

Operational considerations for COVID-19 management in the accommodation sector

Interim guidance

31 March 2020



Background

Several countries have demonstrated that COVID-19 transmission from one person to another can be slowed or stopped. This document has been prepared based on the evidence currently available about Coronavirus disease 2019 (COVID-19) transmission (human-to-human transmission primarily via respiratory droplets from, or direct contact with, an infected person), and is designed to ensure that the accommodation sector can protect the health of its staff and clients.

It should be used in conjunction with up-to-date information on the [WHO COVID-19 website](#).

The document is addressed to collective tourism accommodation establishments such as hotels and similar establishments, holiday and other short-stay accommodation, and campsites. Private tourism accommodation providers are invited to follow the operating guidelines to the greatest extent possible.¹ In addition, the document will help any authority involved in public health to respond to a public health event in hotels and tourism accommodation establishments, including the International Health Regulations (IHR) National Focal Point (NFP), local health authorities, local, provincial, and national health surveillance and response system.

The measures proposed here should be reviewed and adapted to the local context by the accommodation establishment's Workplace Health & Safety Committee, Prevention Officers and Services, and Health Consultants, or other relevant stakeholders who are responsible for health-related issues within an establishment, including administration and industry associations.

COVID-19 transmission

According to current evidence, COVID-19 virus is transmitted between people through respiratory droplets (particularly when coughing). Direct contact with an infected person or indirect contact, (touching a surface or object that has been contaminated with respiratory secretions) and then touching their own mouth, nose, or eyes is another route of transmission. Although most infected people develop mild symptoms, severe disease may result in

older people and/or people with other medical conditions and they may require rapid hospitalisation.

Prevention measures include regular and thorough hand hygiene, social distancing, avoiding touching eyes, nose, and mouth, and good respiratory hygiene. In public areas, cleaning and disinfecting frequently touched objects and surfaces can help reduce the risk of infection.

Specifics of the tourism accommodation sector

Hotels and tourism accommodation establishments are no more susceptible to contagion than other public establishments visited by large numbers of people who interact among themselves and with employees. Nevertheless, they are places where guests stay temporarily in close cohabitation and where there is a high degree of interaction among guests and workers.

It is these aspects—the lodging of guests in along with 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.

Every staff member must strictly comply with the [basic protective measures against COVID-19 recommended by WHO](#), such as hand hygiene, physical distancing, avoid touching eyes, nose and mouth, practice respiratory hygiene and to heed the advice to stay home and seek medical attention if they have symptoms consistent with the disease.

Management team

The management of the establishment should adopt a responsible attitude to address the health threat of COVID-19.

1. Action plan

The Management Team, in consultation with local health authority, Hotel, Restaurant, Catering, and Tourism administration and industry associations should establish an action plan tailored to the situation and implement it in accordance with the recommendations of local and national public health authorities with the aim to prevent cases, effectively manage cases, and mitigate impact among clients and staff, including cleaning and

¹ Based on the United Nations International Recommendations for Tourism Statistics 2008 (available [here](#)) and the Glossary of Eurostat Statistics (available [here](#)).

disinfection of rooms occupied by ill persons. The plan, which may incorporate teleworking, should be updated when necessary as a consequence of new guidance, procedures, or regulations issued by the pertinent authorities.

2. Mobilisation of resources

The Management Team should make sufficient human and economic resources available to ensure that the action plan can be implemented rapidly and effectively.

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

3. 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 to 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. It is necessary to be alert to any unusual rise in worker absenteeism, especially those due to acute respiratory infections, possibly caused by COVID-19.

4. Logbook of actions

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

5. Communication

Communication should be maintained between Management and staff, including through the managers in charge of the different departments, in order to pre-define an information policy for guests as well as to rapidly provide and obtain information on incidents that may arise in the establishment and to know the status of the situation at all times. Providing guidelines to the staff on how they should communicate the action plan to guests and other stakeholders can ensure alignment consistency.

Short documents or informative posters can amplify the key messages among guests and staff, including the promotion of hand-washing (at least 20 seconds, all parts of the hand), respiratory hygiene, and coughing etiquette.

Official leaflets on basic hygiene practice and COVID-19, in different languages, could be useful information tools.

