HOTELSCHOOL
THE HAGUE
Research Centre

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HOTELSCHOOL THE HAGUE
Hospitality Business School

"Not missiles, but microbes!" Are we prepared for a next pandemic?

The Medicalisation of Hospitality Properties in times of crisis

Best practices and do's and don'ts

Date: September 2020
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Preface

In mid-March the Netherlands was already aware that the Coronavirus (COVID-19) was not just a 'little virus'. Yet, such madness as exhibited in Wuhan (China), shutting the city down completely and ordering residents to stay inside, was really unthinkable. It soon became clear that the situation was serious and that the Netherlands would also be severely affected.

Numerous measures were taken to prevent a major disaster. The Netherlands experienced a so-called 'intelligent lockdown', and many activities were not allowed. Although the measures were drastic, the country did not lock down to the same extent compared to its surrounding countries. Nevertheless, it was rigorous for everyone, without exception.

In the Netherlands, countless hoteliers offered their hotels for care purposes: to be able to isolate patients, to give care workers a safe haven in seclusion from their families, to offer the homeless shelter instead of their wandering existence. In many cases it was not necessary to appeal to the hospitality industry, yet they were willing and ready to contribute.

The Hospitality, Happiness & Care research group operates at the intersection of hospitality and care. Together with five students, we mapped out what hotels were able to offer in terms of care, what was used, what the requirements were, and what the possibilities were.

This document is intended to provide guidelines for a possible future outbreak. The information given is based on collaborative research and aims to support the hospitality business in times of crisis. It answers the following questions: Can hotels be used as healthcare facilities and under which circumstances? Can hotels be useful as a healthcare facility in times of crisis? And how can they be prepared and overcome possible challenges when converting? Learning from this current crisis, the hospitality business will have more knowledge and time to be prepared for new unforeseen disasters.

To conclude, this is the first time such a manual has been made for the conversion of hospitality facilities into healthcare facilities. We are aware that we learn anew with every crisis. And so, this manual can undoubtedly be improved in the future, unfortunately. Because it would be nice if there were no more crises.

Sophie Klima, Marko Augenstein, Bastiaan Mersmann, Tshen la Ling, Ricardo Ottenbacher Lopez, students of Hotelschool The Hague

Dr. Angelique Lombarts, Professor of Hospitality, Happiness & Care

List of Abbreviations

Abbreviation	Definition
AIDS	Acquired Immunodeficiency Syndrome
COVID-19	Coronavirus 2019
HIV	Human Immunodeficiency Virus
IC	Intensive Care
ICU	Intensive Care Units
MERS	Middle East Respiratory Syndrome
NHS	National Health Service
NVIC	Nederlandse Vereniging voor Intensive Care
PPE	Personal Protective Equipment
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
UK	United Kingdom
WHO	World Health Organization

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Introduction

The pandemic known as COVID-19 – Coronavirus disease 2019 – was first signalled in Wuhan, Hebei, China, in December 2019. The origin seems to be traceable to the Huanan Seafood Wholesale Market, although this is still not scientifically confirmed. The first patient, the so-called 'Patient Zero', is believed to be a 55-year-old man who contracted the disease in Wuhan in November, but this 'fact' has not been scientifically confirmed either.

What has become clear since the first cases were discovered in China is that the virus is spreading rapidly. Figure 1 shows the distribution since the first WHO report on 20 January 2020. Since then, the number of infected countries has increased explosively from 4 in the first month, to 27 on 20 February 2020, to a global level. The number of infected cases and deaths increased accordingly. On March 11, 2020, the WHO officially called the outbreak a pandemic (WHO Director-General, 2020). Comparisons loomed with previous pandemics, such as the flu of 1918, SARS and Ebola (Jarus, 2020). And some people even associated it with the AIDS epidemic that started in the 1970s. All these pandemics caused a panic among citizens around the world and impacted their lives.

A comparison with previous pandemics (e.g. SARS, Ebola, MERS, etc.) provides insight, but there are also other types of disasters and crises such as natural catastrophes, terrorist attacks or financial crises that can be useful in preparing for a possible subsequent outbreak and/or other global disaster. Insight into the impact and recovery scenarios of these various types of crises might help us to adapt better and recover quicker in this Corona crisis.

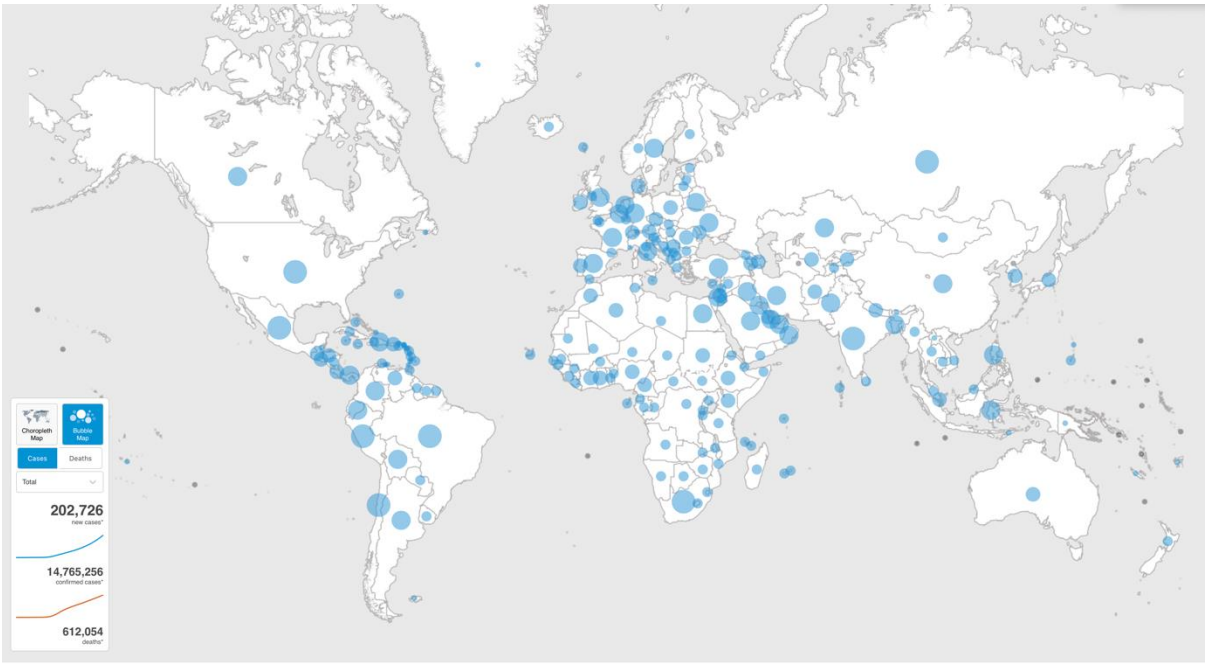


Figure 1: Coronavirus Disease (COVID-19) dashboard - WHO, July 22nd, 2020 (WHO, 2020)

Two European countries with COVID-19 were studied: the Netherlands and Spain. This advice is mainly, but not exhaustively, applicable to the Dutch situation. However, because COVID-19 was raging in Spain earlier and especially in larger numbers, the Spanish situation has been examined for comparison, and lessons have been learned from the Spanish approach.

A. Situation in the Netherlands

In the Netherlands, the virus caused a steep increase in people taken to the Intensive Care units (ICUs) and created undercapacity in regions such as the province of Limburg and the southwest Netherlands according to the *Nederlandse Vereniging voor Intensive Care* (NVIC, 2020a). At a certain moment, the occupancy rate of the ICUs in Limburg was 238% and in the southwest Netherlands, 187% (NVIC, 2020a). The NVIC expects an increase of 639 IC beds due to COVID-19 in the coming three years (Figure 2). The regular IC capacity in the Netherlands is 1150 beds, which could be increased during disasters by following the *Ziekenhuis Rampen Opvang Plannen* (translation: Hospital Disaster Recovery Plans) (ZiROP) (Anesthesiologie, 2015, NVIC, 2020b). According to Gerton Heyne, Interim Chairman of the board of *Verpleegkundigen & Verzorgenden Nederland* (V&VN), the maximum capacity of IC beds is 2400, due to not having enough employees to guarantee the same medical quality needed on the ICU if the number of beds increases (V&VN, 2020). NVIC expects that the ICU capacity required in the coming three years will be 1531 ((NVIC, 2020a).
During the outbreak, many patients with COVID-19 were moved to hospitals throughout the Netherlands, due to the lack of capacity mentioned before. Germany offered space for 107 patients (to be corrected (NU.nl, 2020).

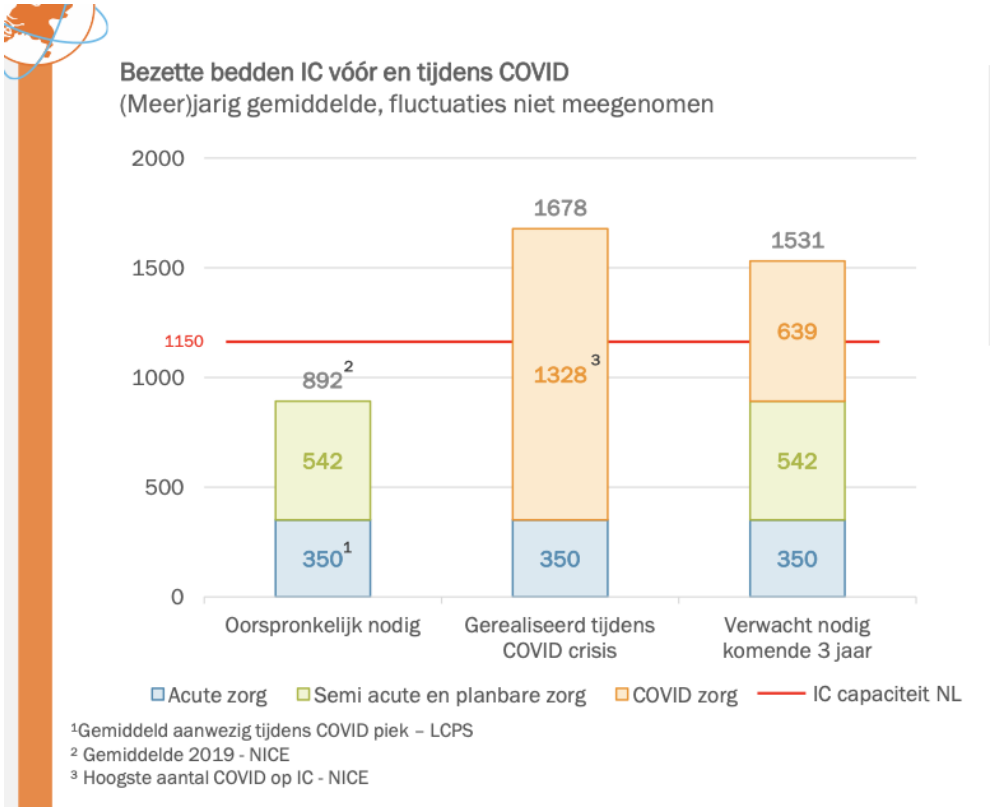


Figure 2: IC capacity before and during COVID-19 pandemic and expected in the near future ((NVIC), 2020a)

B. Situation in Spain

In Spain, the government decided that hotels and tourist accommodations can be transformed into hospitals or medical centres to provide medical assistance for COVID-19 patients (Avram, 2020; Page, 2020). Hospitals in Spain at that time did not have the necessary capacity to offer all infected patients a bed to accommodate them, even though Spain is known for having a good health care system. The government took this action to support them in these difficult times, to reduce the spread of the virus in the bigger cities where it was expanding faster, like Barcelona. On March 20th in Barcelona, the first infected patients were brought to the first three hotels which opened their facilities for COVID-19-infected people. These hotels participated in the 'Hotel Salud' program, which made it possible to offer over 200 beds for people in Barcelona (LaVanguardia, 2020). By April 23th in Barcelona, 14 hotels had been converted into a hospital for isolating patients and accommodating health care workers, who could not go home due to personal reasons (to be corrected (Hosteltur, 2020).

