

COVID-19 management in hotels and other entities of the accommodation sector

Interim guidance

25 August 2020



Background

This document is an update of the interim guidance published on 31 March 2020 (1), which was developed by a review of WHO and UNWTO guidance documents and internal consultation at WHO, UNWTO and UNICEF, based on new knowledge available about COVID-19, including prevention of transmission and the management of suspected or confirmed cases. It is designed to cover hotels and other accommodation facilities of all sizes, including campsites, operating in the time of the current pandemic. Private tourism accommodation providers (2) are invited to follow the operating guidelines.

In addition, this document should be helpful for any authority involved in public health—including the International Health Regulations National Focal Point, local health authorities, local, provincial, and national health surveillance and response systems—to respond to a public health event in hotels and other establishments providing accommodation.

The present guidance should be used in conjunction with the continuously updated information on the WHO COVID-19 website (3) and should consider the SARS-CoV-2 transmission scenario.

COVID-19 considerations

According to current evidence, SARS-CoV-2, the virus that causes COVID-19, is primarily transmitted between people via respiratory droplets and person-to-person contact routes. Transmission may also occur by touching objects or materials carrying infection (fomites) in the immediate environment around the infected person (4).

The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some persons with COVID-19 include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes. Some people become infected but only have mild symptoms and some people infected with SARS-CoV-2 have no symptoms at all. Detailed information on symptoms of COVID-19 can be found on the WHO website (5).

Prevention measures include regular and thorough hand hygiene; physical distancing; avoiding touching eyes, nose, and mouth; good respiratory hygiene and the wearing of

medical masks for at-risk individuals or fabric masks for the general public where there is community transmission and physical distancing cannot be maintained (6). Detailed advice on prevention can be found on the WHO website (7). Appropriate ventilation of buildings and indoor settings, and environmental cleaning and disinfection—in particular of frequently touched objects and surfaces—can help reduce the risk of infection (see page 5 for detailed instructions).

COVID-19 and the accommodation sector

Hotels and accommodation establishments are places where there is a high degree of interaction among guests and workers.

It is these aspects—the lodging of guests, the services this entails (food and beverage, cleaning, activity organization, etc.)—and the interactions specific to these establishments (guest-guest, guest-staff, and staff-staff) that require specific attention.

All staff of the accommodation establishment should comply with basic protective measures against COVID-19 including hand hygiene, physical distancing, avoiding touching eyes, nose and mouth, cough and sneezing etiquette (respiratory hygiene), use of medical or fabric masks, stay-at-home orders when indicated and seeking medical attention when symptoms consistent with COVID-19 are present (7).

Management team

The management of the establishment should develop a comprehensive strategy to adapt to COVID-19 pandemic situation including the following aspects.

Action plan

The management team, in consultation with local health authorities; hotel, restaurant, catering, and tourism administration, and industry associations should establish an action plan tailored to the situation and implement it in accordance with local government recommendations to prevent COVID-19 transmission. The team should further support the health authority for effective case management and contact tracing and mitigate impact among clients and staff. Actions may include reducing occupancy rate where physical distancing cannot easily be achieved. There also need to be processes for staff to follow if they are unwell. A minimum 1 metre distance should be maintained between

staff and clients with whom they interact (which could require the use of physical barriers). Staff should have access to facilities, and supplies for regular hand hygiene, regular cleaning and disinfection of high-touch surfaces in public areas. A process, including supplies, for cleaning and disinfection of any of rooms occupied by ill persons should also be incorporated into the plan. The plan could also incorporate policies for teleworking, a screening process for staff coming to work, and policies for safe return to work post exposure and post recovery from COVID-19 (8,9). The plan should be updated when necessary as a consequence of new guidance, procedures or regulations issued by pertinent authorities.

Deployment of resources

The management team should allocate adequate resources to ensure the continuous and effective implementation of the action plan.

The action plan should also include provision of equipment and procedures, developed in collaboration with local health authorities, for the management of suspected case(s) and their possible contacts.

Supervision

The implementation of the action plan and the effectiveness of the measures undertaken should be evaluated frequently to verify compliance, identify and correct gaps, and adapt the plan based on practical experience. A crisis team involving members of each relevant department can support management in the implementation of the action plan and timely identification of required adjustments. Staff absenteeism should be regularly monitored and justified to rapidly detect and respond to possible COVID-19 illness.

