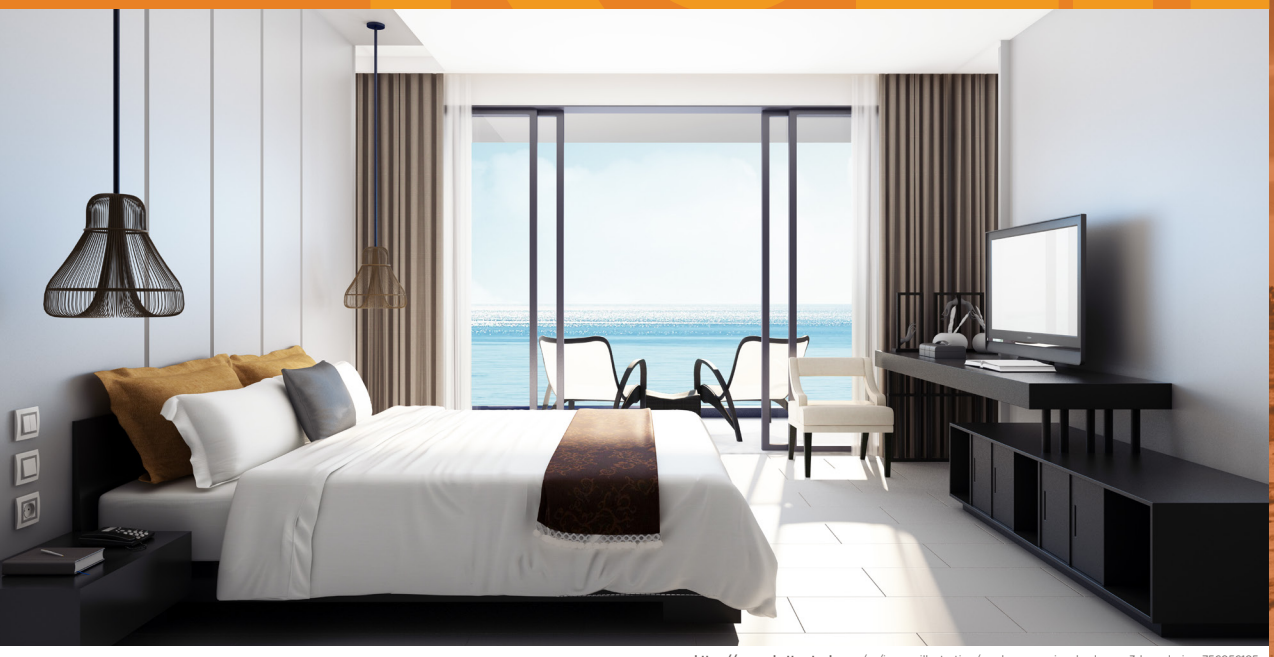
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SERIES Recommendations to Minimize the Risk of COVID-19 Transmission in the Latin America and the Caribbean Tourism Sector

Recommendations to Minimize COVID-19 Transmission in Tourist Accommodation

RO2.1



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Disclaimer

- The recommendations in this document are intended to provide guidance on reducing the risk of SARS-CoV-2 virus transmission in tourist establishments and spaces. They should therefore be regarded as guidance only and not prescriptive.
- The recommendations are based on the assumption that there is no zero-risk scenario and that it is therefore impossible to completely remove the risk of infection for the duration of the pandemic, although it is possible to reduce it.
- The recommendations are provided without prejudice to the current legislation in each country, and this document does not replace existing government regulations or guidelines.
- The content of the recommendations is based on publicly available scientific information at the time of publishing (August, 2021). New findings or future studies may require the document to be revised.

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1 Scope

This document includes, without prejudice to current legislation, the recommended **minimum specific preventive measures to be implemented in tourist** accommodation against COVID-19 infection risk nodes (RNs)[1], in order to effectively protect guests and staff.

This document applies to any kind of recognized tourist accommodation in each country, regardless of category, type or size e.g., categorized and non-categorized hotels, hostels, campsites, rural accommodation, short-stay tourist apartments, etc.

Note: Before reading this document (**R02.1**), it is advisable to read document **R01** (General Recommendations to Minimize the Risk of COVID-19 Transmission in Tourist Establishments and Spaces). Reading document **R03** (Recommendations to Manage COVID-19 Prevention Protocols in Tourist Establishments and Spaces) is also recommended. The **E02** documents will allow tourist accommodation to assess the level of transmission risk in their spaces and activities, and comply with the measures set out in this document (**R02.1**) by using a Check List.

1. A RN is a critical point in the process or space where there is a greater chance of infection, considering SARS-CoV-2 transmission routes. More information can be found in document **R01**.

2 Preventive Measures against Risk Nodes (RNs)

2.1

Risk map for tourist accommodation

These recommendations are based on a diagnosis **previously carried out to identify the main COVID-19 infection risk nodes at tourist accommodation, as well as their level of coverage** in the current protocols in different countries and regions around the world[2]. The diagnosis concluded that, overall, the level of RN coverage by tourist accommodation protocols was high (i.e. satisfactory). Figure 1 shows this level of coverage.