C. How to use the Manual

We do not know what will happen in the near future. Will there be another outbreak? It is uncertain if outbreaks of COVID-19 may continue or return. Or if there might be other pandemics in the future. Therefore, this report examines options to prevent the under-capacity of hospitals and ICUs by making use of hospitality facilities such as hotels and conference centres.

The aim of this manual is to help hospitals and hospitality properties in times of disasters and outbreaks. We aim to prepare the most important stakeholders as well as possible. The Disaster Management Cycle (Erdelj et al., 2017) was used to create this manual. It takes the findings from the first COVID-19 outbreak to come to a new plan for a possible second and third outbreak.

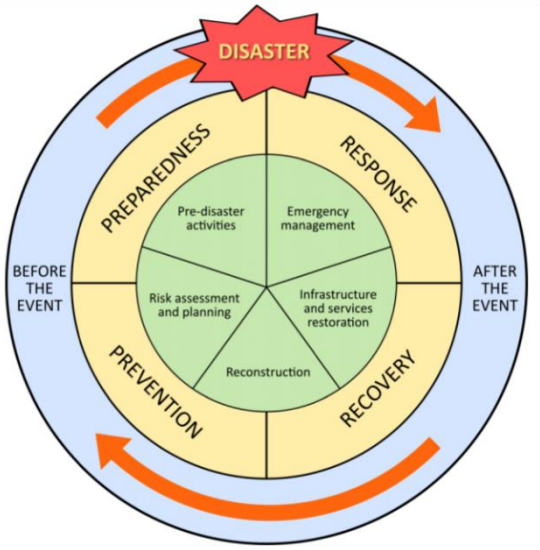


Figure 3: Disaster Management Cycle (Erdelj et al., 2017)

This manual describes three phases of medicalizing a hospitality facility: a *pre-*, a *during*, and an *after* phase. Each of the phases is introduced by (1) an infographic with a brief overview of the most important aspects of the phase. Following the infographic is (2) a description of the phase, what to expect and how to approach the transformation in

general. Various aspects are mentioned in alphabetical order. To conclude, these aspects/explanations are followed by (3) checklists. These checklists, especially the ones for the after phase, are supposed to be utilized by a drag and drop approach based on the needs of the particular hospitality facility.

The after phase differs from the other two phases as there are several options for providing feedback to business operations. It includes three plausible scenarios after a crisis, consisting of the best-, middle-, and worst-case scenario. For both the middle- and worst-case scenarios, two possible conversion options will be described.

THE MEDICALISATION OF HOSPITALITY PROPERTIES

The design of the study

1 WHO ARE THE RESEARCHERS?

Hotelschool The Hague Students

2 WHAT IS THE AIM?

The purpose of this study is to support hotels and hospitals to be better prepared for a new outbreak of COVID-19 or another kind of pandemic.

3 WHAT IS THE GEOGRAPHICAL FOCUS?

HOW DID WE COLLECT THE INFORMATION?

4 Gather background information & Study existing literature

5 TO CHECK IF WE ARE ON THE RIGHT TRACK

Brainstorm interviews with fellow Hotelschool and medical students

&

TO GET MORE IN-DEPTH INFORMATION

Interviews and observations

Limitation
Limited number of interviewees

6 HOW DID WE SELECT THE INTERVIEWEES?

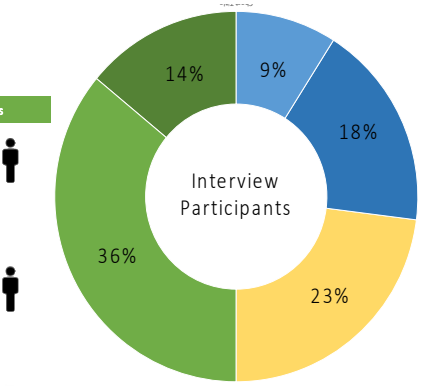
- Who is accessible?
- Who is available?
- Who can we reach by using the networks of other interviewees?

7 HOW DID WE ORGANISE THE INTERVIEWS?

- Video calling
- Face-to-face
- Telephone calling

8 THE INTERVIEW POPULATION

Limitation
Unwillingness of people to share information



Converted Facilities
- Director
- General Manager
- Project Manager

Government related
- Service Manager
- Head of Nursing department

Non-Converted facilities
- General Manager
- General Manager
- Manager Exhibition Centre
- Director
- Front Office Manager
- Owner
- Chairman
- Analyst of Strategy

Healthcare Staff
- Risico specialist
- Infection specialist
- Intirim Manager
- Supervisor in Hospital

Outside opinion
- Global Practice Executive Health Development Director
- Director of Hospitality, Dallas
- Director of Hospitality, Miami
- Vice-President, organizational development

IN TOTAL

23 participants

9 CONFIDENTIALITY PROTECTION

- ✓ all interviewees agreed to recording of the interviews.
- ✓ all participants agreed to use their personal data.

VALIDITY

✓ use of literature, semi-structured interviews, colour coding, observations.

RELIABILITY

✓ the study should give a first insight into the topic.

✓ collect information until no new information is obtained on a specific topic.

(1) List of participants:

Table 1: Interviewees

Name	Company	Position	Date
Bastiaan Stoker*	OLVG Amsterdam Oost	Student	07-05-20
Chris Lindeboom	Lumen Hotels & Events	Director	26-06-20
Edo Garretsen	WestCord Delft	General Manager	22-06-20 29-06-20
Edward Leenders	Hotel De L'Europe	General Manager	29-05-20
Eva Viciano	Alimara Hotel	Director	19-05-20
Frank van Wijk	Veiligheidsregio Utrecht	Specialist Risico & Veiligheid	27-05-20
Israel Mvelazco	Conference Center Peru	Analyst of Strategy of the Conference Center	20-05-20
Jason Schroer	HKS	Global Practice Executive Health	02-06-20
Jennie Evans	HKS	Development Director	02-06-20
Joost den Bieman	Sanadome	Owner	23-06-20
Joyce van der Putten	OLVG	Service Manager	28-05-20
Jules Jordam	Ministry of Defence	Nursing department	11-06-20
Julie Guicherit*	University of Leiden	Student	06-05-20
Laura Alvarez	Cotton House	Front Office Manager	30-05-20
Luis Zapiain	HKS	Director of Hospitality, Dallas	02-06-20
Marcel Segaar	AHOY Rotterdam	Project Manager	16-06-20
Marcel van Aelst	Okura Nikki Hotel Management	Chairman	25-06-20
Margreet Vos	Erasmus MC	Professor of Medical Microbiology & Infection Prevention	23-06-20
Pepijn van Gestel	Cordaan	Interim-Manager	18-06-20
Perdo Manuel	Hospital de Bellvitge	Supervisor in the Hospital	27-05-20
Pien van Boom*	OLVG Amsterdam Oost	Student	07-05-20
Piet Boogert	Lloyd Hotel	General Manager	27-05-20
Puck Garland	Hotel the Craftsman	General Manager	14-05-20
Remco Pot	RAI Amsterdam	Manager Exhibition Center	08-06-20
Sergio Saenz	HKS	Director of Hospitality, Miami	02-06-20
Stan Shelton	HKS	Vice-President, organizational development, health practice.	02-06-20
Suzanne Knigge*	University of Groningen	Student	06-05-20

*The students are not included in the official list of interviewees

MEDICALISATION CYCLE OF HOSPITALITY PROPERTIES

This cycle demonstrates an ongoing development to react before, during and after a disaster, and to recover after a disaster has occurred. By repeating this cycle, different hospitality properties can be analysed to see if they would fit the profile of conversion to a healthcare facility and could take in patients, guests and/or medical staff.
Hotels & conference centres are defined as hospitality properties in this research.

(2) The Pre-Phase

The *pre-phase* entails the steps and technicalities which must be taken into consideration when converting a hospitality facility. It is a plan of the fundamental steps for converting such a facility. It helps the decision-making process by revealing whether a conversion into, for example, a medicalized facility is suitable or if the thought process should be reconsidered.

The **goal** of the *pre-phase* is to understand what must be done and what the following steps are going to be to enable the conversion of a hospitality facility.

(3) The During Phase

The *during phase* consists of the tasks which have to be done during the operation of the converted facility. Depending on the type of people to be cared for at the facility, different tasks and steps have to be taken. The different responsibilities depend on the agreements made upfront about which tasks of the day-to-day work are carried out by the facility itself and which are outsourced.

The **goal** of the *during phase* is to understand which day-to-day tasks have to be done and what the different operational tasks entail because of the rules and restrictions due to COVID-19.

(4) The After Phase

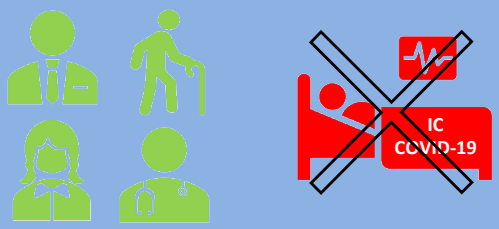
The *after phase* focuses on all the steps which have to be taken to convert the facility back to its initial business. This includes the different aspects which the organisation can face due to its previous decision of converting. Aspects such as marketing and attracting the right customers are fundamental to win back their trust and get them to feel safe at the facility.

Therefore, the **goal** is to plan the steps, adjustments and decisions in advance which should be focused on when converting back and the potential difficulties which could be encountered.

