TOURISM INDUSTRY
STANDARD PROTOCOLS
FOR COVID-19
OPERATIONS

PREPARED BY

TOURISM BUSINESS COUNCIL OF SOUTH AFRICA
THE LEADING VOICE IN TOURISM

31 May 2020

“To emerge from this [COVID-19] crisis will require an extraordinary effort.”
— President Cyril Ramaphosa
1. INTRODUCTION

1.1 The South African tourism industry has developed comprehensive protocols for the operation of all types of tourism businesses and facilities in times of the COVID-19 pandemic.

2.2 The protocols align with the latest Disaster Management and Department of Employment and Labour (DoEL) Regulations, and the World Health Organisation (WHO), National Institute for Communicable Disease (NICD), and Department of health (DoH) guidelines and advice, as well as the Health & Safety Act. The protocols will be updated as required on an on-going basis in line with the risk adjusted economic activity allowed and the pandemic status.

3.3 This version of the protocols is envisaged to operate under risk levels 3 and 2. It will however be updated as and when the situation changes.

4.4 These protocols will be revised to facilitate increased capacity and recovery of the tourism industry and should only remain in force for as long as the declaration of a national disaster published in Government Gazette 43096 on 15 March 2020 remains in force.

5.5 The protocols cover customer information and staff training, PPE (personal protective equipment), physical distancing, sanitisation and hygiene practices for staff and customers, and surface sanitising among others.

6.6 We are confident that these extensive protocols enable the travel, tourism and related industries to operate safely as COVID-19 restrictions are eased. Our businesses will be among the safest places to be. The protocols address all the acknowledged risk areas related to travel and tourism.

7.7 While all of these protocols may be applied to aviation and cruise operations, these sub-sectors will have additional sector-specific protocols.

2. INDUSTRY PROTOCOLS SELF-REGULATION

2.1 A centralised portal may be developed where all businesses in the sector will register as part of an online evidence based reporting system. The evidence collected on the portal per establishment will include confirmation of:

2.1.1 Implementation of the protocols (acceptance of the pledge)
2.1.2 SOPs developed
2.1.3 Training of staff
2.1.4 PPE in use
2.1.5 Screening of guests and staff
2.1.6 Quarantine / isolation facility - a dedicated isolation room has been made available in each business premises – in all types of accommodation, attractions & casinos, adventure bases, car hire etc

An industry-wide weekly report on the level of compliance will be generated for review by the system.

PPE Market Place

2.2.1 The TBCSA will address means to assist SMMEs with the procurement of PPE

Training of SMMEs

2.3.1 The TBCSA will facilitate protocol training for SMMEs in the sector

Non-compliance by Business Operators

2.4.1 The TBCSA and its affiliate associations will create a mechanism for reporting non-compliance using telephone, technology, and other necessary mechanisms that support compliance.
3. PLEDGE OF ADHERENCE TO PROTOCOLS

3.1. All CEOs, general managers, or owners of businesses that open for operation during the COVID-19 pandemic, will sign a pledge that they will adhere to these protocols.

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Travel & Tourism Industry

COVID-19 Protocols Pledge

I, ______________________ (add name) ______________________, the ______________________ (add position) ______________________ of ______________________ (add business name) ______________________, a business which operates in the travel and tourism industry, hereby pledge that as applicable, in all our business operations, which are open for business, and in any and all of our premises, vehicles, crafts and sites, we will adhere, during all operating times, to the Travel and Tourism Industry Standard Protocols for COVID-19 Operations, as issued by the Tourism Business Council of South Africa, and updated from time to time. I also pledge that we will continue to so adhere, until such protocols are receded or replaced by alternative industry health and safety operating protocols.

In addition, where we procure from, or our services are integral with those of emerging small and micro enterprises, we will support and assist those enterprises to adhere to these COVID-19 Protocols.

We, ______________________ (add business name) ______________________, do this in recognition of our critical role to provide safe transport, safe accommodation and safe activities and experiences throughout our country in this time of the COVID-19 pandemic.

We commit to these protocols because we understand that we carry utmost responsibility to protect our staff and to protect our guests, passengers, visitors and clients from COVID-19 risk, and we additionally acknowledge that we have a particular duty of care to high-risk staff and high-risk guests, visitors, passengers and clients, with respect to the Coronavirus risk.

Further, we acknowledge that we adopt and follow these protocols because we recognise our role as an industry, to support the leaders of our country, in their aims and the measures taken to minimise the spread of Coronavirus, and flatten the curve of the COVID-19 pandemic, in order to further the well-being of all of the people of South Africa.

NAME

DATE

SIGNATURE

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TBCSA

Tourism Business Council of South Africa

The Leading Voice in Tourism
4. DESIGNATED COVID-19 HEALTH & SAFETY STAFF

4.1. Each operating business and/or premises will designate a COVID-19 Health and Safety Officer (COVID-19 Officer). In a small business the owner or manager will take on the role of overseeing COVID-19 protocols, while in medium businesses it will be an additional formal role taken on by a manager, and large businesses should consider appointing a dedicated officer.

4.2. In addition, in medium- and large businesses, a COVID-19 team leader will be designated in each department or business unit. This cross-functional team will report to the COVID-19 Officer (and comprise the COVID-19 Committee) on implementation of COVID-19 protocols, and any issues related thereto.

4.3 COVID-19 Officer & Team Responsibilities

4.3.1 Risk assessments of all aspects of operation in-line with the Department of Labour COVID-19 Occupational Health and Safety Measures in Workplaces if more than 10 people are employed

4.3.1 Develop, maintain and implement:

- Standard hygiene and sanitising procedures (including schedules / logbooks as needed) per area/facility/vehicle category etc.
- Special area cleaning procedures – as required
- Capacity limits and controls
- Physical distancing plans
- Guest/visitor/passenger/client (GVPCs) procedures
- Staff procedures
- PPE standards for staff
- PPE standards for GVPCs
- Procedures for staff with symptoms, and/or suspected COVID-19
- Procedures for GVPCs with symptoms, and/or suspected COVID-19

4.3.4 Monitoring the implementation of the protocols and the effectiveness of the measures undertaken

4.3.4 Monitoring overall compliance, identifying and correcting gaps, and adapting the plan to practical experience

4.3.5 Monitoring compliance with correct PPE usage – observing, CCTV, spot checks etc.

4.3.6 Maintain staff and guest/client/visitor/passenger health records

4.3.7 Maintain and checks logs of cleaning activities

4.3.8 Maintain and manage stock and use of PPE

4.3.9 Oversight of all staff and guest training and information provision

4.3.10 Independent Third Party Hygiene Audits – as required

4.3.11 Independent Third Party decontamination cleans – as required

4.3.12 Monitoring compliance with the Department of Labour COVID-19 Occupational Health and Safety Measures in Workplaces

4.4. The COVID-19 Officer must keep in touch with their primary representative association and the TBCSA in order to keep abreast of any latest developments. In medium and large businesses they should keep up to date with WHO, National DoH, DoEL and NICD, and their Provincial Department of Health with respect to recommendations and guidelines for travel, tourism and hospitality operations during the COVID-19 pandemic.
5. GVPC MEDICAL DECLARATION: MEDICAL, TRAVEL STATUS & ACCESS

5.1. All adult GVPCs will be required to complete a Medical and Travel declaration. This will be on arrival/check-in/boarding/entering/pick-up as appropriate.

5.2. In medium and large business and small businesses handling high numbers of GVPCs (exceeding 50 per day), special screening stations should be set up just before or after entrances, at the front of queues etc. to facilitate this if possible.

5.3. All GVPCs must complete the form, and not just the contracting party. This means all passengers in hired cars, people sharing hotel bedrooms etc. must complete the declaration.

5.4. If staff or suppliers arrive at main entrances, as oppose to staff entrances or loading bays, temperature checks and relevant COVID-19 screening must occur (see sections 17 & 20.1).