Figure 1. Tourist accommodation risk nodes (RNs)

2. Inter-American Development Bank (2021): https://publications.iadb.org/publications/english/document/Diagnosis-on-Biosafety-Protocols-in-the-Tourism-Sector-of-Latin-America-and-the-Caribbean-Diagnostic-Report.pdf

Therefore, considering the results of the diagnosis:

- Document **R01** sets out the general **measures to minimize the risk of SARS-CoV-2** infection in tourist organizations. These are cross-cutting factors that increase or reduce the risk of infection, such as **ventilation, mask wearing, safety distance, exposure times, hand sanitizing and relative humidity (RH) control.** The measures in this document apply to all tourism establishments and spaces.
- This document **R02 complements these cross-cutting measures with specific ones that target the RNs** unique to tourist accommodation. Namely, it includes the most relevant measures and those considered to a lesser extent by the biosafety protocols assessed in the diagnosis.
- Document **R03 provides recommendations to ensure the adequate implementation, communication and control of the protective measures** against infection in the RNs, **regardless of the type of activity or tourist space involved.**

Tourist accommodation should consider the RNs listed in this document to define their Prevention Plan. The measures of the Prevention Plan should follow the recommendations of both documents **R01** and **R02.1**. Likewise, they should consider the recommendations for the proper management of these measures, which are found in document **R03**.

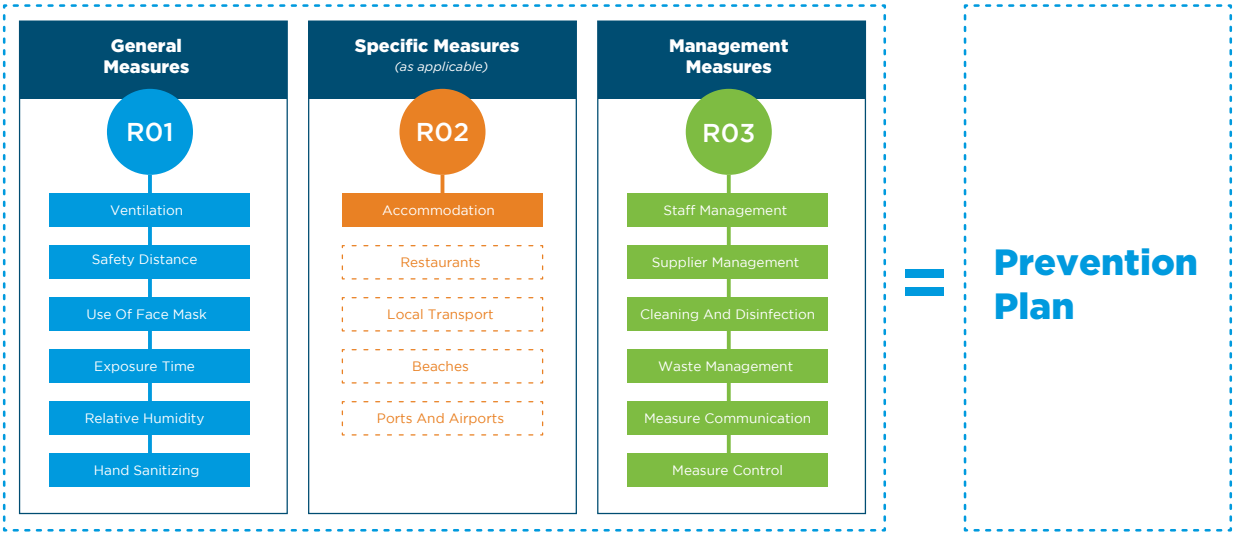


Figure 2. How to build the Prevention Plan

2.2

Guest arrival and departure

2.2.1 Risk nodes (RNs): check-in, key collection and payment

This process involves a risk of droplet and aerosol transmission for both staff and guests due to the proximity between guests, between staff, and between both guests and staff while interacting during check-in.

To a lesser extent, there is a risk of transmission through contact with contaminated surfaces (fomites) from handling documentation, keys, payment methods and luggage, among others.



Figure 3. Risk nodes (RNs) upon arrival and departure

Recommendations

Firstly, to reduce the risk of infection, the size and ventilation of the space should be assessed **R01,** in order to determine and control the maximum permitted capacity, especially at peak times. The feasibility of reorganizing the arrival and check-in process should also be assessed; accommodation should encourage pre- or online check-in to reduce the number of guests passing through reception and exposure times at the front desk. Digitizing part of, or, the entire process may be helpful.

Since it is not always possible to maintain the safety distance between guests and staff during check-in, wearing FFP2, N95 or KN95 face masks is recommended, as is erecting protective barriers such as screens (made of easily cleaned and disinfected materials) to reduce the risk of droplet transmission through direct contact. It is also advisable for staff behind the counter to keep the safety distance, as well as queuing guests. Using floor markings for this purpose and signs with the corresponding warning is recommended.

Since this is the entrance to the accommodation, providing a hand sanitizing station with hydroalcoholic solution is recommended.

Staff should handle guest documentation as little as possible. If handled, staff should then sanitize their hands. Contactless payments are also recommended, and travelers should be encouraged to swipe their payment cards themselves at the point-of-sale (POS) terminal, if applicable. The POS should be disinfected after each contact transaction.

Staff should generally avoid touching their nose, eyes and mouth during the service and should sanitize their hands frequently, especially after handling any type of guest documentation, payment methods or luggage.

Reception counters and luggage carts (if applicable) should be included in the accommodation Cleaning and Disinfection Plan, as specified in document **R03**. The reception area should be cleaned and disinfected at least once a day, and this frequency should be increased according to the number of users and whenever necessary. Keys and access cards should be sanitized after they are returned by the guests.

2.3

Common areas

This section includes spaces shared by guests such as lobbies, corridors, waiting areas, elevators, stairways, restrooms, playgrounds/recreation areas, swimming pools and gyms, among others.

2.3.1 Risk nodes (RNs): lobby, corridors, waiting areas, stairways, elevators

There is a risk of infection in these areas, as they are mostly enclosed and sometimes small spaces where the safety distance cannot always be maintained (such as elevators). In some cases they are poorly ventilated and may be crowded. Furthermore, elevators are used by guests from different traveling parties[3] and are very busy at certain times of day (e.g., at breakfast time) or in certain types of accommodation (e.g., tall buildings with many floors).

