

Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak

Interim guidance
16 February 2020



Overview

Under the International Health Regulations (IHR), the public health authorities at international ports, airports and ground crossings are required to establish effective contingency plan and arrangements for responding to events that may constitute a public health emergency of international concern and to communicate with the National IHR Focal Point on the relevant public health measures. The current COVID-19 outbreak has spread across several borders, which has prompted the demand for the detection and management of suspected cases at Points of Entry (PoE), including ports, airports and ground-crossings.

This document aims to provide advice on the detection and management of ill travellers suspected of COVID-19 infection, at international airports, ports and ground crossings, including on conveyances.

The management of ill travellers at international ports, airports and ground crossings in the context of the current COVID-19 outbreak include the following measures, to be implemented based on priorities and capacities of each country:

1. Detection of ill travellers
2. Interview of ill travellers for COVID-19
3. Reporting of alerts of ill travellers with suspected COVID-19 infection
4. Isolation, initial case management and referral of ill travellers with suspected COVID-19 infection

WHO will update these recommendations as new information becomes available.

This interim guidance is intended for National IHR Focal Points, PoE public health authorities, PoE operators, conveyance operators, and other stakeholders involved in the management of Public health events at PoE.

1. Detection of Ill Travellers at international Points of Entry

Planning

Staff

There should be an appropriate number of trained personnel assigned for these duties, in relation to the volume and frequency of travellers and the complexity of the PoE regarding terminal facilities.

Staff should be trained on protecting themselves by maintaining more than one meter between themselves and travellers, at all time, (also known as 'social distancing'). Staff should be instructed

to encourage travellers to maintain more than one-meter distance between themselves while waiting to cross the PoE, including when completing entry forms.

PoE with large volumes of travellers or significant infrastructure (for example, airports) should have at least one health care worker on-site and designated to support the staff at the point of entry in case of ill travellers or suspected COVID-19 cases that require urgent direct clinical care. These health care workers should have a supply of recommended Personal Protective Equipment (PPE) for health care workers (i.e. contact and droplet precautions plus goggles/eye protection) and follow the infection prevention and control guidelines outlined [here](#) in case there is an urgent or emergent need to provide direct patient care for an ill traveller or a suspected case.

Equipment

If temperature screening has been chosen, no-touch thermometers, either handheld or thermal imaging cameras for ascertaining temperature should be used. Manual thermometers that require contact with skin or mucous membranes should not be used.

Implementation

Ill Travellers may be detected through self-reporting, visual observation or via temperature measurement adapted to the context of countries that choose to perform temperature screening at PoE.

- Self-reporting: With increased knowledge among travellers on COVID-19, including through active and targeted risk communications for travellers at PoE, individual travellers experiencing signs and symptoms of illness may approach PoE authorities for assistance. These self-reporting ill travellers should be managed following the same procedures.
- Visual observation: ill travellers exhibiting signs suggestive of COVID-19 may be identified by PoE personnel when passing through PoE facilities.
- Detection via temperature measurement in countries that choose to perform screening. (Please follow the “Advice for entry screening in countries/areas without transmission of the novel coronavirus 2019-nCoV that choose to perform entry screening “ outlined [here](#).

When a traveller displaying sign(s) of an illness is detected by a PoE health personnel and/or through temperature measurement, or when a traveller experiencing symptom(s) of illness comes forward to seek help from PoE health personnel, he/she and his/her travel companions need to be advised to move away from the crowd and be escorted to a dedicated physical structure at the PoE for further assessment (see section 4). PoE personnel accompanying the ill traveller must keep a distance of at least one meter from the ill traveller. A dedicated physical structure should be identified for further assessment/ interview (see “Interview of ill travellers for COVID-19).

2. Interview of ill travellers for COVID-19

Planning

Facilities

- Set up/identify a structure where ill travellers can be referred to and wait for interview near the PoE. Ensure this space has the ability for at least 1-meter spatial separation among ill travellers waiting for an interview.

