*TOURISM GOLD STANDARD CERTIFICATION*

*Sample Template for Fort Street Tourism Village and Harvest Caye*

*For Entities (Gift Shops, Stores, Restaurants and Bars)*

**Declaration:**

I hereby certify that all information provided in this application and plan is true, accurate and complete to the best of my knowledge. I have not withheld any information and understand any falsification is illegal and will disqualify this application.

Print Name of Gold Standard Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Gold Standard Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Address of the Entity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicants must also submit copies of Company Registry, Trade License or Incorporation Certificate along with their submission. Below checklist must be submitted in the plan to:* [*entitygoldstandardapplication@belizetourismboard.org*](mailto:entitygoldstandardapplication@belizetourismboard.org)

***Health and Safety Protocols for***

***[FSTV and Harvest Caye Entities]***

***Checklist for Health and Safety Protocols***

*The below is a sample template to guide entities in developing their health and safety protocols to obtain a Gold Standard Recognition.  
Updated July 28th, 2021*

**Name of Entity**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unit # of Entity** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Entity** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cruise Port of Entity**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1) Appoint a Tourism Gold Standard Manager**

1. Contact information of the appointed Manager
   * Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contact information of the appointed Alternate Manager
   * Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Duties and responsibilities of the Manager/ Supervisor

* Ensure that employees have done health and safety training sessions
* Ensure that employees are aware of the procedures on how to handle a symptomatic case.
* Conduct spot checks to ensure all protocols are being followed by employees
* Ensure all employees have PPE and disinfecting/ sanitizing equipment
* Ensure that entity Protocols are reviewed and modified as necessary
* Implement corrective actions when staff and guests are non-compliant with protocols
* List Other Duties & responsibilities:
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Dates of training done by Gold Standard Manager and Alternate

**\*Training videos are posted on** [**www.belizetourismboard.org**](http://www.belizetourismboard.org)

Note: Select the appropriate training that applies to your entity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training** | **Date attended by Gold Standard Manager** | **Name** | **Signature** | **Date attended by Alternate Manager** | **Name** | **Signature** |
| Enter specific training name here |  |  |  |  |  |  |
| Enter specific training name here |  |  |  |  |  |  |
| Enter specific training name here |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**2) Implement Monitoring and Reporting**

1. Monitoring
   * Employee checks:
     1. If employee is sick, he should not come to work and report to Manager.
     2. Every employee’s temperature will be checked every day before a shift at the port entrance.
     3. Every employee will be asked the following questions:
        1. Have you been in close contact with a suspected or confirmed case of COVID 19?
        2. Are your experiencing a cough, shortness of breath or sore throat
        3. Have you had a fever in the last 48 hours?
        4. Have you had a loss of smell or taste?
        5. Have you had any vomiting or diarrhea in the last 24 hours?
        6. Does anyone in your immediate household present these symptoms?
     4. If multiple answers are yes, the employee will be asked to home and seek medical attention.
   * Guests
     1. Any guest that is observed to be symptomatic will be denied entry.
   * Security personnel and all staff will report any observations of guests and staff that appear to be symptomatic or non-compliant with protocols.
   * All will be observed for the following symptoms and reported:
     1. Less serious symptoms
        1. Fever
        2. Dry cough
        3. Headache
        4. Conjunctivitis
        5. Tiredness (prior to tour activities)
        6. Loss of taste and smell
        7. A rash on skin or discoloration of fingers or toes.
        8. Aches and pains
        9. Sore throat
        10. Diarrhea
     2. Serious symptoms
        1. Difficulty breathing or shortness of breath
        2. Chest pain or pressure
        3. Loss of taste and smell
     3. Any symptom will be communicated via the FSTV or Harvest Caye Gold Standard Manager
2. For reference of reporting: Note below sample logs **or** attach image if you already have logs.
   * Logs attached:
     1. COVID-19 symptomatic log template

I agree to use the below sample logs (Check box if you agree and ensure to have logs printed for inspection)

* + Covid-19 symptomatic log

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Guest or Employee Name** | **Email address** | **Emergency Contact info** | **Gender** | **Age** | **Symptoms** | **Time observed** | **Action Taken** |
|  |  |  |  |  |  |  |  |  |