To a lesser extent, there is a risk of infection through fomite transmission in these areas (button panels, armrests, counters, etc.).



Figure 4. Risk Nodes (RNs) in common areas

3. Group of people traveling together.

Recommendations



In these spaces, it is important to assess when crowding occurs (e.g. at check-in, breakfast, etc.) due to the characteristics of the accommodation. If crowding is common, the size and ventilation of these spaces should be ascertained (**R01**) to establish a maximum capacity, which should be communicated to guests. Likewise, it should be determined whether there are any alternatives to these spaces (e.g., using the stairs instead of the elevator, especially for people with rooms on the lower floors, as long as their physical condition and health allow it).

Face masks should be worn, in accordance with the recommendations of document **R01**.

With regards to elevators specifically, although users are only inside for a short period of time (which reduces the time during which potential infectious aerosols are inhaled), the following is recommended:

• Encourage users not to share elevators with other people outside their traveling party.

• Urge users to wear a face mask inside, even if they are alone.

• Program elevators so the doors stay open whenever they are not being used[4], allowing the air inside to be renewed. If this is not possible, set the doors to close a few seconds after the last user, to help aerosols dissipate before the next user enters.

• Install a grill that allows air to enter the elevator. By doing so, the upward and downward movements of the elevator will help renew the air. Ideally, have or install an extractor fan inside the elevator (mechanical ventilation).



Accommodation common areas have high contact points (e.g., elevator button panels, armchair or chair armrests, door handles, stair railings, etc.). It is therefore important that tourist organizations include these areas in their Cleaning and Disinfection Plan, in accordance with document **R03**, and that they clean more frequently depending on the number of guests using these areas, and whenever necessary.

Having hand sanitizing stations next to elevators is recommended.

4. The doors that should stay open are those on the same floor/level where the elevator is located.

2.3.2 Risk node (RN): shared restrooms

Restrooms shared by guests or staff are a source of infection, since they are usually small, unventilated spaces (or with insufficient ventilation), where many users can converge in a short space of time, favoring aerosol or droplet transmission of the virus through direct contact because the safety distance cannot be maintained.

Although no cases have been described of fecal-oral transmission from aerosolized faeces when flushing the toilet[5], hand-mouth fomite transmission can occur in these spaces from touching high-contact surfaces.

Finally, there is a high level of contact with surfaces (faucets, toilets, doors, etc.), which may pose a risk of infection if they are contaminated.

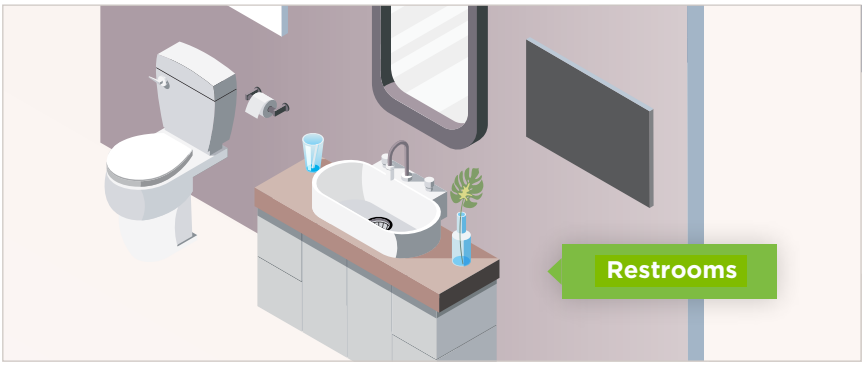


Figure 5. Risk Nodes (RNs) in shared restrooms

Recommendations

Ventilation in restrooms is crucial, both in communal areas and in toilet cubicles. Thus, efforts should be made to avoid crowding in these spaces and to ventilate them adequately and continuously:

- If present, external windows should be kept open whenever weather conditions allow.
- If there is a window or grill to an interior duct shared with the rest of the building (e.g., if a tourist apartment is located in a residential building), it is advisable not to open it to avoid potential aerosol transmission from other spaces that share the duct.
- With regards to toilet cubicles, the following is specifically recommended:

5. Evidence has been presented to suggest that the virus that causes COVID-19 may be found in feces. However, only one study has cultured this virus from a single stool sample, and, to date, no fecal-oral transmission has been reported: https://www.who.int/es/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations

o Encourage users to keep their mask on inside toilet cubicles, although they might think it is unnecessary because they are alone in an enclosed space and isolated from other people.

o Install extractor fans and ensure they operate continuously throughout the day (even if there are outside windows that are kept open).

o Urge users to close the lid before flushing the toilet, as a general hygiene measure and as a precautionary principle.

To ensure that the safety distance is maintained in restrooms, it is important to determine and indicate their capacity, visible to users before entering.



Shared restrooms should have water, soap, disposable paper towels, and lidded automatic or pedal wastebaskets lined with a bag to facilitate waste collection and subsequent cleaning, thus promoting hygiene and reducing the risk to staff. Supplies (disposable paper towels, soap and toilet paper) should always be replenished as necessary, and should be checked at least daily.

Given the high level of contact with restroom surfaces, it is recommended that tourist accommodations plan for future investments in touchless faucets, automatic soap dispensers and touchless toilets (e.g., pedal or sensor flush), if they do not already have them.

These spaces should be included in the Cleaning and Disinfection Plan, as specified in document **R03**. Restrooms should be cleaned and disinfected at least once a day, and this frequency should be increased according to the number of users and whenever necessary.

2.3.3 Risk node (RN): recreational areas

Recreational activities generally take place outdoors, although depending on the facilities and even the weather conditions, they can also take place indoors. In the latter case, the associated risks are increased by the confluence of modulating factors.

These areas present a risk of infection primarily due to potential crowding and droplet transmission through direct contact between users (e.g., between children not wearing face masks in playgrounds), especially when they are not supervised by staff to ensure compliance with safety measures.