Logbook of actions

It is advisable to keep a logbook of the important actions and measures carried out in response to a suspect or confirmed case and to record them in enough detail (e.g. including date and time a disinfectant was used, by whom and where). This logbook can be used to improve the actions implemented.

Communication

An information policy for guests should be pre-defined through communication between management and staff, including through the managers in charge of the different departments. Providing guidelines to the staff on how they should communicate the action plan to guests and other stakeholders can ensure alignment and consistency. Execution of this approach means staff will be up to date on and can rapidly obtain and provide information on incidents that may arise.

Short documents, informative posters, and video messages can amplify key messages among guests and staff. These may include the promotion of hand hygiene (at least 20 seconds if using alcohol-based hand rub and at least 40 seconds with soap and water, washing all parts of the hand) (10), respiratory hygiene, physical distancing of at least 1 metre and any local requirements regarding medical or fabric masks when physical distancing is not feasible and there is community transmission. Official leaflets on basic hygiene practice and COVID-19, in different languages, could be useful information tools.

It will be useful to have an up-to-date list of contact information for the staff, and emergency telephone numbers.

Training and information

Management should inform all staff of the measures that could protect their health and that of others, including the recommendation to stay home and seek medical attention if they have symptoms of COVID-19. Management should organize regular information briefings that cover all basic protective measures against COVID-19 and the signs and symptoms of the disease, and update staff on new developments. Training may be needed for specific procedures, including Standard Operating Procedure (SOP) to be implemented in the case of isolation of a suspected case (while awaiting ambulance transfer or according to national procedure), cleaning, disinfection and any other measures.

Reception and concierge

Reception staff must take precautions and comply with basic protective measures against COVID-19, including physical distancing.

As part of its advice on the use of masks in the context of COVID-19 (6), WHO advises the use of fabric masks by the general public where there is widespread community transmission and physical distancing of at least 1 metre cannot be maintained. This advice includes settings where employees are in potential close contact with others.

Information and communication

Reception staff should be sufficiently informed and regularly updated about COVID-19 so they can inform guests about preventive measures, protocols and policies, and other services guests may require (such as medical and pharmacy services). They should be prepared to advise guests with symptoms of COVID-19 to stay in their rooms until they are seen by a healthcare worker (to be arranged immediately by management) and provide medical masks and alcohol-based hand rub to guests that develop symptoms.

Up-to-date information from health authorities should be made available to guests and staff on the local situation, especially regarding outbreaks and other important events.

Reception staff should be familiar with the room occupancy policy for accompanying persons in the event of a suspected case of COVID-19. The latest definition of suspected cases of COVID-19 can be found on the WHO website (11).

Departing guests should be advised that, should they develop symptoms suggestive of COVID-19 or get a positive laboratory test for SARS-CoV-2, they should rapidly contact local health authorities and inform them of their stay at the hotel (or other accommodation facility).

The reception desk should have telephone numbers for health authorities, medical centres, public and private hospitals, and safe transportation services easily available for use whenever there is the possibility that a guest may be sick with COVID-19. Reception staff must treat any guest information with discretion, leaving it up to the management and the health authorities to evaluate the situation and make appropriate decisions.

Physical distancing measures, hand cleaning and respiratory hygiene

Physical distancing measures, together with frequent hand and respiratory hygiene, are the main measures to prevent transmission of COVID-19. Reducing occupancy rate should be considered if the facilities do not allow proper physical distancing. Although it is probable that guests are already familiar with physical distancing measures, hand cleaning, and respiratory hygiene, they should be reminded as a form of hospitality.

- Physical distancing involves maintaining a distance of at least 1 metre between guests and one another. Wherever possible, the establishment should provide physical barriers between staff and guests (for example a protective plexiglass board at reception and concierge desks).
- Hand hygiene means regularly and thoroughly cleaning hands with an alcohol-based hand rub or washing them with soap and water. Hand hygiene is recommended after exchanging objects (money, credit cards) with guests.
- Respiratory hygiene means covering the mouth and nose with a bent elbow or tissue when coughing or sneezing. The used tissue should be disposed of immediately in a bin with a lid. Hand hygiene should then be performed.

Necessary equipment and personal protective kit at the reception desk

The reception desk should have personal protective equipment (PPE) kits for use in the event of a suspected case of COVID-19. It should include the following items:

- Disinfectant and cloths or disinfectant wipes for surface cleaning
- Medical mask and eye protection, separate or combined, face shield, goggles (disposable)
- Gloves (disposable)
- Plastic apron (disposable)
- Isolation gown (disposable)
- Biohazard disposable waste bag

Staff must be trained in the use of the kit including when to use the full PPE kit and procedures for putting on, removing and disposing of the PPE. If required, local health authorities may help provide the necessary PPE.

