

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

Overview

Under the International Health Regulations (IHR), the public health authorities at international airports, seaports and ground crossings are required to establish effective contingency plan and arrangements to deal with an unexpected public health event and communicate with the National IHR Focal Point on the relevant public health measures. The current 2019 nCoV outbreak has seen transmission of disease across borders, which has prompted a need to manage suspected cases at Points of Entry (PoE).

This document aims to provide advice on the management of detected and/or self-reported ill travellers, including those suspected with Covid-19 infection, at international airports, seaports and ground crossings and on conveyance.

The management of ill travellers at international airports, seaports 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: appropriate number of trained personnel assigned for these duties, in relation to volume and frequency of travellers and complexity of the PoE regarding terminal facilities.

Staff should be trained on protecting themselves by maintaining >1-meter distance between themselves and travellers at all time (also known as ‘social distancing’). Staff should be instructed to encourage travellers to maintain >1-meter distance between themselves while waiting to cross the PoE, including when completing entry forms.

PoE with large volumes of travellers or significant infrastructure (e.g., airports) should have at least one healthcare worker on-site and designated to support the staff at the point of entry in case ill travellers or suspected Covid-19 cases require emergent or urgent direct clinical care. These healthcare workers should have a supply of the full recommended Personal Protective Equipment (PPE) for healthcare 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 suspected case.

Equipment

No-touch thermometers, ether 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:

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

- self-reporting: With increased knowledge among travellers on the Covid-19, including through active and targeted risk communications for travellers at PoEs, 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
- detection via temperature measurement at countries that choose to perform screening.

When a traveller showing sign(s) of an illness is detected by a POE health personnel 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 needs 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 on Isolation, initial case management and referral of ill travellers with suspected Covid-19infection, for more information on this structure) POE personnel accompanying the ill traveller must keep a distance of at least 1 m from the traveller. A dedicated physical structure should be identified for further assessment/ interview (see “Interview of ill travellers for 2019-nCoV)

2. Interview of ill travellers for 2019-nCoV

2.1 Planning

Facilities

- Set up/identify a structure where ill travellers can be referred to wait for interview near the PoE. Ensure this space has the ability for at least 1-meter spatial separation among ill travellers waiting for 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 healthcare facility. See section 4 on specifications for isolation facilities at PoEs.
- 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 medical facilities.
- Assess if there is a possibility that a quarantine facility located in a distant place from the POE is needed to accommodate a large number of contacts with suspected and confirmed cases, and if so, prepare one.

Staff

- Identify and train staff for b) interview; c) security; d) 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 1 meter distance from travellers at all times during the interview process; c) how to educate and address the patient and families concerns
- Provide staff with training on importance of source control (providing medical masks to travellers before and during the interview process who have respiratory symptoms)
- 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 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
- Sufficient supply of hand hygiene supplies, alcohol-based hand rub or soap and water.
- Respiratory hygiene supplies, including medical masks (to be used by ill patients with respiratory symptoms) and paper tissues
- 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
- Cleaning supplies including household cleaner and disinfectant (see Plans/SoPs for specifications)
- Ensure a chair and/or bed at isolation area for ill traveller

Plans / SoPs

- Develop a process to refer exposed travellers, including travel companions of symptomatic travellers suspicious of novel coronavirus infection, to medical facilities for further assessment and treatment
- Cleaning and disinfection guidelines for frequently touched surfaces and bathrooms in the interview area. Cleaning should be done three times daily (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 ppm or 1-part bleach of 9 parts of water) should be applied¹
- 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 (e.g. authorities for aviation, maritime, refugees) and services.

Other service

- Identify transport for suspect cases to identified health 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 novel coronavirus infection, to medical facilities for further assessment and treatment.

2.2 Implementation of interview

Interview for Covid-19 includes 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), and travel/contact history through completion of the Public Health Declaration Form by the traveller, 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 2019-nCoV:
 - a. a history of travel to country(ies) with ongoing transmission of Covid-19, 14 days prior to the onset of symptoms;
 - b. Has the patient visited 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 14 days;

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.

² Close contact is defined as:

--Traveling together with suspected or confirmed nCoV 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 nCoV patients, working with health care workers suspected or confirmed nCoV infection, without appropriate specific droplet and contact precautions

- d. Has the patient visited any live animal markets at country(ies) with ongoing transmission in the 14 days prior to symptom onset

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

-- visiting patients or staying in the same close environment of a suspected or confirmed nCoV patient.
-- Working together in close proximity or sharing the same classroom environment with a suspected or confirmed nCoV patient

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

Planning

Establish communication mechanism for communication of alerts of suspected Covid-19cases between PoE health authorities and transport sector officials (e.g. 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.

Establish and improve procedures and means of communication for

- a. PoE health authorities receiving health information, documents, and/or reports from conveyance operators regarding ill travellers on board, and to provide advice and advance notice of application of control measures
- b. PoE health authorities to inform the next PoE of ill travellers on board
- c. PoE health authorities to inform the community/provincial/ national health surveillance system of ill travellers identified.

Reporting of ill traveller(s) detected on board conveyance

The International Health Regulations (IHR) require the following documents to be used to collect information about potential public health risks. These documents could assist in the collection of information about ill travellers with clinical signs or symptoms suggestive of respiratory illness.

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 aircraft, the country may consider making its submission mandatory for aircraft arriving from Novel Coronavirus 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 Novel Coronavirus affected areas, as defined by the health authority.

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

Ill travellers with signs & 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 transferred to a health facility for further assessment, diagnosis and treatment. During this period:

- a. Place the traveller in a well-ventilated room (e.g., door, window open, weather permitting) designated for patients suspected to have Covid-19 ONLY.
 - a. If more than one suspected case of Covid-19 are housed in the same room, ensure there is at least 1m of space between travellers;
 - b. Ideally, there should be a dedicated bathroom for use by suspected cases only;
 - 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, if able to tolerate, while they are waiting for transport to healthcare facilities if they did not receive one prior;
 - 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 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 (e.g., 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 daily (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. Basic symptomatic drugs³ may be given to the traveller suspected with Covid-19 while in temporary isolation to reduce discomfort and suffering. The traveller also needs to be kept at a comfortable temperature, ensure chairs or areas to sit, ventilation and blankets if needed. The traveller may also be given food and water according to his/her need and ability to eat/ drink. He/she needs to be kept in the most comfortable condition possible.

Transport of ill travellers suspected of having novel coronavirus infection to health-care facilities for medical 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 healthcare facilities for evaluation, diagnosis and medical care of Novel Coronavirus infection;
- b. Ensure patient 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 healthcare facilities and transport;
- d. Establish a process to inform receiving medical 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 novel coronavirus.

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 (e.g., physical assistance to get into ambulance) then the transport staff should add eye protection (e.g., 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 (>1 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;
- g. 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.⁴

³ [Coronavirus disease \(COVID-19\) technical guidance: Patient management](#)

⁴ Disinfectants other than chlorine can be used, provided they have demonstrated efficacy against enveloped virus in the time required for surface disinfection