Transmission through contact with contaminated surfaces (fomites) in outdoor spaces is low (as they are exposed to sunlight, wind and other environmental factors). It is possible indoors, although it is less likely than droplet transmission through direct contact.



Figure 6: Risk Nodes (RNs) in recreational areas

Recommendations

If a tourist accommodation offers organized recreational activities, priority should be given to outdoor activities that do not involve close contact between participants. If facilities are indoors, it is suggested that these spaces remain closed, as it is not always possible to maintain the safety distances between children, and many countries do not require children to wear face masks. If these facilities are outdoors, setting a capacity limit is suggested, as is urging users to keep the safety distance. In every case, it is recommended that children wear face masks.

Users should be encouraged to disinfect their hands before entering and leaving recreational areas. .

Likewise, the equipment in these areas should be cleaned and disinfected at least daily. This equipment should be included in the accommodation Cleaning and Disinfection Plan, in accordance with the recommendations of document **R03**, and the frequency should be increased according to the number of users and whenever necessary.

2.3.4 Risk nodes (RNs): swimming pools and saunas

Swimming pools:

So far, there is no evidence to prove that the SARS-CoV-2 virus is transmitted through water[6,7]. Furthermore, water in swimming pools undergoes continuous bactericidal and algaecide chemical disinfection cycles (chlorine, bromine, salt electrolysis), which inactivates the SARS-CoV-2 virus[8]. Likewise, in areas of continuous water flow (e.g., hot springs), this continuous flow is enough to wash away and dilute any potential infectious elements.

The main SARS-CoV-2 transmission route in swimming pools and areas of water is through respiratory secretions caused by coughing and sneezing, as well as through person-to-person contact[9].

6. CDC (2021). Enjoying Beaches and Pools. https://cdc.gov/coronavirus/2019-ncov/daily-life-coping/beaches-pools.html

7, 9 CSIC (Spanish National Research Council) (2020). Report on SARS-CoV-2 Transmission at Beaches and Swimming Pools: https://www.csic.es/sites/default/files/informe_playasypiscinas_csic.pdf

8. Xiling et al. (2021). In Vitro Inactivation of SARS-CoV-2 by commonly Used Disinfection Products and Methods. Nature: Scientific Reports.11:2418. https://doi.org/10.1038/s41598-021-82148-w

The risk of transmission varies depending on whether swimming pools are indoors or outdoors. At indoor swimming pools, potential crowding increases the risk of infection, which increases further if there is inadequate ventilation. At outdoor pools, if the safety distance not maintained, the risk of droplet transmission through direct contact also increases (although to a lesser extent than at indoor pools due to drafts and other environmental conditions).

Transmission through contact with contaminated surfaces can occur when users enter the facilities without sanitizing their hands (this is more likely at indoor than outdoor pools, as wind, sunlight and other environmental factors help to inactivate the virus outdoors).

Fomite transmission is unlikely if users enter and exit pools with treated water.

Saunas:

Saunas are enclosed spaces with poor ventilation where clients that may not belong to the same traveling party may converge. The risks differ depending on the type of sauna:

In the Finnish sauna (dry), its high temperature (> 55ºC) neutralizes the virus in about 5-10 minutes (the higher the temperature, the fastest the inactivation)[10,11]. This means that the risk of airborne transmission by aerosols is low, although not the risk of transmission by droplets. In this case, the transmission of the virus occurs immediately (i.e the moment the drops are expelled and they are deposited on the mucous membranes of another person).

In the wet sauna (Turkish bath), with a temperature between 40ºC and 50ºC, thermal inactivation is slower than in the dry sauna because it operates at lower temperature. Also, the relative humidity (RH), close to 100%, transforms water into steam, which users inhale as part of a respiratory treatment (for example, with essences of eucalyptus). Although the high RH favors the deposit of aerosols, reducing the airborne transmission risk, aerosol-based respiratory therapies are not recommended during the pandemic as a precaution.

10. Wang et al. (2021). Solar Heating to Inactivate Thermal-Sensitive Pathogenic Microorganisms in Vehicles: application to COVID-19. Environmental Chemistry Letters 19:1765–1772. https://doi.org/10.1007/s10311-020-01132-4

11. The latest research proves complete inactivation of the virus in 20 min. at 50-55ºC, in 5 min. at 55-60ºC and in 3 min. at 65ºC. https://www.news-medical.net/life-sciences/The-Thermal-Inactivation-of-SARS-CoV-2-(Spanish).aspx

Recommendations



Swimming pools:

Outdoor pools should always be prioritized over indoor pools. If there are indoor pools, it is essential that air conditioning systems are regulated to increase the amount of fresh air entering the space, that air recirculation is reduced as much as possible and that existing filtration systems are checked. In these spaces, especially if there is no natural ventilation, CO_2 levels should be measured to determine the level of air cleanliness, and ventilation should be increased or the capacity decreased, as necessary, as specified in document **R01**.

When determining the pool capacity (wet area), the movements of the people inside should be considered **R01**, e.g., diving or swimming. The outside space (dry area) around the pool should also be considered (to strike a balance between these two areas).

The safety distance should be maintained both outside and inside the pool (where face masks are not worn)[12]. The recommendations for wearing face masks outdoors should follow those set out in document **R01**. Under no circumstances should face masks be worn while swimming, as moisture renders them useless (as well as posing a risk to users).



Hydroalcoholic solution should be provided at the entrance to swimming pools and users should be encouraged to disinfect their hands when entering.

Placing towels, either provided by the accommodation or by guests, on equipment such as sun loungers, hammocks, etc. in the dry area of the pool is recommended. If towels are provided by the accommodation, there should be a non-manual lidded hamper lined with a bag, where users can deposit their towels when leaving the area. Document **R03** includes recommendations on washing textiles for tourist organizations.

