

POSICheck 



CRISTAL
INTERNATIONAL STANDARDS

THE PREVENTION OF THE SPREAD OF INFECTION





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CONTENTS

1	SCOPE	10
2	NORMATIVE REFERENCES	11
3	TERMS AND DEFINITIONS	11
4	POSI MANAGEMENT SYSTEM	11
4.1	General Requirements	11
4.2	Documentation Requirements	12
4.2.1	General	12
4.2.2	Control of Documents	12
4.2.3	Control of records	13
5	MANAGEMENT RESPONSIBILITY	13
5.1	Management Commitment and Resourcing	13
5.2	Infection Control Policy	13
5.3	Infection Control Plan	14
5.4	Responsibility and Authority	14
5.5	Infection Control Team Leader	14
5.6	Infection Control Team	14
5.7	General Infection Control Responsibilities	15
5.8	Communication	15
5.8.1	External Communication	15
5.8.2	Internal Communication	16
5.9	Management Review	16
5.9.1	General	16
5.9.2	Review Input	17
5.9.3	Review Output	17
5.1	Resource Management	17
5.10.1	Provision of Resources	17
5.11	Human Resources	18
5.11.1	General	18
5.11.2	Competence, Awareness and Training	18
5.12	Infrastructure	18
5.13	Work Environment	18
6	INFECTION RISK ASSESSMENT	19
6.1	Infection Risk Assessment	19
6.2	Assessment Methodology	19
6.3	Assessment Review	19
7	RESOURCES & EQUIPMENT REQUIREMENTS	20
7.1	Normal Cleaning Resources	20
7.2	Emergency Cleaning Resources	20

CONTENTS

7.3	Equipment Availability	20
8	STAFF SAFETY	20
8.1	Staff Safety – Infection Control	20
8.2	Medical Screening / Assistance	20
9	STAFF TRAINING	20
9.1	Training of Infection Control Team	20
9.2	Training of All Staff	21
9.3	Personal Hygiene Outside Workplace	21
9.4	Training Renewal / Records	21
10	STAFF ILLNESS PRACTICES	21
10.1	Symptom Awareness / Recognition	21
10.2	Return to Work Policies	21
10.3	Employment Rights	21
11	PERSONAL PROTECTIVE EQUIPMENT (PPE)	22
11.1	Infection Control PPE	22
11.2	PPE Training	22
11.3	PPE Availability	22
12	GENERAL HYGIENE PRACTICES	22
12.1	Clean Uniform	22
12.2	Staff Hygiene Facilities	22
12.3	Staff Accommodation	22
12.4	Staff Dining Facilities	23
12.5	Staff Transportation	23
12.6	Signage	23
12.7	Infection Control Risk Level	23
12.8	Pest Control Programme	23
12.9	Pest Proofing	23
13	HAND HYGIENE	23
13.1	Hand Washing Procedures	23
13.2	Hand Washing Stations	24
13.3	Guest / Customer / Visitor Hand Washing	24
14	RESPIRATORY HYGIENE	24
14.1	Cough Etiquette	24
14.2	Respiratory Masks	24
15	GENERAL CLEANING PRACTICES	25
15.1	Cleaning Schedules	25
15.2	Training of Cleaning Staff	25
15.3	Cleaning Effectiveness	25



CRISTAL
INTERNATIONAL STANDARDS

CONTENTS

15.4	General Cleaning Training	25
15.5	Cleaning Equipment	25
15.6	Carpets and Flooring	25
16	EMERGENCY CLEANING PRACTICES	25
16.1	Emergency Cleaning Incidents	25
16.2	Incident Detection	25
16.3	Emergency Cleaning Training	26
16.4	Emergency Cleaning Equipment	26
16.5	Emergency Cleaning Records	26
17	DESIGNING FOR CLEANLINESS	26
17.1	Property Design for Cleanliness	26
17.2	Room Design for Cleanliness	26
17.3	Materials of Construction	26
18	HIGH CONTACT SURFACES	26
18.1	Identification of High Contact Surfaces	26
18.2	Cleaning Procedures for High Contact Surfaces	26
18.3	Variable Cleaning Frequencies	27
18.4	Contact Elimination / Reduction	27
19	ENVIRONMENTAL CLEANING	27
19.1	Lobby and Reception Areas	27
19.2	Public Areas	27
19.3	Lifts / Escalators	27
19.4	Public Toilets	27
19.5	Guest Rooms	27
20	LINEN MANAGEMENT	27
20.1	Handling Procedures	27
20.2	Linen Separation	27
20.3	Linen Change	28
20.4	Soiled Linen Management	28
20.5	Laundry System	28
20.6	Non-Washable Items	28
21	VENTILATION SYSTEMS	28
21.1	Ventilation System Design	28
21.2	Mould and Fungal Growth	28
21.3	Ventilation System Maintenance	28
21.4	Cooling Towers	28
21.5	Air Conditioning	28
21.6	Laboratory Testing	29

