



Dear Valued Partners

Since the recent outbreak of the Coronavirus (COVID19) across the world & its catastrophic impact on the tourism industry, here to inform you that Pickalbatros Hotels followed the below instructions in order to secure our properties as well as our valued guests

Valued partners,

Our partnership along previous years leads us to take such action in order to overcome this ordeal together of these hard times as much as we can

Thank you for your constant collaboration always shown towards Pickalbatros.

Stay Safe,

PICKALBATROS HOTELS

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**Regional Sales & Marketing Office**

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## **Pickalbatros management establishment adopt a responsible attitude to address the health threat of COVID-19.**

### **Management team**

Pickalbatros Hotel management of the establishment Had adopted a responsible attitude to address the health threat of COVID-19.

#### **1. Action plan**

Pickalbatros already had a consultation with local health authority, Hotel, Restaurant, Catering, and Tourism administration and industry associations and we establish an action plan tailored to the situation and implement it in accordance with the recommendations of local and national public health authorities with the aim to prevent cases, effectively manage cases, and mitigate impact among clients and staff, including cleaning and disinfection of rooms occupied by ill persons.

we will have updated our plan, which may incorporate teleworking, and when necessary as a consequence of new guidance, procedures, or regulations issued by the pertinent authorities.

#### **2. Mobilization of resources**

Pickalbatros Management Team had make sufficient human and economic resources available to ensure that the action plan can be implemented rapidly and effectively. The action plan also includes the provision of equipment and procedures, developed in collaboration with local health authorities, for the management of suspected case(s) and their possible contacts.

#### **3. Supervision**

The implementation of the action plan and the effectiveness of the measures undertaken had evaluated frequently to verify compliance, identify and correct gaps, and adapt the plan to practical experience. A Crisis Team involving members of each relevant department will support Management in the implementation of the action plan and timely identification of required adjustments. they also will alert to any unusual rise in worker absenteeism, especially those due to acute respiratory infections, possibly caused by COVID-19.

#### **4. Logbook of actions**

we already created a logbook to keep all the important actions and measures will be carried out and to record them in enough detail (e.g. including date and time a disinfectant was used, by whom, where, etc.). This logbook can be used to improve the actions implemented.

#### **5. Communication**

we keep Communication maintained between Management and staff, including through the managers in charge of the different departments, in order to pre- define an information policy for guests as well as to rapidly

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provide and obtain information on incidents that may arise in the establishment and to know the status of the situation at all times. Providing guidelines to the staff on how they should communicate the action plan to guests and other stakeholders can ensure alignment consistency. we believe that the Short documents or informative posters we already print it can amplify the key messages among guests and staff, including the promotion of hand-washing (at least 20 seconds, all parts of the hand), respiratory hygiene, and coughing etiquette. we have a Official leaflets on basic hygiene practice and COVID-19, in different languages, could be useful information tools.

- Also we will have an up-to-date list of the contact information of the staff, including emergency telephone numbers.

## **6. Training and information**

Pickalbatros Management informed all staffs of the measures to be adopted and the measures that could protect their health and that of others, including the recommendation to stay home and seek medical attention if they have respiratory symptoms, such as coughing or shortness of breath. also our Management had organized information briefings that cover all the basic protective measures against COVID-19 and the signs and symptoms of the disease. we prepare all Training needed for specific procedures.

## **Reception desk**

### **1. Information and communication**

All The team young with a perfect health conditions.

Reception desk staff will take all necessary precautions, including physical distancing.

Official, up-to-date

All information will be available about travel to and from countries or areas where COVID-19 is spreading.

- All Reception Desk staff familiar with the room occupancy policy for accompanying persons in the event of a suspected case of COVID-19.

- All staff will keep informed with The latest definition of suspected case of COVID-19 on WHO website. The reception desk has all telephone numbers of the health authorities, medical centers, public and private hospitals, and assistance centers so they can use whenever there is the possibility that a guest may be ill.

### **2. Necessary equipment and medical kit reception desk**

All our reception desk has a medical kit that includes the following items:

- Germicidal disinfectant/wipes for surface cleaning Tissues.
- Face/eye masks (separate or combined, face shield, goggles).
- Gloves (disposable)
- Protective apron (disposable) - - Full-length long-sleeved gown Biohazard disposable waste bag

### **3. Social distancing measures, hand cleaning, and respiratory hygiene**

Social distancing measures, together with frequent hand hygiene and respiratory etiquette, are the main measures to prevent transmission of COVID-19. Although it is probable that guests are already familiar with these measures, we will keep reminded them as a form of hospitality.