Equipment of the swimming pool should be included in the accommodation Cleaning and Disinfection Plan, as indicated in document **R03**. These areas should be cleaned and disinfected at least once a day, with high-contact areas (showers, restrooms, handrails, stairs, etc.) being cleaned more frequently, depending on the number of users and whenever necessary.

Maintaining hygienic water conditions[13]:

Although there is no scientific evidence on the transmission of SARS-CoV-2 in water, the behavior of other pathogens in this liquid environment requires water quality controls in swimming pools to be maintained, if not increased. The following minimum recommendations apply:

12. Although it is believed that products, such as chlorine, used in swimming pool maintenance could neutralize potential viral aerosols quicker, there are still no conclusive scientific studies to prove this. Therefore, as a precaution, it is advisable to follow the recommendations regarding capacity control, social distancing and mask wearing as specified above (always in the dry areas of indoor pools and in the dry areas of outdoor pools when users move from one place to another).

13. In any case, the requirements established by the relevant authority on water quality in swimming pools shall be of mandatory minimum compliance.

- Carry out automated swimming pool water treatments, and check disinfection parameters at least twice a day.
- Use a water disinfection system throughout the day, e.g., 24-hour chlorination or use of bromine tablets.
- Keep a periodic record, preferably daily (manual or automatic), of swimming pool water checks (in each pool); the pH value should be between 7.2 and 7.8 and the free chlorine level between 1 and 3 parts per million[14]. This record should be carried out by the accommodation maintenance technician.



Saunas:

As dry saunas should only be used by individuals or family units, appropriate organizational measures (such as prior reservation and time slots) should be introduced, since the infectious aerosols emitted by people inside these spaces are not immediately inactivated by temperature as it takes time to do so.

Ventilating dry saunas is recommended for at least 15 minutes between time slots or family units (considering the virus viability times described above) and at the end of the service.

Steam rooms should be closed as a precaution.



In dry saunas, towels should be provided for use by guests to reduce the risk of infection from contaminated surfaces. After use, towels should be placed in a lidded hamper lined with a bag for subsequent laundering, as specified in document **R03** regarding textile cleaning.

These spaces should be included in the accommodation Cleaning and Disinfection Plan, as set out in document **R03**. Daily cleaning and disinfection should be carried out, and the facilities should be wiped down after each use.

2.3.5 Risk nodes (RN): gyms

Some tourist accommodations have gyms for the enjoyment of their guests. Gyms present a risk as they are usually enclosed spaces where many users can gather for long periods of time, which increases the creation of aerosols. Furthermore, high-intensity physical activity increases the chance of expelling droplets, with the consequent risk of transmission.

Many of these gyms are set up as rooms with equipment, without any staff from the tourist accommodation to monitor compliance with preventive measures.

14. CDC (2020). Stay Safe and Healthy in your Backyard Pool. https://www.cdc.gov/healthywater/swimming/safe-swimming-week/feature.html

Recommendations



The preventive measures may differ according to whether the gym or room is used for exercise equipment or for group classes:

- In the first case, guest capacity should be defined together with a control mechanism, especially as these spaces do not usually have accommodation staff to ensure compliance with preventive measures. This capacity should allow users to comply with the safety distance requirements. Depending on the number of users, it may be necessary to establish a reservation system to ensure the capacity is not exceeded. If space is limited, separation barriers (screens, easy to clean and disinfect) should be erected between areas or equipment (e.g., between treadmills). Alternatively, equipment can be rearranged and turned around so that people do not exercise "face to face". It should be noted that these measures reduce the risk of infection through contact with expelled droplets, but do not reduce the risk of airborne aerosol transmission. Therefore, wearing FFP2, KN95 or N95 face masks at all times is essential, as is monitoring the capacity by considering the air renewal provided through ventilation (**R01**).
- If group activities are held in the gym, they should be moved to outdoor areas of the tourist accommodation. If this is not possible, it is advisable to reduce the capacity of the group, marking the spaces to be occupied on the floor to ensure the safety distance, and keeping the CO_2 levels in this space below 800ppm at all times, as described in document **R01**. All high-intensity physical activities should be avoided (other activities such as yoga, pilates, etc., may be offered).

Perspiration can wet face masks and make them less effective. It is therefore particularly important to pay attention to the preventive measures in order to reduce the risk of infection during any physical activity. Face masks should be replaced if they get wet[15].



Guests should be encouraged to always use a towel, either their own or provided by the accommodation, while using shared gym equipment. If towels are provided by the accommodation, a lidded basket lined with a bag should be made available, and users should be encouraged to place their towels inside before leaving the room. Document **R03** includes recommendations on washing textiles for tourist accommodations.

Equipment and areas of use should be cleaned and disinfected between guests. Although it is common practice in gyms for users to disinfect their space and the equipment before and after use, it is important that tourist accommodations also increase cleaning and disinfection measures, which should be adapted to the number of guests. Regardless of these wipe downs between users, all equipment should be thoroughly cleaned and disinfected at least once a day, as set out in document **R03.**

15. CDC (2021). Guidance for Wearing Masks. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html

2.4

Guest rooms

2.4.1 Risk node (RN): guest rooms

Guest rooms are spaces that guests do not share with people outside their family unit (except in the case of tourist hostels, which have a specific section in this document). However, although low, there is a risk of fomite transmission if guests touch surfaces that have not been properly sanitized.