CONTENTS

22	GYM / RECREATIONAL FACILITIES	29
22.1	Cleaning Schedule	29
22.2	Towel Management	29
22.3	Self-Clean Facilities	29
22.4	Paper Towel Disposal	29
22.5	Hand Wash Stations	29
22.6	Personal Hygiene Rules	29
23	CHILDRENS CLUBS & FACILITIES	29
23.1	Restrictions / Suspension	29
23.2	Cleaning Schedules	30
23.3	Personal Hygiene Rules	30
23.4	Hand Hygiene Facilities	30
23.5	Surface Cleaning	30
23.6	Toilet Facility Cleaning	30
23.7	Toy and Play Feature Cleaning	30
23.8	Signing In and Medical Screening Procedures	30
24	SPA & TREATMENT AREAS	30
24.1	Pre-Treatment Screening	30
24.2	Personal Hygiene Rules	31
24.3	Hygiene Facilities	31
24.4	Complimentary Items	31
24.5	Sauna Facilities	31
24.6	Treatment Rooms	31
24.7	Treatment Rooms	31
24.8	Spa / Treatment Equipment	31
24.9	Treatment Specific Hygiene Protocols	31
24.1	Spa Staff Hygiene & Medical Screening Arrangements	31
25	POOL DECONTAMINATION	31
25.1	Pool Cleaning	31
25.2	Automatic Disinfection	32
25.3	Pool System Maintenance	32
25.4	Emergency Procedures	32
25.5	Pool Water Testing	32
25.6	Pool Hygiene Rules	32
26	MANAGEMENT OF SYMPTOMATIC GUESTS	32
26.1	Symptom Identification and Reporting	32
26.2	Symptomatic Guest Isolation and Support	32
26.3	Medical Testing	32

CONTENTS

26.4	Reporting / Notification	32
26.5	Room Cleaning of Symptomatic Guests	33
26.6	Escalating Personal Hygiene Precautions	33
26.7	Prevention of Cross Contamination	33
26.8	Protective Arrangements	33
27	OUTBREAK PROCEDURES	33
27.1	Outbreak Procedures	33
27.2	Outbreak Training	33
28	OUTBREAK COMMUNICATION POLICIES	33
28.1	Communication Policies	33
29	NOTIFICATION OF REPORTABLE CASES	34
29.1	Reporting Requirements	34
30	DOCUMENTATION & RECORDS	34
30.1	Cleaning Schedules	34
30.2	Infection Control Procedures	34
30.3	Incident / Case Records	34
31	CLEANING CHEMICAL MANAGEMENT	34
31.1	Cleaning Chemicals	34
31.2	Dilution Systems	34
31.3	Chemical Use Training	34
32	CLEANING EFFECTIVENESS MONITORING	34
32.1	Visual / Physical Checking	34
32.2	ATP Surface Testing	35
32.3	Continual Improvement	35

FOREWORD

Cristal International Standards are global leaders in systems and services for brand quality, standards management and related risk management.

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This document was prepared by the Cristal Technical Committee.

INTRODUCTION

The POSI-Check Standard is a response to the absence of a globally recognised standard for the Prevention of Spread of Infection (POSI) arrangements required by hotels to protect guests, staff and continuity of business. The approach taken within this standard is based on a formalised risk assessment methodology, ensuring that the extent of infection control provision is at least commensurate with the risk / threat level of the hotel.

The concept of infection control within the hotel sector has expanded recently from dealing with food poisoning outbreaks to the recent Covid-19 pandemic. The POSI-Check Standard addresses these issues but also ensures that the hotel does not lose sight of the reality that the majority of infection control risks are those associated with the normal hygiene issues familiar to most hotel operators. Hotels that are deemed to be at higher risk due to the level of infection risk in their country or region will be expected to implement escalating POSI protocols at the right time to widescale illness and prevent business disruption.

The POSI-Check standard is no way mandating the maximum level of infection control arrangements, however it does expect a minimum level that is commensurate with the results of a formalised risk assessment by a competent individual.

I SCOPE

This international standard specifies the requirements for an POSI management system where a hotel is required to demonstrate its ability to appropriately prevent or manage infection related risks in order to ensure that guests, staff, property and relevant third parties are protected from illness.

It is applicable to all hotels, regardless of size, which provide accommodation and services to guests and wants to implement a formalised POSI management plan. The means of meeting any requirements of this international standard can be accomplished through the use of internal and/or external resources.

This international standard enables an organisation:

- a) To plan, implement, operate, maintain and update a POSI management system aimed at ensuring that all guests, staff, property and relevant third parties are protected from illness.
- b) To assess the level of risk and nature of infection risk associated with the operation of the hotel.
- c) To demonstrate to interested third parties (e.g. tour operators or trade buyers) that appropriate POSI measures have been implemented and are operating effectively.
- d) To dynamically respond to a change in threat level and implement appropriate action plans to manage new level of risk.
- e) To effectively communicate POSI information to all relevant stakeholders, both internal and external.
- f) To ensure that the ongoing operation of the POSI management system and where changes to the property, operations or environment ensure that these are reviewed and the system adapts accordingly.
- g) To obtain external verification of its POSI management system or make self-assessment or self-declaration of conformity to this international standard.

All requirements of this international standard are generic and are intended to be applicable to all hotel types regardless of size and complexity.

2 NORMATIVE REFERENCES

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

CIS, Quality Management Systems – Fundamentals and vocabulary

3 TERMS AND DEFINITIONS

For the purposes of this document, the terms and definitions associated with this standard are included within Annex A.

4 POSI MANAGEMENT SYSTEM

4.1 General Requirements

The hotel shall establish, document, implement and maintain an effective POSI management system and update it when necessary in accordance with the requirements of this international standard.

The hotel shall:

- a) Ensure that infection risks that may be reasonably expected to occur in relation to its operation are identified, evaluated and controlled in such a manner that the possibility of illness / outbreak is minimised to a reasonably practicable level.
- b) Ensure communication with all stakeholders, both internal and external, with the appropriate level of information to ensure POSI arrangements are as effective as possible.
- c) Communicate information concerning development, implementation and updating of the POSI management system throughout the hotel operations, to the extent necessary to ensure the level of infection control required by this international standard, and
- d) Evaluate periodically, and update when necessary, the POSI management system to ensure that the system reflects the organisation's activities and incorporates the most recent information on the level of infection risk.