5.5. Annexure 1 contains the standard formats for capturing this information. The information will only be shared with authorized persons. Reduced information may be taken at attractions, activities and restaurants for short duration (±<3 hour) visits. The completion and acceptance of the form acts as access acceptance into a facility or vehicle.

5.6. Where loyalty cards operate, the guest medical and travel status can be linked to the loyalty card, and access may be limited to loyalty card holders only e.g. casinos. This will facilitate reduced numbers, keeping guest records and traceability and only updates to information and temperature need to be taken on arrival.

5.7. While the declaration must be signed on arrival/check-in/boarding/pick-up to ensure it is up-to-date, businesses may opt to ask some/all of the questions on booking/reservation and may suggest that high-risk individuals might want to postpone their trip, or they could decline such reservations. High risk individuals include older guests above 70, and those with co-morbidities such as diabetes, hypertension, active cancer, cardiovascular disease and lung disease. Obesity and smoking are also high-risk factors and older aged combined with any of the comorbidities is very high risk.

5.8. Industry operators may develop the form as an app, which the GVPC completes on a device, before or on arrival, with electronic submission on arrival indicating sign-off.

5.9 Declaration form to include:

- Confirmation that a COVID-19 briefing has been received upon first arrival
- General health and chronic conditions which are high risk for COVID-19
- Physical impairments
- Symptoms prior 30 days
- Smoker status and fitness level
- COVID-19 screening
- Record of trip – full current trip itinerary (past and future) for tracing
- Recent travel history other than this trip – 1 month
- Next of kin/friend not travelling with you name and contact details
- Nationality
- ID or passport number
- Travel insurance declaration and proof (international guests)

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- Nationality
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- Travel insurance declaration and proof (international guests)
5.10. There will be a simple risk rating computed on the form through a scoring system and higher risk GVPCs should be noted on a separate schedule.

5.11. The form will state clearly that the GVPC details will be shared with local public health authorities if any other GVPC or staff member they may have been in contact with while on your premises or in your vehicle/craft becomes ill with COVID-19. If they will not agree to this, they cannot proceed.

5.12. The guest declaration form must be linked by annotation or online document system, to the seat, vehicle, table number, and/or room the GVPC used where this is relevant and possible.

5.13. Where a tour operator is responsible for guests on a tour or an external transport provider is conveying GVPCs to or from another facility or establishment e.g. a hotel or an attraction, copies (electronic or hard copy in a plastic folder) of the guest medical and travel declaration taken by the tour operator or transport provider or facility can be passed on to the facility or transport provider, as long as GVPC temperatures are taken again at point/time of transfer or arrival.

5.14. Where there is no guest contact i.e. self-check-in and self-check-out in/out of separate self-catering chalets or properties with no servicing during the stay (self-service self-catering), a reduced guest declaration is required at reservation stage including commitment to inform the owner/operators post check-out should anyone in the party become COVID positive within 14 days of departure. No temperature taking is required.

6. GVPC TEMPERATURE MONITORING

6.1. Except for no guest contact self-catering check-in, temperature of all GVPCs will be taken on arrival/boarding/pick-up/check-in etc.

6.2. For multiple-day stays, daily temperature should be recorded (when arriving for breakfast or departing the hotel each day). For all other experiences longer than 3 hours, on rental drop-offs, leaving a facility, disembarking etc. temperature should be retaken.

6.3. The staff member taking the initial temperature reading must annotate the medical declaration form indicating either the actual temperature recorded, or that it was taken and it was in the normal range. As far as possible any subsequent readings during a stay, and the check-out/drop-off/disembarking etc. reading should be also noted on the same record.

6.4. All staff members temperatures, including management or staff visiting from other branches/ head office etc. and out-sourced workers, will be recorded on arrival for shifts and on departing after shifts. These will be recorded on an appropriate manual or automated schedule.

6.5. All temperatures will be taken with a non-contact thermometer.

6.6. Any temperature outside of the normal range (above 38oC) requires action to be taken, please refer to Protocol 19.

7. SIGNAGE & EASY-TO-FOLLOW GUEST INFORMATION

7.1. Guests will need extensive information and briefings on the COVID-19 protocols.

7.2. Easy to understand and assimilate information must be provided in rooms, on the backs of vehicle seats, at reception desk and check-in/pick-up counters, on tables, notices by lifts, etc. This could be translated or in picture format if necessary.

7.3. Personal leaflets, letters or notices attached to walls, seats, tables etc. are preferable to avoid contamination by touch. Apps and other electronic information provision can also be used to minimise touch.
7.4. For first arrival/check-in/boarding of vehicles etc. standard briefings should be made to all GVPCs similar to current airline safety briefings.

- Hand sanitising and correct hand washing
- Footwear sanitising where applicable
- Surface sanitising
- Physical distancing – spacing and queues
- Use of masks – detail on proper use and specifically what is expected when eating and drinking
- Brief explanation of procedures if someone has a high temperature or COVID-19 symptoms
- Access to medical services and pharmacies
- Other detail per business and sub-sector – such as room cleaning and linen change frequency, food service options and if restaurant reservations are required, dedicated vehicle seat and vehicle entry and exit procedures (which entrance/exit, not to touch doors or seats except one seat and seat belt) etc.

7.5. Information and briefings must emphasise that measures are for guest and staff safety and must cover:

8. STAFF TRAINING

8.1. Extensive training must be provided to all staff to ensure that they understand:

- The virus, how it is spread, the symptoms and how long it survives on surfaces
- The required sanitisation and distancing procedures for themselves and for guests
- The effective use of PPE and what PPE they must use
- How to change into and out of uniforms
- All special procedures e.g., shift staggering and dedicated separate shift teams, separation of duties, entry and exit queues and procedures, locker use, canteen use and so on

8.1. Some staff in certain functions with higher risk such as wash-up, room cleaning, vehicle cleaning and laundry should have additional training specific to their roles.

8.2. Training should also cover support for staff, addressing their general fears and concerns, what happens if they have symptoms or test positive etc., and how this might affect their shift/team, and how the business will support them.

8.3. Staff training should not be once-off, but should
repeat for all staff, with regular updates on a cycle to ensure there are no lapses in knowledge or deterioration in the levels of protocols practiced.

Training rooms must have proper physical distancing.

9. GUEST/VISITOR/PASSENGER/CLIENT PERSONAL PROTECTIVE EQUIPMENT

9.1 GVPCs will be required to wear masks except when:
   - In their guest bedroom
   - They are a small group in a self-drive hire car
   - While eating or drinking
   - When sitting together in a related small group, in well-spaced (2 meters or more apart) outdoor areas

9.2 Acceptable masks are cloth masks, surgical masks and N95 respirators. It is expected that most GVPCs will have their own cloth masks.

9.3 All facilities and businesses should have a spare supply of surgical or cloth masks, which can be provided to GVPCs should they not have their own mask(s). If a guest does not have their own masks for a multiple day stay, then multiple masks should be provided.

9.4 It will be at the businesses’ discretion to charge for masks and laundry of masks or not.

9.5 There is limited information on removing masks to eat and drink. Recommended practice is to use a flat brown paper bag or other cloth bag, which the mask will slide into. The bag should be marked on one side “outside” and the outside of the mask should always be against that side of the bag. Restaurants can provide such bags to guests. A new bag is required each day or cloth bags must also be laundered. Alternatively a new disposable mask is used after each meal.

9.6 Where possible biohazard containers must be used for disposal of all used disposable PPE or failing this high quality plastic bags or containers which can be securely closed and marked hazardous.

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10. STAFF PERSONAL PROTECTIVE EQUIPMENT

10.1 All staff must wear masks at all time, except while taking meals. The business must provide sufficient disposable masks for a mask per staff member per shift, or a minimum of 2 cloth masks per staff member. 3 masks is preferable, one is worn on shift, including on transport home, one is in laundry (at home or provided by the business), and one is already clean and ready to wear the next day when returning to work.