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

6. Training and information

Management should inform all staffs of the measures to be adopted and the measures that could protect their health and that of others, including the recommendation to stay home and seek medical attention if they have respiratory symptoms, such as coughing or shortness of breath. Management should organize information briefings that should cover all the basic protective measures against COVID-19 and the signs and symptoms of the disease. Training may be needed for specific procedures.

Reception and concierge

1. Information and communication

Reception desk staff should be sufficiently informed about COVID-19 so that they can safely carry out their assigned tasks and prevent the possible spread of COVID-19 within the establishment. They should be capable of informing guests who inquire about the establishment's policy in terms of the preventive measures established or other services that guests may require (for example, medical and pharmacy services available in the area or at the establishment itself). They should also be able to advise guests with respiratory symptoms to stay in their rooms until they are seen by a doctor—management should arrange it immediately—as well as to provide basic hygiene recommendations when asked.

Reception desk staff, if possible, should not be older or with underlying health conditions. Reception desk staff must take all necessary precautions, including physical distancing.

Official, up-to-date information should be available about travel to and from countries or areas where COVID-19 is spreading.

Reception Desk 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 case of COVID-19](#) can be found on WHO website.

The reception desk should have immediately available the telephone numbers of the health authorities, medical centres, public and private hospitals, and assistance centres for use whenever there is the possibility that a guest may be ill.

2. Necessary equipment and medical kit at the reception desk

Although the use of masks is not recommended for the public as a preventive measure, but only for those who are ill with COVID-19 symptoms or those caring for them, the reception desk should have a medical kit that includes the following items:

- Germicidal disinfectant/wipes for surface cleaning Tissues.
- Face/eye masks (separate or combined, face shield, goggles). Note that disposable face masks can only be used once (see [Advice on the use of mask](#)).
- Gloves (disposable)
- Protective apron (disposable)
- Full-length long-sleeved gown
- Biohazard disposable waste bag

3. Social distancing measures, hand cleaning, and respiratory hygiene

Social distancing measures, together with frequent hand hygiene and respiratory etiquette, are the main measures to prevent transmission of COVID-19. Although it is probable that guests are already familiar with these measures, they should be reminded as a form of hospitality.

- Social distancing includes refraining from hugging, kissing, or shaking hands with guests as well as among staff. It involves maintaining a distance of at least 1 m (3 ft) and avoiding anyone who is coughing or sneezing.
- Hand hygiene means regularly and thoroughly cleaning hands with an alcohol-based hand rub or washing them with soap and water. Also avoid touching eyes, nose, and mouth. Hand disinfection is indicated after exchanging objects (money, credit cards) with guests.
- Respiratory etiquette means covering mouth and nose with bent elbow or tissue when coughing or sneezing. The used tissue should be disposed of immediately in a bin with a lid.

4. Monitoring of guests who are possibly ill

While observing regulations in relation to the protection of personal data and the right to privacy, it is advisable to monitor potentially ill guests in the establishment. Reception staff should note all relevant incidents that come to their knowledge, such as requests for doctor's visits. This information will aid guests through appropriate advice, facilitating early detection, and rapid management of suspected cases with local health authorities.

Reception staff 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.

Technical and maintenance services

1. Water disinfection

It is necessary to maintain the concentration of disinfectant in water for consumption and in pools or spas within the limits recommended according to international norms and standards, preferably at the upper limits of the range.

2. Dishwashing and laundry equipment

The proper functioning of the dishwashing and laundry equipment should be checked, particularly the operating temperatures, as well as the correct dosage of cleaning and disinfecting chemicals.

3. Air-conditioning

Although COVID-19 is not transmitted by air but from person to person through small droplets from the nose or mouth when an infected person coughs or exhales, attention should be given, as in normal circumstances, to monitoring the condition of filters and maintaining the proper replacement rate of indoor air.

The proper functioning of ventilation, air exchange, and dehumidification equipment of covered pools should be checked.

4. Dispensers

Regular checks should be carried out to ensure the proper functioning of soap and disinfectant solution 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 disinfectant gel in the different areas of the hotel, including the public restrooms used by guests and by staff, and other areas of interest (e.g. entrance to the dining hall, restaurants, and bars).