Where a hotel chooses to outsource any process that may affect infection control, the organisation shall ensure control over such processes. Control of such outsourced processes shall be identified and documented within the POSI management system.

4.2 Documentation Requirements

4.2.1 General

The POSI Management system documentation shall include:

- a) Documented statement of Infection Control.
- b) Documented Infection Control Plan and Manual including all of the procedures and records required by this international standard.
- c) Documents needed by the hotel to ensure effective development, implementation and updating of the POSI management system.

4.2.2 Control of Documents

Documents required by the POSI management system shall be controlled. Records are a special type of document and shall be controlled according to the requirements given in 4.2.3.

The controls shall ensure that all proposed changes are reviewed prior to implementation to determine their effects on infection control and their impact on the POSI management system.

A documented procedure shall be established to define the controls needed:

- a) To approve documents for adequacy prior to issue,
- b) To review and update documents as necessary, and re-approve documents,
- c) To ensure that changes and the current revision status of documents are identified,
- d) To ensure that relevant versions of applicable documents are available at points of use,
- e) To ensure that documents remain legible and readily identifiable,
- f) To ensure that relevant documents of external origin are identified and their distribution controlled, and
- g) To prevent the unintended use of obsolete documents, and to ensure that they are suitably identified as such if they are retained for any purpose.

4.2.3 Control of records

Records shall be established and maintained to provide evidence of conformity to requirements and evidence of the effective operation of the security management system. Records shall remain legible, readily identifiable and retrievable. A documented procedure shall be established to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of records.

5 MANAGEMENT RESPONSIBILITY

5.1 Management Commitment and Resourcing

Senior management shall provide evidence of its commitment to the development and implementation of the POSI management system and to continually improving its effectiveness by:

- a) Showing POSI management is supported by the business objectives of the hotel,
- b) Communicating to all stakeholders the importance of meeting the requirements of this standard, any statutory and regulatory requirements, as well as customer requirements relating to infection control,
- c) Establishing the infection control policy,
- d) Conducting management reviews of the POSI management system and its operation,
- e) Ensuring the availability of resources.

5.2 Infection Control Policy

Senior management shall define, document and communicate its Infection Control Policy. Senior management shall ensure that the Infection Control policy:

- a) Is appropriate to the hotel,
- b) Conforms with both statutory and regulatory requirements where these exist,
- c) Is communicated, implemented and maintained at all levels within the hotel,
- d) Is reviewed for continued suitability,
- e) Adequately addresses communication,
- f) Is supported by measurable objectives.

5.3 Infection Control Plan

Senior management shall ensure that:

- a) Planning of the POSI management system is carried out to meet requirements given in 4.1 as well as the objectives of the hotel that support infection control,
- b) The integrity of the POSI management system is maintained when changes to the POSI management system are planned and implemented, and
- c) The infection control plan is formally documented and maintained in accordance to 4.2.

5.4 Responsibility and Authority

Senior management shall ensure that responsibilities and authorities are defined and communicated within the hotel to ensure that effective operation and maintenance of the POSI management system.

All personnel shall have responsibility to report problems with the POSI management system to identified person(s). Designated personnel shall have defined responsibility and authority to initiate and record actions.

5.5 Infection Control Team Leader

Senior management shall appoint a Infection Control Team Leader who, irrespective of other responsibilities, shall have the responsibility and authority:

- a) To manage an infection control team and organise its work,
- b) To ensure relevant training and education of the infection control team members,
- c) To ensure that the POSI management system is established, implemented, maintained and updated, and
- d) To report to the hotel's senior management on the effectiveness and suitability of the POSI management system.

5.6 Infection Control Team

An infection control team should be established. This team will lead the establishment and implementation of infection control systems as well as co-ordinating the reaction to infection issues.

The infection control team should include members from the various departments, operations and shifts to ensure full business coverage. This multi-disciplinary team will broaden the understanding of both the business operations and potentially the risks associated with tasks that may not have been evident to a narrower team.

The roles and responsibilities of all members of the infection control team should be clearly defined. Clarity in what people are responsible for ensures that each person is clear as to their actions in the event of an infection situation. This also allows for individuals that are unable to perform their duties (due to illness which is particularly likely in an outbreak situation) to be replaced by someone who can easily understand what responsibilities they are assuming.

All members of the infection control team should be given adequate information, instruction and training to perform their roles. This could be formal training on infection control from an external organisation or internal training.

The infection control team should be provided with adequate authority and resources to fulfil its role. Without this it will be unable to ensure that the appropriate actions are taken and systems are in place. This is where the support of the senior management team is essential. The cost / reputational implications of an outbreak should be considered when evaluating the benefit of investment in the infection control team.

5.7 General Infection Control Responsibilities

The roles and responsibilities of all staff outside of the infection control team should also be defined where they impact the prevention of spread of infection. The infection control team are only a very small part of the mechanisms required to manage the spread of infection. If all staff receive even basic training on how to eliminate / minimise risk then the job of the infection control team becomes much easier and the business is far more protected from a potential outbreak situation.

5.8 Communication

5.8.1 External Communication

To ensure that sufficient information on issues concerning infection control is available, the hotel shall establish, implement and maintain effective arrangements for communicating with:

- a) Local, regional and national health organisations,
- b) Suppliers and contractors,
- c) Neighbouring properties and local organisations,
- d) Customers and guests,
- e) Tour operators and booking agents, and
- f) Other organisations that have an impact on, or will be affected by, the effectiveness or updating of the POSI management system.

Such communication shall provide information on infection control aspects of the hotel's operation that may be relevant to other organisations or the receipt of information that may assist and inform the infection control arrangements at the hotel. Records of communication shall be maintained.

