Public Health Interventions to prevent COVID-19 Transmission in the Tourism Sector

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1. Introduction

On 11th March 2020, The World Health Organization declared the COVID-19 outbreak a global pandemic. Globally there have been 605,7853 confirmed cases of COVID-19, including 371,166 deaths as of 1st June 2020. Maldives reported its first case of Covid-19 on 7th March 2020. A public health emergency has been declared in the country since 12th of March 2020. As of 1st June 2020, Maldives had reported 1829 confirmed cases of COVID-19 with 6 deaths.

In response to the pandemic, the government of Maldives imposed travel restrictions from various countries that were affected by the disease. Arrivals from China was banned on 4th February and by the third week of March, arrivals from affected regions of South Korea, Italy, Iran, Bangladesh, affected areas of Germany and France, Spain, Malaysia and United Kingdom was in effect. From 27th March Maldives suspended on-arrival visas to visitors. Currently there are no tourist arrivals to Maldives and several resort establishments are being used as quarantine and isolation facilities.

Maldives has been swift in its response to the COVID-19 pandemic. Early implementation of a partial lockdown and other public health measures namely; early detection, isolation and treatment of positive cases, extensive contact tracing and quarantine of contacts has prevented an exponential rise in the number of cases. Cases requiring hospital admissions have been few and mortality from COVID-19 has remained extremely low since the start of the epidemic.

Maldives is heavily reliant on the tourism industry with one third of the total government revenue based on the tourism sector. As a result of the restrictive public health measures taken to curb the COVID-19 epidemic, the tourism industry has essentially come to a standstill.

A careful strategy is required to enable the tourism industry to restart and thrive while ensuring the safety of tourists and staff working in the industry during the pandemic. In this crucial stage of reopening the tourism industry, strict compliance to public health measures is of utmost importance.

It is known that people infected with COVID-19 can transmit the virus before the development of symptoms. It is also possible that people who remain asymptomatic throughout the course
of the disease could transmit infection. The available diagnostic tests such as RT-PCR and antibody-based tests have limitations in their diagnostic utility to rule out COVID-19 infection. Furthermore, currently there is no conclusive evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection. Hence public health measures need to be implemented and observed to reduce the spread of COVID-19 infection.

This document provides a guidance on public health measures to reduce the risk of transmission of COVID-19 in the tourism sector. The guideline will be revised periodically as per epidemic trends.

2. Objectives

- To ensure safety of guests as well as staff at tourist establishments during the COVID-19 pandemic
- To reopen the tourism industry and revive the economy
- To establish a mechanism to quickly identify COVID suspects and quarantine or isolate them effectively and prevent a total lockdown of the resort
- To strengthen the medical service for managing acutely ill COVID patients and to engage in surveillance and monitoring for emergence of COVID
3. Mandatory requirements for reopening a tourist resort

- A COVID Safe plan in accordance with this guideline of Health Protection Agency (HPA) must be in place.
- Every resort must have a COVID task force. The task force could include representatives from key areas (functions) of the resort including medical personal. Task force will make key policies, implement public health measures, coordinate with HPA, respond to a suspected case of COVID, initiate contact tracing etc. A COVID safety officer should be appointed from the task force to oversee that COVID safe policy and guidelines are implemented in the resort. The COVID safety officers’ information should be shared with HPA for HPA to coordinate with.
- Designated rooms for isolation must be available for guests and staff.
- Personal protective equipment (PPE) must be available at the resort.
- Protocols for managing COVID suspects, COVID positive patients and high-risk contacts must be in place.
- Relevant staff must be trained in implementing COVID protocols.
- All staff must be oriented regarding the COVID safe plan of the resort.
- The resort must have a medical clinic which meets the standards set forth by Ministry of Health.
- The resort must have a medical officer and a nurse who are oriented on the protocols of COVID-19 management and COVID safe plan of the resort.

3.1. Requirements to allow tourists to enter the country during the COVID-19 pandemic

Tourists are not required to produce a certificate or test result indicative of negative status for COVID-19 prior to entry into Maldives.

3.2. Mandatory restrictions on travel within Maldives for tourists during the COVID-19 pandemic

Tourists must observe the existing HPA rules and regulations on restrictions on inter island travel. Ministry of Tourism should continuously update and inform the tourist establishments regarding the travel restrictions imposed by HPA.
3.3. Mandatory restrictions on inter-island travel for staff during the COVID-19 pandemic

Resort staff must observe the existing HPA rules and regulations on restrictions on inter-island travel.

3.4. Requirement for tourists to inform the resort if he/she tests positive for COVID-19 upon return from Maldives

For the purpose of COVID-19 surveillance and contact tracing and to enable identifying contacts of a positive case, it is important that the returning tourists inform the resort if they test positive for COVID-19 within 14 days of departure from the resort. The resort should immediately report to HPA regarding the case. The tourists should be instructed by the resort regarding this reporting requirement.
4. Entry in to Maldives and public health interventions at airport

4.1. Prior to travel to Maldives

- Persons who have a history of contact with a suspected or confirmed case of COVID-19 within the past 14 days and/or persons who have fever or respiratory symptoms such as cough, sore throat, shortness of breath within the past 14 days should not travel to Maldives.

4.2. Airline (during the flight)

- All passengers must fill the health declaration form. (Refer to COVID-19, International Border Health, response guideline for the points of entry)
- As per border health and aviation procedure, if a passenger has fever, cough or shortness of breath on board the flight it must be informed to HPA

4.3. At the airport arrival terminal

- All arriving passengers must wear masks.
- Physical distancing should be ensured.
- Hand sanitization should be done at entry to the arrival terminal.
- All arriving passengers must undergo thermal screening at the arrival terminal.
- Encourage all tourists to install the contact tracing app “TraceEkee”.

4.3.1. Procedure for managing an arrival tourist who is symptomatic

- If any arriving tourist is detected to have fever OR reports fever or respiratory symptoms on health declaration form (such as cough, shortness of breath, sore throat or runny nose) OR reports being sick irrespective of symptoms, the tourist must be examined by the doctor at the medical screening area. If patients’ symptoms are compatible with COVID-19, the medical officer will take the tourists sample (nasopharyngeal and oropharyngeal swab) for PCR testing for COVID-19. The sample will be transported to a designated laboratory for testing. The tourist must be sent to a designated facility for isolation. (see Annex. 1). Isolation could be done at the tourists’ destination resort (depending on the resorts policy) or at a designated transit facility until the results of the PCR test.
If the result of the PCR test is positive, the tourist may continue isolation at the resort (depending on the resorts policy) or will be transferred to a designated state-run isolation facility. The duration of isolation period will be at least 3 days without symptoms AND 14 days after symptom onset. Upon completion of this isolation period, the patient will be released.

If the result of the PCR test is negative, the tourist will be released from isolation. In the case of negative PCR test in a tourist who is isolated temporarily at a transit facility, he/she will be released from isolation and may travel to the destination resort. Although released from isolation, a symptomatic tourist must wear a mask when going out of the room, observe physical distancing measures and must avoid public gatherings such as going to the restaurant until 48 hours after resolution of symptoms.

4.3.2. Procedure for managing contacts of a symptomatic arrival tourist

- Contact tracing should be done for any arrival tourist who is a suspected case of COVID-19, to identify passengers who were close contacts of the suspected case during the flight and during the journey. Contact tracing will be initiated by the border health staff of HPA. If a close contact is identified, HPA will inform the tourist to self-quarantine until the result of the PCR test for COVID-19 of the suspected case is available.

- If the contact is identified at the airport, the contact can be allowed to travel to his/her destination resort and self-quarantine at the resort room (depending on resort policy). Alternatively, the contact may be quarantined at a designated transit facility. A tourist who is identified as a close contact of a suspected case should not embark on to a safari. He/she will be quarantined at a designated transit facility until the result of the PCR test for COVID-19 of the suspected case is available.

- Contacts will be managed as given below depending on the results of the PCR test of the suspected case: (see Annex 2).
  - If the PCR result of the suspected case is positive, the contact must undergo a PCR test for COVID-19. If this PCR test result is positive, the contact will be managed as a confirmed case of COVID-19 (see section 4.3.1 and Annex 1). If this PCR test result is negative, the contact will have to undergo quarantine for a period of 14-
days from the date of last exposure to the case. During this quarantine period, if he/she develops symptoms, a PCR test must be done. If he/she remains asymptomatic during the quarantine period, a PCR test will be done upon completion of the quarantine period and the contact will be released if the result of this test is negative.

- If the PCR result of the suspected case is negative, the contact will be released from quarantine and no restrictive measures will be taken regarding the contact.

4.3.3. Procedure for managing an arrival tourist who gives history of contact with a confirmed case of COVID-19

- Any arrival tourist who has a history of contact with a confirmed case of COVID-19 within 14 days prior to arrival (as per passenger health declaration card), must be examined by the doctor at airport clinic and a sample should be taken for PCR for COVID-19 testing. (see Annex 3)
- If the person is symptomatic, he/she will be managed as a suspected case of COVID-19 (see section 4.3.1)
- If asymptomatic, the tourist can be transferred to a designated transit facility until results of COVID test OR can be transferred to the tourists’ destination resort for quarantine (depending on the resorts’ policy).