10.2 Certain jobs require gloves to be worn, (to be discarded after each shift or after each soiled linen, crockery / cutlery batch has been handled, or vehicle cleaned). Clearing, wash-up, waste disposal, laundry staff, and vehicle cleaning staff should wear gloves.

10.3 It is recommended that staff working in laundries wear disposable shoe coverings.

10.4 Disposable plastic aprons are recommended for
10.5. Disposable gowns or boiler suits/overalls (which can be laundered) must be worn in laundries, waste disposal, and vehicle cleaning. For smaller establishments a disposable or washable apron should be worn for these activities and discarded or cleaned after such activities are completed.

10.6. Visors should be worn where staff are likely to be in close proximity to guests, or Perspex shields should be installed where possible – for receptionists and other counter workers (check-ins, pick-up), cashiers, between facing kitchen workstations, over kitchen pass-outs, at fast food counters, around drivers in vehicles etc.

11. SANITISING & HYGIENE PRACTICES

11.1. Frequent GVPC and staff hand sanitising and/or hand washing is critical along with frequent proper sanitising of surfaces and these together are the key defence against COVID-19.

11.2. Members of staff using an area continuously, such as a counter, desk or worktop will be responsible for sanitising their surface after every customer or frequently (every 10 – 15 minutes).

11.3. Surface sanitising schedules should be drawn up

11.5  Hands & Personal Items

11.5.1. GVPCs will be required to sanitise their hands on initial arrival at the door, check-in counter, ticket counter/boom, pick-up counter, or vehicle/craft. Staff members can administer the sanitiser, or it can be self-administered from a dispenser, but observed

11.5.2. For hotel guests in particular and other GVPCs, shoe sanitising on entry with spray or wipes can be considered and use of walk-off mats on arrival to sanitise shoes/feet can also be an option

11.5.3. Thereafter sanitisers or wipes for GVPCs to use will be available for pens, credit cards, phones, wallets, purses when used, and for changes in situation e.g., on exit, boarding or disembarking, entering or leaving a facility, area or vehicle, using public bathrooms, using lifts. GVPCs hand sanitiser must be widely available i.e., on hand for, or carried by key staff in contact with GVPCs and available throughout establishments and facilities, on vehicles and in craft, in lifts etc.

11.5.4. Appropriate non-touch bins should be available for disposal of wipes everywhere wipes are provided

11.6  Surfaces

11.6.1. The following items and surfaces throughout front and back of house areas, and in/on vehicles, must be wiped or cleaned with an appropriate disinfectant detergent. As far as possible, this must happen after every “use” or change of person/people using, or at a minimum, frequently:
11.7 Luggage

11.7.1. All luggage should either be sprayed with a disinfection spray after off-loading, or wiped, with a minimum of all handles and corners carefully wiped with surface sanitiser.

11.7.2. Staff handling luggage should sanitise or wash hands immediately before and after touching luggage.

11.7.3. If the guest handles their own luggage to move it into or out of, their own vehicle or a separate room/unit/chalet, and it is not entering a shared building or touched by staff, then wiping or spraying is not required.

11.8 Cash Handling

11.8.1. Cash handling should be minimised or eliminated. Pre-payments, EFTs, credit and debit cards, SnapScan, Zapper, and signing to accounts should be maximised. If a guest or staff member handles cash, hand sanitising should happen immediately afterwards.

11.9 Reduce Surfaces

11.9.1. Throughout establishments and vehicles the number of surfaces which can be touched must be reduced to eliminate touching and the need for surface sanitising:

- Remove rugs, carpets, cushions and softs where possible
- Remove magazines, newspapers, games, decor items, flower pots and vases etc.
- Games, magazines and newspapers - provide on request, sanitising before and after, or disposing after use

11.10 Reduce Use Areas

11.10.1. Any areas which are not in use, or which can be taken out of use, should be locked to eliminate usage and the need for regular surface cleaning or deep cleaning in the event of any contamination. This might include some meeting rooms, some restaurants, some public bathrooms, spas, gyms, executive lounges, business centres, changing rooms, etc. Use on-request with a staff member opening and locking afterwards can be practiced for some facilities, e.g., business centres.

11.11 Ventilation

11.11.1. All premises, vehicles, crafts etc., must be kept well ventilated by natural or mechanical means to reduce the SARS-CoV-2 viral load.

11.11.2. Heating, ventilation and air conditioning systems must be regularly cleaned, serviced and operating effectively. Vents should not feedback
11.2 General

- Bio-spill kits should be used if possible, for all cleaning of blood or vomit
- Only appropriate disinfectant surface cleaners to be used
- Only 70% alcohol hand sanitisers to be used
- Any swimming pools operating must be at maximum safe levels of chlorine or other anti-bacterial agents
- Water reticulation systems, fridges, dishwashers, and laundry equipment must be regularly cleaned, serviced and operating effectively
- Hot cycles (70°C or higher) with good detergents, preferably peracetic, should be used for laundry
- High temperature dishwashing settings should be used at 55 - 60°C with rinse at 85 - 90°C

12. STANDARD PHYSICAL DISTANCING, PROTECTION BARRIERS & CAPACITY CONTROLS

12.1 Standard physical distancing

12.1.1. The space between any persons in public areas and back of house areas should be a minimum of 1.5 metres at all times, with two metres preferred

12.1.2. Exceptions are when one person, e.g., a receptionist or cashier, is wearing a visor, or if there is a Perspex or similar physical protection barrier between the people concerned

12.1.3. GVPCs from the same small family/friend group who are travelling together or share a room or car can be close to each other

12.1.4. Businesses must maximise the use of on-line reservations, e-check-in and e-check-out, and any types of non-contact processing to reduce the need for proximity of people. Avoid printing of forms, agreements, quotes, invoices, if possible and documents to be processed digitally as far as possible.

12.1.5. The capacities of all public areas and vehicles must be determined and managed to ensure distancing can be achieved. Capacity limits should not be exceeded and new queuing systems may have to be introduced to manage capacity limits

12.2 Restaurants & Bars

12.2.1. Excess chairs/stools and tables should be removed, or tables combined to enlarge while reducing and spreading seat capacity to enforce distancing. The sector will apply social distancing as per South African Department of Health and WHO guidelines, or 1.5 metres between tables

12.2.2. Accommodation establishments should encourage room service to limit contact in restaurants

12.2.3. Where restaurants operate, a reservation system should considered to manage demand, and help ensure capacity limits are adhered to

12.3 Queuing

12.3.1. At any queuing point or potential queuing point, i.e., for reception, ticket kiosks, check-in and pick up counters, primary entrances, lifts, staff entrances, restaurant entrances etc., floor markers and bollards, cordons, tape or rope must be used to manage queues and spacing at 1.5 metres

12.3.2. Queuing situations must be monitored and adjusted if proven to be inadequate

12.4 Lounges & Waiting Areas

12.4.1. Furniture should be spaced out and excess furniture removed as far as possible. Furniture can also be taped off. Preferably remove multiple-seaters, or clearly designate with tape or notices the number of people that can be seated

12.4.2. Discretion can be used for people from the same small family/friend group who are travelling together
12.5 Bedrooms
12.5.1. Where dormitory style bedrooms are used and shared between non-group/non-family members, a maximum number of occupants per room, at approximately 50% of capacity, must be determined with 4 to 5m2 minimum spacing per bed. For example, use of only one bunk bed per bunk bed unit.

12.6 Casinos
12.6.1. Casinos will ensure that chairs are removed and machines taped off and turned off or locked, to ensure 1.5-meters minimum between machines. Clear floor markings or bollards/cordons etc., will be implemented for queue management at machines.
12.6.2. Overall capacity to be limited at 50%.
12.6.3. Excess softs and movables will be removed to reduce surfaces.

