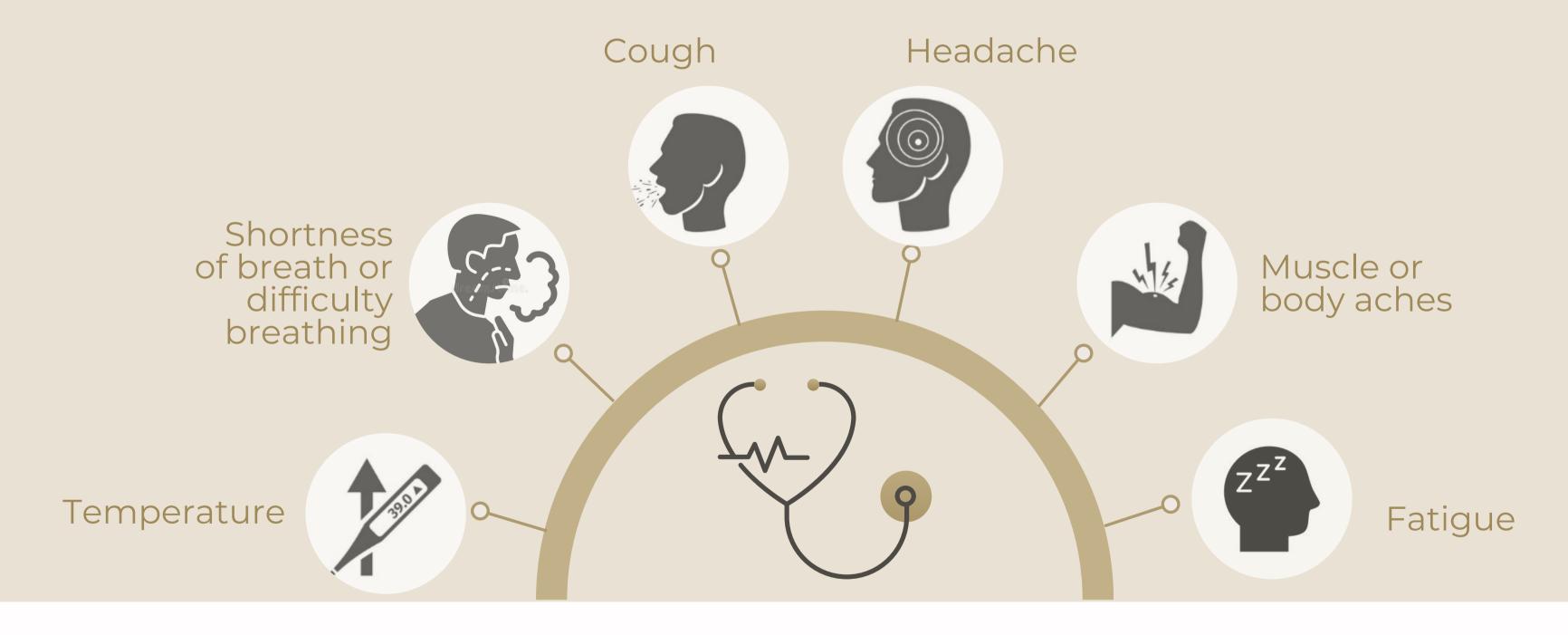
DEALING WITH A SUSPECTED/CONFIRMED COVID-19 CASE