Restaurants, breakfast and dining rooms and bars

1. Information and communication

Restaurants, breakfast, and dining room and bar staff should perform personal hygiene (frequent regular handwashing, cough hygiene) as strictly as possible.

Guests should be reminded when entering and leaving the restaurant, breakfast, or dining room to disinfect their hands with disinfectant gel, preferably located at the entrance to those facilities.

2. Buffets and drinks machines

At the buffets, guests should avoid handling food. When necessary, change tongs and ladles more frequently, always leaving these items in separate containers. Clean and disinfect the buffet surfaces after each service.

The coffee machines, soda machines, and others, in particular the parts more in contact with the hands of users, should be cleaned and disinfected at least after each service and more often if necessary.

3. Washing dishes, silverware, and table linen

The usual procedures should be used. All dishes, silverware, and glassware should be washed and disinfected in a dishwashing machine, including items that have not been used, as they might 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 (wash, disinfect, rinse), taking the maximum level of precautions. Drying should be carried out using disposable paper towels. Likewise, tablecloths and napkins should be washed in the usual manner.

4. Table setting

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

Recreational areas for children

Although the current evidence indicates that most children appear to develop less serious respiratory symptoms of COVID-19, there are reports of children infected with COVID-19 who have developed severe or critical disease, and some children have died. The persons responsible for children should be vigilant for any signs of respiratory disease and should immediately inform the child's parents and the management of such circumstance.

Depending on the local context, including the number of children and instruction from national health authorities, consideration should be given to closing the recreational areas for children. In any case, special cleaning and disinfection protocols should be applied to these facilities.

Cleaning and housekeeping

1. Cleaning and disinfection

Even in the absence of COVID-19 cases in the establishment, it is recommended that hygiene services be enhanced. Special consideration should be given to the application of cleaning and disinfection measures in common areas (restrooms, halls, corridors, lifts, etc.) as a general preventive measure during the entire COVID-19 epidemic. Special attention should be given to objects that are frequently touched such as handles, elevator buttons, handrails, switches, doorknobs, etc. Cleaning staff should be instructed accordingly.

As part of the tourism 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 personal protective equipment (PPE).

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

- Any surfaces that become soiled with respiratory secretions or other body fluids of the ill person(s), e.g. toilet, handwashing basins, and baths should be cleaned with a regular household disinfectant solution containing 0.1% sodium hypochlorite (that is, equivalent to 1000 ppm). Surfaces should be rinsed with clean water after 10 minutes contact time for chlorine. Surfaces should be rinsed with clean water after sufficient contact time for the chlorine.
- 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 make sure the bleach is not disintegrated and how to rinse it off after 10 minutes.
- When use of bleach is not suitable, e.g. telephone, remote control equipment, door handlings, buttons in the elevator, etc. then alcohol 70% could be used.
- Whenever possible, use only disposable cleaning materials. Discard any cleaning equipment made of cloths and absorbent materials, e.g. mophead and wiping cloths. When pertinent, disinfect properly non-porous cleaning materials with 0.5% 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 hot cycles (70°C or more) with the usual detergents. All

used items must be handled appropriately to mitigate the risk of potential transmission. Disposable items (hand towels, gloves, 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 case has passed through or has spent minimal time in (corridors) do not need to be specially cleaned and disinfected.
- Cleaning crews should be trained on use of PPE and hand hygiene immediately after removing the PPE, and when cleaning and disinfection work is completed.
- All rooms and common areas should be ventilated daily.

2. Monitoring of sick guests

Housekeeping and cleaning staff should inform the management or the reception desk of any pertinent incidents, including possibly sick guests in their rooms. They must treat all this information with discretion.

3. Availability of materials

Cleaning staff should be trained on the use of and provided with personal protection equipment as listed below:

- Gloves
- Disposable gowns
- Closed shoes
- If doing procedures that generate splashes (e.g. while washing surfaces), add facial protection with a face shield and impermeable aprons.

They should also have access to sufficient disinfectant solutions and other supplies.

4. Optional housekeeping programmes

All programmes where guests can voluntarily forego housekeeping services should be suspended in the service of maximizing health and safety of hotel staff and guests alike.