- If the result of the COVID test is negative, the tourist will be quarantined for 14 days from the date of last exposure. Quarantine can be done at the tourists resort room. If the person develops symptoms any time during this period, PCR test should be repeated. If person remains asymptomatic, do PCR testing upon completion of the quarantine period and release from quarantine if test result is Negative.
- If the result of the COVID test is positive, the patient will be transferred to a designated isolation facility or can continue isolation at patients resort room (depending on resorts’ policy). Duration of isolation will be for 14 days from the date of the COVID test.
4.4. Customs/Immigration

- Airport staff who directly deal with tourists should wear masks and work clothes.
- Security check agents who perform body checks and staff who will in close contact (less than 1 metre distance without a barrier) with passengers and tourists should wear face shields in addition to their masks.
- Work clothes should be changed at the end of the shift prior to returning home from work.
- Staff should perform frequent hand sanitization.
- Counters at the airport which serve the tourists should have glass/plastic partition.
- All visitors must wear mask while going through immigration procedures.
- Ensure physical distancing at queues.
- Floor markings could be used to help ensure physical distancing.
- Hand sanitizers/hand washing facility must be made available at different locations.
- Health education materials such as posters, electronic displays should be present at the airports to display public health messages about COVID-19.

4.5. Luggage handling

- Luggage handling staff should wear masks and work clothes. Reusable heavy-duty gloves could be worn if there is a risk of physical hazards during loading and unloading the baggage.
- After luggage handling, staff should perform hand washing with soap and water or use hand sanitizer. If reusable gloves are used, wash the gloves with soap and water and dry the gloves well.
- Tourists and staff should maintain physical distancing at luggage belts.
- Floor markings at the luggage belts could help to ensure physical distancing.
- Used trolleys must be disinfected.
- Disinfected trolleys must be kept in an allocated area separate from used trolleys.
- Tourists should wash their hands or use hand sanitizers after handling trolleys and baggage.
4.6. Waiting lounges at the airport

- Seating arrangements should ensure a minimal distance of 1 meter between passengers.
- Waiting lounge area and high touch surfaces should be cleaned and disinfected at least every 4 hourly. (See Annex 4)
- Cushions for sofas and chairs should preferably be of a material that can be cleaned and disinfected easily.
- Tourists and staff must wear masks inside the lounge.
- Maintain physical distance when serving the guests.
- Hand sanitizers must be available at the lounge.
- Frequent hand washing must be practised by the staff.
- Foot operated covered and lined dustbins should be available for safe disposal of waste.
- Avoid keeping books, magazines etc which could get contaminated and be shared by guests.
- Health education material such as posters, electronic displays should be present at the lounge area to display public health messages about COVID-19.

4.7. Shops at the airport terminals

- Staff and customers should wear masks while inside the shops.
- Counters should have a glass or plastic barrier.
- Limit number of customers inside the shop to allow physical distancing.
- The number of customers which can be present inside the shop at any given time should be displayed outside the shop.
- Hand sanitizers should be available. Customers should be encouraged to sanitize their hands after entering and prior to exit from the shop.
- Customers should not touch an item unless he/she intends to buy it.
- Encourage cashless transactions.
- Cleaning and disinfection of frequently touched surfaces at least 4 hourly.
- Signage to remind guests about physical distancing, wearing masks and hand hygiene should be displayed inside the shops.
4.8. Restaurant/ Coffee shops at airport

- Hand sanitization at entry.
- Printed menus should be avoided at tables to avoid sharing of contaminated material.
- Self-service should not be allowed.
- Staff should wear masks and perform frequent hand hygiene and maintain physical distance when serving the guests.
- There should be adequate distancing between the tables (at least 1 meter).
- Seating arrangements at tables should ensure adequate physical distancing (1 meter).
- If table clothes are used, they should be changed after every group of customers.
- The restaurant/coffee shop premises, and all surfaces and food serving platforms, counters, to be cleaned before every shift. High touch surfaces should be cleaned and disinfected every 4 hourly.
- Should have good ventilation.
- Closed dustbins lined with double dustbin bags should be available for disposal of used tissues/masks etc.
- Sign boards/ posters to remind guests about physical distancing, hand hygiene, wearing masks at buffet should be displayed.

4.9. Pickup from the airport

- Airport representatives should wear masks and maintain adequate physical distancing when receiving and escorting tourists.
- They should observe frequent hand hygiene.
- Airport representatives based in Male area should not escort tourists to the resort.
- Airport representatives who are based in resorts should not escort tourists to Male.

4.10. Launch which transports tourists

- Seating capacity must be displayed on the launch.
- Crew of launch should wear masks and work clothes.
- Passengers should wear masks.
- Hand sanitizers should be available inside the launch.
• Tourists should sanitize their hands at the time of boarding the launch and disembarking.

• Cleaning and disinfection should be carried out after every journey. This should include surfaces as well as objects or equipment such as life jackets which came in contact with the passengers.

• Covered and lined dustbins should be present for safe disposal of waste.

4.11. Vehicles such as busses, vans and taxis which transport tourists

• Seating capacity must be displayed on the vehicle

• Driver should wear mask and work clothes. If the driver handles luggage, he should wash hands or use hand sanitizer after handling luggage.

• The vehicle should preferably have a separate driver compartment

• If there is no separate driver compartment, a transparent plastic sheet could be used to separate the driver and passenger compartments.

• Passengers should not be allowed in the driver compartment.

• All passengers should wear masks.

• Hand sanitizers should be available. Passengers should sanitize their hands before boarding the vehicle.

• Seating arrangements should ensure a minimal distance of 1 meter between passengers.

• Windows should be kept open to allow natural ventilation.

• Cleaning and disinfection should be carried out after each journey.

• Prior payments to be done where possible.

• Signage should be used to remind guests about physical distancing, wearing masks and hand hygiene.

4.12. Sea planes

• Ensure physical distancing at boarding queues.

• Cabin crew should wear adequate PPE (medical masks, face shield/goggles, work clothes). If attending to a sick patient, should wear gloves and gown in addition.
• Flight crew (pilots) should wear adequate PPE (medical masks and work clothes).
• Seating arrangements should be identified prior to boarding.
• A record of seating arrangements should be kept for every flight for the purpose of contact tracing.
• All passengers should wear masks.
• Sea planes should be cleaned and disinfected after each journey according to the recommended protocols.
• If sea plane crew need to transit in a resort overnight or in between journeys, they should stay in a designated room. They should not mix with the resort staff or tourists. Meals should be delivered to their rooms.

4.13. Transfer of symptomatic persons or close contacts by land transport
• There should be a dedicated vehicle such as an ambulance or a dedicated van to transport symptomatic persons (patients) and contacts. It is recommended to have a separate driver compartment which is sealed from the patient compartment. If the vehicle design does not allow such, make sure all windows are open for ventilation during transport.
• Prior to transporting patients or contacts, inform the relevant staff of the receiving facility regarding the transfer and inform regarding patient’s condition. If possible, give an estimated time of arrival.
• Transfer of patients should occur separately. If transporting multiple patients together, should keep physical distancing with 1-meter distance during seating.
• Transfer of contacts should occur separately. If transporting multiple persons together, should keep physical distancing with 1-meter distance during seating.
• Should NOT transport any other passengers during transport of patients or contacts.
• The vehicle should have alcohol-based hand sanitizer.
• The vehicle should have a closed bin lined with double bags for safe waste disposal.
• Patients and contacts must wear a medical mask. They should sanitize hands before boarding the vehicle.
• Optimize ventilation in vehicles during transport. Keep windows open if possible.
• **PPE for Driver:**
  
  I. If involved only in driving and the driver’s cabin is separated from the patient, the driver need not wear PPE. Driver should wear work clothes.
  
  II. If driver compartment is not separated from patient compartment but no direct contact with the patient, driver should wear medical mask and work clothes.
  
  III. If driver also assists with loading or unloading the patient, then should wear work clothes, gown, medical mask, disposable gloves, face shield/goggles, closed shoes or boots.
  
• **PPE for Health-care worker (HCWs) if accompanying the patient:** work clothes, gown, medical mask, disposable gloves, face shield/goggles, closed shoes.
  
• After transfer of the patient or contacts, staff should take off PPE as follows: Remove gloves and perform hand hygiene. b. Remove gown and perform hand hygiene. c. Remove eye protection and perform hand hygiene. d. Remove mask and perform hand hygiene.
  
• After transfer of the patient or patients contacts, clean and disinfect the vehicle and tools and equipment which came in contact.
  
• At the end of each shift, staff are recommended to perform IPC measures before leaving the workplace: handwashing; shower, if available and change into clean clothes before leaving for home or designated accommodation.

4.14. **Transfer of symptomatic persons or close contacts by sea. (e.g. launch)**

• Prior to transporting patients or contacts, inform the relevant staff of the receiving facility regarding the transfer and inform regarding patient’s condition. If possible, give an estimated time of arrival.
  
• Transfer of patients should occur separately. When transporting multiple patients together, should keep physical distancing with 1-meter distance during seating.
  