Designated personnel shall be defined responsibility and authority to communicate externally any information concerning infection control. Information obtained through external communication shall be included as input to system updating and management review.

5.8.2 Internal Communication

The hotel shall establish, implement and maintain effective arrangements for communicating with personnel on issues having an impact on infection control.

In order to maintain the effectiveness of the POSI management system, the hotel shall ensure that the infection control team is informed in a timely manner of changes, including but not limited to the following:

- a) New infection risks, outbreaks
- b) Operational changes that have an impact on infection control arrangements
- c) Medical / epidemiological reports from relevant agencies
- d) Changes in infection risk level and preparedness status
- e) Personnel changes including qualifications, authorisation levels and responsibilities
- f) Other conditions / arrangements that have an impact on infection control.

The infection control team shall ensure that this information is included in the updating of the POSI management system. Senior management shall ensure that relevant information is included as input to the management review of the system.

5.9 Management Review

5.9.1 General

Senior management shall review the hotel's POSI management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness. This review shall include assessing opportunities for improvement and the need for change to the POSI management system, including the Infection Control Policy. Records of management reviews shall be maintained.

5.9.2 Review Input

The input to management review shall include, but is not limited to, information on:

- a) Follow-up actions from previous management reviews,
- b) Analysis of results of verification activities,
- c) Changing circumstances that can affect infection control,
- d) Emergency situations / incidents relating to infection control,
- e) Reviewing results of system-updating activities,
- f) Reviewing of communication activities, and
- g) External audits or inspections.

The data should be presented in a manner that enables senior management to relate the information to stated objectives of the POSI management system.

5.9.3 Review Output

The output from the management review shall include decisions and actions related to:

- a) Assurance of effective Infection Control standard
- b) Improvement of the effectiveness of the POSI management system
- c) Resource needs, and
- d) Revisions of the hotel's infection control policy and related objectives.

5.10 Resource Management

5.10.1 Provision of Resources

The hotel shall provide adequate resources for the establishment, implementation, maintenance and updating of the POSI management system.

5.11 Human Resources

5.11.1 General

The infection control team and other personnel carrying out activities having an impact of POSI shall be competent and shall have appropriate education, training, skills and experience.

Where the assistance of external experts is required for the development, implementation, operation or assessment of the POSI management system, records of agreement or contracts defining the responsibility and authority of external experts shall be available.

5.11.2 Competence, Awareness and Training

The hotel shall:

- a) Identify the necessary competencies for personnel whose activities have an impact on infection control,
- b) Provide training or take other action to ensure personnel have the necessary competencies,
- c) Ensure that personnel responsible for monitoring, corrections and corrective actions of the POSI management system are trained,
- d) Evaluate the implementation and effectiveness of a), b) and c),
- e) Ensure that personnel are aware of the relevance and importance of their individual activities in contributing to infection control,
- f) Ensure that the requirement for effective communication is understood by all personnel whose activities have an impact on infection control, and
- g) Maintain appropriate records of training and actions described in b) and c).

5.12 Infrastructure

The hotel shall provide the resources for the establishment and maintenance of the infrastructure needed to implement the requirements of this international standard.

5.13 Work Environment

The hotel shall provide the resources for the establishment, management and maintenance of the work environment needed to implement the requirements of this international standard.

6 INFECTION RISK ASSESSMENT

6.1 Infection Risk Assessment

A detailed risk assessment should be conducted specifically addressing the risk of infectious diseases and their spread. This risk assessment should assess each potential infectious disease (or group of diseases if vectors of infection and severity similar), identify exposure potential and then identify suitable control measures that will eliminate or minimise risk.

6.2 Assessment Methodology

A suggested methodology for infection risk assessment is included within Annex B of this document. However the key criteria for risk assessment include, but are not limited to, are as follows:

- a) Includes all foreseeable risks relating to infection control,
- b) Includes reasoned assessment of the both exposure to illness and also the likelihood of occurrence based on best information at the time of assessment,
- c) Evaluation of infection risk, ideally with some quantifiable risk level indicator to assist in prioritisation,
- d) Details of required control measures and whether these are in place,
- e) Mitigated risk levels factoring in presence of control measures in d),
- f) Details of person(s) making assessment,
- g) Assessment date and review date / criteria.

The control measures identified within the risk assessment should be implemented and operating effectively. These control measures should be designed so that issues are quickly identified and rectified.

Risk assessment information should be communicated to staff to ensure that they understand the significance of infection control measures. If staff do not understand the risk they may be tempted to ignore requirements that whilst making their tasks more onerous might represent a critical failure point with regard to the prevention of spread of infection.

6.3 Assessment Review

Risk assessments must be reviewed and updated (along with associated control measures) at regular intervals or in the event of an incident or change in potential infections. The ever-changing landscape with regard to infectious disease requires risk assessment processes to be dynamic and constantly updated.

7 RESOURCES & EQUIPMENT REQUIREMENTS

7.1 Normal Cleaning Resources

Appropriate levels of resource (mainly man hours) and equipment should be available to ensure that normal cleaning and infection control measures are conducted effectively.

7.2 Emergency Cleaning Resources

Appropriate levels of resource (mainly man hours) and equipment available to ensure that emergency cleaning protocols could be activated effectively and in a timely manner.

7.3 Equipment Availability

Arrangements should be in place to increase the availability of resource and equipment in the event of an emergency. This could be in the event of a new infectious disease becoming prevalent or an increase in cases of a specific disease in the vicinity.

