Ministry of Health
Republic of Maldives

Health Protection Agency

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

Version 4 (updated)– 10th October 2020

Revised sections in this new version of the guideline

The following sections were revised in Version 4 of this guideline published on 28th September 2020, an additional update is provided in Section 9.5 on Travel of staff between resorts and 13.3.1 Inter-island travel of Maldivians and expatriates between tourist guest house islands and other islands in this updated version published on 10th October 2020:

3 Mandatory requirements to allow tourists to enter in to the country during the COVID-19 pandemic (New recommendation for pre-arrival PCR testing)

7.3.4 Exemptions for tourists who give a history of recovery from COVID-19 infection within the past 3 months.

8.23 Tourist travel between resorts

9.3 Staff who travel from abroad to a resort

9.4 Travel of staff and workers between resorts and other islands.

9.5 Travel of staff between resorts **(updated in this version)**.

9.7 Travel to tourist facilities of workers who are hired for short term work.

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13 Guideline for reopening of tourist guest houses in Maldives during the COVID- 19 pandemic

13.3.1 Inter-island travel of Maldivians and expatriates between tourist guest house islands and other islands **(updated in this version)**.

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Abbreviations

ICP – Infection Prevention Control

HPA – Health Protection Agency

MoH – Ministry of Health

MoT – Ministry of Tourism

Definitions

A. Tourist establishment – Resorts, Safaris (Live boards), Tourist guest houses

B. Tourist guest house – Guest house that provide lodging to tourists only and that have been given approval to operate by MoT under COVID-19 safe plan.

C. Tourist guest house Island – Any island which operates tourist guest houses (see definition B)

D. Non-tourist guest house – Guest house that provide lodging for locals and expatriates with work visa only

E. Non-tourist guest house Island – Any Island that do not operate any tourist guest house

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1. Introduction

On 11th March 2020, The World Health Organization declared the COVID-19 outbreak a global pandemic. Globally there have been nearly 25 million confirmed cases of COVID-19 including 800 000 deaths as of 1st September 2020. Maldives reported its first case of Covid-19 on 7th March 2020. A public health emergency has been declared in the country since 12th of March 2020. As of 1st September 2020, Maldives had reported 8060 confirmed cases of COVID-19 out of which 5829 cases had recovered. A total of 29 deaths were reported from COVID-19.

In response to the pandemic, the government of Maldives imposed travel restrictions from various countries that were affected by the disease. Arrivals from China was banned on 4th February and by the third week of March, arrivals from affected regions of South Korea, Italy, Iran, Bangladesh, affected areas of Germany and France, Spain, Malaysia and United Kingdom was in effect. From 27th March, Maldives suspended on-arrival visas to visitors.

Maldives has been swift in its response to the COVID-19 pandemic. Early implementation of a partial lockdown and other public health measures namely; early detection, isolation and treatment of positive cases, extensive contact tracing and quarantine of contacts and quarantine of persons who travel from Greater Male area to the islands has prevented an exponential rise in the number of cases and has enabled to limit the epidemic largely to Greater Male area. Mortality from COVID-19 has remained low since the start of the epidemic.

Maldives has reopened its borders to tourism on 15th June 2020 and tourist arrivals has been increasing gradually. Various public health measures have since been implemented in the tourism sector. Strict compliance to these measures is of utmost importance to ensure the safety of tourists and staff working in the industry during the COVID-19 pandemic.

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

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

2. Objectives

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

3. Mandatory requirements for tourists to enter into the country during COVID-19 pandemic

- All tourists must have a confirmed booking at a registered tourist facility.
- All tourists are required to hold a negative result for a nucleic acid test (PCR test) for COVID-19 prior to entry in to the country. The following requirements pertain to pre arrival PCR testing:
    - The sample for the PCR test must be taken not more than 72 hours prior to the scheduled time of departure from the first port of embarkation en-route to Maldives.
    - Children below one year old are exempt from the requirement of a COVID-19 test.
    - If the passenger makes a transit during the journey, the initial PCR test will be valid if the transit does not exceed 24 hours.
    - If a passenger makes a transit exceeding 24 hours, the passenger must take a repeat PCR test within 72 hours prior to embarkation at the port of transit.
    - The document containing the PCR test result should state:
        - Name of the passenger (name as in passport)
        - Passport number/National identification number
        - Name and address of the testing laboratory
        - Type of test stated as a PCR test

- Date and time of sampling
- Result

- The PCR test result should be submitted through the IMUGA (https://imuga.immigration.gov.mv/) portal within 24 hours prior to departure to Maldives. In addition, the lab result should be presented in paper or electronic format during the airline check in.

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

Tourists must observe the existing HPA measures on restrictions on inter island travel. MoT should continuously update and inform the tourist establishments and travel agents regarding these travel restrictions.

5. Mandatory restrictions on inter-island travel for staff during the COVID-19 pandemic

Staff of Resorts and safaris must observe the existing HPA measures on restrictions on inter-island travel. MoT should continuously update and inform the tourist establishments regarding these travel restrictions.

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

For the purpose of COVID-19 surveillance and contact tracing and to prevent the spread of COVID-19 it is important that the returning tourists inform the tourist establishment if they test positive for COVID-19 within 14 days of departure from Maldives. The tourist establishment should immediately report to HPA regarding the case. Tourist establishments should inform tourists regarding this reporting requirement.

7. Entry in to Maldives and public health interventions at airport

7.1 Prior to travel to Maldives

- All travellers travelling to and from Maldives are required to submit a self-declarative health declaration within 24 hours prior to their travel. This health declaration must be filled and submitted electronically via the online portal of Maldives Immigration, http://imuga.immigration.gov.mv
- Persons who have a history of contact with a suspected or confirmed case of COVID-19 within the past 14 days and/or persons who have fever or respiratory symptoms such as cough, sore throat, shortness of breath within the past 14 days should not travel to Maldives.

7.2 Airline (during the flight)

- As per border health and aviation procedure, if a passenger has fever, cough or shortness of breath on board the flight, it must be informed to HPA.

7.3 At the airport arrival terminal

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

7.3.1 Procedure for managing an arrival tourist who is symptomatic

- If any arriving tourist is detected to have fever OR reports fever or respiratory symptoms during health declaration (such as cough, shortness of breath, sore throat or runny nose) OR reports being sick irrespective of symptoms, the tourist must be examined by the doctor at the designated health screening area of the arrival terminal.
- If the tourist’s symptoms are compatible with COVID-19 (suspected case of COVID-19), the medical officer will take the tourists sample (nasopharyngeal and oropharyngeal swab) for PCR testing for COVID-19. The sample will be transported to a designated laboratory for testing. The tourist must be isolated until the results of the PCR test. (see **Annex. 1**). Isolation could be done at the tourist’s destination resort

or temporarily at a designated transit isolation facility until the results of the PCR test. Infection prevention and control measures must be taken during the transfer of a symptomatic tourist or close contacts (see sections 7.8 to 7.11).

- If the result of the PCR test is positive, the tourist must continue isolation at the resort or at a designated isolation facility. The duration of isolation period for a patient who is in community-based isolation will be 14 days after symptom onset AND at least 3 days without symptoms. Upon completion of the isolation period, the patient will be released.
- If the result of the PCR test is negative, the tourist will be released from isolation. In the case of a negative PCR test in a tourist who is isolated temporarily at a transit isolation facility, he/she will be released from isolation.
- Although released from isolation, a symptomatic tourist must wear a mask when going out of the room, observe physical distancing measures and must avoid public gatherings such as going to the restaurant until 48 hours after resolution of symptoms. A symptomatic tourist should be reviewed periodically by the health professional at the resort until resolution of symptoms.

7.3.2 Procedure for managing contacts of a symptomatic arrival tourist

- Contact tracing should be done for any arrival tourist who is a suspected case of COVID-19 to identify passengers who were close contacts of the suspected case during the flight and during the journey. Contact tracing will be initiated by the border health staff. If a close contact is identified, **HPA will inform the person to self-quarantine until the result of the PCR test for COVID-19 of the suspected case is available.** If a person identified as a close contact provides proof of previous covid-19 infection within 3 months prior to contact with the confirmed case, he/she shall be exempt from quarantine and PCR testing unless he/she is a symptomatic (see section 7.3.4).
- If a close contact is identified at the airport, the contact can be allowed to travel to his/her destination resort and self-quarantine at the resort room. A close contact of a suspected case should not embark on to a safari until a negative PCR result for COVID-19 is available for the suspected case. While awaiting the result of the PCR test for COVID-19 is available he/she will be quarantined at a designated transit facility.

- Contacts will be managed as given below depending on the results of the PCR test of the suspected case: (see **Annex 2**).
    - If the PCR result of the suspected case is positive, the contact must undergo a PCR test for COVID-19. If this PCR test result is positive, the contact will be managed as a confirmed case of COVID-19 (see section 7.3.1 and **Annex 1**). If this PCR test result is negative, the contact will have to undergo quarantine for a period of 14-days from the date of last exposure to the case. During this quarantine period, if he/she develops symptoms, a PCR test must be done. If he/she remains asymptomatic during the quarantine period, a PCR test will be done upon completion of the quarantine period and the contact will be released if the result of this test is negative.
    - If the PCR result of the suspected case is negative, the contact will be released from quarantine and no restrictive measures will be taken regarding the contact.

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

- Any arrival tourist who gives a history of contact with a confirmed case of COVID-19 within 14 days prior to arrival, must be examined by the doctor at airport clinic and a sample should be taken for PCR for COVID-19 testing. (see **Annex 3**). If a person identified as a close contact provides proof of previous covid-19 infection within 3 months prior to contact with the confirmed case, he/she shall be exempt from quarantine and PCR testing unless he/she is a symptomatic (see section 7.3.4).
- If the person is symptomatic, he/she will be managed as a suspected case of COVID-19 (see section 7.3.1)
- If asymptomatic, the tourist can be transferred to a designated facility until results of PCR test for COVID-19 is available OR transferred to the tourist's destination resort for quarantine. The asymptomatic contact can be managed as follows depending upon the result of PCR test:
    - If the result of the COVID-19 test is positive, the tourist will be isolated at the destination resort OR will be transferred to a designated isolation facility.

Duration of isolation will be for 14 days from the date of the COVID-19 test if he/she remains asymptomatic.

- If the result of the COVID-19 test is negative, the tourist will be quarantined for 14 days from the date of last exposure. Quarantine can be done at the tourists resort room. If person remains asymptomatic during this quarantine period, do PCR testing upon completion of the quarantine period and release from quarantine if test result is Negative. If the person develops symptoms any time during this quarantine period, PCR test should be repeated and If this PCR result becomes positive, he/she will be managed as a confirmed case of COVID-19. If this PCR result is negative the duration of quarantine will be extended to a further 14 days from the date of onset of symptoms followed by another PCR test at the end of this quarantine period.

7.3.4 Exemptions for tourists who give a history of recovery from COVID-19 infection within the past 3 months:

- Tourists who produce proof of COVID-19 infection within the prior 3 months from the date of diagnosis will be **exempted** from the following requirements while in Maldives:
  - PCR testing and quarantine if they become a contact of a positive case but remains asymptomatic.
  - PCR testing and quarantine if they give a history of contact with a positive case or suspected case within 14 days prior to arrival in Maldives but remain asymptomatic.
  - Mandatory isolation if they test positive but are asymptomatic at departure testing.
- Proof of infection will be considered if one of the following is provided.
  - Documentation from a national health authority which gives evidence that the tourist had COVID-19 infection within the past 3 months.
  - Discharge summary from a health facility, or document from a health facility which gives evidence that the person had been treated for COVID-19 illness within the past 3 months.
  - A positive SARS CoV-2 PCR report from a lab within the past 3 months.
  - A positive SARS CoV-2 antibody test from a lab within the past 3 months
  - A positive SARS CoV-2 antigen test from a lab within the past 3 months.

- The lab result document should contain the name of the passenger, passport number or any other national identification number, the name and address of the testing laboratory, the type of test, the date of sampling and the result of the test.

Note: Despite a history of COVID-19 infection within the past 3 months the possibility of reinfection cannot be excluded in a person who develops symptoms compatible with COVID-19 infection. Hence the following must be observed by tourists who give history of or produce proof of COVID-19 infection within the past 3 months:

- If they develop symptoms compatible with COVID-19, they must undergo PCR testing. If the result of this test is positive, the case should be discussed with HPA and a decision will be taken by HPA regarding isolation and treatment.
- If a positive PCR test for COVID-19 is obtained during departure testing, and the tourist is symptomatic, the case should be discussed with HPA and a decision will be taken by HPA regarding isolation and treatment.
- Any tourist who is a contact of a positive case will be required to undergo PCR testing if the tourist becomes symptomatic within 14 days of exposure.

7.3.5 Customs/Immigration

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

- Health education materials such as posters, electronic displays should be present at the airports to display public health messages about COVID-19.

7.3.6 Luggage handling

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

7.3.7 Waiting lounges at the airport

- Seating arrangements should ensure a minimal distance of 1 metre between passengers.
- Waiting lounge area and high touch surfaces should be cleaned and disinfected at least every 4 hourly. (See **Annex 4**)
- Cushions for sofas and chairs should preferably be of a material that can be cleaned and disinfected easily.
- Tourists and staff must wear masks inside the lounge.
- Maintain physical distance when serving the guests.
- Hand sanitizers must be available at the lounge.
- Frequent hand washing must be practised by the staff.
- Foot operated, lidded and lined waste bins should be available for safe disposal of waste.
- Avoid keeping books, magazines etc which could get contaminated and be shared by guests.

- Health education material such as posters, electronic displays should be present at the lounge area to display public health messages about COVID-19.

7.3.8 Shops at the airport terminals

- Staff and customers should wear masks while inside the shops.
- Counters should have a glass or plastic barrier.
- Limit the number of customers inside the shop to allow physical distancing.
- The number of customers which can be present inside the shop at any given time should be displayed outside the shop.
- Hand sanitizers should be available. Customers should be encouraged to sanitize their hands after entering and prior to exit from the shop.
- Customers should be advised not touch items unless they intend to buy them.
- Encourage cashless transactions.
- Frequently touched surfaces must be cleaned and disinfected at least 4 hourly.
- Signage to remind guests about physical distancing, wearing masks and hand hygiene should be displayed inside the shops.

