Crisis Response Manual

Springfield
HOTEL LEIXLIP

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Contents

INTRODUCTION

Crisis Response Plan (CRP) Scope

This Crisis Response Plan (CRP) provides a systematic framework for the planning, mitigation, response, continuity and recovery for disruptive incidents which may impact the hotel. Disruptive incidents which may impact the hotel include natural disasters, environmental accidents, technological mishaps, and man-made disasters.

The core purpose of the CRP is to anticipate and manage these disruptive incidents, minimizing the impact of a potential crisis on hotel operational resilience and continuity.

A Crisis is a disruptive incident or condition that may escalate through abrupt or significant change requiring urgent attention and action to protect life, assets, property, or the environment. These may arise from natural disasters, environmental accidents, technological mishaps, or man-made disasters. A Crisis may result in a situation that threatens life safety, hotel operational continuity, hotel and brand profitability and reputation. The management of these events is outside the realm of the hotel's normal management process.

CRP Objectives

The objectives of the hotel's CRP are to anticipate, mitigate, respond to, and recover from disruptive incidents. The CRP contains crisis-specific procedures with the following priority objectives:

- Preserve life safety
- Protect assets
- Prevent further escalation
- Minimize length of disruption to the hotel
- Maintain critical hotel operational continuity
- Resume normal operations
- Protect hotel and brand reputation

Management Commitment

The safety of our colleagues, guests and the public is vitally important to our hotel. Therefore, we are committed to developing, achieving and sustaining a safe environment. This requires a significant commitment to crisis planning and training, beginning with management and inclusive of all colleagues. Our crisis response plan will be incorporated as the standard of practice for our hotel.

I ask all colleagues to involve themselves in the crisis prevention, planning and response processes. I commit the management team to allocating the necessary resources to properly prepare and implement the hotel's crisis plan. Our hotel will hold both management and colleagues accountable for participation and input into the hotel's crisis response plan.

General Manager: _____
Sean O'Keefe

Date: 19th January 2024

Crisis Team

Crisis Management Team (CMT)

The role of the hotel's Crisis Management Team (CMT) is to:

- Evaluate risks and exposures to the hotel
- Develop and update crisis response strategies
- Aid in crisis prevention
- Train staff in emergency procedures
- Conduct periodic safety and security inspections of the hotel
- Ensure that authorities are notified immediately during a crisis
- Provide preliminary first aid
- Provide for the safe evacuation of guests and employees
- Provide for the safe relocation and transportation of guests
- Secure hotel assets
- Evaluate and report losses
- Restore operations in a timely manner

Members of our Crisis Management Team:

Position	Primary
Crisis Manager	Sean O'Keefe
Staff Support Coordinator	
Guest Support Coordinator	
Technical Support Coordinator	

As we have a relatively small management team, all CMT Members are trained in all roles to allow for flexibility.

Emergency Response Team (ERT)

The primary role of the Emergency Response Team (ERT) is to manage the orderly evacuation or shelter-in-place of guests and employees in the event of an emergency. Its secondary role is to implement pre-set procedures to control and minimize damage to individuals, the hotel and the brand.

Members of your Emergency Response Team may include:

- Director – This person has authority to make decisions (Manager on Duty)
- First Responder – This person is in charge of contacting emergency services and dispatching the ERT (Engineering, Guest Service Representative, PBX)
- Crisis Squad – These are the "action" people (Engineering, Shift Supervisors)
- Communicator – This person fields guest phone calls and operates the PBX (Front Desk Supervisor, PBX)
- Utility – This is a person who knows the building well and can deal with emergency services once they are on site (Housekeeping, Engineering, Security)

During the night shift, there may not be enough people on duty to delegate a single task to one person. Therefore, your ERT may look like this:

- Director – Manager on Duty
- First Responder / Communicator – Night Auditor
- Crisis Squad / Utility – Engineering, Housekeeping, Security

Our ERT:

Role	Day Shift (Department)	Evening Shift (Department)	Night Shift (Department)
Director	Manager on Duty	Manager on Duty	Night Manager
First Responder	Reservations Manager	Reception Shift Leader	Night Manager
Crisis Squad	All Supervisors/Managers	All Supervisors/Managers	Night Managers/Porters
Communicator	Receptionist	Receptionist	Night Porter
Utility	Maintenance Manager	Duty Manager	Night Manager

Crisis Response Training

Colleagues will be trained on all shifts, at varying times throughout the year, and when there are significant changes to the hotel's Risk Profile. Types of training include:

- Orientation / Induction
- Table-Top Exercises
- Emergency Response Team Drills
- Departmental Drills
- Full-scale Simulation (e.g. fire evacuation)

Community Stakeholders

The hotel has provided the CRP to relevant stakeholders, including:

- Building tenants and owners
- Property management services

Mutual Aid

Mutual Aid Agreement(s) have been made with other hotels and/or businesses. The agreements yield a contract where each party agrees to provide assistance to the other in the event of an emergency that causes one of the hotels to evacuate their hotel resulting in the transfer of guests.

Primary Mutual Aid Hotel / Business	Secondary Mutual Aid Hotel / Business
Clayton Hotel Liffey Valley	Crowne Plaza Dublin Blanchardstown
Contact Information	Contact Information
Duty Manager 01 6258000	Duty Manager 01 8977777
Agreement Expiration	Agreement Expiration
Ongoing	Onging

CRISIS OPERATION AND CONTROL

Roles, Responsibilities, and Authority

General Manager

The General Manager will allocate the necessary resources of the hotel to properly develop, communicate and evaluate the CRP. The General Manager retains decision-making authority throughout the Crisis Response process. The General Manager may confer this authority to the CMT at his/her discretion.

Crisis Management Team

The CMT will manage the development and implementation of the CRP. The CMT will ensure the Risk Profile for the hotel is current, risk-specific procedures have been developed and communicated, colleagues have been trained and community stakeholders are informed about the CRP. At or shortly after the onset of a crisis, the CMT will assume management of the event. At the discretion of the General Manager, decision-making authority for the crisis will be conferred upon the CMT.

The CMT will immediately respond to an impending or active disruptive event. The CMT will implement response procedures. After the immediate threat has been addressed, the CMT will take direction from the General Manager and/or the CMT until the disruption and threat have subsided.

Guest

During a crisis, communications will be established between the Crisis Management Team's Guest Support Coordinator and guests. During a pre-determined evacuation time, communications will be made via a letter and verbally by the Guest Coordinator. Upon an emergency evacuation, communications will be made to inform guests of the designated relocation centre.

Staff

During a crisis, communications will be established between the Crisis Management Team's Staff Support Coordinator and all staff.

Media

The Manager on Duty will refer the Media to the Crisis Management Team Director. Prior to providing any written or verbal press releases.

If the crisis is of major proportions, a press conference should be held with the appropriate emergency services. Senior Management, Risk Management and Corporate Communications will deal with these situations

EVALUATION OF PLAN PERFORMANCE

Exercises/Drills

The hotel will conduct periodic exercises/drills to test the CRP. The goals of these exercises/drills will be to:

1. Increase the efficiency of the response process
2. Reduce the amount of time required for the response
3. Increase employee awareness and knowledge of the response procedures
4. Identify any modifications or improvements of the plan.

Exercises/Drills for a fire response will be conducted at least semi-annually on all shifts. The frequency for other major risk exercises/drills will be conducted annually or more frequently at the discretion of the CMT.

MANAGEMENT REVIEW

The CRP will be reviewed at planned intervals to ensure its adequacy and effectiveness. The CMT will review the CRP on an annual basis. In addition, the CRP or a specific component of the CRP will be reviewed under the following triggers:

- The risk profile of the hotel is completed or modified
- Hotel industry trends or benchmarks deem it necessary
- Modifications in local regulatory/legal requirements
- Incident experience yields new information
- Plan testing and exercise results yields improved response information

CRP Management Review dates for the Year:

January	April
July	October

Core Crisis Response Procedures

1. Emergency Evacuation Procedures.
2. Hotel Building Plans.
3. Gas Leak.
4. Flooding.
5. Biological / Chemical Emergency. –Legionnaires, bird flu and Norovirus.
6. Building Collapse.
7. Bomb Threat.
8. Armed Robbery.
9. Terrorist Attack.
10. Civil Disturbances and Demonstrations.
11. Food Contamination
12. Guest caught in a lift.
13. Nuclear Accidents
14. Pandemic Flu
15. Rape.
16. Aviation Incident
17. Corona Virus Response Plan
18. Crisis Reporting/Template

Emergency Evacuation Procedures

Introduction:

Investigation Period:
The Fire alarm and detection system at the Springfield Hotel is controlled through a central Fire Panel. This Fire Panel is located at the Front Office (Reception.)The Fire Panel has a three minute delay built in to all areas of the building for smoke detectors. In the event of a smoke head activation the fire panel will sound at reception and in the back office. The Duty Manager will be called over the phone system. The panel will have commenced its three minute countdown immediately. The Duty Manager then has to send the "locators" to the scene of the activation to investigate. The locators then report back whether it is a false alarm or a fire. If the locators discover a fire the Duty Manager must press the SOUND ALARMS button and break a "Break Glass" Unit Point (the closest one is at the main entrance doors. The Break Glass Unit knocks off the lifts, shuts down the gas and ventilation and opens the doors. The "Sound Alarms" button activates the alarms in the entire hotel. The alarm will include a voice announcement broadcast evacuation as well as decibels. If within the 3 minute investigation period a 2nd smoke detector is activated, the system will automatically go to full alarm. If the Locators discover a false alarm the panel is to be reset as normal.

IMPORTANT: If the Locators do not reach the source of the activation within three minutes, then the FIRE PANEL will go to full alarm and shut down all gas, ventilation as well as open the doors automatically. If this occurs the Duty manager should Silence the alarms pending the investigation of the activation.

"Break Glass" Units:
If a Break Glass Unit is activated then the entire hotel goes to full alarm immediately without giving any time delay warning (the three minute countdown). The Duty Manager is to silence the alarm and investigate as normal and take the appropriate action. The Break Glass Unit knocks off the lifts, shuts down the gas and ventilation and opens the doors. Before the fire panel can be reset completely, the break glass in the break glass unit needs to be replaced. If the break glass is not replaced properly, the system will not reset completely.

3.2. Fire Activation Procedure:

The Springfield Hotel, and Car Park are all part of one fire detection system. This means that if one part of the complex detects a fire, the entire complex goes to Full Fire Alarm.

- The first responder to the Fire Panel will act as the fire co-ordinator in the event of a fire alarm being activated.

- The most senior member of staff, in each department will be allocated as a fire officer for that department. In the absence of the department Manager, the most senior member of staff in each department must report to the fire panel immediately on the sounding of the fire alarm.

- In the event of an activation of the **FIRE ALARM,** reception must contact the DM immediately who will proceed to the fire panel and co-ordinate the operation.

- On the sounding of the fire alarm, all the heads of departments, most senior person of the department or department Fire Officer must report to the Duty Manager at the fire panel behind the reception for further instructions.

- Each department manager must carry a communication device at all times (i.e. Radio)

- Upon arrival at the Fire Panel, the Duty Manager will allocate all department managers, senior managers or fire officers with their duties.

- Each manager/fire officer will be given a clip board with their duties and it is paramount that the duties are followed as outlined and that each person is in contact with the co-ordinator when his/her areas have been evacuated and made safe so that the co-ordinator can tick that area off as safe.

- When your specific area or checklist is complete report back to the Duty Manager for further instructions

3.3. Staff General Fire Instructions:

IF YOU DISCOVER A FIRE:

1. Raise the alarm by breaking the nearest break glass unit.
2. Attack the fire, if possible, with the extinguishers provided but without taking personal risks, by trained personnel only. Never attempt to tackle a fire alone.
3. When evacuating, assemble at the Fire Assembly Point.
4. The evacuation route is through the nearest Fire Escape Stairs.
5. Do not use the lifts.
6. Do not rush or run, walk calmly
7. If possible close all doors and windows when evacuating.
8. Do not stop to collect personal belongings
9. Do not re-enter the fire hazard area.

REMEMBER THE PRIMARY CONSIDERATION IS THE PREVENTION OF LOSS OF LIFE, PROPERTY COMES SECOND & REMEMBER THE FIRE BRIGADE IS ONLY ABOUT 10 MINUTES AWAY

3.4. Procedures on hearing the Alarm:

1. Evacuate immediately, following instructions from your Fire Warden and assemble at the relevant Fire Assembly Point located at the front of the hotel.

2. The evacuation route is through the nearest Fire Escape Stairs.

3. Do not use the lifts.

4. Do not rush or run, walk calmly.

5. A full roll call will be carried out at the Fire Assembly Point.

6. Do not re-enter the fire area/building.

7. Do not take personal risks.

8. Bring your departmental roster with you.

3.5. Persons with Activity Limitations/Vision & Hearing difficulties:

Persons with activity limitations need assistance when evacuating and must be accompanied, if possible, to 'a place of relative safety / refuge' or ultimately 'a place of safety'.

At no time should personal risks be taken.

The Fire Escape Stairs will be the exit route. The Fire Escape Stairs is considered a 'Refuge' or a "Place of Relative Safety".

An Opera printed guest list in the back office at all times.

Assisting a Guest with a disability:
Hotel employees may be asked by the guest to physically assist them when evacuating the hotel. If asked to do so, the guest should be asked to give a brief description of the type of assistance they require. If capable, the employee should proceed with assisting the guest.

If employees are unable or uncomfortable assisting a guest, they should direct the guest to proceed to an area of refuge and ensure that emergency personnel are made aware of the situation. Constant communication should be continued with the guest.

Mobility Impairments:
Employees are under no legal obligation to assist in the physical transportation of a guest. If an employee chooses to assist a guest, there are specific techniques and procedures that should be followed. The following procedures should be used as guidance when evacuation a guest with disabilities.

Persons using crutches may be able to manoeuvre to and down the egress stairway. Employees may still offer assistance by acting as a buffer for other evacuee traffic. Depending on their upper body strength, a person using a wheelchair may be able to transfer themselves from one seating surface to another. If an employee chooses to assist in transferring, they should avoid applying pressure on the person's extremities and chest. Such pressure may result in spasms, pain and restricted breathing. Again, if the employee is not comfortable with such procedures, they should refrain from doing so and communicate with the appropriate emergency personnel.

If a single employee is attempting to physically transport a guest, the employee should:

1. NEVER attempt to pick up a guest and carry them over their shoulders. This may cause injury to individuals with neurological and orthopaedic disabilities.
2. Carry the individual in a cradle position; the employee should place one arm under the guest's knees. The other arm should be place on the upper-back side of the guest's torso.

If multiple employees are attempting to physically transport a guest, the employees should:

1. Stand on opposite sides of the individual.
2. Wrap their arm around the guest's shoulder and grab the forearm of the other employee.
3. Reach under the person's knees to grasp the wrist of your carry partner's other hand.
4. Lean in close to the person, and lift on the count of three. (and agree in advance that you go **on** three!)