• Transfer of contacts should occur separately. If transporting multiple persons together, should keep physical distancing with 1-meter distance during seating.
• Should NOT transport any other passengers during transport of patients or contacts.
• Alcohol-based hand sanitizer should be available.
• Should have a closed bin lined with double bags for safe waste disposal.
• Patients and contacts must wear a medical mask. They should sanitize hands before boarding the launch.
• **PPE for transport crew:** work clothes, gown, medical mask, disposable gloves, face shield/goggles, closed shoes or boots.
• **PPE for Health-care worker (HCWs) if accompanying the patient:** work clothes, gown, medical mask, disposable gloves, face shield/goggles, closed shoes.
• After transfer of the patient or contacts, staff should take off PPE as follows: Remove gloves and perform hand hygiene. b. Remove gown and perform hand hygiene. c. Remove eye protection and perform hand hygiene. d. Remove mask and perform hand hygiene.
• After transfer of the patient or patients contacts, clean and disinfect the launch and tools and equipment which came in contact.
• At the end of each shift, staff are recommended to perform IPC measures before leaving the workplace: handwashing; shower, if available and change into clean clothes before leaving for home or designated accommodation.

4.15. **Transfer of symptomatic persons or close contacts by sea plane**
• Cabin crew should wear adequate PPE (medical masks, face shield/goggles, work clothes, gown or apron over the work clothes, gloves).
• Flight crew (pilots) should wear adequate PPE (medical masks and work clothes).
• Patient seating should be such that a distance of 6 feet is kept from other passengers.
• All the passengers should wear masks (unless any contraindication to wear masks)
• The flight should be cleaned and disinfected after each journey according to the recommended protocols.
• Loading and unloading of patients from the flight should be as per civil aviation rules.
4.16 Transfer of symptomatic persons or close contacts by domestic flight

- Cabin crew should wear adequate PPE (medical masks, face shield/goggles, work clothes, gown or apron over the work clothes, gloves).
- Flight crew (pilots) should wear adequate PPE (medical masks and work clothes).
- Patient seating should be such that a distance of 6 feet is kept from other passengers.
- All the passengers should wear masks (unless any contraindication to wear masks)
- The flight should be cleaned and disinfected after each journey according to the recommended protocols.
- Loading and unloading of patients from the flight should be as per civil aviation rules.
5. Public health interventions at Resorts

5.1. General advice on COVID safe behavior for tourists at resorts

- Tourists must wear masks/cloth face coverings in enclosed spaces and where physical distancing is not possible
- Follow respiratory etiquette. (Cover your mouth and nose when coughing or sneezing. Use tissues and dispose used tissues in to a closed dustbin and wash/sanitize your hands).
- Maintain hand hygiene.
- Maintain physical distance at all times.
- Recommended that tourists down load and use the contact tracing app “TraceEkee” to facilitate contact tracing.
- Recommended that guests check their temperature once a day. A non-contact thermometer (e.g. infrared fore head thermometer) could be provided to every guest room.
- Guests who have fever or any respiratory symptoms such as cough or shortness of breath or if they feel ill in any way, must isolate themselves in their room and report to guest service.

5.2. Receiving tourists at the resort

- Reduce the number of staff attending to receive the guests.
- Staff should wear masks and maintain physical distance.
- Tourists should maintain physical distancing, wear masks /cloth face covering where physical distancing is not possible.

5.3. Reception area

- Online checking and check out mechanism should be available at resorts.
- Promote cashless transactions.
- Keys should be disinfected before giving to the guest.
- Provide separate stationary for each tourist or tourists should sanitize their hands before and after using shared stationary.
• Staff should wash their hands with soap and water or use hand sanitizers after handling passports or documents of tourists.
• Counters and receptions located in enclosed areas should preferably have a glass/plastic barrier at the counter.
• Tourists should observe physical distancing while waiting at the reception area.
• Sign boards/posters to remind guests about physical distancing, wearing masks, hand hygiene should be displayed at guest reception areas.
• Reception area should be cleaned and disinfected at least twice a day. High touch surfaces should be cleaned and disinfected every 4 hourly.

5.4 Luggage handling at the resort
• Luggage handling staff should wear masks and work clothes.
• They should perform hand washing with soap and water or use hand sanitizer after handling the luggage.

5.5 Resort buggies
• Driver should wear masks.
• Families/persons staying together could be allowed on a buggy as a group.
• Seating capacity must be displayed on the buggies.
• Minimize number of passengers to allow for physical distancing.
• Clean and disinfect the seats and high touch surfaces after dropping each set of passengers.
• A dedicated set of buggies could be kept for transport of sick tourists or staff.

5.6 Bicycles, trolleys
Clean and disinfect the high touch surfaces after every use.

5.7 Restaurant/buffet/Coffee shops
• Guest should wash their hands/use hand sanitizer upon entering.
• Self-service should not be allowed. A staff can serve the customers at the buffet to avoid guests touching the items at the buffet.

• At the buffet, guests should wear masks and maintain 1-meter physical distance.

• Staff should wear masks when serving guests and perform frequent hand hygiene.

• Fixed allocation of tables for each room to reduce number of close contacts.

• There should be adequate distancing between the tables (at least 1 meter).

• Seating arrangements at tables should ensure adequate physical distancing (1 meter).

• Printed menus should be avoided at tables to avoid sharing of contaminated materials.

• Dining tables and chairs should be cleaned and disinfected after every use.

• If table clothes are used, they should be changed after every use.

• The restaurant premises, and all surfaces and food serving platforms, counters, to be cleaned and disinfected after every shift.

• Cushions for sofas and chairs should preferably be of a material that can be cleaned and disinfected.

• Should have good ventilation (preferably natural ventilation).

• Closed dustbins lined with dustbin bags should be available for disposal of used tissues/masks etc.

• Sign boards/ posters to remind guests about physical distancing, hand hygiene, wearing masks at buffet should be displayed at the restaurant area.

• A supervisor could ensure that not more than a specified number of guests could line up at the buffet. Supervisor should oversee that physical distancing, hand hygiene etc is followed by guests at the restaurant area.

5.8. Bar

• Guests should wash/sanitize their hands before entering the bar.

• Seating capacity must be displayed at the entrance.

• Use a wide counter to enable physical distancing between the serving staff and customer.

• Staff should wear masks and perform frequent hand hygiene.

• Seating arrangements at tables should ensure adequate physical distancing (1 meter).
• Tables and chairs should be cleaned after every use. High touch surfaces should be disinfected every 4 hourly.
• Cushions for sofas and chairs should preferably be of a material that can be cleaned and disinfected.
• Should have good ventilation (preferably natural ventilation).
• Closed dustbins lined with double dustbin bags should be available for disposal of used tissues/masks etc.
• To facilitate contact tracing, keep a record of customers using the service.
• Sign boards/posters to remind guests about physical distancing, wearing masks, hand hygiene should be displayed.

5.9. Spa/Saloon/Sauna
• Guests must have a prior booking for the service.
• Ask the guest regarding any fever or respiratory symptoms at the time of making the appointment.
• Guests having fever or respiratory symptoms must not use the service.
• Maximum capacity must be displayed at the entrance.
• Cleaning and disinfection should be done after each customer.
• Staff should wear masks. Perform frequent hygiene.

5.10. Gyms and sports complex
• Prior booking must be done to use the service. Ask the guest regarding any fever or respiratory symptoms at the time of making the booking.
• Reduce persons inside the gym to a specified number to allow for physical distancing.
• Guests having fever or respiratory symptoms must not use the service.
• Allocated time slots for sessions so that gym can be disinfected after each session.
• Equipment should be cleaned and disinfected after each customer.
• There should be adequate distance (at least 6 feet) between equipment’s to allow for physical distancing.
• Ensure good ventilation. If air conditioned, doors could be opened intermittently to allow for natural ventilation.
• To facilitate contact tracing, keep a daily register of customers using the gym.
• Sign boards/posters to remind guests about physical distancing, wearing masks, hand hygiene should be displayed.

5.11. Dive center

• Prior booking must be done to use this service. Ask the guest regarding any fever or respiratory symptoms at the time of making the booking. Symptomatic people should not be allowed to use this service.
• To allow physical distancing, non-diving family members and friends should be discouraged to enter the premises.
• All customers’ personal items, including clothing, towels and bathrobes should be stored in a way that avoids contact with common surfaces. Bags, boxes, containers etc could be used to store these items.
• Lockers should be disinfected if used by any customer.
• Customers may be encouraged to bring at least their own diving mask.
• Rental masks if used for fit-testing would require disinfection.
• Rental equipment should be disinfected as indicated, after each use, paying particular attention to regulators, buoyancy-controlled devices, snorkels and masks etc. After disinfection, keep the devices in closed bags for use later.
• Instruct customers not to touch the cylinder valve outlet or regulator inlet when assembling and disassembling their scuba unit.
• Divers should be reminded to avoid touching other divers’ equipment, especially those parts that come into close contact with the diver’s face and mouth.
• Both in case of emergency and when performing drills, it is recommended to use an alternative gas source and avoid donating the regulator from which the diver is breathing.
• Keep areas for returned rental equipment separate from areas where disinfected equipment is stored.
• Customers should be prevented from entering the area where disinfected equipment is stored. Bring the gear out to customers.