7.3.9 Restaurant/ Coffee shops at airport

- Customers must sanitize their hands when entering restaurants and coffee shops.
- Printed menus should be avoided at tables to avoid sharing of contaminated material.
- Self-service should not be allowed.
- Staff should wear masks and perform frequent hand hygiene and maintain physical distance when serving the guests.
- There should be adequate distancing between the tables (at least 1 metre).
- If table clothes are used, they should be changed after every use.
- The restaurant/coffee shop premises, and all surfaces and food serving platforms, counters, should be cleaned before every shift. High touch surfaces should be cleaned and disinfected every 4 hourly.
- The premises should have good ventilation.
- Foot operated, lidded, lined waste bins should be available for disposal of used tissues/masks etc.

- Sign boards/ posters must be displayed at the premises to remind guests about physical distancing, hand hygiene and wearing masks.

7.4 Pickup from the airport

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

7.5 Launch and boats which transport tourists

- Seating capacity must be displayed in the launch/boat.
- Crew of launch/boat should wear masks and work clothes.
- Passengers should wear masks.
- Hand sanitizers should be available inside the launch/boat.
- Tourists should sanitize their hands at the time of boarding the launch/boat and disembarking.
- Cleaning and disinfection should be carried out after every journey. This should include surfaces as well as objects or equipment such as life jackets which came in contact with the passengers.
- Foot operated, lidded, lined waste bins should be available for disposal of used tissues/masks etc.

7.6 Vehicles such as buses, vans and taxis which transport tourists

- Seating capacity must be displayed on the vehicle.
- Driver should wear mask and work clothes. If the driver handles luggage, he should wash hands or use hand sanitizer after handling luggage.
- The vehicle should preferably have a separate driver compartment.
- If there is no separate driver compartment, a transparent plastic sheet could be used to separate the driver and passenger compartments.
- Passengers should not be allowed in to the driver compartment.
- All passengers should wear masks.

- Hand sanitizers should be available. Passengers should sanitize their hands before boarding the vehicle.
- Seating arrangements should promote physical distancing. For example, block seats in close proximity with signage to limit passengers sitting adjacent to one another.
- Windows should be kept open to allow natural ventilation.
- Cleaning and disinfection should be carried out after each journey.
- Prior payments to be done where possible.
- Signage should be used to remind guests about physical distancing, wearing masks and hand hygiene.

7.7 Sea planes

- Ensure at least 3 feet physical distancing at boarding queues.
- Cabin crew should wear adequate PPE (medical masks, face shield/goggles, work clothes). If attending to a sick patient, they should wear gloves and gown in addition.
- Flight crew (pilots) should wear adequate PPE (medical masks and work clothes).
- Seating arrangements should be identified prior to boarding.
- A record of seating arrangements should be kept for every flight for the purpose of contact tracing.
- All passengers should wear masks.
- Sea planes should be cleaned and disinfected after each journey according to the recommended protocols.
- If the crew of sea planes need to transit in a resort overnight or in between journeys, they should stay in a designated room. They should not mix with the resort staff or tourists. Meals should be delivered to their rooms.

7.8 Transfer of suspected or confirmed cases of COVID-19 and their close contacts by land transport

- There should be a dedicated vehicle such as an ambulance, van or car for transport of suspected or confirmed cases of COVID-19 and their close contacts. It is recommended to have a separate driver compartment which is sealed from the passenger compartment. If the vehicle design does not allow such, make sure all windows are open for good ventilation during transport.

- Prior to transportation, inform the relevant staff of the receiving facility regarding the transfer and inform regarding the condition of the symptomatic person. If possible, give an estimated time of arrival.
- Transfer of suspected cases, confirmed cases of COVID-19 and contacts should occur separately. These categories should not be transported together in the same vehicle. If transporting multiple suspected cases together, physical distancing of at least 1 metre should be observed.
- If transporting multiple contacts together, physical distancing of at least 1 metre should be observed.
- Normal passengers should not be transported along with a suspected or confirmed case or contact of COVID-19.
- The vehicle should have alcohol-based hand sanitizer.
- The vehicle should have a foot operated, lidded waste bin, lined with double bags for safe disposal of waste.
- All passengers in the vehicle must wear a medical mask. They should sanitize hands before boarding the vehicle.
- Optimize ventilation in vehicles during transport. Keep windows open if possible.

- **PPE for Driver**:
    I. If involved only in driving and the driver's cabin is separated from the symptomatic person/patient, the driver need not wear PPE. Driver should wear work clothes and a medical mask.
    II. If driver compartment is not separated from symptomatic person/patient compartment but no direct contact with the patient, driver should wear medical mask and work clothes.
    III. If driver also assists with loading or unloading the symptomatic person/patient, they should wear work clothes, gown, medical mask, disposable gloves, face shield/goggles, closed shoes or boots.

- **PPE for Health-care worker (HCWs) if accompanying the patient:** work clothes, gown, medical mask, disposable gloves, face shield/goggles, closed shoes.

- After transfer of the patient or contacts, staff should take off PPE as follows:

  a. Remove gloves and perform hand hygiene.

  b. Remove gown and perform hand hygiene.

  c. Remove eye protection and perform hand hygiene.

  d. Remove mask and perform hand hygiene.

- After transfer of the patient or patients contacts, clean and disinfect the vehicle and tools and equipment which came in contact.

- At the end of each shift, staff are recommended to perform IPC measures before leaving the workplace: handwashing; shower, if available and change into clean clothes before leaving for home or designated accommodation.

7.9 Transfer of suspected or confirmed cases of COVID-19 and their close contacts by sea (e.g. launch).

- Prior to transporting patients or contacts, inform the relevant staff of the receiving facility regarding the transfer and inform regarding patient's condition. If possible, give an estimated time of arrival.
- Transfer of suspected cases, confirmed cases of COVID-19 and contacts should occur separately. These categories should not be transported together in the same vessel. If transporting multiple suspected cases together, physical distancing of at least 1 metre should be observed.
- If transporting multiple contacts together, physical distancing of at least 1 metre should be observed.
- Normal passengers should not be transported along with a suspected or confirmed case or contact of COVID-19.
- Alcohol-based hand sanitizer should be available.
- Should have foot operated, lidded, double lined waste bins for safe waste disposal.
- Patients and contacts must wear a medical mask. They should sanitize hands before boarding the launch.
- **PPE for transport crew**: work clothes, gown, medical mask, disposable gloves, face shield/goggles, closed shoes or boots.

- **PPE for Health-care worker (HCWs) if accompanying the patient:** work clothes, gown, medical mask, disposable gloves, face shield/goggles, closed shoes.
- After transfer of patients or contacts, staff should take off PPE as follows:

  a. Remove gloves and perform hand hygiene.

  b. Remove gown and perform hand hygiene.

  c. Remove eye protection and perform hand hygiene.

  d. Remove mask and perform hand hygiene.
- After transfer of patients or contacts, clean and disinfect the launch and tools and equipment which came in contact.
- At the end of each shift, staff are recommended to perform IPC measures before leaving the workplace: handwashing; shower, if available and change into clean clothes before leaving for home or designated accommodation.

7.10 Transfer of suspected or confirmed cases of COVID-19 and their close contacts by sea plane

- Cabin crew should wear adequate PPE (medical masks, face shield/goggles, work clothes, gown or apron over the work clothes, gloves).
- Flight crew (pilots) should wear adequate PPE (medical masks and work clothes).
- If a suspected or confirmed case of COVID-19 is transported along with normal passengers, a distance of 2 metres must be kept from other passengers.
- All the passengers must wear medical masks (unless any contraindication to wear masks)
- The flight should be cleaned and disinfected after each journey according to the recommended protocols.
- Loading and unloading of patients from the flight should be as per civil aviation rules.

7.11 Transfer of suspected or confirmed cases of COVID-19 and their close contacts by domestic flight

- Cabin crew should wear adequate PPE (medical masks, face shield/goggles, work clothes, gown or apron over the work clothes, gloves).
- Flight crew (pilots) should wear adequate PPE (medical masks and work clothes).

- If a suspected or confirmed case of COVID-19 is transported along with normal passengers, the patient should be positioned as far downwind with regard to cabin air flow as possible.
- Patient seating should be such that a distance of at least 2 metres is kept from other passengers.
- All the passengers must wear medical masks (unless any contraindication).
- The flight should be cleaned and disinfected after each journey according to the recommended protocols.
- Loading and unloading of patients from the flight should be as per civil aviation rules.

8. Public health interventions at Resorts

8.1 Mandatory requirements for reopening a tourist resort

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

8.2 General advice on COVID safe behavior for tourists at Resorts

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

8.3 Receiving tourists at the resort

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

8.4 Reception area

- Online check-in and check-out mechanism are recommended.
- Cashless transactions are recommended.
- Room keys should be disinfected before giving to the guest.
- Provide separate stationary for each tourist or tourists should sanitize their hands before and after using shared stationary.
- Staff should wash their hands with soap and water or use hand sanitizers after handling passports or documents of tourists.

- Counters and receptions located in indoor areas should have a glass/plastic barrier at the counter.
- Tourists should observe physical distancing while waiting at the reception area.
- Sign boards/ posters to remind guests about physical distancing, wearing masks, hand hygiene should be displayed at guest reception areas.
- Reception area should be cleaned and disinfected at least twice a day. High touch surfaces should be cleaned and disinfected every 4 hourly.

8.5 Luggage handling at the resort

- Luggage handling staff should wear masks and work clothes.
- Perform hand washing with soap and water or use hand sanitizer after handling the luggage.

8.6 Resort buggy

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

8.7 Bicycles, trolleys

Clean and disinfect the high touch surfaces after every use.

8.8 Restaurant/ buffet/ coffee shops

- Guests should wash their hands/ use hand sanitizer at entry.
- Self-service should not be allowed. A staff can serve the customers at the buffet to avoid guests touching the items at the buffet.
- At the buffet, guests should wear masks and maintain 1 metre physical distance.
- Staff should wear masks when serving guests and perform frequent hand hygiene.
- Fixed allocation of tables for each room where possible to reduce number of close contacts.
- There should be adequate distancing between the tables (at least 1 metre).

- Printed menus should be avoided at tables to avoid sharing of contaminated materials.
- Dining tables and chairs should be cleaned and disinfected after every use.
- If table clothes are used, they should be changed after every use.
- The restaurant premises, and all surfaces and food serving platforms, counters, to be cleaned and disinfected after every meal time.
- Cushions for sofas and chairs should preferably be of a material that can be cleaned and disinfected.
- The premises should have good ventilation (preferably natural ventilation).
- Foot operated, lidded and lined waste bins should be available for disposal of used tissues/masks etc.
- Sign boards/ posters to remind guests about physical distancing, hand hygiene, wearing masks at buffet should be displayed at the restaurant area.
- A supervisor could ensure that not more than a specified number of guests could line up at the buffet. Supervisor should oversee that physical distancing, hand hygiene etc is followed by guests at the restaurant area.

8.9 Bar

- Guests should wash/sanitize their hands before entering the bar.
- Seating capacity must be displayed at the entrance.
- Use a wide counter to enable physical distancing between the serving staff and customer.
- Staff should wear masks and perform frequent hand hygiene.
- There should be adequate distancing between the tables (at least 1 metre).
- Tables and chairs should be cleaned after every use. High touch surfaces should be cleaned and disinfected every 4 hourly.
- Cushions for sofas and chairs should preferably be of a material that can be cleaned and disinfected.
- Should have good ventilation (preferably natural ventilation).
- Foot operated, lidded and lined waste bins should be available for disposal of used tissues/masks etc.
- To facilitate contact tracing, keep a record of customers using the service.

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

8.10 Spa/Saloon/Sauna

- Guests must have a prior booking for the service.
- Ask the guest regarding fever or respiratory symptoms at the time of making the appointment.
- Guests having fever or respiratory symptoms must not use the service.
- Maximum number of people must be displayed at the entrance.
- Cleaning and disinfection should be done after each customer.
- Staff should wear masks. Perform frequent hygiene.

8.11 Gyms and sports complex

- Prior booking must be done to use the service. Ask the guest regarding any fever or respiratory symptoms at the time of making the booking.
- Reduce persons inside the gym to a specified number to allow for physical distancing.
- Guests having fever or respiratory symptoms must not use the service.
- Allocated time slots for sessions so that gym can be disinfected after each session.
- Equipment should be cleaned and disinfected after each customer.
- There should be adequate distance (at least 1 metre) between equipment to allow for physical distancing.
- Ensure good ventilation. If air conditioned, doors could be opened intermittently to allow for natural ventilation.
- To facilitate contact tracing, keep a daily register of customers using the gym.
- Sign boards/ posters to remind guests about physical distancing, hand hygiene should be displayed.

8.12 Dive center

- Prior booking must be done to use this service. Ask the guest regarding any fever or respiratory symptoms at the time of making the booking. Symptomatic people should not be allowed to use this service.

- All customers' personal items, including clothing, towels and bathrobes should be stored in a way that avoids contact with common surfaces. Bags, boxes, containers etc could be used to store these items.
- Lockers should be disinfected if used by any customer.
- Customers may be encouraged to bring at least their own diving mask.
- Rental masks if used for fit-testing would require disinfection.
- Rental equipment should be disinfected as indicated, after each use, paying particular attention to regulators, buoyancy-controlled devices, snorkels and masks etc. After disinfection, keep the devices in closed bags.
- Instruct customers not to touch the cylinder valve outlet or regulator inlet when assembling and disassembling their scuba unit.
- Divers should be reminded to avoid touching other divers' equipment, especially those parts that come into close contact with the diver's face and mouth.
- Both in case of emergency and when performing drills, it is recommended to use an alternative gas source and avoid donating the regulator from which the diver is breathing.
- Keep areas for returned rental equipment separate from areas where disinfected equipment is stored.
- Customers should be prevented from entering the area where disinfected equipment is stored. Bring the gear out to customers.
- Disinfect gear such as snorkelling gear, diving masks, tubing and mouth piece with 1:50 bleach solution (1 part of bleach to 49 parts of water). These objects should be completely immersed in the solution for at least 5 minutes for disinfection. Rinse with water after disinfection.
- In case of equipment used by a symptomatic person, they should be disinfected with 1:10 bleach solution (1 part of bleach to 9 parts of water). Rinse with water after disinfection.
- Avoid use of alcohol-based solutions for cleaning of cylinders or filling hoses used for oxygen enriched air as there is a risk of causing fire or explosion.
- The Dive Centre premises must be disinfected daily. Common areas such as changing rooms should be disinfected whenever used by different people.

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

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

8.13 Excursions, fishing trips.

- Existing inter-island travel restrictions must be followed. Excursion trips should not pick tourists from multiple resorts or guest house islands.
- Resorts or guest house islands should use crew from that same tourist facility for these trips. (i.e. crew should not be based in another resort or guest house island).
- Symptomatic people should not be allowed on board.
- During excursions and fishing trips minimize the number of persons on the trip to allow for adequate physical distancing.
- Ensure that physical distancing is maintained while on board including sitting arrangements inside the boats.
- Wear masks in enclosed spaces.
- Avoid taking any unnecessary material on board that is not required.
- Avoid sharing equipment and food items during trips.
- Soap and water / hand sanitisers should be available on board.
- Surfaces and equipment should be cleaned and disinfected after every trip.