THE MEDICALISATION OF HOSPITALITY PROPERTIES

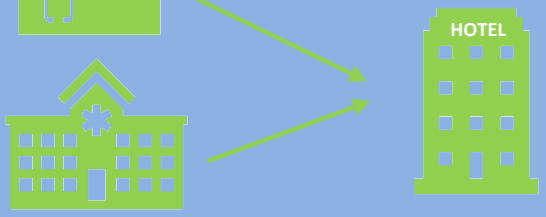
The "pre" phase of medicalising properties in the Netherlands

1 Type of people to accommodate

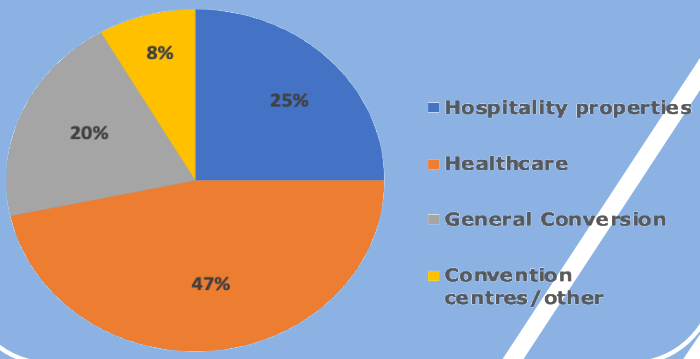


2 Suitability of the hospitality property

What medical equipment and changes are needed in the hospitality property?

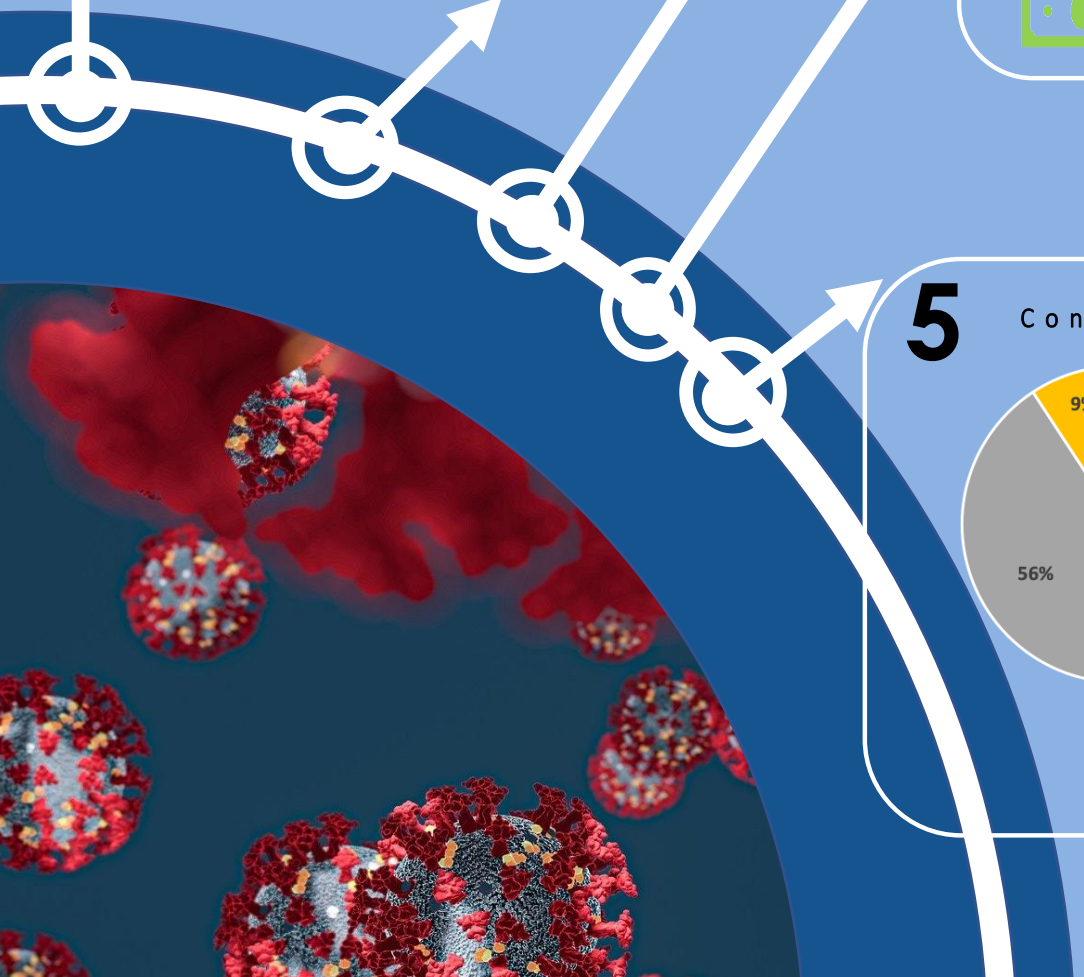


3 Occurring problems mentioned by interviewees in specific areas

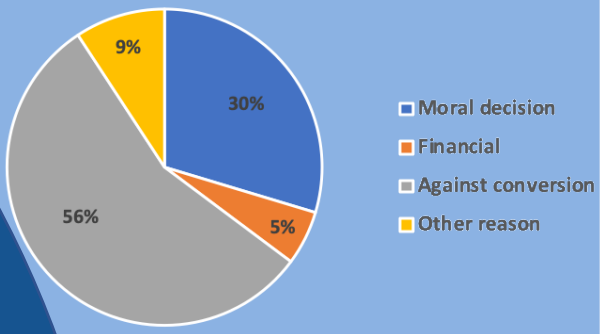


4 Time to convert the property

Trade-off between time and money: The more money you have, the less time it takes to convert because resources and labour are increased, because it increases resources and labour, which decreases time to convert.



5 Conversion Willingness



Interviewees are against the conversion of hospitality properties for COVID-19 patients

The Pre-Phase

1. Type of people:

Patients with severe symptoms of COVID-19 are considered impossible to transfer elsewhere because of the infection prevention measures, cost, scarcity of equipment and low availability of healthcare workers. Hotels and conference centres are mostly used to accommodate lower acuity patients and medical staff rather than COVID-19-infected patients. Less acute patients allow more flexibility; they don't require respiratory equipment and intensive care. However, hotels could still play a role in providing less intensive care such as nursing home care, recovery and maternity care. Likewise, the relatives of patients, medical employees and even homeless people can be accommodated.

2. Suitability of hospitality properties:

Hospitality Property:

The hospitality facility needs a front office to keep an overview of patients and guests. Meeting rooms are required for staff. A kitchen is needed in order to make food for patients and staff, and rooms are necessary to facilitate patients/guests. The more similar the rooms are, the better, because this standardises their conversion. In some situations, elevators are required for the transport of food, linen and patients.

Oxygen:

Some patients might be in need of oxygen. A pulse oximeter measures the oxygen in the blood, which nurses and doctors can regulate by adding oxygen from an oxygen tank. A ventilation system is needed to remove aerosols from the patient to create a safe environment.

Outsourcing linen:

An outsourced company might be needed to clean bedsheets and other linen, due to risks of bacteria and contamination that depend on the patients in the room or hospitality facility.

Personal Protective Equipment (PPE):

PPE is needed to avoid contamination of staff and patients/guests.

Protocols:

Newly written protocols are needed because there is a change in the people within the building. They could take longer to evacuate. Patients/guests might have a lower resistance and, therefore, the hygiene needs to be at a high level, and visits might have to be limited to avoid contamination from people outside of the facility, which leads to an increase in safety and security.

Rooms:

Carpets and decoration have to be removed to make the room sterile. Concrete, vinyl or linoleum wood are solutions. Depending on the scenario, electric outlets are needed. Worst-case scenarios would include more electronic outlets for medical equipment in the room. Medical beds are needed for recovering patients or ones requiring waterproof mattresses. Alarm systems are needed for patients in need of help, which are connected to a mobile device worn by a nurse or doctor. When rooms are transformed for patients, they need to have a private bathroom without thresholds, as this could cause people to fall, or glass walls to create an accessible bathroom and a private toilet. In case of an emergency, an alarm system needs to be present in the bathroom.

3. Occurring problems:

The problems that occur are ones mentioned by the interviewees during the interviews. They have been separated into four categories: Hospitality properties, Healthcare (Hospitals), general conversion problems for all facilities, and problems for convention centres. What became clear from the graph is that the majority of the problems (47%) are appearing in healthcare (hospitals).

4. Time to convert:

The time to convert depends on the amount of money and resources available. If there is more money than required, the processes could be increased by spending extra money on, for example, additional labour. How long the conversion will take depends on the situation and type of people to be accommodated.

5. Conversion willingness:

Conversion Willingness looks at the different reasons given by the interviewees for converting their facility/building. Those reasons have been divided into four different categories: moral decision, financial, against conversion and other reasons to convert. These results explained the fact that the majority of the interviewees (56%) are against the conversion of hospitality properties.

First Steps

- ☐ Check for latest requirements
- ☐ Identify type

Type of People*

- ☐ Elderly
- ☐ Recovering patients (non-COVID or COVID)
- ☐ Pregnant women
- ☐ Medical staff
- ☐ Relatives of patients
- ☐ Homeless
- ☐ People who can't leave the country
- ☐ People who can't go home

*People that are mobile and are able to breathe by themselves

Second Step

- ☐ Does the hospitality property have the following requirements?