8 STAFF SAFETY

8.1 Staff Safety – Infection Control

Staff safety measures should be identified during risk assessment and fully implemented to ensure that are not exposed to greater risk as part of the infection control duties. Without protecting these key staff members there is a significant chance that they will succumb to the diseases they are trying to prevent and possibly even become vectors for transmission and spread.

8.2 Medical Screening / Assistance

Infection control staff should be subject to an appropriate level of medical screening / assistance. Their role will mean that the risk of contracting / spreading an infection is heightened and therefore this must be countered by the provision of medical surveillance and support.

9 STAFF TRAINING

9.1 Training of Infection Control Team

All staff in the infection control team should be appropriately trained to perform their roles. This training should be regularly reviewed and refreshed at appropriate time intervals and also in the event that the nature of infection control changes (new diseases, new techniques or other things)

9.2 Training of All Staff

Infection control awareness training should be provided to all staff. Training the entirety of the staff ensures that the effort to control spread of infection is shared and that their actions can have a positive impact on preventing the spread of infection.

9.3 Personal Hygiene Outside Workplace

Staff should be encouraged to maintain good personal hygiene practices outside of the workplace. This ensures that they not only maintain their own health, and that of their families / communities, but ensures that locally prevalent diseases are prevented from entering the work environment.

9.4 Training Renewal / Records

All training should be documented and refreshed regularly / in the event of a change in the infection risk.

10 STAFF ILLNESS PRACTICES

10.1 Symptom Awareness / Recognition

Staff should be made aware of symptoms / conditions that may be infectious and the appropriate action to be taken if they or a member of their household are affected. This ensures that early action is taken to prevent the spread of infection. Vigilance and early detection allows time for the infection control procedures to have the maximum impact and achieve containment if possible.

10.2 Return to Work Policies

Return to work procedures should be in place and followed to prevent those with potentially infectious conditions returning to work before it is safe for them to do so. This would include ensuring that staff understand the rules associated with when symptoms have subsided and also the appropriate period of time before returning.

10.3 Employment Rights

Employment rights should be protected to prevent staff from hiding illness / potential infectious diseases to avoid loss of earnings. If they believe that following the appropriate sickness / return to work procedures will negatively impact their employment status and income they are far more likely to return to work in a potentially infectious state. The business must balance the financial impact of providing workers with fair employment rights against the extreme consequences associated with staff spreading infection and potentially causing an outbreak.

11 PERSONAL PROTECTIVE EQUIPMENT (PPE)

11.1 Infection Control PPE

Suitable Personal Protective Equipment (PPE) should be available for the tasks associated with infection control. The PPE should be of a specification that is designed to protect staff from the anticipated infections. Where equipment is disposable this should be done so in accordance with good practice. If the equipment is reusable it should be cleaned, maintained and stored in accordance with good practice.

Procedures should be in place to ensure that staff wear PPE as required based on tasks performed. The discomfort associated with wearing certain forms of PPE should not be overestimated when considering the risks that staff may be willing to accept rather than wearing the correct equipment properly. Staff use of PPE should be emphasised and where necessary enforced. This is to protect their health and also to prevent them becoming vectors of transmission.

11.2 PPE Training

Staff should be formally trained on the correct usage, inspection and maintenance of PPE. This training should be based on good practice and manufacturers instructions.

11.3 PPE Availability

A sufficient stock of PPE should be available to handle emergency situations. The determination of this stock level should be based on the current potential threats, the size of the infection control team and also the understanding of how easily resupply can be achieved during normal and extreme circumstances.

12 GENERAL HYGIENE PRACTICES

12.1 Clean Uniform

Staff should be provided with sufficient changes of clean uniform and instructed to replace when potentially contaminated. Contaminated uniform should also be cleaned or disposed of in a manner that does not present a risk of the spread of infection. Specific procedures should be in place to ensure staff understand the uniform change policy and that this is done with minimal risk to those changing uniform or handling the contaminated items.

12.2 Staff Hygiene Facilities

Staff hygiene facilities should be suitable, sufficient for the number of staff and in good / clean condition. These include locker rooms, toilet facilities, showering and other methods of maintaining personal hygiene.

12.3 Staff Accommodation

Staff accommodation should be of a suitable standard and kept clean to avoid the potential spread of infection. If staff are living in conditions that promote the spread of infectious diseases then the possibility of transmission is increased.

12.4 Staff Dining Facilities

Staff canteens or dining facilities should be appropriately protected from the risk of spread of infection. This includes food hygiene arrangements (HACCP systems should apply to this area) and ensuring that the structure of the facilities is maintained to a good hygienic standard.

12.5 Staff Transportation

Staff transportation services should be suitably managed to prevent the spread of infection. Procedures should be in place for the cleaning, disinfection and safe use of transportation services. Staff involved in transportation should be given appropriate level of training to manage the risk associated with this area. Staff using the services should also be briefed on any special precautions that they must take (e.g. proximity to others, handwashing prior to use, restrictions to prevent use based on symptoms etc.)

12.6 Signage

Prominent and clear signage should be available to explain the potential symptoms of concern and actions to be taken in the event of these. This signage should be located at obvious locations and also be understandable by the target audience (e.g. in correct language).

12.7 Infection Control Risk Level

Staff should be informed of the level of infection control status at the property. This should be integrated with the training that they have received to ensure that they understand what additional precautions they are expected to take.

12.8 Pest Control Programme

A pest control programme should be in place for the property. Pests can be a significant vector for the transmission of specific diseases and their entry to the property can allow for the spread of infection. The pest control programme should be designed and implemented by a competent person.

12.9 Pest Proofing

All buildings and facilities should be adequately proofed against pests. Ensuring that pests are unable to enter the property will reduce this potential vector of transmission. Pests (including domesticated animals) can be the source of potentially life-threatening diseases that whilst having minimal impact on them as carriers, could present a risk when transmitted to humans.