- Social distancing includes refraining from hugging, kissing, or shaking hands with guests as well as among staff. It involves maintaining a distance of at least 1 m (3 ft.) and avoiding anyone who is coughing or sneezing.

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- Hand hygiene means regularly and thoroughly cleaning hands with an alcohol-based hand rub or washing them with soap and water. Also avoid touching eyes, nose, and mouth. Hand disinfection is indicated after exchanging objects (money, credit cards) with guests.
- Respiratory etiquette means covering mouth and nose with bent elbow or tissue when coughing or sneezing. The used tissue should be disposed of immediately in a bin with a lid.

#### **4. Monitoring of guests who are possibly ill**

Reception staff will note all relevant incidents that come to their knowledge, such as requests for doctor's visits. This information will aid guests through appropriate advice, facilitating early detection, and rapid management of suspected cases with local health authorities

- all our reception staff will treat all this information with discretion, leaving it up to the management and to medical services to evaluate the situation and make appropriate decisions.

### **Technical and maintenance services**

#### **1. Water disinfection**

We will keep maintain the concentration of disinfectant in water for consumption and in pools or spas within the limits recommended according to international norms and standards, at the upper limits of the range.

#### **2. Dishwashing and laundry equipment**

The proper functioning of the dishwashing and laundry equipment had been checked, particularly the operating temperatures, as well as the correct dosage of cleaning and disinfecting chemicals.

#### **3. Air-conditioning**

- we will be monitoring the condition of filters and maintaining the proper replacement rate of indoor air. The proper functioning of ventilation, air exchange, and dehumidification equipment of covered pools will be checked

#### **4. Dispensers**

Regular checks had be carried out to ensure the proper functioning of soap and disinfectant solution dispensers, hand dryers, disposable tissue dispensers, and other similar devices. Defective units already rapidly.

- we already installing units to dispense disinfectant gel in the different areas of the hotel, including the public restrooms to use by guests and by staff, and other areas of interest (e.g. entrance to the dining hall, restaurants, and bars).

### **Restaurants, breakfast and dining rooms and bars**

#### **1. Information and communication**

Restaurants, breakfast, and dining room and bar staff will perform personal hygiene (frequent regular handwashing, cough hygiene) as strictly as possible.

Guests will be reminded when entering and leaving the restaurant, breakfast, or dining room to disinfect their hands with disinfectant gel, located at the entrance to those facilities.

#### **2. Buffets and drinks machines**

At the buffets, we will be sure that all our guests will avoid handling food by their hands And we will be sure from change tongs and ladles more frequently, we will keep these items in separate containers. we will Clean and disinfect the buffet surfaces after each service.

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The coffee machines, soda machines, and others, in particular the parts more in contact with the hands of users, will be cleaned and disinfected at least after each service and more often if necessary.

### **3. Washing dishes, silverware, and table linen**

The usual procedures will be used. All dishes, silverware, and glassware will be washed and disinfected in a dishwashing machine, including items that have not been used, as they might have been in contact with the hands of guests or staff.

- in case of a manual washing is required, the usual steps will be followed (wash, disinfect, rinse), taking the maximum level of precautions. Drying will be carried out using disposable paper towels. Likewise, tablecloths and napkins will be washed in the usual manner.

### **4. Table setting**

we will have a maximum of 4 persons for 10 square meters. Tables will be arranged such that the distance from the back of one chair to the back of another chair will be more than 1 m apart and that guests face each other from a distance of at least 1 m.

## **Recreational areas for children**

. The hotel chef animation Which responsible for children will be vigilant for any signs of respiratory disease and he will immediately inform the child's parents and the management of such circumstance. Depending on the local context, including the number of children and we will follow all the instruction from national health authorities, consideration will be given to closing the recreational areas for children. In any case, special cleaning and disinfection protocols will be applied to these facilities.