Property requirements

Hospitality property

- ☐ Front Office
- ☐ Rooms
- ☐ Meeting rooms
- ☐ Kitchen
- ☐ Elevators ("which fit stretcher") ("dirty and clean elevator)
- ☐ High quality of similar rooms

Personal Protective Equipment (PPE)

- ☐ Masks
- ☐ Gloves
- ☐ Skirts (footnote explaining this)
- ☐ Glasses
- ☐ Face-screen

Staff required

- ☐ Kitchen staff
- ☐ Housekeeping
- ☐ Front office staff

- Nurses
- Doctors

Room Requirements for COVID-19 patients:
- No/ Remove carpet in rooms (concrete, vinyl, linoleum, wood)
- Remove all decoration
- Electric outlets (how many you need depends on the situation)
- Telephone
- Private bathroom
  - Open shower
  - Toilet
  - No steppingstones
  - No glass walls
  - Alarm system

Oxygen needed for patients
- Oxygen tanks
- Oxygen equipment
- Pulse Oximeter
- Air exhaust/ ventilation system
- Ventilation cleaning system

Outsourcing of cleaning the bed linen (medically approved companies)
Adjustments and new protocols:
- Evacuation
- Hygiene
- Family visits
- entering and leaving the facility
- Safety & Security protocol
- F&B Protocol
- Flow throughout the facility (Dirty out Clean in)

Facility requirements

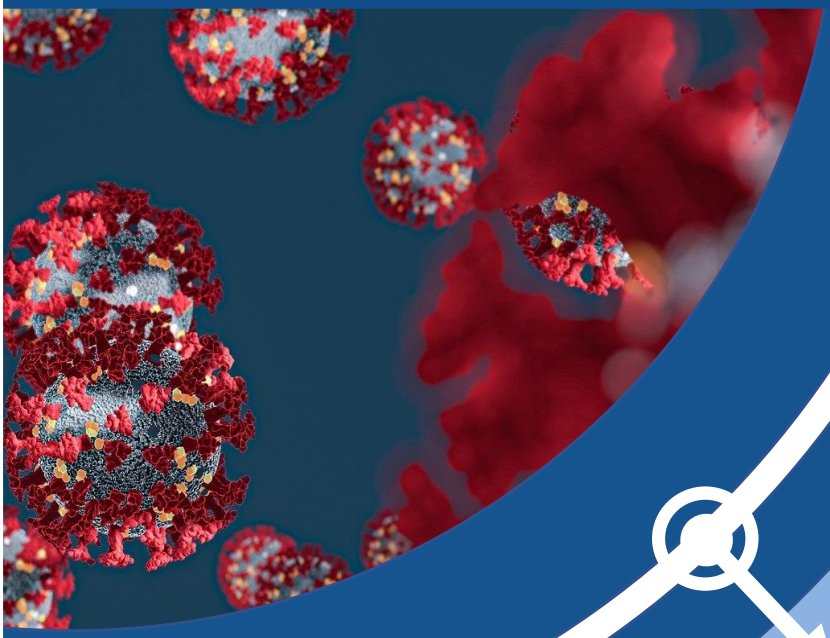
- Create a contract between the hospitality facility & hospital, this could include government & insurance companies
- Set an Average Daily Rate (ADR) per room
- Who is paying for the conversion & maintenance
- Discuss about third parties involved such as medical cleaning companies
- Staff within the hospitality properties
- Look into payroll to decrease costs

Time to convert

- How much money is needed to convert the Hospitality property?
- How much money is available to convert the hospitality property?
- Speed up the process if needed when money is available

THE MEDICALISATION OF HOSPITALITY PROPERTIES

The "during" phase of medicalising a property in the Netherlands & Spain



6 People involved during the process

- Healthcare organisation board of director
- Hotels & Conference Centres

7 Changes during the process

- Personal protective equipment
- E-learning for employees
- Medical equipment
- Medical staff working

8 Financials

- Financial risk with fewer guests
- Income for hotels
- Uncertain government payment

9 Problems during the process

- Shortage of staff & equipment for hospital
- Economic impact
- Brand damage

Key findings from Barcelona

- What needs to be changed
- Hotel can isolate
- Training about protective equipment
- Lack of personal protective equipment

Key Findings from the Netherlands

- Lack of personal protective equipment
- Hotels used for Non-COVID care
- Shortage of Non-COVID care
- Shortage of ICU Beds and Nurses

The During Phase

6. People involved:

Initiation of the intention to medicalise a property arises from multiple stakeholders. Health care organisations initiate the need for help. They must indicate what they need, how they want to put their needs into practice, the preferred location, and how the financing of those needs will be arranged. The Municipal Health Services inspects the preferred hospitality property and decides if it meets the requirements. The "Landelijk Netwerk Acute Zorg" (direct translation: Regional Acute Care), looks at the proposed plan of the care institution and maps out its positive and negative aspects. When the plan is agreed upon, this is then passed on to the "Directeur Publieke Gezondheid" (direct translation: Director Public Health) and the final plan ends up with the health insurance company, which decides what support the health care institution will receive. Hence, the insurance companies have the final word in any medicalisation undertaking.

7. Changes during the process:

Employees

Hotels have diversified the tasks of employees in these times of crisis, such as a porter taking over the duties of a public area attendant in housekeeping or the maintenance team. Splitting up the tasks amongst the people that you have available was introduced to ensure the workload is shared with the minimum requirement of a full-time team.

Housekeeping

The cleaning protocols do not seem to differ much between hotels and hospitals, when accommodating non-COVID-19 patients. However, a vacuum cleaner must be replaced by a duster, in order not to spread germs in the air that's blown out of the vacuum cleaner.

Logistical changes

If a hotel decides to medicalise while also welcoming regular hotel guests, it is important to separate the patient flow (A) and the hotel guest flow (B). If possible, welcome flow A through one part of the building and flow B through another part of the building. Similarly, it would be ideal to separate the flow of clean and dirty linen or other material that is being used in the medicalised property in order to prevent/control the spread of infection.

Rooms

Adapting the bathrooms was found to be the biggest challenge because of the lay-out and small space (4-star hotel bathroom), which was not suitable for patients with a disability. Some rooms were converted into nurses' and doctors' offices, and meeting rooms were converted into an official therapy room for a physiotherapist, and all necessary equipment for this was brought in by the hospital.

8. Financial requirements:

A contract is needed in order to make it work between stakeholders, to cover agreements on e.g. payments and inclusion of third parties. Second, a rate needs to be arranged for the hospitality properties to decrease costs and help out hospitals, for example. It is of great importance to decrease costs in times of a disaster.

9. Problems during the process

When deciding to convert, many problems will arise. The main problems that appeared in the past months were shortage of equipment for the hospitals, the economic impact, brand image loss, and lack of knowledge of COVID-19. A more detailed list is presented below to give a better understanding of the problems that occurred in different accommodations:

<u>Conversion problems that hotels encountered:</u>

1. Organization of the hotel
2. Facilities and equipment
3. Image of the hospital
4. Lack of information from the government
5. Business
6. Future crisis

<u>Main problems that healthcare encountered:</u>

1. Organization of the hospital/healthcare
2. Shortage of ICU nurses
3. Non-COVID-19 care
4. Shortage of personal protection equipment

<u>General conversion problems for all hospitality properties:</u>

How to convert a facility and be able to give care depends on
1. Continuously changing news about COVID-19
2. Lack of knowledge
3. Shortage of oxygen generators
4. No investments in strategic supplies

Checklist The "during" phase of medicalizing a hospitality property

First Steps

- **Check for latest requirements**
- **Pre-arranged contacts reduce time of medicalization process**

People involved

- **Multiple stakeholders**
- **Healthcare organization initiates the required help**
  - **What?**
  - **How?**
  - **Where?**
  - **Costs?**
- **Municipal health services inspect the hospitality properties to see if it meets the requirements**
- **Regional acute care and Public Health assess if the plan is feasible**
- **Insurance company makes the final decision and decides if the property is eligible for financial support and what kind it would receive**
- **Medicalization request comes from the healthcare organization**

Employee

- **Hotel employees run hotel floors**
- **Medical employees run medicalized floors**
- **Diversify employee tasks concerning corona circumstances**

Logistics

- **Separate guest and patient stream in all departments**

Housekeeping

- **Cleaning of linen by outsourced company**
- **Hotel employees clean (medicalized) rooms**
- **Medical employees change bed linen**

Rooms

- **Change according to hospital and governmental requirements**
- **Non-permanent changes**
- **Bathroom changes: higher toilet seats, grips in shower/bath, shower curtain (no glass)**
- **Bedroom changes: medical bed, no decoration**

- Office for medical employees

Food & Beverage Outlets

- Separate guest and patient streams
- Breakfast and lunch made by medical employees
- Dinner made by hotel employees

Room Service

- Adjust protocol according to corona measures

General

- Professional movers for (medical) equipment
- Consider wearing extra personal protection equipment (mouth protection and disinfecting hands)

Security

- Security staff for both staff and guests is required

Marketing Strategy

- Incorporate the process of conversion in the marketing strategy
- Process of decontamination is recommended to be shared
- Weekly updates shared through a story line
- Not overwhelm the guests with excess information regarding the crisis
- Consider who your target market will be, because it might have changed (increase in domestic market)

THE MEDICALISATION OF HOSPITALITY PROPERTIES

The "After" phase of medicalising a property in the Netherlands & Spain

Choosing the scenario for re-converting the Hospitality Facility

Best-Case Scenario (in which the crisis has fully been "extinguished")

Middle-Case Scenario (in which the crisis would still occur in waves)

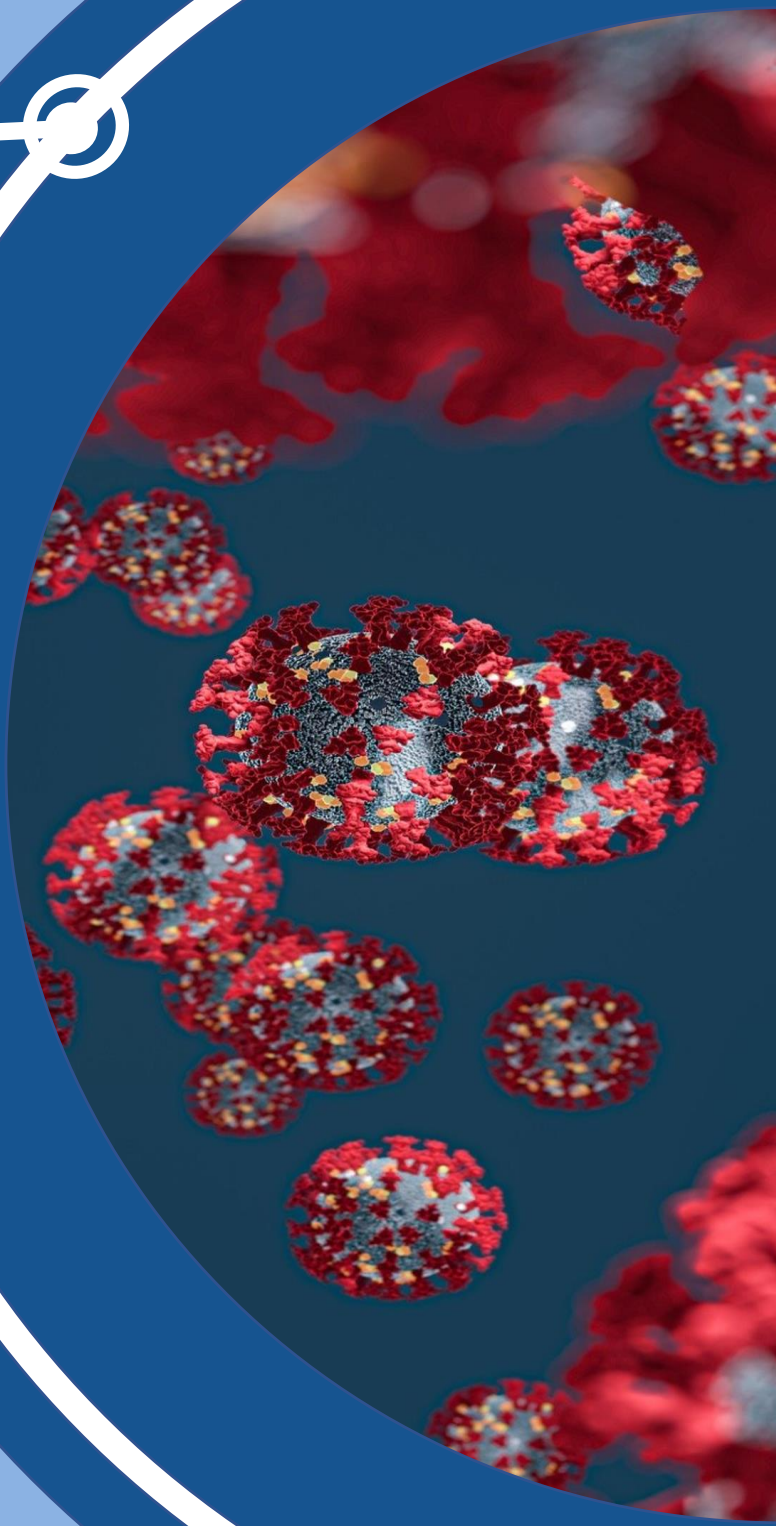
Worst-Case Scenario (in which the crisis should continuously be considered)

