



REPUBLIC OF CYPRUS

**SHIPPING DEPUTY MINISTRY TO THE PRESIDENT**

Circular No. 05/2020

11 March 2020

SDM File No. 5.13.09

To all Registered owners, Registered bareboat charterers  
Managers and Representatives of ships flying the Cyprus Flag

**Subject: Coronavirus Disease “COVID-19” - Updates on precautions to be taken to minimise risks to seafarers, passengers and others on board ships**

I refer to the above subject and further to the Shipping Deputy Ministry’s Circular No. 03/2020 I wish to inform you of the issuing of the following new Circular Letters by the International Maritime Organization (IMO):

- (i) **IMO Circular Letter No.4204/Add.2** of **21 February 2020** containing the “Joint Statement of the IMO- World Health Organization (WHO) on the Response to the COVID-19 Outbreak”. While recognising the need to prevent the introduction or spread of the disease, the Joint IMO-WHO Statement *inter alia* notes that unnecessary interference with maritime traffic should be minimised. The Joint IMO-WHO Statement further highlights the importance of avoiding causing unnecessary restrictions or delay on port entry to ships, persons and property on board;
- (ii) **IMO Circular Letter No.4204/Add.3** of **2 March 2020** containing “Operational Considerations for Managing COVID-19 cases/outbreak on board ships” developed by the WHO. This document *inter alia* contains guidance on pre-boarding and pre-disembarkation information, pre-boarding screening, crew education, managing a suspected case on board, disembarkation of a suspect case, development and activation of a written outbreak plan for passenger ships as well as obligations of shipowners to inform the authorities of the next port of call of any suspected case;
- (iii) **IMO Circular Letter No.4204/Add.4** of **5 March 2020** containing “Guidance for ship operators for the protection of the health of seafarers” prepared by the International Chamber of Shipping in response to the coronavirus outbreak to support all types of ships and help shipping companies follow advice provided by United Nations Agencies, including the IMO, the WHO as well as the International Labour Organization and the European Centre for Disease Prevention and Control.

— Copies of aforementioned new IMO Circular Letters are attached hereto.

2. Moreover, on 20 February 2020, following a request from the European Commission's Directorate-General for Health and Food Safety (DG SANTE) an “Interim Advice for Ship operators”



— was prepared by an ad-hoc working group established with members from the EU HEALTHY GATEWAYS joint action consortium. A copy of said interim advice is attached hereto. This interim advice contains information on minimising the risk for introduction of COVID-19 onto the ship, education and raising passenger and crew awareness, medical supplies and equipment, management of a suspect case, management of contacts, disembarkation, record keeping in the medical log, active surveillance (case finding) as well as cleaning and disinfection.

3. For any technical issues in relation to the spread of COVID-19 requiring special permission from the Shipping Deputy Ministry, applications may be submitted to our Administration. Such applications will be considered on a case by case basis.

4. All owners and managers of ships flying the Cyprus Flag are advised to take note and implement the measures contained in the latest IMO Circular Letters No.4204/Add.2, No.4204/Add.3 and No.4204/Add.4 as well as the Interim Advice for Ship Operators prepared at the request of the Directorate-General for Health and Food Safety-DG SANTE.



Stavros Michael  
Acting Permanent Secretary  
Shipping Deputy Ministry to the President

**Cc.**

- Permanent Secretary, Ministry of Health
- Permanent Secretary, Ministry of Transport, Communications and Works
- Permanent Secretary, Ministry of Foreign Affairs
- Maritime Offices of the Shipping Deputy Ministry to the President abroad
- General Manager, Cyprus Ports Authorities
- Recognised Organisations (ROs)
- Cyprus Shipping Chamber
- Cyprus Union of Shipowners
- Cyprus Shipping Association

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Circular Letter No.4204/Add.2  
21 February 2020

To: All IMO Member States  
United Nations and specialized agencies  
Intergovernmental organizations  
Non-governmental organizations in consultative status with IMO

Subject: **Joint Statement IMO-WHO on the Response to the COVID-19 Outbreak**

The Director-General of WHO and the Secretary-General of IMO have jointly issued the attached statement to assist States in ensuring that health measures are implemented in ways that minimize unnecessary interference with international traffic and trade.

Member States and international organizations are encouraged to disseminate this joint statement as widely as possible.

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**ANNEX**



**A Joint Statement on the Response to the COVID-19 Outbreak  
- 13 February 2020 -**

On 31 December 2019, the first outbreak of what has now become known globally as the novel coronavirus (COVID-19) was reported in Wuhan City, Hubei Province of the People's Republic of China. On 9 January 2020, Chinese authorities reported in the media that the cause of this viral pneumonia was initially identified as a new type of coronavirus, which is different from any other human coronaviruses discovered so far.

Following the advice provided by the Emergency Committee convened under the International Health Regulations (IHR) (2005) on 30 January 2020, the Director-General of the World Health Organization (WHO) declared the outbreak of COVID-19 to be a Public Health Emergency of International Concern (PHEIC) and issued a set of Temporary Recommendations.

WHO is working closely with global experts, governments and partners to rapidly expand scientific knowledge on this new virus, to track the spread and virulence of the virus, and to provide advice to countries and the global community on measures to protect health and prevent the spread of this outbreak. Based on recommendations developed by the WHO, the International Maritime Organization (IMO) has issued Circular Letter No.4204 of 31 January 2020 to provide information and guidance on the precautions to be taken to minimize risks to seafarers, passengers and others on board ships from the novel coronavirus (COVID-19).

Following the advice of the Emergency Committee, the WHO Director General did not recommend any travel or trade restriction. Countries are stepping up their efforts in line with WHO's recommendations for preparedness and response to this public health risk. At the same time, additional measures are being adopted by countries, ranging from delayed port clearance or refusal of entry, which may cause severe disruption of international maritime traffic, in particular affecting ships, their crews, passengers and cargo.

WHO is working in close consultation with IMO and other partners to assist States in ensuring that health measures be implemented in ways that minimize unnecessary interference with international traffic and trade.

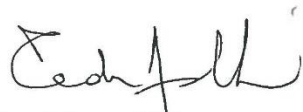
In this connection, WHO and IMO call upon all States to respect the requirements of "free pratique" for ships (IHR (2005) article 28) and the principles of proper care for all travelers and the prevention of unnecessary delays to ships and to persons and property on board, while recognizing the need to prevent the introduction or spread of disease.

IHR States Parties have committed to providing a public health response to the international spread of disease "in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade". Further, IMO's Convention on the Facilitation of Maritime Traffic (commonly known as the "FAL Convention") states that non-Parties to the IHR shall endeavor to apply the IHR to international shipping.

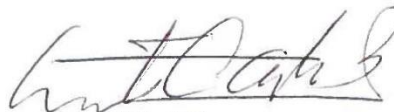
Accordingly, measures interfering with international maritime traffic are subject to provisions of the IHR (2005), including the specific requirements set out in Article 43. Further, it is essential that States Parties implement the IHR with full respect for the dignity, human rights and fundamental freedoms of everyone, as stated in Article 3(1). The principles of avoiding unnecessary restrictions or delay on port entry to ships, persons and property on board are also embodied in Articles I and V and section 6 of the annex of the FAL Convention. IHR and IMO regulations must be applied in a consistent manner to secure their common objectives.

In particular, flag State Authorities, port State authorities and control regimes, companies and ship masters should cooperate, in the current context of the outbreak, to ensure that where appropriate, passengers can be embarked and disembarked, cargo operations can occur, ships can enter and depart shipyards for repair and survey, stores and supplies can be loaded, and crews can be exchanged.

The World Health Organization and the International Maritime Organization stand ready to assist and support countries and the maritime industry in responding to the challenges to shipping posed by the current outbreak of novel coronavirus.



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Circular Letter No.4204/Add.3  
2 March 2020

To: All IMO Member States  
United Nations and specialized agencies  
Intergovernmental organizations  
Non-governmental organizations in consultative status with IMO

Subject: **Operational considerations for managing COVID-19 cases/outbreak on board ships**

The Secretary-General of IMO has received the attached guidance on "Operational considerations for managing COVID-19 cases/outbreak on board ships" prepared by WHO.

Member States and international organizations are encouraged to disseminate the guidance to all parties concerned as widely as possible.

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## ANNEX

# Operational considerations for managing COVID-19 cases and outbreaks on board ships

Interim guidance  
24 February 2020



### Introduction

This document has been prepared based on current evidence about the transmission of 2019 coronavirus (previously named 2019-nCoV, now designated COVID-19) disease – that is, human-to-human transmission via respiratory droplets or direct contact with an infected individual.

It is recommended that this guidance be used with the World Health Organization (WHO) [Handbook for management of public health events on board ships \(1\)](#).

The target audience for this document is any authority involved in the public health response to a COVID-19 public health event on board a ship, including International Health Regulations (IHR) National Focal Points (NFPs), port health authorities, and local, provincial and national health surveillance and response systems, as well as port operators and ship operators.