An employee should not attempt to descend a guest using a wheelchair downstairs by themselves unless the situation is critical and there are no other options. If the decision is made to descend the guest, the employee should:

1. Stand behind the chair grasping the pushing grips.
2. Another person should assist by holding the frame of the wheelchair and pushing up from the front. Do not lift the chair, as this places more weight on the individual behind.
3. Tilt the chair backwards until a balance is achieved.
4. Descend forward.
5. Stand one step above the chair, keeping your centre of gravity low and let the back wheels gradually lower to the next step.
6. Keep the chair tilted back.

Sensory Impairments:

Vision

To assist an individual with vision impairments, the employee(s) should:

1. Announce their presence. Speak when entering the area.
2. Speak naturally and directly to the individual. Do not shout.
3. Allow the person to explain what help is needed.
4. Describe the action to be taken.
5. Allow the individual to grasp your arm or shoulder lightly, for guidance.
6. Mention any change in elevation, stairs, narrow passages, doorways, ramps, etc.
7. When guiding to a seat, place the person's hand on the chair.
8. If leading several individuals with visual impairments at the same time, request that they hold each other's hands.
9. Ensure that after exiting the building, someone remains with them until the emergency is over.

To assist an individual with service animals, the employee(s) should NOT pet or offer the dog food without the permission of the owner. If the dog is wearing its harness, it is considered to be on duty. To guide the owner in lieu of the dog, the employee should request that the owner remove the dog's harness. However, plan for the dog to be evacuated with the owner (unless dictated otherwise). In the event the employee is asked to care for the dog while assisting the owner, he/she should hold the leash and not the dog's harness.

Hearing

To assist an individual with hearing impairments, the employee(s) should:

1. Flick the lights when entering the room or area to get the person's attention.
2. Establish eye contact with the individual, even if an interpreter is present.
3. Face the person, do not cover or turn your face away.
4. Never chew gum.
5. Use facial expressions and hand gestures.
6. Check to see if you have been understood and repeat if necessary.
7. Offer Pen and paper. Write slowly and let the individual read as the employee writes.

3.6. Staff Fire Action Instructions

- The Springfield Hotel, to aid the escape, use a '*Clip Board System'* of instructions as follows:

  - Coordinator
  - Locators
  - Fire Exit Organiser1
  - Fire Exit Organiser2
  - Fire Exit Organiser3
  - Fire Assembly Organiser

These cards are for members of management who will meet at reception and collect the relevant card and personal equipment.

The <u>decision</u> to evacuate and actions to be taken will be the decision of the <u>Coordinator</u>

- WHEN THE FIRE GOES INTO FULL ALARM THE BUILDING MUST BE EVACUATED BY ALL BUILDING OCCUPANTS.
- <u>Call the Fire Service</u>, dialling 112 or 999.
- <u>Full Evacuation</u> to Fire Assembly Point.
- If <u>attacking the fire</u>, use the appropriate fire extinguishers, but without taking personal risks AND by trained personnel only.
- The Coordinator will liaise with the Fire Service ensuring the relevant information be at hand.

3.7 Duties

FIRE EVACUATION PROCEDURES
CARD 1

Coordinator

At no time should any individual put himself or herself in any danger.

Equipment

- **High Visibility Jacket**
- **Whistle**
- **Two Way Radio**
- **Torch**

Duties

- **Take charge of the incident**
- **Call the fire service (999 / 112) Speak calmly, and give full address, your name and mobile contact number**
- **Issue Fire procedure cards (Cards 2 – 4) to the first managers/staff to attend alarm**
- **Appoint 2 x Traffic Stewards to stop traffic to ensure safe passage to assembly point**
- **Collect First Responder Folder and keypad lock details to give to the Fire Service**
- **Identify guests who need assistance to evacuate the building and have details for the Fire Service**
- **Remain at reception, liaising with the response team.**
- **Await the arrival of the fire service and direct the evacuation. The fire service will take charge on their arrival**

Risks

- If the Assembly Point organizer feels that they or anyone under their care is in any danger they should evacuate to a place of safety and inform the coordinator

False Alarm

- If the Activation of the Alarm is a “False Alarm” the locators will advise the coordinator. Silence the alarms and inform the response team by radio
- Enter all details of the fire alarm activation in the Fire Register

FIRE EVACUATION PROCEDURES
CARD 2

Locator Team (x 2 Persons)

At no time should any individual put himself or herself in any danger.

Equipment

- **High Visibility Jacket**
  - **Whistle**
  - **Bedroom Master Key**
  - **Two Way Radio**
  - **Torch**

Duties

- The Locator will **take direction from the Coordinator**
- On arrival in reception **collect equipment** listed above
- **Proceed to the location** advised by the Coordinator
- On arrival at the location given **look for indications of a fire**. i.e. Flames, Smoke, Heat etc.
- If there is evidence of a fire, inform the coordinator stating clearly **FIRE**
- **Begin Evacuating and searching rooms in the vicinity of the fire**
- **Compartmentalise the fire by closing doors and windows**

Risks

- At no time should a locater work alone, locators must work in teams of two
- If the Assembly Point organizer feels that they or anyone under their care is in any danger they should evacuate to a place of safety and inform the coordinator

False Alarm

- If the Activation of the Alarm is a “False Alarm” the locators will advise the coordinator and try to find the reason the alarm activated

FIRE EVACUATION PROCEDURES
CARD 3

Exit Organiser

At no time should any individual put himself or herself in any danger.

Equipment

- **High Visibility Jacket**
  - **Whistle**
  - **Two Way Radio**
  - **Torch**

Duties

- The Exit Organiser will **take direction from the Coordinator**
- On arrival in reception **collect equipment** listed above
- Place yourself at a designated exit and **assist and direct guests to the fire assembly point**
- When evacuation is complete **go to the Fire Assembly Point and help the Assembly Coordinator**

Risks

- At no time should you put yourself or any guest in any danger
- If the Assembly Point organizer feels that they or anyone under their care is in any danger they should evacuate to a place of safety and inform the coordinator

False Alarm

- If the Activation of the Alarm is a “False Alarm” the coordinator will advise the Exit Organiser that it is safe to return to the building.

FIRE EVACUATION PROCEDURES
CARD 4

Fire Assembly Point Controller

At no time should any individual put himself or herself in any danger.

Equipment

- **High Visibility Jacket**
- **Whistle**
- **Two Way Radio**
- **Torch**
- **Loud Hailer**

- Collect **Staff Rosters, Guest List, Visitor/Contractor List, Disabled Guest List**

Duties

- The Assembly point Organiser will **take direction from the Coordinator**
- On arrival in reception **collect equipment** listed above
- After collecting equipment listed above**, go to the Assembly Point** where you are responsible for:
  - **Orginisation and safety of guests and staff**
  - **Roll call of staff**
  - **Roll call of guest**
- **Remain in contact with the coordinator** and keep them updated on the situation at the Assembly point

Risks

- At no time should any individual put themselves in any danger
- If the Assembly Point organizer feels that they or anyone under their care is in any danger they should evacuate to a place of safety and inform the coordinator

False Alarm

- If the Activation of the Alarm is a “False Alarm” the coordinator will advise the Fire Assembly Point Organiser that it is safe to return to the building.
- Inform guests and staff that it is safe to return to the building

3.8. Night Time Procedures:

NIGHT MANAGER

The exact same fire procedure should be implemented. The following personnel will carry out the following duties on hearing the fire alarm.

- The Night Manager will act as the co-ordinator
- Give the **LUMINOUS JACKET, FLASH LIGHT** and **WALKIE TALKIE** to the night porters as they will act as the locators ___
- Give the night porters the **Locator Checklist** and the **Assembly Organiser's** checklist ___
- When fire is located, activate the fire alarm to full evacuation
- Call the Fire Brigade and the Crisis Response Team ___
- When Fire Brigade arrives, hand over to Fire Officer and assist if necessary ___

- Once given all clear, by the Fire Brigade Officer, ensure the fire panel is reset ___
- Inform the guests that they are safe to re-enter the building and apologise. ___

Do Not issue any statements to anybody, or share your opinions! Deputy/General Manager are the only persons in position to do so.

NEVER SEND ONLY ONE NIGHT-PORTER FOR LOCATION OF THE ACTIVATION, ALWAYS MINIMUM TWO PEOPLE !!!!!!

NIGHT PORTER

In the event of a Fire Evacuation the Night Porters will act as the locators, and in the event that the Night Manager activates the alarm to **FULL EVACUATION**, they will also act as **Exit and Assembly Organisers**

- Take the LUMINOUS JACKET, FLASH LIGHT and the WALKIE TALKIE.
- Proceed to the activated area **by the stairs**. **NEVER USE THE LIFTS !!!!**

- Once you have reached the activated area :

- **If no fire is apparent, investigate the cause of the activation of the alarm**

- **If you discover a fire** :

- **DO NOT TRY TO TACKLE THE FIRE BY YOURSELF !!**
- Report to the co-ordinator then he/she can activate the sound alarm and call Fire Brigade
- Start to evacuate the rooms next to the location of the fire
- Knock on doors and announce: "**FIRE EVACUATION, PLEASE VACATE YOUR ROOM IMMEDIATELY BY USING THE STAIRS**"
- Ensure that all guests leave and assist them if necessary
- Report back to the co-ordinator for further instructions

NEVER GO ALONE TO LOCATE THE ACTIVATED AREA, MINIMUM TWO PEOPLE, TO AVOID ANY ACCIDENT

3.9. Post Evacuation Procedure

When the guests are allowed to re-enter the building, please ensure that:

- Apologies for inconvenience are given
- Facilities are offered as a result, for example, complimentary tea/coffee or any other refreshments.
- Please print & sign the fire apology letters, and make sure it is circulated to all guest's rooms.
- Ensure that all guests are feeling well, if necessary ring a doctor.
- Do not issue any statements to anybody, or share your opinions! Head Office are the only persons in position to do so.

If the building is badly damaged and it is not possible to re-enter, the following procedure must immediately be put into action:

- Contact Silver Lining Coach Hire (086 403 5758 / 01 822 4302) and also Premier Coaches (01 610 2100) in order to get instant shelter and transport for guests.
- Contact the Clayton or Crowne Plaza Northwood and inform them that we require a place of refuge for our guests. Guests will be transported there and greeted with refreshments while we source overnight accommodation in other hotels.
- When the coaches arrive, guests should be boarded in order of priority. Start with the elderly, families with young children and those who are in need of assistance first. All other guests should then follow.
- As guests are boarding buses, the co-ordinator must keep track of which guests are going to which hotel (unless is decided to transport everyone to one destination). You should have your printed emergency list, and, on this, beside the room number and surname, you should record which property they are being sent to. Where possible, a member of staff should be sent on the bus to accompany the guests also.
- Keep our guests updated as you go, informing them of the steps you are taking, which hotels they are being sent to etc and inform them that we will be in a position to provide some further information shortly after they arrive at their destination.

*NB: Remember, only Head Office are authorised to make any form of statement to the press

*NB: in the event of a planned fire drill, contact the fire monitoring centre FIRST to inform them that you are carrying our a drill. Otherwise they could send out the fire brigade which would be a waste of life saving resources as well as the financial cost to the hotel.

Hotel Building Plans:

Attached within this section are plans identifying the following items:

1. **Location of Hydrants**
2. **Location of Gas Shut Off Valve and Picture**
3. **Location of ESB Shut Off in Switch Room.**

<INSERT HOTEL PLANS HERE!>

Gas Leak:

Natural gas is a colourless and odorless gas that is lighter than air and is predominantly made up of methane. For safety reasons, an odorant is added to give natural gas its distinctive smell.

Although natural gas is non-toxic, it can still be dangerous. When mixed with certain concentrations of air, it can ignite if exposed to a naked flame or spark. The distinctive odor helps to ensure that even small leaks can be detected quickly.

If you suspect a Gas leak, report it immediately to the Manager on Duty.
The Gas should be turned off. Bord Gáis Networks Emergency Service should be contacted immediately on:
1850 20 50 50.

In the unlikely event that you can't get through to the Bord Gáis Networks Emergency number, you should then dial 999 or 112. Do not phone from the immediate area of a leak.

The following actions must also be taken:

1. Clear the immediate area where the leak is suspected.
2. Extinguish all flames. Put out cigarettes. Do not light matches. Do not turn on or off electrical appliances, as they may create a spark.
3. Turn off all gas appliances. Make sure that all pilot lights are out.
4. Open all windows and doors to reduce the chance of a gas build up.

Flooding:

The hotel does not have to be located near a river, stream or canal to have potential for a flood. Flooding can be caused by large amounts of rainfall during short periods of time, overloaded storm sewers, broken water mains or improperly designed run-off areas.

In the event of flooding the following will be carried out:

Maintenance:

1. Close and evacuate basement car park.
2. Move tools and equipment to an upper floor, if you have time
3. Disconnect power to all affected lower level areas, if required.
4. Check to ensure that all sewer and roof drains are clear of obstructions.
5. Provide bottled drinking water – do not use tap water.

Housekeeper:

1. Remove the furniture from all low-level public areas and store on upper floors.
2. Relocate as many supplies as possible to upper floors. Goods that cannot be placed on upper floors should be moved to the top shelves.
3. Cover/protect furniture that cannot be moved.

Food & Beverage:

1. Move stored food and liquor to the highest shelves to avoid contamination and damage.
2. Turn freezers and refrigerators to the coldest settings. Do not open unless absolutely necessary.
3. Provide bottled drinking water – do not use tap water.

Front Office:

1. Contact the guests, explain the situation and apologise for any inconvenience. Offer to re-locate them if they would prefer to leave.
2. Move essential records, IT equipment (where possible) to upper floors.
3. Provide the latest weather information to guests.
4. Provide bottled drinking water – inform guests no to use tap water.

Employees, Guests and visitors:

1. Avoid areas subject to sudden flooding.
2. Do not attempt to cross water that is deeper than the level of your knees.
3. Do not attempt to drive over flooded roads.

After the flood water recede:

1. Dispose of damaged or fresh food that has come in contact with flood water.
2. Have drinking water tested for possible contamination.
3. Do not handle live electrical equipment in wet areas. Check and clean electrical equipment before returning it to service.
4. Report broken utility lines to the appropriate authorities.
5. Start clean up and salvage operations.

Biological / Chemical Emergency:

This section aims to eliminate/limit injury to and damage caused by chemical and biological attacks or accidents. The team should be aware of the enormity of the potential disaster if such an incident were to occur. Biological and Chemical incidents can be caused by an intentional act, accidental event or natural cause.

Intentional Acts
Terrorism is a growing threat in the world today. Scientists, defence experts and government officials have been warning of the potential of a biological or chemical terrorist attack for many years. This is of great concern, as these weapons could be targeted at population centres and result in tremendous casualties. Symptoms of a release could be immediate or take several days depending on the type of agent used. The potential does exist for the initial release of a biological/chemical agent (BCA) to go unnoticed by both the population and the government.

When evaluating a terrorist threat, the following should be taken into account:

1. Threats against the government or Country the hotel resides in.
2. Threats against the government, Country, ethnic origin or religion of groups staying in or meeting in the hotel.
3. Threats against the government, Country, ethnic origin or religion of groups residing, meeting or demonstrating near the hotel.

