

# Measures to reduce the spread of SARS-CoV-2



**Travel Agencies** 

**Guidelines and recommendations** 



Prepared by the Technical Committee established by the ICTE in collaboration with the Spanish Confederation of Travel Agencies (CEAV), territorial organisations and companies in the tourism sector, and agreed with the Spanish Association of Labour Prevention Services (AESPLA), PRLInnovación, and the trade unions CCOO and UGT.



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#### 0. INTRODUCTION

Tourism is the leading industry in our country, and the current situation due to COVID-19 means protocols must be established to ensure that the reopening of facilities does not increase the risk of community transmission. For this reason, the State Secretariat for Tourism and the Autonomous Regions have agreed to coordinate a single health protocol for COVID-19 to prepare for the reopening of the tourism sector as containment measures are relaxed. The Spanish Tourism Quality Institute took part in drafting this standardised protocol, with requirements for each tourism subsector or activity, to help travel agencies (TAs) identify and analyse risks in their organisations and implement best practices in their services, at their facilities and with their personnel in order to halt the virus.

#### PURPOSE AND SCOPE

Without prejudice to current legislation, this document includes guidelines and recommendations to be applied by TAs in order to minimise the risk of SARS-CoV-2 virus infection at travel agencies.

This document is applicable to travel agencies with offices open to the public.

The various services will begin operating in accordance with the timetable published by the government or according to any future amendments.

#### 2. TERMS AND DEFINITIONS

#### 2.1 COVID-19

COVID-19 is a disease caused by the SARS-CoV-2 coronavirus, a virus first detected in December 2019. The most common symptoms caused by this disease are fever, coughing and shortness of breath. Other symptoms may include fatigue, aches, runny nose, sore throat, headache, diarrhoea, or vomiting. Some people lose their sense of smell or taste.

(Ministry of Health, Consumer Affairs and Social Welfare, 2020).

#### 2.2 Risk

The possibility of a person becoming infected with the SARS-CoV-2 coronavirus.

#### 2.3 Risk Management

Coordinated activities to direct and control the organisation in relation to the risk.

(UNE-ISO 31000:2018)



#### 3. RISK MANAGEMENT REQUIREMENTS

#### 3.1 General requirements

TAs must commit strongly to risk management and lead in the systematic implementation of measures to minimising risk.

Risk management must form part of every process in these establishments, and therefore the different processes must be coordinated.

Based on the outcome of their risk assessment, each establishment will draw up a contingency plan detailing the specific measures it will take to reduce the risks of COVID-19 infection. This preventive activity should be conducted before resuming activity. As a legal requirement, prevention officers or workers' representatives must be consulted in the process of drafting the adaptation of the risk assessment and the resulting health and safety protocols, but it would be advisable for this contingency plan to be arrived at as a consensus between the company and the health or safety committee (or the management committee, as appropriate).

#### 3.2 Health and Safety/Management Committee

TAs must form a risk management committee if they do not have a health and safety committee to take on this role. Failing this, legal workers' representatives must be included in the management committee. TAs must assess and define strategies and decisions for minimising health and hygiene risks from COVID-19.

In particular, this committee, or where appropriate the company, after consulting the workers' representative, must:

- Set targets.
- Establish mechanisms for gathering information to make the best decisions (consultation with authorities, employees, specialists, etc.).
- Establish a coordination method (between committee members, with workers' representatives, ORP service or the person with these duties depending on the type of preventive organisation chosen by the TA, with employees, competent authorities in each matter, suppliers and subcontractors).
- Identify risks. Depending on the type or size of the establishment, if it has its own or an external occupational risk prevention service, this service must conduct the assessment. To this end, it will follow the "Action procedure for occupational risk prevention services in relation to exposure to SARS-COV-2", drawn up by the Ministry of Health.



- Conduct a risk assessment and draw conclusions.
- Design the necessary protection measures and include them in a contingency plan.
- Plan the implementation of the contingency plan.
- Implement the contingency plan appropriate to the size and complexity of the company, and monitor its compliance, assessing its effectiveness and modifying it if necessary according to the effectiveness demonstrated.

This contingency plan must include at least:

- The possibility of modifying the decision-making processes, if necessary.
- The assignment of authorities and responsibilities within the framework of risk management.
- The allocation of human and material resources, including determining the use of Personal Protective Equipment (PPE) in accordance with the needs found in the occupational risk assessment, without prejudice to the provisions laid down in this standard and in the applicable regulations for the prevention of occupational risks.
- The determination and implementation of an action protocol in the event that an employee or customer shows symptoms that are compatible with COVID-19, following in all cases the guidelines for the prevention of occupational risks and of the health authorities respectively, and considering the revision of cleaning and disinfection protocols for potentially contaminated surfaces.
- The supervision of compliance with the recommendations and guidelines issued by health authorities regarding special measures against COVID-19, both by employees and customers, as well as the additional measures contained in the contingency plan resulting from the risk assessment.



