Infection prevention and control management for frontline COVID-19 response workers working with airline/cruise ship passengers and crew

This document provides information on the infection prevention and control management of airline, cruise ship or other passengers and crew requiring to be evacuated or placed in hotel or other isolation. WA Health, Police, Defence, emergency services, Australian Border Force and other agency staff will be referred to as WA agency staff.

Personal Protective Equipment (PPE)

Given the shortage of PPE, it is advised that conservation of PPE is practised whenever possible. The below advice is based on PPE conservation principles. Used PPE should be placed in a plastic bag and the bag should be tied shut. The bag must not be filled more than 3/4 full. PPE can be disposed of in the general waste stream unless it is heavily contaminated by body fluids (i.e. vomit or blood).

Meeting with passengers/crew at a distance for administrative purposes

Administrative purposes could include such interactions as provision of legal documents or providing briefings or directions to passengers or crew. It would be expected that WA agency staff would not require to touch or come into close contact - i.e. a distance of at least 1.5 metres can be maintained at all times.

WA agency staff meeting for administrative purposes do not require full PPE. PPE should consist of a surgical face mask. This face mask may be worn for multiple interactions with passengers/crew and requires to be changed only when the mask becomes saturated or soiled. Effective hand hygiene should be practised by WA agency staff upon completion of these interactions and at any time when the face mask has been accidentally touched. WA agency staff should not touch their faces or the mask at any time.

Meeting with passengers/crew for interactions within 1.5 metres but involving minimal or no touching

WA agency staff should avoid touching passengers/crew were possible.
WA agency staff should wear PPE appropriate to Droplet Precautions. This should include gloves, gown or coverall, surgical mask, protective eyewear or face shield. These must be donned and doffed as per Appendix 1.

WA agency staff can wear the same PPE between interactions with different passengers/crew, with the exception of gloves which must be changed between interactions if the passengers/crew have been touched. Hand Hygiene must be performed after removing and before replacing gloves. Surgical masks will require to be changed when they become saturated (this may be after 2-3 hours) or when visibly soiled.

Passengers requiring assistance to mobilise

WA agency staff should wear PPE appropriate to Droplet Precautions. This should include gloves, gown or coverall, surgical mask, protective eyewear or face shield. These must be donned and doffed as per Appendix 1. Gloves ideally should be changed between each passenger, but if this is not practical due to rapid interaction (i.e. assisting to disembark or board a vehicle), then provision should be made for passengers to perform hand hygiene at the earliest opportunity. Passengers should be reminded not to touch their face, especially eyes, nose and mouth.

Passengers requiring medical evacuation

The passenger should wear a surgical mask (if their medical condition will allow it). WA agency staff assisting in a medical evacuation or who are assisting the extremely symptomatic passenger to disembark should wear PPE appropriate to Airborne Precautions. This would include gloves, gown or coverall, P2/N95 mask, protective eyewear or face shield. These must be donned and doffed as per Appendix 1.

Luggage

Where possible, luggage should be handled separately from the passengers. Luggage should be removed from the ship and placed in the bus or vehicle hold. Luggage handlers should wear gloves and disposable coveralls only. These must be donned and doffed as per Appendix 1. If the passenger is going to accommodation, the luggage should be left outside the door of the accommodation to be collected by the passenger after the luggage handler has left. If the passenger is going to the airport or other onward journey, the luggage should be removed from the bus or vehicle and left for the passenger to collect once the luggage handler has left the immediate area of the luggage hold.

The luggage handler should perform effective hand hygiene after handling luggage and should not touch their faces at any time.

Trolleys used for transport of luggage should be cleaned and disinfected.

General waste

General waste from suspect or confirmed COVID-19 cases or those in self-isolation or quarantine can be handled as per established general waste handling protocols. In isolation accommodation, the resident should place general waste in a plastic bag and tie the bag shut. The resident should then place the bag in an agreed place at an agreed time for uplift. Waste
handlers should wear their usual PPE including gloves and usual coveralls. The waste handler should perform effective hand hygiene after handling waste and should not touch their faces at any time.

**Clinical waste**

Clinical waste should be handled according to established protocols. Clinical waste would include items such as heavily blood-soaked dressings, tubing containing large amounts of body fluids, needles and syringes and other items usually considered clinical waste. PPE is not considered a clinical waste unless heavily contaminated by body fluids such as blood, vomit or faeces (i.e. PPE worn while attending a medical emergency).

**Appendix 1**

**Sequence for donning and doffing PPE**

### Donning PPE
- Perform hand hygiene
- Coverall
- Mask or respirator
- Protective eyewear
- Gloves

### Doffing (removing) PPE
- Gloves
- Perform hand hygiene
- Coverall
- Perform hand hygiene
- Protective eyewear
- Perform hand hygiene
- Mask or respirator
- Perform hand hygiene