### Outbreak management plan for COVID-19 disease

Passenger ships sailing on an international voyage are advised to develop a written plan for disease outbreak management that covers the definitions of a suspected case of COVID-19 disease, the definition of close contacts and an isolation plan. The outbreak management plan should include descriptions of the following:

- the location or locations where suspected cases will be isolated individually until disembarkation and transfer to a healthcare facility;
- how the necessary communications between departments (for example, medical, housekeeping, laundry, room service) about persons in isolation will be managed;
- the clinical management of suspected cases while they remain on board;
- cleaning and disinfection procedures for potentially contaminated areas, including the isolation cabins or areas;
- how close contacts of the suspected case will be managed;
- procedures to collect Passenger/Crew Locator Forms (PLF);
- how food service and utensils, waste management services and laundry will be provided to the isolated travellers.

Staff on board should have knowledge of the outbreak management plan and should implement it as required.

## Prior to boarding

### Pre-boarding information

Passengers and crew members should receive information in accordance with WHO's advice for international traffic in relation to the outbreak of COVID-19 disease. This advice and guidance is available at <https://www.who.int/health-topics/coronavirus>.

### Pre-disembarkation information

Until the termination of the COVID-19 public health emergency of international concern is declared, it is recommended that all passengers and crew members complete their PLF, and this should be kept on board for at least 1 month after their disembarkation. Information in the completed PLF should be provided upon request to health authorities to facilitate contact tracing if a confirmed case is detected after disembarkation or after the voyage has ended.

### Pre-boarding screening

Until the termination of the COVID-19 outbreak, passenger ships on an international voyage are advised to provide passengers with general information on COVID-19 disease and preventive measures and to implement pre-boarding screening with the purpose of deferring or rescheduling the boarding of any traveller identified through a questionnaire (Annex 1) as being a close contact of someone with COVID-19 disease to ensure proper management by port health authorities.

A contact is a person involved in any of the following:

- providing direct care to a patient with COVID-19 disease, visiting patients or staying in the same environment as a COVID-19 patient;
- working in close proximity to or sharing a cabin or room with a patient with COVID-19 disease;
- traveling with a COVID-19 patient in any kind of conveyance;
- living in the same household as a patient with COVID-19 disease within 14 days after the patient's onset of symptoms (2).

### Education

Ship owners should provide guidance to the crew about how to recognize the signs and symptoms of COVID-19 disease.

Crew should be reminded of the procedures that are to be followed when a passenger or a crew member on board displays signs and symptoms indicative of acute respiratory disease.

Country-specific guidance for crew members about prevention measures may be available, such as that at <https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html> (3).

Additional guidance is available in WHO's interim guidance about home care for patients with suspected COVID-19 infection who have mild symptoms and how to manage their contacts (4) and about the use of medical masks (5).

Healthcare staff on board ships should be informed and updated about the outbreak of COVID-19 disease and any new evidence and guidance available for healthcare staff.

WHO's updated information is available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

## Managing a suspected case on board a ship

### Definition of a suspected case

A suspected case is:

- A. a patient with severe acute respiratory infection (that is, fever and cough requiring admission to hospital) AND with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in China or in another country with established community transmission<sup>1</sup> of COVID-19 disease during the 14 days prior to symptom onset

OR

- B. a patient with any acute respiratory illness AND at least one of the following during the 14 days prior to symptom onset: (a) contact with a confirmed or probable case of COVID-19 disease or (b) working in or visiting a healthcare facility where patients with confirmed or probable COVID-19 disease were being treated.

### Activating the outbreak management plan

If it is determined that there is a suspected case of COVID-19 disease on board, the outbreak management plan should be activated. The suspected case should be immediately instructed to wear a medical mask, follow cough etiquette and practice hand hygiene; the suspected case should be isolated in a predefined isolation ward, cabin, room or quarters, with the door closed. Infection control measures should be applied in accordance with WHO guidance (2, 6). The disembarkation and transfer of the suspected case to an onshore healthcare facility for further assessment and laboratory testing should be arranged as soon as possible in cooperation with the health authorities at the port.

In addition to the medical personnel providing health care, all persons entering the isolation area should be appropriately trained prior to entering that area, should apply standard precautions and contact and droplet precautions as described in WHO's guidance for infection control (6).

### Obligations of ship owners

In accordance with the IHR (2005), the master of the ship must immediately inform the port health authority at the next port of call about any suspected case of COVID-19 disease (7). For ships on an international voyage, the Maritime Declaration of Health should be completed and sent to the port authority in accordance with local requirements at the port of call.

Ship owners must facilitate the use of health measures and provide all relevant public health information requested by the health authority at the port. Ship operators shall provide to the port health authorities all essential information (that is, PLFs, the crew list,<sup>2</sup> and the passenger

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<sup>1</sup> Widespread community transmission is defined as being "evidenced by the inability to relate confirmed cases through a chain of transmission or by increasing positive tests through routine screening of sentinel samples (i.e., samples unconnected to any known chain of transmission).

<sup>2</sup> See the Convention on Facilitation of International Maritime Traffic FAL form 5 at <http://www.imo.org/en/OurWork/Facilitation/FormsCertificates/Pages/Default.aspx>, accessed 24 February 2020.

list<sup>3</sup>) to conduct contact tracing when a confirmed case of COVID-19 disease has been identified on board or when a traveller who has been on board and possibly was exposed during the voyage is diagnosed as a confirmed case after the end of the voyage.

#### Disembarkation of suspected cases

During the disembarkation of suspected cases, every effort should be made to minimize the exposure of other persons and environmental contamination. Suspected cases should be provided with a surgical mask to minimize the risk of transmission. Staff involved in transporting suspected cases should apply infection control practices by following WHO's guidance (5, 6). These practices are summarized below.

- When loading patients into the ambulance, transport staff, including medical staff, should routinely perform hand hygiene and wear a medical mask, eye protection (goggles or a face shield), a long-sleeved gown and gloves.
- Personal protective equipment (PPE) should be changed after loading each patient and disposed of appropriately in containers with a lid and in accordance with national regulations for disposing of infectious waste.
- The driver of the ambulance must remain separate from the cases (keeping at least 1 m distance). No PPE is required if distance can be maintained or a physical separation exists. If drivers must also help load the patients into the ambulance, they should follow the PPE recommendations in the previous point.
- Transport vehicles must have as high a volume of air exchange as possible (for example, by opening the windows).
- Transport staff should frequently clean their hands with an alcohol-based hand rub or soap and water and ensure that they clean their hands before putting on PPE and after removing it.
- Ambulances and transport vehicles should be cleaned and disinfected, with particular attention paid to the areas in contact with the suspected case. Cleaning should be done with regular household soap or detergent first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm or 1 part bleach to 9 parts water) should be applied.

#### Notification and reporting requirements for WHO State Parties

The authority at the port must inform immediately its IHR NFP if a suspected case of COVID-19 disease has been identified. When the laboratory testing has been completed and if the suspected case is positive for the virus that causes COVID-19 disease, then the IHR NFP shall inform WHO.

The IHR NFP will pay attention to IHR Article 43 that concerns additional health measures, which states that State Parties implementing any additional health measure that significantly interferes with international traffic (such as refusal of entry or departure of international travellers and/or ships, or their delay for more than 24 hours) shall provide to WHO the public health rationale for and relevant scientific information about it.

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<sup>3</sup> See the Convention on Facilitation of International Maritime Traffic FAL form 6 at <http://www.imo.org/en/OurWork/Facilitation/FormsCertificates/Pages/Default.aspx>, accessed 24 February 2020.

### Managing contacts

In order to avoid delays in implementing health measures, contact tracing should begin immediately after a suspected case has been identified on board without waiting for laboratory results. Every effort should be made to minimize the exposure of other travellers to and on-board environmental exposures of the suspected case, and close contacts must be separated from other travellers as soon as possible.

All persons on board should be assessed for their risk of exposure and classified either as a close contact with a high risk of exposure or as having a low risk of exposure.

### Definition of close contacts on board a ship (high-risk exposure)

A person is considered to have had a high-risk exposure if they meet one of the following criteria:

- they stayed in the same cabin as a suspected or confirmed COVID-19 case;
- they had close contact (that is, they were within 1 m of) or were in a closed environment with a suspected or confirmed COVID-19 case –
  - for passengers, this may include participating in common activities on board the ship or while ashore, being a member of a group travelling together, dining at the same table;
  - for crew members, this includes the activities described above, as applicable, as well as working in the same area of the ship as the suspected or confirmed COVID-19 case, for example, cabin stewards who cleaned the cabin or restaurant staff who delivered food to the cabin, as well as gym trainers who provided close instruction to the case;
- they are a healthcare worker or another person who provided care for a suspected or confirmed COVID-19 case.

### Follow-up with close contacts

If a large outbreak occurs as a result of ongoing transmission on board the ship, both crew members and passengers should be assessed to determine whether they were exposed to the suspected or confirmed case. If it is difficult to identify the close contacts and if widespread transmission is identified, then all travellers (that is, passengers and crew) on board the ship could be considered close contacts who have had a high-risk exposure.