- Separate the ill person from the other persons by at least 2 m (6 ft).
- If the situation requires and the ill person is not transferred to a medical establishment, Management shall consider relevant measures that the ill person is taken care of in an adequate way. This might include the need for the potential designation of one member of the staff, who is sufficiently trained in infection prevention and control, and the policies and measures for the staff should the staff develop symptoms following the service of an ill person.
- If possible, designate one bathroom for use only by the ill person.
- Request the ill person to wear a medical mask and practice respiratory hygiene when coughing and sneezing. If the medical mask cannot be tolerated by the ill person, provide tissues to cover mouth and discard the tissue immediately into a biohazard disposal waste bag. If no biohazard disposal waste bag is available, place it into an intact plastic bag, seal it, and consider it “biohazard” waste; wash hands with soap and water or alcohol-based hand rub.
- In case the ill person cannot wear a mask, direct contact with the ill person should be avoided unless wearing at least disposable gown, gloves, a mask, and eye protection.
- When attending to an ill guest or staff coming from an affected area who displays fever, persistent cough, or difficulty breathing, always use additional protective equipment (provided in the Universal Precaution Kit), including mask, eye protection, gloves, and a gown.
- Remove PPE carefully to avoid contaminating yourself. Remove first gloves and gown, do hand hygiene; next remove the mask and eye protection, and immediately wash hands with soap and water or alcohol-based hand rub.
- Properly dispose of gloves and other disposable items that had contact with the ill person’s body fluids in biohazard bag or a secured plastic bag, which will be considered as “biohazard” waste.

2. Case of an affected worker

If a member of the staff reports respiratory symptoms, the worker must immediately stop work and seek medical assistance. The staff should stay isolated in a suitable room while the medical services are being notified.

The symptomatic worker should be provided with disposable tissues and a mask that should be worn when other persons are present or when having to go out to common areas.

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

Handling COVID-19 cases in hotels and tourism accommodation establishments

1. General recommendations

If a guest or staff develops symptoms of acute respiratory infection, efforts should immediately be made 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 action plan for the situation when a guest develops signs and symptoms indicative of COVID-19.

Staff who report from home that they have been diagnosed with COVID-19 should follow the instructions received from the doctor, including the recommendation of self-isolation at home until the symptoms have completely disappeared (Note: For a COVID-19 patient to go through a mild form of the disease and fully recover takes about one month).

3. Case of an affected guest

If the person affected is a guest of the tourism 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, and 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

Measures for the management of contacts can be referred to WHO interim guidance on [Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts](#).

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

- In order to minimise the risk of contaminating other guests or members of the staff, symptomatic guests should leave the hotel according to instructions from the management of the establishment and local health authority. Symptomatic guest will be assessed for their condition and, if they fulfil the definition of a suspected case, they will be transferred to a designated health care facility.
- Management of the possible contacts of the sick guest should take place in accordance with instructions from the local public health authority. The local health authority should rapidly update the regional or national health authority on the outcome of examinations and if further actions must be taken.
- Staff involved in the transportation of the suspected case should apply infection prevention and control practices according to WHO guidance.² They should routinely perform hand hygiene and wear a medical mask, eye protection, gloves, and gown when loading suspected COVID-19 patients for transport in the ambulance. They should ensure that they clean their hands before putting on PPE and after removing it.
- If more than one suspected case is being transported, personnel and health personnel should change their PPE between each patient to avoid possible cross-contamination between suspected, but not confirmed, cases of COVID-19. 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.

- The driver of the ambulance should stay separated from the cases. No protection is required if a tight physical separation exists between the driver and the suspected case. If possible, the driver should not be involved in loading the patient into the ambulance. If assisting with the loading of the suspected COVID-19 patient the driver should wear PPE, including a mask, gloves, gown, and eye protection.
- Ambulance or transport vehicles should be cleaned and disinfected with special attention to the areas in contact with the suspected case. Cleaning should be done with regular household disinfectant solution containing 0.5% sodium hypochlorite (i.e. equivalent 5.000 ppm chlorine or 1 part of household bleach containing 5% of sodium hypochlorite to 99 parts of water). After the bleach has been allowed to remain in contact with the surface for at least 1 minute, it may be rinsed off with clean water. As an alternative to bleach, ambulances may use hospital-grade disinfectant products according to manufacturer's guidelines.
- The hotel management should provide access to services for cleaning and disinfection of the room occupied by the sick person in accordance with action plan, following the cleaning and disinfection protocols for rooms with cases. In case 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.