13 HAND HYGIENE

13.1 Hand Washing Procedures

Hand hygiene procedures should be in place that clearly state the points at which handwashing should be undertaken. This includes any time you come into contact with potentially contaminated materials, touching your face, using the bathroom and just regularly to minimise potential risk.

All staff should be trained on effective handwashing technique.

13.2 Hand Washing Stations

A suitable number of handwashing stations should be available for staff. These should be located where there is the most likelihood of being needed and of a sufficient number to allow all staff to be able to access a handwash station within a suitable timescale. If there are too few handwashing stations or are in inconvenient locations this will reduce the likelihood of regular use.

Handwash stations should be equipped with sufficient supply of anti-bacterial soap and hand sanitiser. Where these run low / out there should be a procedure in place to identify this as quickly as possible and replenish supplies.

Suitable hand drying facilities should be available and where paper is used there should be lidded receptacles for used items. The disposal of these items should also form part of the infection control risk assessment and not expose staff to unacceptable risk.

Water temperatures at handwashing stations should be sufficient to ensure effectiveness. Some hand wash soaps require a specific temperature to work effectively, generally hot water is required to ensure maximum removal of any residue.

13.3 Guest / Customer / Visitor Hand Washing

Sufficient handwashing facilities should be available in public areas for guests / visitors with signage to encourage use.

14 RESPIRATORY HYGIENE

14.1 Cough Etiquette

Staff should be trained to follow good respiratory / cough etiquette. This includes the coughing into paper towels (and then disposing of these safely) or coughing into the crook of the elbow. Handwashing should also be conducted in these circumstances.

Tissues should be available for general use and associated lidded receptacles for waste provided.

14.2 Respiratory Masks

A sufficient quantity of respiratory masks should be available if required.

15 GENERAL CLEANING PRACTICES

15.1 Cleaning Schedules

All areas of the property should be included in a detailed cleaning schedule that includes cleaning process and chemical / equipment requirements. This should be documented and regularly reviewed to ensure that it is sufficient to maintain appropriate levels of hygiene and cleanliness. Consideration of whether the cleaning schedule should be varied based on the level of infection risk should also be made.

15.2 Training of Cleaning Staff

Cleaning staff should be fully trained in general cleaning procedures. This training should be regularly reviewed and refresher training provided. The review of cleaning effectiveness may help to determine when certain staff members require refresher or additional training.

15.3 Cleaning Effectiveness

Cleaning effectiveness should be monitored via supervision / quality control procedures. The primary goal is to identify any deviations from the procedures and where additional support, guidance or training is required.

15.4 General Cleaning Training

Staff outside of the normal cleaning teams should also be trained on maintaining a clean working environment. A clean as you go policy will ensure that the possibility of infection spreading is limited.

15.5 Cleaning Equipment

Procedures should be in place to ensure that cleaning equipment does not present a risk of cross contamination. This includes systems such as colour coding for specific areas / functions, cleaning and maintenance of equipment and regular review of which equipment is used based on the cleaning schedules or procedures being used.

15.6 Carpets and Flooring

Procedures should be in place for the cleaning of carpets and flooring surfaces.

16 EMERGENCY CLEANING PRACTICES

16.1 Emergency Cleaning Incidents

Procedures should be in place to cover the actions to be taken in the event of an emergency cleaning incident. This will include the immediate response, interim precautions, clean up procedures and where necessary incident review and investigation by the infection control team.

16.2 Incident Detection

Systems should be in place to identify as quickly as possible when emergency cleaning is required. These should involve all staff members and they should have clear instructions on the actions to initiate immediately so as to protect people (including themselves) from the risk of infection.

16.3 Emergency Cleaning Training

Cleaning staff should be given appropriate information, instruction and training to conduct emergency cleaning safely and without increased infection risk.

16.4 Emergency Cleaning Equipment

Sufficient equipment should be available to perform emergency cleaning effectively and safely. The absence of appropriate equipment will potentially increase the risk to staff and /or the risk of spread of infection.

16.5 Emergency Cleaning Records

Logs should be kept of all incidents that require emergency cleaning. This information can be used to potentially trace sources of infection and also assist in the review of measures put in place.

17 DESIGNING FOR CLEANLINESS

17.1 Property Design for Cleanliness

All areas of the property should be designed in a way to ensure that cleaning is possible and effective. This may involve adapting the property to remove particularly difficult areas, or if not possible developing the most effective method of cleaning for those areas.

17.2 Room Design for Cleanliness

The layouts of rooms, furniture and fittings should be designed to allow effective cleaning.

17.3 Materials of Construction

The materials used in the construction of the property and all furniture and fittings should be consistent with effective cleaning. Where a specific material is present that cannot be effectively cleaned normally then additional measures should be taken to either develop effective cleaning methods or remove the risk by replacing the material.

18 HIGH CONTACT SURFACES

18.1 Identification of High Contact Surfaces

All high contact surfaces should be identified in cleaning schedule. This should also detail the effective cleaning process and frequency.

18.2 Cleaning Procedures for High Contact Surfaces

Specific procedures should be developed for the regular and effective cleaning of high contact surfaces.

18.3 Variable Cleaning Frequencies

There should be a variable cleaning frequency system in place that matches the frequency and methods of cleaning with the current infection risk level.

18.4 Contact Elimination / Reduction

Where possible systems should be put in place to minimise the contact with certain surfaces (e.g. automated doors). This may be in response to a specific risk assessment or escalated due to a heightened risk of infection.