Until the laboratory result for the suspected case is available, all travellers who fulfil the definition of a close contact should be asked to complete the PLF (Annex 2) and remain on board the ship in their cabins or, preferably, at a specially designated onshore facility (if feasible and when the ship is at the turnaround port where the embarkation or disembarkation of passengers or discharge or loading of cargo and stores takes place), in accordance with instructions received from the port health authorities.

If the laboratory result is positive, then all close contacts should be quarantined in specially designated onshore facilities and not allowed to travel internationally, unless this has been arranged following WHO's advice for repatriation, which also discusses quarantine measures (8). Persons in quarantine who had close contact with a confirmed case should immediately inform health services if they develop any symptom within 14 days of their last contact with the confirmed case. If no symptoms appear within 14 days of their last exposure, the contact is no longer considered to be at risk of developing COVID-19 disease (9). The implementation of these specific precautions may be modified depending on the risk assessments for individual cases and their contacts as conducted by the public health authorities.

If the laboratory result is positive, then all other travellers who do not fulfil the definition of a close contact will be considered as having had a low-risk exposure; they should be requested to complete the PLF with their contact details and the locations where they will be staying for the following 14 days. The implementation of these precautions may be modified depending on the risk assessments conducted by the public health authorities. Further instructions may be given by the health authorities. Travellers considered to have had a low-risk exposure should be provided with information and advice about (9):

- the symptoms of COVID-19 disease and how it can be transmitted;
- the need to self-monitor for COVID-19 symptoms for 14 days from their last exposure to the confirmed case, including fever of any grade, cough or difficulty breathing;
- the need to immediately self-isolate and contact health services if any symptom appears within the 14 days. If no symptoms appear within 14 days of their last exposure, the traveller is no longer considered to be at risk of developing COVID-19 disease.

WHO's guidance about quarantine measures can be found on the web pages about COVID-19 (<https://www.who.int/health-topics/coronavirus>).

### Measures on board the ship

In the event that the affected ship calls at a port other than the turnaround port, the port health authority should conduct a risk assessment and may decide in consultation with the ship's owner to end the cruise. The ship should be inspected according to Article 27 of the IHR (2005), which discusses affected conveyances, and then health measures (such as cleaning and disinfection) should be applied based on the findings of the inspection. Detailed guidance from WHO is available in the *Handbook for inspection of ships and issuance of ship sanitation certificates* (10). For more details about the inspection, see the section on environmental investigation in this document. Infectious waste should be disposed of in accordance with the port authority's procedures. Health measures implemented on the ship should be noted in the Ship Sanitation Certificate.

The next voyage can start after thorough cleaning and disinfection have been completed. Active surveillance should take place on board the ship for the following 14 days. Additionally, the ship's owner could explore the possibility of starting the next voyage with a new crew on board, if this is feasible.

### Cleaning and disinfection

In accordance with WHO's guidance about infection prevention and control during health care when COVID-19 infection is suspected (6), medical facilities, cabins and quarters occupied by patients and close contacts of a confirmed case with COVID-19 disease should be cleaned and disinfected daily, and cleaning and disinfection should be carried out after they have disembarked. The remainder of the ship should also be cleaned and disinfected, particularly when an outbreak occurs.

Detailed information about cleaning and disinfecting cabins can be found in WHO's interim guidance about home care for patients with suspected COVID-19 infection and how to manage their contacts (4).

Laundry, food service utensils and waste from the cabins of suspected cases and their contacts should be handled as if infectious and according to the outbreak management plan provided on board for other infectious diseases (for example, for norovirus gastroenteritis).

It is essential that the ship remains at the port for the time required to thoroughly clean and disinfect it.

A ship that is considered to have been affected shall cease to be regarded as such when the port health authority is satisfied with the health measures undertaken and when there are no conditions on board that could constitute a public health risk (7).

### Outbreak investigation

Efforts to control the COVID-19 epidemic focus on containing the disease and preventing new cases. On board ships it is essential to identify the most likely mode or modes of transmission and the initial source or sources of the outbreak. Because the outbreak may have international ramifications, on large ships, including cruise ships that carry nationals from many countries or areas, the outbreak investigation requires coordinated efforts .

Article 6 of IHR (2005) provides that a State Party shall communicate to WHO all timely, accurate and sufficiently detailed public health information available to it about the notified event (such as case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease, and the health measures employed) and report, when necessary, the difficulties faced in responding to the public health emergency of international concern and the support needed (7).

### Epidemiological investigation

The field investigation team should take all necessary precautions and use PPE appropriately to avoid becoming infected.

For close contacts, the analyses should consider the following risk factors, where applicable: who shared cabins, their companions, groups travelling together, and their participation in onshore activities; the restaurants and bars they attended, seating arrangements at meals based on reservation lists, buffet service seating locations (schematics); participation in on-board events or in the ship's public areas (such as the gym, theatre, cinema, casino, spa, recreational water facilities); the deck of the cabin where the cases and contacts stayed; and the fire zone and air handling units. Records to be reviewed and considered in the investigation are the ship manifest, the ship schematics, cabin reservation lists, activities reservation lists, records of vomiting incidence, accidental faecal release records for pools, dining reservation lists, medical logs of passengers and crew with gastrointestinal issues, cabin plans, the cabin stewards assigned to each cabin and their shifts, and any records about the demographic characteristics of the travellers. The minimum data requirements that should be collected are included in the Public Health Passenger/Crew Locator Form (Annex 2).

### Environmental investigation

A focused inspection should be conducted to assess whether the isolation procedures and other measures on board the ship were applied properly, sufficient PPE supplies were available and staff were trained in the use of PPE. Housekeeping, cleaning and disinfection procedures (such as protocols, products, concentrations, contact times, use of PPE, mixing processes) and the frequency of cleaning and disinfection (especially of areas that are frequently touched) should be checked during the inspection. The focused inspection should also determine whether any crew might have been working while symptomatic, including food handlers, housekeeping staff and spa staff.

If feasible, samples from environmental surfaces and materials could be collected and sent to a laboratory for testing both before and after the cleaning and disinfection procedures are completed. Staff should be trained to use PPE to avoid becoming infected. The following

environmental samples could be collected: surface swabs from cabins where cases stayed, frequently touched surfaces in public areas, and food preparation areas, including pantries close to the cabins of affected travellers; air from cabins where cases stayed and medical rooms where cases were isolated; air from the sewage treatment unit exhaust and engine exhaust; air ducts; air filters in the air handling units of the cabin; and sewage and recreational water buffer tanks.

#### Acknowledgements

WHO gratefully acknowledges the contributions of the WHO Collaborating Centre For The International Health Regulations: Points Of Entry at the University of Thessaly, Greece, for its help in developing this document.



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**Annex 1**

**Sample pre-boarding questionnaire**

The questionnaire is to be completed by all adults prior to embarkation.

Name as shown in the passport:

- \_\_\_\_\_

Names of all children travelling with you who are under 18 years old:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Questions**

**Within the past 14 days**

- have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus disease (COVID-19)?
- have you, or has any person listed above, provided care for someone with COVID-19 disease or worked with a healthcare worker infected with COVID-19 disease?
- have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19 disease?
- have you, or has any person listed above, worked in close proximity to or shared the same classroom environment with someone with COVID-19 disease?
- have you, or has any person listed above, travelled with a patient with COVID-19 disease in any kind of conveyance?
- have you, or has any person listed above, lived in the same household as a patient with COVID-19 disease?

Annex 2  
Public Health Passenger/Crew Locator Form

Date of form completion: (yyyy/mm/dd)																										
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<p><b>Public Health Passenger/Crew Locator Form:</b> To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a cruise. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. <i>Thank you for helping us to protect your health.</i></p>																										
<p><i>One form should be completed by an adult member of each family/crew member. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.</i></p>																										
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Circular Letter No.4204/Add.4  
5 March 2020

To: All IMO Member States  
United Nations and specialized agencies  
Intergovernmental organizations  
Non-governmental organizations in consultative status with IMO

Subject: **ICS Coronavirus (COVID-19) Guidance for ship operators for the protection of the health of seafarers**

The Secretary-General has received the attached Coronavirus (COVID-19) Guidance for ship operators for the protection of the health of seafarers, prepared by the International Chamber of Shipping in response to the coronavirus outbreak. Member States and international organizations are invited to make use of the Guidance, as they see fit, and circulate it to all interested parties, as deemed appropriate.

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ANNEX



## Coronavirus (COVID-19)

Guidance for Ship Operators for the  
Protection of the Health of Seafarers



## **Coronavirus (COVID-19)**

### Guidance for Ship Operators for the Protection of the Health of Seafarers

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While the advice given in this Guidance has been developed using the best information available, it is intended purely as guidance to be used at the user's own risk. No responsibility is accepted by Marisec Publications or by the International Chamber of Shipping or by any person, firm, corporation or organisation who or which has been in any way concerned with the furnishing of information or data, the compilation, publication or any translation, supply or sale of this Guidance for the accuracy of any information or advice given herein or for any omission herefrom or from any consequences whatsoever resulting directly or indirectly from compliance with or adoption of guidance contained therein even if caused by a failure to exercise reasonable care.