On the other hand, there is a greater risk of infection during and after the room cleaning and disinfection process:

- If an asymptomatic guest has been infected with coronavirus, cleaning staff are at risk of infection while carrying out their work if they do not take the appropriate measures (airborne aerosol transmission and, to a lesser extent, fomite transmission).
- There is also a risk of airborne aerosol transmission and, to a lesser extent, fomite transmission, when a room is cleaned by an infected staff who has not been tested and is not wearing respiratory protection (suitable face mask), or a face mask that is old, damaged or ill-fitting.
- Finally, cleaning tools are also an infection risk, as they can cause cross-contamination if they are not properly and regularly disinfected.



Figure 7: Risk Nodes (RNs) in guest rooms

Although the general recommendations regarding cleaning and disinfection processes are covered extensively in document **R03**, specific recommendations for cleaning and disinfecting guest rooms are expressly mentioned in this section, as this process could increase the risk of infection through contact with contaminated surfaces.

Recommendations



Firstly, all guest rooms should be clean, disinfected and ventilated upon check-in. For this purpose, rooms should be thoroughly cleaned after the departure of each guest (and before the arrival of the next one), considering the recommendations of this section and of document **R03**.

The room cleaning and disinfecting process should consider at least the following[16]:

• Guest rooms should always be cleaned and disinfected when unoccupied.

• Upon entering, guest rooms should be ventilated and, whenever possible, windows should be kept open for the duration of the cleaning, in accordance with the ventilation recommendations of document **R01**.

• Cleaning and disinfection staff should always wear face masks (FFP2, KN95 or N95), regardless of whether ventilation is available or whether guests are out of the room. They should also wear work clothes that are only worn for this type of task. Wearing protective gloves is not recommended for cleaning guest rooms (except for restrooms) as proper hand hygiene is sufficient, in accordance with document **R01**. Rubber gloves should be worn for cleaning and disinfecting restrooms, as well as goggles to prevent splashing (to protect the eyes from chemical cleaning products). Gloves should be sanitized with soap and water for 20 seconds[17] (or with hydroalcoholic solution) before being removed to leave one room and move on to the next one.



After airing guest rooms, staff should collect bags from wastebaskets, tie them securely and place them in the collection bin on the cleaning cart, which should have a bag and lid, with the lid kept closed. Document **R03** includes recommendations regarding waste management.

Rooms should then be cleaned and disinfected starting with the restroom and following with the rest of the room. Special attention should be paid to high contact areas such as door handles, levers, handrails, switches, faucets, surfaces, remote controls, telephones, etc.

With regards to textiles, staff should:

• Collect and place dirty textiles in a closed bag until they are laundered, always avoiding contact with clean textiles.

16. CDC (2021). Cleaning and Disinfecting your Facility. https://cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

17. CDC (2020). How and when to Wash your Hands. https://www.cdc.gov/handwashing/esp/when-how-handwashing.html

• Avoid shaking dirty textiles or placing them on the bed, furniture or floor of a room, placing them immediately in the cart (outside the room) for transporting textiles or similar.

• Wash them in water with detergent suitable for the material, in accordance with the recommendations of document **R03**. If the laundry service is outsourced, the service provider should be informed of the conditions under which the textiles should be washed (e.g., using an informative note or a contract of conditions).

• Maintain proper hand hygiene after handling dirty textiles.

• To avoid cross-contamination, clean linen and towels should only be placed in a room after it has been cleaned and disinfected, and always after staff have sanitized their hands

Dishes used by guests (glasses, room service) should be removed and disinfected in hot water. Ideally, they should be washed at temperatures above 60ºC[18] (this temperature can be achieved by using mechanical washers/dishwashers).

After staff have finished cleaning each room, they should disinfect their gloves with a hydroalcoholic solution or, if they are disposable, they should discard them in the room cleaning cart waste bin, sanitize their hands (preferably with soap and water) and put on new gloves to clean the next room. After finishing their work, staff should wash their hands with soap and water after discarding or sanitizing their gloves (as appropriate). With regards to sanitizing cleaning tools, the recommendations of document **R03** should be followed.

2.5

Food and drink services

Although the preventive measures regarding food and drink services can be found in document **R02.2 Recommendations to Minimize COVID-19 Transmission in Restaurants**, the measures for room service and buffet service are outlined below because of their relevance to tourist accommodation. For all other food and drink measures, the provisions of document **R02.2** shall apply.

2.5.1 Risk node (RN): room service

⚠ Room service is not provided in all types and categories of tourist accommodation. However, in establishments that do provide this service, there is a risk of infection for staff if they enter guest rooms, since in most cases, guests do not wear face masks when they are in their own room. In this case, as when the safety distance is not kept when providing the service, there is a risk of droplet and aerosol transmission for both guests and staff.

18. ISO/PAS ISO/PAS 5643:2021 Requirements and Guidelines to Reduce the Spread of COVID-19 in the Tourism Industry.

Recommendations



Staff should avoid entering guest rooms to deliver room service. If it is absolutely necessary to enter (e.g., because a guest has reduced mobility), they should stay in the room for the shortest possible time and always wear a FFP2, KN95 or N95 face mask, urging guests to do the same before entering (they can be informed at the time of placing their order by telephone, app or other means).

Both outside and inside the room, the safety distance should be maintained when delivering the service (e.g., by using the room service cart itself). Furthermore, instructions should be given to guests on how the service is collected afterwards. To reduce the inherent risk of droplet contact when collecting the service, guests may be encouraged to leave their dishes in the room, to be collected by staff the next day while cleaning their room, thus avoiding further contact with the service staff.



Staff providing room service should maintain strict hand hygiene before and afterwards.

The recommendations of the Room RN section should be followed when collecting dishes.