- Ideally this structure should also have the capacity to isolate ill travellers who are suspected of having COVID-19 after interview while they wait for transport to a health care facility. See section 4 on specifications for isolation facilities at PoE.
- Arrangements with local health care facilities should be established so that travellers that are suspected of COVID-19 infection after interview can be promptly referred to health care facilities.
- Arrangements should be made so that a quarantine facility located in a distant place from the PoE is available, in case there is a need to accommodate a large number of contacts with suspected and confirmed cases.

Staff

- Identify and train staff for a) interview; b) security; and c) transportation for possible referrals to medical facilities for further medical evaluation or treatment.
- Provide staff with training on a) practice of adequate hand hygiene technique; b) maintaining one-meter distance from travellers at all times during the interview process; c) how to educate and address the patient and concerns of his family and/or travel companions.
- Provide staff with training on the importance of source control (providing medical masks to travellers with respiratory symptoms before and during the interview process).
- Provide staff with training on how to instruct ill travellers on use of respiratory hygiene (i.e., coughing or sneezing into tissues or bent elbow) and need for ill travellers to wear a mask, perform frequent hand hygiene, especially after coughing/sneezing, touching or disposal of their mask.

Equipment

- Identify needs for, procure and ensure sustained supply of equipment and materials needed to perform interview.
- Ensure enough supply of hand hygiene supplies, alcohol-based hand rub or soap and water.
- Ensure respiratory hygiene supplies, including medical masks (to be used by ill patients with respiratory symptoms) and paper tissues.
- Ensure lined waste bins with a lid for disposing of medical masks and tissues and a plan for disposal of this waste in accordance with infectious waste regulations.
- Ensure cleaning supplies including household cleaner and disinfectant (see Plans/SOPs for specifications).
- Ensure chairs and/or beds at isolation areas for ill travellers.

Plans / SOPs

- Develop a process to refer exposed travellers, including travel companions of symptomatic travellers suspected of COVID-19 infection, to health care facilities for further assessment and treatment.
- Cleaning and disinfection guidelines for frequently touched surfaces and bathrooms in the interview area should be made available. Cleaning should be done three times a day (morning, afternoon, night) with regular household soap or detergent first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (i.e. equivalent 5.000 pm or 1-part bleach of 9 parts of water) should be applied¹.

¹ ¹ Most household bleach solutions contain 5% sodium hypochlorite. Recommendations on how to calculate the dilution from a given concentration of bleach can be found at <https://www.cdc.gov/hai/prevent/resource-limited/environmental-cleaning.html>

¹ The local sanitary authority should adopt measures to ensure that the waste is disposed at a sanitary landfill, and not at an unmonitored open dump.

- Establish and maintain a PoE public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant PoE, public health and other agencies (for example, authorities for aviation, maritime, refugees) and services.

Other service

- Identify transport for suspect cases to identified health care facilities.
- Identify service provider to apply recommended measures to clean and disinfect affected areas at PoE and on-board conveyance and ensure infected waste properly managed.
- Develop a process to refer exposed travellers, including travel companions of symptomatic travellers suspicious of COVID-19 infection, to health care facilities for further assessment and treatment.

Implementation of interview

Interview for COVID-19 includes the following:

- temperature measurement with no-touch thermometer technology;
- assessment of signs and symptoms suggestive of COVID-19 by interview/observation only (PoE personnel should not conduct a physical examination);
- travel/contact history through completion of the Public Health Declaration Form by the traveller and evaluation of the answers provided on the form; and
- additional observation by the PoE health personnel.