PROTOCOL #aliathoncares





MOST COMMON SYMPTOMS



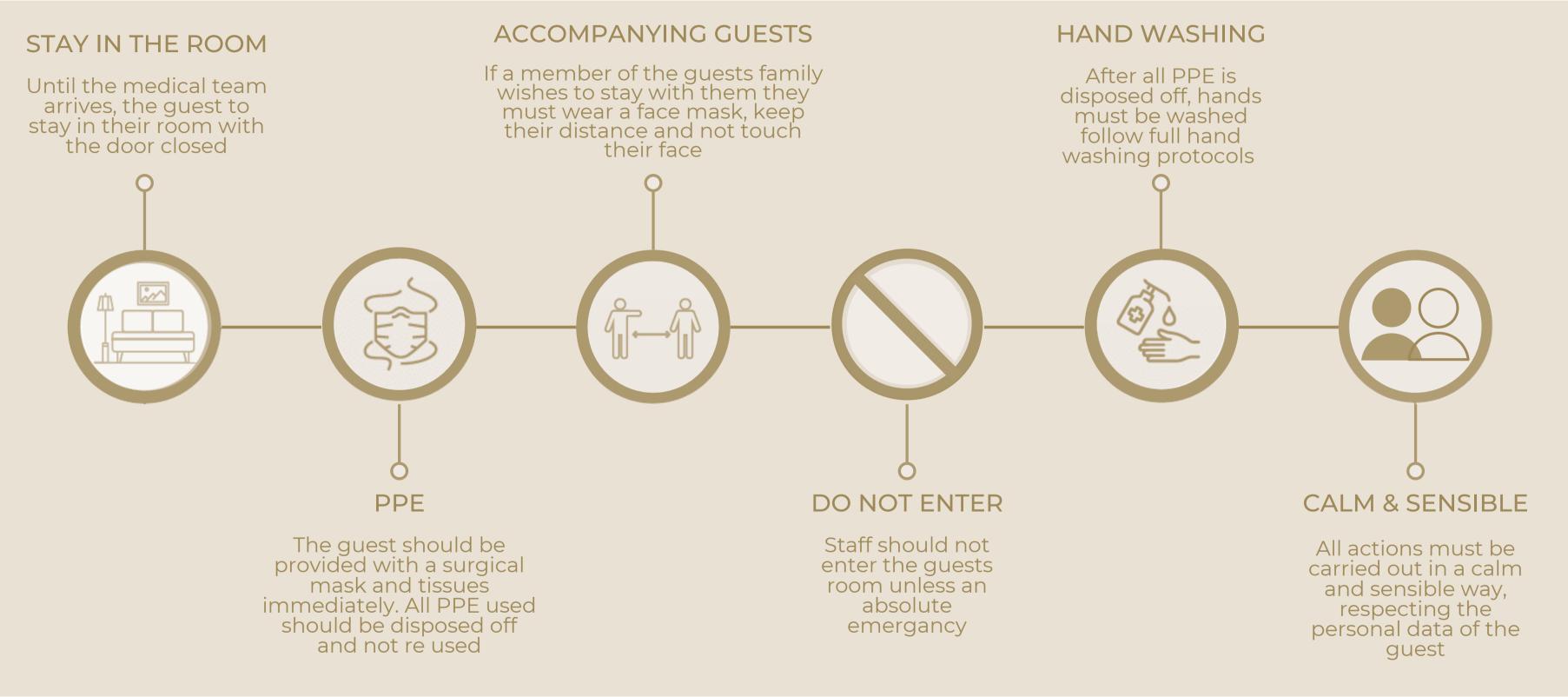
1

COVID-19 SYMPTOMS

Remain Calm, Immediately contact the 24 hour Ambulance Service call centre on 1420 and provide the following Info:

- 1. Guests name & surname
- 2. Country of origin
- 3. Passport Number
- 4. Date of arrival at the Hotel
- 5. Patients symptoms
- 6. Room number and address of the hotel

REPORTING A SUSPECTED CASE



3

WHILST THE GUEST IS WAITING

SAFETY &
SANITISATION
MEASURES
FOR ALL
ROOMS &
SUITES





GUEST ROOM DISINFECTION

Proper cleaning of the surfaces often touched by the guest, such as door knobs, bathroom surfaces, etc., especially if the surfaces had been infected with biological liquids



CLEANING STAFF PROTECTION

Cleaning staff are advised to use simple surgical mask, gloves and waterproof single use coat. For as long as they work, the cleaning staff should not touch their mouth, nose, eyes or smoke/eat.



HAND WASHING

After removal of gloves, it is necessary to properly wash hands with water and soap. It is noted that the use of gloves does not substitutes hand washing, which constitutes the most important part of prevention.