Accidental Events
The accidental release of chemical agents could be the result of a tanker truck accident, industrial fire, or an industrial accident at a near by plant.

Natural Causes
Since most biological agents are present in nature, the potential does exist for a biological incident to occur naturally. The threat of a naturally occurring biological agent is largely dependent on the environment. These threats could include Botulism and Hemorrhagic Fever. Local health authorities can assist in determining what, if any, exposures exist in the area.

Biological Agents
Biological agents include both living microorganisms (bacteria, protozoa, rickettsia, viruses, and fungi), and toxins (chemicals), which are produced by microorganisms, plants, or animals. Some of these agents are highly lethal; others serve mainly in an incapacitating role. Speculation has also circulated about the possible terrorist use of new, genetically-engineered agents designed to defeat conventional methods of treatment or to attack specific ethnic groups. In the right environment, they can multiply and self-perpetuate. They can also naturally mutate, potentially frustrating protective measures. Chemical weapons, for all their horrors, become less lethal as they are dispersed and diluted. However, even the tiniest quantities of disease organisms can be lethal. For example, botulinum toxin has been described as 3 million times more potent than the chemical nerve agent sarin. Of the potential biological agents, only plague, smallpox, and viral hemorrhagic fevers are spread readily from person to person via aerosol and require more than standard infection control precautions (gown, mask with eye shield, gloves).
Biological agents have, in the past, been used by various groups and governments. Iraq used biological agents during the Iran-Iraq conflict. In September 1984, in order to influence the outcome of a local election, a cult located in Oregon contaminated salad bars in local restaurants with Salmonella typhi (typhoid), resulting in the poisoning of 750 people.

Chemical Agents

The chemical agents used in warfare or terrorist attacks are usually dispersed into the air, either as vapor droplets or as particles, and their effects are felt when they are inhaled or deposited on the skin. Although these chemical agents do not normally persist for long in the air, they incapacitate their human victims in a devastatingly effective manner. Their effects on the environment can persist for very long periods of time. It is difficult for large populations to protect themselves against such risks.
The distinguishing component of a chemical weapon (CW) is the toxic chemical compound or the chemical warfare agent. The toxic properties of the chemical warfare agent cause lethal, injurious or damaging effects in humans, animals or plants. There are four major types of chemical weapons. These include:

Blood agents that enter the body through respiration and affect the capability of the blood system to carry oxygen, or to transfer the oxygen from the blood to the cells. Examples include: Arsine, cyanogen chloride, and hydrogen chloride.

Choking agents that cause irritation and inflammation of the respiratory tract and, in extreme cases, the exposed victim suffocates because his lungs become filled with fluid. Examples include: Chlorine, diphosgene, and phosgene.

Nerve agents that attack the nervous system of the human body and thus prevent the normal functioning of the skeletal muscles as well as several organs. Examples include: Sarin, soman, tabun and VX.

Blister agents that cause exposed tissue to become inflamed, blister, or be destroyed. They affect the lungs, eyes and skin, in particular. Examples include: Sulfur Mustard agent and lewisite.

Protective Actions

In the event of a biological/chemical incident, it is likely that emergency services, basic utilities, and local transportation will be disrupted. The Hotel will decide to either evacuate the building or Shelter-In-Place.
Evacuation requires the implementation of the hotel's evacuation plan and is similar to the hotel's fire evacuation plan.
Shelter-In-Place is used when the environment outside of the hotel is more hostile than the environment within the hotel. Shelter-In-Place can be used when there is little time to react to an incident and it would be more dangerous to be outside.

In either case, the following steps should be made:

1. Immediately upon notification of a biological/chemical incident, the hotel should shut down all ventilation and air handling equipment in common areas.
2. Bedroom Air Handling units to be quickly shut off.
3. Emergency services should be contacted and notified. Pay phones and mobile phones may function in the event the main phone system is unavailable.
4. Guests and employees should be informed of the situation via public address system (where available) or by calling guestrooms directly.
5. All windows should be closed and sealed with tape.
6. All doors (including smoke doors) should be closed and latched to compartmentalize the hotel.
7. The pre-determined first aid area should be supplied and staffed. Where possible, this area should include facilities for showering.
8. A decontamination area complete with showering facilities should be identified. One of the connecting guest room arrangement should be used
9. Emergency reports, including rooming list and staffing reports, should be printed and faxed to regional management.

Public Address System
In the event of an evacuation, guests should be informed of the emergency with the public address system. If the system is out of order, all rooms are to be called directly.
The following announcement is suggested:

"*May I have your attention please, the hotel management requests that all guests and visitors evacuate the hotel as a precaution. Please leave the building by the nearest exit. Do not use the elevators. Take your room key with you. Please remain calm, thank you"*

In the event of a shelter-in-place emergency, the following announcement is suggested:

"*May I have your attention please, a civil defense emergency is taking place state location. Please close all doors and windows and remain calm. Do not evacuate the hotel. Remain in your rooms until further notice. Thank you for your cooperation."*

Announcements should be repeated a minimum of three times and should be given in English known guest's/group's language. Efforts should be made to update staff and guests when information is obtained.

Decontamination

A decontamination area complete with showering facilities should be identified. This will be a connecting guestrooms or suite. Individuals who may have been contaminated should enter the "dirty" room. Clothing and any contaminated material should be removed and sealed in three layers of plastic bags. They should then proceed to a shower and wash with soap and hot water or 5% bleach water solution. After showering, individuals should proceed to the "clean" room bypassing contaminated areas and dress in non-contaminated clothing. Decontamination sections (dirty room, showering and clean room) should be separated by multiple layers of overlapping plastic sheeting. All air handling equipment in these areas should be shut down. In the event that persons are incapable of caring for themselves, First Aid providers should take all reasonable efforts to protect themselves from exposure.

First Aid/CPR

Regardless of the emergency, staff should always use Universal Precautions when providing first aid. This means the first aid providers should assume the victim is contagious and take measures to protect themselves from blood borne pathogens and chemical agents. In most cases this would require the use of protective gloves, mask, goggles and apron.
Typically, when a victim has been exposed to a chemical attack, an attempt should be made for the person to go through a decontamination procedure. If facilities are not available, all contaminated clothing should be removed and sealed in three layers of plastic bags. Skin should be washed with large amounts of soap and water or a 5% liquid household bleach solution.

1. If eyes have been exposed, they should be rinsed for a minimum of 15 minutes.
2. In the event of inhalation or ingestion, vomiting should not be induced.
3. Biological/chemical agent specific first aid procedures are listed below.

Biological Agents:

Anthrax

Several nations are believed to have offensive biological weapons programs. Experts believe that the manufacture of a lethal anthrax aerosol is beyond the capacity of individuals or groups without access to advanced biotechnology.

In 1979, an accidental aerosolized release of anthrax in the former Soviet Union resulted in at least 79 cases of anthrax infection and 68 deaths. Estimates of cases and deaths following the theoretical aircraft release of anthrax over an urban population predict millions of deaths.

The Disease

Anthrax is an acute infectious disease caused by the spore-forming bacterium Bacillus anthracis. Anthrax most commonly occurs in warm-blooded animals, but can also infect humans. Symptoms of this disease vary depending upon how the disease was contracted, with symptoms usually occurring within seven days. Initial symptoms of inhalation anthrax infection may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax usually results in death in 1-2 days after onset of the acute symptoms.

The intestinal disease form of anthrax may follow the consumption of contaminated meat and is characterized by an acute inflammation of the intestinal tract. Initial signs of nausea, loss of appetite, vomiting, fever are followed by abdominal pain, vomiting of blood, and severe diarrhea. Intestinal anthrax results in death in 25% to 60% of cases.

The Risk

Although anthrax can be found globally, it is more often a risk in countries with less standardized and effective public health programs. Areas currently listed as high risk are South and Central America, Southern and Eastern Europe, Asia, Africa, the Caribbean, and the Middle East. Direct person-to-person spread of anthrax most likely does not occur.

Early diagnosis of inhalation anthrax would be difficult and would require a high index of suspicion. The first evidence of a clandestine release of anthrax as a biological weapon would most likely be patients seeking medical treatment for symptoms of inhalation anthrax.

There is no need to immunize or treat patient contacts (e.g., household contacts, friends, coworkers) of a patient unless they were also exposed to the aerosol at the time of the attack. Serious consideration should be given to cremation of persons who die in order to help prevent further transmission of the disease.

Treatment

Anthrax is diagnosed by isolating B. anthracis from the blood, skin lesions, or respiratory secretions, or by measuring specific antibodies in the blood of suspected cases.

Given the rapid course of symptomatic inhalation anthrax, early antibiotic use is essential. A delay, even in hours, may lessen chances for survival. For those treated with antibiotics and survive, the risk of recurrence remains for at least 60 days.

Doctors can prescribe effective antibiotics. Usually penicillin is preferred, but erythromycin, tetracycline, or chloramphenicol can also be used. To be effective, treatment should be initiated early. If left untreated, the disease can be fatal.

The anthrax vaccine for humans is a cell-free filtrate vaccine, which means it uses dead bacteria as opposed to live bacteria. The vaccine is reported to be 93% effective in protecting against cutaneous anthrax. The vaccine should only be administered to healthy men and women from 18 to 65 years of age. Because anthrax is considered to be a potential agent for use in biological warfare, the Department of Defense has engaged in the systematic vaccination of all U.S. military personnel.

Botulism

Botulism toxin is the most potent lethal substance known to man (lethal dose 1ng/kg). Botulism toxin is made by the bacterium *Clostridium botulinum*. Botulinum toxin was developed as an aerosol weapon by several countries. No human data exists on the effects of inhaling botulinum toxin, but it may resemble the foodborne syndrome.
If people have intentionally been exposed in a bioterrorist attack, breathing the toxin, or ingesting the toxin via contaminated food or water are the likely routes of exposure that might lead to a serious illness (foodborne botulism).
Spores of C. botulinum are found in soil worldwide. Terrorists with the technical capacity to grow cultures of the bacterium and harvest and purify the toxin could use it as a bioterrorism agent. Contaminating food with botulism toxin could cause a devastating event.

The Disease
About 25 cases of foodborne botulism occur each year, usually due to improperly prepared home-canned or damaged canned foods. Outbreaks from commercial products and foods prepared improperly in restaurants have also occurred. Botulism is a muscle paralyzing disease caused by a nerve toxin that is made by a bacterium called Clostridium botulinum. The toxin types most commonly associated with human disease are types A, B, and E. There are three main kinds of botulism.

Foodborne Botulism occurs when a person ingests the PRE-FORMED toxin that leads to illness within a few hours to days. Only foodborne botulism is a public health emergency because it could indicate that a food is still available to other persons (besides the patient).

Infant botulism is a condition that occurs in a small number of susceptible infants each year. For unknown reasons, the botulism bacteria are able to grow in their intestines. Infant botulism is not a public health emergency because the infants are not consuming food containing the toxin. Rather, they are consuming C. botulinum spores (which are everywhere in the environment), but for unknown reasons these few infants are susceptible to gut colonization.

Wound botulism is caused by the growth of living botulism bacteria in a wound, with ongoing secretion of toxin that causes the paralytic illness. This syndrome is seen almost exclusively in injecting drug users.
Symptoms of botulism include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, and muscle weakness which always descends the body: first the shoulders, then the upper arms, then the lower arms, then the thighs, calves, etc. Paralysis of breathing muscles can cause a person to stop breathing and die, unless he/she is assisted by a ventilator. For foodborne botulism, symptoms begin from six hours up to two weeks after eating toxin-containing food; most commonly the delay is about 12-36 hours. Infants with botulism appear lethargic, feed poorly, are constipated, and have a weak cry and muscle tone.

The Risk
Foodborne botulism can occur in all age groups. Botulism is not spread person-to-person. Botulism can result in death due to respiratory failure if appropriate medical care is not available. However, in the past 50 years, the proportion of patients with botulism who die has fallen from approximately 50% to 8% because of the improved medical care available in intensive care units.

Treatment
The CDC maintains the national botulism anti-toxin supply. A physician diagnosing a case of botulism and wishing to treat the patient with anti-toxin must contact the CDC through their state health department. This way, public health officials are alerted immediately about potential cases of botulism. The CDC provides clinical consultation to physicians for botulism cases 24 hours a day, and ships botulism anti-toxin when needed. If symptoms occur, individuals should seek treatment. Botulism can be fatal and should be considered a medical emergency.

The paralysis and respiratory failure that occur with botulism may require a patient to be on a breathing machine (ventilator) for weeks, plus intensive medical and nursing care. The paralysis slowly improves, usually over several weeks. If diagnosed early, foodborne and wound botulism can be treated with an anti-toxin from horse serum which blocks the action of the toxin circulating in the blood. This can prevent patients from worsening, but recovery still may take many weeks.

Pneumonic Plague

A weapon designed to aerosolize the plague bacterium could cause a rapidly severe and fatal disease in exposed persons. The *Yersinia pestis*, the causative agent of plague, is found in rodents and their fleas in many areas around the world. It can be grown in large quantities and disseminated by aerosol. The result could be an epidemic of the pneumonic form with the potential for secondary spread of cases.

A bioterrorism attack would be characterized by pneumonic cases occurring simultaneously in persons 1 to 6 days following a common exposure, and in a secondary wave in unprotected case contacts. There are no effective environmental warning systems to detect an aerosol of plague bacilli.

The Disease

Although pneumonic plague is an uncommon form of the disease, large outbreaks of pneumonic plague have occurred. The patient typically experiences fever, prostration and rapidly developing pneumonic plague (shortness of breath, chest pain, and cough), often accompanied by gastrointestinal symptoms (nausea, vomiting, abdominal pain and diarrhea).

The first signs of illness would be expected to be fever, headache, weakness and cough with bloody, sometimes watery sputum. In 2 to 4 days the illness would lead to septic shock and, without early treatment, high mortality. Before antibiotic treatment, nearly 100 percent of cases were reported to be fatal. A pneumonic plague outbreak would initially resemble an outbreak of other severe respiratory illnesses, but would quickly be distinguished by the rapid development of life threatening respiratory failure, sepsis, and shock. Antibiotics need to be given within 24 hours of first symptoms to prevent high mortality.

The Risk

Primary pneumonic plague results from the inhalation of plague bacilli. Person-to-person transmission of pneumonic plague occurs through respiratory droplets, which can only infect those who have direct and close (within 6 feet) exposures to the ill patient.

Yersinia pestis is very sensitive to the action of sunlight and does not survive long outside the host. Research suggests it may survive in the exposed environment for up to one hour. Immediate notification of suspected plague to local or state health departments is essential for rapid investigation and control activities, and for definitive tests through a state reference laboratory.

Confirmatory testing for *Yersinia pestis* usually takes from 24 to 48 hours; presumptive identification by fluorescent antibody testing takes less than 2 hours. Few physicians have ever seen a case of pneumonic plague.