The International Chamber of Shipping (ICS) is the global trade association representing national shipowners' associations from Asia, the Americas and Europe and more than 80% of the world merchant fleet.

Established in 1921, ICS is concerned with all aspects of maritime affairs particularly maritime safety, environmental protection, maritime law and employment affairs.

ICS enjoys consultative status with the UN International Maritime Organization (IMO).



# **Coronavirus (COVID-19)**

## Guidance for Ship Operators for the Protection of the Health of Seafarers



**Version 1.0 – 3 March 2020**

**Coronavirus (COVID-19)**

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## 1 Introduction

In response to the current coronavirus (COVID-19) outbreak, this Guidance has been produced by the International Chamber of Shipping (ICS) to support all types of ships which operate in international waters. The purpose is to help shipping companies follow advice provided by United Nations agencies including the World Health Organization (WHO), the International Maritime Organization (IMO) and the International Labour Organization (ILO), as well as the European Centre for Disease Prevention and Control (ECDC).

COVID-19 – a virus which can lead to respiratory disease and pneumonia – was first reported in December 2019 in Wuhan, China. More than 90,000 cases have been reported at the time of going to print, including several thousand deaths. While most of these have been concentrated in China, the virus now appears to be spreading globally. No vaccine is currently available, and the focus of health authorities worldwide has been containment of the virus through preventative measures to limit and slow down widespread transmission.

The WHO has declared the outbreak a Public Health Emergency of International Concern under the WHO International Health Regulations (IHR).

This severe public health challenge requires close co-operation between governments and shipping companies engaged in maritime trade, in order to protect the health of seafarers (and passengers) as well as the general public.

ICS is grateful for the support of the following organisations in preparing this Guidance: IMO, ILO, WHO, International Maritime Health Association (IMHA), European Centre for Disease Prevention and Control (ECDC), Mediterranean Shipping Company S.A. (MSC) and Wilhelmsen Ships Service.



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## 2 Port Entry Restrictions

WHO, as at 3rd March 2020, has not currently recommended any international travel or trade restrictions, and according to the IHR (and other international regulations) ships shall not be refused 'free pratique' by the IHR state parties for public health reasons, i.e. permission to enter a port, embark or disembark discharge or load cargo or stores. The IHR states Parties may subject granting free pratique to inspection, and, if a source of infection or contamination is found on board, conduct necessary, disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent spread of the infection or contamination.

The WHO IHR can be available at [www.who.int/ihr/publications/9789241580496/en/](http://www.who.int/ihr/publications/9789241580496/en/)

Nevertheless, many governments have now introduced national and local restrictions including:

- Delayed port clearance;
- Prevention of crew or passengers from embarking or disembarking (preventing shore leave and crew changes);
- Prevention of discharging or loading cargo or stores, or taking on fuel, water, food and supplies; and
- Imposition of quarantine or refusal of port entry to ships (in extreme cases).

While such measures can severely disrupt maritime traffic – and may well be in breach of the IHR, the Convention on Facilitation of International Maritime Traffic (FAL Convention) and other maritime principles regarding the rights and treatment of seafarers and passengers – the reality is that shipping companies may have little choice but to adhere to these national and local restrictions due to the serious concern about COVID-19 and the potential risk to public health.

However, it is very important for port States to accept all ships (both cargo and passenger), for docking and to disembark suspected cases on board, as it is difficult to treat suspect cases on board and it could endanger others.

If any infection or contamination is found on board visiting ships, port States may take additional measures to prevent spread of the infection or contamination.

Together with flag States, companies and Masters should co-operate with port State authorities to ensure, where appropriate, that:

- Seafarers can be changed;
- Passengers can embark and disembark;
- Shore leave can continue if safe to do so;
- Cargo operations can occur;
- Ships can enter and depart shipyards for repair and survey;
- Stores and supplies can be loaded; and
- Necessary certificates and documentation can be issued.

ILO has advised that during the evolving COVID-19 outbreak, effective protection of the health and safety of seafarers must remain a priority. Under the ILO Maritime Labour Convention (MLC), flag States must ensure all seafarers on ships flying their flag are covered by adequate measures to protect their health and that they have access to prompt and adequate medical care while working on board.

Port States must ensure that any seafarers on board ships in their territory who need immediate medical care are given access to medical facilities on shore.

Wilhelmsen Ships Service has developed an interactive map on current port restrictions which is available at <https://wilhelmsen.com/ships-agency/campaigns/coronavirus/coronavirus-map>



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### 3 Protective Measures Against COVID-19 for Seafarers

Human-to-human transmission of COVID-19 is understood to occur primarily through droplets from a person with COVID-19, e.g. from coughing and sneezing, landing on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs, sneezes or breathes out droplets.

Seafarers (on board ship or on leave) should inform their healthcare providers if they have visited an area where COVID-19 has been reported within the past 14 days, or if they have been in close contact with someone with respiratory symptoms who has been to a place which has COVID-19.

If seafarers have fever, cough or difficulty breathing it is important to seek medical attention promptly.

When someone infected with a respiratory disease, such as COVID-19, coughs or sneezes they project small droplets containing the virus. Sneezing or coughing into hands may contaminate objects, surfaces or people that are touched. Standard Infection Protection and Control (IPC) precautions emphasise the vital importance of **hand and respiratory** hygiene. In particular:

- Frequent hand washing by crew (and passengers) using soap and hot water or alcohol-based (at least 65–70%) hand rub for 20 seconds;
- Avoidance of touching the face including mouth, nose and eyes with unwashed hands (in case hands have touched surfaces contaminated with the virus);
- Seafarers (and passengers) should be encouraged to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose then dispose of the used tissue immediately;
- If a tissue is not available, crew should cover their nose and mouth and cough or sneeze into a flexed elbow;
- All used tissues should be disposed of promptly into a waste bin;
- Seafarers should aim to keep at least one metre (3 feet) distance from other people, particularly those that cough or sneeze or may have a fever. If they are too close, other crew members can potentially breathe in the virus; and
- Meat, milk or animal products should always be handled with care, to avoid cross-contamination with uncooked foods, consistent with good food safety practices.

It is important that seafarers should be given the time and opportunity to clean their hands after coughing, sneezing, using tissues, or after possible contact with respiratory secretions or objects or surfaces that might be contaminated.

Although face masks may provide some protection – especially if there is a risk of exposure when interacting with persons from outside the ship – the routine use of face masks is not generally recommended as protection against COVID-19. WHO advises that it is appropriate to use a mask when coughing or sneezing. If an individual is healthy, it is only necessary to wear a mask if the person is taking care of a person with the suspected COVID-19 infection.

[www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks)

**Hand and respiratory hygiene are considered far more important.**

Safety posters for ships are provided in **Annex A**.



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# 4 Outbreak Management Plan for COVID-19

Ships should develop a written outbreak management plan. Seafarers on board should have knowledge of the outbreak management plan and implement it as required.

Passengers and Seafarers should receive information in accordance with the WHO advice for international traffic regarding the outbreak of COVID-19.

Advice is available on the WHO website for COVID-19 at [www.who.int/health-topics/coronavirus](http://www.who.int/health-topics/coronavirus)

# 5 Pre-Boarding Information

This Guidance uses information contained in the WHO Operational considerations for managing COVID-19 cases/outbreak on board ships, interim guidance 24 February 2020. It is also recommended to use this alongside the WHO Handbook for Management of Public Health Events on Board Ships.

[www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships](http://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships)

# 6 Pre-boarding Screening

Until the end of the COVID-19 outbreak, all ships are advised to provide passengers and seafarers with general information on COVID-19 and its preventative measures and implement pre-boarding screening.

A sample pre-boarding Passenger Locator Form (PLF) is provided in **Annex B**. The purpose is to identify passengers who may need to have their boarding deferred or rescheduled and to ensure proper management by competent health authorities.

# 7 Information and Awareness

Ship Operators should provide guidance to crew on how to recognise the signs and symptoms of COVID-19. Crew should be reminded of the plan and procedures to follow if a passenger or crew member on board displays signs and symptoms of acute respiratory disease.

Country-specific guidance about prevention measures may be available, such as at [www.cdc.gov/quarantine/maritime/recommendations-for-ships.html](http://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html)

Medical staff on board ships should be informed and updated about the outbreak of COVID-19 and any new evidence and guidance available. It is recommended to review the WHO website for COVID-19. Information about the use of medical masks can also be found on the website.

The posters provided at **Annex A** can also be used onboard to provide a gentle reminder of best practices for seafarers to adopt. They are also available for download from the ICS website at [www.ics-shipping.org/free-resources](http://www.ics-shipping.org/free-resources)



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# 8 Suspected Cases of Infection

If people only have mild respiratory symptoms and have not visited an area where COVID-19 has been reported within the past 14 days, or if they have been in close contact with someone with respiratory symptoms who has been to a place which has COVID-19, they should still carefully practise basic hand and respiratory hygiene and isolate themselves, if possible, until fit.