2.5.2 Risk node (RN): buffet service

Buffet services (whether for breakfast, lunch or dinner) present an infection risk for two reasons:

Firstly, as this is a type of service where guests choose and serve the products available and displayed for consumption themselves, there is a risk of infection through contact with contaminated surfaces (fomites). In this "self-service" process, guests touch the products and sometimes also the utensils available for serving, which are shared with other guests. Thus, without ensuring proper hand hygiene, the risk of fomite transmission may increase. It should be noted that most of the preventive measures defined so far in the buffet service protocols have been against this infection route (through contact with contaminated surfaces). These measures, contrary to what was intended, have sometimes increased the risk of infection by other much more likely transmission routes (aerosols and droplets), because they have not been adopted with a holistic view[19] of risk management.

19. One example of this is introducing staff-assisted buffets (to reduce contact) in tourist resorts with a large number of guests, which has resulted in crowds of customers (queues) with prolonged exposure times. In other words, reducing the risk of infection from a less likely transmission route (fomites) has resulted in an increased risk from other more probable infection routes (droplets and aerosols). Another example is establishing breakfast time slots to reduce the capacity of the restaurant, which causes crowding at the entrance at the start of these time slots. Here, the risk is transferred from one space to another.

- Secondly, as is the case with the other types of dining covered in this document (**R02.2**), we should remember that guests are often seated indoors (enclosed spaces) with varying levels of ventilation, and do not wear a face mask for long periods of time due to the nature of the activity (they are eating and drinking). In this case, the risk of aerosol transmission is increased and higher anyway than the risk of infection through contact with contaminated surfaces described above.

In short, efforts to implement measures that minimize the risk of infection in buffet services should be primarily aimed at neutralizing droplet and aerosol transmissions instead of fomite transmission, although recommendations are also offered in this regard, as a matter of hygiene and precaution.

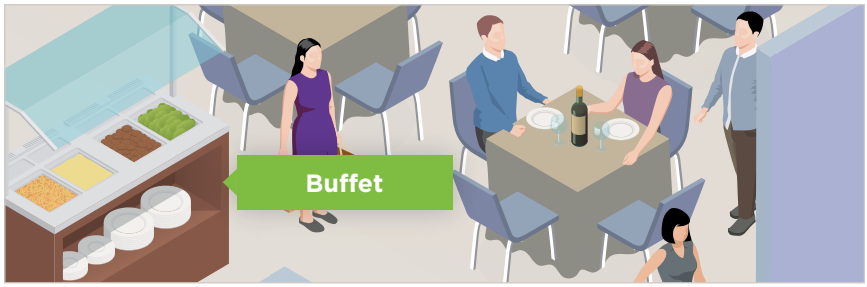


Figure 8: Risk Nodes (RNs) while food and drinks

Recommendations

Whenever possible, buffet services should be entirely or partly provided in outdoor spaces (e.g., if it is not possible to move hot tables, at least the dining tables could be located outside). If entirely indoors, this space should be kept ventilated before, during and after the service, in accordance with the recommendations of document **R01**. In any case, guests should be encouraged to wear a FFP2, KN95 or N95 face mask when not eating or drinking, and to remain in this space for the minimum time required.

The safety distance should be maintained in both indoor and outdoor spaces. Indoors, a maximum capacity should be established according to air renewal limitations, specific foot traffic flows should be defined to prevent guests from crossing each other, and other organizational systems should be assessed (e.g., time slots, table spacing, expanding service space by utilizing terraces or other indoor spaces, among other possibilities).

Shared use of tables by people from different family units should be avoided if the safety distance cannot be maintained.

20. CDC (2020). Food and Coronavirus Disease 2019 (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/food-and-COVID-19.html

The above measures should be prioritized over any others aimed at minimizing infection through contact with contaminated surfaces. In this regard, although it may be considered necessary to prevent guests from using shared utensils to serve themselves, reorganizing this process should not have a detrimental impact on the other preventive measures. Therefore, organizations should assess how to deal with this transmission route, depending on the characteristics of the establishment and the influx of guests, for example:

- Providing a sanitizing station at the entrance to the buffet area and near communal self-service equipment (e.g., coffee machines, milk, juice, etc.), and urging guests to sanitize their hands every time they go to the buffet.
- Providing guests with self-service tongs as part of their cutlery pack.
- Providing individual portions for self-service.
- Having staff available to serve guests (thus preventing crowding), and protecting staff with screens that are easy to clean and disinfect if they cannot maintain the safety distance due to the nature of the service (it is important that the risk of droplet or aerosol transmission is not increased for the sake of avoiding fomite transmission, as staff are more exposed to the former).
- Changing the type of service to an *à la carte* service (this will be possible in smaller establishments or those with a lower occupancy rate).

Guests should avoid wearing gloves, as they provide a false sense of safety and also contribute to carrying germs (and not just Coronavirus) from one surface to another. Furthermore, their indiscriminate use has a negative impact on the environment.

Finally, staff dedicated to clearing and cleaning tables should sanitize their hands regularly. Document **R02.2** includes recommendations regarding table service.

Staff common areas

2.6.1 Risk node (RN): staff common areas

Staff common areas are spaces for the sole use of staff, e.g., locker rooms, cafeterias or canteens. They are usually small, poorly ventilated indoor spaces and busy at certain times of the working day (e.g., when entering and leaving, shift changes, lunchtime, etc.), which can make it difficult to keep the safety distance. Furthermore, in canteens or cafeterias there are the added risks of any space where people remove their masks for a prolonged period of time to eat or drink while other staff are doing the same.



Figure 9. Risk nodes (RNs) in staff common areas

Recommendations

Due to the characteristics and use made of these spaces, it is especially important to ensure the ventilation and capacity control measures set out in document **R01**. This is also particularly relevant to avoid outbreaks caused by staff of tourist establishments.

In addition to ventilation, organizational measures should be established (shifts, staggering arrival, departure, and break times, establishing capacities etc.), which are necessary to avoid crowds of staff in these spaces at certain times of day and to reduce their potential exposure to the virus. For meals, establishing small groups (e.g. bubbles[21]) is recommended.