Vaccine against plague does not prevent the development of primary pneumonic plague, the fatality rate of patients when treatment is delayed more than 24 hours after symptom onset is extremely high

Treatment

Early treatment and prophylaxis with streptomycin or gentamicin antibiotics, or the tetracycline or fluoroquinolone classes of antimicrobials are advised. In a community experiencing a pneumonic plague epidemic, all persons who develop a fever or new cough should promptly begin antibiotic treatment.

Persons having household, hospital, or other close contact with persons with untreated pneumonic plague should receive postexposure antibiotic treatment for 7 days. (Close contact is defined as contact with a patient at less than 2 meters.) The use of disposable surgical masks is recommended to prevent the transmission of pneumonic plague to persons in close contact with cases.

Smallpox

Smallpox was eradicated from the world in 1977. In 1980, the World Health Assembly recommended that all countries cease vaccination and that all laboratories destroy their stocks of variola (smallpox) virus or transfer them to one of two World Health Organization reference labs. All countries reported compliance.

It can not with complete certainty, be verified that the virus is not being held in places other than the two WHO reference laboratories; therefore, the deliberate reintroduction of smallpox is regarded as a possibility. Because this virus is relatively stable (not easily destroyed in the environment) and the infectious dose is small, an aerosol release of variola virus could disseminate widely.
A single suspected case of smallpox would be treated as a health emergency and should be brought to the attention of national officials through local and state health authorities. However, varicella, or chickenpox, which infects millions of children each year in the United States, is the disease most frequently confused with smallpox. (Chickenpox lesions are much more superficial and are almost never found on the palms and soles.)

The Disease

The variola virus, which causes smallpox, belongs to a genus of viruses known as *Orthopoxvirus*; four of which can cause infection of varying degrees in humans. These include variola (smallpox), vaccinia, monkeypox, and cowpox virus.

Smallpox outbreaks involve either variola minor or the more deadly variola major. Case fatality rates range from approximately 1 to 30 percent, with deaths most often occurring during the first or second week of illness.

The incubation period is about 12 days (range: 7 to 17 days) following exposure. Symptoms include high fever, fatigue, and head and back aches, which are followed in 2-3 days by the rash.
Lesions in the mouth and throat that appear early in the illness ulcerate and release large amounts of virus in the saliva. The most visible symptom of smallpox is a rash with lesions most dense on the face, arms and legs. The lesions are round, tense, and deeply embedded in the skin, and appear over a 1- to 2-day period, evolving at the same rate on the body. Lesions become pus- filled and begin to crust early in the second week of the rash. Scabs eventually develop which separate and fall off after about 3-4 weeks.

Two less common types of smallpox disease are Hemorrhagic and flat-type (malignant). Health care providers seldom recognized these cases as smallpox unless an outbreak was in progress.

The Risk

Smallpox is spread, most often, by an ill person releasing virus infected saliva droplets from their mouth into the air that are inhaled by a susceptible person in close contact with the ill person (face-to-face contact). Because virus titers in saliva are highest during the first week of illness, this is when people are the most infectious.
The disease is most often transmitted from the time the ill person first develops the rash throughout the first week of illness. However, the person is still infectious until the rash has resolved (all scabs have fallen off). The virus is also present in the scabs that separate from the skin, but these are much less infectious than saliva.
Routine vaccination against smallpox stopped in 1972 and few persons younger than 27 years of age have been vaccinated. Also, the level of immunity among persons older than 27 is uncertain. The duration of immunity has not been well measured. It must be assumed that the population at large is susceptible to infection.

Prevention

Vaccine against smallpox is a live virus vaccine, made with a related virus called vaccinia virus. It does not contain smallpox virus. There currently is only a limited supply of smallpox vaccine available for emergency use, if needed. New methods for the production of additional smallpox vaccine in large quantities are being explored. At this time, no preventive vaccination program is planned.

Smallpox vaccine is very effective and can lessen the severity or even prevent illness in people exposed to smallpox if given up to 4 days after exposure. People with smallpox must avoid contact with unvaccinated individuals in order to prevent transmitting the disease to them.

Treatment

At this time, there is no proven treatment for smallpox. Patients with the illness would be given non-specific supportive therapy as needed (intravenous fluids, medicine to control fever or pain, etc.) and antibiotics for any secondary bacterial infections that occur.

No antivirals have yet proven effective for treating smallpox, however research is ongoing. A smallpox outbreak would spread unless checked by vaccination and the monitoring of contacts to smallpox patients and isolation of infectious smallpox patients. All individuals suspected to have contracted smallpox should be placed under health monitoring.

Chemical Agents:

VX

VX was originally developed in the United Kingdom in the early 1950s, and was given to the United States for military development. VX is a nerve agent. A nerve agent is a compound that is designed to kill people by binding up a compound known as acetylcholinesterase (the body's off switch); this compound is essential for removing acetylcholine, the body's voluntary muscle and gland "on switch." With reduced or no acetylocholinesterase, the glands and voluntary muscles continue to be stimulated by the acetylcholine; eventually the muscles tire and can no longer sustain breathing functions. VX is considered to be at least 100 times more toxic by entry through the skin, than Sarin (GB) and twice as toxic by inhalation.

Risk

VX is lethal. It can enter the body by inhalation, ingestion, through the eyes, and through the skin. VX is extremely persistent. When dispersed heavily, it can persist for long periods under average weather conditions. In very cold conditions, VX can persist for months. It evaporates at least 1,500 times more slowly than water.

Symptoms

Symptoms may appear in varying order based upon route of exposure (the way it entered the body), but commonly noted symptoms include:

1. Runny nose, watery eyes, drooling and excessive sweating.
2. Tightness of the chest, difficulty in breathing.
3. Dimness of vision (pupils may become pinpointed)
4. Nausea, vomiting, cramps, and loss of bladder/bowel control.
5. Twitching, jerking, staggering, and convulsions.
6. Headache, confusion, drowsiness, and coma.

Decontamination

Skin: Remove contaminated clothing and wash skin with large amounts of soap and water or 5% liquid household bleach. Rinse well with water. VX absorbs slowly through the skin, but is extremely toxic by this route of entry.

1. If you believe that you have gotten VX in your eyes, immediately flush your eyes with water for 10 - 15 minutes. VX absorbs rapidly into the eyes, reportedly at least 100 times faster than Sarin.
2. If you believe that you have eaten or have drunk something with VX on it or in it, do not induce vomiting.

Treatment

If you believe that someone has been exposed to VX, you first should remove the agent from the skin and call 999. Ambulance teams and hospitals in many communities are stocking the antidotes.

Soman (GD)

Soman (GD) was originally developed in Germany in 1944 as an insecticide. Soman (GD) is a nerve agent. A nerve agent is a compound that is designed to kill people by binding up a compound known as acetylcholinesterase (the body's off switch); this compound is essential for removing acetylcholine, the body's voluntary muscle and gland "on switch." With reduced or no acetylocholinesterase, the glands and voluntary muscles continue to be stimulated by the acetylcholine; eventually the muscles tire and can no longer sustain breathing functions. Soman is the most poisonous of the "G" agents. Antidotes are not effective even a few minutes after the exposure. The agent binds irreversibly to acetylcholinesterase.

Risk

Soman is lethal. It can enter the body by inhalation, ingestion, through the eyes, and to a lesser extent through the skin. Soman is persistent. When dispersed heavily, it can persist for one to two days under average weather conditions. It is thought to evaporate four times more slowly than water.

Symptoms

Symptoms may appear in varying order based upon route of exposure (the way it entered the body), but commonly noted symptoms include:

1. Runny nose, watery eyes, drooling and excessive sweating.
2. Tightness of the chest, difficulty in breathing.
3. Dimness of vision (pupils may become pinpointed).
4. Nausea, vomiting, cramps, and loss of bladder/bowel control.
5. Twitching, jerking, staggering and convulsions.
6. Headache, confusion, drowsiness and coma.

Decontamination

Skin: Remove contaminated clothing and wash skin with large amounts of soap and water or 5% liquid household bleach. Rinse well with water.

1. If you believe that you have gotten Soman in your eyes, immediately flush your eyes with water for 10 - 15 minutes.
2. If you believe that you have eaten or have drunk something with Soman on it or in it, do not induce vomiting.

Treatment

If you believe that someone been exposed to Soman, you first should remove the agent from the skin and call 999. Ambulance teams and hospitals in many communities are stocking the antidotes.

Avian (Bird) Flu

The Disease

Avian influenza or "bird flu" is a contagious disease caused by Influenza A viruses that are found in birds. All bird species are thought to be susceptible to infection. Domestic poultry flocks are particularly vulnerable. Once transmitted, these viruses can lead to epidemics associated with severe illness and high death rates amongst the birds. There are different types of avian flu, some types are more serious than others. Currently, only three have made the jump from birds to humans. The Influenza A/H5N1 virus is responsible for the Avian Flu cases currently being reported in Asia and in Europe.

The current outbreak of this highly pathogenic Avian Flu is thought to have significantly heightened the risk of another flu pandemic. Since its emergence in poultry in Korea in mid-December 2003, this strain has infected poultry in many countries throughout Asia. There have also been, to date, 109 confirmed cases of human infection by the virus. Of these, over 50% have been fatal.

Symptoms

Those suffering from Avian Flu typically experience symptoms similar to those of normal human flu, such as fever, cough, muscle ache, runny nose and sore throat. At an early stage, it is difficult to tell which virus is responsible for the symptoms. However, the Avian Flu appears to be more aggressive than normal flu in the development of pneumonia. Medical attention should be considered if symptoms develop and the individual has traveled to an affected country or has been in contact with persons diagnosed with Avian Flu.

Transmission

Avian Flu appears to be spread through close contact with live, infected poultry. Currently, there is no evidence to show that it can be spread through the eating of either processed poultry products or eggs from affected areas. In addition, there is no evidence to show that it can spread from one human to another. The transmission of the disease to people remains extremely rare and, in most cases, investigations have identified contact with infected poultry as the principal cause of infection.

Treatment

According to the Centers for Disease Control and Prevention (CDC), there are currently no commercially available vaccines to protect humans against the H5N1 virus. However, vaccine development efforts are taking place. Though there are no vaccines available, there are anti-viral drugs available to help shorten the duration of the disease and to control the severity of the symptoms.

Hotel Response Plan

Hygiene

Hands can transmit infectious material (e.g., saliva or other body fluids that may contain viruses) to the mouth, nose or eyes, where there is a direct route of entry into the body. Hand washing is an important way to reduce the potential for the transmission of infectious diseases. Running water and non-abrasive hand soap should be used for at least 30 seconds when washing. It is important to dry hands after washing. Hand washing should be done:

1. Before and after removing gloves
2. After contact with blood, body fluids or other potentially infectious material or people.
3. After using the bathroom/restroom
4. After blowing/wiping your nose
5. Before eating and/or preparing food

Employees should avoid touching their own eyes, noses and mouths until they have washed their hands. Alcohol-based hand sanitizer products may be used to clean hands. However, they should not be used as a substitute for hand washing.

To help encourage good hygiene practices, hand sanitizing products (e.g. dispenser or individual packets) should be located within the break rooms and employee cafeteria settings. In addition, hotels should supply housekeeping service carts with hand sanitizing products (e.g. dispenser or individual packets) to help encourage good hand hygiene practices.

Guest With Symptoms

If a guest appears to exhibit symptoms of Avian Flu (such as coughing or shortness of breath and has a history of travel in the past 14 days to an area affected by avian or pandemic influenza), Hotel Management should be notified immediately. Upon notification, they should activate the hotel crisis management team and implement the response described below.

Reporting

1. Contact the local health department. Make sure you speak to someone who is in charge of infectious diseases.
2. Follow any recommendations from the local health department, including any actions to be taken for dealing with a potentially infected individual. Adhere to their advice.

Safety Precautions

1. Try to keep the ill guest separated from other guests as much as possible.
2. Avoid rooms where you hear sneezing or coughing and allow an hour after the guest leaves before entering the room. Employees should practice good sneezing/coughing etiquette.
3. Recommend that the ill guest contact their personal physician or local health department.
4. Do not attempt to transport the guest to a health-care provider or any other location.
5. If an infected guest checks out, thoroughly clean the room by

   following the procedures located in the “Guest Room Decontamination” section.
6. If the ill guest is transported off property, but the room remains occupied by family or friends, recommend that the remaining guests contact their personal physician immediately, or refer them to the local health department. Room service or any other activity for that room should be discontinued and no employees should be allowed to enter the room(s) until further notice.
7. Record all the details that were undertaken by the crisis management team for further action and follow up.
8. Evaluate and plan for potential business interruptions.

Employee With Symptoms

If an employee appears to exhibit symptoms of Avian Flu (such as coughing or shortness of breath and has a history of travel in the past 14 days to an area affected by avian or pandemic influenza), Hotel Management should be notified immediately. Upon notification, they should activate the crisis management team and implement the response described below.

1. As with all other personal illnesses, relieve the employee of their duties and recommend that they contact/visit their personal physician or the local health department. Employees should make their physician or the health department aware of their symptoms and situation before they visit the health facilities.
2. Human Resources should be contacted to evaluate sick-leave absence procedures unique to the situation.

Employees should also notify Hotel Management if they have been in contact with someone who has been diagnosed with Avian Flu so that the situation may be assessed and appropriate actions taken.

Recommendations for Employees with Potential Symptoms

1. Take pre-cautionary measures – get some extra rest so that you are stronger and healthy.
2. Do not go to work! Avoid travel if possible.
3. Avoid crowded places.
4. Ensure you are familiar with the symptoms.
5. If you develop a fever above 100°F (38°C) accompanied with cough and muscle pain, immediately inform your manager or appropriate personnel before going to a doctor.
6. Be aware and follow the recommended actions from your local physician or health provider.
7. If you are quarantined by health authorities, inform your manager or appropriate personnel.
8. Compile a list of individuals you have been in contact with for the past 3 days and communicate via telephone or e-mail to your manager or appropriate personnel. You should make every effort to comply with all home quarantine requirements.

Guest Room Decontamination

Linen handling

Linens and bedding should not be sorted in the guest rooms. Employees should check the bedding and linens for sharps, blood or body fluids before handling. The linen should be handled with protective gloves (available from your Head of Department) and placed in BIOHAZARD bags. The BIOHAZARD bag should not be re-used. It should be disposed of as hazardous waste. The Linen supplier should be informed of the situation.

Sharps

Employees should not touch or handle contaminated items, including sharps. Small items like hypodermic needles and syringes should be picked up with tongs and placed in a “sharps container.” There are special Sharp protection gloves available from your Head of Department, these should be used. Sharps should never be placed in the trash, or in any other container that isn't puncture resistant.

Cleaning and disinfection of surfaces

A bleach and water solution should be used to decontaminate most of the surfaces and equipment found in the hotels. This is the preferred method for decontamination because it doesn't expose the employees to harsh chemicals. In addition, the components are readily available. Approved disinfectant products should be used as an alternative for sensitive surfaces (e.g. carpet) where the use of bleach could damage the product.