If the virus spreads more widely this definition may change, but a **suspect case** requiring diagnostic testing is generally considered to be:

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), and with no other set of causes that fully explains the clinical presentation **and** a history of travel to or residence in a country/ area or territory reporting local transmission of (COVID-19) during the 14 days prior to the onset of the symptoms.

Or

A patient with any acute respiratory illness **and** having been in contact with a confirmed or suspected COVID-19 case during the 14 days prior to the onset of the symptoms.

Or

A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath and requiring hospitalization **and** with no other set of causes that fully explain the symptoms.

Any person on board that may have been in close contact with a suspect case should be:

- Traced immediately after the suspect case is identified;
- Asked to remain on board until laboratory results of the suspect case are available (measures that apply following positive laboratory results are described below); and
- Categorised as either contacts with high risk exposure or with low risk exposure.

Further guidance can be found at

[www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](http://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

All persons on board that fulfil the definition of a 'close contact' (see below) should be asked to complete a PLF (see **Annex B**) and remain on board the ship in their cabins or preferably at a specially designated facility ashore (if feasible and in case that the ship is at the turnaround port where embarking/disembarking passengers or discharging/loading cargos/stores takes place), in accordance with instructions received by the competent health authorities, until the laboratory result for the suspect case is available. Persons on board who do not fulfil the definition of a 'close contact' will be considered as having low risk exposure and should:

- Be requested to complete PLFs with their contact details and the locations where they will be staying for the following 14 days;
- Be provided with the following information and advice on the details of symptoms and how the disease can be transmitted;
- Be asked to self-monitor for COVID-19 symptoms, including fever of any grade, cough or difficulty breathing, for 14 days from their last exposure; and
- Be asked to immediately self-isolate and contact health services in the event of any symptom appearing within 14 days. If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered likely to develop COVID-19.



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# 9 Close Contacts (High Risk Exposure)

A 'close contact' is a person who, for example:

- Has stayed in the same cabin with a suspect/confirmed COVID-19 case;
- Has had close contact within one metre or was in a closed environment with a suspect/confirmed COVID-19 case (for passengers this may include sharing a cabin);
- Participated in common activities on board or ashore;
- Participated in the same immediate travelling group;
- Dined at the same table (for crew members this may include working together in the same ship area);
- Is a cabin steward who cleaned the cabin;
- Is restaurant staff who delivered food to the cabin;
- Is a gym trainer who provided close instruction to a case; or
- Is a medical support worker or other person providing direct care for a COVID-19 suspect or confirmed case.

Close contacts may be difficult to define on board a confined space such as a passenger ship, and if widespread transmission is identified then all persons on board could be considered as 'close contacts' having had high risk exposure.

# 10 Hygiene Measures for Seafarers on Ships

Ship operators should provide specific guidance and training for their seafarers regarding:

- Hand washing (using soap and hot water, rubbing hands for at least 20 seconds; one way to know how long 20 seconds is would be to silently sing "happy birthday to you!" twice);
- When hand washing is essential (e.g. after assisting an ill traveller or after contact with surfaces they may have contaminated, etc);
- When to hand rub with an antiseptic instead of hand washing, and how to do this;
- How to cough and sneeze hygienically (e.g. using disposable tissues or a flexed elbow);
- Appropriate waste disposal;
- When and how to use masks; and
- Avoiding close contact with people suffering from acute respiratory infections.





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## 11 Management of Suspect Cases by Medical Support Providers

If someone on board is suspected to have COVID-19, Personal Protective Equipment (PPE) for interview and assessment may be used by medical support providers.

Key outbreak control activities will include supportive treatment, e.g. giving oxygen, antibiotics, hydration and fever/pain relief.

## 12 Precautions at the Ship Medical Facility

The following precautions should be taken:

- Patients must cover their nose and mouth with a tissue when coughing or sneezing; or a flexed elbow if not wearing a mask. This should be followed by performing hand hygiene with an alcohol-based hand rub (at least 65–70%) or soap and hot water for 20 seconds.
- Careful hand washing should occur after contact with respiratory secretions.
- Suspect cases must wear a medical mask once identified and evaluated in a private room with the door closed, ideally an isolation room;
- Any person, including healthcare workers, entering the room should apply appropriate precautions in accordance with the requirements of WHO infection prevention and control during healthcare when COVID-19 is suspected; and
- After preliminary medical examination, if the ship's medical officer or person responsible for the provision of medical care believes a suspect case exists, the patient should be isolated.

If the illness is not considered a suspect case but the person has respiratory symptoms, the person should still not return to any places where they will be in contact with others onboard either seafarers or passengers..

## 13 Laboratory Testing

Laboratory examination of clinical specimens for suspect cases should be made with the competent authorities at the port who will then inform the ship's officers about test results.



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# 14 Case Handling

Case handling should:

- Be initiated by the ship's medical care providers in order to detect any new suspect cases;
- Include directly contacting crew and passengers, asking about current and recent illnesses, and checking if any person meets the criteria for a suspect case; and
- Be recorded in the appropriate medical log book.

Medical care providers should:

- Ensure a suspect case is interviewed and provide information about the places they have visited within the last 14 days prior to the onset of symptoms and their contacts, including the period from one day before the onset of symptoms on board the ship or ashore; and
- Keep records regarding:
  - Anyone on board who has visited the medical facility as a suspect case and the isolation and hygiene measures taken;
  - Any close contact or casual contact with low risk exposure to monitor their health;
  - Contact details of casual contacts with low risk exposure who will disembark and the locations where they will be staying in the next 14 days (completed PLFs or Maritime Declarations of Health (MDHs)); and
  - Results of active surveillance.

# 15 Isolation

Isolate suspect cases on board immediately and inform the next port of call of suspect cases:

- With acute respiratory infection, either a cough, sore throat, shortness of breath, whether requiring hospitalisation or not;
- Who in the 14 days before onset of symptoms met the definition of a suspect case as outlined in sections 8 and 9.

Patients should be isolated in either an isolation ward, cabin, room or quarters with precautionary measures. Anyone entering an isolation room should wear gloves, impermeable gowns, goggles and medical masks.



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# 16 Reporting to the Next Port of Call

The competent authority of the next port of call must always be informed if there is a suspect case on board.

For ships on an international voyage, if someone has died on board the International Health Regulations (IHR) state that the MDH should be completed and sent to the competent authority in accordance with local requirements.

The Master should immediately alert the competent authority at the next port of call about any suspect case to determine if the necessary capacity to transport, isolate, and care for the individual is available.

The ship may need to proceed, at its own risk, to another nearby port if capacity is not available, or if warranted by the critical medical status of the suspect case.

After measures applied are considered by the port health authority to be completed satisfactorily, the ship should be allowed to continue the voyage. The measures taken should be recorded in the valid ship sanitation certificates. Both embarking and disembarking ports must be notified of contacts on board and any measures taken.

# 17 Disembarkation of a Suspect and a Confirmed Case

The ship should take the following precautions:

- Control disembarkation to avoid any contact with other persons on board;
- The patient should wear a surgical mask; and
- Personnel escorting the patient should wear suitable PPE (gloves, impermeable gown, goggles and medical mask).

The ship may proceed to its next port of call once the health authority has determined that public health measures have been completed satisfactorily in particular the measures as follows:

- Management of the suspect case or cases and close contacts;
- Completion of contact tracing forms, disembarkation of close contacts; until the termination of COVID-19 Public Health Emergency of International Concern is declared. All passengers and crew members should fill in a PLF to be kept on board for at least one month after disembarkation;
- Information in the completed PLF should be provided upon the request of health authorities to facilitate contact tracing if a confirmed case is detected after the disembarkation and after the voyage has ended;
- Information has been provided to everyone on board about the symptoms and signs of the disease and who to contact in case the relevant symptoms develop in the following 14 days; and
- Cleaning and disinfection, and disposal of infectious waste.



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## 18 Cleaning, Disinfection and Waste Management

Maintain high level cleaning and disinfection measures during ongoing on board case management.

Patients and 'close contacts' cabins and quarters should be cleaned and using cleaning and disinfection protocols for infected cabins (as per Norovirus or other communicable diseases).

Environmental surfaces should be cleaned thoroughly with hot water, detergent and applying common disinfectants (e.g. sodium hypochlorite).

Once a patient has left the ship, the isolation cabin or quarters should be thoroughly cleaned and disinfected by staff using PPE who are trained to clean surfaces contaminated with infectious agents.

Laundry, food service utensils and waste from cabins of suspect cases and contacts should be treated as infectious, in accordance with procedures for handling infectious materials on board.

There should be regular communications between departments in all ships (medical, housekeeping, laundry, room service, etc) about the persons in isolation.

## 19 Management of Contacts of a Suspect Case

Port health authorities will conduct risk assessments to identify all contacts, and issue instructions to follow until laboratory results are available.

All close contacts should either complete PLFs or MDHs and remain in their cabins or at a facility ashore and follow the competent authority's instructions until laboratory results are available. The forms should contain contact details and locations where the suspect case will stay for the following 14 days.