8.14 House keeping

- Staff entering the rooms of guests to clean the room and change the linen must wear masks, work clothes, disposable or reusable (washable) apron over the work clothes, gloves and closed shoes. If cleaning the room of a quarantined or isolated person, a face shield/goggles must be worn in addition.
- The doors and windows should be kept open when cleaning, to allow for good ventilation.
- Gloves and aprons must be changed every time before entering a different room.
- Staff should not carry dirty clothes against their bodies.
- Used linen should not be shaken aggressively. They should be slowly folded and placed in laundry bags or laundry hamper.

- Cleaning and disinfection of the rooms should also include frequently touched objects such as doorknobs and door bars, chairs, armrests, table tops, light switches, water taps, telephones, wardrobes, TV remotes, reading lamps etc.
- Clean surfaces first with detergent or soap and water (or a cleaning product), then rinse with water followed by application of disinfectant.
- Dilute bleach solution or EPA registered disinfectants against enveloped viruses/ SARS- Co-V 2 should be used for disinfection.
- 70% alcohol can be used to wipe surfaces where the use of bleach is not suitable, e.g. metal surfaces (any other disinfectants found to be effective against coronavirus may be used as per manufacturer's instructions).
- After every guest checks out, the room must be properly cleaned and disinfected.
- Before entering to clean the room of a suspected or confirmed case of COVID-19, keep the doors and windows open for minimum of 1 hour for proper ventilation.
- Mop heads and fabric used for cleaning should be soaked for 10 minutes in soap/detergent solution in hot water (at 60 – 90 degrees C) and washed and rinsed well.
- Utility gloves should be washed with soap and water and dried after work.
- Disposable products should be properly disposed of after use.
- After completion of the cleaning procedure, remove gloves and wash hands with soap and water for at least 20 seconds. The staff should avoid touching eyes, nose and mouth with unwashed hands.

8.15 Laundry

- Laundry staff must wear masks, work clothes, disposable or reusable (washable) apron over the work clothes, utility gloves and closed shoes. If entering the room of a quarantined or isolated person, a face shield must be worn in addition.
- When collecting linen from guest rooms, used linen from a symptomatic person or COVID-19 patient should be gently folded and placed in a leak-proof bag and labelled as "infectious linen".
- Do not shake used laundry.
- Used linen from a suspected or positive case for COVID-19 can be washed together with other laundry. (infectious laundry need not be washed separately).

- Wash all linen and clothes with laundry detergent/soap in hot water (60-90^{o}C) and dry well.
- The laundry from symptomatic or COVID-19 patients can be dried according to routine procedures.

8.16 Swimming pool

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

8.17 Beach and sea sports

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

8.18 Day care facility

- As it is difficult to ensure physical distancing, children living together in the same room could be taken together.
- A larger space with physically separate areas should be used if separate groups of children are to be kept at the day care.
- A register of persons who use the facility should be kept to facilitate contact tracing.
- Encourage phone booking. Ask regarding any respiratory symptoms or fever at the time of the booking.

- Symptomatic children should not be allowed in to the facility.
- Temperature screening of kids should be done before entry.
- Hand washing/use of hand sanitizers before entry and prior to leaving the day care.
- Foot operated, lidded and lined waste bins should be available for disposal of used tissues/masks etc.
- Avoid keeping items such as story books etc which are likely to be shared and difficult to clean.
- Toys that are shared should be cleaned with soap and water between each use.
- Premises should be cleaned and disinfected after every session or group.
- Baby sitters should not be allowed to visit the rooms.
- Staff should wear masks.
- Any symptomatic staff should not attend work.

8.19 Kids zones

- Symptomatic children should not be allowed.
- Activities likely to cause crowding should be avoided.
- Encourage to use open spaces.
- Premises should be regularly cleaned and disinfected.
- Foot operated, lidded and lined waste bins should be available for disposal of used tissues/masks etc.

8.20 Shops

- Wearing masks is mandatory for staff and customers.
- Counters should have a glass or plastic barrier.
- Limit number of customers inside the shop to allow physical distancing.
- The number of customers which can be present inside the shop at any given time should be displayed outside the shop.
- Hand sanitizers should be available. Customers should be encouraged to sanitize their hands after entering and prior to exit from the shop.
- Advise customers not to touch items unless he/she intends to buy them.
- Encourage cashless transactions.
- Frequently touched surfaces must be cleaned and disinfected at least 4 hourly.

- Foot operated, lidded and lined waste bins should be available for disposal of used tissues/masks etc.
- Sign boards/ posters must be displayed to remind guests about physical distancing, wearing masks and hand hygiene.

8.21 Waste disposal

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

8.22 Bands and other groups which perform at Resorts.

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

8.23 Tourist travel between resorts

- Tourists may travel between two resorts that do not have reported cases of COVID-19.
- In a resort where a case of COVID-19 has been detected, HPA will conduct the necessary epidemiological investigations and assess the public health measures taken on the resort (i.e. contact tracing has been completed, patients isolated and contacts quarantined). HPA will then advise on tourist travel to and from the resort.

- If HPA puts an extended travel restriction on a resort, new arrivals to the resort will not be allowed. However, tourists in the resort may depart from the resort after undergoing an exit screening.
- Even if there are no cases of COVID-19 on the resort, all tourists must undergo an exit screening prior to exit from the resort. The exit screening questionnaire should document any history of fever or respiratory symptoms such as cough, sore throat, running nose or shortness of breath. It should be ensured that the tourist is not under quarantine or isolation. Temperature should be checked to exclude fever. Any tourist who has fever or respiratory symptoms or who is in quarantine/isolation should not be allowed to travel. This exit screening is done prior to exit from the resort to ensure that a symptomatic person or a person in quarantine/isolation does not exit the resort and travel.
- During travel, staff and crew of the vessel should wear masks and maintain physical distancing.

8.24 Departure from the resort

- Tourists must undergo an exit screening prior to departure from the resort. This is to ensure that a symptomatic person or a person in quarantine does not exit the resort and travel.
- The exit screening questionnaire should document any history of fever or respiratory symptoms such as cough or shortness of breath within the past 14 days. It should be ensured that the guest is not under quarantine or isolation. Temperature should be checked to exclude fever. **(**See **Annex 5).**
- A tourist who is under quarantine or isolation should not be allowed to exit the resort except for a medical emergency.
- Routine testing for COVID-19 is not required prior to departure from a resort, however during exit screening if any tourist is found to have fever or symptoms suggestive of COVID-19 within the prior 14 days, they must undergo PCR testing for COVID19. (See section 9)
- If a tourist's home country/destination country requires a COVID-19 test result for immigration purpose, such testing should be facilitated by the resort prior to the guest's departure. The guest should inform the resort management of this

requirement so that it can be arranged by the resort management within the required time frame.

9. Public health interventions for staff at Resorts

9.1 General advice on COVID safe measures for staff

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

9.2 Staff accommodation

- Staff accommodation quarters should meet the requirements of Ministry of Economic Development.
- Staff from separate departments could be accommodated at separate accommodations if possible as they have different levels of risk of exposure.
- Staff who are accommodated together should minimize close contacts with staff from other departments where feasible.

- In sharing accommodation, consideration should be given for adequate physical distancing.
- Hand washing facility/ hand sanitizers should be available in accommodation quarters/rooms.
- Personal items should not be shared.
- Accommodation quarters and rooms should be cleaned and disinfected daily.
- Closed lined dustbins should be available for safe waste disposal.
- Foot operated, lidded, lined dustbins should be available for disposal of used masks etc.

9.3 Staff who travel from abroad to a resort

- Maldivians and expatriate resort workers who travel to a resort must take the necessary permission from MoT through the employer.
- Maldivians and expatriate resort workers who travel directly to the resort after arriving in Maldives must undergo a mandatory quarantine period of 14 days in the resort followed by PCR testing for COVID-19. If the result of the test is negative, they will be released from quarantine.

9.4 Travel of staff and workers between resorts and other islands.

- Staff must follow the existing HPA rules and regulations regarding restrictions on inter-island travel.
- Regular staff whose work is based in the resort must not be allowed to travel daily back and forth for work between their resident islands and the resort. They should be provided a fixed accommodation at the resort.
- Staff or workers who travel to an operational resort or non-operational resort from greater Male' region or any island which has been placed under monitoring by HPA must undergo a 14-day period of quarantine at the resort followed by PCR testing for COVID-19. The required permission should be sought through MoT. Resort management MUST ensure that the quarantine is followed properly in order to reduce the risk of COVID-19 transmission in the resort.
- Staff or workers who travel from operational or non-operational resorts to an inhabited island where there is no community spread of COVID-19 must undergo a 14-day period of quarantine upon arrival to the island. The quarantine period must be

followed by testing for COVID-19. Staff or workers must register in the 'haalubelun portal' and get required approvals from local council and HPA for travel and mandatory quarantine.

- Travel from an operational or non-operational resort to an inhabited island without quarantine is only allowed in an emergency situation such as a medical emergency after obtaining a permit from HPA and with appropriate measures.

9.5 Travel of staff and workers between resorts.

- Staff or workers may travel between tourist resorts without undergoing quarantine only if these resorts are under the same management. Additionally, these resorts should not be under monitoring by HPA. The resort management should have a record of such movements in order to enable contact tracing when needed.
- The staff or worker must undergo an exit screening prior to travel from the resort. This is to ensure that a symptomatic staff or a staff or worker in quarantine does not exit the resort and travel.
- The exit screening questionnaire should document any history of fever or respiratory symptoms such as cough or shortness of breath within the past 14 days. It should be ensured that the staff or worker is not under quarantine or isolation. Temperature should be checked to exclude fever. **(**See **Annex 5).**
- A staff or worker who is under quarantine or isolation should not be allowed to exit the resort except for a medical emergency.

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

- The current situation does not allow workers to travel daily between their resident islands and Resorts. The daily travel between these islands will carry a significant risk of transmission of COVID-19 between the Resorts and islands.

9.7 Travel to tourist facilities of workers who are hired for short term work.

- These workers (such as engineers, electricians, health care workers etc.) who may have to travel for an important task to the resort/tourist facility from greater Male' region or from an island where COVID-19 is known to exist, may be exempted from

quarantine provided that the resort/tourist facility can ensure that adequate measures are taken to reduce the risk of transmission of COVID-19.

- The resort or tourist facility has to apply to the MoT for a permit for these workers, describing the nature of the work and the necessity for which the worker is hired.
- With the first permit, they will be granted 3 days to stay on the resort/tourist facility to complete the work.
- If the work cannot be completed in 3 days, a single extension of 3 days could be allowed upon application to MoT.
- Wearing masks is mandatory for these workers and they must maintain physical distancing.
- The resort/tourist facility must ensure that these workers do not come in close contact with tourists or staff.
- They must not share accommodation with any staff or tourist on the resort.
- Meals should preferably be delivered to their room instead of dining at the staff mess or restaurant.

9.8 Imams who travel from nearby islands to resorts to conduct Friday prayer

- The resort must obtain a permit from MoT if they wish to arrange for an Imam to travel from an island to the resort to conduct Friday prayer. As travel between a resort and an inhabited island carries the risk of transmission of COVID-19, the following protective measures must be observed by Imams who travel for this purpose:
- Resorts must preferably have one designated Imam who will travel regularly to conduct Friday prayer at the resort (unless due to sickness he is unable to attend)
- If the Imam has any fever or respiratory symptoms such as cough, sore throat, runny nose or shortness of breath within the past 14 days the Imam should not travel to the resort. If an Imam develops any fever or respiratory symptoms, he should self-isolate and test for COVID-19.
- They must take their own prayer mat with them.
- They must take their own hand sanitizer with them and maintain proper hand hygiene.
- They must wear a medical mask while in the resort at all times.
- They must observe physical distancing and avoid practices involving direct physical contact such as shaking hands after prayer.

- They must avoid close contact with any staff or tourist on the resort.
- To avoid close contact with resort staff and tourists, they should have a room arranged for their temporary stay so that they can avoid using common toilets and ablution areas and have their meal in the room if required.
- The Imam should return back from the resort as soon as possible after conducting the prayer.
- Prior to the Friday prayer and before and after every congregational prayer time, the prayer area of the mosque must be cleaned and disinfected.
- All staff, workers or tourists who attend congregational prayers must wear masks and carry their own prayer mats to the mosque.

9.9 Staff Toilets

- Toilets should be cleaned and disinfected at least daily. Disinfection can be done with diluted bleach solution (1-part bleach to 99-parts of water).
- Proper hand hygiene with soap and water must be carried out every time after using the toilet.
- Close the toilet lids when flushing.
- Provide adequate hand washing facilities including soap and disposable paper towels
- Foot operated, lidded and lined waste bins must be available at staff toilets.

9.10 Mess room

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

9.11 Staff recreation

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

9.12 Meetings and trainings

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

10. Recommendations for resort clinic

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

10.1 Infrastructure of the clinic

The clinic area should comprise of:

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

10.2 Human resources

The clinic must have a medical officer and a nurse/primary health care worker.

10.3 Requirements for the medical professionals

- Clinic should be registered under Ministry of Health
- The doctor should be registered at the Maldives Medical and Dental Council
- The nurse should be registered at the Maldives Nursing and Midwifery Council

- Doctors and nurses should possess a valid practicing licence.
- Expatriate doctors and nurses should have a proper orientation from the Ministry of Health before they start their service

10.4 Requirements for the clinic

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

10.5 Important medical equipment for the clinic

- Dedicated fridge to store medicines
- ECG machine should be a mandatory equipment
- Defibrillator should be a mandatory equipment in the clinic
- Manual or automated BP apparatus, thermometres, stethoscopes, ophthalmoscope, otoscope and other accessories for patient examination.
- Suction machine

- Examination lamps
- AEDs
- Emergency resuscitation: laryngoscopes, ambu bags and masks, endotracheal tubes, oxygen face masks and nasal cannula should be available
- An oxygen cylinder should be available at the clinic
- An emergency trolley kept ready at all times with all the resuscitation equipment and drugs used in cardiopulmonary resuscitation should be available in them
- Surgical equipment for a bedside basic surgical procedure such as wound suturing, wound dressings.
- Autoclave machine- surgical instruments and materials should be autoclaved
- Infusion pumps
- Glucometre

10.6 Essential drugs

- Essential drugs should be available at the resort clinic. The list of essential drugs is available from Ministry of Health.