• Disinfect gear such as snorkelling gear, diving masks, tubing and mouth piece with 1:50 bleach solution. These objects should be completely immersed in the solution for at least 5 minutes for disinfection. Rinse after disinfection.

• In case of equipment used by a symptomatic person, they should be disinfected with 1:9 bleach solution.

• Avoid use of alcohol-based solutions for cleaning of cylinders or filling hoses used for oxygen enriched air as there is a risk of causing fire or explosion.

• The Dive Centre premises must be disinfected daily. Common areas such as changing rooms should be disinfected whenever used by different people.

• Sign boards/ posters to remind guests about physical distancing, wearing masks, hand hygiene should be displayed.

For further guidance refer to: COVID-19 AND DIVING OPERATIONS: 10 RECOMMENDATIONS ON RISK PREVENTION AND MITIGATION, Divers Alert Network, Europe.

5.12. Excursions, fishing trips.

• Existing inter-island travel restrictions must be followed; hence excursion trips should not pick tourists from multiple resorts.

• Crew of these excursions must be based in the resort.

• Symptomatic people should not be allowed onboard.

• During excursions and fishing trips minimize the number of persons on the trip to allow for adequate physical distancing.

• Ensure that physical distancing is maintained while on board including sitting arrangements inside the boats.

• Wear masks in enclosed spaces.

• Avoid taking any unnecessary material on board that is not required.

• Avoid sharing equipment and food items during trips.

• Soap and water / hand sanitisers should be available on board.

• Surfaces and equipment should be cleaned and disinfected after every trip.
5.13. House keeping

- Staff entering the rooms of guests to clean the room and change the linen must wear masks, work clothes, disposable or reusable (washable) apron over the work clothes, gloves and closed shoes. If cleaning the room of a quarantined or isolated person, a face shield must be worn in addition.
- The doors and windows should be kept open when cleaning, to allow for good ventilation.
- Gloves and aprons must be changed every time before entering a different room.
- Staff should not carry dirty clothes against their bodies.
- Used linen should not be shaken aggressively. They should be slowly folded and placed in laundry bags or laundry hamper.
- Cleaning and disinfection of the rooms should also include frequently touched objects such as doorknobs and door bars, chairs, armrests, table tops, light switches, water taps, telephones, wardrobes, TV remotes, reading lamps etc., should be done in addition.
- Clean surfaces first with detergent or soap and water (or a cleaning product), then rinse with water followed by application of disinfectant.
- Dilute bleach solution or EPA registered disinfectants against enveloped viruses/SARS-CoV-2 should be used for disinfection.
- 70% Alcohol can be used to wipe surfaces where the use of bleach is not suitable, e.g. metal surfaces (any other disinfectants found to be effective against coronavirus may be used as per manufacturer’s instructions).
- After every guest checks out, the room must be properly cleaned and disinfected.
- Before entering to clean the room of a suspected or confirmed case of COVID-19, keep the doors and windows open for minimum of 1 hour for proper ventilation.
- Mop heads and fabric used for cleaning should be soaked for 10 minutes in soap/detergent solution in hot water (at 60 – 90 degrees C) and washed and rinsed well.
- Utility gloves should be washed with soap and water and dried after work.
- Disposable products should be properly disposed of after use.
• After completion of the cleaning procedure, remove gloves and wash hands with soap and water for at least 20 seconds. The staff should avoid touching eyes, nose and mouth with unwashed hands.

5.14. Laundry

• Laundry staff must wear masks, work clothes, disposable or reusable (washable) apron over the work clothes, utility gloves and closed shoes. If entering the room of a quarantined or isolated person, a face shield must be worn in addition.
• When collecting linen from guest rooms, dirty linen from a symptomatic person or COVID-19 patient should be gently folded and placed in a leak-proof bag and labelled as “infectious linen”.
• Do not shake dirty laundry.
• Dirty linen from a suspected or positive case for COVID-19 can be washed together with other laundry. (infectious laundry need not be washed separately).
• Wash all linen and clothes with laundry detergent/soap in hot water (60-90°C) and dry well.
• The laundry from symptomatic or COVID-19 patients can be dried according to routine procedures.

5.15. Swimming pool

• Guests having fever or respiratory symptoms must not use the service.
• Establish a maximum number of people allowed in the pool facility at one time.
• Slots of pool time should be reserved with limited number of people for each slot.
• Establish schedules for intermittent cleaning and disinfection of swimming pool and pool area.
• Pool users should take shower before using the pool.
• Sign boards/ posters to remind guests about physical distancing while inside the pool, entering and exiting the pool.
• Keep a separate area for guests to put their used towels.

5.16. Beach and sea sports

• Encourage physical distancing measures through public notices displayed at the beach area.
• Chairs placed at the beach should be kept spaced out to allow physical distancing.
• Discourage contact sports at the beach.
• Chairs and other such surfaces should be frequently cleaned and disinfected.
• Closed, lined dustbins should be available for disposal of used tissues/masks etc.

5.17. Day care facility
• As it is difficult to ensure physical distancing, children living together in the same room could be taken together.
• A larger space with physically separate areas should be used if separate groups of children are to be kept at the day care.
• A register of persons who use the facility should be kept to facilitate contact tracing.
• Encourage phone booking. Ask regarding any respiratory symptoms or fever at the time of the booking.
• Symptomatic children should not be allowed.
• Temperature screening of kids should be done before entry.
• Hand washing/use of hand sanitizers before entry and prior to leaving the day care.
• Avoid keeping items such as story books etc which are likely to be shared and difficult to disinfect.
• Toys that are shared should be disinfected between each use.
• Premises should be cleaned and disinfected after session or group.
• Baby sitters should not be allowed to visit the rooms.
• Staff should wear masks.
• Any symptomatic staff should not attend work.

5.18. Kids zones
• Symptomatic children should not be allowed.
• Activities likely to cause crowding should be avoided.
• Encourage to use open spaces.
• Regular cleaning and disinfection of the premises.
5.19. Shops

- Mandatory for staff and customers to wear masks.
- Counters should have a glass or plastic barrier.
- Limit number of customers inside the shop to allow physical distancing.
- The number of customers which can be present inside the shop at any given time should be displayed outside the shop.
- Hand sanitizers should be available. Customers should be encouraged to sanitize their hands after entering and prior to exit from the shop.
- Customer should not touch an item unless he/she intends to buy it.
- Encourage cashless transactions.
- Cleaning and disinfection of frequently touched surfaces.
- Sign boards/posters to remind guests about physical distancing, wearing masks, hand hygiene should be displayed at guest reception areas.

5.20. Waste disposal

- Used masks, gloves and other waste must be discarded in closed dustbins lined with a water proof bag. Waste bins at quarantine and isolation rooms must be lined with double bags.
- When the dustbin is 2/3rd full the bags must be sealed well to be disposed.
- Waste from a room where a person is quarantined or isolated must be labelled as “infectious waste”.
- Waste holding area must have a separate place allocated for infectious waste until they can be disposed by incineration.
- If facility for incineration is not available at the resort, infectious waste could be kept sealed for 3 days. There after they can be disposed along with other normal waste. Waste can be considered non-infectious for COVID-19 after a period of 3 days.
- Waste disposal personal must wear appropriate PPE (mask, work clothes, disposable or reusable (washable) apron, heavy duty gloves, closed shoes.

5.21. Bands and other groups which perform at resorts.

- They must follow the existing inter island travel restrictions.
• If they travel to the resort from an island where COVID-19 is not known to exist, they would not require to undergo quarantine in the resort, however if they travel back to the island, they will require to undergo a 14-day period of quarantine in the island.

5.22. Departure from the resort

• Tourists will have to undergo an exit screening prior to departure from the resort. This is to ensure that a symptomatic person or a person in quarantine does not exit the resort and travel.

• The exit screening questionnaire should document any history of fever or respiratory symptoms such as cough or shortness of breath within the prior 14 days. It should be ensured that the guest is not under quarantine or isolation. Temperature should be checked to exclude fever. (See Annex 5).

• A tourist who is under quarantine or isolation should not be allowed to exit the resort.

• Routine testing for COVID-19 is not required prior to departure, however during exit screening if any tourist is found to have fever or symptoms suggestive of COVID-19 within the prior 14 days, they should undergo PCR testing for COVID19. (See section 8.)

• If a tourist’s home country requires a COVID-19 test result for immigration purpose, such testing should be facilitated by the resort prior to the guest’s departure. The guest should inform the resort management of this requirement so that it can be arranged by the resort management within the required time frame.
6. Public health interventions for staff at resorts

6.1. General advice on COVID safe measures for staff

- Staff must report to HR if they have fever or cough or shortness of breath.
- If a staff has fever or respiratory symptoms, he/she must self-isolate until attended by the medical staff.
- Follow respiratory etiquette.
- Maintain hand hygiene.
- Familiarize with COVID SAFE plan of the resort.
- Maintain physical distance at all times.
- Staff must download and use the contact tracing app “TraceEkee” for easy contact tracing.
- Limit the number of contacts you meet.
- At the work place limit your close contacts to personnel from your department.
- Reduce the number of circumstances where close contacts can be created.
- Temperature must be checked for every staff, when they report for duty. Any staff who has fever or respiratory symptoms should be informed to the medical clinic and should be isolated.
- Staff older than 60 years and those with severe medical conditions should be exempted from work or should be transferred to a safer environment where the occupational risk of exposure to COVID-19 is low.