#### 3.3 Material resources

TAs must establish the actions needed to acquire the necessary resources, as identified in the risk assessment and the contingency plan, always taking into account the health authority recommendations (e.g. masks, gloves).

TAs must consider any possible restrictions on the provision of material resources and service limitations stemming from such restrictions, assessing feasible possibilities other than those initially proposed if necessary, always with the agreement of the legal workers' representative.

If at any time a lack of material resources is detected, the health and safety/management committee must analyse the situation and report it to the competent authorities to safeguard the company and its employees. It may analyse and propose alternative resources and measures.

#### 3.4 General measures for travel agencies

#### TAs must:

- Plan tasks and work processes so as to guarantee the safe distance established by health authorities; workstation layout, the organisation of movement within the establishment, and the distribution of space in the workplace must be adapted if necessary. If this is not possible, alternative measures shall be taken to avoid the risk of transmission by contact. If employees work in shifts, the shifts should be planned whenever possible so that the same employees are always in the same shift groups. Similarly, if staff need to change their clothes, a space must be provided that also ensures interpersonal safe distances, or the maximum capacity of any staff changing rooms must be established. Additionally, social distancing must be maintained at internal meetings.
- Assess whether there are workers who are particularly vulnerable to COVID-19 in the workplace and determine specific security measures for them.
- Have a contactless thermometer.
- If employees clock in and out using a contact-based system (fingerprint, digits) which cannot be reliably disinfected, a clocking-in system should be implemented that avoids different employees touching the same surface. If choosing to disinfect the system after each use, disinfectant solution must be provided.



- Ensure suitable protection for employees, facilitating hand washing with soap and water, or if this is not possible, the use of hand sanitiser.

- Provide hygiene guidelines with complete, clear and intelligible information on the hygiene rules to be used in the workplace, before, during and after work; these can be reinforced with posters.
- Allow time and provide facilities for correct hand hygiene.
- Provide adequate PPE as identified in the occupational risk assessment. If any service is subcontracted, the main company will supervise that subcontracted personnel have the necessary personal protective equipment.
- Establish rules for the use of facilities where work is carried out and shared spaces to maintain a safe distance.
- Ventilate the different areas of the establishment at least daily and more frequently whenever possible.

#### Also:

- Safe distances must be respected in all activities. This means that occupancy levels must be monitored when necessary. If this is not possible, the necessary protective measures and equipment must be ensured.
- Uniforms (if any) should be placed in a closed bag and washed at a temperature above 60°C. When uniforms cannot be washed at that temperature, they must be adequately disinfected.
- Workers should be trained in the correct use and maintenance of the masks, gloves and PPE they
  use. A record must be kept of this training.

#### 3.5 Protective measures for personnel

#### 3.5.1 General requirements

Personnel must be informed about the contingency plan and their specific responsibilities within the framework of risk management.

Specifically, personnel must:

- Have clear and intelligible information, and specific and updated training on the specific measures to be implemented.



- Avoid greeting other staff members and customers with physical contact, including shaking hands. Safe distances must be respected whenever possible.

- Take into account the result of the risk assessment of each workstation, which will determine whether or not it is compulsory to use a mask and the characteristics of the mask according to the task to be carried out (e.g. hygienic, surgical), as well as the time of use according to its characteristics.
- Immediately throw away any personal hygiene waste -especially tissues- as well as PPE in authorised, non-manual and bagged waste bins or containers.
- Wash their hands thoroughly after sneezing, blowing their nose or coughing, or touching potentially contaminated surfaces (money, counter, etc.). However, the hand washing protocol must be adapted to the characteristics of the facilities, for example, when personnel are unable to wash their hands regularly due to the physical characteristics of the workplace. In this case, the use of hand sanitiser must be ensured.
- Regularly disinfect personal objects (glasses, mobile phones, etc.) throughout the day with soap and water when feasible, and with a disinfectant solution when not available; similarly, disinfect workstation elements (screen, keyboard, mouse, etc.) during shift changes. Specific products applied with a cloth, or special disinfectant wipes, must be used to disinfect electronic equipment.
- Do not share other employees' work equipment or devices. If certain equipment or devices
  (e.g. headphones, microphones, telephones, etc.) are shared, cleaning and disinfection
  guidelines should be established between each use to reduce the risk of contagion.
- Wear clean work clothes daily.