Technical and maintenance services

Water disinfection

The concentration of disinfectant in water for consumption and in pools or spas must be maintained within limits recommended according to national norms and standards.

Dishwashing and laundry equipment

The proper functioning of the dishwashing and laundry equipment should be checked to ensure it is operating as per the specifics on the machine's data plate, particularly with regards to operating temperatures and correct dosage of cleaning and disinfecting chemicals.

Ventilation and air conditioning

Ventilation is an important factor in preventing spread of the virus that causes COVID-19. Below are steps that can improve indoor ventilation. These steps (12) should be considered in consultation with a heating, ventilation and air conditioning (HVAC) professional.

- Consider using natural ventilation (i.e., opening windows if possible and if it is safe to do so) to increase dilution of indoor air by outdoor air when environmental conditions and building requirements allow.
- If HVAC systems are used, they should be regularly inspected, maintained, and cleaned. Rigorous standards for installation and maintenance of ventilation systems are essential to ensure that they are effective and safe. Attention should be given, as in normal circumstances, to monitoring the condition of filters and, if possible, increasing the central air filtration as high as possible without significantly diminishing design airflow
- Increase the total airflow supply and the percentage of outdoor air, such as using economizer modes of HVAC operations (potentially as high as 100%). First, verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations.
- Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
- Generate clean-to-less-clean air movements by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish measurable pressure differentials. Have staff work in "clean" ventilation zones.
- Ensure exhaust fans in restroom facilities are functional and operating at full capacity when the building is occupied.
- Recirculation of air (e.g. split AC units, fan coils, or any system that runs with a recirculation mode) should be avoided where possible unless in a single occupancy room when there are no other individuals present. If recirculation is unavoidable, increase outdoor air exchange by opening windows and minimize air blowing from one person directly at another in order to avoid spread of droplets or aerosols.
- In warmer regions, many hotels use fans as the standard for ventilation in hotel rooms, which should be allowed when the persons occupying the room are from the same household. The hotel therefore has to stress this point and make guests aware of this when checking in.
- Underground facilities and spaces without windows have to be compliant with national regulations. Management should consider recommendations proposed to increase ventilation (13).

- Consider monitoring carbon dioxide (CO₂) levels according to national regulation, because CO₂ level is a rough indicator of the effectiveness of ventilation and overcrowding.
- The proper functioning of ventilation, air exchange, and dehumidification equipment of indoor pools should be checked.

Dispensers

Regular checks should be carried out to ensure the proper functioning, cleaning and disinfection of soap and alcohol-based hand rub dispensers, hand dryers, disposable tissue dispensers and other similar devices. Defective units should be rapidly repaired or replaced.

The hotel action plan should include installing units to dispense alcohol-based hand rub in the different areas of the hotel, including the public restrooms used by guests and by staff, and other areas with high traffic (e.g. entrance to the dining hall, restaurants and bars).

Restaurants, breakfast and dining rooms and bars

Restaurant, breakfast and dining room and bar staff must take precautions and comply with the basic protective measures against COVID-19, including physical distancing and hand hygiene.

In line with WHO COVID-19 guidance for food businesses on food safety (14), restaurants, breakfast and dining room and bar staff should regularly perform hygiene practices (frequent handwashing, respiratory hygiene, frequent cleaning/disinfection of work surfaces and touch points). Gloves may be used but must be changed frequently, and hands must be washed between glove changes and when gloves are removed. Disposable gloves should not be used in the food work environment as a substitute for handwashing. Wearing disposable gloves can give a false sense of security and may result in staff not washing hands as frequently as required. Frequent handwashing is a greater protective barrier to infection than wearing disposable gloves.

As part of its advice on the use of masks in the context of COVID-19 (6), WHO advises that governments encourage the use of fabric masks for source control of COVID-19 by the general public in areas of widespread community transmission in settings where physical distancing of at least 1 metre cannot be achieved. Employees whose work involves close contact with others, such as in restaurants, breakfast and dining rooms and bars, should wear fabric masks according to local guidance.

Information and communication

Guests should be reminded when entering and leaving the restaurant, breakfast, or dining room to clean their hands using alcohol-based hand rub, preferably located at the entrances and exits of those facilities.