6.2. Staff accommodation

- Staff accommodation quarters should meet the requirements of Ministry of Economic Development.
- Staff from separate departments could be accommodated at separate accommodations as they have different levels of risk of exposure.
- Where feasible, in sharing accommodation, consideration should be given for adequate physical distancing.
- Staff who are accommodated together should minimize mixing with other staff to reduce contacts.
• Hand washing facility/ hand sanitizers should be available in accommodation quarters/rooms.
• Personal items should not be shared.
• Accommodation quarters and rooms should be cleaned and disinfected daily.
• Closed lined dustbins should be available for safe waste disposal.

6.3. Staff who arrive from abroad and intends to stay on the resort

• Staff who arrive from abroad does not require home quarantine if they travel directly to the resort from airport.

6.4. Staff travel between islands

• Staff must follow the existing HPA rules and regulations regarding restrictions on inter-island travel.
• Regular staff whose work is based in the resort must not be allowed to travel daily back and forth for work between their resident islands and the resort. They should be provided a fixed accommodation at the resort.
• If a staff travels to a resort from an island where COVID-19 is known to exist, they must undergo a 14-day period of quarantine at the resort followed by testing for COVID-19.
• If a staff travels from the resort to an island where COVID-19 is not known to exist, they must undergo a 14-days period of quarantine at the resort prior to exit or undergo quarantine for 14 days upon arrival to the island. The quarantine period should be followed by testing for COVID-19.

6.5. Workers who are hired to the resort from neighboring islands who require to travel daily between their resident island and the resort.

• The current situation does not allow workers to travel between island and resorts. The daily travel between these islands will carry a significant risk of transmission of COVID-19 between the resorts and islands.
6.6. Workers who are hired for short term works

- These workers (such as engineers, electricians, health care workers etc) who may have to travel from greater Male region or from islands to the resort for an important task, may be exempted from quarantine provided that the resort can ensure that adequate measures are taken to reduce the risk of exposure for these persons.
- They may be allowed to stay for 3 days on the resort to complete the work.
- Wearing masks is mandatory for these workers and they must maintain physical distancing.
- The resort must ensure that these workers do not come in close contact with tourists or staff.
- They must stay in a single room accommodation.

6.7. Staff Toilets

- Toilets should be cleaned and disinfected at least daily. Disinfection can be done with diluted bleach solution (1-part bleach to 49 parts of water).
- Proper hand hygiene with soap and water every time after using the toilet.
- Close the toilet lids when flushing.
- Provide adequate hand washing facilities including soap, disposable paper towels and lidded rubbish bins.

6.8. Mess room

- Where feasible, staff who share a common accommodation could sit together at the mess room. Seating distancing should be at least 1 meter.
- Hand washing facility should be available. Staff should perform hand washing on entering the mess room.
- Tables and chairs should be cleaned and disinfected after every meal time.
- Should have good ventilation (preferably natural ventilation).
- Closed, lined dustbins should be available for disposal of used tissues.
6.9. Staff recreation

- Encourage outdoor exercises.
- Team sports competitions should not be allowed.

6.10. Meetings and trainings

- Online meetings should be preferred.
- If meeting or training is conducted in an office space, there should be adequate physical distancing (at least 1 meter) and staff should wear masks (disposable or cloth masks).
- There should be adequate ventilation. If air-conditioned room, doors/ windows can be opened intermittently.
- Hand sanitizers should be available.
- Avoid sharing stationary and other items.
- Meeting rooms should be cleaned and disinfected after conducting the meeting.
7. **Recommendations for resort clinic**

A medical clinic is mandatory for every resort under the Health Services Act 29/2015 (Article 7 (b)).

7.1. **Infrastructure of the clinic**

The clinic area should comprise of:

- Donning and doffing area
- Consultation room
- Observation room
- Procedure room
- Waiting room
- Store
- An area or cabinet to keep essential medicines
- Toilet

7.2. **Human resources**

The clinic must have a medical officer and a nurse.

7.3. **Requirements for the medical professionals**

- Clinic should be registered under Ministry of Health
- The doctor should be registered at the Maldives Medical and Dental Council
- The nurse should be registered at the Maldives Nursing and Midwifery Council
- Doctors and nurses should possess a valid practicing licence.
- Expatriate doctors and nurses should have a proper orientation from the Ministry of Health before they start their service
7.4. Requirements for the clinic

- A list of medical services provided by the clinic (e.g. consultation, wound dressings, wound suturing etc) with prices should be displayed in the clinic.
- Proper record keeping: A daily record of patients consulted (resort staff and guests) should be kept (computerized record or manual register). Details should include name of patient, complaints, diagnosis and medications dispensed.
- Clinic prescription: Could be an online or manual prescription. The chief complaints as well as patient’s examination findings should be documented in addition to the diagnosis and treatment given. The clinic should file the copies of these documents for a definite period of time. This is for the purpose of evaluation of case management by the Ministry of Health should it be required.
- Important forms required by the Ministry of Health or HPA should be present in the clinic.
  - Communicable disease notification forms - All notifiable diseases should be notified using the communicable diseases notification forms to the atoll hospital as mandated by HPA regulations.
  - Medico-legal forms.
  - Patient referral forms.
- Clinical guidelines prepared by HPA should be available at the clinic.
- PPE should be available for health care workers.

7.5. Important medical equipment for the clinic:

- Dedicated fridge to store medicines
- ECG machine should be a mandatory equipment
- Defibrillator should be a mandatory equipment in the clinic
- Manual or automated BP apparatus, thermometers, stethoscopes, ophthalmoscope, otoscope and other accessories for patient examination.
- Suction machine
- Examination lamps
- AEDs
• Emergency resuscitation: laryngoscopes, ambu bags and masks, endotracheal tubes, oxygen face masks and nasal canula should be available

• An oxygen cylinder should be available at the clinic

• An emergency trolley kept ready at all times with all the resuscitation equipment and drugs used in cardiopulmonary resuscitation should be available in them

• Surgical equipment for a bedside basic surgical procedure such as wound suturing, wound dressings.

• Autoclave machine- surgical instruments and materials should be autoclaved

• Infusion pumps

• Glucometer

7.6. Essential drugs

A list of essential drugs should be available at the resort clinic.

7.7. Training which should be conducted for the staff

• ACLS certification should be made mandatory for the resort doctor and nurse.

• Doctors, nurses and front-line staff should be trained in appropriate use of PPE.

• Doctors, nurses and front-line staff should be trained in providing basic psychosocial support.

• 80 percent of resort staff should be trained in first aid, basic life support, use of Automated External Defibrillator.

• Training in management of mass casualties.

• Training in infection prevention and control measures.

• Training for contact tracing for some designated staff.

• Training for food safety

The above training should be conducted by professionals approved by Ministry of Health and Ministry of tourism under a license.
7.8. Screening programs

- Hygiene screening.
- Screening for infectious diseases (hepatitis A, Salmonella).


- Clinic should maintain a daily record of influenza like illness (ILI) cases.
- ILI statistics should be reported weekly to HPA.

Additional Note:

- If any of the resorts has not established the required medical clinic before reopening from 15th July 2020, a mechanism for provision of health care must be established with a health care facility in the respected region.
- The resort should establish a proper medical clinic as per the guideline by 1st January 2021
8. **Response to a suspected COVID-19 case in a resort.**

Health care workers (HCW) at medical facility in a resort should always wear appropriate personal protective equipment (PPE) when consulting a patient in the clinic or attending to a patient outside the clinic settings.

**Appropriate PPE for HCW:** (doctor/nurse) when attending to a patient: Medical mask, face shield, gloves, scrub and disposable or reusable (washable) gown and closed shoes should be worn. If performing any aerosol generating procedure an N95 mask should be worn instead of simple medical mask

If a staff or tourist has to be examined for a respiratory complaint or fever (suspected COVID), it is preferable for the doctor to visit the staff or tourist in his/her room instead of bringing the patient over to the clinic. This is to keep the main resort clinic allocated preferably for non COVID cases and non COVID care. The resort could allocate a designated room as a temporary isolation or observation area for patients with fever or ARI, for the doctor to attend and examine the patient in this room. If a patient requires a period of admission for observation or IV fluids, or oxygen therapy etc, the patient could be treated in this room. Hence the room/area allocated for COVID care should have these medical facilities available. See Figure 1.