Additional attention should be given to surfaces that have been directly touched by the guest (e.g. light switches, door knobs, toilets, television remote control, hand basins, telephones, mugs, desk surfaces, alarm clock, horizontal surfaces, etc.).

If equipment used to clean the room becomes contaminated, labels should be attached to inform other employees or service people of the hazard. The label should state BIOHAZARD and be in fluorescent orange or orange-red. The equipment should be disinfected according to the manufacturer's instructions. The appropriate PPE should be used while cleaning and decontaminating equipment.

Norovirus outbreak.

What is Norovirus:

Norovirus, a genus of RNA virus in the family Caliciviridae, causes around 50% of all epidemic gastroenteritis (stomach pain, diarrhea, and vomiting) around the world. It is the most important group of viruses associated with this condition. Norovirus affects people of all ages. They are often transmitted by faecally contaminated food or water and are, therefore, subject to control by public health measures. Immunity to the virus is not complete or long-lasting. Outbreaks of norovirus disease often occur in closed or semi-closed communities, such as hospitals, prisons and cruise ships where people from different locations are brought together for the first time. Norovirus is rapidly inactivated by chlorine-based disinfectants but is less susceptible to alcohols and detergents. This is because the virus does not have a lipid envelope.

Nature of Disease:

The disease is usually self-limiting, and characterized by nausea, vomiting, diarrhea, and abdominal pain. General lethargy, weakness, muscle aches, headache, and low-grade fever may occur. Symptoms may persist for several days and may become life-threatening in the young, the elderly, and the immune-compromised if dehydration is ignored or not treated.

Handling an outbreak:

Viruses such as norovirus are **highly contagious and very hardy** [they can survive freezing and heating to 60°C (140°F)], so strict adherence to control measures is necessary. Preventive measures should be continued for at least three days after the outbreak appears over, since infected persons continue to shed the virus after they have recovered.
The following are the guidelines developed to help control an outbreak:

1. Isolate ill residents from others by confining them to their rooms (if they are not going to attend a hospital or unable to leave). Group ill people together if possible. Discontinue activities where ill and well residents would be together. Group activities should be kept to a minimum or postponed until the outbreak is over. Residents should not be moved from an affected to an unaffected area.

2. Ill staff should remain out of work for three days following *cessation* of diarrhea and/or vomiting.

3. Minimize the flow of staff between sick and well residents. Staff should be assigned to work with either well residents or sick residents, but should not care for both groups. Staff who go back and forth between ill and well residents, play an important role in transmitting the virus from resident to resident.

4. Staff should wash their hands when entering and leaving *every* resident room.

5. Staff should wear gloves and gowns when touching potentially contaminated surfaces. Masks should be worn when caring for residents who are vomiting. Change gowns, gloves, and masks between contacts with rooms. Gloves should be discarded and hands washed immediately after completing patient care. Remove gowns before leaving the resident's environment. Housekeeping staff should wear gloves and masks when cleaning contaminated or potentially contaminated surfaces or laundry.

6. Use a disinfectant to frequently clean all heavy hand contact surfaces. Restroom surfaces, such as faucet handles, soap dispensers, stall doors and latches, toilet seats and handles, and towel dispensers are heavily contaminated surfaces and require frequent disinfection. The recommended disinfectant is *freshly made* 10% chlorine bleach solution (i.e., 5,000 ppm sodium hypochlorite = 1 cup bleach to 9 cups water). Since chlorine bleach may impact fabrics and other surfaces, spot test area before applying to visible surface.

For contamination with fecal material, the cleaning process should include
1) wipe clean with detergent and water, and
2) disinfect with 10% bleach solution (a contact time of ten minutes may be necessary). If the area is a food contact area this disinfection procedure should be followed by a clear-water rinse, and a final wipe down with a sanitizing bleach solution (i.e., 200 ppm sodium hypochlorite = 0.5% chlorine bleach = one tablespoon bleach to one gallon of water). Vomit should be considered as potentially infectious material and should be immediately covered with a disposable cloth, and doused with a disinfectant to reduce potential airborne contamination.

Cleaning staff should use disposable face masks, gloves, and aprons when cleaning up after a vomiting incident. Paper toweling or other toweling used to clean-up liquid vomit should be immediately disposed in a sealed trash bag and properly disposed.

Follow the cleaning procedures as for fecal contamination.
Heat disinfection (i.e., pasteurization) has been suggested for items that cannot be subjected to chemical disinfectants. A temperature equal to or greater than 60°C (140°F) should be used.

7. Cleaning procedures that increase the aerosolization of norovirus should not be utilized, such as dry vacuuming carpets or buffing hard surface floors. Cleaning with detergent and hot water, followed by disinfection with hypochlorite (if a bleach-resistant surface) or steam cleaned (5-minute contact time at a minimum temperature of 170 degrees F).

8. Contaminated linen and bed curtains should be carefully placed into laundry bags (to prevent generating aerosols) and washed separately in hot water for a complete wash cycle – ideally as a half load for best dilution.

9. Air currents generated by open windows, fans, or air conditioning will disperse aerosols widely. Air currents should be minimized.

10. It may be prudent to discontinue new guests to the hotel or at least that wing until the outbreak is over. If visitation of a guest is allowed, visitors should go directly to the person they are visiting and not spend time with anyone else. They should wash their hands upon entering and leaving the room. They should not visit if they are sick.

PLEASE CONTACT YOUR LOCAL HEALTH DEPARTMENT FOR ASSISTANCE AS SOON AS AN OUTBREAK IS SUSPECTED. THE HEALTH DEPARTMENT CAN ALSO PROVIDE LABORATORY TESTING OF RESIDENTS AND STAFF DURING AN OUTBREAK.

Legionnaires Disease

Legionnaires' disease is a type of pneumonia. It was named after an outbreak of severe pneumonia which affected a meeting of the American Legion in 1976. It is an uncommon but serious disease. The illness occurs more frequently in men than women. It usually affects middle-aged or elderly people and it more commonly affects smokers or people with other chest problems. Legionnaires' disease is uncommon in younger people and is very uncommon under the age of 20.

How do people get it?

The germ which causes legionnaires' disease is a bacterium called Legionella pneumophila. People catch legionnaires' disease by inhaling small droplets of water suspended in the air which contain the Legionella bacterium. However, most people who are exposed to Legionella do not become ill. Legionnaires' disease does not spread from person to person.

Where does it come from?

The bacterium which causes legionnaires' disease is widespread in nature. It mainly lives in water, for example ponds, where it does not usually cause problems. Outbreaks occur from purpose-built water systems where temperatures are warm enough to encourage growth of the bacteria, eg in cooling towers, evaporative condensers and whirlpool spas (tradename Jaccuzi) and from **water used for domestic purposes in buildings such as hotels.**

Preventative measures for the control of Legionaires Disease in the hotel:

Legionella bacteria are widespread and found naturally in many aquatic environments, they tolerate a range of temperatures, although below 20°C and above 50°C they are dormant and above 60°C they will not survive. It is important therefore to monitor the hotel's water temperatures as follows:

Monitoring the temperature control regime

Frequency	Check	Standard to meet		Notes
		Cold water	Hot water	
Monthly	taps	The water temperature should be below 20°C or less after running the water for up to two minutes	The water temperature should be at least 50°C within a minute of running the water.	This check makes sure that that the supply and return temperatures on each loop are unchanged i.e. the loop is functioning as required
Six monthly	Incoming cold water inlet (at least once in the winter and once in summer)	The water should preferably be below 20°C at all times		The most convenient place to measure is usually at the ball valve outlet to the cold water storage tank
Six monthly	Representative number of taps on a rotational basis	The water temperature should be 20°C or less after running the water for two minutes	The water temperature should be at least 50°C within a minute of running the water. The difference between the highest and lowest temp recorded at the taps after one minute should not be greater than 10 °C	This check makes sure that the whole system is working properly

Accommodation Manager to carry out the following:

- All infrequently used taps and other water outlets run for at least 2 minutes each week.
- All Shower heads disinfected and deep cleaned at least quarterly.

Annual check

This should comprise:

a) Visual inspection of the cold water storage tank to check the condition of the inside of the tank and the water within it. The lid should be in good condition and fit closely. The insect screen on the water overflow pipe should be intact and in good condition. The thermal insulation on the cold water storage tank should be in good condition so that it protects it from extremes of temperature. The water surface should be clean and shiny and the water should not contain any debris or contamination. The cold water storage tank should be cleaned, disinfected and faults rectified, if considered necessary. If debris or traces of vermin are found then the inspection should be carried out more frequently;
b) Making a record of the total cold water consumption over a typical day to establish that there is reasonable flow through the tank and that water stagnation is not occurring. Whenever the building use pattern changes, this measurement should be repeated;
c) Draining the hot water storage heater and checking for debris in the base of the vessel. The hot water storage heater should then be cleaned if considered necessary;
d) Checking the plans for both the hot and cold water circuits to make sure they are correct and up to date - this should be done by physical examination of the circuits, if possible. Plans should be updated if necessary;
e) Ensuring that the operation and maintenance schedules of the hot and cold water systems are readily available and up to date with named and dated actions throughout the previous year;
f) Checking the existence of all water connections to outside services, kitchens, fire hydrants and chemical wash-units should be noted. Any insulation should be checked to ensure that it remains intact. Any water outlets that are no longer used should be removed.

Swine Flu

Purpose of the Policy:

The purpose of this policy is to provide information and guidance to assist employees in managing and responding to a potential incident involving the Swine Flu.

The Disease:
'Influenza A(H1N1) / Swine Influenza is a type of influenza virus. It causes respiratory disease in humans, pigs and birds. They type causing the current upsurge in cases is a new and previously unseen type'.
Source: IHF- Health Protection Surveillance Centre

Symptoms:
Those suffering from Swine Flu typically experience symptoms similar to those of normal human flu, such as sudden onset of fever, cough, muscle ache, runny nose and sore throat. It can cause vomiting and diarrhoea in some people. Pneumonia and respiratory failure may develop in severe cases, and occasionally death can occur. It has been seen, to date, that most cases are mild and patients recover without hospitalization.

Transmission:
The virus that has now been found in the influenza A(H1H1)v cases contains genes in a combination that has not yet been observed before in the world. Also, the virus appears to spread easily from person to person. A small proportion of patients have become very ill and there have been small numbers of deaths. However, this has occurred among people with pre-existing serious underlying illness. Most people have a typical flu-like illness and recover fully by drinking plenty of fluids and taking paracetamol for the fever and aches and pains (as seen with influenza).

Employees with Symptoms
If an employee appears to exhibit symptoms of Swine Flu the Management of the Hotel must be notified immediately. The following steps will take place:

- As with all other personal illnesses, the person must be relieved of their duties and told that they contact/visit their doctor. They will decide if you need treatment or testing.
- Human Resources must be contacted.
- The company sickness procedure as per the handbook must be followed.
- Employees must also notify the Management of the hotel if they have been in contact with someone who has been diagnosed with Swine Flu so that the situation may be assessed and appropriate actions taken.
- Also consult your doctor in relation to above point
- You must make every effort to comply with all home quarantine requirements
- Do not go to work – avoid spreading infection to others
- Take simple anti-fever medication such as paracetamol or aspirin (NB aspirin should not be given to children under 16 years of age) and drink plenty of fluids.
- Avoid travel if possible
- Avoid crowded places
- Be aware and follow the recommended actions from your doctor.
- If you are quarantined by health authorities, inform the management of the hotel.

Dealing with a Guest with Symptoms

If a guest appears to exhibit symptoms of Swine Flu the Management of the hotel must be notified immediately. Should a guest in your care be diagnosed with the virus, it is important to note that the guest(s) in quarantine must maintain their rights with respect to privacy of their personal information respected. This means that, after discussion with the local health authority, information about individual's situations should only be discussed with those staff members directly involved with assisting quarantine. Upon notification, they must implement the response described below:

- Contact the local health department and follow their advice
- Try to keep the ill guests separated from other guests as much as possible
- Avoid rooms where you hear sneezing or coughing and allow an hour after the guest leaves before entering the room.
- Employees must practice good sneezing/coughing etiquette
- Recommend that the ill guest contact their doctor to seek advice.
- Do not attempt to transport the guest to a health-care provider or any other location
- Develop an isolation plan with assistance from the local health department and IHG Risk Management. Be prepared to isolate a room or an area as instructed by the local health department
- If an infected guest checks out, E-key or double lock and thoroughly clean the room using the required PPE and sanitizing / cleaning products
- If the ill guest is transported off property, but the room remains occupied by family or friends, recommend that the remaining guests contact their doctor.
- Immediately refer them to the local health department. Room service or any other activity for that room must be discontinued and no employees must be allowed to enter the room(s) until further notice. (trays to be left outside the doors)
- Once the guest has checked out do not let anyone in to the room until it has been thoroughly cleaned and sanitized.
- Record all the details that were undertaken by the crisis management team for further action and follow up

What is Quarantine?

Quarantine is defined as restricting the movements of some people ('contracts') who are well but who have been in close contact with another person (a 'case') who has or who is strongly suspected to have an infectious disease. If one of the contacts has been infected, quarantine helps prevent the disease spreading further.

Quarantine usually stays in place until the suspected case linked to a contact person has excluded as a real case (e.g. through a laboratory test completed in 1-2 days) or until enough time has passed for local health authority to be confident that the contact person has been infected (usually a maximum of 7 days from the last day of contact with a case).

It is advisable that cleaning should not be done more than once a day. The frequency of cleaning will be decided in discussion with your local HSE and it may be possible for cleaning of the room to be left until after the contact person has completed quarantine.

Routine Cleaning methods should be employed in the room of the affected guest and in any areas used by this guest with the following additional steps:

Step 1. Personal Protection

Disposable gloves should always be worn while cleaning the room, toilets and other common areas, and when handling cleaning and disinfecting solutions. Dispose of gloves if they become damaged or soiled or when cleaning is completed, as described in Step 5 below; never wash or reuse the gloves.

Eye protection, such as goggles, and a surgical mask may be required if splashing cannot be avoided. Avoid touching the face with gloved or unwashed hands.

Step 2. Routine Cleaning
The use of disposable cloths is strongly recommended, with a fresh cloth used for each room. If other cloths are used they should be laundered in hot water wash before re-use.
Clean surfaces as usual with a neutral detergent and water.

Step 3. Disinfection of Special Areas
In addition to routine cleaning, the following surfaces in the room which are commonly touched should be disinfected:

- door handles and light switches
- Tables and counters
- Armrests of chairs (if not fabric)
- TV buttons and remote controls, telephones, air conditioner (A/C) buttons and remote controls, kettle handles, fridge door handles
- Bathroom including door handle, door lock, toilet seat and buttons, taps, washbasins, counters, shower and/or bath.
- Clean the surface first with a neutral detergent and water, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure the recommended contact time occurs. Allow to dry completely.
- Adhere to any safety precautions or other label recommendations as directed (e.g. allowing adequate ventilation in confirmed areas such as toilets).
- Avoid using application methods that cause splashing.
- Standard disinfectants cannot be used on some surfaces, e.g. television remote controls and telephones. For these surfaces alcohol solutions are recommended.
- Consider using impermeable and cleanable zip-lock plastic bags to hold TV and A/C remote controls as these items are likely to be handled frequently.