All close contacts should be informed about the suspect case on board.

If the laboratory examination results are positive:

- All close contacts should be quarantined for 14 days; and
- The patient should disembark and be isolated ashore in accordance with the competent authority's instructions.

Quarantine measures should follow WHO guidance of considerations for quarantine of individuals in the context of COVID-19 and are also likely to include:

- Active monitoring by the port health authorities for 14 days from last exposure;
- Daily monitoring (including fever of any grade, cough or difficulty breathing);
- Avoiding social contact and travel; and
- Remaining reachable for active monitoring.

Contacts of a confirmed case should immediately self-isolate and contact health services if symptoms appear within 14 days of last exposure. If no symptoms appear, the contact is not considered at risk.

Implementation of specific precautions may be modified following risk assessment of individual cases and advice from port health authorities.



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## 20 Supplies and Equipment

Flag States regulate medical supply carriage requirements. Plentiful supplies and equipment should be available to handle an outbreak as described in the International Medical Guide for Ships 3rd edition. Reviewing the latest WHO suggested list of supplies for COVID 19, the International Maritime Health Association (IMHA) has advised that most equipment should already be on board. However, WHO also recommends other equipment that is unlikely to already be on board which IMHA suggest could be provided by a port health authority.

A table is attached at **Annex C** outlining the supplies and equipment required in a situation of COVID-19. This is based on information provided by WHO and the IMHA.

[www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](http://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov))



**Coronavirus (COVID-19)**

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## Annex A Posters

WHO and ECDC, among others, have provided advice to avoid the spread of COVID-19. To highlight their key messages and to help seafarers know how best to protect themselves and those they meet, ICS has produced the following three posters for ships.

The posters are also available to download from the ICS website at:

<http://www.ics-shipping.org/free-resources>



# COVID-19

## Protect yourself and others from getting sick

When coughing and sneezing, cover your nose and mouth with a tissue or a flexed elbow



Throw the tissue into a closed bin immediately after use



Clean your hands with an alcohol-based hand rub or with soap and hot water for at least 20 seconds:

- After coughing or sneezing
- When caring for the sick
- Before, during and after preparing food
- Before eating
- After toilet use
- When hands are visibly dirty



Avoid touching eyes, nose and mouth



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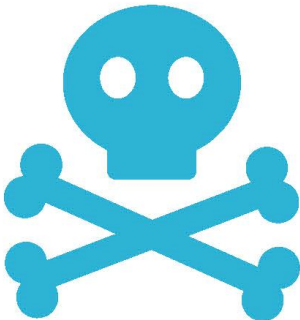
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# COVID-19 Practise Food Safety

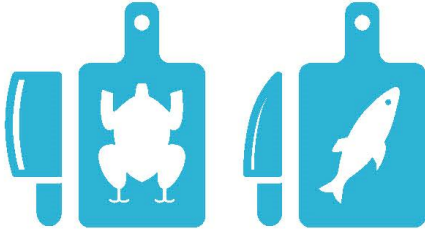
Meat products can be safely consumed if they are cooked thoroughly and properly handled during food preparation



Do not eat sick or diseased animals



Use different chopping boards and knives for raw meat and cooked foods



Wash your hands with soap and hot water for at least 20 seconds between handling raw and cooked food



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# COVID-19

## Stay healthy while travelling

Avoid these modes of travel if you have a fever or a cough	
Eat only well-cooked food	Avoid spitting in public
Avoid close contact and travel with sick animals, particularly in wet markets	
When coughing and sneezing, cover your mouth and nose with a tissue or flexed elbow. Throw the tissue into a closed bin immediately after use and clean your hands	
Frequently clean your hands with an alcohol-based hand rub or with soap and hot water for at least 20 seconds	
Avoid touching eyes, nose and mouth	
Avoid close contact with people suffering from a fever or a cough	
If wearing a face mask, be sure it covers your mouth and nose and do not touch it once on. Immediately discard single-use masks after each use and clean your hands after removing masks	
If you become sick while travelling, tell crew or ground staff	
Seek medical care early if you become sick, and share your history with your health provider	



**Coronavirus (COVID-19)**

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## Annex B

### Sample Pre-Boarding Passenger Locator Form (PLF)

To be completed by any adult

Name as shown in the passport or other ID:

Names of all children travelling with you under 18 years old:


Within the past 14 days, have you, or any person listed above:

Yes No

- had close contact with anyone diagnosed as having Coronavirus disease (COVID-19)? .....
- provided direct care for COVID-19 patients, working with healthcare workers infected with novel coronavirus? .....
- visited or stayed in a closed environment with any patient having Coronavirus disease (COVID-19)? .....
- worked together in close proximity, or sharing the same classroom environment, with a COVID-19 patient? .....
- traveled together with COVID-19 patient in any kind of conveyance? .....
- lived in the same household as a COVID-19 patient? .....



**Coronavirus (COVID-19)**

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## Annex C

### WHO COVID-19 Support and Logistics Supplies List, with availability advice provided by IMHA

Items	Comment	Already carried on board?
<b>CHEMICALS</b>		
Antibiotics		Yes
Chlorine		Yes
Fever and pain medication		Yes
Sodium lactate solution		Yes
Alcohol-based hand rub	Bottle of 100ml and 500ml	Yes
Chlorine	NaOCC, granules, 1kg, 65 to 70% + dosage information	Yes
Paracetamol	500mg tablets	Yes
Sodium lactate compound solution	Ringer's lactate, injection solution, w/o IV set and needle, 1000ml	Yes
<b>PPE</b>		
Examination Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards	Nitrile, powder-free, non-sterile. Cuff length preferably reaching above the wrist (e.g. minimum 230mm total length. Sizes, S, M, L). Plentiful supplies required.	Yes
Surgical Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards	Nitrile, powder-free, single use. Gloves should have long cuffs, reaching well above the wrist, ideally to mid-forearm. (Sizes 5.0-9.0)	Yes
Gloves, cleaning	Outer glove should have long cuffs, reaching well above the wrist, ideally to mid-forearm. Cuff length preferably reach mid-forearm (e.g. minimum 280mm total length. Sizes, S, M, L), reusable, puncture resistant, FDA compliant	Yes
Impermeable gowns single use	Disposable, length mid-calf. - EU PPE Regulation 2016/425 and EU MDD directive 93/42/EEC • FDA class I or II medical device, or equivalent, EN 13795 any performance level, or AAMI PB70 all levels acceptable, or equivalent.	Yes, but check supplies are plentiful
Scrubs - Tunic/tops	Woven, scrubs, reusable or single use, short sleeved (tunic/tops), worn underneath the coveralls or gown	Yes, but check supplies are plentiful
Scrubs - Trouser/pants	Woven, scrubs, reusable or single use, short sleeved (tunic/tops), worn underneath the coveralls or gown	Yes, but check supplies are plentiful
Aprons	Heavy duty, straight apron with bib. Fabric: 100% polyester with PVC coating, or 100% PVC, or 100% rubber, or other fluid resistant coated material, Waterproof, sewn strap for neck and back fastening. Minimum basis weight: 300g/m <sup>2</sup> covering size: 70-90 cm (width) X 120-150cm (height). Reusable (if decontamination arrangements exist) EN ISO 13688, EN 14126-B and partial body protection (EN 13034 or EN 14605), EN 343 for water and breathability or equivalent.	Yes, but check supplies are plentiful
Goggles, protective EU PPE Regulation 2016/425, EN 166, ANSI/ISEA Z87.1, or equivalent	Good seal with facial skin, flexible PVC frame to easily fit all face contours with even pressure. Enclose eyes and surrounding areas. Accommodate prescription glasses wearers. Clear plastic lens with fog and scratch resistant treatments. Adjustable band to secure firmly and not become loose during clinical activity. Indirect venting to avoid fogging. May be reused (if decontamination arrangements exist) or disposable.	Yes, but check supplies are plentiful
Surgical masks for medicals ASTM F2100 minimum level 1 or equivalent*	Good breathability, clear internal and external faces. EU MDD directive 93/42/EEC Category III, or equivalent, EN 14683 Type II, IIR, IIR	Yes, but check supplies are plentiful
Patient masks EN 14683 any type including Type I*	Good breathability, clear internal and external faces	Yes, but check supplies are plentiful
Face shield (PPE)	Should be provided by Port Health Authority	Unlikely