12.6.4. Attendants will sanitise all machine and other surfaces touched after every use, or guests will be provided with surface sanitiser to do the same.
12.6.5. Table seating will be spaced with chairs removed to ensure spacing.

12.7 Lifts
12.7.1. Capacities of service and public lifts must be controlled at the higher of 30% of person capacity or 3 people per lift. This will require clear signage at all lift entrances and in lifts, and where possible, use of markers on lift floors. Carpedied floors should be removed if possible.
12.7.2. If possible, staff should man main lift entrances e.g., off lobbies, and assist with queues, and ensure that the correct number of people enter lifts. Discretion can be applied where use is same small family/friend groups who are travelling together.

12.8 Pools & Pool Areas
12.8.1. The number of loungers should be reduced and they should be spaced at two meters between groups of two loungers.
12.8.2. Towels will be removed and provided to guests upon request.
12.8.3. A pool use capacity should be determined and monitored by staff. No inter-group play or mingling must be permitted in pools.
12.8.4. Resort pools with high play-usage should be closed.

12.9 Vehicles
12.9.1. Regulations may set vehicle capacities. At present the legal capacity regulations for sedans is 50% . Buses and coaches must operate at 50% capacity. Specifically, current vehicle capacities allowed for E-hailing, meter taxis, shuttle services, and chauffeur driven vehicles are (including the driver):
   • 3 in a 5 seater
   • 4 in a 7 seater
   • 6 in a 10 seater

12.9.2. Mini-buses, Buses & Coaches
   • The guideline is 70% capacity, with discretion in seating family/friend groups together. Unconnected individuals should have empty seats between them
   • When the international markets open, we expect generator markets will set standards – including vehicle capacity utilization – e.g., Germany might state 24 in a 48 capacity vehicle or 50% capacity – and we will need to follow these requirements
   • Where possible, Perspex or similar shields should be introduced to shield and protect the driver or consideration given to the driver being equipped with a visor, but only where this does not hinder his ability to clearly see the road

12.9.3. Cars: Chauffeured
   • For small cars, only one person can be seated in the rear, unless the GVPCs concerned are people from the same small family/friend group who are sharing a room
   • For larger and luxury cars, a front passenger is permitted, and two people may sit in the back, unless the GVPCs are from the same small family/friend group who are travelling together when 3 can be accommodated in the rear. Central seats can be marked with tape to indicate they are not generally for use
   • Where possible Perspex or similar shields should be introduced to shield and protect the driver or consideration be given to the driver being equipped with a visor Where possible, Perspex or similar shields should be introduced to shield and protect the driver or consideration given to the driver being equipped with a visor, but only where this does not hinder his ability to clearly see the road

12.9.4. Cars: Self-drive
   • Up to 5 people from the same small family/friend group who are travelling together can use one car (5 seater). No cars can be shared between parties who are not known to each other
13. FOOD SERVICE

13.1. Buffets should be discontinued if possible and food should be plated and/or provided in covered single portions as far as possible.

13.2. Menus should be revised to reduce complexity e.g., reduced buffet options, Table d’Hôte meals.

13.3. There should be limited self-service at buffets; only to select or pick-up pre-portioned items. Any buffet service should be handled by staff only, from behind Perspex or similar protective shield if possible. Self-service juice, coffee etc. machines and receptacles should also be manned by staff.

13.4. Pre-portioned plated items on buffets or delivered to tables should be the main way guests are served.

13.5. Offering deli-type take-away/grab-and-go style meals and options – with disposable containers, crockery, cups and cutlery should be instituted where possible with a small rubbish bag provided to insert waste and disposables after use for collection.

13.6. Menus should be replaced with electronic menus (on sanitised tablets), or a fixed board, or printed disposable menus. Otherwise menus must be sanitised after each guest use.

13.7. Where possible and for instance while taking orders, waiting staff must stand at least a meter from tables with floor markings to assist, and if possible, guests should sit on one far side of a table from where the waiting staff serve.

13.8. Alternatively, excess space can be used for serving tables/stations on which plated food is placed close to the guests’ table and the guest collects the food from that table.

13.9. As much as possible should be removed from tables, e.g., tablecloths, and only essential items such as salt and pepper should remain on tables.

13.10. The use of sealed packages – sauces, teas, sugar, butter etc. should be minimised or exact portions distributed and un-used portions wiped on return. Guests should not self-serve from containers of packages.

13.11. Clearing and cleaning systems must be implemented with designated containers for different items cleared and sealable refuse containers for food waste. Clearing staff should be different to service staff where size and volumes permit.

13.12. Items on waiting stations should be minimised.

13.13. Room service should also move to deli/take-away style with disposables. If possible, trays/boxes/containers should be left outside the room on the floor, or on a tray, after the guest has been alerted to the delivery by knocking or ringing. The staff member delivering should then stand back two meters until the guest has retrieved the food delivery. The guest should be requested to leave the used disposable items and waste in the bag provided outside the room after they finish.

14. KITCHEN

14.1. The two keys to safe kitchen operation are physical spacing and surface and equipment sanitising.

14.2. To facilitate spacing, staffing levels may have to be reduced.

14.3. Menus should be simplified to reduce production complexities and therefore number of staff required, and menu simplification will also reduce the range of suppliers required and external
interactions are therefore minimised.

14.4. Workstations should be demarcated to indicate the physical spacing required. If possible, facing workstations should be eliminated or Perspex or similar protective shields provided between facing stations. Protective shields can also be used to separate side-by-side stations.

14.5. Equipment must be sanitised frequently using surface sanitisers (handles, knobs, dials, switches and static equipment) and utensils, pots and pans, and receptacles, should undergo more frequent hot washing.

14.6. Kitchen equipment and guest crockery and cutlery should be washed separately; both on deep, high temperature wash cycles.

14.7. The exteriors of any packaged food item not completely used up, and of all containers of food, should be sanitised with wipes after each use (before returning to storage after opening and extracting).

14.8. Ventilation should be maximised either with open windows or efficient air-conditioning.

14.9. Fumigators and/or ozonators can be used to deep clean kitchen areas and storage areas from time to time.

15. HOTEL ROOMS & ACCOMMODATION UNITS

15.1. Room cleaning frequency and linen change frequencies may be reduced to lower contamination risks.

15.2. If daily or more frequent cleaning and changing was standard, longer stays could now have room cleaning every two to three days, and linen change every three to four days.

15.3. Turndown service should be eliminated.

15.4. To reduce surfaces in rooms, all excess softs (cushions, throws, extra blankets etc.), and décor items should be removed. All other superfluous items which can be removed should be, and guests may have certain items on request for guest collection – e.g., sewing kits, vanity kits, shoe cleaning kits, irons, magazines.

15.5. In-room hotel guides should move to electronic or disposable options.

15.6. Mini-bar stock should be reduced to a minimum or mini-bars emptied with limited stocking on request.

15.7. Hand sanitiser or sanitising wipes may be provided in all guest rooms and units for guest use and/or be on sale for guests to purchase.

15.8. Hotel rooms and other accommodation require increased cleaning and sanitisation both on stay-over and check-out cleans. New room cleaning standards will be required and room cleaning staff must be trained on these standards. This will also include how to handle linen and sanitising of bathrooms.

15.9. Disposable gloves should be worn when cleaning bathrooms and disposable aprons are also recommended.

15.10. Room cleaning staff must sanitise their hands and shoes, and disposable aprons on finishing each room and before entering the next room.

15.11. Stay-over cleans concentrate on a careful sanitising clean of all surfaces, including phones, TV and radio controls, kettles, curtain pulls/curtain edges, mini-bars, trays, amenity containers and bottles etc., and all items as per 9.2 above, where applicable. Consideration can be given to replacing glasses, cups, teaspoons etc., with disposables, or clean cups, glasses etc., should be brought in clean containers from stores. Glasses, cups, spoons etc., should not be washed by room cleaners in bathrooms.