**3) Ensure Social Distancing Protocols**

1. Attached are pictures of social distancing in all of the below areas. For reference ensure to include x markers with tape/ stickers to show standing areas and signage for guests where applicable. Also insert pictures of sneeze guards where applicable.
   * Place in strategic locations such as:
     1. Images of signage the Entrance of Entity
     2. Images of floor markings inside the Entity

|  |  |
| --- | --- |
| *Area* | *Picture* |
| *For example- Entrance Area Sign* | *Please Insert Images of your store* |
| *Inside the Entity (showing signage and floor marking)* | *Please Insert Images of your store* |

**4) Implement Enhanced cleaning and Sanitization**

1. Staff
   * All employees will be provided a hand sanitizer for daily use
   * All staff will wear masks and/or face shields
   * Face shields will be optional depending of employee duties or health risk
   * Gloves will be used depending on employee duties when handling equipment

*High Touch Point Areas checklist-*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *AREA* | *High Touch Point areas* | *Solution Used* | *Frequency* | *CHECK IF COMPLETED* |
| *e.g Store* | *Counter top*  *Computer*  *Keyboard*  *Credit Card machine*  *Cash register*  *Phone*  *Tables*  *Chairs*  *Light switch* |  |  |  |
| *Equipment* | *All items displayed* |  |  |  |

1. *Provide inventory list of cleaning material and PPEs*

|  |  |
| --- | --- |
| *ITEM* | *QUANTITY* |
| *Surgical Masks* |  |
| *Gloves* |  |
| *Bleach* | *5* |
| *Bacteria killing agents* | *10* |
| *Sprayers* | *5* |
|  |  |

1. *Attached are images of PPE and cleaning equipment*

*Insert images of all PPE purchased and is in inventory at the entity*

Example of PPE: **

1. *Disposal of waste*
   * *All employees will wear protective gloves and face masks when handling trash. Trash bins will be lined with bags and tied off securely when full.*
   * *All bags with possible contamination will be sealed in red bag and disposed separately.*

**5) Develop a Response Plan**

All staff must follow the following steps to deal with symptomatic person

Kindly insert step by step response plan based on your operations. See samples below

* + 1. Anyone with symptoms will be denied entry into the insert type of entity here.
    2. Employees who are symptomatic should not report to work and notify Program Manager.
    3. Should staff become ill at the insert type of entity here; they will be sent home for medical attention.
    4. Wait on report from insert cruise port of entity here Gold Standard Manager on how to proceed with employee/guest.
    5. Disinfect and sanitize high touch point areas where case may have been in contact

**6)Ensure Clear and Consistent Communication**

1. Signage

Below are images of signage around the entrance area, cashier area and inside store. **Reference annex signs of social distancing, proper hand washing and symptoms for constant reminders to guest and staff**. You can print and laminate these to stick in strategic locations.

*Insert images of signage around the entity*

|  |  |
| --- | --- |
| *Area* | *Picture* |
| *For example- Picture of Signs at Entrance* |  |
| *Signs at Cashier Area* |  |
| *Signs Inside the entity* |  |

**7)Install Sanitizing Stations**

1. Attached are images of sanitizing stations installed equipment with soap dispensers, sanitizer gel, single use towels, etc

*Insert images below of your sanitizing stations*

|  |  |
| --- | --- |
| *Area* | *Picture* |
| *Example- Sanitization Station at entrance area* |  |
| *Sanitizing stations at cashier area* |  |
| *Sanitizing stations inside the entity or anywhere else* |  |

**8) Deploy New Technology**

1. Attached are images of payment process (credit card, pre check-in credit card, website, online transfer, digital ticketing, QR code, etc.

*Insert images below of any new technology implemented to make contactless operations*

|  |  |
| --- | --- |
| *Type of payment* | *Picture or URL link* |
| *Example of contactless payment (online payments, credit card, sanitizing cash station, etc.)* | *POS Machine for Debit/Credit Cards* |

**9) Implement a Training Plan**

1. All employees will be trained on Health and Safety protocols implemented at your entity. Training offered will be logged using the template below

Images will also be kept for records. (Insert images if available)

Sample Training Log

|  |  |  |  |
| --- | --- | --- | --- |
| **Training** | **Date attended staff** | **Names of staff** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attach images of training sessions

|  |
| --- |
|  |

**Annex- Sample Signage**