\* Currently in short supply



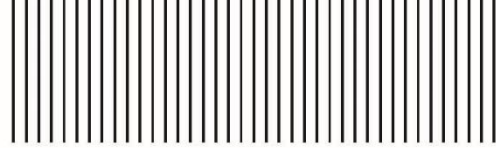
**Coronavirus (COVID-19)**

Guidance for Ship Operators for the Protection of the Health of Seafarers

Items	Comment	Already carried on board?
<b>MEDICAL KIT</b>		
Sample medium and packaging	Plentiful supplies required	Yes
Disinfectants	Plentiful supplies required	Yes
Hand hygiene supplies	Plentiful supplies required	Yes
Containers	For disposable sharps and needles	Yes
Guedel tubes		Yes
Infusion sets		Yes
Nose masks		Yes
Facial oxygen masks		Yes
Oximeter		Yes
Oxygen splitters		Yes
Safety bag and box		Yes
Commercial testing materials for samples	Ideally a third party should take samples for suspected cases. Specific materials needed to transport samples and to minimise infection Should be provided by Port Health Authority*	Unlikely
Fit test kit	Should be provided by Port Health Authority	Unlikely
Laryngoscope, with depressors and tubes	Should be provided by Port Health Authority	Unlikely
Oxygen concentrator	Should be provided by Port Health Authority	Unlikely
Portable ventilators	Should be provided by Port Health Authority	Unlikely
Portable ultrasound scanner	Should be provided by Port Health Authority	Unlikely
Resuscitator, child	Should be provided by Port Health Authority	Unlikely
Viral transport medium - to transport laboratory specimens	Should be provided by Port Health Authority	Unlikely
Viral transport medium with Swab 3 ml	Should be provided by Port Health Authority	Unlikely
Bio-hazardous bag	Disposal bag for bio-hazardous waste, 30 x 50cm, with "Biohazard" print, autoclavable polypropylene, 50 or 70 micron thickness	Yes
Carbon dioxide detector	"Disposable, colorimetric, sizes compatible with adult endotracheal tube (or child if applicable), unlikely to be in medical cabin but usually on board a ship. If not available ask Port Health Authority to provide along with appropriate guidance and accessories"	Unlikely
Endotracheal tube, without cuff	Open distal end and Magill-type point with oral angle of 37.5°, standard connector (ext. Ø 15mm) at the proximal end to connect the tube to the ventilation system, radio opaque mark, Murphy's eye, graduations, size: Ø internal 3mm or 3.5mm, material: polyvinyl chloride (PVC), disposable, sterile, initial sterilisation method: ethylene oxide gas or gamma radiation	Yes
Endotracheal tube with cuff	Same specification as for endotracheal tube, without cuff except size: Ø internal 6.5mm, 7mm, 7.5mm or 8mm	Yes
Hand drying tissue	50-100m roll	Yes
Infusion giving set	With air inlet and needle, sterile, single-use	Yes
Pulse oximeter	Compact portable device measures arterial blood oxygen saturation (SpO <sub>2</sub> ), heart rate and signal strength. Measuring range: SpO <sub>2</sub> 30 - 100% (minimum graduation 1%), heart rate 20-250 bpm (minimum graduation 1bpm). Line-powered, or extra batteries/rechargeable batteries needed at least one year. ISO 80601-2-61:2011 or equivalent	Yes
Resuscitator, adult	To ventilate adult (body weight > 30kg), with compressible self-refilling ventilation bag, capacity: 1475-2000ml. Resuscitator operated by hand, ventilation with ambient air, resuscitator shall be easy to disassemble and reassemble, to clean and disinfect, and be autoclavable. All parts must be of high-strength, long-life materials not requiring special maintenance or storage conditions	Yes
Sample collection triple packaging boxes	For transport as defined by the Guidance on Regulations for the Transport of Infectious Substances 2019-2020	Yes
Safety box	Needles/syringes, 5l - cardboard for incineration, box-25. Biohazard label as per WHO PQS E01Q/O11	Yes
Stainless steel depressor sets Miller	Straight Nr 1, length approx. 100mm	Yes
Stainless steel depressor sets Macintosh	Curved Nr 2, length approx. 110mm	Yes
Stainless steel depressor sets Macintosh	Curved Nr 3, length approx. 135mm	Yes
Stainless steel depressor sets Macintosh	Curved Nr 4, length approx. 155mm	Yes
Soap	Liquid (preferred), powder and bar	Yes

Contact a telemedicine provider to assist if you have difficulty accessing any equipment.





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# **INTERIM ADVICE FOR PREPAREDNESS AND RESPONSE TO CASES OF COVID-19 AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EEA MEMBER STATES (MS)**

## **Advice for ship operators for preparedness and response to the outbreak of COVID-19**

### **Version 3**

**20 February 2020**

#### **Summary of recent changes**

The current update includes the following changes:

- Name of disease changed to “Coronavirus Disease 2019 (COVID-19)” replacing “2019-nCoV”.
- Updated advice in response to a confirmed case on board.
- Updated advice in case of outbreak with on-going transmission on board.
- Updated advice about cleaning and disinfection.
- Advice for pre-boarding screening and isolation plan.

## Introduction

This interim advice was prepared after a request from the European Commission's Directorate-General for Health and Food Safety (DG SANTE). An ad-hoc working group was established with members from the EU HEALTHY GATEWAYS joint action consortium. Names and affiliations of the working group members who prepared this document are listed at the end of the document.

The working group produced the following advice, considering current evidence, the temporary recommendations from the World Health Organization (WHO) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>)<sup>1-9</sup> and the technical reports of the European Centre for Disease Prevention and Control<sup>10-16</sup> (ECDC) (<https://www.ecdc.europa.eu/en/coronavirus/guidance-and-technical-reports>) about COVID-19 (as of 19 February 2020). Furthermore, this guidance has been prepared considering the evidence currently available about SARS-CoV-2 transmission (human-to-human transmission via respiratory droplets or contact), but it also contains some proactive guidelines considering the lack of evidence to exclude other transmission modes (airborne or after touching contaminated environmental surfaces). It should be noted that SARS-CoV-2 has been found in faecal samples without any further information on how this finding is implicated in the mode of transmission.

Certain aspects of response measures, including defining and managing contacts will depend on the number of cases that have been identified and whether one case or a cluster of cases in the same cabin have been identified, or an outbreak with on-going transmission on board occurs.

## 1. Maritime transport – cruise ship travel

### 1.1. Minimizing the risk for introduction of COVID-19 onto the ship

Travel companies and travel agencies may provide pre-travel information to customers about health issues with their travel package. In this context, information regarding the symptoms of COVID-19, health risks for vulnerable groups and the importance of preventive measures<sup>2</sup>.

Companies and travel agencies could also inform passengers that they will be refused from boarding the ship if they are ill or exposed to a COVID-19 confirmed patient. Pre-boarding screening efforts should be implemented to assess incoming travellers for any symptoms or previous exposure to COVID-19.

Before boarding, information should be provided to passengers and crew (e.g. verbal communications, leaflets, electronic posters etc.). The information should include: symptoms of Acute Respiratory Illness (ARI) including fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath, cough or sore throat; hygiene rules (hand washing, coughing and sneezing etiquette, disposal of dirty tissues, social distancing, elimination of handshaking events<sup>15</sup> etc.); special considerations for high-risk groups; what to do

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<sup>2</sup> Affected areas are defined by WHO in the latest statement of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 published in: <https://www.who.int/>.

in case of relevant symptoms; and the potential for an outbreak on board<sup>17</sup>. Advice to travellers includes:

- a) Frequently cleaning your hands by using soap and water or an alcohol-based hand rub.
- b) When coughing and sneezing covering your mouth and nose with a tissue or a flexed elbow – throw tissue away immediately and wash hands.
- c) Avoiding close contact with anyone who has fever and cough.
- d) Seeking immediate medical care if you develop fever, cough and difficulty breathing and sharing your previous travel history with your health care provider.

## 1.2. Education and raising passenger and crew awareness

### 1.2.1. Isolation plan for COVID-19

An isolation plan should be developed and be available on board, covering the following: definitions of a suspect case of COVID-19 and the close contacts; the isolation plan describing the location(s) where suspect cases should be temporary individually isolated until disembarkation; the communication plan between departments; hygiene rules for the isolation room including use of Personal Protective Equipment (PPE), cleaning and disinfection procedures, waste management, room service, laundry; management of close contacts and Passenger/Crew Locator Forms (PLF) data management. Staff on board should have knowledge to implement the isolation plan.

### 1.2.2. Raising crew awareness for detection of cases on board

Healthcare staff on board should be informed and updated about the outbreak of COVID-19, including any new evidence and guidance available for health care staff.

Cruise lines should provide guidance to crew regarding the recognition of the signs and symptoms of COVID-19.

Crew should be reminded of the procedures that are to be followed when a passenger or a crew member on board displays signs and symptoms indicative of COVID-19 (for example, to inform their designated supervisor/manager or medical staff, and perform duties based on instructions from their supervisor depending on the position etc.). Crew should also be reminded about the procedures to be followed during an outbreak of other respiratory illnesses, such as using the Influenza Like Illness outbreak management plan, which should be available on board the ship<sup>17</sup>.

Information about immediate reporting of relevant symptoms to supervisors and the medical team, for both themselves and other crew or passengers should be provided to all crew.

### 1.2.3. Personal hygiene measures



Cruise lines should continue to provide guidance and training of their crews, related to reducing the general risk of ARI:

- Hand washing techniques (use of soap and water, rubbing hands for at least 20 seconds etc.)
- When hand washing is essential (e.g. after assisting an ill traveller or after contact with environmental surfaces they may have contaminated etc.)
- When hand rubbing with an antiseptic can be used, instead of hand washing and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Appropriate waste disposal
- Use of medical masks and respirators
- Avoiding close contact with people suffering from acute respiratory infections<sup>18</sup>

### 1.3. Supplies and equipment

Adequate medical supplies and equipment should be available on board to respond to an outbreak as described in the WHO (2007) recommended medicines and equipment by the *International Medical Guide for Ships* 3rd edition.