12 Institutionalisation of the company's decision

11 Execution and implementation of new situation

10 Choose option from the appropriate scenario

- Converting back to the "original" day-to-day business
- Diversify operations to the "new" day-to-day business



The After Phase

Converting back to hotel operations

Having converted into a healthcare facility, a hospitality facility can either consider converting back to its "original" day-to-day business or diversify with a "new" day-to-day business once the impact of the crisis on society decreases. We shall discuss three plausible situations after a crisis, consisting of (1) the best-case scenario (in which the crisis has fully been "extinguished"), (2) the middle-case scenario (in which the crisis would still occur in waves) and (3) the worst-case scenario (in which the crisis should be considered continuous).
The middle- and worst-case scenarios include two conversion options, which consist of:

a. converting back to its "original" day-to-day business;
b. implementing the "new" converted day-to-day business.

The hospitality facility has to choose between them by evaluating the feasibility of each option, while considering the governmental regulations and what is best for the specific facility. Each of the options is structured by hospitality facility departments to make the manual easier to use. To describe the scenarios, the COVID-19 situation will be utilized as an example to help provide a general understanding of the topic.
Ultimately, when choosing to convert back to the "original business", the process should not take longer than 5 days, in order to retain a competitive advantage in the market. By the time the hotel is up and running, the marketing strategy and all necessary trainings have to have been held. All this is only possible if all departments work together to realise a healthy reintegration into the economy and tourism sector.

When converting back to the "original" business, certain particularities will need to be considered that vary depending on the facility in question. Therefore, this manual only points out the key aspects and/or departments to keep in mind. These particularities are in addition to the specific changes that will need to take place within each individual facility that are not outlined below.

The last steps, 10, 11 and 12, complete the disaster management cycle. Step 10 elucidates the "re-conversion", in other words the conversion to being a hospitality facility again with or without adaptations. Step 11 includes the necessary checklists and step 12 concerns the continuous implementation steps.

THE MEDICALISATION OF HOSPITALITY PROPERTIES

The "After" phase of medicalising a property in the Netherlands & Spain

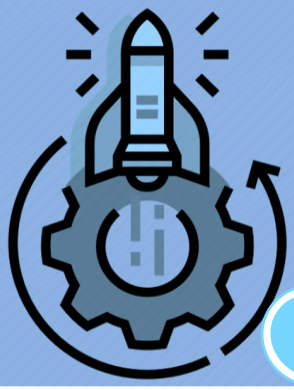
Converting the Hospitality Facility

Best-Case **Scenario** (in which the crisis has fully been "extinguished")

Time is of essence in this scenario, the conversion should not take longer than 5 days!

12 Institutionalisation of the company's decision

11 Execution and implementation of new situation



10 Converting back to the "original" day-to-day business

1. Best-Case Scenario

The best-case scenario describes a situation in which only the effects of the conversion have to be considered since, e.g., a vaccine was discovered, and now only minimal restrictions are to be expected. This scenario considers only the conversion back to the "original" day-to-day business, as this will be the most profitable decision. However, protective measures still have to be considered for a certain time that the facility determines in advance, to protect staff and to show the public that the facility is not ignoring safety requirements.

Converting back to the "original" day-to-day business

Converting back after a vaccine, cure or solution has been found requires **quick handling in the most efficient and effective way**. Therefore, depending on the facility and its possibilities, it is suggested to **work on several points simultaneously**. A **general training is recommended in order to ensure a more conscious handling of the guests, food and beverages.**

Logistics

Hiring **professional movers** will assist in more efficiently disassembling the temporary patient rooms and re-assembling the guest rooms. The **maintenance department of the facility should finalize the rooms** as soon as the movers are finished.

Purchasing Department

The **food and beverage departments should have their order lists ready**, so the purchasing department is able to start right away with ordering the necessary products. The products should be **timed to be delivered as soon as possible**, possibly next-day delivery, to ensure enough preparation time.

Housekeeping

As soon as the maintenance department releases the room, housekeeping staff should **prepare it for welcoming hotel guests**. The housekeeping department has to **ensure that the public areas are clean** and ready for guests. Furthermore, it is recommended that **protective measures are kept up** for the first quarter.

Front Office/ Reception

The employees have to **inform guests that the facility accommodated patients** and that it was totally disinfected and is now safe. This will ensure that the guests hear about the **non-contagious patients** and that the hotel expects no further liability. Furthermore, the use of protective measures is recommended, such as a **Plexiglas wall** between receptionists and guests, **gloves and face masks**. These measures will help to gain the trust of guests, but they should only last for the **first quarter** of the conversion back to normal.

Food & Beverage Departments

All the departments which will have longer direct contact with guests will be under continuous suspicion from guests regarding health and safety measures in the first period after the crisis. Therefore, it is recommended to **address each hesitant guest**, and ask them how they would personally like to be served. A general recommendation is to **have visible protection** during the first quarter after opening the property.

Kitchen

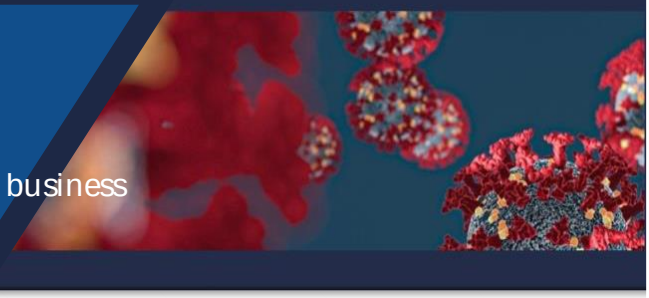
After a virus and lockdown, employees who work directly with food can be expected to be considerate. However, hospitality operations are known for tough schedules so each employee and manager are expected to **be strictly attentive about their health**. If any employee recognizes that a colleague is not well, they should tell their manager, who should send the employee home. Flaws in **execution of Hazard Analysis and Critical Control Points (HACCP)** regulations might result in losing guests, resulting in loss of revenue. Therefore, it is **recommended to implement protective measures**, such as the continuous wearing of face masks and disposable gloves.

Room Service

As the guest contact should be kept at a minimum, it is recommended to **leave the moveable tables and trays in front of the guest's door**. Knock or ring the bell and then back up and wait until the guest picks up the food, which also presents an opportunity to have a short conversation with the guest.

Marketing strategy

If the mass public was saved and further infections can be prevented by a possible vaccine, the marketing is likely to **stress the partnership between the hospital and hospitality facility** and create a strong marketing story which includes **the journey from converting to a healthcare facility and back to a hotel facility**. The response is expected to vary, however; in combination with the utilization of the story, a different target market will also evolve.



Heads Up

- handle quickly in the most efficient and effective way
- work on several points simultaneously
- general training is recommended in order to ensure a more conscious handling of the guests, food and beverages

Logistics

- hire professional movers in combination with their own staff
- maintenance department of the facility is recommended to finalise the rooms

Purchasing Department

- food and beverage departments are recommended to have their order lists ready
- delivery should be timed to be as soon as possible

Housekeeping

- enter the room and prepare it for welcoming hotel guests
- ensure that the public areas are clean
- wear protective clothes, such as disposable gloves and face masks at all times

Front Office/ Host-Desk

- share that the facility accommodated patients
- Plexiglas-wall for the first quarter
- gloves and face masks

Food & Beverage Outlets

- address each hesitant guest
- have visible protection

Kitchen

- be strictly attentive about their health
- execution of HACCP
- recommended to wear protective gear

Room Service

- leave the food trays or moveable tables in front of the door

General

- train one particular department to be responsible for in-room guest requests

Marketing Strategy

- use the partnership between the hospital and hospitality facility to promote the property
- tell the story of the journey from converting to a healthcare facility and back to a hotel facility to reach your target market

THE MEDICALISATION OF HOSPITALITY PROPERTIES

The "After" phase of medicalising a property in the Netherlands & Spain

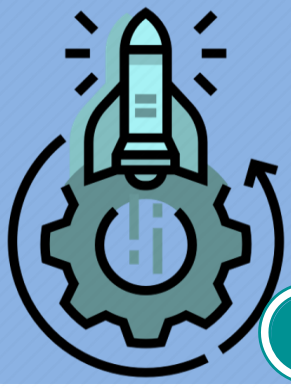
Converting the Hospitality Facility

Middle-Case Scenario (in which the crisis would still occur in waves)

After evaluating the situation, the management has to decide for the most feasible option with regards to the most recent rules and regulations

12 Institutionalisation of the company's decision

11 Execution and implementation of new situation

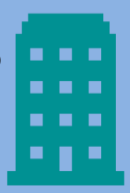


- Contract
- Patients
- Operational Adjustments
- Food & Beverage
- Administrative Departments
- Marketing Strategy

10 Chose option from the appropriate scenario

Converting back to the "original" day-to-day business

Diversify operations to the "new" day-to-day business



2. Middle-Case Scenario

The middle-case scenario considers a situation in which some improvements in the general crisis situation took place. The impact of the crisis is recognizable in waves rather than continuously. In such a situation, the facility has two options to consider:

A. Implementing the diversified operations to the "new" day-to-day business
B. Converting back to the "original" day-to-day business

The following questions can assist in evaluating which option to pick:

- Is it feasible to remain a healthcare facility with a particular number of beds?
- Is it more economical to convert back to the original day-to-day business?