Travellers should be assessed for the following:

- A. Signs or symptoms of illness suggesting respiratory infection;
 - a. Fever greater than 38° C or feeling feverish;
 - b. Cough;
 - c. Breathing difficulties.
- B. History of possible exposure to the COVID-19;
 - a. a history of travel to country(ies) with ongoing transmission of COVID-19, 14 days prior to the onset of symptoms;
 - b. a history of a visit to any health care facility(ies) at country(ies) with ongoing transmission in the 14 days prior to symptom onset;
 - c. a history of close physical contact² with a traveller suspected or confirmed of COVID-19 infection in the past 14 days;
 - d. a history of a visit to any live animal markets at country(ies) with ongoing COVID-19 transmission in the 14 days prior to symptom onset.

Travellers suspected of COVID-19 infection after interview and exhibiting clinical symptoms consistent with respiratory infection and/or a history of possible exposure to the COVID-19 should be immediately isolated at the PoE and referred to a pre-identified health care facility for additional medical evaluation and treatment. Relevant public health authorities should also be notified.

² Close contact is defined as: --Traveling together with suspected or confirmed COVID-19 patient in any kind of conveyance (2 seats in every direction with the ill traveller, and the cabin crew)

-- Health care associated exposure, including providing direct care for suspected or confirmed COVID-19 patients, working with health care workers suspected or confirmed COVID-19 infection, without appropriate specific droplet and contact precautions

-- visiting patients or staying in the same close environment of a suspected or confirmed COVID-19 patient.

-- Working together in close proximity or sharing the same classroom environment with a suspected or confirmed COVID-19 patient

3. Reporting of alerts of ill travellers with suspected COVID-19 infection.

Planning

Establish communication mechanism for communication of alerts of suspected COVID-19 cases between PoE health authorities and transport sector officials (for example, representatives of the national civil aviation and maritime authorities, conveyance operators and PoE operators), as well as those between PoE health authorities and the national health surveillance systems.

Procedures and means of communication

Following procedures and means of communication should be established:

- a. PoE health authorities to receive health information, documents, and/or reports from conveyance operators regarding ill travellers on board, conduct preliminary assessment of the health risk and provide advice on measures to contain and control the risk accordingly;
- b. PoE health authorities to inform the next PoE of ill travellers on board;
- c. PoE health authorities to inform the community, provincial, or national health surveillance system of ill travellers identified.

Reporting of ill traveller(s) detected on board of a conveyance

The following forms shall be submitted to the PoE health authority unless the State Party does not require their submission. These documents could assist in the collection of information on potential public health risk, such as ill travellers on board with clinical signs or symptoms suggestive of respiratory illness and possible exposure to COVID-19.

Air: Health section of the Aircraft General Declaration Form

If the health section of the Aircraft General Declaration Form is not required for all arriving aircrafts, the country may consider making its submission mandatory for aircraft arriving from COVID-19 affected areas, as defined by the health authority. The State Party shall inform aircraft operators or their agents of these requirements.

Maritime: Maritime Declaration of Health

If the Maritime Declaration of Health is not required for all arriving ships on an international voyage, the country may consider making its submission mandatory for international ships arriving from/passing through COVID-19 affected areas, as defined by the health authority.

4. Isolation, initial case management and referral of ill travellers with suspected COVID-19 infection.

Isolation and initial case management

Ill travellers with signs and symptoms indicative of fever and/or respiratory infection who have history of exposure to COVID-19 should be isolated at the PoE until he/she is able to be safely transferred to a health care facility for further assessment, diagnosis and treatment. During this period:

- a. Place the traveller in a well-ventilated room (for example, door, window open, weather permitting) designated for patients suspected to have COVID-19.