If affected guest(s) are permitted to leave their room or are suspected to have left their room, clean and disinfect any other areas outside the room that may have been used such as elevators (buttons and hand-rails), public telephones and vending machines.

Step 4. Body Fluids
Cleaning staff should wear an impervious disposable gown or apron, gloves and eye protection when cleaning up body fluids, including any steam cleaning.

Any body fluids (e.g. vomit from an ill contact) should first be removed from visibly contaminated surfaces by using an absorbent material, which should then be disposed of as described in item 5 below.

Hard, non-porous surfaces must then be cleaned and disinfected as described in Step 2. Large areas contaminated with body fluids (e.g. covering most of a table) should be cleaned up with an absorbent material, then cleaned with detergent and water and then disinfected.

Since disinfectants are not registered for use on some porous surfaces, contaminated material such as carpets and upholstery should be carefully steam or laundered in accordance with the manufacturer's instructions.

Step 5: Disposing of Soiled Material and Gloves
Dispose of all soiled material and cleaning gloves in a sturdy, leak-proof (e.g. plastic) bag that is tied shut and not reopened.

Local health authorities should be consulted for appropriate disposal decisions.
Unless there are any special concerns, these wastes are considered routine and can be disposed of normally.

Step 6: Food Trays, Dishes and Cutlery
Hotel food services should be advised to only deliver food and drink orders outside the contact person's room door to minimize direct exposure to the contact person.
Disposable gloves should be worn when handling a contact's used trays, dishes and utensils
Any disposable utensils should be discarded with other general waste, as in Step 5
Wash reusable dishes and cutlery in a dishwasher with detergent and hot water as usual

Step 7: Upholstery and Carpets
Special cleaning procedures for upholstery, carpets and storage areas are not necessary unless obviously soiled.

Step 8: Laundry
Laundry staff should also wear gloves when handling laundry from a contact's room
Linen should not be shaken as this might contaminate the surrounding area
If linen and towels require laundering they should be collected in a laundry bag
Linen should be emptied directly from the laundry bag into the washing machine without handling and laundered on a normal hot cycle then air or tumble dried
Do not use compressed air and/or water under pressure for cleaning, or any other methods that can cause splashing. Vacuum cleaners should be used only after proper disinfection of other surfaces has taken place.

Step 9: Hand Washing after Cleaning
When cleaning is completed and gloves have been removed and safely disposed, immediately wash hands with soap and water for 15-20 seconds before drying with a paper towel.

What should you do if you come in contact with a person with Swine Flu?

- Notify your doctor if you have been in close contact with a person with Swine Flu
- Monitor your health for 10 days after your contact and minimize contact with others
- If symptoms develop, contact your doctor. Make your doctor aware of your symptoms and situation before your visit so they can make preparations
- Up date the Duty Manager / HR Manager.
- Wash your hands frequently for at least 30 seconds with non-abrasive soap and warm water.

Managers response

- All incidents in relation to Swine Flu must be reported to the Management of the hotel.
- The General Manager must at all times be informed or all incidents.
- If there are confirmed cases within the hotel any press statement should only be issued by the Managing Director.
- The incident report form must be filled out.
- Where an employee reports a guest issue, the Dm must then inform the crisis response team.
- Where an employ reports their own personal issue, this issue must the reported to HR as per the company sickness procedure.
- The staff must be kept informed and up dated of what to do if an incident occurs.
- Both managers and staff must follow the guidelines given by the local health authority
- Prevention

How to minimize your chances for contracting this disease

- People must use good hygiene to minimize the spread of communicable diseases. This includes:
- Frequent hand washing
- On arrival at work, before clocking in, use the alcohol based hand cleaner by clock machine.
- Follow the HACCP regulations in relation to personal hygiene especially hand washing procedures and general cleaning procedures.
- Proper disposal of used tissues or other articles that have come in contact with your nose, throat, mouth or eyes
- Avoid direct and/or close contact with ill persons
- Wear the correct PPE issued when cleaning.
- Cover the nose and mouth when coughing or sneezing
- Room attendants must continue using gloves to change used guest towels and empty rubbish bins
- Room attendants must continue to sanitize door knobs, room tumblers, mugs, telephones, desk surfaces, and the entire bathroom
- Launder used towels and bed linen every day
- Any team member who has handled lost property for an infected room must monitor their health for 7 – 10 days.
- If you discover lost property which has been affected contact the Duty Manager.
- Adhere to the hotel policy in relation to Swine Flu
- Make sure children and others in your care follow your advice.

If an issue or concern should arise in the hotel regarding Swine Flu follow these steps to help protect the well-being of the affected guest, employees and patrons of the hotel:

- Notify your Manager / Duty Manager and HR.
- The Managing Director, will be the point person and the only spokesperson to respond to media enquiries.
- Follow the procedures given to you from your manager
- Do not release the details of any potentially affected guest or employee
- Be prepared to support the guest or employee with family calls and information
- Follow all Company procedures for reporting incidents

Building Collapse:

Structural Collapse and Explosions

If a structural collapse or an explosion occurs, the management on duty should follow these actions:

1. Prohibit smoking or any open flame in the area.
2. Notify the fire department and the utility companies -gas, water, and electrical.(see Emergency contact numbers in Section 2)
3. Evacuate all areas near the damaged section.
4. Seal off the area externally and internally to prevent sightseers from entering the damaged area.
5. Provide any information needed by public officials during an inspection of the area, such as a list of occupied rooms.
6. If the collapse or explosion occurs in an occupied area, call an ambulance service.

Bomb Threat:

Potential bombing incidents constitute a serious threat to employees, customers, assets, operations and facilities whether the motive is found in extortion, assault or an act of terror. This threat area has taken on relevance and is increasingly prevalent today for a number of reasons.

Therefore if you receive a bomb scare it is important to **STAY CALM.**

Extreme care must be taken to not cause panic among employees and customers. If panic begins, and takes over, the potential injury and property damage increases dramatically.

The main priorities if you receive a bomb scare are to protect life, minimise panic, minimise guest inconvenience and adverse hospitality effect and to protect hotel property.

After you have received a call the following should be systematically adhered to:

- Inform the Police
- The Police will then inform us as to whether we should evacuate the building- if in doubt always evacuate
- However in the case of a bomb scare the evacuation point will be located in the Aer Arann Car Park - well clear of building : explosion potential
- Inform assembled guests on cause after evacuation
- Assess length of time building will be out of use and make alternative hotel arrangements for guests, if long term

If you receive a Bomb threat by phone whilst on duty follow the procedure below – ***remember the information you gather will be essential in dealing with the threat appropriately***

TELEPHONED BOMB THREAT TICK SHEET to be completed on receipt of call							
~~REMAIN CALM~~~~							
1. OBTAIN THE FOLLOWING INFORMATION, IF POSSIBLE:							
Where is the bomb?							
What time is it due to go off?							
What does it look like?							
What type of bomb is it?							
Whom do you represent?							
Have you a code word?							
Why are we the target?							
2. NOTE THE EXACT WORDING OF MESSAGE, IF POSSIBLE:							
Date of call		Time of call		Payphone?			
Was the message read?		Or spontaneous?					
3. KEEP THE CALLER TALKING AND NOTE THEIR SPEECH (tick all that apply)							
Male		Old		Serious		Laughing	
Female		Middle-aged		Nervous		High-pitched	
Child		Young		Drunk / rambling		Low-pitched	
Accent		Possible nationality					
4. NOTE ANY BACKGROUND NOISES (tick all that apply)							
Traffic		Trains		Aircraft			
Machinery		Music		Children			
Other							
5. NOTIFY SENIOR MANAGEMENT							
6. CALL THE POLICE:……. Note: If appropriate, contact a Special Unit such as the Bomb Squad: …….							
Name of person receiving the call							

- Remember afterwards to fill in a complete incident report.

Armed Robbery:

In the event of an armed robbery, the following procedures must be carried out:

During the Robbery:

1. Never take any action that would jeopardize the safety of hotel employees, guests or yourself.
2. Should a robbery occur, press the panic alarm or if you can, call the Police, followed by General Manager and/or any other manager to raise the alarm.
3. Never tackle or argue with a robber, always co-operate, explain that you have no access to any other money but let them have what ever is in sight. (Your personal safety is far more important than any amount of money).
4. Avoid doing anything that would excite the robber or provoke violence.
5. Comply with all robber's demands.
6. Consider all guns, seen and unseen, to be loaded.
7. Note the physical characteristics of the robber, the direction of escape, and a description of any vehicle or means of escape used by the robber. Give these facts to the local law enforcement agency for their investigation.

After the Robbery:

1. After the robbery, notify the local Police Station and hotel management immediately. (even if you have already activated the panic alarm)
2. Prevent access to the area where the crime occurred. Keep the area clear and secure.
3. Secure the videotape of the incident, if applicable.
4. Do NOT touch any physical evidence left by the robbers, such as notes or clothing.
5. Ask any witnesses to stay until police arrive. If they can't, get the names and addresses of any witnesses to the robbery. Separate them, and have each one write what they saw and heard.
6. Try to recall as much as you can about the robber's appearance, speech and mannerisms. Make notes.
7. Do not discuss the amount of money taken with anyone other than police.
8. Do not make any comment to the media.
9. Complete a Hotel Crime Report (copy in last section of Manual)

Terrorist Attack:

In dealing with a terrorist attack a preparation schedule will allow us adapt a proactive security threat response level which also allows us to be flexible in dealing with the evacuation procedure.

The following should be fundamentally adhered to:

1. Remind guests not to leave luggage unattended.
2. Review evacuation procedures on a regular basis.
3. Check contents of fire cabinet on a regular basis to ensure they are in good working condition.
4. Ensure that all staff are trained on fire evacuation procedures.
5. Ensure that all bins are emptied every evening.
6. Lock all meeting rooms & out of use toilets.
7. Review all post at the nearest point of delivery before it enters further into the Hotel.
8. Increase attention to the checking of goods being delivered.
9. Continuously reiterate and monitor staff knowledge on evacuation procedures.
10. In house occupancy lists will be printed at least 3 times a day i.e. midnight, 8am and 4pm.
11. Where applicable carry out recorded spot checks on parked vehicles.
12. In the case of long term evacuation we will utilise the Clayton or Crowne Plaza, Northwood.

Terrorist Threat - Self Inspection Checklist

EMERGENCY PLANNING	YES	NO
1. The Hotel has reviewed its Emergency Crisis Plan: -		
a) With the Hotel Management	□	□
b) All Employees	□	□
2. The Emergency Hotel Profile Document has:		
a) Been reviewed and completed	□	□
3. The Hotel has reviewed its Evacuation Plan considering the following: -		
a) Route/Perimeter Safety	□	□
b) Disabled Guests	□	□
c) Long term Evacuation (Shelter, Food, Water)	□	□
4. Hotel Guest Occupancy Lists are available	□	□
5. A review of the Hotels Computer Records has been undertaken and Evacuation Plans drawn up for their removal and safe storage	□	□
6. The Hotels Emergency Generator is tested regularly and is fully functional	□	□
7. The following Hotel Emergency In Built Systems are fully functional: -		
a) Fire Alarm	□	□
b) Smoke/Heat Detectors	□	□
c) Sprinkler System	□	□
d) CCTV System	□	□
8. Perimeter Lighting is checked and increased where thought necessary	□	□
9. Perimeter landscaping providing an area of concealment is to be cleared away from the perimeter of the building	□	□

Security Life Safety	Yes	No
1. The Level of Security Patrols/ Security Checks undertaken matches the current level of Threat Response and includes:-		
a) Perimeter Patrols	□	□
b) Car Park Patrols	□	□
c Post Checks	□	□
d) Luggage Room	□	□
e) Suspicious Persons	□	□
f) Suspicious Packages	□	□
g) Suspicious Vehicles	□	□
h) Front Lobby Patrols	□	□
i) Emergency Stairways & Exits	□	□

2. "Bomb Search" Procedures have been reviewed with the following:-		
a) Management	□	□
b) Security	□	□
c) All staff	□	□
3. "Telephone Bomb Threat" Procedures have been reviewed with:-		
a) Management	□	□
b) All Heads of Department	□	□
c) Security	□	□
d) Hotel Telephone Operators	□	□
4. All Storage Cupboards & Plant Rooms are secure when not in use 24/7		
a) Public Areas	□	□
b) Back of House Areas	□	□
c) Guest Floors	□	□
5. All Meeting Rooms are secure when not in use 24/7	□	□
6. Public Toilets are patrolled on a regular basis	□	□
7. Unattended Luggage is reported immediately via the Hotel Emergency Number	□	□
8. All exterior bins/skips/compactors to be secured when not in use	□	□
9. All Litter Bins to be removed from the Exterior Perimeter, Public Areas, Guest Floors and Public Toilets	□	□

OPERATIONAL

	YES	NO
1. All Staff to carry their Hotel ID Card whilst on site	□	□
2. Agency Staff to carry Temporary Hotel issued ID	□	□
3. All Contractors to sign IN and OUT at a designated Office and wear Hotel issued ID AT ALL TIMES whilst on site	□	□
4. All Suppliers vehicles to be checked	□	□
5. No non resident, unattended parking in the car park	□	□
6. No Long Term, unattended parking on the hotels car park	□	□
7. Security Controls are to be on a continuous basis especially through out the night	□	□

Civil disturbances and Demonstrations:

A civil disturbance is the action by a group of dissenters protesting or demonstrating at or near the hotel.

If a civil disturbance occurs, the General Manager is to be notified. The General Manager will determine whether the disturbance is potentially dangerous and whether the disturbance is directed against the hotel, a guest, a group, or other individual. It is the General Manager's responsibility to decide to alert the staff and to keep a chronological record of events.

Potentially Dangerous Disturbances

If the disturbance is evaluated as potentially dangerous, the police should be contacted and a member of management should arrange to meet with police representatives. If necessary, hotel security personnel should secure the outside of the building, including all guest, employee delivery, and parking entrances, and outside elevator landings. Always remember to remain calm and transfer a calm attitude to others by your actions.

The procedures for handling potentially dangerous disturbances are divided into two phases.

Phase I:

1. Employees leaving the building should use one specified exit - under control of security and removed from the demonstrators.
2. Secure all perimeter doors, including stairwell doors, to prevent entry into the hotel. These doors should still allow for egress in an emergency.
3. Secure all banquet rooms and other space not in use.
4. Remove and secure all liquor from street level bars and stores.
5. Remove any possible obstructions from the lobby area.
6. Reduce all banks, lock registers, and place drop box safe deposit keys in the safe.
7. Close and secure as many areas as possible on the lower lobby and main level.
8. Make available and check all medical first-aid supplies.

Phase 2:

1. Close public restaurants, lounges and shops.
2. Remove lightweight furniture to meeting rooms and lock them.
3. If possible, obtain photographs of demonstrators for use later as identification in court.
4. Lock all extra front entrance doors.
5. Illuminate outside areas.
6. Discourage guests from loitering in the lobby.
7. Secure kitchen equipment and work area.
8. Direct all nonessential employees to upper floors.
9. Arrange for emergency telephone communication.
10. Close and lock all safes.
11. If the lobby should be vacated, take elevators to the upper level floors and secure them.