19 ENVIRONMENTAL CLEANING

19.1 Lobby and Reception Areas

Specific arrangements should be in place for the cleaning of the hotel lobby and reception areas.

19.2 Public Areas

Public areas where large numbers of guests congregated should be subject to a sufficient cleaning regime to manage the spread of any potential infection.

19.3 Lifts / Escalators

Lifts / escalators should be subject to specific cleaning regimes. These areas are generally high contact surfaces and in the event of a heightened risk of infection they should be subject to additional cleaning.

19.4 Public Toilets

All public toilets should be regularly cleaned and checked for issues (e.g. such as lack of soap / sanitiser). Where an issue is identified this should be dealt with immediately and logged.

19.5 Guest Rooms

All guest rooms should be effectively cleaned in accordance with a formalised cleaning plan. For further details on room cleaning please refer to the RoomCheck standard.

20 LINEN MANAGEMENT

20.1 Handling Procedures

Procedures should be in place to ensure that used linen is handled as little as possible. The potential risk associated with used linen increases in the event of a heightened infection risk scenario (such as an outbreak or pandemic) however in all circumstances the handling of used linen should be minimised.

20.2 Linen Separation

A separation system should be in place to ensure that clean linen is not potentially contaminated by used linen.

20.3 Linen Change

Linen should be routinely and regularly changed upon change of guest.

20.4 Soiled Linen Management

There should be a procedure in place for the handling of soiled linen. This should be treated as a relatively high risk situation and the correct handling procedure followed to minimise that risk to both cleaning staff and also any coming into contact with the linen at a later stage (e.g. laundry staff).

Linen should be removed, rolled and packed to ensure soiled areas are contained.

20.5 Laundry System

An effective laundering system should be in place and operating effectively.

20.6 Non-Washable Items

Procedures should be in place for the cleaning of non-washable items. Specific considerations should be made as to the effectiveness of cleaning based on the type of item and the cleaning methods used.

21 VENTILATION SYSTEMS

21.1 Ventilation System Design

The system of ventilation for the property should be designed to ensure good air quality and avoid the spread of infection.

21.2 Mould and Fungal Growth

The property should be free from signs of mould and fungal growth. These conditions represent a health hazard in their own right, however their presence also indicates a poor system of ventilation that could allow for other issues as well.

21.3 Ventilation System Maintenance

All elements of the ventilation system should be inspected, tested, cleaned and maintained to ensure operational effectiveness. Manufacturers instructions should be followed in this regard and where mandated by local legal requirements as well.

21.4 Cooling Towers

Specific procedures should be in place for the management of cooling towers (if present) to prevent the development of legionella bacteria. The cooling tower and water system should be assessed for risk associated with legionella bacteria.

21.5 Air Conditioning

Air conditioning units and filtration systems should be regularly cleaned and maintained in accordance with manufacturers instructions.

21.6 Laboratory Testing

Laboratory testing should be conducted on cooling water and the results of this testing acted upon.

22 GYM / RECREATIONAL FACILITIES

22.1 Cleaning Schedule

All areas of the gym / recreational facility should be subject to a detailed cleaning regime. This cleaning programme should take into account the nature of the equipment and the increased requirement to clean based on usage.

The gym area should be clean and free from signs of dirt / damage.

22.2 Towel Management

If towels are provided there should be systems in place to ensure that used towels are laundered and do not present a contamination risk.

22.3 Self-Clean Facilities

Self-clean facilities should be available for gym users such as paper towels and sanitiser for them to clean equipment before and after use as required.

22.4 Paper Towel Disposal

Lidded receptacles should be present to allow used paper towels to be disposed of without presenting a risk of infection.

22.5 Hand Wash Stations

Handwash / sanitisation stations should be present in the gym area with signage encouraging use.

22.6 Personal Hygiene Rules

Personal hygiene rules should be displayed in the gym area and enforced where necessary.

23 CHILDRENS CLUBS & FACILITIES

23.1 Restrictions / Suspension

Procedures should be in place to restrict or suspend children specific clubs and activities during a potential infectious disease outbreak. The level of contact and potential for the spread of infection in these areas is high and is exacerbated by the reduced levels of understanding for the importance of hygiene precautions displayed by children.

23.2 Cleaning Schedules

There should be a detailed cleaning schedule for the childrens facilities that is fully implemented. This cleaning programme should take into consideration the nature of the facilities and its intended users. Some items may be harder to clean effectively and where possible additional cleaning measures put in place.

23.3 Personal Hygiene Rules

Personal hygiene rules should be explained to the children and reinforced. The frequency of explanation will greatly depend on the age of the children and should also reflect the level of infection risk at the property. Parents should be asked to reinforce these instructions to maximise compliance.

23.4 Hand Hygiene Facilities

Hand hygiene facilities in the childrens areas should be available and useable by both children and all others present in this area.

23.5 Surface Cleaning

All surfaces within the childrens facilities should be subject to thorough cleaning, particularly where there has been a bodily fluid incident.

23.6 Toilet Facility Cleaning

Detailed cleaning protocols should be in place for the toilet facilities in children specific areas.

23.7 Toy and Play Feature Cleaning

Specific cleaning protocols should be in place for the cleaning and disinfection of childrens toys and features such as ball pools.

23.8 Signing In and Medical Screening Procedures

Signing in procedures should involve medical screening questions designed to identify potential infectious diseases before child is allowed to enter childrens areas.

24 SPA & TREATMENT AREAS

24.1 Pre-Treatment Screening

Guests should be asked to complete pre-treatment medical / health screening questionnaires and disclaimers. These should be reviewed prior to treatment and where a potential infection risk is identified the appropriate action should be taken. This may include additional precautions or more likely involve the guest being informed that the treatment is not possible / suitable for them whilst suffering from a specific condition.

