolamento social, e dá outras providências. Diário Oficial do Estado. 2020 Mai 2020. 3(XII, nº 110):1-10.
7. SEPLAG. Entenda o plano de retomada responsável das atividades econômicas e comportamentais. 2020 Jun 03 [cited 23 Mai 05]; [Internet]. Ceará. Available from: <https://www.seplag.ce.gov.br/2020/06/03/entenda-o-plano-de-retomada-responsavel-das-atividades-economicas-e-comportamentais/>

8. Brasil. Decreto nº 10.344, de 11 de maio de 2020c. Altera o Decreto nº 10. 282, de 20 de março de 2020, que regulamenta a Lei nº 13.979, de 6 de fevereiro de 2020, para definir os serviços públicos e as atividades essenciais. Diário Oficial da União. 2020 Mai 11; 1(extra):1.
9. Costa, EA. Regulação e vigilância sanitária: proteção e defesa da saúde. In: Rouquayrol MZ, Gurgel M, organizators. Epidemiologia & saúde. 7. ed. Rio de Janeiro: MedBook, 2013b. 736p.
10. ACAD Brasil. A importância das academias no combate ao COVID [Internet]. c2020 [cited 2022 Jan 20]. Available from: <<https://acadbrasil.com.br/wp-content/uploads/2020/11/cartilha-acad-a-importancia-das-academias-no-combate-ao-covid.pdf>
11. Brasil. Agência Nacional de Vigilância Sanitária. Acompanhamento dos temas - serviços de interesse para a saúde [Internet]. Brasília: ANVISA; c2020 [cited 2022 Jul 22]. Available from: <https://www.gov.br/anvisa/pt-br/assuntos/regulamentacao/agenda-regulatoria/2017-2020/temas/servicosdeinteresse>>.
12. Ceará. Decreto nº 33.965, de 04 de março de 2021. Restabelece, no Município de Fortaleza, a política de isolamento social rígido como medida de enfrentamento à COVID – 19, e dá outras providências. Diário Oficial do Estado. 2021 Mar 04. 3(XIII, nº 052):1-4.
13. Fortaleza. Decreto nº 14.941, de 04 de março de 2021. Restabelece, no município de fortaleza, a política de isolamento social rígido como medida de enfrentamento à COVID – 19, e dá outras providências. Diário Oficial do Município. 2021 Mar 04. LXVI(supl. 16.987, 02):1-5.
14. Ceará. Decreto nº 33.700, de 01 de agosto de 2020. Prorroga o isolamento social no estado do Ceará, renova a política de regionalização das medidas de isolamento social, e dá outras providências. Diário Oficial do Estado. 2020 Ago 01. 3(XII, nº 166):1-5.
15. Fortaleza. Decreto nº 14.759, de 02 de agosto de 2020. Prorroga o isolamento social no município de Fortaleza e dá outras providências. Diário Oficial do Município, Poder Executivo, Fortaleza, CE, 2020 Aug 02. Ano LXVI, nº 16.809.
16. Fortaleza. Decreto 14.590 de 06 de fevereiro de 2020. Estabelece denominação para as 12 (doze) regiões administrativas do município de Fortaleza e dá outras providências. Diário Oficial do Município; 2020 Febr 06. LXV(16689):1-2.
17. Prefeitura de Fortaleza. A cidade [Internet]. Fortaleza: Prefeitura de Fortaleza; [cited 2023 Mar 18]. Available from: <https://www.fortaleza.ce.gov.br/a-cidade>
18. Fortaleza. Decreto 14.747 de 26 de julho de 2020. Prorroga o isolamento social no município de Fortaleza e dá outras providências. Diário Oficial do Município. 2021 Mar 04. LXVI(16609):1-5.