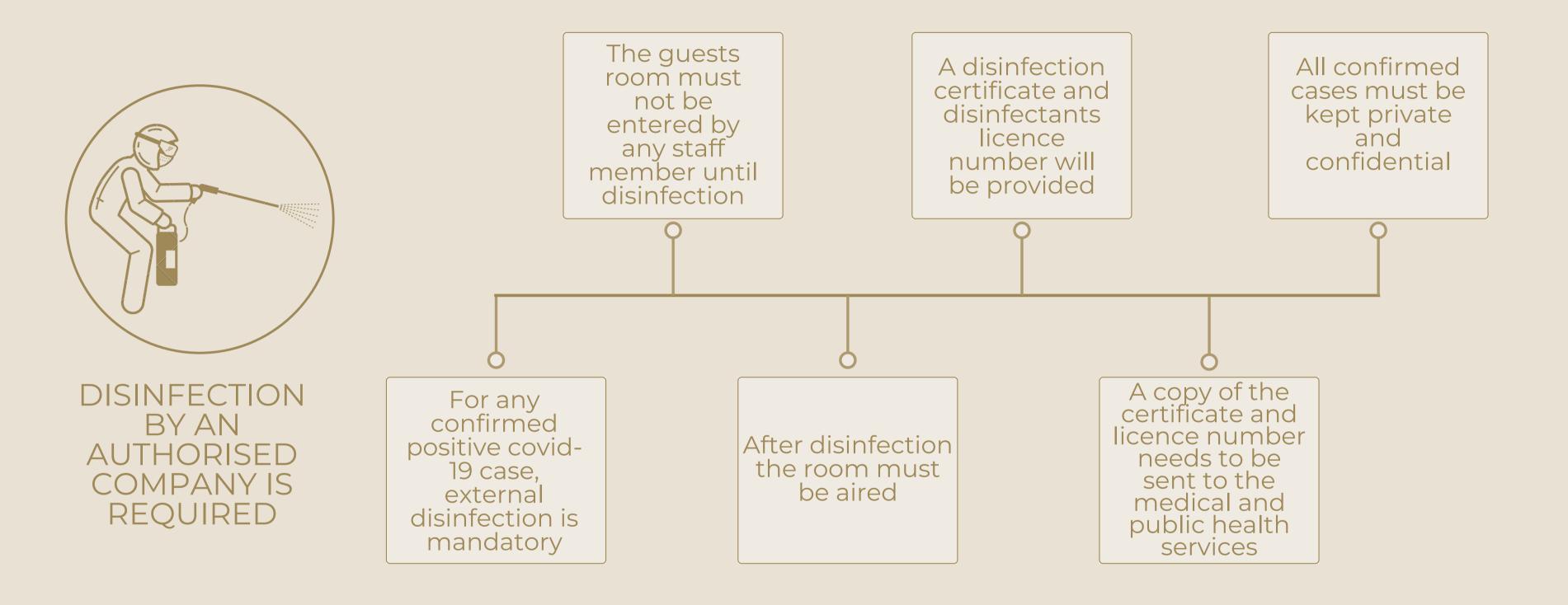


FABRIC SURFACES

Fabric surfaces (e.g furniture upholstery) should be cleaned with a steam apparatus (temperature > 70C)

4

DISINFECTION



5

A POSITIVE CASE

A COVID-19 sickness form must be fully completed and logged for all suspected/confirmed COVID-19 cases for both staff and guests

SUSPECTED/CONFIRMED COVID-19 SICKNESS REPORT FORM / E-FE-			
1. Guest Name:			
Duration of Stay:	Room number:	Other information (Ref No):	
Country of Origin:	Passport number:	Total number of adjoining gue	ests:
2. Date and Time first symptoms:			
3. Date and Time guest reported symptoms:			
4. What Symptoms is the guest suffering from:			
5. Has the guest used any public facilities since arrival, if so what facilities:			
6. Has the guest been in close contact (closer than 2m) with any staff member or other guest (outside of the adjoining room):			
7. If so, name/s of guest/s or staff:			
8. Was the ambulance call centre called:			
9. Was the guest hospitalized or seen by a doctor?:			
10. Doctor's diagnosis :			
12. Actions taken:			
Person in charge to take action:		Date of action taken:	
13. Verification that the above actions have been taken:			
Name and Signature:		Date:	



#aliathoncares
aliathonresort.com