Buffets and drinks machines

In the context of COVID-19 buffets are not recommended and should not be offered.

If drink dispensing machines are used, there should be adequate hand hygiene facilities for customers, regular cleaning and sanitizing of any utensils used for the dispenser and routine cleaning and sanitizing of the dispenser itself (14).

Should they be used, the parts regularly in contact with the hands of users should be cleaned and disinfected at least after each service and preferably more often.

Washing dishes, silverware, and table linen

The usual procedures should be followed. All dishes, silverware and glassware should be washed and disinfected in a dishwashing machine. Items that have not been used should undergo the same procedure, since they may have been in contact with the hands of guests or staff.

If for any reason manual washing is required, the usual steps should be followed (rinse, wash, disinfect), taking the maximum level of precautions. Drying should be carried out by way of air drying or using disposable paper towels. Tablecloths and napkins should be washed according to local public health regulations. Linens should be machine washed in hot water (60-90°C) with laundry detergent. If machine washing is not possible, soak linens in a container with water (preferably hot) and soap or laundry detergent.

Table setting

National guidance should be followed on whether indoor dining is permitted. The premises should have adequate ventilation.

Whenever possible, it is recommended to have a maximum of 4 persons for 10 square metres indoors. Tables should be arranged such that the distance from the back of one chair to the back of another chair shall be more than 1 metre and that guests face each other from a distance of at least 1 metre.

Gym, beach, swimming pool, spa, sauna and steam bath facilities

Gym, beach, swimming pool (15), spa, sauna and steam bath facilities can be used with restrictions, in accordance with relevant national guidelines. In particular, the following measures should be in place:

- A maximum number of persons must be determined to ensure adequate physical distancing, and this maximum number should be displayed prominently for guests and users of the facility.
- Individuals using these facilities should follow national and/or local requirements for wearing of fabric masks in public settings such as these facilities. (6)
- Each facility should follow the ventilation and air conditioning recommendations as described earlier in the document. It should be noted that in steam baths, ventilation is normally minimal, and therefore extra attention should be paid to physical distancing by restricting number of users, hygiene, surface cleaning and disinfection.
- Guest should have easy access to facilities for hand hygiene (soap and water and alcohol hand rub), especially in toilet and changing room areas.
- Towels provided must be for single use only. Provide a bin for guests to place their towel after use for laundering.
- Drinking water should be provided in containers for individual use.

- Changing rooms should be equipped with disposable tissue dispensers, disinfectant materials and containers with lids for waste.
- Cleaning staff should clean and disinfect showers, changing rooms, toilets and high touch surfaces such as door handles, toilet handles, and faucet handles several times per day, depending on the frequency of use of these areas.

Recreational areas for children

The persons responsible for children should be vigilant for any signs indicative of COVID-19 and immediately inform the child's parents and, if need be, follow hotel procedures for suspected cases.

Depending on the level of community transmission, infection prevention and control measures will need to be applied in recreational areas for children as per national guidelines.

Cleaning and housekeeping

Because cleaning and housekeeping staff are in direct contact with guests as they clean rooms and conduct other housekeeping duties, they must comply with basic protective measures and precautions against COVID-19.

Cleaning and disinfection

To reduce the potential for SARS-CoV-2 contamination in public settings, high touch surfaces should be cleaned and disinfected frequently. Cleaning and disinfection measures in common areas (such as rest rooms, halls, reception, corridors and lifts) should be used as a general preventive measure. Objects that are frequently touched, such as handles, elevator buttons, handrails, switches, doorknobs and dispensers, should receive special attention. Cleaning staff should be instructed accordingly.

In line with WHO advice for environmental cleaning and disinfection of surfaces in the context of COVID-19 (16) in non-health care settings, the disinfectant and its concentration should be carefully selected to avoid damaging surfaces and to avoid/minimize toxic effects. Environmental cleaning techniques and cleaning principles should be followed as closely as possible.

Availability and use of cleaning materials and personal protective equipment

Cleaning staff should have access to sufficient disinfectant solutions and other supplies and should follow the manufacturer's instructions to ensure that they are prepared and handled safely. Staff should wear appropriate PPE to avoid chemical exposure.

When necessary, cleaning staff should be trained on the use of disinfectants and personal protective equipment listed below:

- Rubber gloves
- Impermeable apron
- Closed shoes
- Eye protection and medical or fabric masks (if procedures like washing surfaces generate splashes).