With regards to restrooms, the measures defined in this document regarding shared restrooms should be applied.

Generally, staff should be urged to stay in these places for the shortest time necessary and to wear face masks at all times (FFP2, KN95, N95), even if they are in an area with no guests.

Lockers should be provided with a space for work clothes and another for street clothes. Furthermore, lockers should not be shared, unless they are cleaned and disinfected between staff.

These facilities (lockers, restrooms, etc.) should be included in the tourist accommodation Cleaning and Disinfection Plan, as indicated in document **R03**. These areas should be cleaned at least once a day, and this frequency should be increased if necessary.

21. A bubble is a certain number of people who are permanently grouped together for a specific period of time and avoid contact with others who are not in that group. By avoiding contact with other people outside the group, it reduces their potential exposure to the virus and prevents it from spreading if someone becomes infected. In tourism organizations, a bubble may consist of a group of employees who always work the same shift, have lunch together, etc.

2.7

Specific recommendations for hostels and campsites

Tourist hostels and campsites have spaces and facilities that are shared with people outside the family unit (e.g., kitchens for guest use, shared restrooms and showers, dormitories, etc.). They therefore present a higher risk of infection through aerosols, droplets and contact with contaminated surfaces than other types of accommodation.

In this section, we will only deal with these areas. For all other tourist hostel and campsite RNs, the measures described throughout this document for tourist accommodation shall apply, as necessary.

Shared bedrooms (dormitories):

Bedrooms shared with people outside the traveling party are spaces with a high risk of infection due to the fact that guests cannot wear face masks while sleeping.

Recommendations



Dormitories should be assigned to a single reservation (i.e., to the same traveling party).

A cleaning and disinfection schedule should be established, so that guests leave the dormitory while these tasks are being carried out.

In shared guest kitchens and dining rooms:

In some cases, these spaces for guest use have been out of bounds during the pandemic, mainly because the risk of infection has so far been focused on contact with contaminated surfaces, and it was not possible to ensure these shared spaces were disinfected between each guest. However, the greatest risk in these spaces designed for interacting and socializing lies in the potential proximity between guests, which can lead to the risk of infection through droplet contact. Likewise, if not properly ventilated, there is a risk of airborne aerosol transmission where food and drinks are consumed without face masks being worn for a prolonged period of time.

Recommendations



These spaces should be ventilated in accordance with the recommendations of document **R01**, and the necessary organizational measures should be established to avoid crowding at certain times of day, such as at breakfast time (through time slots or bookings). A capacity should be defined and respected in order to maintain the safety distance.

Furthermore, guests should be urged to stay in these areas for the shortest possible time, avoid socializing and wear a face mask at all times (FFP2, KN95 or N95).



Sanitizing solution should be provided at the entrances to the space and guests should be encouraged to sanitize their hands on entering and leaving the space.

The organization should have a dishwasher in this space to ensure the dishes used by guests are properly disinfected, as described in the Guest Rooms RN. Users should be encouraged to put their dishes in the dishwasher (and turn it on). Failing that, they should wash their own dishes by hand. If the proper disinfection of these utensils cannot be ensured, guests should bring their own.

Guest food and drinks should be disposed of once they have left the accommodation.

Shared equipment should be included in the organization's Cleaning and Disinfection Plan, in accordance with document **R03**. The facilities should be cleaned at least once a day, and this should be increased according to the number of users and whenever necessary.

Shared restrooms and showers:

Shared restrooms and showers present a risk of infection, as they are small, poorly ventilated spaces with a high concentration of people at peak times, where it is difficult to maintain the safety distance.

Recommendations



The measures in this document **R02.1** regarding shared restrooms should be applied. Users should stay in this space for the shortest time necessary, and wear FFP2, N95 or KN95 face masks at all times (except in the shower).



These spaces should be included in the tourist organization's Cleaning and Disinfection Plan, as specified in document **R03**. The facilities should be cleaned at least once a day, and this should be increased according to the number of users and whenever necessary.

2.8

Specific recommendations for short-stay tourist apartments, houses and villas

Collecting keys and using residential buildings:

Short-stay tourist apartments, houses and villas are unique, as guests do not usually share with people outside their traveling party. This means that the risk of aerosol or droplet transmission is lower than in other types of accommodation where spaces are shared. However, there are some risk nodes, namely when collecting keys and potential close contact with neighbors of the building where the tourist accommodation is located (if any).

Recommendations



If keys are collected from an office or reception, the recommendations established for the Guest Arrival and Departure RN of this document should be followed. If keys are collected at the apartment/house/villa from the owner or staff, the safety distance should be maintained at all times, with both parties wearing FFP2, KN95 or N95 face masks. The space should be clean, sanitized and ventilated upon check-in.

Guests should always wear a face mask and comply with any preventive measures established by the owners when in the shared spaces of a residential building (if applicable), such as corridors, elevators, recreational areas, swimming pools, gyms, etc., and try to stay in them for the shortest possible time.



Both check-in staff and guests should sanitize their hands after handling documentation and payment methods (if applicable). Guests should also be urged to maintain proper hand hygiene during their stay at the tourist accommodation.

Finally, since cleaning and disinfection is sometimes carried out by private individuals and not by professional companies (in the specific case of privately owned tourist accommodation), owners should ensure that those responsible follow the Cleaning and Disinfection Plan **R03** and the established safety guidelines **R02.1** and use the appropriate means of protection when carrying out these tasks.

If a residential building belongs to a single owner, the measures regarding elevators, swimming pools and other common areas in this document **R02.1** should be applied, as well as those relating to cleaning and disinfection described in **R03**

This document has been prepared for the Inter-American Development Bank (IDB) by the Institute for Spanish Tourist Quality (ICTE)

August, 2021

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