## **Cleaning and housekeeping**

### **1. Cleaning and disinfection**

enhanced hygiene services be. Special consideration will be given to the application of cleaning and disinfection measures in common areas (restrooms, halls, corridors, lifts, etc.) as a general preventive measure during the entire COVID-19 epidemic. Special attention will be given to objects that are frequently touched such as handles, elevator buttons, handrails, switches, doorknobs, etc. Cleaning staff will be instructed accordingly.

As part of the tourism accommodation establishment action plan for COVID-19, there will be a special cleaning and disinfection plan for situations in which there are sick guests or employees staying at the establishment or identified with COVID-19 within a few days after leaving the establishment. Written recommendations for enhanced cleaning and disinfection will describe the enhanced operating procedures for cleaning, managing solid waste, and for wearing personal protective equipment (PPE).

The following will be implemented for rooms or specific areas exposed to COVID-19 cases:

Operational considerations for COVID-19 management in the accommodation sector: Interim guidance

- Any surfaces that become soiled with respiratory secretions or other body fluids of the ill person (Any surfaces that become soiled with respiratory secretions or other body fluids of the ill person(s), e.g. toilet, hand washing basins, and baths will be cleaned with a regular household disinfectant solution containing 0.1% sodium hypochlorite (that is, equivalent to 1000 ppm). Surfaces will be rinsed with clean water after 10 minutes' contact time for chlorine. Surfaces will be rinsed with clean water after sufficient contact time for the chlorine.), e.g. toilet, hand washing basins, and baths will be cleaned with a regular household disinfectant solution containing

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0.1% sodium hypochlorite (that is, equivalent to 1000 ppm). Surfaces will be rinsed with clean water after 10 minutes' contact time for chlorine. Surfaces will be rinsed with clean water after sufficient contact time for the chlorine.

- all Surfaces will be rinsed with clean water after sufficient contact time for the chlorine. We will arrange additional training for the Service staff in the preparation, handling, application, and storage of these products, mostly bleach, which may be at a higher concentration than usual.
- -Service staff well trained in the preparation, handling, application, and storage of these products, mostly bleach, which may be at a higher concentration than usual. The cleaning staff should know how to make sure the bleach is not disintegrated and how to rinse it off after 10 minutes.
- When use of bleach is not suitable, e.g. telephone, remote control equipment, door handlings, buttons in the elevator, etc. then alcohol 70% could be used.
- Whenever possible, we will use only disposable cleaning materials. Discard any cleaning equipment made of cloths and absorbent materials, e.g. mop head and wiping cloths. When pertinent, disinfect properly non-porous cleaning materials with 0.5% sodium hypochlorite solution or according to manufacturer's instructions before using for other rooms.
- All textiles, linens, and clothes will be put in special, marked laundry bags and handled carefully to prevent raising dust, with consequent potential contamination of surrounding surfaces or people.
- All Instructions will be given for washing them in hot cycles (70°C or more) with the usual detergents.
- All used items Will be handled appropriately to mitigate the risk of potential transmission. Disposable items (hand towels, gloves, masks, tissues) also will be placed in a container with a lid and disposed of according to the hotel action plan and national regulations for waste management.
- All public areas cleaned and disinfected.
- All cleaning crews had been trained on use of PPE and hand hygiene immediately after removing the PPE, and when cleaning and disinfection work is completed.
- All rooms and common areas will be ventilated daily.

## **2. Monitoring of sick guests.**

- Housekeeping and cleaning staff Will inform the management or the reception desk of any pertinent incidents, including possibly sick guests in their rooms.

Also They will treat all this information with discretion.

management or the reception desk of any pertinent incidents, including possibly sick guests in their rooms. They Will treat all this information with discretion.

## **3. Availability of materials**

Cleaning staff will be trained on the use of and provided with:

- Gloves
- Disposable gowns
- Closed shoes
- If doing procedures that generate splashes (e.g. while washing surfaces), add facial protection with a face shield and impermeable aprons.

-They will also have access to sufficient disinfectant solutions and other supplies.

## **4. Optional housekeeping programmers**

- All programmers where guests can voluntarily forego housekeeping services Will be suspended in the service of maximizing health and safety of hotel staff and guests alike.