The evaluation of the situation from a business perspective should take place while considering the latest rules, regulations and expected returns of each option.

A. Diversifying operations to the "new" day-to-day business

If this option is chosen as the most beneficial one, potential waves of crisis have to be considered in both operational and strategical decisions. This option is recommended if a partnership with a hospital is possible. Moreover, for the continuous implementation of this option, the facility should have several floors with guest rooms.

Contract

Before partnering with a hospital, a **legal contract is mandatory**. One key aspect to consider when drawing up the contract is to **include which operational duties** are to be taken care of by the hospital and which by the hotel. Another important aspect is **the hotel's liability**. A factor to consider here are possible deaths of patients because of complications of any nature. Additionally, the contract should specify **how many rooms will be used and for how long the contract is valid**. An additional paragraph should include the **rules of terminating the contract** and **to what extent the medical facility will cover the costs to convert the facility**.

General

Before re-opening the property, it is essential to **train the staff and prepare them for the new situation**. Furthermore, the training should include a discussion regarding how to react when another wave of the crisis appears.

Patients

Only **patients with low urgency of medical assistance** should be considered for this option. It is recommended to **accommodate only post-surgery patients, elderly care patients and patients of a similar level**, who do not require continuous medical attention. It is suggested to have **meetings with the partner hospital and evaluate which patients** would also benefit from a more hospitable environment, in terms of a potentially faster recovery.

Additional Staff

Nurses and doctors have to be in the facility 24/7. There is a maximum **patient to medical staff ratio**, which varies from country to country and depends on the type of patients. Therefore, the facility will likely have to **hire additional staff**, especially ones with medical expertise.

Operational Adjustments

A major **difference will be the additional staff**. Even though there is no direct involvement with the patients, the "original" hospitality staff has to be aware of the accommodated patients and their particular needs, in order to ultimately meet them. Therefore, a **communication line has to be established** which includes the medical staff in the facility's daily operations.

Food & Beverage Departments

The rules and regulations which have to be considered include the potential implementation of **Plexiglas protection screens** and **decreasing the number of tables** in a restaurant or bar. Furthermore, **standard operating procedures have to be implemented regarding the handling of patients** if they consider taking their meals in the restaurant or bar. These procedures should include where to place the in-house patients, so that in case of an emergency, these patients (with possible special needs) will be well taken care of. The procedures should also include possible special dietary needs and how to accommodate them most beneficially for the patients.

Kitchen

To fulfil the needs and wants of each guest and patient at the same time, it will be beneficial to have **one chef or a small crew**, depending on the number of patients, who can focus on the patients' orders, both spontaneous and the regular meals. The mise-en-place can be handled by both teams to reduce the variance in work processes.

Administrative Departments

The administrative departments should focus on **utilizing remote workplaces** and only use the hospitality facilities if no other option is possible. Therefore, it is recommended that the facility **invest in its technical infrastructure to support a flawless shift towards the remote workplace**. The executive **meetings should always take place in an online environment**.

Marketing Strategy

To attract the right target market, the aspect to be considered is the **type of patients the facility will accommodate**. Considering the patients will result in logical conclusions regarding potential guests and target markets. Given **the relevant target market**, the marketing department should **utilize the partnership** only if the target market would consider the facility more when knowing about that. The facility should **not accommodate any infectious patients and has therefore no liability towards potential guests to mention their present clientele**. For public relations reasons, it is recommended to **promote the partnership in the medical area**, as this will potentially result in future patients.

Extra

If the office hours of the administrative departments are at a minimum, the facility is potentially able to rent the office space out to start-ups or smaller companies.

A. For this scenario, please use the checklist below.

Contract

- setting up a contract is mandatory
- include which operational duties are with the hotel
- include the hotel's liability
- how many rooms will be used and for how long the contract is valid
- rules of terminating the contract
- to what extent the medical facility will cover costs to convert the facility

General

- train the staff and prepare them for the new situation

Patients

- accommodate patients with low urgency of medical assistance
  e.g. post-surgery patients, elderly care patients and
- meet with the partnered hospital and evaluate which patients can be accommodated

Additional Staff

- nurses and doctors have to be in the facility 24/7
- consider patient to medical staff ratio
- hire additional staff if necessary

Operational Adjustments

- difference will be the additional staff (hospitality staff &healthcare staff)
- communication line has to be established →

Food & Beverage Departments

- install Plexiglas protection screens
- decrease number of tables
- implement standard operating procedures for how the handling of patients is expected

The Kitchen

- the staff have to be conscious about the HACCP
- one chef or a small crew (depending on the size) in charge for the patients' food

Administrative Departments

- utilize remote workplaces

- invest in the technical infrastructure to support a flawless shift towards the remote workplace
- meetings are recommended to continuously take place in an online environment

Marketing Strategy

- consider the type of patients the facility will accommodate
- adjust the approach to the appropriate target market
- utilize the partnership of the hospital
- as you do not accommodate any infected patients, you are not obliged to mention your present clientele to potential guests (if this approach is chosen)
- promote the partnership in the medical area

Extra

- extra revenue if admin space is separate and can be rented out

B. Converting back to the "original" day-to-day business

When converting back to the "original" business in the middle-case scenario, certain specificities will need to be considered, depending on the facility in question. Therefore, this option only points out the key aspects and/or departments to keep in mind in addition to the specific changes that will need to take place within each individual facility. It is vital to consider further potential waves of economic slowdown due to the crisis and prepare for the decrease in tourism this could lead to.

Logistics

Hiring **professional movers** will be essential, as the liability for the condition of the medical instruments lies with the company. The **hotel staff could assist** in a supervisory role; minimal contributions to the process are suggested. The **movers take care of disassembling the short-term patient rooms and reassembling** the guest rooms.

Operational Departments

All operational departments have to **consider the latest rules and regulations**. These regulations will most probably include **working with face masks and gloves**, in particular when a wave of infected people is confirmed. It is of great importance that these regulations are **followed and updated continuously**.

Administrative Departments

The departments which are not directly involved in the day-to-day operation should **consider how much of their work, per department, can be done remotely** and define the reasons that might require a personal appearance. Employees should **continue to work remotely most of the time**, as the waves are still to be considered. For example, this may be due to the existing risk of being infected but not showing any symptoms, and meeting in person should be kept to a minimum. It is relatively simple to hold meetings online, which will help decrease the risk of infections.

Strategy

Waves of the crisis will potentially also have an impact on business during those periods. To secure its position in the market, the employees should **not commit errors within the regulations**. The regulations must be respected at all times.
As the conversion is back to the "original" business and waves of the crisis could potentially occur, it is recommended to consider the previous target market as the facility will benefit from prior investments made to reach this market.
The marketing department should **utilize the experience of converting the facility** by sharing the story of the conversion. Additionally, it can use the conversion and what has been learned from it to **evaluate which experiences will add value in creating an even more memorable customer journey**.

B. For this scenario please use the checklist below and combine this with the necessary steps from the checklist above (Implementing the diversified operations to the "new" day-to-day business)

Logistics

- work with professional movers
- movers are then taking care of disassembling the short-term patient rooms and assembling guest rooms
- hotel staff is recommended to assist with reassembling the hotel rooms

Operational Departments

- consider the latest rules and regulations
- work with face masks and gloves
- rules and regulations are to be followed and updated on a continuous basis

Administrative Departments

- working remotely most of the time is recommended
- recommended is to work remotely most of the time
- meetings are feasible online

Strategy

- do not commit errors within the regulations (result will harm the reputation)
- utilize the experience of converting the facility in the marketing strategy
- evaluate which experience during the conversion will add value in creating an even more memorable customer journey

THE MEDICALISATION OF HOSPITALITY PROPERTIES

The "After" phase of medicalising a property in the Netherlands & Spain

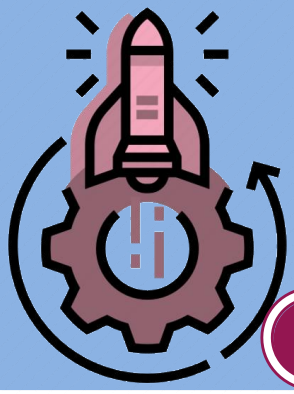
Converting the Hospitality Facility

Worst-Case Scenario (in which the crisis should be considered continuously)

Adaptation to the "new" day-to-day business will have the most plausible positive economic outcome for the hospitality facility

12 Institutionalisation of the company's decision

11 Execution and implementation of new situation



- Logistics
- Employees
- Front Office
- Food & Beverage
- Security
- Marketing Strat

10 Chose option from the appropriate scenario

- Converting back to the "original" day-to-day business
- Diversify operations to the "new" day-to-day business

3. Worst-Case Scenario

The worst-case scenario considers only minimal improvements in the situation compared to prior to the crisis happening. After the evaluation of the general situation, a choice should be made between two options for sustaining the business and the employment of the staff:

A. Implementing the "new" converted day-to-day business
B. Converting back to its "original" day-to-day business

Two main questions are to be considered when evaluating which option to pick:

- Is it feasible to sustain the business if the facility is converted back to its day-to-day business?
- Is the diversification of operations to be considered in the long term?

A. Diversifying operations to the "new" day-to-day business

When deciding to diversify to the "new" business in the worst-case scenario, the following has to be taken into account: As this option considers that the hotel was converted, certain points from the previous option are assumed to have been implemented. Therefore, this option only points out the key aspects and/or departments to keep in mind in addition to the specific changes that will need to take place within each individual facility.

First Steps

It has to be **evaluated what space is currently used (how many beds)**, **which ones can be additionally used** and **whether the facility wants to reach the capacity limit**. When considering the long-term transformation, there has to be an **understanding of which rules and regulations have to be implemented when transforming permanently**.
As the facility is already converted and only possible adjustments have to be considered, the **focus lies on utilizing the given capacity to the extent of the evaluated level of risk**.

Operational Departments

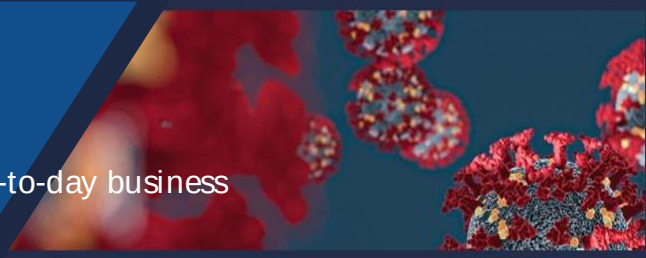
All operational departments have to evaluate how far their **standard operating procedures** add value to the transformed business. In any case, the **procedures have to be adjusted** to the new business model. Furthermore, as the focus has now shifted towards medical patients, the **evaluation of several in-house departments can be reconsidered**, e.g. in-house laundry services. This department should be covered by an external laundry company, which is working with healthcare facilities to minimize the risk of infections. Additionally, the in-room minibars should be permanently removed, resulting in the elimination of another position. The **food and beverage outlets should still be up and running and can also be promoted to outside guests**, depending on the type of patients accommodated in the facility. However, the **in-room service will only be utilized to deliver the food trays**, which can also be seen as an opportunity to reduce the number of members of the new team.