10.7 Orientation and training

- Orientation and training on infection prevention and control (IPC) measures.
- Orientation on contact tracing for some designated staff.
- Orientation and training on management of mass casualties.
- Orientation on food safety
- Doctors, nurses/primary health care worker and front-line staff should be trained in appropriate use of PPE.

Note: The resort management can request through HPA if support required for the above orientations and trainings.

The orientations and trainings mentioned below should be arranged by the resort management through licensed trainers from existing training institutions

  - ACLS certification should be made mandatory for the resort doctor and nurse/primary health care worker.

- Doctors, nurses/primary health care worker and front-line staff should be trained in providing basic psychosocial support.
- 80 percent of resort staff should be trained in first aid, basic life support, use of Automated External Defibrillator.

10.8 Screening programs

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

10.9 Compulsory Influenza like illness (ILI) Surveillance: required for surveillance of COVID-19

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

Additional Note:

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

11. Response to a suspected COVID-19 case in a resort

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

Appropriate PPE for HCW: (doctor/nurse/health worker/paramedic) when attending to a patient: Scrubs, disposable or reusable (washable) gown worn over the scrubs, medical mask, face shield, gloves and closed shoes should be worn and if performing any aerosol generating procedure, N95 mask should be worn instead of medical mask. If a staff or tourist has to be examined for a respiratory complaint or fever (suspected COVID-19), it is preferable for the doctor to visit the staff or tourist in his/her room

instead of bringing the patient over to the clinic. This is to keep the main resort clinic allocated preferably for non-COVID care. The resort could allocate a designated room as a temporary isolation or observation area for patients with fever or ARI, for the doctor to attend and examine the patient in this room. If a patient requires a period of admission for observation or IV fluids, or oxygen therapy etc, the patient could be treated in this room. Hence the room/ area allocated for COVID care should have these medical facilities available. See section 11.2

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

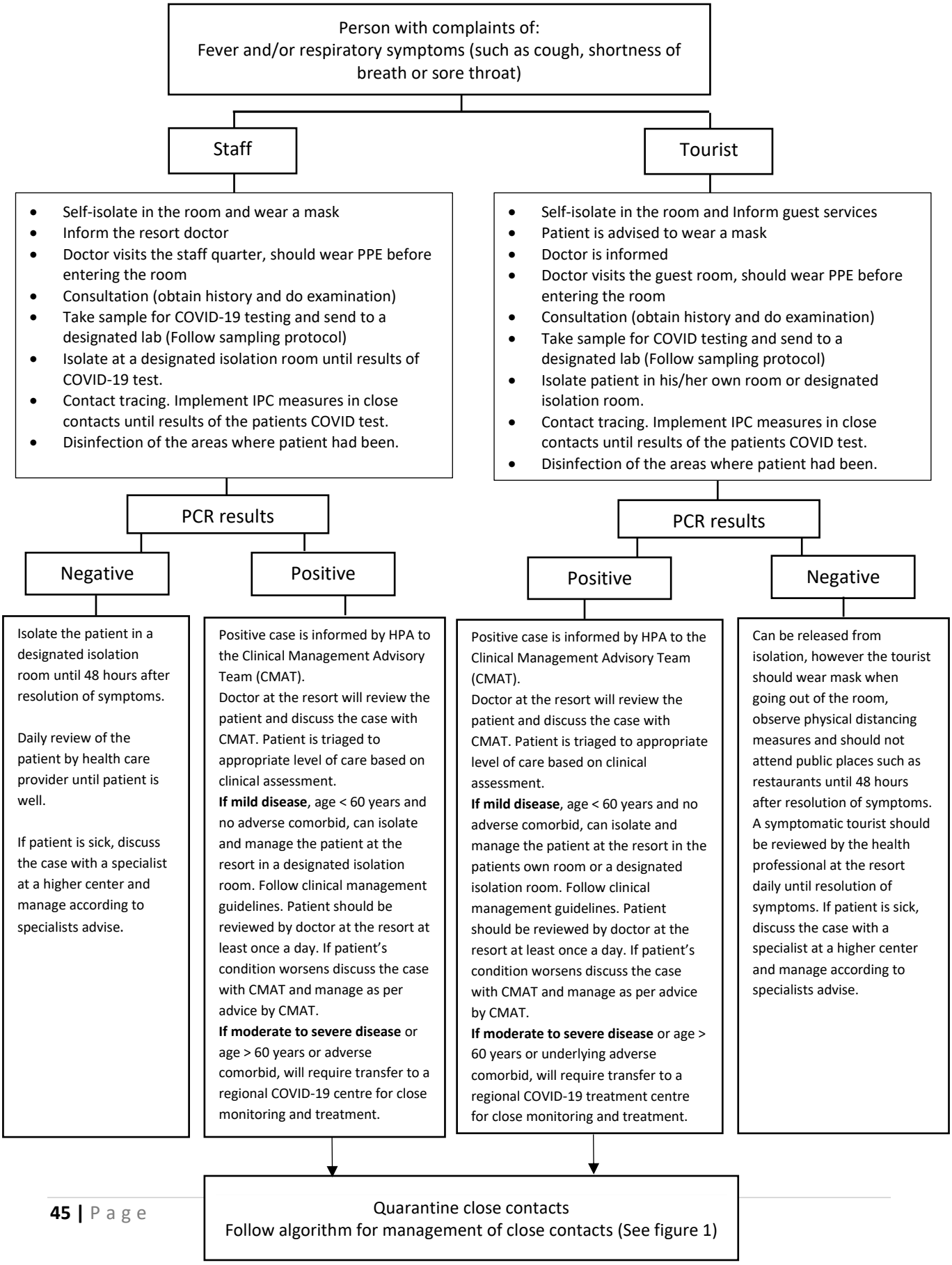
When a confirmed case (COVID-19 PCR positive) is detected at a resort, a report (see Annex 6) of the confirmed case and measures taken by the resort in view of the positive case should be submitted by the resort. This report must be submitted to HPA within 48 hours after detection of a positive case on the resort.

11.1 Surveillance case definition

Suspected case	If the patient fits criteria **A**, **B or C** given below, he/she is a suspected case of COVID-19 infection: **A.** Patient with **acute respiratory illness** (fever* and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), **AND**

	A history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset. **OR** **B.** Patient with **any acute respiratory illness** **AND** having been in *contact* with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms **OR** **C.** A patient with **SARI** **AND** no other aetiology that fully explains the clinical presentation **SARI** is defined as an acute respiratory infection (ARI) with history of fever* or measured temperature ≥38^{0}C and cough; with onset within last 14 days and requiring admission to hospital. *Absence of fever does NOT exclude viral infection. Patients may also present with symptoms such as sore throat, headache, nasal discharge or congestion, anosmia, ageusia, diarrhea, vomiting.

11.2 Protocol to respond to a suspected case of COVID-19 at a tourist resort



11.3 Isolation of suspected and confirmed cases of COVID-19 at a resort

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

Criteria to allow isolation of a patient at a resort:

- Those whose age is less than 60 years old, have mild symptoms with stable vital signs with no clinical signs of pneumonia and without any underlying severe medical conditions can be isolated at the resort:
    - Patients **age should be less than 60 years** old
    - **Mild symptoms** include low-grade fever, cough, malaise, running nose, sore throat, gastro-intestinal symptoms such as diarrhoea or vomiting. They should not have warning signs such as shortness of breath or difficulty in breathing. They should not have mental status changes such as confusion.
    - **Patient should have stable vital signs and no clinical signs of pneumonia.**
    - **No underlying severe chronic medical conditions** such as lung or heart disease, chronic kidney disease, or immunocompromising conditions.
- Tourists or staff maybe isolated in their resort room or at a designated isolation room at the resort if the above conditions are met.
- **The resort where a confirmed case of COVID-19 is isolated and managed MUST have a Doctor AND a Nurse/primary healthcare worker.**
- **Inform HPA and Discuss the clinical condition of all patients who test positive for COVID-19 with a specialist from the Clinical Management Advisory Team (CMAT). Also, any patient whose clinical condition is sick, has danger signs, unstable vital signs, the case should be discussed with a specialist at a higher centre even if their test result is negative or test is pending.**
- Staff who are positive should be isolated in a designated isolation room at the resort OR transferred to a designated isolation facility.
- If moderate to severe disease or age > 60 years or underlying adverse comorbid, will require transfer to a COVID-19 treatment facility for close monitoring and treatment.
- Isolation at the resort should be in a single room with an attached toilet.

- If the isolated person is older than 60 years or has severe comorbid conditions such as diabetes mellitus, cancer on chemotherapy or on medication causing immunosuppression, chronic kidney disease, chronic lung disease, ischemic heart disease, thalassemia or the patient is pregnant, a carer could be allowed to stay together with the isolated person to provide help. Carer should be explained about the risk of acquiring COVID-19 and should understand the risks of the disease. The carer should be a person who is less than sixty years old and without comorbid conditions such as diabetes, hypertension, kidney disease etc. The patient and carer should wear masks, ensure proper hand hygiene and maintain physical distancing as much as possible.
- The patient should be physically examined by the doctor at least once daily or more frequently if needed. Clinical notes should be documented. If there is any worsening of the patient's condition, this should be promptly discussed with the clinical management advisory team (follow the COVID-19 clinical guidelines) and arrangements made for hospitalization if needed.
- If the health care worker has to enter the isolation room, they should wear appropriate PPE (follow proper donning and doffing procedures).
- There should be a mechanism to provide psychosocial support.
- The room should preferably have good natural ventilation.
- Availability of education materials on infection prevention and control measures and information on COVID-19 including symptoms, danger signs.
- Individuals in isolation facility must follow instructions from HPA on infection control measures.
- Mask should be used by the isolated person and others if there is any contact within 6 feet.
- Hand hygiene facility (access to soap and water or alcohol-based hand rub) should be available.
- Access to cleaning and disinfection materials should be available, including surface cleaning detergents and diluted bleach solution.
- Closed dustbins lined with double bags should be available for safe disposal of waste.
- Meals and other necessities should be delivered to the quarantined room and handed over to the guest outside the door. Mask and gloves should be worn by the person serving.

- Utensils and all personal items must be separated from those used for regular guests.
- Guest rooms should be cleaned and disinfected once daily (See section 8.14)
- Before entering to clean the room of a suspected or confirmed case of COVID-19, keep the doors and windows open for a minimum of 1 hour for proper ventilation.
- Staff entering the rooms of guests to clean the room and change the linen should wear masks, face shields/goggles, work clothes, disposable or reusable (washable) apron over the work clothes, gloves and closed shoes.

11.4 Contact tracing and management of contacts

A contact is a person who was in contact with the patient within a time period from 2 days before and up to 14 days after onset of symptoms in the patient. If the case had no symptoms, a contact person is defined as someone who had contact with the case within a time frame ranging from 48 hours before sample which led to confirmation was taken to 14 days after sample was taken.

Close contacts are defined as:

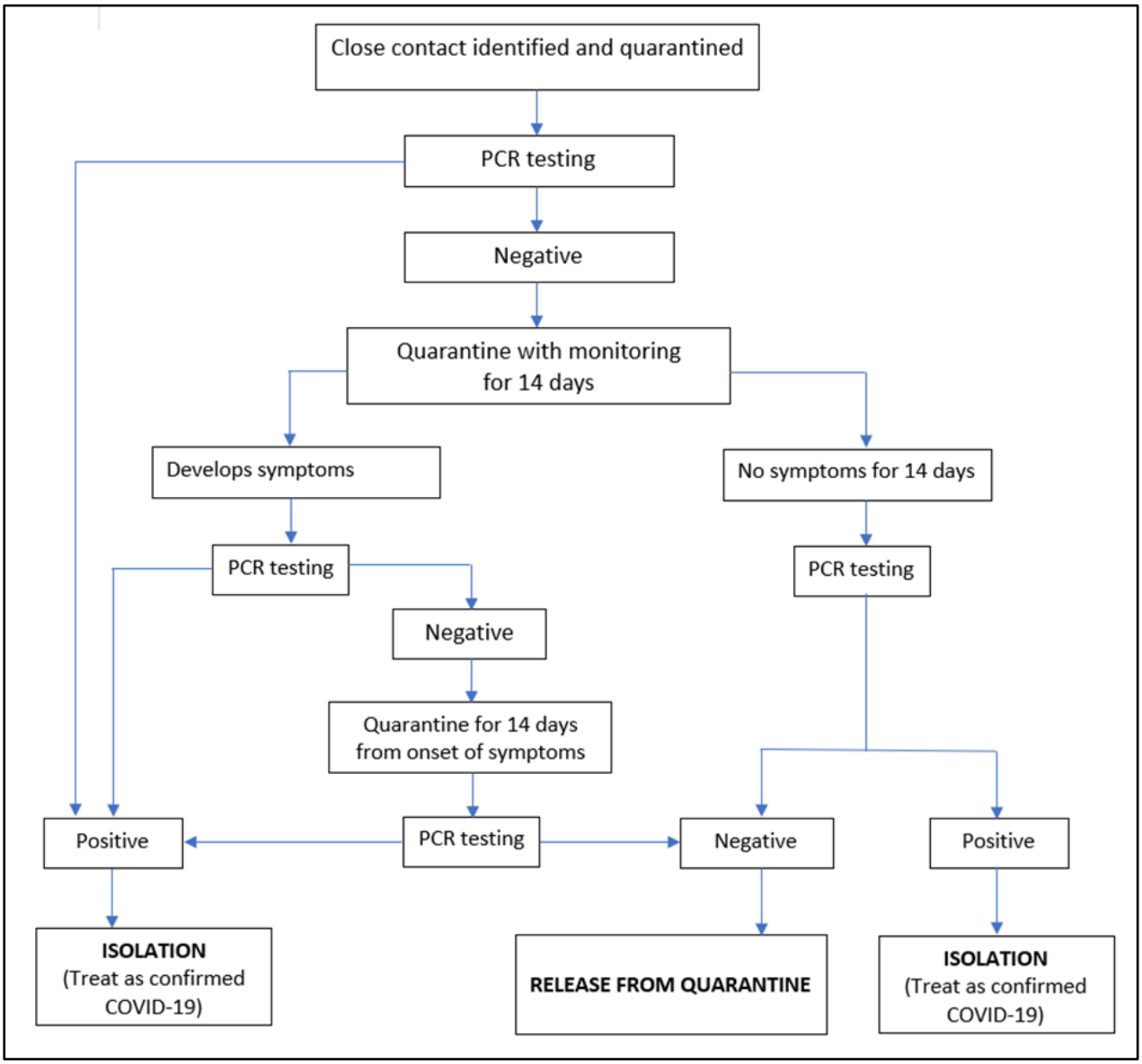
- Being within 1 metre of a confirmed or probable COVID-19 case for >15 minutes.
- Direct physical contact with a confirmed or probable COVID-19 case.
- Providing direct care for patients with a confirmed or probable COVID-19 disease without using proper personal protective equipment.
- Unprotected direct contact with infectious secretions of a COVID-19 case (for example being coughed on).
- Person who were in a closed environment (household, classroom, meeting room, hospital waiting room etc) with a COVID-19 case for more than 15 minutes.
- In a flight or public transport, anyone sitting within two rows of a COVID-19 patient for >15 minutes and any staff in direct contact with the case.