#### 3.5.2 Specific requirements for cleaning personnel

Cleaning personnel must wear appropriate personal protective equipment depending on the level of risk and the findings of the occupational risk assessment. Staff must at least wear a mask and gloves.

After each cleaning session, they must safely dispose of the materials and protective equipment used, as identified in the risk assessment and specified in the contingency plan, and then wash their hands.

Buckets with lids will be provided for the disposal and subsequent management of masks, gloves and PPEs.



If the services described here are subcontracted, TAs will supervise that subcontracted personnel have the necessary personal protective equipment and follow the established procedures.

#### 3.6 Informative measures

The measures to be implemented must be communicated to workers' representatives, workers and subcontractors, for their correct implementation, maintenance and coordination. The organisation must provide information about:

- the specific measures taken by the company to prevent the virus;
- the measures to be adopted by customers according to the contingency plan (e.g. ensuring safe distances);
- how to act if they have symptoms of having contracted the virus.

Specifically, displaying posters explaining hygiene measures in customer service offices should be considered.

The organisation must urge its customers and workers to comply with the measures in the contingency plan and must provide its personnel with the necessary information on preventive and hygienic measures.

#### 4. SERVICE REQUIREMENTS

#### 4.1 Office access and customer service

The following preventive measures must enforced at workplaces open to the public:

- Hand sanitiser must be available in the reception area for customer use.
- Workplace capacity must be established according to the recommendations and guidelines issued by the competent authorities at any given time. These guidelines must also be followed when establishing an appointments system. Information must be provided on maximum occupancy restrictions.
- Payment by card or other electronic means should be encouraged, preferably contactless.
- If contact is required, the POS must be disinfected after each use.



#### 4.2 Information

The following points must be enforced:

- TAs must provide specific information on the travel recommendations issued by the Ministry of Foreign Affairs. "Ministry of Foreign Affairs (2020). Travel Recommendations."

- A system should be established for providing brochures and written material safely, avoiding direct contact with the visitor and the use of shared material (e.g. individual delivery, digital information, etc.).

#### 5. CLEANING AND DISINFECTION REQUIREMENTS

#### 5.1 Cleaning plan

TAs must adapt their cleaning and disinfection plan taking into account the findings of their risk assessment. The plan should at least consider:

- An increase in the frequency of cleaning and wiping, especially areas with greater contact (surfaces, doorknobs, washbasins, taps, reception desk, handles, doors, keyboards, POS, telephones, chairs, etc.). Specifically, employee work areas must be disinfected at the end of their shift (e.g. counters, computers, chairs, etc.).
- Surfaces should be cleaned with disinfectants.
- Daily office ventilation.
- The use of disinfectant cleaning products approved by the competent authorities, under safe conditions. All disinfectants used must be proven to be effective and be used in accordance with product safety information.
- Cleaning surfaces with disinfectants.
- Cleaning personnel should be provided with suitable personal protective equipment.

The contingency plan should determine the impact of the necessary cleaning measures on the planning and organisation of work because of the special importance of this area in this context.



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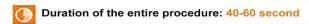
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#### **APPENDIX I:**

#### WHO RECOMMENDATIONS FOR HAND WASHING

### How to wash hands





Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa:



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



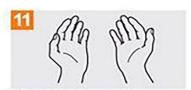
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



Patient Safety
PULALINEA BUYSHI PARA URA ATTREBOY BLAS MODERA

SAVE LIVES Clean Your Hands

#### APPENDIX II: PROPER USE OF PPE.

#### **MASK**

Based on the General Secretariat of Industry and Small and Medium Enterprises Resolution of 23 April, regarding personal protective equipment in the context of the health crisis caused by COVID-19, if a device does not have an EU certificate from the Notified Body (together with the manufacturer's Declaration of Conformity and the other information required on the product/package for CE marking), in order to be supplied/marketed on an exceptional basis, it must be temporarily authorised by the relevant market control authority (section 1.2 of the resolution).

In general, the recommendation is to use disposable PPE or, if not, that can be disinfected after use, following the manufacturer's recommendations.

PPE must be chosen in such a way as to guarantee maximum protection with minimum discomfort to the user, and to this end it is especially important to choose the size and design that will suit the user.

The correct placement of PPE is essential to avoid possible routes of entry for the biological agent; equally important is PPE removal to avoid contact with contaminated areas and/or dispersion of the infectious agent.

PPE must be disposed of safely, in closed bags deposited in the waste container (not the recycling container).