Management should maintain a high regard for the safety and security of guests, employees and the property.

Peaceful Disturbances

Sometimes a disturbance is directed against a guest or group in residence and is not potentially dangerous. Security should proceed to the area of the disturbance, communicating with the General Manager by radio. Security should maintain control over the areas of access to the hotel.

If a group, not considered to be dangerous, is inside the facility, security should isolate the area of the disturbance to deny the demonstrators access to other parts of the facility. The hotel is a private place of business, and management has the right to request that demonstrators leave the property.

Security should ensure that the entrance is controlled to allow only guests to enter during the critical period. Telephone communication with the front desk is also essential to verify guest registration.

Consideration for the safety and security of all guests, employees and property should be foremost in the minds of managers.

Management may choose to tape the demonstrations with a video camera to record acts of destruction or vandalism.

A detailed report of the disturbance should be prepared by security and by each member of management involved.

Food Contamination:

At the Springfield Hotel, the highest standards of Hygiene and HACCP policies are in place to prevent food poisoning or contamination from the very moment an item is received at delivery to storage, preparation, cooking, service and consumption. This however does not 100% guarantee that food will not become contaminated. It is possible that individuals may try to contaminate food supplies or that distributors may furnish a faulty product. In addition, it is possible for products to become spoiled or contaminated after receipt.

Any food supplies purchased should be thoroughly checked for quality upon receipt. The items should be examined for any damage and correct temperatures.

Items requiring refrigeration should be immediately placed in the appropriate facility cooler or refrigerator. Temperatures on these units should be checked regularly and recorded.

If a guest (or other) reports any signs or symptoms of food contamination, the following must be done:

1. Treat all guests with care and concern.
2. Notify senior management of the incident immediately.
3. Identify the food that supposedly suffered the contamination or caused the food poisoning.
4. Segregate the identified item(s) and refrigerate. Save samples of suspected items.
5. Determine when the food was prepared and by whom.
6. Check on food preparation, such as the condiments or sauces used.
7. Determine when the food was received and stored, and when the food was removed from storage or the refrigerator.
8. Check the temperature on the refrigerator and cooler. Retain previous records on these units.
9. Contact local health authorities to make tests of any remaining prepared food or supplies.
10. Check on cleanliness of food preparation areas.
11. Check the water temperature on the dishwasher.
12. Complete the Hotel's Food Poisoning Allegation Report. (Folder beside Duty managers Safe)

A guest suffering from symptoms of food poisoning may not necessarily been poisoned from a food item consumed in this hotel. Therefore the following should be noted:

1. Try to establish what else the guest ate in the past 24 hours (and where).

Depending on the type of illness, such as salmonella or botulism, it may be necessary to have employees that handled or prepared food supplies to take physical exams to determine if they may have caused the contamination.

Guest caught in a Lift:

On discovering there is someone caught in the lift – the Maintenance Department should be contacted immediately.

If outside normal hours, the Duty Manager should be contacted and the following procedure should be followed by the Manager on duty immediately as it can be a very frightening experience:

- OTIS 24 hour emergency call number will be contacted and an OTIS engineer will be out within 1 hour. (usually a lot less)
- Reassure the person that help is at hand.
- Apologise profusely to the guest.
- Give them a time frame of when to expect help to arrive.
- Keep in constant contact with them and reassure them continuously.
- Update them on time remaining on assistance arriving.
- On their release, apologise again profusely.
- Offer them refreshments (complimentary).
- If the lift is not working – switch off the electricity from the lift room
- Contact lift service company
- Display an “out of Order” sign if not in use.
- Make contact with guest again later and pass on to all later Managers/night staff.

Nuclear Accidents

What Type of Incident does the Plan Cater for:

Incident abroad that could affect Ireland include an accident at a nuclear plant, a terrorist attack on a nuclear plant or a nuclear explosion in another country. Incidents in Ireland that could affect people or the environment include local dispersal of radioactive substances by spillages, fires, dumping ect. The plan also caters for marine incidents close to the coast such as nuclear powered ships or submarines and ships carrying radioactive materials.

What would be the effect on Ireland of a severe nuclear reactor incident ?

The likelihood of a significant release of radioactivity from a nuclear reactor anywhere is extremely small and the likelihood of one affecting Ireland is even more remote. The closest nuclear reactor is the Wylfa reactor in Wales a distance of 110km away. Significant test have been conducted by the RPII (The Radiological Protection Institute of Ireland) and even under the worst favourable weather conditions, there would not be enough radioactive doses to warrant an evacuation, remaining indoors or the use of iodine tablets. Agriculture and tourism would be among the sectors of the Irish economy that would suffer most from the nuclear contamination.

How much warning time would we have?

Nuclear plants are designed to contain radioactive material in the event of an accident. This together with Irelands distance from these facilities mean that there would be advance warning time to Ireland before any radioactivity would reach Ireland. Comprehensive and regularly tested notification systems are also in place between Ireland and the UK which would ensure Ireland is informed immediately should any significant release of radioactivity.

How would we be informed in an emergency ?

Radio, television media will be used to regularly update the public with information during an emergency. Until further information is available on the accident and any radioactive releases, the public may be advised to GO IN, STAY IN and TUNE IN

What would be the impact on health ?

There would be no immediate health effects in Ireland. In the years following the accident, there may be a small increased risk of certain cancers. Restriction on the production and consumption of certain foodstuffs from particular areas may be implemented in the days and weeks following an incident.

How Is Ireland Notified of a Nuclear Incident Abroad ?

A national network of permanent monitoring stations, which continuously check the level of background radiation across the country, is operated by the Radiological Protection Institute. If the network detects elevated radiation levels, it automatically alerts the RPII's duty officer who will assess the situation.

Will It be safe to drink water from the tap ?

Yes, it will be safe to drink tap water. Any contamination that found it's way would be enormously diluted by the volume of water present in the reservoir or river. Provisions are in place for sampling and testing of water supplies.

Hotel Procedure

In an event of emergency the Hotel Duty Manager is to contact the General Manager and Deputy General Manager, in their absence the other Crisis Response team members. The Duty Manager should advise all guests to stay indoors until further information about the incident has been given out.

As a precaution the Duty Manager should ensure that all window and doors are closed in hotel public areas and that he/she tunes in to a radio or television for regular updates.

The Duty Manager must stay calm and advise all guests and team members to stay indoors until further updates are given. The Duty Manager Should also provide a refreshment desk in the hotel lobby for any guests requiring a tea or coffee.

Rape

Guideline

Overview

This Guidance Note describes what to do if there has been an alleged rape in the hotel. The priorities in this situation are to:

- Be sympathetic to the victim and relatives
- Seal off the area and treat it as a crime scene to assist the police investigation
- Ensure correct involvement of authorities
- Minimize disturbance to, and involvement of, other guests
- Avoid media intrusion
- Consider whether a staff briefing is appropriate

Procedure

1. Make sure the victim is comfortable and accompanied by a member of staff (of the same sex) or a member of the guest's family.

Note: Where the use of date rape drugs is suspected, do not give the alleged victim anything to drink until they have been seen by the doctor or the police, as traces of the drug still in the body may be diluted.

2. Inform the hotel doctor and the police.

3. Assist Emergency Services, where required.

4. Assist guest / relatives with further arrangements, for example, providing transport to see authorities.

5. Clarify the circumstances and consider any hotel liability.

6. Call CR24 on +44 (0) 207 939 8831

7. Inform the Director of Operations and the Chief Operating Officer.

8. After the incident, complete a Crime Report and fax it to:

1. The Director of Operations (DOO)

2. EMEA Risk Management, Windsor

3. CMGL or your local insurance company

Aviation accident:

In the event of an aviation accident into or on to the building the following will be done:

- Duty manager will be contacted
- Full evacuation of the Hotel is to be done immediately.
- Emergency services to be contacted and on arrival first responder manual to be given to them
- Gas to the building to be shut off
- Duty manager to contact the General Manager, Deputy General Manager, Human Resources Manager and Director of Sales
- Alternative arrangements for guests to stay at the Clayton or Northwood will have to be provisionally made.

In the event of a crash occurring on a motorway or near the Hotel the following will be done:

- Duty Manager will be contacted.
- If road is blocked, all arriving guests will be contact and informed.
- If there is a fire on the road way, it must be monitored.
- If there is any threat of flames blowing at the hotel, a full evacuation of the hotel will have to be considered.
- Alternative arrangements for guests to stay at Blanchardstown will have to be provisionally made.
- All guests are to be updated on situation.
- The hotel will assist with any community care as may arise.

Corona Virus Response Plan:

Covid Response Plan

1. COVID-19 Policy Statement
2. Responsible Person for Performing Tasks
3. Employer Information
4. Return to work planning and preparing
5. Control Measures
6. Covid-19 Induction
7. Dealing with a suspected case of Covid-19
8. Cleaning and disinfection in the workplace
9. Employees Responsibility
10. Worker Representative

COVID 19 Policy Statement

The Springfield Hotel is committed to providing a safe and healthy workplace for all our workers and customers. To ensure that, we have developed the following COVID-19 Response Plan. All managers, supervisors and workers are responsible for the implementation of this plan and a combined effort will help contain the spread of the virus.

We will:

- continue to monitor our COVID-19 response and amend this plan in consultation with our workers
- provide up to date information to our workers on the Public Health advice issued by the HSE and Gov.ie
- display information on the signs and symptoms of COVID-19 and correct hand-washing techniques
- provide an adequate number of trained Worker Representative(s) who are easily identifiable and put in place a reporting system
- inform all workers of essential hygiene and respiratory etiquette and physical distancing requirements
- adapt the workplace to facilitate physical distancing
- keep a contact log to help with contact tracing
- have all workers undergo an induction / familiarisation briefing
- develop a procedure to be followed in the event of someone showing symptoms of COVID-19 while at work or in the workplace
- provide instructions for workers to follow if they develop signs and symptoms of COVID-19 during work
- intensify cleaning in line with government advice
- All managers, supervisors and workers will be consulted on an ongoing basis and feedback is encouraged on any concerns, issues or suggestions. This can be done through the Worker Representative(s)

Responsible Persons for Performing Tasks

We have identified suitably trained person(s) to help with ensuring that the plan is implemented and checklists are completed.

Persons have been identified who have agreed to take responsibility for carrying out tasks such as:

• role of worker representative(s)
• use of checklists to identify any areas for improvement
• regular checks to ensure the plan is being implemented
• review of risk assessments and the safety statement
• renewal of statutory certification where needed
• training
• reviewing emergency procedures and first aid

We have consulted with the persons responsible for these tasks and have:

• briefed them on the tasks and their responsibilities
• entered their name against the relevant task(s) in the Responsible Persons table (see below) and asked each responsible person to sign to indicate their agreement with carrying out the task.

Responsible Persons Task Register

No.	Tasks (non-exhaustive list)	Responsible Person(s)	Signature
1	Person responsible for overall implementation of the plan	Garret O'Neill General Manager	
2	Identification and training of worker representative		
3	Planning and Preparing to Return to Work		
4	Control Measures		
5	COVID-19 Induction		
6	Dealing with a Suspected Case of COVID-19		
7	Cleaning and Disinfection		
8	Employee Information		
9	Return-to-work forms		

Employer Information

Employer Name:	Springfield Hotel, iNUA/Cliste
Workplace Address:	Leixlip, Co. Kildare
Director/General Manager in Workplace:	Garret O'Neill & Sean O'Keefe
Work Representative:	
Type of Business:	Hotel
Number of Employees :	90
Number of Employees who deal with the public:	75
Phone :	086 0499210
Email:	reception@springfieldhotel.ie

Return to Work – Planning and Preparing

- The planning and preparing phase is critical to ensure a safe return to work and covers such items as information and guidance, return-to-work forms, identifying worker representatives, revising our induction briefing, identifying and putting in place control measures and updating our safety statements, risk assessments and emergency plans.
- Workers have been told to self-monitor for signs and symptoms of COVID-19, which have been explained to them, and the return-to-work form will be used to assess workers' health before they enter the workplace.

Control Measures
This section deals with the measures we are implementing to prevent or minimise the spread of COVID-19 in the workplace and in our communities.

Measures which must be complied with include:

• Hand hygiene / Hand sanitising
• Respiratory hygiene
• Physical distancing
• Minimising contact
• Considering at-risk workers
• Visiting Contractors / Others

COVID-19 Induction / Familiarisation
Employees need to be told about changes in the workplace and updated on new ways of working. Our usual induction for new employees has been revised to include measures to help prevent the spread of the virus. All employees will be brought through this induction before starting back to work.

The induction will be carried out in a safe manner with physical distancing measures in place.

The following range of items will be discussed and brought to the attention of workers:
• Communication system/pre return to work induction
• Return-to work form
• Signs and symptoms of COVID-19 (at home and in the workplace)
• Information on how the virus is spread
• Control measures to help prevent infection
• COVID-19 contact log
• Worker Representative
• Changes to risk assessments and safety statement
• Changes to emergency plans and first aid procedures
• Minimising contact
• Reporting procedures

Attendance at a COVID-19 induction will be recorded and records kept.
Dealing with a Suspected Case of COVID-19

- We have detailed procedure to be followed in the event of someone developing the signs and symptoms of COVID-19 while at work or while in the workplace.
- We have assigned a manager and put in place an isolation team to manage this situation, and provided them with information on how to do this safely.
- We have also identified and marked an isolation area(s) to be used to isolate the affected person from the rest of the workforce and procedures to be followed to enable them to safely leave the premises.

Cleaning and Disinfection in the Workplace

- We have put in place an effective cleaning and disinfection system as regular cleaning and disinfection will help reduce the spread of the virus. We have arranged for frequently touched surfaces, such as door handles, light switches, kitchen appliances etc. to be cleaned twice daily.
- Welfare facilities and communal areas will also be cleaned twice daily.
- If disinfection of contaminated surfaces is needed, this will be done in addition to cleaning.
- Workers will be provided with cleaning materials to keep their own workspace hygienically clean and advised to regularly clean any personal items brought in from home.
- Cleaning staff will be given information and instruction in relation to the new procedures.

Employees Responsibilities in the Workplace

- Aside from the usual day to day responsibilities that employees must comply with, the introduction of COVID-19 into society brings new challenges that employees need to be aware of so that the Return to Work Safely Protocol can be implemented effectively.
- Workers must keep themselves updated on the latest advice from Government and the HSE. They must also cooperate in maintaining the control measures put in place to help prevent the spread of the virus and report any issues or concerns they may have.

Workers Representatives

- We will appoint a worker representative(s) for each workplace or each work area to ensure that COVID-19 measures are followed.
- Worker representative(s) will receive training and information on the role and the measures that have been put in place to help prevent the spread of the virus.
- We will tell workers who their worker representative is.
- Good communications channels in the workplace are essential for all stakeholders. Managers, supervisors and workers, should engage with the worker representative(s), to highlight concerns, report defects, submit ideas and identify improvements in the workplace.