If a suspected case is identified in the resort, contact tracing should be initiated by the resort task force. Inform close contacts to wear mask, maintain physical distancing and to perform frequent hand hygiene and to avoid public places such as restaurants until test results of the suspected case is obtained. If the PCR result of the suspected case is positive (confirmed case of COVID-19), all close contacts should undergo PCR testing for COVID-19 and should be

quarantined in the resort. Follow the algorithm shown in **figure 1** for management of contacts of a confirmed case.

If a person identified as a close contact provides proof of previous COVID-19 infection within the prior three months period, he/she shall be exempt from quarantine and PCR testing unless he/she is symptomatic (see Section 7.3.4).

Figure 1: Algorithm for management of close contacts of a confirmed case of COVID-19 at a Resort



Note: If a person identified as a close contact provides proof of previous COVID-19 infection within the prior three months period, he/she shall be exempt from quarantine and PCR testing unless he/she is symptomatic.

11.5 Quarantine at resort

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

- Tourists as well as staff may be quarantined at the resort.
- Tourists may be quarantined at his/her own room.
- Staff should be quarantined in a dedicated room at the resort.
- The quarantined person should have a separate room with preferably an attached bathroom. If the toilet is shared with others the toilet should be cleaned and the frequently touched surfaces should be disinfected after use (with diluted bleach solution in a ratio of 1 part of bleach to 49 parts of water).
- If unable to have separate rooms for each person under quarantine they may share a room with another person under quarantine. If people in quarantine are sharing a room it should be ensured that they wear masks at all times, they keep a distance of at least 6 feet between each other at all times, beds should be placed at least 2 metres apart and ensure frequent hand hygiene, especially before touching the face, before eating, after using the toilet and in case the hands get soiled.
- Quarantined individuals must follow infection prevention and control measures outlined by HPA.
- The quarantined persons condition should be assessed daily. This could be done by phone call. The quarantined person should monitor his/her temperature twice a day. If required the person should be physically seen by the doctor/nurse/health worker.
- If the health care worker has to enter the quarantined persons room, they should wear appropriate PPE (follow proper donning and doffing procedures).
- There should be a mechanism to provide psychosocial support.
- Hand hygiene facility (access to soap and water or alcohol-based hand rub) should be available.
- Access to cleaning and disinfection materials should be available, including surface cleaning detergents and diluted bleach solution.

- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily with regular household disinfectant containing a diluted bleach solution.
- Closed dustbins lined with double bags should be available for safe disposal of waste.
- Meals and other necessities should be delivered to the quarantined room and handed over to the quarantined person outside the door. Mask and gloves should be worn by the person who is serving.
- Utensils and all personal items must be separated from those used for regular guests and staff.
- Quarantined person should have access to information on COVID-19 including symptoms, and danger signs.
- If the quarantined person is older than 60 years or has severe comorbid conditions such as diabetes, cancer on chemotherapy or on medications causing immunosuppression, chronic kidney disease, chronic lung disease, chronic heart disease, thalassemia or is pregnant, a carer could stay together with the quarantined person. Carer should be explained about the risk of acquiring COVID-19 and should understand the risks of the disease. The carer should be a person who is below 60 years and without any comorbid condition. The patient and carer should wear masks, ensure proper hand hygiene and maintain physical distancing as much as possible.

12. Public health interventions for tourist vessels such as safaris

- A COVID Safe plan in accordance with this guideline must be in place. COVID safe plan must address the following:
    - The tourist vessel should have an SOP on how to respond to a suspected case of COVID-19 on board the vessel.
    - Arrangements made for temporary isolation of a symptomatic staff or tourist on the safari. It is recommended to have a designated room/cabin/quarters for temporary isolation of a symptomatic patient until COVID-19 PCR testing is done and results obtained. If the symptomatic person is staying alone in a single room, he/she may continue self-isolation in his/her room. However, if the person is sharing the room with others, he/she should be isolated in the designated isolation room until results of testing. If a designated isolation room is not

available on the safari, and a symptomatic person is sharing the room with others, the symptomatic person should maintain 1 metre distance from others who are sharing the room. The symptomatic person and others who are sharing the room must wear masks and perform frequent hand washing/ hand sanitization.

  - Arrangement made for on-shore isolation of positive cases and on-shore quarantine of close contacts in case of an outbreak of COVID-19 in the safari.
  - Arrangements made for laundry.
  - Arrangements made for waste disposal.
  - Availability of materials for cleaning and disinfection.
  - Availability of basic PPE to attend to a suspected case (face masks, face shield, gloves, disposable aprons or washable gowns)
  - Availability of basic first aid material including an infra-red (non-contact) thermometre.
  - Hand washing facility/ availability of had sanitizer.
  - Signage and posters displayed to promote awareness on COVID-19 and infection prevention and control measures.

- All staff should be oriented regarding the COVID safe plan of the safari.
- Tourists are **not allowed to make split bookings** between safaris and resorts or safaris and guest houses. Tourists who book their stay on safaris must spend their entire duration of stay on the safari. During their stay on the safari, they are not allowed to disembark on to a resort or inhabited island. Crew of the safari are not allowed to move between the safari and a resort or inhabited island. A negative pre arrival PCR test or absence of symptoms does not rule out the possibility of a passenger incubating COVID-19 infection. An outbreak on a safari/vessel is likely to easily spread among the passengers and crew, given the limited space in a safari, the relatively enclosed environment, and people living in close proximity. Hence restriction of movement between safaris and resorts/islands is essential to prevent the possible transmission of COVID-19 between the resorts/islands and safaris.
- Passengers are allowed to stay in a designated transit facility prior to departure as this may be a necessity.

- A mechanism should be established for provision of health care in case of medical emergencies or an ill patient who requires a doctors' consultation. This arrangement could be made with resort clinics or with island health centres/atoll hospitals in the respective region.
- Safaris should have an arrangement for on-shore isolation of positive cases. If an outbreak of COVID-19 occurs in a safari, the risk of spread on board the safari is high. Hence positive cases are not allowed to be isolated on board a safari.
- Safaris should have an arrangement for on-shore quarantine of close contacts of a positive case. In the case of tourists, they must be quarantined in the on-shore facility. In the case of crew, they may be allowed for home quarantine. If home quarantine is not possible, crew may be quarantined at a designated on-shore quarantine facility. Up to two crew members may be allowed to undergo quarantine on the safari. This is for the purpose of maintenance of the safari.
- Crew of safaris should follow the existing HPA recommendations on inter-island travel restrictions. If a crew travels from a safari to an inhabited island where there is no community spread of COVID-19, they must undergo a 14-day period of quarantine in the island followed by PCR testing.
- A travel related quarantine or "furabandhu quarantine" should not be done on a safari. If a Maldivian or expatriate from greater Male area or any city/island which is placed under monitoring by HPA due to presence of COVD-19, wishes to board a safari, he/she must undergo a 14-day period of quarantine on-shore followed by PCR testing for COVID-19 prior to embarking on to the safari (the PCR test result should be negative). Similarly, a Maldivian or expatriate who arrives from abroad is not allowed to undergo travel related quarantine on a safari. This quarantine must be done on-shore followed by PCR testing prior to boarding the safari (the PCR result should be negative).
- Crew from an island which is not under monitoring by HPA may board a safari without undergoing quarantine.
- Crew are not allowed to move back and forth between the safari and any island.
- Loading and unloading of supplies from islands including greater Male' area, should be done without disembarking from the vessel. During the process, masks must be worn and there should be minimal contact between crew on board and people on-shore

- All staff and guests should wear masks in enclosed public spaces on the safari.
- Physical distancing should be maintained where possible.
- All staff should download and use the contact tracing app “TraceEkee” for easy contact tracing.
- Tourists should be encouraged to use “TaceEkee”
- Housekeeping – (refer to section 8.14)
- Diving- A set of diving gear can be used by the tourist throughout his stay on the safari. Recommended not to share equipment. (refer to section 8.12).
- Laundry- (refer to section 8.15). In case the laundry is done other than in the safari, the used linen should be kept in closed water proof bags until transport to the laundry site. In the case of laundry from symptomatic persons, linen should be labelled as infectious linen.
- Waste disposal:
    - A separate area should be allocated on the vessel to keep waste until disposal.
    - Used masks, gloves and other waste should be discarded in a dustbin lined with a water proof bag inside it. Waste from a positive case should be collected in double bags.
    - When the dustbin is 2/3rd full the bags should be sealed well to be disposed.
    - Waste from a room where a person is quarantined or isolated should be labelled as “infectious waste”.
        - Waste can be unloaded at a designated WAMCO facility or if such a facility is not available in the area an arrangement should be made with nearby islands/resorts to unload the waste for disposal. Crew are not allowed to disembark the vessel during the process.

12.1 Outbreak management plan for SAFARI when COVID-19 is suspected

Pre-boarding

- Health declaration: At airport on arrival to Maldives screened for history of fever and respiratory infection, travel and contact history.
- Provide awareness on COVID-19 onboard the safari, signage's and posters displayed to promote good hygiene and COVID awareness.

Identify suspected case

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

Isolate suspected case

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

People who take care of the sick person should:

- Wear mask and gloves and apron, goggles or face shield when dealing with a suspected case.
- Frequently wash hands with soap and water

CALL HPA (1676)

- HPA will make arrangements for sample to be taken for PCR testing for COVID-19.
- After COVID sampling, patient will remain in isolation on board the vessel until PCR results.
- **If PCR result is positive the patient MUST be transferred to an on-shore isolation facility**.
- **If PCR result of the symptomatic person is positive, all direct contacts of the positive case MUST undergo PCR testing.**
- If PCR sample results is negative, isolate the patient on board the vessel until 48 hours after symptom recovery.

12.2 Contact tracing and management of contacts when there is suspected case of COVID-19 on board a safari.

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

Definition of close contacts on board a vessel:

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

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

12.3 Contact tracing and management of contacts in a vessel (e.g. safari)

Identify high risk contacts

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

Clean and disinfect the vessel

- Clean with soap and water, rinse, in addition, the frequently touched surfaces should be disinfected with diluted bleach solution 1 ml bleach to 49 ml water (keep for at least 1 minute).
- Use mask, face shield/goggles, work clothes, disposable or reusable (washable) apron over the work clothes, heavy duty gloves and closed shoes for cleaning and disinfection

Management of contacts depending on results of the index case

- **If Sample of symptomatic patient is Positive**: All close contacts MUST undergo PCR testing. Close contacts must be quarantined in an on-shore facility. Up to 2 crew members may remain on the vessel for maintenance of the vessel. These crew members who remain on the vessel must wear masks, maintain physical distancing and use separate cabins. Safari will be under HPA monitoring until the crew on the vessel complete their quarantine period and tests negative on PCR. See section 11.4, Figure 1 for management of contacts.
- **If Sample of symptomatic patient is Negative** with low risk of COVID-19 in index patient then the contacts maybe released and kept on self-observation.

- In the case of a positive case detected on the safari, the vessel may allow new passengers onboard only after all the close contacts have been transferred to an on-shore quarantine facility and after the vessel has been thoroughly cleaned and disinfected (in a small vessel close contacts may include all the passengers and crew).
- If all the crew are identified as contacts, the vessel may operate with a new set of crews after thorough cleaning and disinfection has been done.

Note: If a person identified as a close contact provides proof of a pervious COVID-19 infection within the prior three months period, he/she shall be exempt from quarantine and PCR testing unless he/she is symptomatic.

13. Guideline for reopening of tourist guest houses in Maldives during the COVID- 19 pandemic

Due to the COVID-19 pandemic, tourist guest houses across the country were closed on 17th March 2020. After the country's borders reopened, a few selected tourist guest houses and hotels in greater Male area have been allowed to resume operations to accommodate transit passengers and flight crew.

As tourist guest houses are located in inhabited islands and to cater for the anticipated increase in the number of tourist arrivals, preparatory measures need to be taken and important prerequisites need to be met prior to the general reopening of tourist guest houses in the country. Public health measures are essential in order to reduce the transmission of COVID-19 and to ensure the safety of tourists, staff of tourist guest houses and the local population of these islands.

This guideline outlines the prerequisites for reopening of tourist guest houses and provides guidance on public health measures to reduce the risk of transmission of COVID-19 in the tourist guest house sector.

13.1 Reopening of tourist guest houses

The government has announced the re-opening date for tourist guest houses as 15th October 2020. This date may be revised based on COVID-19 trends in the country. Prior to reopening of tourist guest houses, the prerequisites outlined below must be met. In view of the large number of positive cases and community transmission in greater Male region, tourist guest houses in greater Male' region will remain closed until epidemic trends improve and sample positivity rate is less than 5% maintained for a period of 28 days with daily testing of not less than 1000 tests of samples taken in the Male' region.

13.1.1 Prerequisites which must be met prior to reopening the tourist guest houses.

- All tourists who plan to stay in tourist guest houses must hold a negative result for a nucleic acid test (PCR test) for COVID-19 prior to entry in to the country. The sample for this test must be taken not more than 72 hours prior to the scheduled time of departure from the first port of embarkation en route to Maldives.
- Prior to departure from Maldives, PCR testing is mandatory for any tourist who stayed on a tourist guest house island. If a specific time frame for PCR testing is stated in the immigration requirements of the destination country, this time frame must be followed. Otherwise the PCR test must be done within 72 hours prior to departure from Maldives. The tourist guest house must facilitate the PCR testing for the tourist. The tourist or the guest house must bear all costs associated with PCR testing.

13.1.2 Prerequisites at the island where tourist guest houses are operated:

MoT shall coordinate with all relevant stakeholders to identify roles and responsibilities of the Councils and other parties involved to ensure implementation, monitoring of this guideline and giving approval to a guest house to open.

