

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

Interim guidance
19 March 2020



Background

Under the International Health Regulations (IHR), the public health authorities at points of entry—international ports, airports, and ground crossings—are required to establish effective contingency plans and arrangements for responding a Public Health Emergency of International Concern and to communicate with the National IHR Focal Point on 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.

This document provides advice on the detection and management of ill travellers suspected to have COVID-19 at points of entry and on conveyances of all types, with the following measures to be implemented based on country priorities and capacities:

1. Detection of ill travelers at international points of entry.
2. Interview of ill travellers
3. Reporting of alerts of ill travellers with suspected COVID-19.
4. Isolation, initial case management, and referral of ill travellers with suspected COVID 19.

This interim guidance is intended for National IHR Focal Points, public health authorities and operators at points of entry, conveyance operators, and other stakeholders. WHO will update these recommendations as new information becomes available.

Detection of ill travellers at international points of entry

Planning

Staff: An appropriate number of trained personnel should be assigned to these duties, in relation to the volume and frequency of travellers and the complexity of terminal facilities.

Staff should be trained to protect themselves by maintaining a distance of at least 1 metre between themselves and travellers, at all times, (“social distancing”). Staff should also encourage travellers to maintain a more than 1 metre distance between themselves while waiting to cross the point of entry, including when completing entry forms.

Points of entry with large volumes of travellers or significant infrastructure (for example, airports) should have at least one health care worker (HCW) on site who is designated to support staff in case of ill travellers or suspected COVID-19 cases that require urgent clinical care. These HCWs should have a supply of recommended Personal Protective Equipment (PPE) (i.e. to ensure contact and droplet precautions plus goggles/eye protection) and follow the infection prevention and control (IPC) guidelines outlined here.

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 temperature measurement.

- Self-reporting: with increased knowledge among travellers of COVID-19, including through active and targeted risk communications, individual travellers experiencing signs and symptoms of illness may approach authorities for assistance. These self-reporting ill travellers should be managed following the same procedures.
- Visual observation: ill travellers exhibiting respiratory symptoms suggestive of COVID-19 may be identified by personnel.
- Temperature measurement: 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.

Potentially ill travelers and their travel companions should move away from crowds and be escorted, while maintaining a 1 meter distance from the traveller, to a dedicated physical structure for further assessment (see section 4).

Interview of ill travellers

Planning

Facilities:

- Identify a structure for ill travellers to wait to be interviewed. Ensure at this space will allow for at least 1-metre spatial separation between persons.

- This structure should ideally have the capacity to isolate ill travellers suspected of having COVID-19 after interview while they await transport to a health care facility. See section 4 on specifications for isolation facilities at points of entry.
- Arrangements with local health care facilities should be established so that travellers suspected of having can be promptly referred to a facility.
- Arrangements should also be made for a quarantine facility, in case of a need to accommodate a large number of contacts with suspected and confirmed cases.

Staff:

- Identify and train staff for a) interviews; b) security; and c) transportation of travelers to medical facilities for further evaluation.
- Provide staff with training on a) hand hygiene; b) how to maintain a 1-metre distance from travellers at all times during the interview process; c) addressing concerns of travellers and their companions.
- Provide staff with training on the importance of source control (by providing medical masks to travellers with respiratory symptoms).
- Provide staff with training on how to instruct ill travellers on respiratory hygiene (i.e. coughing or sneezing into tissues or bent elbow and discarding tissues, followed by hand hygiene) and the need for ill travellers to wear a mask and perform frequent hand hygiene, especially after coughing/sneezing, and after touching and disposing of the mask.

Equipment:

- Identify needs for, procure, and ensure sustained supply of equipment and materials needed to perform interviews.
- Ensure supply of hand hygiene supplies, including 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 or beds at isolation areas for ill travellers.

Plans / SOPs:

- Develop a process to refer exposed travellers, including travel companions of ill travellers 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 to 5000 ppm or 1-part bleach to 99 parts water) should be applied.¹
- Establish and maintain a points of entry contingency plan, including the nomination of a coordinator and contact points for public health and other agencies (for example, authorities for aviation, maritime, refugees) and services.
- Other service
- Identify transport for suspected cases to identified health care facilities.
- Identify service provider to apply recommended measures to clean and disinfect affected areas at points of entry and on board conveyances and ensure that infected waste is properly managed.
- Develop a process to refer ill travellers suspected to have COVID-19 and their travel companions to health care facilities for further evaluation.

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 (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; and
- additional observation by the health personnel at the point of entry.