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## Handling COVID-19 cases in hotels and tourism accommodation establishments: -

### **1. General recommendations**

If a guest or staff develops symptoms of acute respiratory infection, efforts will immediately be made to minimize contact of the ill person with all guests and staff of the establishment. Reception or other hotel staff should follow the procedures in the action plan for the situation when a guest develops signs and symptoms indicative of COVID-19.

- Separate the ill person from the other persons by at least 2m (6ft).
- If the situation requires and the ill person is not transferred to a medical establishment, Management shall consider relevant measures that the ill person is taken care of in an adequate way. This might include the need for the potential designation of one member of the staff, who is sufficiently trained in infection prevention and control, and the policies and measures for the staff should the staff develop symptoms following the service of an ill person.
- If possible, designate one bathroom for use only by the ill person.
- Request the ill person to wear a medical mask and practice respiratory hygiene when coughing and sneezing. If the medical mask cannot be tolerated by the ill person, provide tissues to cover mouth and discard the tissue immediately into a biohazard disposal waste bag. If no biohazard disposal waste bag is available, place it into an intact plastic bag, seal it, and consider it "biohazard" waste; wash hands with soap and water or alcohol-based hand rub.
- In case the ill person cannot wear a mask, direct contact with the ill person should be avoided unless wearing at least disposable gown, gloves, a mask, and eye protection.
- When attending to an ill guest or staff coming from an affected area who displays fever, persistent cough, or difficulty breathing, always use additional protective equipment (provided in the Universal Precaution Kit), including mask, eye protection, gloves, and a gown.
- Remove PPE carefully to avoid contaminating yourself. Remove first gloves and gown, do hand hygiene; next remove the mask and eye protection, and immediately wash hands with soap and water or alcohol-based hand rub.
- Properly dispose of gloves and other disposable items that had contact with the ill person's body fluids in biohazard bag or a secured plastic bag, which will be considered as "biohazard" waste.

### **2-Case of an affected worker**

If a member of the staff reports respiratory symptoms, the worker must immediately stop work and seek medical assistance. The staff should stay isolated in a suitable room while the medical services are being notified. The symptomatic worker should be provided with disposable tissues and a mask that should be worn when other persons are present or when having to go out to common areas. Staff who report from home that they are ill with respiratory symptoms should be advised to stay at home and seek medical attention.

-Staff who report from home that they have been diagnosed with COVID-19 should follow the instructions received from the doctor, including the recommendation of self-isolation at home until the symptoms have completely disappeared (Note: For a COVID-19 patient to go through a mild form of the disease and fully recover takes about one month).

### **3. Case of an affected guest**

If the person affected is a guest of the tourism accommodation establishment, continued stay of the sick person in the establishment is not recommended. The person can be isolated in a room on a temporary basis until the intervention of local health authorities, and provided the room is not shared with other guests. No visitors should be permitted to enter the room occupied by the affected guest.

Depending on the availability of rooms, accompanying persons, if any, should be moved to a different room. Measures for the management of contacts can be referred to WHO interim guidance on [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

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### **Hotel and tourism accommodation establishment staff taking part in the evacuation of a suspected case:**