- The atoll council and island council with the help of the island health facility must conduct awareness programs on COVID-19 for the local population of the tourist guest house island to make them aware of COVID-19 prevention measures to be taken on the island.
- Tourist guest houses should not operate in houses or buildings where local residents currently stay.
- There should be a designated place for isolation of mild cases of confirmed COVID-19 among staff and tourists. Isolation could be done in designated houses where there are rooms with attached bathrooms or repurposed guest houses designated for the purpose of isolation. Places designated for isolation should not be established in houses/buildings where local residents live.
- There should be a designated place for quarantine of contacts among staff and tourists. Quarantine could be done in designated houses where there are rooms with attached bathrooms or repurposed guest houses designated for the purpose of quarantine. Places designated for quarantine should not be established in houses/buildings where local residents live.
- The designated isolation and quarantine places must be arranged by tourist guest houses.
- Medical care of the isolated and quarantine persons will be managed by respective health care facility and the COVID task force.

- Based on the total number of tourist beds, the island should have quarantine and isolation rooms as below:

Total number of tourist beds on the island	**Minimum number of rooms to be allocated for quarantine/isolation**
Greater than 500 beds	15
100 to 500 beds	8
Less than 100 beds	5

- If further capacity is required, this should be arranged by the tourist guest houses and council of the island.
- There should be a functional COVID-19 task force on the island who will coordinate with HPA and monitor the situation of COVID-19 on the island. This island task force will update HPA regarding suspected and confirmed cases of COVID-19 in the island, conduct contact tracing, ensure that positive cases are isolated and contacts are properly quarantined. There should be adequate human resources in the island COVID-19 task force, to conduct monitoring of measures, enforcement, contact tracing, sampling, reporting and referral of cases and contacts as required
- There must be a designated vessel identified on the island for the transportation of confirmed COVID-19 cases among tourists and staff to regional COVID-19 facilities, should they require hospitalization.
- The island health facility should run a flu clinic. For any symptomatic tourist or guest house staff the guest house and health facility must coordinate for flu clinic consultation. Any symptomatic person must wear medical mask when attending the flu clinic. Hand sanitizers and hand washing facility must be available at the flu clinic. The flu clinic should keep a daily record of acute respiratory infections (ARI) cases seen at the clinic and report to HPA through the existing ARI reporting mechanism. All symptomatic patients should undergo COVID-19 testing. The tourist or the tourist facility where the tourist booked to stay in Maldives shall bear the costs for the tourist's consultation, testing, transportation of the COVID-19 sample and PPE.

- The health facility of the island must have a room or bed for temporary observation/admission of a sick patient with suspected COVID-19 until the patient can be transferred to a regional COVID-19 treatment facility.
- The health centre must maintain an adequate stock of PPEs and materials required for COVID-19 sampling.
- There should be trained personnel for collection of COVID-19 samples. These personal could be doctors, nurses, health workers or paramedics.

13.1.3 Prerequisites which should be fulfilled by tourist guest houses:

After the prerequisites are fulfilled by the guest house as per MoT, MoT shall give approval to open the guest house.

- A COVID-19 safe plan must be formulated by the tourist guest house and submitted to MoT. MoT will assess the COVID-19 safe plan of the tourist guest house before giving permit to operate. The COVID-19 safe plan of the tourist guest house must address the following:
    - There should be a designated focal point from the guest house who will coordinate with the island COVID-19 task force and other relevant government agencies.
    - Arrangements made for temporary isolation of a symptomatic guest/ tourist. Every tourist guest house should have a designated room for temporary isolation of a tourist with suspected COVID-19 until the test results can be obtained and the person transferred to the designated place for isolation.
    - Infection prevention measures taken in the tourist guest house.
    - Mechanisms to promote COVID-19 awareness to tourists and staff. Signage and posters to remind guests about physical distancing, hand hygiene, wearing masks etc.
    - Arrangements made for laundry and housekeeping of a suspected case or confirmed case.
    - Arrangements made for waste disposal when there is a suspected or confirmed case.

    - Availability of materials for cleaning and disinfection.
    - Availability of basic PPE to attend to a suspected case (face masks, face shield, gloves, disposable aprons or washable gowns)
    - Availability of basic first aid material including an infra-red (non-contact) thermometre.
    - Hand washing facility/ availability of had sanitizer.
- All staff of the tourist guest houses should be oriented regarding the COVID-19 safe plan of the guest house.
- Hand washing facility or hand sanitizers should be available at the reception area and in other public areas such as restaurants.
- Staff of tourist guest houses must have a work cloth/uniform. At the end of the duty they must take a shower, change their work clothes prior to leaving home from work. The uniforms/work clothes should preferably be laundered at the guest house instead of taking them home for laundry.
- To promote staff hygiene, tourist guest houses must have a changing room with shower facility for staff.
- Requirements at reception area- (refer to section 8.4)
- Luggage handling- (refer to section 8.5)
- Requirements for housekeeping- (refer to section 8.14)
- Requirements for restaurant- (refer to section 8.8)
- Gyms and sports complex-(refer to section 8.11)
- Dive centres- (refer to section 8.12)
- Excursions and fishing trips-(refer to section 8.13)
- Beach and sea sports- (refer to section 8.17)
- Waste disposal- (refer to section 8.21)
- Cleaning and disinfection- (refer to Annex 4)
- Requirements for laundry- (refer to section 8.15). In case the laundry is done other than in the tourist guest house, the used linen should be kept in closed water proof bags until transportation. Laundry from symptomatic patients should be labelled as “infectious linen”.

13.2 General measures to be followed in tourist guest house islands to prevent COVID-19 transmission in the island:

- Wearing masks will be mandatory in public places for locals as well as tourists at all tourist guest house islands. Existing HPA guidelines on wearing of masks should be followed.
- Tourists and staff of tourist guest houses are recommended to use the contact tracing app “TraceEkee” to facilitate contact tracing.
- Persons placed under quarantine/isolation must register in “haalubelun” portal
- Tourists are not allowed to enter residential houses.
- Tourists are allowed to use public cafes and restaurants. Cafes and restaurants must follow the infection prevention measures described in the relevant HPA guidelines.
- Tourists are allowed to use shopping facilities on the island. Shops must follow the infection prevention measures described in the relevant HPA guidelines.
- Taxis and other public transport vehicles in the island should have a partition between the driver compartment and passenger compartment.
- Passenger boats must maintain a passenger manifesto on all guest transfers.
- Passenger boats and equipment used for transfer and excursions of tourists should be cleaned and disinfected after every trip.
- For recommendations on the following areas, refer to the relevant sections indicated:
    - Restaurants and cafes- section 8.8
    - Gyms and sports complexes- sections 8.11
    - Dive centres- Section 8.12
    - Excursions and fishing trips- Section 8.13
    - Shops-Section 8.20

13.3 Movement restrictions on islands which operate tourist guest houses:

Restrictions on inter-island travel are required to reduce the transmission of COVID-19 between islands. If a case of COVID-19 is detected in any island, HPA will conduct an epidemiological investigation in the island and HPA will determine the status of the island in terms of the extent of spread of COVID-19 in the island. After the

epidemiological investigation, HPA may place the island under monitoring whereby travel to and from the island will be restricted. The following apply to tourist guest house islands (i.e. islands which have operational tourist guest houses and where there are tourists).

13.3.1 Inter-island travel of Maldivians and expatriates between tourist guest house islands and other islands

- Travel from greater Male' region to a tourist guest house island will require mandatory quarantine followed by PCR testing.
- Travel from a guest house island to greater Male' area will not require quarantine.
- Travel from a non-tourist guest house island to a tourist guest house island will not require quarantine.
- Travel from a tourist guest house island (irrespective of presence of COVID-19 on the island) to a non-tourist guest house island will require mandatory quarantine followed by PCR testing.
- Travel from a tourist guest house island to a non-tourist guest house island will not require quarantine if the travel is to obtain essential services such as:
    i. Medical care (emergency, outpatient consultations, hospitalization etc)
    ii. Visiting family members who are ill
    iii. Banking purposes
    iv. Regular School attendance
    v. Trade of goods (agricultural produce, fish, fuel etc) – this should be done at a peripheral area of the island such as a harbour area or away from the main public areas of the island.
    vi. Attending to court summons
- Where travel between tourist guest house islands and non-tourist guest house islands are made to obtain the above services, people who travel are advised to take the following measures:
    1. All vessels should inform the island council prior to any travel and the island council must maintain a record of all vessels that had travelled to the island (this is to facilitate contact tracing in case of any outbreak on the island).
    2. All vessels must maintain a passenger manifest of every trip.

3. All travellers must obtain permission from the respective island council of the destination island after stating the purpose of travel. Island council should maintain a record of persons who travelled to the island daily (this is to facilitate contact tracing in case of an outbreak on the island).
4. Requests for travel for medical treatment should be given clearance without delay.
5. Except for patients who require hospitalization and their care givers, visitors to the island for other essential purposes must return back within the same day.
6. Physical distancing measures must be observed at all times.
7. Travellers, customers and service providers must wear masks at all public places.
8. There should be minimal interaction with the local inhabitants and any tourists on the island.
9. When dining in cafes or restaurants visitors should dine at outdoor areas, and visitors should not mix with residents. Alternatively, take away or deliveries can be arranged. Self-service should not be allowed at buffets. Physical distancing should be maintained when obtaining service at buffets. Servers and customers must wear masks when at the buffet and mask should be taken off only when eating.
10. The person should not stay at or visit a tourist guest house (If they stayed at a tourist guest house, they will need to be quarantined upon travelling back).
11. Travellers are allowed accommodation at houses of local residents; however, they must not share rooms or dine with residents.
12. Shops, market places, restaurants, banks and ATMs and other institutions must follow HPA guidelines pertaining to infection prevention measures at these places.
13. COVID taskforce and island council must conduct periodic inspections to ensure that the above HPA guidelines are followed.

- Travel from a tourist guest house island to another tourist guest house island will not require quarantine.

- Maldivians and expatriates who travel from greater Male' area to tourist guest house island are not allowed to stay at tourist guest houses.
- Maldivians or expatriate workers may stay at a tourist guest house if they travel from other than greater Male' region. If they stay at a tourist guest house, they are not allowed to enter in to local houses in the island. After staying at a tourist guest house, if they subsequently travel to any other island to stay among the local population, they will require mandatory home quarantine followed by PCR testing. (This is irrespective of presence of active cases of COVID-19 on the tourist guest house island)

13.3.2 Inter-island travel of tourists

- Tourists are not allowed to travel from a tourist guest house island to a non-tourist guest house island.
- Tourists are allowed to travel between two tourist guest houses islands.
- Tourists are allowed to travel between a resort and a tourist guest house island if the resort or tourist guest house island is not placed under monitoring by HPA. (i.e. no travel restrictions placed by HPA on the resort or tourist guest house island).
- Tourists are not allowed to travel between a safari and a tourist guest house island.
- Tourists must undergo an exit screening prior to travel from a tourist guest house island to a resort or to another tourist guest house island. This is to ensure that a symptomatic person or a person in quarantine does not exit the island. The exit screening should ask for any history of fever or respiratory symptoms such as cough, sore throat, running nose or shortness of breath. It should be ensured that the guest is not under quarantine or isolation. Temperature should be checked to exclude fever. Any tourist who has fever or respiratory symptoms or who is in quarantine should not be allowed to travel and will require testing for COVID-19.

13.4 Management of a symptomatic tourist or staff at a tourist guest house island

- If a tourist or staff of a tourist guest house develops any symptoms of acute respiratory illness, such as fever, cough, sore throat, running nose or shortness of breath, they should immediately wear a mask and they should be isolated until medical consultation and testing is done and results obtained.

- If a symptomatic tourist is sharing the room with others, the symptomatic tourist must be isolated separately at the designated isolation room at the guest house, otherwise he/she may be isolated at his/her own room. Close contacts of the tourist must wear mask and quarantine themselves in their room.
- A symptomatic staff should self-isolate at home.
- Medical consultation and COVID-19 PCR sampling must be done for all symptomatic persons at the flu clinic of the island. The symptomatic person should wear a mask when attending the flu clinic.
- If the COVID-19 testing of a symptomatic tourist is negative, the tourist can be released from isolation, however the tourist should wear a medical mask when going out of the room, observe physical distancing measures and should not attend public places such as restaurants until 48 hours after resolution of symptoms.
- A symptomatic staff who is negative on COVID-19 testing should remain in self-isolation at home until 48 hours after resolution of symptoms. During this period, he/she should not appear for work.
- If the symptomatic tourist or staff tests positive for COVID-19, the result will be informed by HPA to the patient and the island task force focal point.
- Contact tracing of the positive case must be done by the COVID-19 task force of the island. All close contacts must undergo PCR testing. Close contacts identified among staff and tourists must be quarantined in the designated quarantine facility of the island. The COVID-19 task force of the island should daily check on the condition of quarantined persons.
- The medical officer at the health centre will review the positive patient and discuss the case with clinical management advisory team (CMAT) to u`triage the patient to the appropriate level of care.
- If mild disease, age less than 60 years and no adverse comorbid conditions, the positive tourist or tourist guest house staff, must be isolated at the designated place for isolation in the island.

  Criteria to allow isolation of a positive patient (tourist or staff) at the designated place for isolation on the tourist guest house island:

- Those who have mild symptoms with stable vital signs with no clinical signs of pneumonia and without any underlying severe medical conditions can be isolated at a designated place for isolation on the tourist guest house island.
    - **The patients age must be less than 60 years.**
    - **Mild symptoms** include low-grade fever, cough, malaise, running nose, sore throat. They should not have warning signs such as shortness of breath or difficulty in breathing. They should not have mental status changes such as confusion.
    - **Patient should have stable vital signs and no clinical signs of pneumonia.**
    - **Patient should not have underlying severe chronic medical conditions** such as chronic lung disease or heart disease, chronic kidney disease, or immune compromising conditions.
- All positive patients who have moderate to severe disease and whose clinical condition does not fulfil the criteria given above must be managed at a higher-level facility such as a regional COVD-19 treatment centre.
- All positive patients kept at the isolation facility must be reviewed by a doctor at the island at least once a day and if required they should be reviewed more frequently. If any deterioration in the patient's condition, the case must be promptly discussed with the clinical management advisory team (CMAT) and managed as per advice from CMAT. A sick patient's condition may require transfer to a COVID-19 regional treatment centre for hospitalization.
- Tourists and tourist guest house operators should bear the responsibility for ensuring that the costs related to isolation and quarantine at a designated facility on the island or at a government run COVID-19 regional centre, testing and treatment are met, including any costs related to delayed departure.

