***Standard Operating Procedures for***

***[Gift Shops]***

***9 Point Checklist for Gold Standard Recognition Program***

*Instructions: The below is a sample template to guide Gift Shops in developing the Standard Operating Procedures (SOP) to obtain Gold Standard Recognition. Gift Shops must complete sections in red and customize template to suit their Gift Shop. Once all sections are completed the plan must be submitted to* [*entitygoldstandard@belizetourismboard.org*](mailto:entitygoldstandard@belizetourismboard.org)

**Name of Gift Shop**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Gift Shop**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration:**

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

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

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

Print Name of General Manager/Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of General Manager/Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

* Ensure that employees have done BTB health and safety training sessions
* Ensure that employees are aware of the procedures on how to handle a symptomatic case.
* Ensure that all logs are being followed.
* Conduct spot checks to ensure all protocols are being followed by employees
* Ensure all employees have PPE and disinfecting/ sanitizing equipment readily available
* Liaise with Ministry of Health on any symptomatic employees/guests and provide any logs necessary for contact tracing
* Ensure that gift shop Protocols are reviewed and modified as necessary
* Implement corrective actions when staff and guests are non-compliant with protocols
* List Others:
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The program manager and alternate have completed the BTB trainings. The dates of training done by Gold Standard Manager and Alternate are recorded on the training log below:
   * 1. For reference [click here](https://belizetourismboard.org/tourism-resources/belize-national-guidelines-for-reopening-accommodations-guidelines/) for link to training videos

|  |  |  |
| --- | --- | --- |
| **Training** | **Dates for training attended by Program Manager** | **Dates for training attended by Alternate Program Manager** |
|  | Insert dates attended in this column | Insert dates attended in this column |
|  |  |  |
|  |  |  |
|  | Insert signature of program manager | Insert signature of alternate program manager |

**2) Implement Monitoring and Reporting**

Monitoring

* + Employees:
    1. If employee is sick, he/she should not come to work and report to Program Manager.
    2. Every employee’s temperature will be checked every day before entry on to gift shop. Any temperatures exceeding 100.4 F is considered a fever.
    3. If a fever is detected, the employee will not be allowed in property. The response plan will be activated and symptoms/actions will be logged in COVID-19 symptomatic log.
    4. Every employee will be asked the following questions:
       1. Have you been in close contact with a suspected or confirmed case of COVID 19?
       2. Are your experiencing a cough, shortness of breath or sore throat
       3. Have you had a fever in the last 48 hours?
       4. Have you had a loss of smell or taste?
       5. Have you had any vomiting or diarrhea in the last 24 hours?
       6. Does anyone in your immediate household present these symptoms?
    5. If multiple answers are yes, the employee will be isolated and the response plan will be activated.
  + Guests
    1. All guest’s temperatures will be taken upon entry. Any temperatures exceeding 100.4 F is considered a fever.
    2. Any guest that is observed to be symptomatic will be denied entry.
    3. Vendors and supplier’s temperature will be taken prior to entry into property. Any temperatures exceeding 100.4 F is considered a fever and this will be logged in the COVID-19 Symptomatic log. No outside visitors will be allowed without being checked.
  + Security personnel and all staff will report any observations of guests and staff that appear to be symptomatic or non-compliant with protocols.
  + All will be observed for the following symptoms and reported:
    1. Less serious symptoms
       1. Fever
       2. Dry cough
       3. Headache
       4. Conjunctivitis
       5. Tiredness (prior to tour activities)
       6. Loss of taste and smell
       7. A rash on skin or discoloration of fingers or toes.
       8. Aches and pains
       9. Sore throat
       10. Diarrhea
    2. Serious symptoms
       1. Difficulty breathing or shortness of breath
       2. Chest pain or pressure
       3. Loss of taste and smell
    3. Any observation of symptoms will be communicated via the Ministry of Health and Wellness (MOHW) hotline 0-800-664- 2273.
    4. For contact tracing queries at the district level the following numbers below can be utilized:   
       

1. For reference of reporting, the template below will be used to record any individual displaying symptoms, including elevated temperatures:
   * Templates of Log sheet used:
     1. COVID-19 Symptomatic log

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COVID-19 Symptomatic Log** | | | | | | | |
| Date | Guest or Employee name | Emergency contact information | Gender/Age | Symptoms observed | Place and time observed | Names of those in contact with symptomatic individual | Action taken |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**3) Ensure Social Distancing Protocols**