19. Fortaleza. Secretaria Municipal de Saúde. Plano Municipal de Contingência para Enfrentamento da Infecção Humana pelo novo Coronavírus SARS-CoV-2 e outras Síndromes Gripais [Internet]. Fortaleza: V.5, c2022 Jul 04. [cited 2022 Jul 14]. Available from: <https://coronavirus.fortaleza.ce.gov.br/plano-de-contingencia.html>
20. Ceará. Secretaria da Saúde do Estado do Ceará. Secretaria Executiva de Vigilância e Regulação em Saúde. Coordenadoria de Vigilância Epidemiológica e Prevenção em Saúde. Plano Estadual de Contingência para Respostas às Emergências em Saúde Pública - doença pelo coronavírus 2019 (COVID-19) [Internet]. Ceará: 11. Ed. c2021. [2022 Ago 02]. Available from: https://www.saude.ce.gov.br/wpcontent/uploads/sites/9/2020/02/plano_estadual_contingencia_resposta_emergencias_saude_publica_doenca_pelo_coronavirus_02102021_v6.pdf
21. Lima SL, Alves, DF, Myskiw M. Os impactos da reabertura das academias de ginástica de Porto Alegre/RS na perspectiva do gestor/a. RIGD. [Internet]. 2022 [cited 2023 Mar 23]. 12(e110057):1-13. Available from: <https://doi.org/10.51995/2237-3373.v12i4e110057>
22. Coordenadoria de Vigilância em Saúde. Célula de Vigilância Epidemiológica. Boletim Epidemiológico. Informe semanal COVID-19. 11ª Semana Epidemiológica [Internet]. Fortaleza: Prefeitura de Fortaleza; [cited 2023 Mar 18]. Available from: <https://ms.dados.sms.fortaleza.ce.gov.br/InformesemanalCOVID19SE112023.pdf>
23. Agência de Fiscalização de Fortaleza. Diretoria de Planejamento, Normatização e Capacitação. Comunicação Interna nº 36. Prazo concedido em notificações lavradas para as exigências dos protocolos setoriais dos decretos estaduais e municipais para enfrentamento à COVID-19 [Internet]. 2020. [cited 2020 Jul 31]. Available from: https://drive.google.com/file/d/1P-qIf1Wf18Av32m8htwy0NXfhkK-_B-Q/view?usp=drivesdk
24. Person OC, Almeida PRL, Puga MÊS, Atallah AN. O que se sabe sobre a eficácia do distanciamento social, lockdown e uso de máscaras faciais para COVID-19? Scoping review. Diagn Tratamento [Internet]. 2021; 26(3):130-6
25. Governo Federal. Governo publica orientações para retomada segura de atividades. 2020 Jun 19 [cited 23 Mai 05]; [Internet]. Brasil. Available from: <https://www.gov.br/pt-br/noticias/saude-e-vigilancia-sanitaria/2020/06/governo-publica-orientacoes-para-retomada-segura-de-atividades>
26. Gonçalves RMV, Gorreis T de F, Sordi RM, Souza E, Rodrigues NH. Higiene das mãos em tempos de pandemia. REAEnf [Internet]. 2021 Jul 14 [cited 2023 Mar 17]; 12:e7944. Available from: <https://acervomais.com.br/index.php/enfermagem/article/view/7944>

27. Almasri D, Noor A, Diri R. Behavioral changes in gym attending due to COVID-19 pandemic: A descriptive survey. *J Microsc Ultrastruct* [Internet]. 2020 [cited 2023 Mar 17]; (8):165-7. Available from: <https://www.jmau.org/text.asp?2020/8/4/165/302969-167>
28. Assis DNC. Desenvolvimento humano, por bairro, em Fortaleza [Internet]. Fortaleza: Secretaria de Desenvolvimento Econômico de Fortaleza. c2014. [cited 2023 Mar 22]. Available from: <https://www.calameo.com/read/0032553521353dc27b3d9> 2014
29. Rego, LCMV. O coletivo na pandemia de COVID-19. [Editorial] (2021): *Cadernos ESP* [Internet]. 2021 Mai 27 [cited 23 Mar 22]; 15(1):7-9. Available from: <http://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/575>
30. Brasil. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. *Diário Oficial da União*. 1990 Sept 20. (1):18055-59.