Strategy

As the decision to continue the healthcare facility will affect the overall business, it is most important to **get an understanding of where the facility is currently**. To succeed with the new business model, the management has to **consider how and where the patients can be attracted or if the facility will partner with other healthcare centres**. The

partnership would possibly ensure the necessary capacity to sustain the business. Additionally, the decision to **remain a healthcare facility should be promoted**. This promotion should **appear in medical newspapers and in the partnered healthcare facility**. **Press releases will support a positive public relation** in the region the facility is situated in. The promotion can also assist with a potential long-term goal of becoming a "luxury" healthcare facility to which patients come to recover in a more hospitable environment.

A. For this scenario, please use the checklist below and combine this with necessary steps from the checklist below (Converting back to its "original" day-to-day business)



First Steps

- evaluate what space is currently used (how many beds), which can be additionally used
- to what extent do you want to reach the capacity limit?
- understanding of which rules and regulations have to be implemented when transforming for good
- focus lies with utilizing the given capacity to the extent of the evaluated level of risk

Operations

- evaluate the current standard operating procedures
- procedures have to be adjusted to new business model
- evaluation of several in-house departments can be reconsidered (e.g. in-house laundry)
- food and beverage outlets should still be up and running and can also be promoted to outside guests
- in-room service is only to be utilized to deliver the food trays or moveable tables

Strategy

- get an understanding of where the facility is currently
- consider how and where the patients can be attracted or if the facility will partner with other healthcare centres
- staying a healthcare facility is recommended to be promoted in multiple ways
- appear in medical newspapers and in the partnered healthcare facility
- press releases will support a positive public relation

B. Converting back to the "original" day-to-day business

First Steps

If this option is chosen, the facility needs to consider the **latest government requirements** to open the facility for its usual operations. Furthermore, **creating an overview of the various requirements** in Europe and on a global scale is suggested while considering the target market. As a hospitality facility, it is plausible to attract guests from other countries also and, therefore, it has to be established to what extent the requirements overlap and where they differ between nations, to adjust the operations to a broader public.

Logistics

To proceed with the conversion, the facility should hire **professional movers in combination with their own staff**, who would mostly be supporting the movers with the routes through the facility. Working with movers will make the process faster. Additionally, the liability for the moved objects falls with the company that moves them.

Employees

The worst-case scenario requirements for the *COVID-19 situation* are that hospitality facilities implement the 1.5 meter distancing policy, the continuous wearing of face masks, only a given number of people in enclosed areas, and even gloves for contact with guests in some countries. Therefore, it is suggested that the facility offers a **sluice room**, which every employee has to use to disinfect themselves when entering and leaving the premises. The employees have to follow **mandatory training** which will include general aspects for all employees and more **specific training** for the different departments, discussing more in depth how each department has to handle the situation.

Purchasing Department

The products which will be ordered should be **primarily purchased from suppliers the facility is used to working with** so it knows the origin of the products and how they were processed (especially in the case of fresh produce). If the purchasing department is not fully aware of these steps, they should ask for transparency from their suppliers.

Housekeeping

The housekeeping staff will have to **wear protective clothes, such as disposable gloves and face masks**, depending on the requirements of the crisis. However, more importantly, staff members should be provided with training regarding how to protect themselves and their families at home, which ultimately will also result in minimizing the risk of contamination between rooms. Housekeeping staff do not usually work with a lot of protective materials, as this hinders the efficiency of their work. In a health-related crisis, however, it is **essential to use protection, and you can motivate them by involving the health and safety of their families.**

Front Office/ Host-Desk

Moreover, converting back means that the facilities have to invest in protective supplies. For the *COVID-19 situation*, **Plexiglas shields** which can be incorporated in the existing counters of the reception area or any information desk are considered as protective supplies. The key cards have to be either sanitized or renewed after each guest usage. It is recommended to invest in a keyless option, e.g. the **near field communication in smartphones** can be introduced to the operations in perpetuity. Additionally, contact

between staff members should be reduced to a bare minimum, for example by adding Plexiglas walls within staff areas and/or reducing the number of staff present at the same time.

Food & Beverage Outlets

In the operation of restaurants and bars, **the staff have to be conscious** about the fact that they are responsible for cleanliness for their own health and the guests' health. **To what extent is the facility insured for such cases?**

Kitchen

Additionally, chefs cooking in show kitchens or closed kitchens will have to **meet the given requirements** by the government. To do so, it is recommended to **evaluate how many chefs can work at the same time in the same kitchen** while keeping the risk of contamination and infection to a minimum. Plausible options are that **more shifts** are created with a possible outcome of a kitchen running 24/7, to accommodate the mise-en-place, as well as the à-la-carte dining and the possible banqueting meals. The storage of the prepared food should be handled as per the HACCP regulations.

Room Service

For the in-room dining aspect, it is recommended to **leave the food trays or moveable tables in front of the door,** knock or ring the bell and leave the area. The guest is supposed to wait before opening the door to ensure safety for him/herself and the employee.

General

In case of any difficulties the guest might face during their stay, regardless of what they are, the hotel should **train one particular department to be responsible for in-room guest requests**. The department chosen will depend on the prior requests guests have made during their stays in the rooms. In all of the operational departments in a hospitality facility, whether standard operating procedures can be implemented should be further evaluated to minimize the level of plausible contamination and infections.

Security

This situation will **require security staff for both staff and guests**. The security team is supposed to control the number of people in the public areas, to prevent potential fines for the facility and to ensure safety for the staff and guests. Furthermore, the security **cameras on each floor should be under 24/7 supervision** of a trained security employee, who is able to spot potential negligence of the set rules and regulations by both staff and guests.

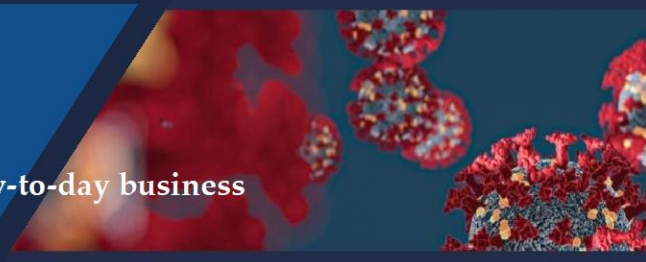
Administrative Departments

The administrative departments should evaluate to what extent it is necessary that the back-office staff work from the hotel. **Remote working** should be made accessible while minimising the technical issues to be expected, meaning that these additions should be test run by specialists. Furthermore, **general data protection regulations** have to be considered when handling guest data from outside the usual network. This requires an **investment in software and hardware**. The general meetings of the higher management, scheduled daily, can also be done **online** in "rooms" such as MS Teams, Zoom or Skype, which will minimize the risk of infection.

Marketing Strategy

Once the decision has been made to convert back to the day-to-day business, it is essential to **incorporate the process of conversion in the marketing strategy**. To gain the trust of future guests, the **process of decontamination should be shared,** e.g. as a storyline on social media channels with **weekly updates** including the current struggles, which makes the story more real and relatable, because no one is perfect. The marketing department has to take into account that this is still the worst-case scenario; converting back will have an impact on the opinion of the guests. Therefore, it is recommended **not to overwhelm the guests with excess information regarding the crisis**. You should **consider who the target market will be**. Depending on the regulations, it might be that the facility will not be able to accommodate tourists from other countries. In such a case, the focus on domestic travellers should assist in narrowing the target market down. Depending on the target market, the timing of promotions and presentation of the story is important. Ultimately, the channels used to approach and attract potential guests should also be evaluated based on the target market.

B. For this scenario, please use the checklist below.



First Steps

- check for latest requirements
- create an overview of the various requirements

Logistics

- hire professional movers in combination with their own staff

Employees

- implement a sluice room for staff
- mandatory trainings → How to handle the situation? What needs to be taken care of!
- specific training per departments

Purchasing Department

- products should be primarily purchased from suppliers the facility is used to work with

Housekeeping

- ensure that protective gear will be used, such as disposable gloves and face masks at all times
- essence that the protection will be used and you can motivate them by involving the health and safety of their families

Front Office/ Host-Desk

- install Plexiglas shields
- utilize near field communication in smartphones to replace keycards

Food & Beverage Outlets

- the staff have to be conscious when handling food and beverages
- To what extent is the facility insured for infections?

Kitchen

- ensure to meet the given requirements
- evaluate how many chefs can work at the same time in the same kitchen
- potentially implement more shifts

Room Service

- leave the food trays or moveable tables in front of the door

General

- train one particular department to be responsible for in-room guest requests

Security

- security staff for both staff and guests is required, to minimize risk of fines
- cameras on each floor should be under 24/7 supervision

Administrative Departments

- remote working
- general data protection regulations for remote working
- investment in software and hardware for flawless shift to remote working

Marketing Strategy

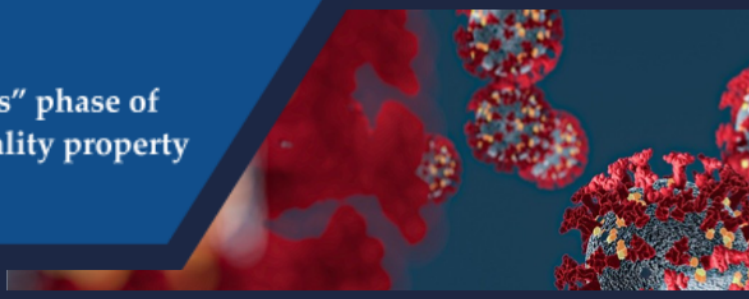
- incorporate the process of conversion in the marketing strategy
- process of decontamination is recommended to be shared
- weekly updates shared through a story line
- do not overwhelm the guests with excess information regarding the crisis
- consider who your target market will be, because it might have changed

Best Practices

The checklists given below are based on the experience gained during the state of crisis in Barcelona in 2020. They were adjusted to the specific needs of the facilities in this Spanish region. They provide an example of how the manual can be adjusted to each facility's needs. The reason for choosing Barcelona as best practice is that it was one of the area's most severely affected by COVID-19 in Europe. The checklist has been structured in the same way as the one for The Netherlands given above. It shows the similarities and differences of a situation in which hotels were medicalized and used in practice. This will help the reader put the above-mentioned points and thought process into perspective as now it can be said that Barcelona was a "worst-case" best practice.