#### Masks

In the context of the current COVID-19 epidemic, hygienic masks are recommended in the workplace (non-reusable, manufactured according to UNE 0064-1 and limited to 4 hours of use, or reusable, manufactured according to UNE 0065, and which should be washed at 60°C after a similar period of use). Surgical masks can also be used (UNE-EN 14683: 2019) although it is preferable to reserve these for infected personnel or those with symptoms compatible with COVID-19.

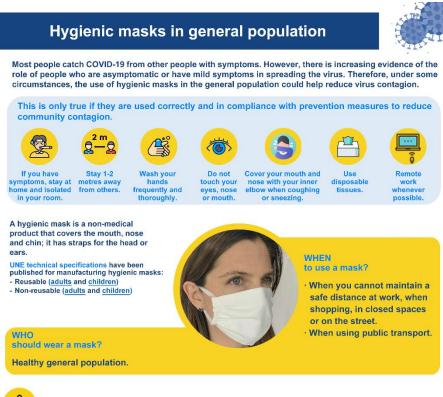
In any case, and as a general rule, masks need not be used in an environment where there is no evidence of a person or surfaces potentially contaminated by SARS-CoV-2, as long as the safe distance can be maintained.

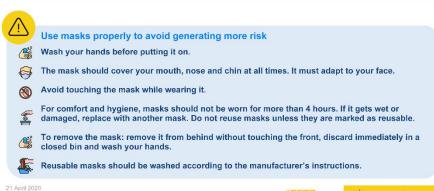


If accessing areas with infected persons, respiratory protection masks (FFPII or FFPIII) must be used unless a 2-metre distance can be maintained. Dual masks may also be used, which must comply with both PPE and MD (medical device) legislation.

Under no circumstances should you touch the front of the mask with your hands during use and removal. Masks must not be left on the forehead or neck, or kept in a pocket between uses.

Note: surgical masks and hygienic masks are not considered PPE.





21 April 2020

Consult official sources for information www.mscbs.gob.es
@sanidadgob







Hygienic masks in general population (Ministry of Health, Consumer Affairs and Social Welfare, 2020)

#### **APPENDIX III:**

#### PROPER USE OF PPE, GLOVES

Protective gloves must comply with EN-ISO 374.5:2016. They should be made of vinyl or nitrile, but other more resistant materials can be used if the activity to be performed so requires. Gloves must be CE marked.

Gloves can create a false sense of protection, so hand hygiene before and after use is very important, especially if potentially contaminated surfaces have been touched.

Gloves must be changed as often as indicated according to their use and the manufacturer's instructions. In any case, sanitiser can be applied to them to prolong their use, but at any sign of deterioration (perforation, tearing, etc.) they must be replaced.

The correct way to remove gloves without contaminating hands is as follows:



Procedure for occupational risk prevention services

(Ministry of Health, Consumer Affairs and Social Welfare, 2020)

Learn to take off disposable gloves without risk

(Nursing Association, 2020)



#### **APPENDIX IV:**

#### MODE OF ACTION FOR INFECTED OR AT RISK PERSONNEL

Basic knowledge about Covid-19 to be taken into account for prevention:

- The symptoms of Covid-19 are mainly coughing, fever and difficulty breathing, and muscle pain and headache in some cases.

- 80% of cases present mild symptoms and the incubation period is 2-14 days. 50% of cases begin to show symptoms within 5 days of infection.
- If a worker begins to have symptoms compatible with the illness, they must immediately contact the telephone number provided by the corresponding Autonomous Region or health centre, and also inform the company. If their symptoms start in the workplace, they must notify their immediate supervisor. The establishment will then notify the prevention service, if any, so that it can adopt the appropriate measures and comply with the notification requirements established by the Ministry of Health.
- The company must draw up and apply a protocol for action in the event of detection of possible infected persons, or persons who have been in contact with them, following the "Action procedure for occupational risk prevention services in relation to exposure to SARS-CoV-2".
- If any worker is a "person at risk" according to Ministry of Health recommendations, whether due to pregnancy, previous chronic pathologies or age, the prevention service will review their position to consider whether "preventive isolation" should be recommended or not if they cannot work remotely, following the procedure mentioned above.



#### **APPENDIX V: SAFE DISTANCES**

The "Action procedure for occupational risk prevention services in relation to exposure to SARS-CoV-2" (Ministry of Health, Consumer Affairs and Social Welfare, 2020) sets the safe distance at 2 m.



## APPENDIX VI: CLEANING AND DISINFECTION PRODUCTS List of virucides

A complete list of authorised virucide products is available at the following link:

https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/Listado virucidas.pdf