Waste management

Cleaning staff should be trained to support the environmentally sound management of waste to prevent harm to the environment and detrimental effects to human health through polluted air, water, land and the food chain. Cleaning staff should be supported to follow specific national guidance for waste management in relation to COVID-19 and WHO guidance on waste management for the virus (SARS-CoV-2) (15).

Cleaning and disinfection when guests or employees are identified with COVID-19

As part of the accommodation establishment action plan for COVID-19, there should be a special cleaning and disinfection plan for situations in which there are sick guests or employees staying at the establishment or identified with COVID-19 within a few days after leaving the establishment. Written recommendations for enhanced cleaning and disinfection should describe the enhanced operating procedures for cleaning, managing solid waste and for wearing PPE.

The following should be implemented for rooms or specific areas exposed to COVID-19 cases:

- Any surfaces that have been in contact with or are in the environment of the ill person(s), such as toilet, handwashing basins, and baths, should be cleaned and then disinfected with a regular household disinfectant solution or a solution containing 0.1% sodium hypochlorite (household bleach, diluted if necessary, depending on the product). Surfaces should be rinsed with clean water after a minimum of 1 minute's contact time for chlorine solution if used at 0.1% concentration. Cleaning should always be performed first, followed by disinfection.
- Service staff may require additional training in the preparation, handling, application, and storage of these products (mostly bleach, which may be at a higher concentration than usual). The cleaning staff should know how to monitor the bleach concentration when preparing the solution and how to rinse it off if required, after the minimum contact time has been reached.
- When use of bleach is not suitable, or potentially damaging to the surface (on devices like telephones and remote-control equipment), 70% alcohol or other disinfectant product suitable for coronaviruses could be used.
- Whenever possible, use only disposable cleaning materials. Any material to be re-used should be non-porous and disinfected with 0.1% sodium hypochlorite solution or according to manufacturer's instructions before using for other rooms.
- Textiles, linens, and clothes should be put in special, marked laundry bags and handled carefully to prevent raising dust, with consequent potential contamination of surrounding surfaces or people. Instructions should be given for washing them in warm cycles (60-90°C) with the usual detergents. All used items must be handled appropriately to mitigate the risk of potential transmission. Disposable items (hand towels, gloves, medical masks, tissues) should be placed in a container with a lid and disposed of according to the hotel action plan and national regulations for waste management.

- In general, public areas where a person with COVID-19 has passed through or has spent minimal time in (for example, corridors) do not need to be specially cleaned and disinfected provided there is a process for routine cleaning and disinfection of high touch surfaces as noted above.

Monitoring of sick guests

Housekeeping and cleaning staff should inform the management or the reception desk of any pertinent incidents, such as noticing sick guests in their rooms. They must treat all this information with discretion, leaving it up to the management and to medical services to evaluate the situation and make appropriate decisions.

Handling COVID-19 cases in hotels and accommodation establishments

General recommendations

If a guest or staff develops symptoms consistent with COVID-19, efforts should be made immediately to minimize contact of the ill person with all guests and staff of the establishment. Reception or other hotel staff should follow the procedures in the COVID-19 action plan.

Guest with COVID-19 symptoms

- If the person with symptoms compatible with COVID-19 is a guest of the accommodation establishment, continued stay of the sick person in the establishment is not recommended. The person can be isolated in a room on a temporary basis until the intervention of local health authorities, provided the room is not shared with other guests. No visitors should be permitted to enter the room occupied by the affected guest.
- Depending on the availability of rooms, accompanying persons, if any, should be moved to a different room. If this is not possible (for example, in the case of a child) all necessary precautions should be taken to minimize the risk of transmission of the virus to the accompanying person, who will be considered a contact, isolated from other guests and staff and monitored for symptoms of COVID-19. Appropriate measures should be taken in consultation with local public health authorities and national guidance.
- Guests suspected or confirmed to have COVID-19 should be transferred to an alternate care facility where isolation measures and clinical care, as needed, can be applied as soon as possible. The hotel or accommodation facility should have developed a plan for transfers in consultation with local health authorities.
- If the situation requires that the ill person is not immediately transferred to a medical establishment, management of the ill person will be done in consultation with public health authorities and national guidance to provide the necessary measures for the ill person to remain isolated in his/her room until transfer.
- Increase the ventilation rate in the room at least to 60 l/s/person with natural ventilation or at least 6 air

changes per hour (ACH) with mechanical ventilation. Generate clean-to-less-clean air movements by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish measurable pressure differentials