Any suspected case should be informed to HPA. Sample should be obtained by the medical officer or nurse and the sample should be transported to a designated lab as per the recommended SOP. Any suspected case should be isolated until the results of the PCR test is available. Upon identification of a suspected case, contact tracing should be initiated by the resort COVID task force and contacts should be quarantined until the results of the PCR test of the suspected case is available. Disinfection should be carried out in the areas resided by the patient. Identification of a positive case in a resort will not lead to lockdown of the entire resort.
8.1. Surveillance Case Definition

<table>
<thead>
<tr>
<th>Suspected case</th>
<th>If the patient fits criteria A, B or C given below, he/she is a suspected case of COVID-19 infection:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Patient with <strong>acute respiratory illness</strong> (fever* and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath),</td>
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<tr>
<td></td>
<td><strong>AND</strong></td>
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<tr>
<td></td>
<td>A history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.</td>
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<tr>
<td></td>
<td><strong>OR</strong></td>
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<tr>
<td></td>
<td>B. Patient with <strong>any acute respiratory illness</strong></td>
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<tr>
<td></td>
<td><strong>AND</strong></td>
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<tr>
<td></td>
<td>having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms</td>
</tr>
<tr>
<td></td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>C. A patient with <strong>SARI</strong></td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>no other etiology that fully explains the clinical presentation</td>
</tr>
</tbody>
</table>

**SARI** is defined as an acute respiratory infection (ARI) with history of fever* or measured temperature ≥38°C and cough; with onset within last 14 days and requiring admission to hospital.

*Absence of fever does NOT exclude viral infection
8.2. Protocol to respond to a suspected case of COVID-19 at a tourist resort

Patient with complaints of:
Fever and/or respiratory symptoms (such as cough, shortness of breath or sore throat)

Staff

- Self-isolate in the room and wear a mask
- Inform doctor
- Doctor visits the staff quarter, should wear PPE before entering the room
- Consultation (obtain history and do examination)
- Take sample for COVID testing and send to designated lab
- Inform HPA
- Isolate at a designated isolation room until results of COVID test.
- Initiate contact tracing & quarantine close contacts until results of the patient's COVID test.
- Disinfection of the areas where patient had been.

Test results

Positive

Discuss the case with clinical management advisory team. If clinically well, isolate the patient at the resort (as per resort policy) in the patient's own room or in a designated isolation room. Follow clinical management guideline. If hospitalization is required, transfer to a designated treatment facility after discussion with HPA and clinical management advisory team.

Negative

Isolate the patient in a designated isolation room until 48 hours after resolution of symptoms.

If patient is sick, discuss the case with a specialist at a higher center and manage accordingly.

Release contacts

Guest

- Self-isolate in the room
- Inform guest services
- Doctor is informed
- Patient is advised to wear mask
- Doctor visits the guest room, should wear PPE before entering the room
- Consultation (obtain history and do examination)
- Take sample for COVID testing and isolate in own room or designated isolation room.
- Inform HPA.
- Contact tracing & quarantine close contacts until results of the patient's COVID test
- Disinfection of the areas where patient had been.

Test results

Positive

Discuss the case with clinical management advisory team.

Negative

If clinically well, can be released from isolation, however patient should wear mask when going out of the room and patient should not attend public spaces such as restaurants until 48 hours after resolution of symptoms.

If patient is sick, discuss the case with a specialist at a higher center and manage accordingly.

Release contacts

Quarantine close contacts for 14 days (follow quarantine protocols)
9. Quarantine at resort

Quarantine is used to keep close contacts of a confirmed or suspected case of COVID-19 away from others. Quarantine helps to prevent spread of disease that can occur before a person becomes symptomatic or spread of disease from a person who remains asymptomatic.

- Guests as well as staffs may be quarantined at the resort.
- Guests may be quarantined at his/her own room.
- Staffs should be quarantined in a dedicated room at the resort.
- The quarantined person should have a separate room with preferably an attached en-suite bathroom. If the toilet is shared with others the toilet should be cleaned and the frequently touched surfaces should be disinfected after use (with diluted bleach solution in a ratio of 1 part of bleach to 9 parts of water).
- Quarantined individuals must follow infection prevention and control measures outlined by HPA.
- The persons condition should be assessed daily. This could be done by phone call. Temperature should be checked twice a day. If required the person should be physically seen by the doctor/nurse.
- If doctor or nurse has to enter the quarantined persons room, they should wear appropriate PPE (follow proper donning and doffing procedures).
- There should be a mechanism to provide psychosocial support.
- Mask should be used by the quarantined person and others if there is any contact within 3 feet.
- Hand hygiene facility (access to soap and water or alcohol-based hand rub) should be available.
- Access to cleaning and disinfection materials should be available, including surface cleaning detergents and diluted bleach solution.
- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution.
- Meals and other necessities should be delivered to the quarantined room and handed over to the quarantined person outside the door. Mask and gloves should be worn by the person who is serving.
• Utensils and all personal items must be separated from those used for regular guests and staff.
• Quarantined person should have access to information on COVID-19 including symptoms, and danger signs.
• COVID-19 PCR test should be done at the end of the 14 days quarantined period or anytime if symptoms develop. (Follow the existing testing strategy).
• If the quarantined person is older than 60 years or has severe comorbid conditions such as diabetes, cancer on chemotherapy or on medications causing immunosuppression, chronic kidney disease, chronic lung disease, chronic heart disease, thalassemia or is pregnant, a carer could stay together with the quarantined person. The caretaker should use masks and ensure proper hand hygiene.
10. Isolation at the resort

Isolation is used to separate a suspected or confirmed case of COVID-19 from other people. The isolated patient may be symptomatic or asymptomatic.

Criteria to allow isolation of a patient at a resort:

- Those who have mild symptoms with stable vital signs with no clinical signs of pneumonia and without any underlying severe medical conditions can be isolated at the resort:
  - **Mild symptoms** include low-grade fever, cough, malaise, running nose, sore throat. They should not have warning signs such as shortness of breath or difficulty in breathing, gastro-intestinal symptoms such as vomiting and/or diarrhoea. They should not have mental status changes such as confusion.
  - **Patient should have stable vital signs and no clinical signs of pneumonia.**
  - **No** underlying severe medical conditions such as lung or heart disease, renal failure, or immunocompromising conditions.

- **Discuss the clinical condition of all patients who test positive for COVID-19 with a specialist from the clinical management advisory team. Also, any patient whose clinical condition is sick, has danger signs, unstable vital signs, the case should be discussed with a specialist even if their test result is negative.**

- Guests maybe isolated in their resort room if the resort policy allows. If the resort policy does not allow for isolation of positive patients in the resort, they will require to be transferred to a isolation facility assigned by HPA.

- **Staff who require to be isolated will be transferred to an isolation facility assigned by HPA. They could be temporarily isolated in a designated resort room until transfer.**

- Isolation at the resort should be in a single room with attached toilets.

- If the isolated person is older than 60 years or has severe comorbid conditions such as diabetes mellitus, cancer on chemotherapy or on medication causing immunosuppression, chronic kidney disease, chronic lung disease, ischemic heart disease, thalassemia or the patient is pregnant, a carer could be allowed to stay together with the isolated person to provide help. Carer should be explained about the risk of acquiring COVID-19 and should understand the risks of the disease. Ideally the carer should be a
person who is less than sixty years and without comorbid conditions such as diabetes, hypertension, kidney disease etc. The patient and carer should wear masks, ensure proper hand hygiene and maintain physical distancing as much as possible.

- The patient should be physically examined by the doctor at least once daily or more frequently if needed. Clinical notes should be documented. If there is any worsening of the patient’s condition, this should be promptly discussed with a specialist, (follow the COVID-19 clinical protocols) and arrangements made for hospitalization if needed.
- If doctor or nurse has to enter the isolation room, they should wear appropriate PPE (follow proper donning and doffing procedures).
- There should be a mechanism to provide psychosocial support.
- The room should preferably have good natural ventilation with open windows.
- Availability of education materials on infection prevention and control measures and information on COVID-19 including symptoms, danger signs.
- Individuals in isolation facility must follow instructions from HPA on infection control measures.
- Mask should be used by the isolated person and others if there is any contact within 6 feet.
- Hand hygiene facility (access to soap and water or alcohol-based hand rub) should be available.
- Access to cleaning and disinfection materials should be available, including surface cleaning detergents and diluted bleach solution.
- Clean the area and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture. (refer to cleaning and disinfection protocol).
- Meals and other necessities should be delivered to the quarantined room and handed over to the guest outside the door. Mask and gloves should be worn by the person serving.
- Utensils and all personal items must be separated from those used for regular guests.
- Guest rooms should be cleaned and disinfected once daily (section 4.11)
- Before entering to clean the room of a suspected or confirmed case of COVID-19, keep the doors and windows open for minimum of 1 hour for proper ventilation.
- Staff entering the rooms of guests to clean the room and change the linen should wear masks, face shields, work clothes, disposable or reusable (washable) apron over the work clothes, gloves and closed shoes.
11. Public health interventions for Tourist Vessels such as safaris