If there is no other option but to keep a sick guest suspected of COVID-19, with mild symptoms, self-isolation in the room should be considered. Doctor's visits should be carried out in the sick person's room whenever possible, avoiding the need for the patient to go to the doctor's office.

A sick guest who is suspected of COVID-19 should stay in an individual room, except in the case of children or persons requiring caretakers. The sick person should not receive visitors, or if they do, visits should be limited to what is strictly necessary. The guest should receive food in the room. Sick persons should not share a bathroom with other persons, and neither should they share towels, blankets, or any type of clothing with their caretakers.

Caretakers must adopt strict precautionary measures, including wearing PPE, whenever they come close to or has direct contact with the sick person. The room should then be organized to allow for proper dressing of PPE and, in a separate area, for disposal of used/contaminated PPE.

The doctor in charge of the case should provide relatives and accompanying persons with information regarding the infection control measures they should adopt.

Only one person should be in charge of caring for the sick person. Pregnant women or other persons with high risk of developing severe disease caused by COVID-19 should not serve as caretakers.

Caretakers should self-monitor for the appearance of symptoms, especially fever and cough, and receive medical attention if such symptoms appear.

The clothing of the sick patient, as well as the linen of the room he or she occupies, should be washed following the usual procedures. As a precautionary measure, these items should be stored and transported in sealed bags.

Note: The management of the hotel and tourism accommodation establishment has no authority to force sick guests to temporarily remain in their room or to prevent them from receiving visits from other guests.

4. Identification and management of contacts

Identification of contacts should begin immediately after a suspected case has been identified in the establishment.

WHO defines a contact as a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
- Direct physical contact with a probable or confirmed case;
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
- Other situations as indicated by local risk assessments.³

In the context of a hotel and tourism accommodation establishment, a contact could be considered as:

- Guest companions or persons providing care who had close contact with the suspected case;
- The staff member designated to look after the ill persons, and other staff members who may have been in close contact with the ill persons or the facilities they use (e.g. bathroom) or their usual articles (e.g. used linen and clothes).

If the severity of the symptoms or numerous movements of the case(s) indicate more extensive exposure in the establishment, a more thorough assessment should be done together with the local health authorities.

WHO recommends that all contacts of COVID-19 patients be quarantined for 14 days from the last time they were exposed to the patient.⁴ If a contact develops symptoms, the contact should wear a medical mask, considered as suspect case, and treated as such.

Other guest and staff who do not meet the definition of a contact may be considered as having low-risk exposure and may be advised to implement precautionary measures. These precautionary measures can be modified and adapted to the risk assessments conducted by the public health authorities.

5. Non-affected guests

Non-affected guests are persons considered to have had a low-risk exposure. They should be provided with information about the disease, its transmission, and preventive measures. They should be asked to self-monitor for COVID-19 symptoms, including fever, cough, or difficulty breathing for 14 days from the date of departure of the confirmed case from the establishment. Should they develop symptoms indicative of COVID-19 within 14 days, they should be asked to immediately self-isolate and contact local health services.

6. Suppliers of goods and services

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

References

1. Infection prevention and control during health care when COVID-19 is suspected: interim guidance. Geneva: World Health Organization;2020 ([https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)).
2. Water, sanitation, hygiene and waste management for COVID-19: Interim guidance. <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>.
3. Global surveillance for COVID-19 caused by human infection with COVID-19 virus : interim guidance. Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/surveillance-and-case-definitions>).
4. Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19): interim guidance. Geneva: World Health Organization;2020 ([https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))).

Acknowledgements

WHO thanks the World Tourism Organization (UNWTO) and its Sustainable Development of Tourism Department, in particular Dr. Dirk Glaesser, Mrs Virginia Fernandez-Trapa and Mrs Cordula Wohlmuther, the International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations for their contribution and

inputs to the development of the document, as well as Dr Sebastian Crespi, Director of Biolinea, Spain, who is the author of previous guidance on the subject and kindly provided inputs on this document.

© World Health Organization 2020. Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO](#) licence.

WHO reference number: [WHO/2019-nCoV/Hotels/2020.1](#)