Travellers should be assessed for the following:

- A. Signs or symptoms of respiratory infection;
 - a. Fever greater than 38° C or feeling feverish;
 - b. Cough;
 - c. Breathing difficulties.
- B. History of possible exposure to COVID-19;
 - a. a history of travel to any country with ongoing transmission of COVID-19 within the last 14 days;
 - b. a history of a visit to any health care facility in any country with ongoing transmission in the last 14 days;
 - c. a history of contact² with a traveller with suspected or confirmed COVID-19 in the last 14 days.

¹ Most household bleach solutions contain 5% sodium hypochlorite. [Recommendations on how to calculate the dilution from a given concentration of bleach.](#)

² Global surveillance: **close contact**

- d. a history of a visit to any live animal markets in any country with ongoing COVID 19 transmission in the last 14 days.

Travellers suspected of having COVID-19 should be immediately isolated and referred to a pre-identified health care facility for additional evaluation. Public health authorities should also be notified.

Reporting of alerts of ill travellers with suspected COVID-19

Planning

Establish mechanisms for communication of alerts of suspected COVID-19 cases between points of entry health authorities and transport sector officials (for example, representatives of the national civil aviation and maritime authorities, conveyance operators, and point of entry operators) and the national health surveillance systems.

Procedures and means of communication

The following procedures and means of communication should be established:

- a. Points of entry health authorities to receive health information, documents, and 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. Points of entry health authorities to inform the next point of entry of ill travellers on board;
- c. Points of entry health authorities to inform community, provincial, or national health surveillance system of ill travellers identified.

Reporting of ill travellers detected on board a conveyance

The following forms shall be submitted to the point of entry health authority if required by the State Party. These documents could assist in the collection of information on potential public health risk.

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 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 or passing through COVID-19 affected areas, as defined by the health authority.

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

Isolation and initial case management

Ill travellers with signs and symptoms of respiratory infection who have a history of exposure to COVID-19 should be isolated until they are able to be safely transferred to a health care facility for further assessment. During this period:

Place the traveller in a well-ventilated room (for example, doors and windows open if possible) designated for suspected cases.

- If there is more than one suspected case in the same room, ensure at least one meter of space between them;
- Ideally, there should be a dedicated toilet for use only by suspected cases;
- Provide information to travelers and companions about the need for this procedure and address their concerns.

Points of entry personnel should instruct suspected cases to:

- Wear a medical mask while they are waiting for transport to health care facilities;
- 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 and dispose of the mask. If the mask gets wet or dirty with secretions, it must be changed immediately;
- 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 disposal of the tissue and hand hygiene with alcohol hand rub or soap and water;
- Not to use spaces shared by others.

Points of entry personnel should avoid entering the isolation area where suspected cases are waiting. If they must enter, they should adhere to the following guidance:

- 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 bin with a lid and perform hand hygiene with alcohol hand rub or soap and water after removal of the mask;
- Points of entry personnel should clean their hands with alcohol-based hand rub or soap and water before entering and after leaving the isolation room.

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.

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.

- 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 to 5000 ppm or 1-part bleach to 99 parts of water).

Travellers suspected of having COVID-19 should be kept in a room at a comfortable temperature, have a place to sit, with ventilation and blankets as needed. They should also be given appropriate food and water.

Preparation of transport of ill travellers suspected to have COVID-19

Transport of suspected COVID-19 cases to health care facilities should be carried out rapidly to ensure that early clinical care is provided and avoid crowding of suspected cases at points of entry. Preparations should include:

- Identify health care facilities for evaluation, diagnosis and medical care of COVID-19 patients;
- Ensure that safe transport (by ambulance) is available;
- Ensure that IPC 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;
- Establish a process to inform receiving health care facilities before patient transfer;
- Address security issues during transportation;
- Ensure a systematic record of personnel involved in screening and transportation of suspected cases of COVID-19.

Infection Prevention and Control considerations for ambulances and transport staff

Transport staff should routinely perform hand hygiene and wear a medical mask and gloves when loading patients into the ambulance.

- 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;
- PPE should be changed between each patient and disposed of appropriately in containers with a lid in accordance with national regulation of infectious waste.

The driver of the ambulance must stay separated from the suspected cases (more than 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.

Transport staff should frequently clean their hands with alcohol-based hand rub or soap and water and should clean their hands before putting on PPE and after removing it.

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 to 5000 ppm or 1 part bleach to 99 parts of water) should be applied.³

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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WHO reference number: [WHO/2019-nCoV/POEmgmt/2020.2](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/operational-recommendations/20200220)

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