We [**name of company/organization**] share the principle that the safety and well-being of employees and guests of our business is of the highest priority and cannot be compromised.

**To honor this principle, we commit to the following objectives:**

* Adherence to the Industry’s High Standards of Health Safety & Quality Service
* Reconfiguring Business Operations to Minimize Health Safety Risks and to Protect the Safety of Employees, Visitors and Guests
* Integrating Technology, Digitization and Innovation to minimize health safety risks
* Ongoing Participation and Engagement of Managers, Supervisors, Employees and Appropriate Vendors in Health Safety Education and Training
* Ensuring Clear Communication and Messaging to Guests and Employees
* Collaboration and Partnerships with the Industry and Hotel and Tourism Association, Boards or Ministry’s of Tourism, Public Health Officials, and Other Stakeholders

**To support these objectives, our company/organization and employees undertake the following:**

* Adopt best practices from the guidelines and checklists developed by the CARPHA-CTO-CHTA-OECS-GTRCMC COVID-19 Task Force for Safely Resuming Business Operations and Restoring Caribbean Tourism in 2020 and Beyond.
* Be awarded the CARPHA-CTO-CHTA Traveller’s Health Assurance Stamp for Healthier Safer Tourism (HST) – a marketing tool to build consumer trust available to all Caribbean countries - based on the following two verifiable requirements:
  + Certificate of completion of the COVID 19 Health measures for Hospitality Sector: *Tourism Health Safety 101 and THiS (Tourism Health Information System)* certified training Webinar presented by the Caribbean Public Health Agency (CARPHA) in collaboration with CHTA.

**10% of all staff, including senior management, must attend and be certified to qualify for the HS stamp.**

* + Registration and reporting for at least one month of the web based and confidential CARPHA *Tourism Health Information system (THiS).* Registration in *THiS* provides listing in the CARPHA voluntary self-reporting App for travelers.
* Complete applicable webinars to your business from the Caribbean Tourism Health Safety Training Series. Attendance is mandatory by your Health Safety Management Team or Point Person.
* Develop and implement training for all employees using the resources available via your company/brand, your national hotel and tourism association and CHTA (including real-time participation and on-demand access to the webinars facilitated via the Caribbean Tourism Health Safety Training Series).

**With your commitment, CHTA will extend these additional tools to provide added reassurance to your guests:**

* *List your company on CHTA and CaribbeanTravel.com* (consumer website and resource for travel advisors) as a company that is committed to health safety in support of our efforts to safeguard our industry. Available only to CHTA Members.
* *Provide your business with the World Travel & Tourism Council (WTTC) Safe Travels Stamp* - world’s first ever global safety stamp to recognize 'Safe Travels' protocols around the world. Acceptance of the Safe Travels Stamp terms and conditions is required.

**Important: CARPHA’s Caribbean Traveller’s Health App as of October, 2020 includes only listing of CARPHA member states(Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, British Virgin Islands, Cayman Islands, Curacao, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saba, St. Eustatius, St. Kitts & Nevis, St. Lucia, St. Maarten, St. Vincent & Grenadines, Suriname, Trinidad & Tobago and Turks & Caicos), however CARPHA and CHTA are working on expanding the listings to include other countries.**

We [**name of company/organization**] share the principle that the safety and well-being of employees and guests of our business is of the highest priority and cannot be compromised.

Signature Business Representative Business Representative (Type Name)

Company Business Representative Title

Country Business Representative Email

Date

**Health Safety Management Team or Point Person – information below to be completed**

Name:

Title:  
Company:

Email Address:

Telephone Number:

October 20, 2020