- A COVID Safe plan in accordance with this guideline must be in place. COVID safe plan must include the following:
  - Have an SOP on how to respond to a suspected case of COVID-19 on board the vessel.
  - It is recommended to have a pre-designated room/cabin/quarters for isolation of a symptomatic patient. If such an arrangement is not possible, a symptomatic guest or staff should be kept in his/her room, maintain 1-meter distance from other people who reside in the room, mandatory wearing of masks by the patient and others who share the room, and take measures for personal hygiene such as frequent hand washing/ hand sanitization.
  - Arrangements made for laundry.
  - Arrangements made for waste disposal.
  - Availability of materials for cleaning and disinfection.
  - Availability of basic PPE to attend to a suspected case (face masks, face shield, gloves, disposable aprons or washable gowns)
  - Availability of basic first aid material including an infra-red (non-contact) thermometer.
  - Hand washing facility/ availability of had sanitizer.
  - Signage’s and posters displayed to promote good hygiene and COVID awareness.
- All staff should be oriented regarding the COVID safe plan of the safari.
- Safaris should not take tourists from multiple resorts. Tourists who come to safaris should spend the entire duration on the safari. They should not disembark on to a resort or inhabited island. Crew are not allowed to move between the safari and a resort/island. Absence of symptoms does not guarantee that guests, passengers or crew may not be harbouring a possible infection. Due to the limited space in a safari, the relatively enclosed environment, and people living in close proximity, an outbreak in a safari/vessel is likely to easily spread among the passengers and crew. Hence restriction of movement between safaris and resorts/islands is advised to prevent the possible transmission of COVID-19 between the resorts/islands and safaris.
• Passengers are allowed to stay in a designated transit facility prior to departure as this may be a necessity.

• A mechanism should be established for provision of health care in case of medical emergencies or an ill patient who requires a doctors’ consultation. This could be arranged with resort clinics or with health care facilities in the respected region.

• Crew of safaris should follow the existing HPA recommendations on inter-island travel restrictions. If the crew members travel back to their island of residence, they are required to undergo a 14-day period of quarantine in the island if COVID-19 is not known to exist in the island. Crew are also not allowed to embark and disembark back and forth from Male.

• During loading and unloading of supplies from islands including greater Male’ area, crew are not allowed to disembark and then re-embark back on to the vessel.

• All staff and guests should wear masks in enclosed public spaces.

• Physical distancing should be maintained where possible.

• All staff should download and use the contact tracing app “TraceEkee” for easy contact tracing.

• Tourists should be encouraged to use “TaceEkee”

• Housekeeping – (refer to section 5.13)

• Diving- A set of diving gear can be used by the tourist throughout his stay on the safari. Recommended not to share equipment. (refer to section 5.11).

• Laundry- (refer to section 5.14). In case the laundry is done other than in the safari, the dirty linen should be kept in closed water proof bags until transport to the laundry site. In the case of laundry from symptomatic persons, linen should be labelled as infectious linen.

• Waste disposal
  - A separate area should be allocated on the vessel to keep waste until disposal.
  - Used masks, gloves and other waste should be discarded in a dustbin lined with a water proof bag inside it. Waste from a positive case should be collected in double bags.
  - When the dustbin is 2/3rd full the bags should be sealed well to be disposed.
• Waste from a room where a person is quarantined or isolated should be labelled as “infectious waste”.

• Waste can be unloaded at a designated WAMCO facility or if such a facility is not available in the area an arrangement should be made with nearby islands/resorts to unload the waste for disposal. Crew are not allowed to disembark the vessel during the process.
11.1. Outbreak management plan for SAFARI when COVID-19 is suspected

**Pre-boarding**
- Health declaration card: At airport on arrival to Maldives screened for history of fever and respiratory infection, travel and contact history.
- Provide awareness on COVID-19

**Identify suspected case**
- Any case with fever and OR respiratory symptoms such as cough, shortness of breath with travel to area with COVID-19 in the community or contact with a suspected or confirmed case

**Isolate suspected case**
- In a single well-ventilated room. If it is not possible to isolate in a single room, keep a distance of 1 meter from others and patient and others in the room should wear masks.
- Suspected person should be provided with a medical mask, tissue and advise frequent hand hygiene

**People who take care of the sick person should:**
- Wear mask and gloves and apron, goggles or face shield when dealing with a suspected case.
- Frequently wash hands with soap and water

**CALL HPA (1676)**
- HPA will make arrangements for sample to be taken for PCR testing for COVID-19.
- After COVID sampling patient will remain in isolation on board the vessel until PCR results.
- If PCR results is positive the patient will be transferred to an on-shore isolation facility.
- If PCR sample results is negative, isolate the patient on board the vessel until symptom recovery.
11.2. Contact tracing and management of contacts when there is suspected case of COVID-19 on board a safari.

The close contacts who have been exposed to the index case from 48 hours before the onset of symptoms should be identified. Contact tracing should be started immediately as soon as a suspected case is identified.

**Definition of close contacts with high risk exposure, on board a vessel:**

A person is considered to have had a high-risk exposure if they meet one of the following criteria:

- Sharing the same cabin as a suspected or confirmed COVID-19.
- They had close contact (face to face contact within 1 metre for more than 15 mins) or were in a closed environment with a suspected or confirmed COVID-19 case:
  - For passengers, this may include participating in common activities on board the vessel or while ashore, being a member of a group travelling together, dining at the same table.
  - For crew members, this includes the activities described above, as applicable, as well as working in the same area of the vessel as the suspected or confirmed COVID-19 case, for example, cabin stewards who cleaned the cabin or restaurant staff who delivered food to the cabin.
- A person who provided care for a suspected or confirmed COVID-19 case without appropriate PPE.
11.3. Contact tracing and management of contacts in a vessel (e.g. safari)

Identify high risk contacts

- Keep them in separate rooms in the vessel, separate from other passengers ASAP after suspicion (even before samples are available):
- If it is not possible to isolate contacts in separate rooms they can be kept together with physical distancing with use of medical masks (keep at least 3 feet from each other)

Clean and disinfect the vessel

- Clean with soap and water, rinse, in addition the frequently touched surfaces should be disinfected with diluted bleach solution 1 ml bleach to 9 ml water (keep for 10 minutes)
- Use heavy duty gloves and Apron for

Management of contacts depending on results of the index case

- **If Sample of symptomatic patient is Positive**: Quarantine all close contacts in an on-shore facility. (follow the isolation guidelines by HPA)

- **If Sample is Negative** with the index case having high risk of COVID-19 infection then quarantine those who are the immediate high-risk close contacts (Intimate partners or providing care to the patient) of the patient.
- If the sample is negative with low risk of COVID in index patient then the contacts may be released and kept on self-observation.

- The Vessel maybe used after thorough cleaning and removal of all the close contacts (in a small vessel this may be all the passengers and crew)
- Active monitoring should be continued on the vessel for 14 days to look for anyone with acute respiratory infections.

- If any person in quarantine develops symptoms within 14 days of exposure, inform HPA immediately.
12. Public health interventions for guest houses

Under the plan for easing of restrictions, guest houses are to remain closed until 1<sup>st</sup> August 2020 subject to HPA regulations. However, after opening up the tourism sector, selected guest houses and hotels nearby an airport maybe allowed to take tourists for the purpose of providing accommodation for transit passengers and flight crew.

The following conditions applies to selected hotels and guest houses which are opened during the restriction period:

- A COVID safe plan in accordance with this guideline of HPA must be in place.
- Guests are not allowed to exit the hotel or guest house during the transit stay.
- Designated rooms for isolation must be available for guests and staff.
- All staff should be oriented regarding the COVID safe plan of the hotel/guest house.
- All staff should download and use the contact tracing app “TraceEkee” for easy contact tracing.
- Tourists should be encouraged to use “TraceEkee”
- Hand washing facilities or hand sanitizers should be available at the reception and in other public areas such as restaurants.
- All staff and guests should wear masks (disposable masks or cloth masks).
- Staff should have their temperature checked when they report to duty.
- Sign boards/posters to remind guests about physical distancing, wearing masks, hand hygiene should be displayed at guest reception and other public areas.
- Encourage staff to take change clothes before going back home from work. Should have changing room.
- Reception area- (refer to section 4.3)
- Housekeeping- (refer to section 4.11)
- Restaurant- (see section 47)
- Laundry- refer to section 4.12. In case the laundry is done other than in the guest house, the dirty linen should be kept in closed water proof bags until transport. Laundry from symptomatic patients should be labelled as “infectious linen”.
• If any guest develops any symptoms of acute respiratory illness, such as fever, cough, sore throat or shortness of breath, they should immediately wear a mask and report to the guest service. Isolate the person in the room and inform HPA. In the case of an inhabited island, should inform to health care facility.
ANNEX 1. Algorithm for management of an arrival tourist at the airport who has fever or who reports fever or respiratory symptoms or reports being sick, irrespective of symptoms

- Patient is detected to have fever on thermal screening OR
- On health declaration card patient reports fever or respiratory symptoms such as cough, shortness of breath, sore throat or runny nose OR
- A patient who reports being sick, irrespective of symptoms.