- In order to minimize the risk of contaminating other guests or members of the staff, symptomatic guests should leave the hotel according to instructions from the management of the establishment and local health authority. Symptomatic guest will be assessed for their condition and, if they fulfil the definition of a suspected case, they will be transferred to a designated health care facility.
- Management of the possible contacts of the sick guest should take place in accordance with instructions from the local public health authority. The local health authority should rapidly update the regional or national health authority on the outcome of examinations and if further actions must be taken.
- Staff involved in the transportation of the suspected case should apply infection prevention and control practices according to WHO guidance.<sup>2</sup> They should routinely perform hand hygiene and wear a medical mask, eye protection, gloves, and gown when loading suspected COVID-19 patients for transport in the ambulance. They should ensure that they clean their hands before putting on PPE and after removing it.
- If more than one suspected case is being transported, personnel and health personnel should change their PPE between each patient to avoid possible cross-contamination between suspected, but not confirmed, cases of COVID-19. They should dispose of the used PPE appropriately in containers with a lid in accordance with the hotel action plan and national regulations for infectious waste.
- The driver of the ambulance should stay separated from the cases. No protection is required if a tight physical separation exists between the driver and the suspected case. If possible, the driver should not be involved in loading the patient into the ambulance. If assisting with the loading of the suspected COVID-19 patient the driver should wear PPE, including a mask, gloves, gown, and eye protection.
- Ambulance or transport vehicles should be cleaned and disinfected with special attention to the areas in contact with the suspected case. Cleaning should be done with regular household disinfectant solution containing 0.5% sodium hypochlorite (i.e. equivalent 5.000 ppm chlorine or 1 part of household bleach containing 5% of sodium hypochlorite to 99 parts of water). After the bleach has been allowed to remain in contact with the surface for at least 1 minute, it may be rinsed off with clean water. As an alternative to bleach, ambulances may use hospital-grade disinfectant products according to manufacturer's guidelines.
- The hotel management should provide access to services for cleaning and disinfection of the room occupied by the sick person in accordance with action plan, following the cleaning and disinfection protocols for rooms with cases. In case that this is not possible, the on-duty housekeeper should be instructed to clean and disinfect the room occupied by the sick person, following the cleaning and disinfection protocols for rooms with cases and observing personal protective measures.
  - If there is no other option but to keep a sick guest suspected of COVID-19, with mild symptoms, self-isolation in the room should be considered. Doctor's visits should be carried out in the sick person's room whenever possible, avoiding the need for the patient to go to the doctor's office.
  - A sick guest who is suspected of COVID-19 should stay in an individual room, except in the case of children or persons requiring caretakers. The sick person should not receive visitors, or if they do, visits should be limited to what is strictly necessary. The guest should receive food in the room. Sick persons should not share a bathroom with other persons, and neither should they share towels, blankets, or any type of clothing with their caretakers.
  - Caretakers must adopt strict precautionary measures, including wearing PPE, whenever they come close to or has direct contact with the sick person. The room should then be organized to allow for proper dressing of PPE and, in a separate area, for disposal of used/contaminated PPE.
  - The doctor in charge of the case should provide relatives and accompanying persons with information regarding the infection control measures they should adopt.
  - Only one person should be in charge of caring for the sick person. Pregnant women or other persons with high risk of developing severe disease caused by COVID-19 should not serve as caretakers.

Caretakers should self-monitor for the appearance of symptoms, especially fever and cough, and receive medical attention if such symptoms appear.

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The clothing of the sick patient, as well as the linen of the room he or she occupies, should be washed following the usual procedures. As a precautionary measure, these items should be stored and transported in sealed bags.

Note: The management of the hotel and tourism accommodation establishment has no authority to force sick guests to temporarily remain in their room or to prevent them from receiving visits from other guests.

#### **4. Identification and management of contacts**

Identification of contacts should begin immediately after a suspected case has been identified in the establishment.

WHO defines a contact as a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case: -

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
- Direct physical contact with a probable or confirmed case;
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
- Other situations as indicated by local risk - assessments 3.

- In the context of a hotel and tourism accommodation establishment, a contact could be considered as:

- Guest companions or persons providing care who had close contact with the suspected case;
- The staff member designated to look after the ill persons, and other staff members who may have been in close contact with the ill persons or the facilities they use (e.g. bathroom) or their usual articles (e.g. used linen and clothes).

If the severity of the symptoms or numerous movements of the case(s) indicate more extensive exposure in the establishment, a more thorough assessment should be done together with the local health authorities.

WHO recommends that all contacts of COVID-19 patients be quarantined for 14 days from the last time they were exposed to the patient.<sup>4</sup> If a contact develops symptoms, the contact should wear a medical mask, considered as suspect case, and treated as such.

Other guest and staff who do not meet the definition of a contact may be considered as having low-risk exposure and may be advised to implement precautionary measures. These precautionary measures can be modified and adapted to the risk assessments conducted by the public health authorities.

#### **5. Non-affected guests**

Non-affected guests are persons considered to have had a low-risk exposure. They should be provided with information about the disease, its transmission, and preventive measures. They should be asked to self-monitor for COVID-19 symptoms, including fever, cough, or difficulty breathing for 14 days from the date of departure of the confirmed case from the establishment. Should they develop symptoms indicative of COVID-19 within 14 days, they should be asked to immediately self-isolate and contact local health services.

#### **6. Suppliers of goods and services**

Contractors and suppliers of goods and services should follow safe systems of work and also have systems in place for the prevention of the spread of COVID-19.

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