14. Transit guest houses and transit hotels

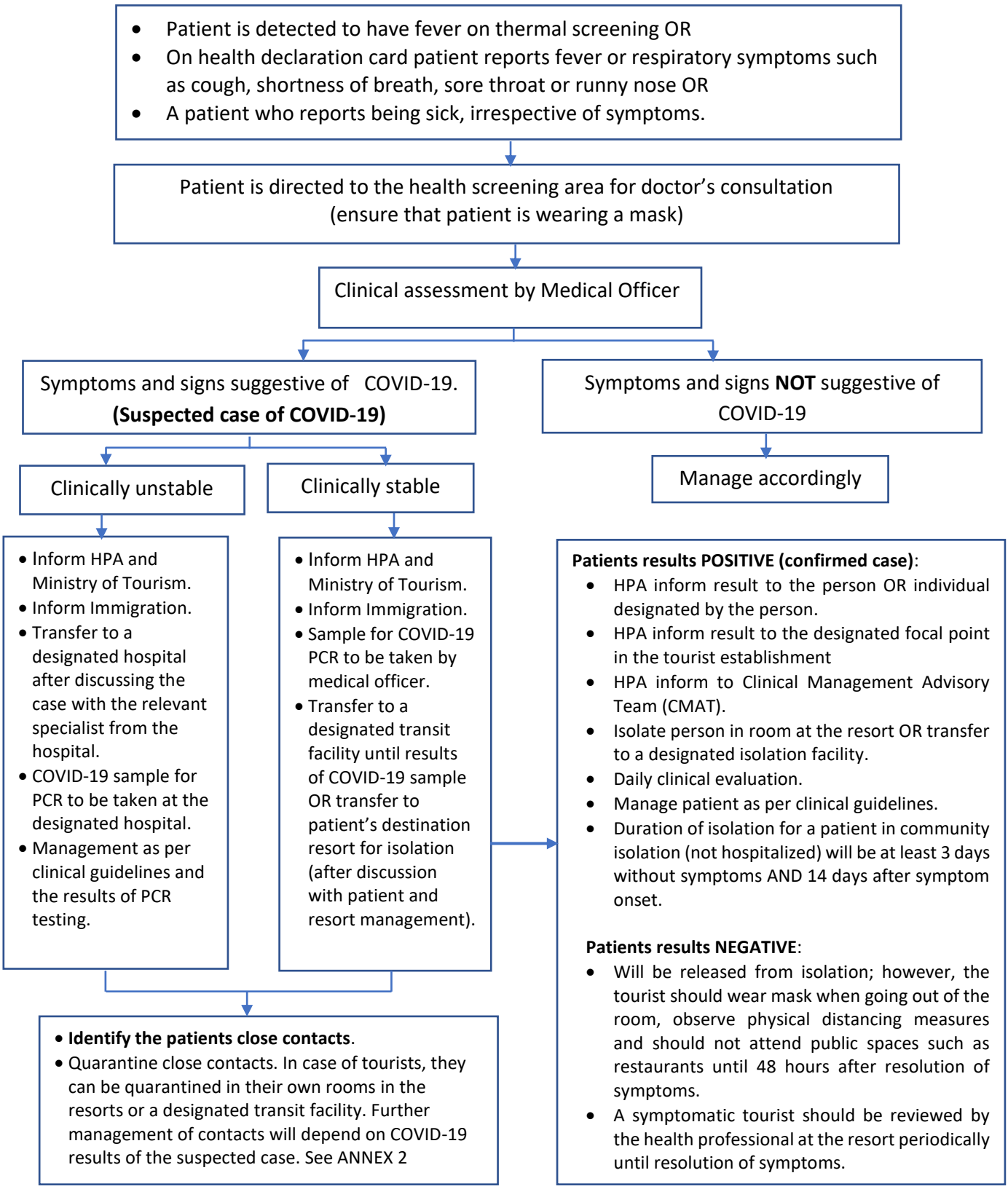
These are designated guest houses and hotels which are allowed to accommodate transit passengers who may be Maldivians or foreigners and flight crew during the COVID-19 pandemic.

The following requirements must be fulfilled by transit guest houses and transit hotels:

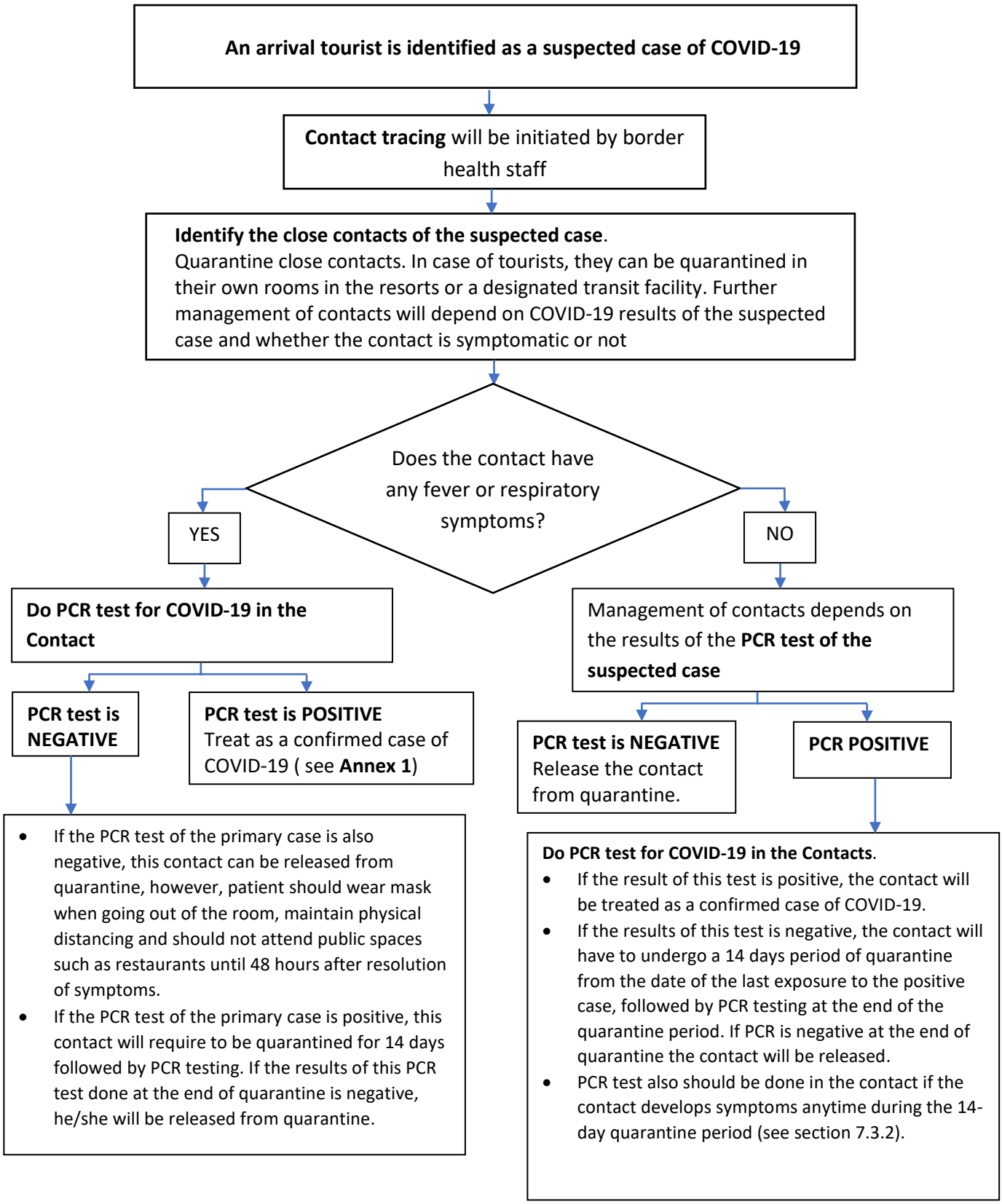
- These establishments should not be used other than for the purpose of transit stay.
- A COVID safe plan must be in place.
- All staff should be oriented regarding the COVID safe plan of the hotel/guest house.
- Transit passengers and airline crew are not allowed to exit the hotel or guest house during their transit stay.
- There must be designated rooms for temporary isolation of a symptomatic guest with suspected COVID-19 until medical consultation and testing can be done and test results obtained.
- Guests are recommended to use the contact tracing app “TraceEkee” to facilitate contact tracing.
- Staff are recommended to use “TraceEkee”.
- Hand washing facilities or hand sanitizers should be available at the reception and in other public areas such as restaurants.
- All staff and guests should wear masks (medical masks or cloth masks).
- PPE must be available to attend to a symptomatic guest (medical masks, face shield, gloves, disposable aprons or washable gowns)
- Staff should have their temperature checked when they report to duty.
- Staff who develop fever or respiratory symptoms should not be allowed to work. They must test for COVID-19 and if negative, they must not join work until 48 hours after resolution of symptoms.
- Sign boards/ posters to remind guests about physical distancing, wearing masks and maintaining hand hygiene should be displayed at guest reception and other public areas.

- Staff must have a work cloth/uniform. At the end of the duty they must take a shower, change their work clothes prior to leaving home from work.
- To promote staff hygiene, transit guest houses and hotels must have a changing room with shower facility for staff.
- The uniforms/work clothes should preferably be laundered at the hotel/guest house instead of taking them home for laundry.
- Reception area- (refer to section 8.4)
- Housekeeping- (refer to section 8.14)
- Restaurant- (see section 8.8)
- Laundry - refer to section 8.15. In case the laundry is done other than in the guest house, the dirty linen should be kept in closed water proof bags until transport. Laundry from symptomatic patients should be labelled as “infectious linen”.
- If a guest develops any symptoms of acute respiratory illness, such as fever, cough, sore throat or shortness of breath, they should immediately wear a mask and report to the guest service / person responsible for the tourist from the tourist facility. Medical consultation and COVID sampling must be done at a Flu clinic. The symptomatic person should wear a mask when attending the flu clinic. The symptomatic tourist must be isolated in his/her room until test results are available. If sharing their own room with others, the symptomatic person must be isolated at a designated isolation room at the guest house/hotel until test results are available. Contacts must wear masks and quarantine in their room until the symptomatic person’s results are available. Symptomatic persons must not be allowed to travel until their test results are known.

ANNEX 1. *Algorithm for management of an arrival tourist at the airport who has fever or who reports fever or respiratory symptoms or reports being sick, irrespective of symptoms*

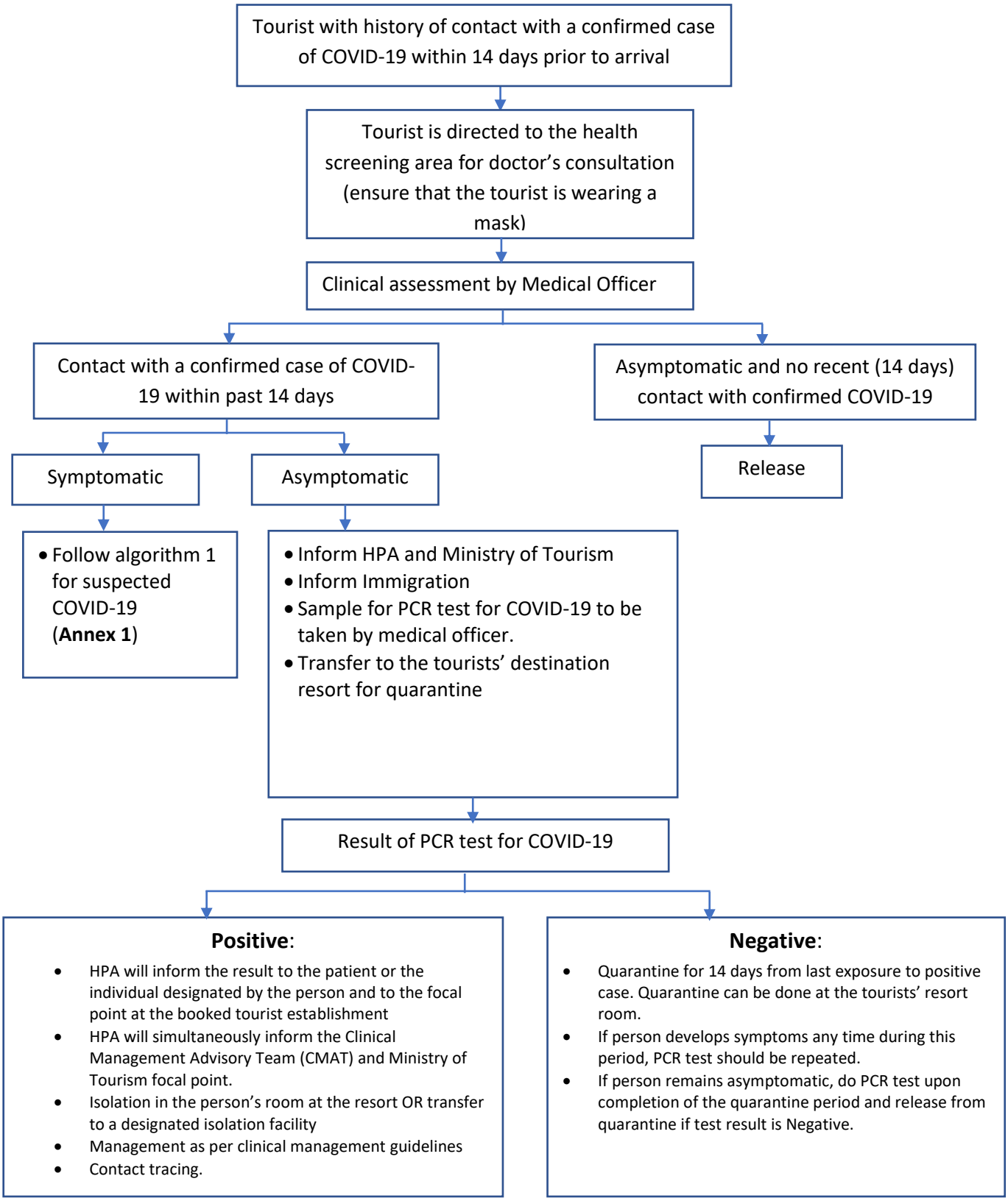


ANNEX 2. *Procedure for managing contacts of a symptomatic arrival tourist*



Note: If a person identified as a close contact provides proof of previous COVID-19 infection within the prior three months period, he/she shall be exempt from quarantine and PCR testing unless he/she is symptomatic.

ANNEX 3. *Procedure for managing an arrival tourist who gives history of contact with a confirmed case of COVID-19 within 14 days prior to arrival*



Note: If a person identified as a close contact provides proof of previous COVID-19 infection within the prior three months period, he/she shall be exempt from quarantine and PCR testing unless he/she is symptomatic.