15.12. On check-out all door handles, furniture, all surfaces, TV remotes and other movable items, wall surfaces close to traffic/seating/bedside areas, and all floors should be thoroughly cleaned with an effective disinfectant and bathrooms thoroughly cleaned including all wall surfaces.

15.13. Room keys or cards must be wiped or sanitised after every check-out and before every check-in.

15.14. Consideration should be given to increasing the time between check-out and check-in to ensure housekeeping have sufficient time for thorough deep cleaning of rooms.

15.15. Efficient bedroom ventilation i.e. effective air conditioning and/or opening windows is important. If windows can be opened, they should be opened during room cleaning.

15.16. Soiled linen should be removed from beds with care and folded simply, with as little shaking/dust release as possible. All linen and towels from room changes should go into quality plastic bags which can be securely closed/tied, or into washable cloth bags which can be tied/zipped closed, for transporting to the laundry or for laundry collection.

15.17. The contents of housekeeping trolleys should be reduced (fewer guest supplies) and the trolley and
remaining contents should be wiped and deep cleaned at the end of each day’s shift.

15.18. All other equipment, mops, wet cloths etc., are sanitised by dipping in sanitising solution after each room clean. Colour coded cloths should be used for different items; bath, shower and sink, toilet, room surfaces etc. and disinfected separately. At the end of shifts, cloths and mops should be sanitised in solution for 30 minutes, and all cloths washed on a high heat cycle.

15.19. The virus does not live very long on surfaces, particularly porous surfaces. The current WHO statement is “studies have shown that the COVID-19 virus can survive for up to 72 hours on plastic and stainless steel, less than 4 hours on copper and less than 24 hours on cardboard”.

15.20. If an accommodation establishment can rotate room use, i.e., leave rooms idle for 1 – 3 days (or more), occupancy permitting, this will also assist in ensuring rooms are decontaminated for the next check-in.

16. VEHICLES

16.1. Surfaces in vehicles must be reduced through removing all but essential items (e.g. remove magazines, etc.).

16.2. Vehicles used frequently for short trips should undergo a surface clean between every trip – as per 9.2, wiping down with sanitising wipes. This includes vehicle keys, steering wheels & gear levers, dashboard controls, seatbelt buckles, window levers/buttons, air-conditioning controls & vents, door handles and support grabs, levers for opening boots, bonnets, petrol tanks etc. Similar wipe downs are required each time a driver delivers, moves or parks a vehicle i.e. before the next driver or GVPC uses the vehicle.

16.3. All vehicles after longer trips, or at the end of a day, should go through a deeper clean, and car hire vehicles must go through a similar deep clean on return.

16.4. Such deep cleans may use a fumigator/ozonator, and for multi-day trips (non-self-drive) one must be provided per night away. Otherwise all mats and loose items must be removed and cleaned and disinfected and all surfaces inside and outside well-cleaned with a suitable disinfectant and use of a disposable cleaning cloth is recommended for this.

16.5. Surfaces which must be sanitised include:

- Door handles
- Roof above handles
- Grab handles
- Inner door handles & releases
- Window switches
- Door pockets
- Seatbelts & clips
- Seat adjustment buttons
- Steering wheel, horn & control stalks
- Dashboard & air vents
- Power buttons
- Gear shifts – full length
- Multimedia screens
- Heating controls

- Gloveboxes & storage compartments
- Cupholders
- Rear-view mirrors
- Interior lights
- Grab handles
- Keys
- Headrests
- Seat pockets
- Rear central tabs
- Fuel caps
- Wheel valves
- Boot lids & close buttons
- Parcel shelves
- Boot floor tabs
- Bonnet lids

16.6. Cleaners must wear gloves, and can wear disposable aprons, gowns or boiler suits.

16.7. Where a cabin air filter is used for cleaning air inside the vehicle consider changing this filter more frequently

16.8. Special Vehicles – Game Drive Vehicles

   Equipment and procedures specific to game drive vehicles includes:

   16.8.1. Roll bars and handles – to be wiped after each trip or each drink/meal stop on a trip
   16.8.2. Binoculars – not to be shared and to be wiped frequently by guests with wipes provided
   16.8.3. Portable food and drink containers - to be cleaned with surface disinfection after each use, and thoroughly at the end of trips
   16.8.4. Change to disposable ponchos, or guest to be allocated their own poncho for duration of stay and industrial clean after each use
   16.8.5. Food service protocols e.g., separate portions/snack packs, disposable cups, and utensils (Section 13), as well as distancing and sanitising and surface cleaning apply.
   16.8.6. The passenger seat next to the guide can be utilised.
   16.8.7. Unconnected individuals should have empty seats between them.
16.9. Other Vehicle Considerations

16.9.1. On-board toilets should be closed on short trips. If on-board toilets are open, they should be thoroughly cleaned with surface sanitiser every two hours. Sanitiser must be provided inside and passengers (and staff) must be asked to wipe taps, and handles after use, as well as sanitise hands after they complete wiping.

16.9.2. In larger vehicles, drivers and guides to use a megaphone or quietvox system to communicate with passengers to avoid turning, shouting etc., and to enable them to be heard through Perspex or similar protective shields.

16.9.3. All vehicles should have clear entry and exit areas, with passengers to avoid turning, shouting etc., and to enable them to be heard through Perspex or similar protective shields.

16.9.4. Disposable headrests should be replaced after each trip or re-usable washable headrests used.

16.9.5. Bus and coach air-conditioners can be modified to include HEPA air purifiers (similar to plane systems), which will reduce the ability of the virus to circulate inside the vehicle.

16.9.6. In smaller vehicles, open windows can be encouraged when weather permits, to allow air circulation.

16.9.7. The vehicle industry may set up or utilise certified “Central COVID-19 Sanitisation Centres” for vehicles which will offer third party deep decontamination for vehicles.

17. STAFF PROCEDURES & STAFF AREAS

17.1. Staff Areas & Rosters

17.1.1. Staff areas are just as important for sanitising and physical spacing as public areas.

17.1.2. In order to manage staff teams, and address PPE requirements and allocation of staff to shifts, businesses should identify working areas and rank them as high, moderate and low risk areas based on the type of job/activities and levels of contact with GVPCs and other staff.

17.1.3. At risk staff members, i.e., those who are older or have co-morbidity conditions, should be given special consideration. Rosters can be adjusted so older/compromised staff work in low risk areas, or on reduced shifts and there should be enhanced standard operating procedures for at risk workers including more PPE such as visors.

17.1.4. For accommodation establishments, consideration can be given to having staff stay in hotels to avoid public transport risks. Rosters can also take into consideration staff travelling at non-peak times to reduce public transport risks.

17.1.5. Staff should be allocated to separate shifts or shift teams per area or function and changes to teams should be avoided. This allows for mitigation if a staff member tests positive, as only one staff team will be required to isolate. Staff in teams should work, eat and arrive separately so there is no cross-contamination between teams.

17.1.6. Shifts may be staggered slightly (e.g., 10-minute intervals) to avoid queues at staff entrances and congestion in locker rooms/changing rooms, and to stagger mealtimes. Locker/change room times should be scheduled to allow for smaller groups at any one time in the rooms.

17.1.7. A similar increase in sanitising and surface cleaning in all staff areas as in public areas is required, plus the same schedules for completion to indicate sanitising has occurred. Any scanners – e.g., fingerprint scanners, clocking-in machines etc., must be wiped frequently as part of the surface-sanitising schedule or disabled. Lockers also need to be sanitised after each shift by each staff member before they leave. There must be adequate facilities for the washing of hands with soap and clean water and only paper towels should be provided in staff ablutions for drying hands.

17.2. Staff must hand sanitise or wash hands before and immediately after entering the work premises or vehicle, after changing into uniforms, after using lockers and frequently while on shift, particularly after touching items or surfaces.

17.3. Staff uniforms may be reduced in complexity and limited to simple items, for instance caps, scarves and ties can be omitted.

17.4. Correct uniform change and uniform laundry procedures must be followed. Staff who care for their own uniform or work clothes at home, need to be trained and assisted to sanitise uniforms correctly. If possible, it is preferable that uniforms be cleaned at an in-house or outsourced laundry, where they can be properly cleaned on deep high temperature cycles and steam press or heat ironed.

17.5. Staff kitchens, canteens, and bathrooms must be operated under the same hygiene, sanitising and spacing standards as guest restaurants (see sections 12, 13 and 14). Similarly, the same standards will apply to service elevators as guest elevators.

17.6. Staff Arrival and Screening

17.6.1. It is important to ensure that additional staff information is recorded and kept up-to-date.
18. OFFICE STAFF

18.1. Most of the staff procedures and PPE requirements apply to offices.

18.2. As with office based staff in other industries, if people can work from home this will be encouraged as far as possible.

18.3. Office staff shifts will be staggered and teams/shifts reduced to limit the number of staff in offices.

18.4. Desks and chairs will be removed, spaced apart or taped off to ensure proper distancing and spacing, with Perspex or similar shields used to separate facing workstations and nearby workstations if required. Superfluous items will be removed from desks to limit surfaces and items for sanitising.

18.5. Regular hand sanitising for all employees and regular sanitisation of surfaces (as per section 11.6) will be implemented and no-touch refuse bins will be used for all waste and for sanitising wipes.

18.6. Where equipment e.g. headsets, PCs, desks, telephones are used, these will be dedicated to one staff member and there will be no hot-desking.

18.7. All operations, i.e. consultations/bookings/enquiries, will be by telephone or on-line with no walk-ins.

18.8. Ventilation will be maximised via windows or air-conditioning.

18.9. The DoEL guidelines for offices being work-place ready in the COVID era will be followed.

19. STANDARD PROCEDURES FOR GVPC & STAFF WITH COVID-19 SYMPTOMS

19.1. The operations must have at hand and available the telephone numbers of the health authorities, medical centres, general practitioners, public and private hospitals, testing centres and services to be used and must have determined which facilities (temporary or overnight) will be used for staff or GVPCs requiring quarantine of isolation.

19.2. All staff should be aware of basic procedures, but a senior staff member on duty should, at all times, be tasked with managing the response to a guest or staff member with a high temperature, COVID-19 symptoms, or a positive test result.

19.3. As far as possible, prompt testing for both staff and GVPCs should occur, as full knowledge of COVID-19 status assists in ensuring the correct steps are taken as soon as possible, as well as allowing non-COVID-19 positive staff, teams, GVPC and GVPC groups to continue business as normal.

19.4. GVPCs – On arrival (before check-in/pick-up etc.)

19.4.1. If a GVPC has symptoms on arrival before checking-in, before pick-up etc., they should be asked to return home where possible, and asked to contact their healthcare professional and self-isolate and monitor their symptoms. This is unless symptoms are already severe, in which case a medical professional should be consulted immediately.
19.4.2. In the case where they are not in their own vehicle, they should be assisted to organise appropriate safe transport where possible. Any vehicle used to transport them should be deep cleaned afterwards.

19.4.3. If they cannot for any reason (i.e., they are not in their hometown) return home, then they must be moved to a designated COVID-19 holding room/sick bay or a designated COVID-19 hotel room. The GVPC with suspected COVID-19 should be provided with a FFP1 surgical mask.

19.4.4. In the case of the hotel, they can be checked-in. In the case of transport, restaurant, casino or attraction, if they are already checked-in at an accommodation facility in the area, they should, with consultation with the establishment, be returned to that facility for isolation and monitoring. Any vehicle used to transport them should be deep cleaned afterwards.

19.4.5. If they are due to check-in that evening, the accommodation establishment concerned must be contacted and asked if they have a self-isolation or quarantine room which the GVPC can check-in to. If not, they should be assisted to move into an identified quarantine of self-isolation accommodation establishment concerned, an outside service provider can be used to ensure effective decontamination.

19.5. Monitoring of GVPC with Symptoms

19.5.1. Where possible, GVPCs with symptoms should stay in a room that has further reduction of softs and reduced moveables/surfaces and be served by designated, low-risk, staff only with additional PPE e.g. visors or other eye protection, gowns gloves (discarded after each contact) used.

19.5.2. The GVPC will be required to isolate, i.e., not participate in activities, take meals in their room, etc. Temperature should be recorded three times a day. If symptoms are severe, worsen or persist more than one day, a medical professional should be consulted.

19.5.3. Based on the medical professional’s recommendation the GVPCs should either be:

- Referred for a COVID-19 test
- Examined (in room, or using safe transport to a GP) by a GP
- Recommended to continue self-isolating – with or without medication
- Referred directly to a hospital for admission

19.5.4. Diagram 1 below, depicts the above and the steps to be taken thereafter.

19.5.5. Guests in isolation should preferably be in designated rooms, single occupancy and no shared bathrooms.

19.5.6. Rooms and vehicles used for transport of or accommodating for suspected or confirmed COVID-19 cases and areas known to have been utilised by the GVPC concerned, should undergo a decontamination deep clean. Where confirmed cases are COVID-19 cases when these present.

19.6. Monitoring Staff with Symptoms

19.6.1. If feasible, when a business re-opens, all staff should be tested for COVID-19 and for COVID-19 antibodies before returning to work. Any staff members who test positive cannot return to work until they have isolated for 14 days (as per the procedure for staff who are positive – please see Diagram 2 below). If staff have antibodies this should be noted on their file and they can be considered lower risk, and possibly assigned to care for potential COVID-19 cases when these present.

19.6.2. Any staff member with a temperature or showing COVID-19 symptoms must not work and must be asked to self-isolate. If the worker is already at work, the staff member should immediately be isolated and provided with a FFP1 surgical mask. If they show symptoms before a shift they should not start and should not enter the premises.

19.6.3. Where practical, staff should self-isolate at
home, with regular check-ins on progress and status from a HR/COVID-19 senior person from the business. Businesses may support suspected COVID-19 staff with accommodation provision in their own designated isolation rooms preferably on one floor or in one block, or with isolation accommodation sourced for this purpose. If the staff member will not be isolated on the premises, then transport should be arranged for the staff member to be transported in a manner that does not place other workers or members of the public at risk, either to be self-isolated or for a medical examination or testing.

19.6.4. The senior manager on duty responsible for COVID-19 health and safety must be involved in the decision and processes to deal with any staff member showing symptoms at any stage.

19.6.5. Staff members with symptoms should be monitored as per the Diagram 2 below. The business should assist and advise the staff member when to seek medical support. Testing should be done wherever possible to confirm status.

19.6.6. Where a staff member is confirmed positive to have COVID-19, all staff on that members’ shift team must self-isolate for 14 days. In the event that testing becomes widely and easily available, all such staff members should be tested. COVID-19 free staff, or staff who have isolated for 14 days can return to work. In addition, the DoH and the DoEL must be informed.

19.6.7. The business must investigate the compliance with protocols related to the employees’ work role and place, and identify whether there were failings or gaps that need to be addressed and review its risk assessment to ensure that the necessary controls and PPE requirements are in place.