24.2 Personal Hygiene Rules

Guests should be given full details of the personal hygiene rules with the spa and treatment areas.

24.3 Hygiene Facilities

Sufficient handwashing, showering and hygiene facilities should be available for guests to comply with personal hygiene rules.

24.4 Complimentary Items

Complimentary items such as used towels, robes and slippers should be managed in a way to prevent the spread of infection.

24.5 Sauna Facilities

Sauna facilities should be appropriately constructed, in a good clean condition and subject to a specific cleaning protocol.

24.6 Treatment Rooms

All treatment rooms should be in a good clean condition and subject to a specific cleaning protocol.

24.7 Treatment Rooms

All treatment rooms

24.8 Spa / Treatment Equipment

All spa / treatment equipment should be maintained in accordance with manufacturers instructions.

24.9 Treatment Specific Hygiene Protocols

Treatment specific hygiene protocols should be in place to prevent the spread of infection. This might include the development of a sharps policy for needle disposal or a more general medical waste disposal policy. Additional considerations might be PPE equipment requirements for specific treatments that involve bodily fluids or contact with high risk areas of the body.

24.10 Spa Staff Hygiene & Medical Screening Arrangements

All spa staff should be subject to personal hygiene and medical screening arrangements.

25 POOL DECONTAMINATION

25.1 Pool Cleaning

All pool facilities should be subject to a regular cleaning schedule that is followed and documented.

25.2 Automatic Disinfection

Automatic disinfection systems should be in place to ensure that correct levels of biocide and water characteristics are maintained at all times.

25.3 Pool System Maintenance

All pool systems should be regularly maintained in accordance with manufacturer guidances.

25.4 Emergency Procedures

Emergency closure and cleaning, decontamination and disinfection protocols should be in place and followed.

25.5 Pool Water Testing

Pool water should be subject to regular testing / laboratory analysis and results acted upon.

25.6 Pool Hygiene Rules

Pool hygiene rules should be clearly displayed and enforced.

26 MANAGEMENT OF SYMPTOMATIC GUESTS

26.1 Symptom Identification and Reporting

Systems should be in place to identify those guests that are displaying symptoms consistent with an infectious disease.

Guests should be given information on how to report illness from their rooms.

26.2 Symptomatic Guest Isolation and Support

Procedures should be in place to initiate guest support whilst isolating or separating guests from others.

26.3 Medical Testing

Medical testing should be initiated when a guest is symptomatic. This will allow for the confirmation of whether a specific infectious disease is present and inform the actions to be taken to minimise the potential spread of any infection.

26.4 Reporting / Notification

Local legal notification procedures for infectious diseases should be followed. The prevention of wider outbreak / pandemic is very much reliant upon organisations being responsible and following local legal notification procedures for cases of specific diseases. Failure to do so could lead to both legal penalties / fines and contributing to uncontrolled spread of infection within the wider community.

26.5 Room Cleaning of Symptomatic Guests

Emergency cleaning procedures should be in place for the cleaning and disinfection of the rooms used by symptomatic guests.

26.6 Escalating Personal Hygiene Precautions

All guests (not just those infected) should be encouraged to comply with more stringent personal hygiene precautions during periods of heightened infection risk.

26.7 Prevention of Cross Contamination

All items used by infected guests (particularly laundry) should be appropriately segregated from other items and cleaned / disposed of without risk of cross contamination.

26.8 Protective Arrangements

Special protective arrangements should be in place for the teams involved in cleaning the rooms / areas used by infected persons. Where possible these staff should not be asked to also clean the rooms of non-infected persons as there is much higher risk of them spreading any potentially infectious diseases during the cleaning process.

27 OUTBREAK PROCEDURES

27.1 Outbreak Procedures

Documented outbreak management procedures should be in place that can be activated at the right time to minimise the spread of infection.

27.2 Outbreak Training

All staff should be trained on the actions they should take in the event of a suspected or confirmed outbreak situation.

28 OUTBREAK COMMUNICATION POLICIES

28.1 Communication Policies

Clear communication policies should be in place for communicating with all staff, guests, visitors, business partners (suppliers, booking agents) and authorities in the event of an outbreak.

29 NOTIFICATION OF REPORTABLE CASES

29.1 Reporting Requirements

Staff should be aware of the requirements associated with the reporting of infectious diseases.

All reportable incidents should be reported to the relevant authorities within the appropriate timescale.

30 DOCUMENTATION & RECORDS

30.1 Cleaning Schedules

Cleaning schedules should be fully documented and records of cleaning kept.

30.2 Infection Control Procedures

Infection control procedures should be fully documented and records of actions taken kept.

30.3 Incident / Case Records

Records of all incidents / reportable cases should be kept.

31 CLEANING CHEMICAL MANAGEMENT

31.1 Cleaning Chemicals

Correct cleaning chemicals should be available for use and used in accordance with manufacturers instructions.

31.2 Dilution Systems

All cleaning chemical dilution systems should be checked to ensure that they are operating effectively.

31.3 Chemical Use Training

All staff should be trained on the correct use of cleaning chemicals and equipment.

32 CLEANING EFFECTIVENESS MONITORING

32.1 Visual / Physical Checking

Visual and physical checks of cleaning effectiveness should be conducted regularly and the results recorded.

32.2 ATP Surface Testing

Test results of surface ATP samples should be supportive of good standards of cleanliness being achieved. Where this is not the case the cleaning standards and possibly prescribed methodology should be reviewed to ensure its effectiveness.

32.3 Continual Improvement

The results of all monitoring should be acted upon to improve cleaning effectiveness.