- The ill person in isolation room should wear a medical mask if staff must enter the room (e.g. for cleaning and disinfection) and practice respiratory hygiene. If the medical mask cannot be tolerated, the ill person should cough or sneeze into a bent elbow or use tissues to cover the mouth and discard the tissue immediately into a waste bag. Place tissues into an intact plastic bag, seal it for disposal and collection by municipal waste services; clean hands with soap and water or alcohol-based hand rub. If staff must assist the ill guest and cannot maintain at least 1 metre distance, they should put on appropriate PPE including a medical mask and eye protection before providing assistance. and clean hands on leaving the guest's room.
- If staff use PPE, they should remove them carefully to avoid self-contamination. Remove first gloves and gown, do hand hygiene; next remove the medical mask and eye protection, and immediately clean hands with soap and water or alcohol-based hand rub. Staff must be trained in this procedure.
- Staff should properly dispose of disposable PPE and other disposable items that had contact with the ill person's body fluids in biohazard bag or a secured bag, which will be considered as "biohazard" waste.
- Potentially exposed staff should be monitored and quarantined according to national guidance and public health authority recommendations (12).

Measures for the management of sick guests and contacts who remain isolated or quarantined in their hotel rooms can be found in the WHO interim guidance on Home care for person with COVID-19 presenting with mild symptoms and management of their contacts (17).

Identification and management of contacts and non-affected guests

Health authorities will conduct contact tracing immediately after a suspected case has been identified in the establishment (18) and provide advice to non-affected guests. Hotel staff should follow the instruction by the relevant health authorities and collaborate with them.

Suppliers of goods and services

Contractors and suppliers of goods and services should follow safe systems of work and have systems in place for the prevention of the spread of COVID-19.

Worker with COVID-19 symptoms

A member of the staff who has symptoms consistent with COVID-19 must immediately stop work and seek medical assistance according to local guidance. The ill staff should immediately perform hand hygiene and put on a medical mask and be isolated in a suitable room while medical services are notified. Disposable tissues and an appropriate waste bin should be available in the designated isolation area while waiting for medical assessment or transfer to an assessment facility.

Staff who report from home that they are ill with symptoms of COVID-19 should be advised to stay at home and seek medical attention.

Staff who report from home that they have tested positive for COVID-19 should follow the instructions received from a health worker which, in cases not requiring hospitalization, will likely include self-isolation at home. WHO criteria for releasing a person with COVID-19 from isolation can be consulted (19).

Hotel and accommodation establishment staff taking part in the evacuation of a suspected case

- To minimize the risk of contaminating other guests or members of the staff, symptomatic guests should be transferred from the establishment according to instructions from the management of the establishment and local health authorities.
- Staff who, under exceptional circumstances, need to be involved in transporting a guest with suspected COVID-19 into an ambulance should apply infection prevention and control (20) practices based on WHO guidance on PPE.
- If more than one suspected case is being transported, personnel and health personnel should change their PPE between each transport to avoid possible cross contamination. They should dispose of the used PPE appropriately in containers with a lid in accordance with the hotel action plan and national regulations for infectious waste.
- After the guest has been transported from the hotel, the hotel management should ensure cleaning and disinfection of the room occupied by the sick person in accordance with the action plan, following the cleaning and disinfection protocols for rooms with cases. If that this is not possible, the on-duty housekeeper should be instructed to clean and disinfect the room occupied by the sick person, following the cleaning and disinfection protocols for rooms with cases and observing personal protective measures. Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times, in accordance with manufactory recommendations.

Note: Depending on relevant national legislation, it is usually the relevant public health authority, not the management of the hotel and accommodation establishment, who has the authority to demand sick guests to temporarily remain in their room or to prevent them from receiving visits from other guests. National law will guide the rights of the guests to refuse or comply with the recommended measures.

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Acknowledgments

WHO acknowledges the contributions of the following organizations, which helped develop this guidance document: The World Tourism Organization (UNWTO)/Sustainable Development of Tourism Department, in particular Dirk Glaesser, Virginia Fernandez-Trapa and Cordula Wohlmuther; United Nations Children's Fund, UNICEF Programme Division, in particular, Jerome Pfaffmann-Zambruni, Maya Arii and Raoul Kamadjeu. The following people from WHO contributed to this document: Guenaël Rodier, Ninglan Wang, Mika Kawano, Victoria Willet, Benedetta Allegranzi and Luca Fontana.

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/Hotels/2020.3](https://apps.who.int/iris/handle/10665/333782)