1. Social Distancing signage is placed in all key areas of the gift shop to remind guests of COVID best practice. Below are pictures of social distancing in all of the below areas. (For reference ensure to include x markers with tape/ stickers to show standing areas and signage for guests where applicable.)
   * Signage is placed in strategic locations such as:
     1. Images of the Entrance of Gift Shop
     2. Images of Layout of Entrance
     3. Images inside the Gift Shop
     4. Images by the Cashier Area
     5. Images at any other area

*Insert the images of the signage in the relevant areas, where applicable*

**4) Implement Enhanced cleaning and Sanitization**

Staff

* + All employees will be provided with access to hand sanitizer for daily use
  + All staff will wear masks and/or face shields
  + All staff will wear gloves when handling equipment, where necessary

1. Cleaning and sanitization logs will be kept for all areas of the gift shop. Below are logs for tracking of enhanced cleaning and sanitization. For reference use below samples or insert image if you already have logs.

Sample Logs

* + Cleaning and sanitization for gift shop

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area being cleaned** | **Employee/ Company** | **Date** | **Time** | **Signature** |
| Displays | John Doe | Dec 10, 2020 | 5:15pm |  |
| Reception Desk |  |  |  |  |
| Credit Card Machine |  |  |  |  |
| Counter Tops |  |  |  |  |

1. Below is the general guidance for how to conduct enhanced cleaning and sanitization. For reference below are some suggestions or insert images of checklist for each area to be cleaned.

Enhanced Cleaning Checklist for areas being cleaned:

**TERMINOLOGIES**

Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for the prevention of COVID-19 in the community setting.

**Cleaning**

•Cleaning is a pre-disinfection step to remove dirt.

• Removes dust and debris from a surface/s.

• Action by scrubbing, washing and rinsing.

**Sanitize**

• Reduces the bacteria identified on the product’s label

**Disinfection**

• Destroys or inactivates both the bacteria and viruses identified on the product’s label

• EPA-approved disinfectant

**Note:** Always ensure you wear correct Personal Protective Equipment

**Gift Shop Cleaning Checklist**

**Instructions**

1. Place work area warning sign.
2. Pick up debris from floor.
3. Empty trash cans/ashtrays and replace trash can liners, if needed. Wipe the outside.
4. Clean high-touch point surfaces and other hard surfaces and disinfect as needed.
5. Wipe and clean glass surfaces and windows, if needed.
6. Clean counters.
7. Clean POS screens.
8. Clean all phones and any touch screens.
9. Sweep and wet clean floors, if needed.

1. *See below inventory list of cleaning material, equipment and PPEs*

|  |
| --- |
| *ITEM* |
| *Insert list of cleaning material, equipment and PPE in stock.* |
|  |
|  |
|  |
|  |
|  |

1. *See below images of PPE and cleaning equipment*

*Insert images to correspond with your inventory*

GIFT SHOP HIgh touch areas that require attention:

* Door handles/knobs & handrails
* Phones & dial pads
* Trash can flips
* POS machines
* Counter tops
* Light switches
* Pens & Collaterals

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

**5)Develop a Response Plan**

1. Employee must follow the following steps to deal with symptomatic person

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

* + 1. Contact the Program Manager who will serve as the link between suspected case and the health authorities
    2. If employee is symptomatic, they shouldn’t come into work and report it to the program manager and seek medical attention.
    3. If employee reported to work and became symptomatic, the Program Manager should send employee home and proceed to seek medical advice.
    4. Should someone become positive, the process of contact tracing by MOH will be used as a guide to send other staff into isolation, logs of symptomatic employees will be updated and cleaning and sanitizing logs will be updated.

1. Any Customer that arrives with symptoms will be denied entry to the gift shop and advised to seek medical attention.

**6) Ensure Clear and Consistent Communication**

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

**7) Install Hand Sanitizing Stations**

1. Below are images of sanitization stations: installed equipment with soap dispensers, sanitizer gel, single use towels, etc. around the entrance area, cashier, etc.

Insert images and list location of sanitizing station

**8) Deploy New Technology**

1. Below are images of payment process (credit card, sanitizing cash station, etc.)

Insert description and screenshots or images.

1. Below are images of new technology to reduce physical contact (QR codes for pricing, laminated product booklet etc.) Insert description and images.

**9) Implement a Training Plan**

1. All employees will be trained on the new protocols implemented. Training offered will be logged using the template below (Insert log if you have your own template). Images will also be kept for records. (Insert images if available)

Sample Training Log

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Training** | **Date attended** | **Staff Names** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Annex- Sample Signage**



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