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

a) Environmental cleaning for public areas

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

<table>
<tr><td colspan="4">PPE required: Mask, goggles or face shield if splash is expected, work clothes, apron, gloves (may use reusable utility gloves and disinfect after use) and boots.</td></tr>
<tr><td colspan="2">General cleaning</td><td colspan="2">Cleaning of frequently touched surfaces at public areas

(example: door knobs, handles, lift buttons, stair case railings, counter tops, switches, sink taps, tables, chairs, shopping basket/cart handles, public toilet handles and public toilet seats)</td></tr>
<tr><td>Frequency</td><td>Product</td><td>Frequency</td><td>Product</td></tr>
<tr><td>At least 2 times per day

(Guest rooms and accommodation quarters to be cleaned once daily)</td><td>Soap/detergent and water and rinse.

Routine disinfection not required.

For contamination with blood or body fluids disinfect with diluted bleach solution (1 part of bleach to 9 parts of water), keep for 10 minutes then wipe/rinse with clean water.</td><td>At least 3 times a day (depending on use)</td><td>Soap/detergent and water and rinse.

Then disinfect with diluted bleach solution (1-part bleach to 99 parts of water), keep for at least 1 minute then wipe/rinse with clean water.

For contamination with blood or body fluids disinfect with diluted bleach solution (1 part of bleach to 9 parts of water).</td></tr>
</table>

- Keep well ventilated by opening the windows during cleaning and disinfection.
- The cleaning frequency maybe increased depending on the number of people using the premises OR the hygienic condition of the premises.

- 70% Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal surfaces (any other disinfectants found to be effective against coronavirus may be used as per manufacturer's instructions).
- Wash hands with soap and water after cleaning
- If an alternative disinfectant is used within the organization, this should be checked to ensure that it is effective against enveloped viruses (For a list of disinfectants that are approved by the Environmental Protection Agency (EPA) as effective against the virus that causes COVID-19, visit epa.gov/pesticide-registration/list-n-disinfectants-useagainst-sars-cov-2.

b) Environmental cleaning for areas with suspected COVID-19

This procedure can be applied to any non-healthcare setting where a suspected or confirmed case of COVID-19 resides (e.g. Room where a tourist is isolated or quarantined)

<table>
<tr><td colspan="2">PPE required: Mask, goggles or face shield, work clothes, apron, gloves (may use reusable utility gloves and disinfect after use) and boots.</td></tr>
<tr><td colspan="2">General cleaning and cleaning of frequently touched surfaces (example: door knobs, handles, lift buttons, stair case railings, counter tops, switches, sink taps, tables, chairs, shopping basket/cart handles, public toilet handles and public toilet seats, faucets etc.)</td></tr>
<tr><td>Frequency of cleaning</td><td>Product</td></tr>
<tr><td>Clean once daily
(to minimize exposure of cleaning staff)</td><td>• Clean with Soap/detergent and water and rinse.
• Then disinfect with diluted bleach solution (1-part bleach to 49 parts of water) keep for at least 1 minute then wipe/rinse with clean water.
• For contamination with blood or body fluids, disinfect with diluted bleach solution (1 part of bleach to 9 parts of water), keep for 10 minutes then wipe/rinse with clean water.</td></tr>
</table>

- To reduce exposure of the cleaning staff, isolation rooms in resort where patient is residing can be cleaned and disinfected once a day.
- Keep well ventilated by opening the windows during cleaning and disinfection.
- Surfaces where diluted bleach solution cannot be used (like metal) disinfectant containing 70% ethanol solution may be used.

c) Cleaning of used equipment

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

ANNEX 5. *Exit screening of tourist from resort*

Name: **ID/Passport number:** **Nationality:**

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

Fever	YES	☐	NO	☐
Cough	YES	☐	NO	☐
Shortness of breath	YES	☐	NO	☐

2) Measured temperature? _____ ^{0}C

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

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

Signature of tourist _____

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

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

Date: _____ Time: _____ Stamp of the resort: _____

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

ANNEX-6 *Form to be completed by the resort COVID-19 taskforce within 48 hours of identification of a COVID-19 positive case*

This report should be completed by the resort COVID-19 task force.

Clinical information on this form should be filled by a health care professional (doctor/nurse/health worker). This form should be filled and emailed to covidsurveillance@health.gov.mv within 48 hours of identification of a positive case.

SECTION 1 (to be completed by resort COVID-19 taskforce)

1. Name of Tourist Facility:		
2. Name of positive case:		
3. Age:	4. Sex:	5. Nationality:
6. Tourist, staff or worker? ☐ Tourist, ☐ Staff, ☐ Worker (contract worker/labourer)		
7. If patient is a staff or worker, mention designation or work		
Only for tourists/staff/expatriate workers who had recently travelled from abroad to Maldives: 8. Date of arrival in Maldives: 9. Flight of arrival: 10. Was any PCR test done prior to arrival in Maldives? ☐ YES ☐ NO 11. If a pre arrival PCR test was done, date of PCR test:_____, result of PCR test:_____ 12. If patient is a staff or worker, has he/she travelled from another island to the resort within the past 14 days? ☐ YES ☐ NO		

13. Which countries/cities/islands has the tourist/staff/worker travelled through/from within 14 days prior to the onset of symptoms? (local or international travel should be recorded)

	Name of country	Name of City	Date of departure from the place
1.			
2.			
3.			

14. People who accompanied the patient (Family and friends who had accompanied the positive case during travel)

	Name	Passport number	Relationship to patient
1.			
2.			
3.			
4.			
5.			

15. Is there any history of contact with a confirmed or suspected case in the past 14 days?

☐ YES ☐ NO

16. Reason why PCR testing was done:

a) Symptomatic person (tourist/staff or worker) for evaluation ☐
b) Departure testing of an asymptomatic tourist or staff ☐
c) Testing after completing a travel related quarantine (worker or staff) ☐
d) Testing for evaluation of a primary contact ☐
e) Testing of a quarantined contact on completion of period of quarantine ☐
f) Random sampling ☐

17. List the patient's symptoms and date of onset of symptoms in chronological order. If the positive person is asymptomatic, tick as asymptomatic.

Tick the appropriate symptoms	Symptoms	Date of onset of symptoms	Indicate severity of symptoms (mild/moderate/severe)
	Asymptomatic		
	History of fever / chills		
	General weakness		
	Cough		
	Sore throat		
	Runny nose		
	Loss of smell or taste		
	Shortness of breath		
	Diarrhoea		
	Nausea/vomiting		
	Headache		
	Body ache		
	Chest pain		
	Abdominal pain		

18. Does the patient have any of the following comorbid conditions?

Tick where appropriate	**Comorbidities**
	Elderly age (Age> 60 years)
	Moderate to severe chronic lung diseases such as COPD, Bronchiectasis, interstitial lung disease etc.
	Cardiovascular diseases such as heart failure, symptomatic coronary artery disease, congenital heart diseases etc)
	Chronic kidney disease (stage 3 or above)
	Uncontrolled diabetes (HbA1C ≥ 8)
	Moderate to severe liver disease
	Active Malignancy (on treatment or palliative care)
	Post-organ transplant on immune suppressive treatment
	Other medical conditions on immune suppressive treatments
	Stroke or other chronic neurological condition with disabilities causing full or semi dependency
	Pregnancy
	Any other significant medical condition that may increase patients' risk for severe disease (please specify)
	No significant comorbid conditions

19. Patients physical examination findings?

Temperature:	Heart rate:	BP:	SPO2:
Respiratory rate	Hydration status:		
Mental status (alert or confused):			
Chest examination findings:			
Cardiovascular examination:			
Abdominal examination:			

20. Indicate severity of COVID-19 disease (according to WHO classification):

a) Mild disease ☐
b) Moderate disease (pneumonia) ☐
c) Severe disease (severe pneumonia) ☐

21. Was the case discussed with clinical management advisory team (CMAT)?

☐ YES ☐ NO

22. Decision taken for isolation of the patient:

a) Isolation on the resort ☐
b) Transferred to designated community-based isolation facility ☐
c) Transferred to hospital/medical facility ☐

23. If transferred to Hospital/ medical facility, reason for hospitalization

a) Due to severity of disease ☐
b) Due to comorbid medical conditions ☐

24. If transferred to Hospital/ medical facility, name of hospital or medical facility

_____

25. If transferred to designated community-based isolation facility, reason for transfer

a) Non-availability of medical care on the resort ☐
b) Resort policy does not allow to keep positive patients on resort ☐
c) Any other reasons specify ☐

_____

26. If transferred to community-based isolation facility, name of facility.

_____

27. Treatment provided to the patient on the resort.

a) Symptomatic treatment ☐
b) Oxygen therapy ☐
c) IV fluids ☐
d) Any other treatments (provide details)

28. **Medical care available on the resort**

		YES	**NO**
A	Does the resort have a clinic		
B	Does the resort have a doctor		
C	Does the resort have a nurse		
D	If nurse is not available, is there are health worker or paramedic		
E	Does the resort clinic have oxygen supply		
F	Does the resort have essential drugs as listed in the resort clinic requirements of Ministry of Health		

29. **Initial measures taken from the resort when patient presented with symptoms**

		YES	NO
A	In the case of a symptomatic persons, was the patient isolated on initial presentation until results were available?		
B	Was the patient advised regarding infection prevention and control measures such as wearing masks, hand hygiene?		
C	Was contact tracing initiated when the symptomatic patient was detected?		
D	Were contacts given advice for wearing masks, hand hygiene and physical distancing?		
E	Was disinfection carried out in the areas resided by the patient when patients result was found to be positive?		

Arrangements made by the resort for isolation of the positive patient on the resort

30. If positive patient is isolated on the resort, accommodation arrangement for the positive patient.
    a) Patient is isolated in his/her own room (No other persons sharing the room) ☐
    b) Isolated in a designated isolation room (No other persons sharing the room) ☐
    c) Isolated in a room with other positive patients only ☐
    d) Isolated in a dormitory with other positive patients ☐
    e) Isolated in his/her own room with spouse/family members/friends whose status is negative or unknown. ☐

31. If positive case is sharing the room or dormitory with other positive cases, how many people are sharing this accommodation?

    _____

32. If positive case is sharing the room with other people (spouse/family members/friends) who are negative or status is unknown, provide the details of these people

	Name	Passport number/ID number	Age	Relationship to patient
1.				
2.				
3.				

33. If positive case is sharing the room with other people who are negative or status is unknown, does any of these other people (contacts) have any comorbidities listed in point 17 above.

☐ YES ☐ NO

34. If positive case is sharing the room with other people who are negative or status is unknown, was a high risk consent obtained from them to share the accommodation with positive case?

☐ YES ☐ NO

Outline the arrangements the resort has made for provision of the following needs of the isolated positive patient on the resort (tourist/staff or worker):

35. Provision of meals

36. Psychosocial support and medical care including monitoring

37. Provision of information about COVID-19 including information on infection prevention and control measures

38. Cleaning and disinfection of patients' accommodation area, waste disposal, availability of hand washing facility/hand sanitizers.

Arrangements for quarantine of contacts

Below are the definitions of close contacts (situations where close contact occurs). **Use this guide for contact tracing and identify close contacts** of the positive case.

A. Having face to face contact with a COVID-19 positive/suspected case within 3 feet (1 metre) for more than 15 minutes
B. Person providing direct care for COVID-19 positive/suspected case (without using proper personal protective equipment if in a healthcare facility)
C. Living in the same household or household-like setting (shared section of households, barracks, domes etc)
D. Staying in the same closed environment as a COVID-19 positive/suspected case (including sharing a workplace, classroom or household, being at the same gathering, sharing a transport vehicle other than aircraft) within 3 feet for more than 15 minutes
E. Direct contact with body fluids or laboratory specimens of a positive or suspected case (for any duration)
F. Health care worker with exposure to a confirmed/suspected case during the infectious period without appropriate PPE (within 3 feet for more than 15 minutes)
G. Presence in same room in a health care setting when an aerosol generating procedure is undertaken on a positive case without appropriate PPE including N95 mask (for any duration)
H. Having been seated on aircraft closer than 2 seats in any direction as a COVID-19 positive case

39. List of contacts who are **tourists/guests**

No	**Name**	**Passport/ID number**	**Contact number**	**Explain how close contact occurred (mention the place etc where close contact occurred)**	**Arrangement made for quarantine of contacts (Tick where appropriate)**	
					Single room	**Shared room**
1.						
2.						
3.						
4.						
5.						
6.						

40. List of contacts who are **staff or workers (contract workers, laborers etc.)**

	Name	**Passport number/ ID No.**	**Contact number**	**Designation/ work**	**Explain how close contact occurred (mention the place etc where close contact occurred)**	**Arrangement made for quarantine of contacts (Tick where appropriate)**		
						Sigle room	**Shared room**	**Dormitory**
1.								
2.								
3.								
4.								
5.								
6.								
7.								

41. Has PCR testing been done or is testing being arranged for the contacts?

☐ YES ☐ NO

42. Are any contacts quarantined with non-contacts (in a room or dormitory)?

☐ YES ☐ NO

43. If contacts are quarantined in shared rooms, how many people are sharing the room?

_____

44. If contacts are quarantined in dormitories, how many people are sharing this accommodation?

_____

45. If contacts are quarantined in dormitories, how many people are sharing a toilet?

_____

Details of the arrangements the resort has made for provision of the following needs of the quarantined contacts in the resort (tourists/staff or workers):

46. Provision of meals

47. Psychosocial support and medical care including monitoring

48. Provision of information about COVID-19 including information on infection prevention and control measures

49. Availability of medical masks for contacts who are sharing an accommodation

50. Cleaning and disinfection of accommodation area, waste disposal, availability of handwashing facility/hand sanitizers.

51. General infection prevention measures been taken in the resort among the staff, workers and tourists.

Declaration by COVID safety officer and health care worker

The information provided in this form is accurate to the best of my knowledge.

Name of COVD safety officer: _____

Signature of COVID safety officer: _____

Name of health care person who is attending to the positive case: _____

Designation of the healthcare person:

Signature of health care worker: _____

Date_____

SECTION 2 (This section will be filled by HPA)

The measures taken by the resort are adequate with regards to the following	**YES**	**NO**
Decision for isolation of patient on the resort (point 22) was appropriate.		
Accommodation arrangements made for isolation of the patient on the resort are satisfactory		
Accommodation arrangements made for quarantine of contacts are adequate		
Arrangements for medical care for the positive patient are adequate		
Arrangements for medical care for contacts are adequate		
Infection prevention measures taken in quarantine and isolation areas are adequate		
General infection prevention measures being taken in the resort among the staff, workers and tourists.		

Recommendations by HPA:

Date: _____

Signature and stamp: