

Coronavirus

COVID-19

PUBLIC TRANSPORT OPERATORS

FREQUENTLY ASKED QUESTIONS

General information

What is the difference between coronavirus (COVID-19) and influenza?

The first symptoms of coronavirus (COVID-19) and influenza (flu) infections are often very similar. They both cause fever and similar respiratory symptoms, which can range from mild to severe and sometimes be fatal.

Both viruses are also transmitted in the same way, by coughing or sneezing, or by contact with hands, surfaces or objects contaminated with the virus. As a result, the same public health measures, such as hand hygiene (hand washing), good respiratory etiquette (coughing into your elbow or into a tissue and immediately disposing of the tissue) and good cleaning practices are important actions to prevent both infections.

The speed of transmission is an important difference between the two viruses and influenza can spread faster than coronavirus (COVID-19).

While the range of symptoms for the two viruses is similar, the proportion of people who develop severe disease appears to be higher for coronavirus.

Once infected with the virus, how long are people contagious for on average?

It may take up to 14 days for someone to show symptoms once they've been exposed to the virus. Therefore, a 14-day self-isolation period has been established for people who have had contact with the virus. The period from contact to development of symptoms may be as short as two days. The infection period will last from a few days in a mild case to much longer in a severe infection, particularly if the person has other illnesses, such as lung and heart disease.

Can you catch the virus twice?

At this time, it is not clear if you can catch the virus twice. Humans do appear to develop immunity to coronavirus (COVID-19), making re-infection unlikely and raising the chances of vaccines being highly effective. Blood tests are in development to help establish whether the body retains immunity after a coronavirus (COVID-19) infection. For most viruses, there is long-term immunity after an infection.

Can people be contagious before they start to show symptoms?

The virus can spread from person to person through close contact, including in the 24 hours before [symptoms](#) are present.

Close contact can include:

- living in the same household
- direct contact with bodily fluids
- spending two hours or longer in the same room
- face-to-face contact for more than 15 minutes in any other setting not listed above.

If these criteria are met and you have come in contact with a person who has a confirmed case of coronavirus (COVID-19), you could be at risk of transmission of the virus and must self-isolate for 14 days or until such time that there is medical confirmation that you do not have coronavirus (COVID-19).

Workers must not report to work if they feel unwell.

The infection period will last from a few days in a mild case to much longer in a severe infection, particularly if the person has other illnesses, such as lung and heart disease.

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Are pregnant women categorised as vulnerable?

At this time, pregnant women don't appear to be more likely than the general population to develop severe coronavirus (COVID-19). It is expected that most pregnant women who develop coronavirus (COVID-19) will experience mild or moderate illness from which they will make a full recovery.

However, there is currently limited information available regarding the impact of coronavirus (COVID-19) on pregnant women and their babies. Therefore, it would be prudent for pregnant women to practice physical distancing and good hygiene measures to reduce the risk of infection.

There is no convincing evidence of transmission from mother to foetus and where the baby has developed coronavirus (COVID-19) following birth, the symptoms have been very mild.

Pregnant women are not considered to be at the same risk of developing serious illness at this stage as vulnerable people. However, this advice may change as we learn more about this condition.

How long does coronavirus (COVID-19) survive on surfaces?

Studies suggest that coronavirus (COVID-19) may persist on surfaces for a few hours or up to several days. This may vary under different conditions, such as the type of surface, temperature and humidity of the environment. For more information and the latest study, [click here](#).

If you think a surface may be contaminated, clean it with a common household disinfectant to kill the virus. Guidance on how to clean frequently touched surfaces and on appropriate grade disinfectants is available [here](#).

In order to reduce the risk of contracting coronavirus (COVID-19), or spreading it within the business or operational environment, it is recommended that organisations identify their frequently touched and minimally touched surfaces and implement an appropriate cleaning regime.

The following practices are recommended at the commencement of each business day or shift, noting that the more people who contact surfaces, the more frequently that surface should be cleaned:

- Regularly clean all hard surfaces with standard cleaning products to improve penetration of the disinfectant.
- Wipe down all hard surfaces with a household or commercial disinfectant.
- Use gloves and glasses as per manufacturer's specifications for chemical use.
- Wherever possible, use disposable cloths and mopheads and ensure appropriate waste removal or soak cloths in bleach.

In general, to avoid contaminating yourself or others, wash your hands regularly with soap and water or use an alcohol-based hand sanitiser. Avoid touching your eyes, mouth and nose.

Is there any increased risk associated with recycled air-conditioning systems on public transport?

There is no evidence that air-conditioning increases the risk of transmission.

There have been reports from overseas of heating being turned up on public transport as it kills the virus. Is there any merit in this?

There is no evidence that increased heating on public transport kills the coronavirus.

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Cleaning practices and PPE

What personal protective equipment (PPE) should be worn by staff who interact with members of the public?

Frontline and customer-facing staff should attempt to maintain a distance of 1.5 metres from other people wherever possible.

Where this is not possible, regular and thorough handwashing with soap and water as well as the use of alcohol-based hand sanitiser may assist in reducing the risk of transmission.

When cleaning or checking myki cards, staff should wash their hands thoroughly with soap and water after each contact, or use hand sanitiser.

Where possible, avoid holding myki and credit cards. Instead, hold the myki reader or EFTPOS machine out and ask the passenger to touch their card onto the reader.

If available, rubber gloves may be worn to complete these tasks. If you do wear rubber gloves, use alcohol-based hand sanitiser before and after wearing them. Be mindful of not touching your face, regardless of whether you are wearing gloves or not.

For people who aren't displaying symptoms, wearing a mask of any type is not recommended.

If you are displaying symptoms, you must not be at work and you must self-isolate. For more information regarding self-isolation, [click here](#).

What can staff do when hand sanitiser is not available and there is no access to soap and water?

It is important for staff to wash their hands with soap and water or use hand sanitiser wherever possible to prevent the spread of infection. In the

absence of these options, staff should continue to avoid touching their face, and ensure they cough or sneeze into their elbow rather than their hands. Other considerations include:

- Do not share drinking bottles, crockery or cutlery.
- Stop shaking hands, hugging or kissing as a greeting.
- Ensure a distance of 1.5 metres is kept between yourself and others.
- Get vaccinated for flu (influenza) as soon as possible. This could help reduce the risk of further problems.
- Clean and disinfect high touch surfaces regularly, such as telephones, keyboards, door handles, light switches and bench tops.
- Shampoo or body wash can be used as an alternative to soap when hand washing. It doesn't have to be marked "antibacterial".
- Staff should be encouraged to keep nails short and clean and consider avoiding wearing rings.

Note that hand dryers are not effective in killing or preventing coronavirus (COVID-19) on their own, and they may increase the risk of spread of coronavirus (COVID-19) if used on hands that have not been cleaned properly. If you have washed your hands, dry them thoroughly by using paper towels. If there are no paper towels available, use a hot air dryer or let your hands air dry. Your hands must be dried completely before you return to work.

What is the effectiveness of facemask?

Most people will not benefit from wearing a surgical mask. Masks are of benefit to people who are sick, so they don't cough on others and risk spreading coronavirus (COVID-19), and for health care workers who are in frequent, close contact with sick people.

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In the community, surgical masks are only helpful in preventing those with coronavirus (COVID-19) from spreading it to others. There is little evidence to support the widespread use of surgical masks in healthy people to prevent transmission in public.

The Australian Chief Health Officer recommends that customer service staff and public officials do not wear masks as there is less chance they will come into close contact with suspect or confirmed cases. Social distancing and good hygiene practices are more useful.

What are the recommendations for safe use and disposal of facemasks?

When putting on a facemask, ensure you cover your nose and mouth with a firm fit.

When removing your mask, remember these principles:

- Avoid touching the surface of the mask.
- Use the straps.
- Remove in a downward direction away from your face. Slip your fingers under the straps of your mask at the back of your head, lift them clear of your hair and draw straps together. Lean forward and slowly lift the straps over your head, pulling the mask down and away from the face.
- Continue to hold the mask by the straps and drop into a plastic bag. Seal the plastic bag and place it in normal waste.
- Disposable masks cannot be safely reused as this poses the risk of direct contact with contaminated surfaces and possible infection.

These removal principles protect not only yourself from contamination, but also those around you, and your immediate environment. For further information, [click here](#).

Are you at risk of contracting the virus from using or cleaning toilets on public transport?

There is now evidence to show that the virus can be present in human faeces, so there is considered to be extra risk. Normal good hygiene practices should always be observed to reduce the risk of transmission of viruses that are transmitted in bodily fluids, such as hepatitis A and hepatitis B. PPE should be worn by staff who clean toilets.

What cleaning frequency and regimes for air-conditioning filters are required?

Air-conditioning filters are fine enough to trap virus particles and, provided the gasket around the filters is sealed tight, any particles will be retained by the filter and not recycled in the air. There are many viruses circulating in the environment all the time and as such, there is no reason change the cycle.

Workplace practices

If a staff member is living with a family member who is in isolation, what are implications for the staff member?

If the staff member's family member is well but has a suspected case of coronavirus (COVID-19), there is no need for the staff member to self-quarantine unless the person becomes a confirmed case. At that point, all people in the household are regarded as having had close contact and are required to self-quarantine.

If the staff member's family member is unwell and has a confirmed case of coronavirus (COVID-19), all people in the household are required to self-quarantine. If the family member is in self-quarantine as a precaution and follows all the required steps for self-quarantine, nobody else in the house is required to self-quarantine.

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What are the recommendations when travelling in vehicles/public transport and workplace practices where close contact is unavoidable?

At this point, no specific PPE is required. Currently, the main transmission risk is still from those who have returned from overseas or someone who has come into close contact with someone who has recently returned from overseas. Employers have other mechanisms in place to prevent this. However, should the virus transmission accelerate across the community in coming weeks, this recommendation may change. The use of separate vehicles to travel to sites should be practiced if possible. In cases where a distance of 1.5 metres cannot be maintained between people, try to aim for less than 15 minutes of close contact wherever possible.

What precautions should be implemented when people returning from overseas and using public transport?

All international arrivals to Australia are now transferred to a hotel and placed in quarantine for 14 days. These passengers are then transported by dedicated Skybus services and taken directly and securely to hotels. This means there will be no international passenger pickups by other public transport providers until further notice.

Other returning travellers, for example those arriving on domestic flights, should avoid direct contact with other passengers, drivers and staff, and should practice good hand hygiene and cough and sneeze etiquette. It must be assumed they are contagious even if they appear to be well.

Consequently, to minimise the potential spread, all passengers should practice physical distancing by sitting away from other passengers and in the rear seat of a car. Additionally, if possible, windows should be open to increase ventilation.

Workplace obligations

What is the current status and obligation of First Aid providers?

The obligation of the First Aid provider remains to do whatever is within their training skill set.

What additional controls should be put in place to support First Aid providers?

If officers have access to PPE, such as facemask, disposable gloves and eye protection, these must be used. If they have a facemask that can be offered to the patient, this should be given to the patient who should put it over their face. The First Aid provider should not place it over the patient's face. After performing First Aid, the provider must wash their hands thoroughly in soap and water or use an alcohol-based hand sanitiser.



Information current as of 14 April, 2020

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