Patient is directed to the medical screening area for doctor’s consultation (ensure that patient is wearing a mask)

Clinical assessment by Medical Officer

- Symptoms and signs suggestive of COVID-19. (Suspected case of COVID-19)
  - Clinically unstable
    - Inform HPA and Ministry of Tourism.
    - Inform Immigration.
    - Discuss with specialist and transfer to a designated hospital.
    - COVID-19 sample for PCR to be taken at the designated hospital.
    - Management as per clinical protocol.
    - After results of COVID-19 test, discuss with specialist and patient can be transferred to an appropriate facility for treatment.
  - Clinically stable
    - Inform HPA and Ministry of Tourism.
    - Inform Immigration.
    - Sample for COVID-19 PCR to be taken by medical officer.
    - Transfer to a designated transit facility until results of COVID sample OR transfer to patient’s destination resort for isolation (after discussion with patient and resort management).

- Symptoms and signs not suggestive of COVID-19
  - Manage accordingly

Patients results POSITIVE (confirmed case):
- Transfer to designated state-run isolation facility OR isolate in patients own room at the resort (depending on resort policy).
- Daily clinical evaluation.
- Manage patient as per clinical guideline.
- Duration of isolation will be at least 3 days without symptoms AND 14 days after symptom onset.

Patients results NEGATIVE:
- Will be released from isolation; however, patient should wear mask when going out of the room and patient should not attend public spaces such as restaurants until 48 hours after resolution of symptoms.

• Identify the patients close contacts.
• Quarantine close contacts. In case of tourists, they can be quarantined in their own rooms in the resorts or a designated transit facility. Further management of contacts will depend on COVID results of the suspected case.
ANNEX 2. Procedure for managing contacts of a symptomatic arrival tourist

An arrival tourist is identified as a suspected case of COVID-19

| Contact tracing will be initiated by border health staff |

Identify the close contacts of the suspected case.
Quarantine close contacts. In case of tourists, they can be quarantined in their own rooms in the resorts or a designated transit facility. Further management of contacts will depend on COVID results of the suspected case and whether the contact is symptomatic or not

Does the contact have any fever or respiratory symptoms?

- **YES**
  - Do PCR test for COVID-19 in the Contact
    - **PCR test is NEGATIVE**
    - Treat as a confirmed case of COVID-19 (see Annex 1)
    - PCR test is POSITIVE
      - **PCR test is NEGATIVE**
        - Release the contact from quarantine.
      - **PCR POSITIVE**
        - **PCR test is NEGATIVE**
          - Release the contact from quarantine.
        - **PCR POSITIVE**
          - Do PCR test for COVID-19 in the Contact.
            - If the result of this test is positive, the contact will be treated as a confirmed case of COVID-19.
            - If the results of this test is negative, the contact will have to undergo a 14 day period of quarantine from the date of the last exposure to the positive case, followed by PCR testing at the end of the quarantine period. If the result of this PCR test is negative, the contact will be released from quarantine.
            - PCR test also should be done in the contact if the contact develops symptoms anytime during the 14-day quarantine period.

- **NO**
  - Management of contacts depends on the results of the PCR test of the case
    - PCR test is NEGATIVE
      - Release the contact from quarantine.
    - PCR test is POSITIVE
      - Treat as a confirmed case of COVID-19 (see Annex 1)
ANNEX 3. Algorithm for management of an arrival tourist identified as a contact of a confirmed case of COVID-19

Tourist with history of contact with a confirmed case of COVID-19

Tourist is directed to the screening area for doctor’s consultation (ensure that the tourist is wearing a mask)

Clinical assessment by Medical Officer

Contact with a confirmed case of COVID-19 within past 14 days

Symptomatic

• Follow algorithm 1 for suspected COVID-19 (Annex 1)

Asymptomatic

• Inform HPA and Ministry of Tourism
• Inform Immigration
• Sample for PCR test for COVID-19 to be taken by medical officer.
• Transfer to a designated transit facility until results of COVID test OR transfer to the tourists’ destination resort for quarantine (after discussion with the tourist and the resort management).

Result of PCR test for COVID-19

Positive:
• Transfer to a designated isolation facility or continue isolation at patients resort room (depending on resorts policy)
• Management as per clinical management guideline
• Contact tracing

Negative:
• Quarantine for 14 days from last exposure. Quarantine can be done at the tourists’ resort room.
• If person develops symptoms any time during this period, PCR test should be repeated.
• If person remains asymptomatic, do PCR test upon completion of the quarantine period and release from quarantine if test result is Negative.

Asymptomatic and no recent (14 days) contact with confirmed COVID-19

Release
**ANNEX 4. COVID-19: Cleaning and Disinfection**

**a) Environmental cleaning for public areas**

This document can be applied to any non-healthcare setting such as guest rooms, restaurants, waiting areas, terminal, ferry, bus, shops etc.

<table>
<thead>
<tr>
<th>PPE required:</th>
<th>Mask, goggles or face shield if splash is expected, work clothes, apron, gloves (may use reusable utility gloves and disinfect after use) and boots.</th>
</tr>
</thead>
</table>

### General cleaning

### Cleaning of frequently touched surfaces

(example: door knobs, handles, lift buttons, stair case railings, counter tops, switches, sink taps, tables, chairs, shopping basket/cart handles, public toilet handles and public toilet seats)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Product</th>
<th>Frequency</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 2 times per day (Guest rooms and accommodation quarters to be cleaned once daily)</td>
<td>Soap/detergent and water and rinse. Routine disinfection not required. For contamination with blood or body fluids disinfect with diluted bleach solution (1 part of bleach to 9 parts of water), keep for 10 minutes then wipe/rinse with clean water.</td>
<td>At least 4 times a day (depending on use)</td>
<td>Soap/detergent and water and rinse. Then disinfect with diluted bleach solution (1 part bleach to 9 parts of water), keep for 10 minutes then wipe/rinse with clean water. For contamination with blood or body fluids disinfect with diluted bleach solution (1 part of bleach to 9 parts of water).</td>
</tr>
</tbody>
</table>

- Keep well ventilated by opening the windows during cleaning and disinfection
- The cleaning frequency maybe increased depending on the number of people using the premises OR the hygienic condition of the premises.
• 70% Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal surfaces (any other disinfectants found to be effective against coronavirus may be used as per manufacturer’s instructions).
• Wash hands with soap and water after cleaning
• If an alternative disinfectant is used within the organization, this should be checked to ensure that it is effective against enveloped viruses (For a list of disinfectants that are approved by the Environmental Protection Agency (EPA) as effective against the virus that causes COVID-19, visit epa.gov/pesticide-registration/list-n-disinfectants-useagainst-sars-cov-2.

b) Environmental cleaning for areas with suspected COVID-19

This document can be applied to any non-healthcare setting where a suspected or confirmed case of COVID-19 resides (e.g. Resort isolation room)

| PPE required: |
| Mask, goggles or face shield, work clothes, apron, gloves (may use reusable utility gloves and disinfect after use) and boots. |

<table>
<thead>
<tr>
<th>General cleaning</th>
<th>Cleaning of frequently touched surfaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>(example: door knobs, handles, lift buttons, stair case railings, counter tops, switches, sink taps, tables, chairs, shopping basket/cart handles, public toilet handles and public toilet seats, faucets etc.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Product</th>
<th>Frequency</th>
<th>Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean once daily</td>
<td>Soap/detergent and water and rinse. Routine disinfection not required.</td>
<td>Once daily</td>
<td>Soap/detergent and water and rinse. Then disinfect with diluted bleach solution (1-part bleach to 9 parts of water) keep for 10 minutes then wipe/rinse with clean water</td>
</tr>
</tbody>
</table>
For contamination with blood or body fluids, disinfect with diluted bleach solution (1 part of bleach to 9 parts of water), keep for 10 minutes then wipe/rinse with clean water.

- To reduce exposure of the cleaning staff, isolation rooms in resort where patient is residing can be cleaned and disinfected once a day.
- Keep well ventilated by opening the windows during cleaning and disinfection.
- Surfaces where diluted bleach solution cannot be used (like metal) disinfectant containing 70% ethanol solution may be used.
- Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls, and ATM machines) used by the ill persons, focusing especially on frequently touched surfaces.

c) **Cleaning of used equipment**

- The clothes/ mop heads used for cleaning should be soaked for 10 minutes in soap/detergent solution in hot water (at 60 – 90 degrees C) and washed and rinsed well. Add Bleach if possible, to the solution (½ cup or 118ml bleach to 3 ½ litres of water).
- Utility gloves maybe washed with soap and water.
- Dry the products well after cleaning.
- Disposable products should be properly disposed of after use.
ANNEX 5. Exit screening of tourist from resort

Name:                                            ID/Passport number:                               Nationality:

1) In the past 14 days have you experienced any of the following symptoms? (tick where appropriate)

   Fever                          YES    NO
   Cough                          YES    NO
   Shortness of breath YES    NO

2) Measured temperature?   _______ 0°C

3) Is the guest placed under quarantine or isolation YES    NO

The above information provided is accurate to the best of my knowledge.

Signature of tourist ________________

Name of health care worker who performed the exit screening:
___________________________________

Signature of health care worker who performed the exit screening:
____________________________________

Date: ________________                 Time: ________________     Stamp of the resort: __________

NOTE: A copy of this document (form or scanned electronic copy) should be kept at the resort for verification purpose if needed by HPA.