Checklist

The "Pre-requirements" phase of medicalising a hospitality property



First Steps

- ☐ **Check for the latest requirements**
- ☐ **Identify the type of people to accommodate**

Type of People*

- ☐ **Recovering patients (COVID)**
- ☐ **Medical staff (COVID and Non-COVID-infected)**
- ☐ **COVID patients who need breathing equipment and medical support**

*People that are mobile and are able to breathe by themselves

Second Step

- ☐ **Does the hospitality property have the following requirements?**

*Hotels which offered their help where taken as it was a status of crisis in Spain, specifically in Barcelona and Madrid

Property requirements

Hospitality property:

☐ **Front office**

No interaction can be made with the guest, without keeping the 1.5 m distance

☐ **Rooms**

Special cleaning and disinfection are required. Rules have to be followed to prevent spread of the virus outside the rooms due to cleaning, etc.

☐ **Meeting rooms**

Have to be closed down as no public areas are allowed

☐ **Kitchen**

Can only be used if food is brought to the rooms as restaurants are not allowed to open.

☐ **Public Areas**

Are not allowed to be used. However, can be used as storage spaces for the furniture from other rooms which had to be cleared out.

☐ **Elevators ("dirty and clean elevator")**

By having various elevators, they can be classified for different things such as clean linen and dirty linen. To separate possibly infected things which have been in contact with a person who has COVID-19, such as their linen. If the infrastructure of the building does not allow this, the elevator has to be cleaned after every time it is used.

Personal Protective Equipment (PPE)

- ☐ **Masks**
- ☐ **Gloves**
- ☐ **Glasses**
- ☐ **Skirts (aprons)**
- ☐ **Face-screen**

Staff required

- ☐ **Kitchen staff**
- ☐ **Housekeeping**
- ☐ **Linen Cleaning Service**
- ☐ **Front office Staff**
- ☐ **Nurses**
- ☐ **Doctors**

Room Requirements for patients:

- ☐ **No/Remove carpet in rooms (concrete, vinyl or linoleum wood)**
- ☐ **Remove all decoration**
- ☐ **Electric outlets (how many you need depends on the situation)**
- ☐ **Telephone**
- ☐ **Only things which can be cleaned are allowed to remain (under room requirements like a sofa needs to be changed)**
- ☐ **Bed, chair, table could stay in the room**
- ☐ **Private bathroom including**
  - **Shower**
  - **Toilet**
  - **Sink**
  - **Toiletries**

Oxygen needed for patients

- ☐ **Oxygen tanks**
- ☐ **Oxygen equipment**
- ☐ **Pulse Oximeter**
- ☐ **Air exhaust/ventilation system**
- ☐ **Ventilation cleaning system**

Outsourcing of cleaning bed linen (special companies. However can be also done by existing linen company)

Adjustments and new protocols:

- ☐ **Evacuation**
- ☐ **Hygiene**

- **Family visits (**As some people were brought directly to the converted hotel after going to the hospital. Therefore, some people do not have any clothes or toiletries with them.)
- **Entering and leaving the facility**
- **Safety & Security protocol**
- **F&B Protocol**
- **Flow throughout the facility (Dirty in, Clean out)**

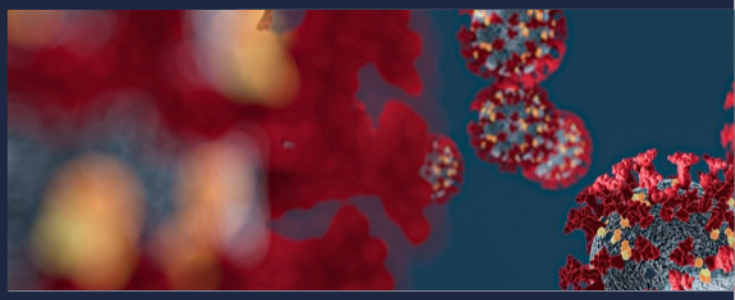
Financial requirements

- **Create a contract between the hospitality facility & hospital, this could include government & insurance companies**
- **Set an Available Daily rate (ADR) per room** including meals or no meals
- **Who is paying for the conversion & maintenance**
- **Discuss about third parties involved such as medical cleaning companies**
- **Staff within the hospitality properties**
- **Look into payroll to decrease costs**
- **Costs have to be covered**

Time to convert

- **Discuss the type of patients (essential for time to convert)**
- **Speed up the process if it is an emergency and help is needed immediately like during a pandemic**

The "during" phase of medicalising a hospitality pro



First Steps

- Check for latest requirements
- Pre-arranged contacts reduce time of medicalisation process

People Involved

- Multiple stakeholders
- Healthcare organisation initiates the required help
  - What?
  - How?
  - Where?
  - Costs?
- Consortium inspects the hospitality property to see if it meets the requirements
- Public healthcare assesses if all the changes have been implemented correctly for the conversion standards
- Medicalisation request comes from the healthcare organisation. However the Consortium takes the decision about which facilities are chosen

Employees

- Hotel employees run hotel floors
- Medical employees run medicalised floors
- Diversify employee tasks concerning corona circumstances
- Food and Beverage if offered
- Cleaning of the rooms if offered
- Cleaning of the linen if offered

Logistics

- Separate guest and patient streams in all departments

Housekeeping

- Cleaning of linen by outsourced company (not mandatory)
- Hotel employees clean (medicalised) rooms
- Medical employees change bed linen

Rooms

- ☐ Change according to hospital and governmental requirements
- ☐ Non-permanent changes
- ☐ Bathroom changes: only essential things like towels and toiletries had to be provided
- ☐ Bedroom changes: medical bed, no decoration
- ☐ Office for medical employees

Food & Beverage Outlets

- ☐ Separate guest and patient streams
- ☐ The food has to be brought to the rooms
- ☐ Breakfast, lunch and dinner (different packages can be offered depending on the contract made)
- ☐ Therefore it could be the case to outsource the meals or part of them
- ☐ One meal a day has to be warm
- ☐ The menu has to have a variety so guests can eat something different every day. Moreover, dietary requirements have to be followed.

Room Service

- ☐ Adjust protocol according to corona measures

General

- ☐ Professional movers for (medical) equipment
- ☐ Consider to wear extra personal protection equipment (face mask and disinfecting hands)

Security

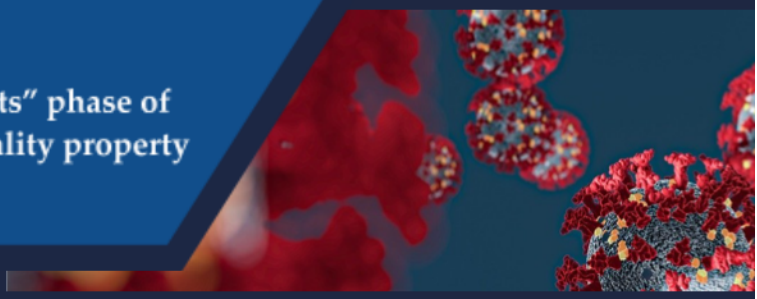
- ☐ Security staff for both staff and guests is required

Marketing Strategy

- ☐ Incorporate the process of conversion in the marketing strategy
- ☐ Process of decontamination is recommended to be shared
- ☐ Weekly updates shared through a story line
- ☐ Do not overwhelm the guests with excess information regarding the crisis
- ☐ Consider who your target market will be, because it might have changed (increase in domestic market)

Checklist

The "Past-requirements" phase of medicalising a hospitality property



First Steps

- ☐ Check for latest requirements
- ☐ Create an overview of the various requirements

Logistics

- ☐ The contract has to end
- ☐ All of the people who were isolated in the hotel have to remain until they have a negative result and are cured
- ☐ Hire a professional cleaning company to disinfect professionally the whole facility (In Barcelona all the hotels have gotten the service from the government, a contracted company disinfects the entire building, which usually takes two days. During that period of time the complete building has to be evacuated.
- ☐ All the rooms have to ,be converted back and the old furniture has to be brought back that's why most of the hotels prefer non-permanent changes
- ☐ The public areas can be converted back with the original furniture by keeping the 1.5 m policy.

Employees

- ☐ Implement a sluice room for staff
- ☐ Mandatory trainings
- ☐ How to handle the situation? What needs to be taken care of!
- ☐ Specific trainings per departments

Purchasing Department

- ☐ Products should be primarily purchased from suppliers the facility used to work with

Housekeeping

- ☐ Wear protective clothes, such as disposable gloves and face masks at all times. In some cases single-use coveralls which can be discarded after use are recommended with higher-risk patients.
- ☐ It's essential that the protection will be used and you can motivate them by involving the health and safety of their families

Front Office/ Host-Desk

- ☐ Install Plexiglass shields
- ☐ Utilize near field communication in smartphones to replace keycards

- [ ] **No contact can be made with the guest and the distance of 1.5 m should be maintained at all times**

Food & Beverage Outlets

- [ ] **The staff have to be aware when handling food and beverages**
- [ ] **To what extent is the facility insured for infections?**
- [ ] **Distance of 1.5 m has be be maintained between each table**
- [ ] **Visitors' contact details have to be collected in case someone proves positive later who could have been in contact with them or if they could have been contaminated by touching something infected**
- [ ] **Only tables with a chair can be used; no standing tables are allowed or standing at a bar**

Kitchen

- [ ] **Ensure the given requirements are met**
- [ ] **Evaluate how many chefs can work at the same time in the same kitchen**
- [ ] **Potentially implement more shifts**

Room Service

- [ ] **Leave the food trays or moveable tables in front of the door**
- [ ] **Portion everything separately so no sharing is needed**

General

- [ ] **Train one particular department to be responsible for in-room guest requests**
- [ ] **Put a specific person in charge of disinfecting and checking that all rules and regulations are met at all times**

Security

- [ ] **Security staff for both staff and guests is required, to minimize risk of fines**
- [ ] **Cameras on each floor should be under 24/7 supervision**
- [ ] **A clear monitoring system at all times should be provided to the guest in the facility and their information such as address and phone or email has to be provided.**

Administrative Departments

- [ ] **General data protection regulations for remote working**
- [ ] **Investment in soft- and hardware for flawless shift to remote working**

Marketing Strategy

- [ ] **Incorporate the process of conversion in the marketing strategy**
- [ ] **Process of decontamination is recommended to be shared**
- [ ] **Weekly updates shared through a storyline**
- [ ] **Not overwhelm the guests with excess information regarding the crisis**
- [ ] **Consider who your target market will be, because it might have changed**

- To gain the trust of future guests by showing them that your facility is safe by meeting the the governmental standards
- Be creative about how to still offer the best service by surprising guests with new methods due to the new rules.

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