**DIAGRAM 1: PROCEDURE FOR GVPC WITH COVID-19 SYMPTOMS**

- **GVPC shows COVID-19 symptoms or has a temperature of >38°C**
  - Yes
    - **GVPC has severe symptoms or high risk medical status or travel history**
      - No
        - Is GVPC in home town or city?
          - Yes
            - GVPC to return home – assist as required if no own transport
          - No
            - GVPC to return to or check into accommodation & isolate in room
        - No
          - GVPC symptoms become severe, worsen, or last more than two days
            - Yes
              - Consult medical professional, share medical data and travel history
              - Referred to check-in to medical facility
              - Referred for COVID-19 test
              - Referred for GP examination
            - No
              - Continue to self-isolate with/without medication
              - Refer to self-isolate with/without medication
              - Monitor symptoms 2 days - persist/worsen
              - Identify staff & shift teams that were in contact with GVPC & isolate
              - Follow medical advice and rejoin activities, cont. trip after 14 days elapsed/as advised
              - Wait till 14 days elapsed since symptoms
              - Rejoin activities/continue trip
  - No
    - Is GVPC in home town or city?
      - Yes
        - GVPC to return home – assist as required if no own transport
      - No
        - GVPC to return to or check into accommodation & isolate in room

- **Consult medical professional, share medical data and travel history**
- **Referred to check-in to medical facility**
- **Referred for COVID-19 test**
- **Referred for GP examination**
- **Continue self-isolation with/without medication**
- **Monitor symptoms 2 days - persist/worsen**
- **Identify staff & shift teams that were in contact with GVPC & isolate**
- **Follow medical advice and rejoin activities, cont. trip after 14 days elapsed/as advised**
- **Wait till 14 days elapsed since symptoms**
- **Rejoin activities/continue trip**
20. SPECIAL AREAS

20.1. Goods Receiving/Loading Bays

20.1.1. Delivery people on the premises should be kept to a minimum. Less suppliers, less supplier deliveries and drivers and less off-loading staff entering the premises limits COVID-a9 transmission risks.

20.1.2. Runners/off-loading members of your own staff are preferable to handle deliveries.

20.1.3. Staff members manning the loading and off-loading should wear shoe protection/gum boots, protective boiler suits or gowns, and wash hands frequently between and before and after each delivery or offload.

20.1.4. All goods must be fully sanitised at a station at the loading bay before entering the stores and refrigerators and spray sanitisers are recommended.

20.1.5. The entire area, and all its surfaces should be sanitisised at regular intervals.

20.1.6. Vendors should be advised on how you will accept goods and how their staff should arrive with necessary protective gear.

20.1.7. Any supplier who enters any business premises must have their temperature checked, be screened for COVID-19 symptoms, be entered into a register of visitors and undergo sanitising in an identical procedure to staff and must wear a face mask.

20.2. In-House Laundry

20.2.1. All staff working in in-house laundries must be trained on COVID-19, using Diagram 3 below for on-premise laundry below.

20.2.2. Before entering the laundry, any laundry attendant must ensure that their hands are washed properly and then sanitised.

20.2.3. Laundry attendants must dress in PPE:

- Gloves
- Mask
- Boiler suit
- Shoe coverings are optional

20.2.4. Before any equipment is used, or on opening the laundry in the morning, a laundry attendant must sanitise and wipe down all surfaces. It is important that the washing machine doors inside, outside and the door handle is sanitised. The ironer is to be sanitised avoiding the belts. The tumble dryer is to be sanitised.

CONTINUED...
20.2.5. The soiled linen trolley must be washed with soap and water and then sanitised
20.2.6. The soiled linen received from the rooms in bags is to be opened one bag at a time and sorted into towelling and linen. Do not open all bags at once but only enough to fill the washing machines
20.2.7. The soiled linen is then placed in the washing machine and washed at the correct setting and temperature. There are to be no short cuts and the laundry attendant must be made aware to use the correct setting and not bypass any wash process
20.2.8. Whilst the linen is being washed, the soiled linen bins are to be washed and sanitised. Bins used for soiled linen may NOT be used for clean linen
20.2.9. Whilst the washing process is taking place, the linen attendant should wash and sanitise the floor with a disinfectant
20.2.10. When the wash process is finished, the linen attendant must remove PPE and place the gloves, mask and shoe covering into a bio-hazard box, and the overall into a laundry bag for washing. A new clean mask should be put on

20.2.11. Only once all potentially contaminated PPE is removed and hands washed and sanitised, may the laundry attendant open the washing machine and proceed to place the clean linen into clean and sanitised laundry bins to be transferred to the tumble dryer or ironer for drying and ironing
20.2.12. It is suggested that linen changes are not all on the same day to avoid back log in the laundry
20.2.13. The washing machine area is a PPE ZONE all other areas are non-PPE ZONES and under no circumstances may the linen attendant enter a non-PPE zone wearing contaminated PPE
20.2.14. It is suggested that the floor is painted or marked with tape to identity PPE zone/dirty linen zone and the clean linen/reduced PPE zone. If PPE is worn into the clean linen area cross contamination is very possible
20.2.15. Clean linen and towels are then placed in the clean linen store
20.2.16. After all washing, ironing and folding is complete the laundry is to be sanitised working from the far section of the laundry to the exit door. A bucket of disinfectant and bleach is to be placed at the door to sanitise the mops and cloths at the end of the shift

**DIAGRAM 3: ON-PREMISE LAUNDRY**

**BEFORE ENTERING THE LAUNDRY**

<table>
<thead>
<tr>
<th>TRAINING</th>
<th>DETERGENTS</th>
<th>HYGIENE</th>
</tr>
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<tbody>
<tr>
<td><strong>All staff working in the laundry must</strong> be trained in COVID-19 by General Manager or Executive Housekeeper. Training registers to be kept.</td>
<td><strong>Check sufficient detergents are available. All wash processes must include:</strong></td>
<td><strong>Before entering the laundry, the laundry attendant is to ensure that their hands are washed and sanitised using the techniques as per the training.</strong></td>
</tr>
</tbody>
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**ENTERING THE LAUNDRY**

- **RECEIVING / SORTING & WASHING OF LINEN**
  - Soiled linen received in plastic bags, to be opened one bag at a time and sorted into towelling & linen. Do not open all bags at once, but only enough to fill the washing machine.

- **CLEANING SOILED LINEN BINS & SURFACES**
  - While linen is being washed, soiled linen bins must be washed and sanitised. Bins used for soiled linen may not be used for clean linen.

- **PPE ZONE**
  - **PPE ZONE**: Washing machine area is a PPE zone, all other areas non-PPE zones, and under no circumstances may an attendant enter a non-PPE zone with contaminated PPE. It is suggested that the floor is painted or marked with tape to identify PPE zone.

- **REMOVAL OF PPE & SANITISE**
  - **When the wash process is finished, the laundry attendant must remove the PPE and place in a bio-hazard box, and the overall into a laundry bag for washing.**

**SURFACE CLEANING**

- **Laundry attendant to mix a cap of bleach with water in trigger spray bottle.**
- **Attendant to spray mixture onto a blue cloth and wipe down all surfaces.**
- **Important that the washing machine doors inside, outside, and door handles are sanitised.**
- **Ironer sanitised avoiding the belts.**
- **Tumble dryer to be sanitised.**

**REMOVAL OF WASHING & LINEN CHANGES**

- **Only once PPE removed may attendant open the washing machine and proceed to place the clean linen into clean and sanitised laundry bins to be transferred to the tumble dryer/ironer.**
- **It is suggested that linen changes are not all on the same day to avoid backlog in the laundry as per example:**
  - 1st Floor - Monday
  - 2nd Floor - Tuesday
  - 3rd Floor - Wednesday

**STORAGE & COMPLETION**

- **Clean linen and towels then placed in the clean linen store.**
- **After all washing, ironing and folding is complete, the laundry is to be sanitised, working from the far section of the laundry to the exit door.**
- **A bucket of disinfectant and bleach is to be placed at the door to sanitise the mops and cloths at the end of the shift.**
20.3. Outsourced Laundry
20.3.1 All off-premise laundries are to guarantee to industry partners that they are compliant in terms of SANS 10146 by way of a letter to various partners on request.

20.4. Conferences & Functions
20.4.1 It is likely that the holding of conferences and functions will be subject to regulations with respect to holding any events and the size of events
20.4.2 In the event that meetings, conferences and functions, of any size, can be held, the extensive WHO guidelines, which include a comprehensive risk assessment framework will be used. It has a template with eight areas of risk mitigation and 49 possible risk mitigation steps in total, which enables detailed risk mitigation strategies to be developed.