- a. If more than one suspected case of COVID-19 are housed in the same room, ensure there is at least one meter of space between individual travellers;
 - b. Ideally, there should be a dedicated bathroom for use only by suspected cases;
 - c. Provide information to patients and family about the need for this procedure, and address patients and family concerns.
- b. PoE personnel should instruct suspected cases to:
- a. Wear a medical mask while they are waiting for transport to health care facilities;
 - b. Not to touch or handle the front of their mask. If they do touch the front of the mask, perform hand hygiene with alcohol hand rub or soap and water. If the mask gets wet or dirty with secretions, it must be changed immediately;
 - c. Practice respiratory hygiene at all times. This includes covering the mouth and nose during coughing or sneezing with tissues or flexed elbow, if not wearing a mask, followed by hand hygiene with alcohol hand rub or soap and water;
 - d. Not to utilize spaces shared by non-suspect cases (for example, ill travellers waiting for interview).
- c. PoE personnel should avoid entering the isolation area where suspected cases are waiting for transport. If they must enter, they should adhere to the following guidance:
- a. Wear a tightly fitted medical mask that covers the nose and mouth when entering the room. The front of the mask should not be touched or handled during use. If the mask gets wet or dirty with secretions, it must be changed immediately. Discard the mask after use in a closed lid bin and perform hand hygiene with alcohol hand rub or soap and water after removal of the mask;
 - b. PoE personnel should clean their hands before entering and after exiting the isolation room with alcohol-based hand rub or soap and water.
- d. Tissues, masks and other waste generated in the isolation area and by the suspected cases should be placed in a container with a lid in the isolation room and disposed of according to national regulations for infectious waste.
- e. Frequently touched surfaces in the isolation area, such as furniture, light switches, sinks, and bathrooms used by suspected patients need to be cleaned three times a day (morning, afternoon, night) with appropriate use of PPE by cleaners.
- a. Cleaning should be done with regular household soap or detergent first and then, after rinsing with water, apply regular household disinfectant containing 0.5% sodium hypochlorite (i.e. equivalent 5.000 pm or 1-part bleach to 9 parts of water).
- f. Travellers suspected with COVID-19 should be kept at a comfortable temperature, ensure chairs or areas to sit, ventilation and blankets as needed. They should also be given food and water according to their needs and ability to eat and drink and must be kept in the most comfortable condition possible.

Preparation of transport of ill travellers suspected of COVID-19 infection

Transport of ill travellers suspected of having COVID-19 infection to health care facilities for evaluation, diagnosis and medical care should be carried out rapidly to ensure early clinical care is provided and avoid crowding of suspect cases at PoE. Preparations should include:

- a. Identify health care facilities for evaluation, diagnosis and medical care of COVID-19 infection;
- b. Ensure patient safe transport (by ambulance) is available, when needed;

- c. Ensure infection prevention and control precautions are in place, hand hygiene resources and PPE are available, and staff are trained in its correct use both in the health care facilities and transport;
- d. Establish a process to inform receiving health care facilities prior to patient transfer;
- e. Address security issues during transportation;
- f. Ensure systematic record of personnel involved in screening and transportation of suspected cases of COVID-19.

Infection Prevention Control (IPC) considerations for ambulances and transport staff

- a. Transport staff should routinely perform hand hygiene and wear medical mask and gloves when loading patients for transport in the ambulance.
 - a. If the suspected COVID-19 patient being transported requires direct care (for example, physical assistance to get into ambulance) then the transport staff should add eye protection (for example, goggles) and long-sleeved gown to their PPE;
 - b. PPE should be changed between loading each patient and disposed of appropriately in containers with a lid in accordance with national regulation of infectious waste.
- b. The driver of the ambulance must stay separated from the cases (one than one-meter distance). No PPE is required if distance can be maintained. If the driver must also help load the patients into the ambulance they should follow the PPE recommendations in the section above.
- c. Transport staff should frequently clean their hands with alcohol-based hand rub or soap and water and should ensure that they clean their hands before putting on PPE and after removing PPE.
- d. Ambulance or transport vehicles should be cleaned and disinfected with particular attention to the areas in contact with the suspected case. Cleaning should be done with regular household soap or detergent first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (i.e. equivalent 5.000 pm or 1-part bleach to 9 parts of water) should be applied.³

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³ Disinfectants other than chlorine can be used, provided they have demonstrated efficacy against enveloped virus in the time required for surface disinfection