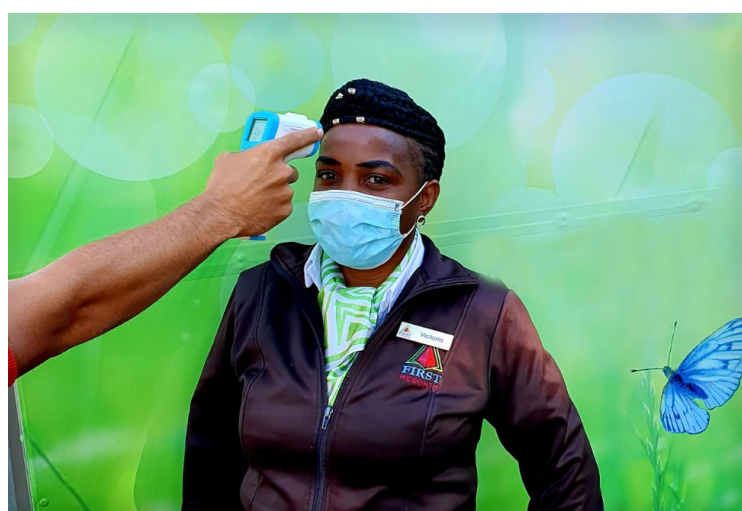




First Group COVID-19 Protocols



NO-CONTACT THERMOMETER

As required by the health department, every individual entering any premises is required to have their temperature taken. Accordingly, no-contact thermometers will be operated throughout the day, taking the temperature of every individual before being allowed to enter our premises and proceed to the disinfectant tunnel.

DISINFECTANT TUNNEL

Our very own walk through branded, disinfectant tunnels, which disperses fully tested and approved sanitizer over the whole body, from head to toe, will be used at all entrances to our premises once your temperature has been taken.

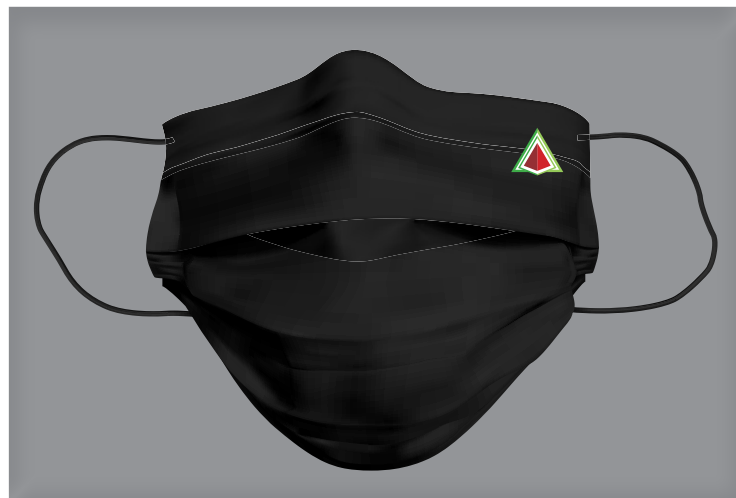


GLOVES

These will be supplied to staff that are required to work with soiled linen, bins etc. and are not compulsory, but recommended for laundry and cleaning purposes. Gloves will also be used throughout the fogging process to disinfectant apartments.



MASKS



All staff will be supplied with the minimum of two reusable masks, which the company will wash daily. Masks are to be worn at all times in line with the health department regulations. Guests will be expected to bring and use their own masks which can be washed in their own units.

TRANSPARENT FACE SHIELDS



These may be supplied to front office staff that are expected to deal with guests and staff on a regular basis.

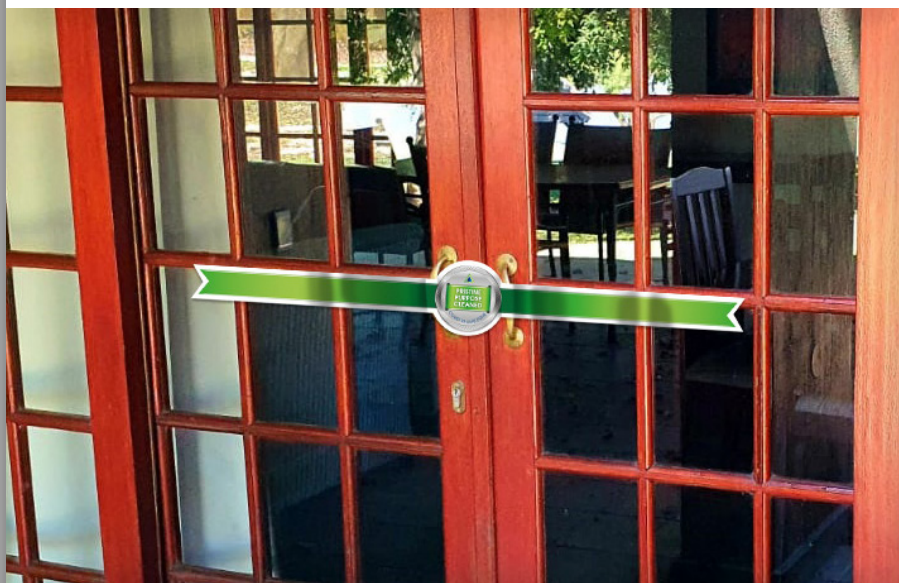
STERILISING FOGGERS

All apartments, before occupation will be sanitized using a professional fogger which disperses approved disinfectant to sterilise the entire unit. General work areas and surfaces in offices will also regularly be sanitized with foggers.



PRISTINE DOOR SEAL

Once the unit or apartment has been completely cleaned and sanitized, it will be secured with a pristine purposed cleaned seal which only the guest may break upon entering.



HEALTH DECLARATION

On arrival at any property or office, every individual will be required to complete a brief declaration regarding their health and well-being. This documentation will be retained by management for record purposes.

Guest Form To be filled in date order	
Full Name: _____	
Cell Number: _____	
Date: _____ Time: _____	
DO YOU:	
Have a fever?	YES NO
Have a cough?	YES NO
Have shortness of breath?	YES NO
Have a sore throat?	YES NO
Have diarrhoea?	YES NO
Suffer with extreme tiredness?	YES NO
Have a headache?	YES NO
Feel unwell?	YES NO
Have you been with anyone with COVID-19?	YES NO
Have a cold?	YES NO
Have respiratory illness?	YES NO
Sign: _____	

PRISTINE OFFICERS



Designated members of staff will be appointed to act as Pristine Officers, coordinating and enforcing all COVID-19 protocols.

Creating magical and lasting memories for everyone, all the time.


Shaun Lamont
Managing Director