20.5. Gyms, Spas, Shops & Kids Play Areas
20.5.1 Spas
• Spas will only operate when regulations allow, i.e. as per public spas, beauticians, hairdressers etc.
• Initially operation of non-contact options may be possible, i.e. saunas, steam rooms, etc. but with all hygiene, sanitising and spacing protocols applied
• Staff PPE will include gloves, discarded after each treatment
• Extra precautions to be implemented:
  • Treatment rooms and nail stations must be sanitized at the start of the day and after each treatment, replacing all linens with freshly laundered items
  • The number of blankets, towels etc in use to be minimized to reduce surfaces, and maximise use of disposable paper or similar coverings for beds and seats
  • Spa linens to be replaced after each treatment and washed, and paper towels replace any shared towels
  • Spa linen will be washed either by a professional laundry that adheres to SANS 10146 or on premise following the guidelines as set out above, all Spa linen will be washed at a minimum of 70 degrees using the correct detergents
  • Change rooms, lockers, and keys will be cleaned and sanitised after every guest use
  • Bathrobe and towels will be placed in the lockers on demand only, ensuring unconnected guest are using 2 meters spaced lockers
  • Therapists will wear face masks and protective visors dependant on the treatment
    • Between each treatment all non-porous tools will be cleaned with soap and warm water and then all tools will be sprayed with disinfectant spray
    • Spacing between Manicure and Pedicure workstations in line with the social distancing guidelines of 1.5 meters
    • Guests must shower before each body treatment/service
    • Treatments will be assessed and certain treatments such as facials may be temporarily discontinued

20.5.2 Shops
• Shops can operate, but it is suggested to reduce stock on display where possible to reduce surfaces. All other protocols must be observed

20.5.3 Gyms
• Gyms will be closed until regulations allow gyms to operate
• Establishments should consider providing alternatives, i.e., running or walking routes, identifying steps for exercise etc.

20.5.4 Kids Play Areas & Games rooms
• These will be closed, or open with limited static equipment which is spaced. Staff must be on hand to clean equipment frequently

20.5.5 Other
• Theatres, night clubs, child minding facilities, bars etc will be closed until social distancing measures can be implemented and aligned to prescribed regulations
20.6. Attractions

20.6.1. Attractions includes, but is not limited to theme parks, amusement parks, water parks, family entertainment centres, zoos, aquariums, museums, science centres, nature and game reserves, national parks and other entertainment and cultural attractions. Many attractions function in the same way as larger stores, and following all the GVPC recording, sanitising and hygiene, spacing, PPE etc., protocols, can allow safe operation. Similarly, shop and food-service protocols can be followed where these apply.

20.6.2. Attractions must reduce or manage capacity to allow for appropriate social distancing and seating positions in rides and attractions will be controlled by employees.

20.6.3. Exposure time in attractions is limited as guests generally move throughout their experience and are not sitting in a single location for an extended period and a large percentage of attraction attendance is made up of family members and others who live in the same home and thus do not need to be physically distanced from each other.

20.6.4. The extra protocols that attractions will put in place are:

- Where possible advance bookings will be taken to manage capacity.
- Where advance bookings are not possible, attractions may create limited timed entry tickets e.g. morning vs afternoon.
- Attractions may institute a one way system through their venue to increase and maintain physical distancing.
- Queue management will be practiced where required.
- Low touch and contactless payments will be facilitated where possible.
- Some areas and some attractions may not open if minimum physical distancing measures are not able to be put in place.
- Some touch elements of interactive attractions may be disabled, or sanitising wipes will be made available for staff or GVPCs to wipe the touch screens or buttons.

20.6.5. Enclosed and confined attractions: e.g. funiculars, cable cars, wheels and escape rooms:

- Clear markings on the floor for physical distancing measures.
- Sanitisation between trips.

20.6.6. In smaller cabins family groups to be seated together only.

20.7. Guided Activities

20.7.1. Adventure activities generally take place in outdoor environments and can be carried out safely with the above protocols, provided the following conditions are also adhered to:

20.7.2. Safety Equipment

- All safety equipment used during the activity shall be thoroughly cleaned and sanitized after every use.

20.7.3. Staff PPE

- Activity guides are to wear face masks at all times.
**ANNEXURES**

1. **GVPC DECLARATION FORMS**
   1.1. **GUEST INFORMATION FORM**

   **COVID-19 - GUEST INFORMATION FORM**

   We appreciate that we are asking for more detailed information than usual. This information is to ensure we can address appropriately any risks should you or one of our guests or staff become ill with suspected COVID-19, and to ensure that in such an event, the required contact tracing can be carried out. All information provided will only be shared with authorised persons.

   **NOTE:** As per the regulations to the Disaster Management Act, 2002 published on 17 March 2020, any person who intentionally -
   1. Misrepresents that he/she/any other person is infected with COVID-19 is guilty of an offence and on conviction can be fined and/or imprisoned (for up to 6 months).
   2. Exposes another person to COVID-19 may be prosecuted for an offence, including assault, attempted murder or murder.

   **GUEST DETAILS**

<table>
<thead>
<tr>
<th>NAME</th>
<th>SURNAME</th>
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<tbody>
<tr>
<td>ID / PASSPORT NUMBER</td>
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<td>CONTACT TEL NUMBER - CELL</td>
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<td>EMAIL ADDRESS</td>
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<td>COUNTRY / PLACE / TOWN OF RESIDENCE</td>
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<td>EMERGENCY CONTACT NAME (Not travelling with you)</td>
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<tr>
<td>Surname &amp; Number</td>
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   **GENERAL HEALTH QUESTIONS**

   1. Please rate your overall fitness level on a score of 1 - 5 where 1 = unfit, 5 = very fit, 3 is average fitness & 1 = unfit?

   2. Do you suffer from any of the following chronic ailments?:

   - Diabetes: YES / NO
   - Cardiovascular disease: YES / NO
   - Hypertension: YES / NO

   3. Are you a smoker or have recently quit smoking? YES / NO

   4. Are you?

   - Under 65 years
   - 65 - 70 years old
   - 70 - 85 years old
   - 85+ years old

   5. Do you have any physical impairments? Please indicate:

   - YES / NO

   6. Have you travelled internationally in the last 30 days?

   - YES / NO

   If yes:
   - a. Which country(s) have you visited?
   - b. If SA Resident, which country did you return to SA from?

   7. In the last 14 days, to your knowledge, have you been in close contact with anyone who tested positive for COVID-19, or is in quarantine, or is awaiting a COVID-19 test result? YES / NO

   8. Are you awaiting test results of a COVID-19 test? YES / NO

   9. Do you have travel insurance which covers your medical and quarantine and isolation costs in the event you come into contact with COVID-19 positive people or contract COVID-19? (For international visitors only) YES / NO

   **GUEST SIGNATURE**

   **DATE**

   **TRIP & DAILY HEALTH**

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   *Minimum one daily temperature required
COVID-19 - GUEST INFORMATION FORM (Attraction / Restaurant / Activity)

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OFFICIAL USE

ENTRY TIME:          TABLE NO (If applicable):   DATE:   
STAFF MEMBER NAME:                           STAFF SIGNATURE

CLEARED TO CHECK IN  YES / NO
NAME OF OPERATOR:    SIGNATURE OF OPERATOR:   

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TOURISM BUSINESS COUNCIL
OF SOUTH AFRICA


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By using the Protocols, the User agrees that the limitations of liability set out in this Disclaimer are fair and reasonable.

Without prejudice to the above the User further agrees that the limitations of liability stipulated in this Disclaimer will protect, and inure for the benefit of, the TBCSA, its directors, officers, employees and agents from any liability whatsoever.

Signed electronically

TSHIFHIWA TSHIVHENGWA
Chief Executive Officer

31 May 2020
DATE