Crisis Reporting Forms:

The Hotel must notify any serious incidents immediately to iNUA Support Office by either Garret O'Neill or Sean O'Keefe. Serious incidents include:

- Death of Guest, Employee and visitor (including contractor)
- Rapes or Sexual assaults
- Aggravated assaults on guests, employees and visitors (including contractors) that result in physical injury.
- Fires or natural disasters resulting in major property damage or injury to guest(s) or employee(s).
- Theft of hotel or guest property with a value greater than €25,000.
- Any other incident that results in guests, employees or visitors (including contractors) being hospitalized.
- Any other incident that could result in major financial loss or adverse publicity to the hotel or IHG.

Within this section are the various reporting forms for the following incidents:

Accident or Dangerous occurrence

Allegation of Food Poisoning

Crime Report

Fire Incident Report

Incident Report

Sudden Death Report

ACCIDENT OR DANGEROUS OCCURRENCE REPORT

Please print clearly or type, and complete all relevant sections

Hotel		**Hotel telephone**		**Hotel facsimile**	
Full address of hotel					
Manager dealing with this incident		**Direct contact tel. no.**		**Today's date**	

PERSON INVOLVED							
Full name					**Age / date of birth**		
Private address							
Job title (for employee only)							
For others, give status	**Guest**		**Visitor**		**Staff**		**Contractor**	

THE INCIDENT			
Serious?	**Yes/No**	**Minor?**	**Yes/No**
Name of person reporting		**Date / time of incident**	**Date** / **Time**
Specific location of incident		**Accident Book entry no.**	

NATURE OF INJURY				**TYPE OF INCIDENT**			
	Abrasion		**Fracture**		**Assault**		**Hit against fixed object**
	Amputation		**Hearing**		**Burn or scald**		**Hit by moving object**
	Bruise, contusion		**Hernia**		**Chemical or gas leak**		**Hit by vehicle**
	Burn		**Occupational illness**		**Collapse of building**		**Injured by animal**
	Crushing injury		**Radiation**		**Collapse of lift, cradle, hoist or scaffolding**		**Lifting or carrying**
	Cumulative trauma		**Sprain, strain**		**Cut**		**Over exertion**
	Cut, puncture		**Suffocation and partial drowning**		**Electric shock**		**Slip, trip or fall on same level**
	Dermatitis		**Visual**		**Exposure to hazardous substance**		**Trapped**
	Electric shock		**Multiple (describe below)**		**Fall from height**		**Other (describe below)**
	Emotional		**Other (describe below)**		**Food related illness or injury**		

ACCIDENT OR DANGEROUS OCCURRENCE REPORT (continued)

DETAILS OF THE INCIDENT (continue on a separate page if necessary)

Accident source		Part of the body affected		Unsafe actions		Inadequate conditions	
	Bodily motion		Abdomen		By-passed safety devices		Arrangement
	Building		Arm		Distraction or inattention		Congestion
	Chemical *		Back		Failure to secure or warn		Construction
	Electrical		Chest / shoulder		Failure to use protective equipment		Design
	Ladder		Ear		Failure to wear proper clothing		Dress
	Machine		Eye		Horseplay		Guarding
	Material handled		Finger		Equipment or tools, improper use		Illumination
	Motor vehicle		Foot		Equipment or tools, defective		Tools
	Stairs		Hand		Inadequate maintenance		Traction
	Tool		Head		Incorrect lifting or carrying		Traffic
	Walking surface		Internal		Lockout failure		Ventilation
	Work surface		Leg		Operating at unsafe speeds		Other (describe above)
	Unknown		Neck		Operating without authority		
	Other (describe above)		Nose		Poor housekeeping		
			Mouth		Unsafe position		
			Toe		Unstable loading, stacking		
	* attach hazardous substance data sheet		Wrist		Other (describe above)		
			Multiple (describe above)				
			Other (describe above)				

ACCIDENT OR DANGEROUS OCCURRENCE REPORT (CONTINUED)

NAME / ADDRESS OF WITNESSES	
1.	
2.	
3.	

FOR EMPLOYEES ONLY			
Did the injury cause a loss of work time?	Yes / No	Approximately how long (days)?	
Date / time ceased work		Time lost on day of injury (hours)	
Will the injury restrict normal job duties?	Yes / No	How long has injured person been employed by the hotel?	
Approximate weekly income		Between what hours was the injured person expected at work?	

REGULATORY AUTHORITY					
Is the incident reportable to the Regulatory Authority?	Yes / No	Address of Regulatory Authority			
Has the Regulatory Authority been notified of this incident? (If yes, attach copy of report)	Yes / No	Telephone number of Regulatory Authority		Name of official	

ACTION TAKEN BY HOTEL			
First Aid treatment given at work	Yes / No	Emergency Services called	Yes / No
Name of first aider		Address of hospital	

Corrective action follow-up					
	Develop / revise written procedures		Improve job training / retraining		Provide additional instruction / supervision
	Complete / review Risk Assessment		Increase maintenance schedule		Provide inspections / observations
	Initiate / revise / enforce rules		Install / replace / adjust machine guards		Provide / monitor use of protective equipment
	Improve emergency procedures		Modify / replace tools / equipment		Rearrange equipment / area
	Improve housekeeping in area		Provide additional employees		Other (describe below)

Other (further details)

Report completed by		For Risk Management use only	
Date		Date fire incident report received	
		Date of full risk management report	
		Date Legal Department informed	
		Date Insurance Department informed	
		Date Press Office informed	

ALLEGATION OF FOOD POISONING REPORT

Name of customer

Address

Contact Tel No

Date of Incident

Notes of conversation with customer

When was the customer in the hotel?

What did the customer eat/drink in the hotel and in what outlet?

Outlet

Starter

Main course

Dessert

Beverage

When did the customer get the first symptoms of feeling ill?

Has the customer been to see a doctor, if so, what was the diagnosis?

CRIME REPORT

Please print clearly or type, and complete all relevant sections

Hotel		**Hotel telephone**		**Hotel facsimile**	
Hotel address					
Manager dealing with this incident		**Direct contact tel. no.**		**Today's date**	
Date of incident		**Hotel report no.**		**Police report no.**	

PERSON INVOLVED							
Guest		**Visitor**		**Staff**		**Contractor**		**Other (detail)**	
Surname						**Forenames**	
Private address							
Date of arrival		**Date of departure**		**Occupation**		**Age / date of birth**	
Telephone	**Home**		**Work**		**Mobile**		

THE INCIDENT				
Details of property lost				
Total value		**Date / time property last seen**	**Date**	**Time**
Name of person reporting		**To whom reported**		
Specific location of incident		**Location of room key**		

SUSPECT (1) – Description of suspect(s) (give details in SUSPECT DESCRIPTION below)					
Forenames		**Surname**		**Date of birth**	
SUSPECT (2) – Description of suspect(s)) (give details in SUSPECT DESCRIPTION below)					
Forenames		**Surname**		**Date of birth**	

CRIME REPORT (continued)

INCIDENT DETAILS

SUSPECT DESCRIPTION

EVIDENCE AVAILABLE			
CCTV ID	Yes/No	Physical evidence	

CRIME REPORT (continued)

VEHICLE INVOLVED					
Make		Colour		Reg no.	

WITNESS DETAILS (1)			
Surname		Forenames	
Private address			
Telephone	Home	Work	Mobile

WITNESS DETAILS (2)			
Surname		Forenames	
Private address			
Telephone	Home	Work	Mobile

POLICE INVOLVEMENT					
Names of police officer investigating		Address of police station		Police arrival time	

Forensic department attended	Yes / No	Police follow-up visit	Yes / No	Suspect(s) identified	Yes / No

INSURANCE CLAIM				
Claim copied to	General Manager	Yes/No	Date	
	CMGL (Insurance Co.)	Yes/No	Date	
	Regional Security Manager	Yes/No	Date	
	Risk Management Dept. (if applicable)	Yes/No	Date	

Compensation paid to the value of		Date crime report closed	

To be signed and dated by person completing this form:			
Name			
Position			
Signature		Date	

FIRE INCIDENT REPORT

Please print clearly or type, and complete all relevant sections

Hotel		**Hotel telephone**		**Hotel facsimile**	
Hotel address					
Manager dealing with this incident		**Direct contact tel. no.**		**Today's date**	

This form must be completed for all incidents involving uncontrolled fire. It is very important that full details are provided where damage is done to property or when guests, visitors or members of staff sustain injury.

INCIDENT DETAILS

Date		**Time (24 hour clock)**		**Location**	
Cause of fire					

Discovered by		**Staff**	**Fire alarm activated by**		**Heat detector**
		Visitor			**Smoke detector**
		Automatic fire detection			**Break glass call point**
		Passer by			**Other**

Source of ignition (e.g. careless disposal of cigarette, arson, defective electrical appliance)	
Item ignited first (e.g. waste paper, bed cover)	
Item responsible for development of fire (if applicable)	

Attendance of Fire Brigade		**Attended**				**Did not attend**	
Fire extinguished by		**Fire Brigade**		**By staff**		**Other**	
Extinguished using		**CO_2**		**Dry powder**		**Other**	
		Water		**Halon**			
		Foam		**Hose reel**			
		AFFF		**Fire blanket**			
		Sprinkler		**Ansul fixed system**			

FIRE INCIDENT REPORT (continued)

EVACUATION	
	No evacuation carried out
	All guests evacuated by staff before arrival of Fire Brigade
	All guests evacuated by staff assisted by Fire Brigade
	Some guests failed to evacuate

CASUALTIES / INJURIES

Name	Age	Sex	Injury	Staff / guest	Accident report completed

DAMAGE SUSTAINED	
To area of origin (give approx. size in metres)	
To rest of building	

NOTES OF INTEREST

Give any information, no matter how insignificant it may appear, that may help to prevent future incidents in other hotels

ACTION TAKEN TO PREVENT RECURRENCE

Report completed by		**For Risk Management use only**	
Date		**Date fire incident report received**	
		Date of full risk management report	
		Date Legal Department informed	
		Date Insurance Department informed	
		Date Press Office informed	

INCIDENT REPORT

Please print clearly or type, and complete all relevant sections

SEND THIS COMPLETED REPORT TO:					
Hotel		**Hotel telephone**		**Hotel facsimile**	
Full address of hotel					
Manager dealing with this incident		**Direct contact tel. no.**		**Today's date**	

PERSON INVOLVED								
Full name						**Age / date of birth**		
Private address								
Job title (for employee only)								
For others, give status	**Guest**		**Visitor**		**Staff**		**Contractor**	

THE INCIDENT				
Serious?	**Yes/No**	**Minor?**	**Yes/No**	
Name of person reporting		**Date / time of incident**	**Date**	**Time**
Specific location of incident		**Accident Book entry no.**		

TYPE OF INCIDENT			
	Assault off site		**Exposure to hazardous substance**
	Chemical or gas leak		**Flood**
	Collapse of building		**Hit by moving object**
	Collapse of lift, cradle, hoist or scaffolding		**Natural weather disaster**
	Demonstration / political unrest		**Riot**
	Explosion (non bomb)		**Trapped**
	Explosion (bomb		**Other (describe below)**

INCIDENT REPORT (continued)

DETAILS OF THE INCIDENT **(Include a clear description of what took place, the materials, equipment and people involved, and list of any witnesses. Continue on a separate page if necessary)**

INCIDENT REPORT (continued)

NAME / ADDRESS OF WITNESSES	
1.	
2.	
3.	

REGULATORY AUTHORITY					
Is the incident reportable to the Regulatory Authority?	Yes / No	Address of Regulatory Authority			
Has the Regulatory Authority been notified of this incident? (If yes, attach copy of report)	Yes / No	Telephone number of Regulatory Authority		Name of official	

ACTION TAKEN BY HOTEL			
First Aid treatment given at work?	Yes / No	Emergency Services called?	Yes / No
Name of first aider		Address of hospital	

Corrective action follow-up					
	Develop / revise written procedures		Improve job training / retraining		Provide additional instruction / supervision
	Complete / review Risk Assessment		Increase maintenance schedule		Provide inspections / observations
	Initiate / revise / enforce rules		Install / replace / adjust machine guards		Provide / monitor use of protective equipment
	Improve emergency procedures		Modify / replace tools / equipment		Rearrange equipment / area
	Improve housekeeping in area		Provide additional employees		Other (describe below

Other (further details):

Report completed by		For Risk Management use only	
Date		Date fire incident report received	
		Date of full risk management report	
		Date Legal Department informed	
		Date Insurance Department informed	
		Date Press Office informed	

SUDDEN DEATH REPORT

Please print clearly or type, and complete all relevant sections

Hotel		**Hotel telephone**		**Hotel facsimile**	
Hotel address					
Manager dealing with this incident		**Direct contact tel. no.**		**Today's date**	
Date of incident		**Time of incident**		**Report number**	

CONTACTS					
General Manager		**Direct contact no.**		**Mobile**	
Deputy General Manager		**Direct contact no.**		**Mobile**	
Chief Security Officer		**Direct contact no.**		**Mobile**	
Chief Operating Officer		**Direct contact no.**		**Mobile**	

THE DECEASED							
Guest		**Visitor**		**Staff**		**Contractor**	
Surname				**Forenames**			
Private address							
Nationality		**Age / date of birth**		**Occupation**		**Date of arrival**	

DOCTOR			
Name of doctor		**Direct contact no.**	
Time doctor arrived at hotel		**Time doctor pronounced death**	

POLICE INVOLVEMENT					
Names of police officers attending			**Address of police station**		
Time police called		**Time police arrived**		**Police follow-up visit**	**Yes / No**

SUDDEN DEATH REPORT (continued)

ACTION TAKEN BY HOTEL					
First Aid given?	**Yes / No**	**By whom?**			
Vital signs checked?	**Yes / No**	**By whom?**			
Description of the scene					
Location of body		**Position of body**			
Sketch plan of location / position of body					
Area cordoned off	**Yes / No**	**Area screened off**	**Yes / No**		
CLEAN UP OPERATION					
Name of person / organisation carrying out clean-up operation		**Nature of clean-up work**			
Name of person / organisation carrying out any repairs		**By whom**			
Area returned to full operational status	**Date**		**Time**		

SUDDEN DEATH REPORT (continued)

THE DECEASED'S PROPERTY					
Removed by police?	**Yes / No**		**Held under care and control of hotel?**		**Yes / No**
Full list of property handed to police or held by hotel (continue on separate sheet if necessary)	1.	6.	11.		
	2.	7.	12.		
	3.	8.	13.		
	4.	9.	14.		
	5.	10.	15.		
Location where property is held by hotel		**Reference no.**		**Date returned**	
Name of person / organisation to whom property returned		**Address**			

NEXT OF KIN					
Surname		**Forenames**			
Private address					
Directo contact no.		**Date contacted, if by hotel**		**Time contacted, if by hotel**	

To be signed and dated by person completing this form:			
Name			
Position			
Signature		**Date**	