Adequate supplies of sample medium (sterile viral transport media and sterile swabs to collect nasopharyngeal and nasal specimens) and packaging, disinfectants and hand hygiene supplies should also be carried on board<sup>17</sup>.

Adequate supplies of PPE should be carried on board including gloves, long-sleeved impermeable gowns, goggles or face shields, medical masks and FFP2/FFP3 masks.

Further details about supplies specific to COVID-19 can be found at (please see disease commodity package): <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

### 1.4. Management of a suspect case

A flow diagram for the management of a suspect case and contacts, as well as the procedures of free pratique from the time of identification of a suspect case, until the ship will be allowed to depart can be downloaded from the following link:

[https://www.healthygateways.eu/Portals/0/plcdocs/Flow\\_chart\\_Ships\\_3\\_2\\_2020.pdf](https://www.healthygateways.eu/Portals/0/plcdocs/Flow_chart_Ships_3_2_2020.pdf)

#### 1.4.1. Definition of a suspect case of COVID-19

According to ECDC, the definition of a suspect case requiring diagnostic testing is as follows<sup>12</sup>: Patients with acute respiratory infection (sudden onset of at least one of the following: cough, sore throat, shortness of breath) requiring hospitalisation or not, **AND** in the 14 days prior to onset of symptoms, met at least one of the following three epidemiological criteria: were in close contact with a confirmed or probable case of COVID-19; **or** had a history of travel to [areas with presumed ongoing community transmission](#); **or** worked in or attended a health care facility where patients with COVID-19 were being treated.

#### *1.4.2. Definition of a contact of a suspect case of COVID-19*

It is advised that contact tracing activities begin immediately after a suspect case is identified on board without waiting for the laboratory results. For the purpose of beginning contact tracing immediately and avoiding delays of travels, the following definitions have been developed to be applied on board ships, adapting the definitions by WHO and ECDC<sup>3,11</sup>.

All persons on board should be assessed for their exposure and classified as close contacts (high risk exposure) or casual contacts (low risk exposure). Two different definitions of contacts should be used depending on the number of confirmed cases identified on board.

- A. If only one case or a cluster of a few cases (e.g. persons sharing the same cabin) have been identified on board, then the following definitions of contacts should be applied:

**Close contact (high risk exposure):**

- a person who has stayed in the same cabin with a suspect/confirmed COVID-19 case;
- a cabin steward who cleaned the cabin of a suspect/confirmed COVID-19 case;
- a person who has had close contact within one meter, or was in a closed environment with a suspect/confirmed COVID-19 case (for passengers this may include participating in common activities on board or ashore, participating in the same immediate travelling group, dining at the same table; for crew members this may include working together in the same area of the ship or friends having face to face contact);
- a healthcare worker or other person providing direct care for a COVID-19 suspect/confirmed case.

**Casual contact (low risk exposure):**

Casual contacts are difficult to define on board a confined space such as a cruise ship, therefore, it is advised to consider as casual contacts all travellers on board the ship who do not fulfill the criteria for the definition of a close contact.

- B. If an outbreak on board a cruise ship occurs as a result of on-going transmission on board the ship (more than one case not staying in the same cabin), the assessment of exposure should be done among crew members and among passengers. If it is difficult to identify who the close contacts are, then all travellers on board could be considered as close contacts having had high risk exposure. However, this may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.

#### *1.4.3. Precautions at the ship medical facility*

All patients should be asked to cover their nose and mouth with a tissue when coughing or sneezing. Thorough hand washing should take place after any contact with respiratory secretions<sup>4</sup>.

WHO advises that the suspect patient should be asked to wear a medical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally in an isolation room if available. Any person entering the room should apply standard precautions, contact precautions, droplet precautions and airborne precautions<sup>16,19</sup>. If not enough respirators are

available (e.g. for airborne precautions), droplet precautions should be applied (e.g. medical mask). In this specific case, the limitations and risks connected to its use should be assessed on a case-by-case basis.

Healthcare workers in contact with a suspect case of COVID-19 should wear PPE for contact, droplet and airborne transmission of pathogens: FFP2 or FFP3 respirator tested for fitting, eye protection (e.g. goggles or face shield), a long-sleeved water-resistant gown and gloves<sup>14,16,20</sup>. Disposable PPE should be treated as potentially infectious material and disposed of in accordance with the relevant rules. Non single-use PPE should be decontaminated in accordance with the manufacturer's instructions.

Detailed advice can be found at: [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected) and <https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-care-patients-2019-ncov-healthcare-settings>

#### *1.4.4. Isolation*

Following preliminary medical examination, if the ship's medical officer determines that there is a suspect case of COVID-19 on board that meets the definition described in paragraph 1.4.1, the patient should be isolated in an isolation ward, cabin, room or quarters and infection control measures should be continued until disembarkation and transfer of the patient to the hospital ashore.

All persons entering the isolation room should apply standard precautions, contact precautions and airborne and droplet precautions as described in WHO guidance for infection control<sup>5</sup>.

Whenever possible, isolation rooms with mechanical ventilation should have negative pressure with minimum of 12 air changes per hour, while isolation rooms with natural ventilation, should be supplied with at least 160 litres/second<sup>4</sup>. All air handling units on board the ship should be adjusted to supply 100% outside air and no air recirculation should take place.

However, if the illness does not meet the suspect case definition (paragraph 1.4.1) but the individual has respiratory symptoms, the individual should not be allowed to return to public areas of the ship or interact with the public, but where applicable should be asked to follow the standard procedure for isolation of individuals with Influenza Like Illness<sup>17</sup>. Detailed guidance is provided in the European Manual for Hygiene Standards and Communicable Disease Surveillance on Passenger Ships, Part B, Guideline I: <http://www.shipsan.eu/Home/EuropeanManual.aspx>

#### *1.4.5. Laboratory testing*

Laboratory examination of clinical specimens for the persons who meet the definition of a suspect case should be arranged in cooperation with the competent authorities at the port where suitable facilities exist. The competent authority will inform the ship officers about the laboratory test results.

Guidance for clinical specimens collection are provided by WHO<sup>2</sup> at: <https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

#### *1.4.6. Reporting and notification*

In accordance with the International Health Regulations (2005), the officer in charge of the ship must immediately inform the competent authority at the next port of call about any suspect case of COVID-19<sup>21</sup>.

For ships on international voyage, the Maritime Declaration of Health (MDH) should be completed and sent to the competent authority in accordance with the local requirements at the port of call.

Ship operators must facilitate application of health measures and provide all relevant public health information requested by the competent authority at the port. The officer in charge of the ship should immediately alert the competent authority at the next port of call (and the cruise line head office) regarding the suspect case to determine if the necessary capacity for transportation, isolation, laboratory diagnosis and care of the suspect case/cluster of cases of COVID-19 is available at the port. The ship may be asked to proceed to another port in close proximity if this capacity is not available, or if warranted by the medical status of the suspect case/cluster of cases of COVID-19. It is important that all arrangements are conducted as quickly as is feasible to minimise the stay of symptomatic suspect case/cases on board the ship.

### **1.5. Management of contacts**

The passenger or crew member that meets the definition of a suspect case if possible should be asked to provide information about the places that he/she visited and about his/her contacts, including the period from one day before the onset of symptoms on board the ship or ashore. This information will be used to identify the closed contacts.

#### *1.5.1. Management of the close contacts*

All travellers that fulfill the definition of a “close contact” should be asked to complete the Passenger/Crew Locator Forms (PLFs) (a word version can be downloaded from: <https://www.healthygateways.eu/LinkClick.aspx?fileticket=U133sZdEEH0%3d&tabid=98&portalid=0>) and be listed with their contact details and information regarding the places where they will be staying for the following 14 days. All close contacts should remain on board the ship in their cabins or at a facility ashore (in case the ship has docked at the turnaround port and if feasible), in accordance with instructions received by the competent authorities, until the laboratory results for the suspect case are available.

If the laboratory results of the suspect case are positive, then all close contacts should be quarantined ashore and not allowed to travel internationally, unless this has been arranged following the WHO advice for repatriation. Considerations for quarantine measures are given in the WHO travel advice<sup>7</sup>: <https://www.who.int/emergencies/diseases/novel-coronavirus->

[2019/travel-advice](#). The above quarantine measures are all subject to the requirements of the local competent health authority.

According to the ECDC technical report, quarantine measures will include: active monitoring by the public health authorities for 14 days from last exposure, daily monitoring for COVID-19 symptoms (including fever of any grade, cough or difficulty breathing), avoiding social contact, avoiding travel, and remaining reachable for active monitoring<sup>11</sup>. The close contacts should immediately inform the health services in the event of any symptom appearing within 14 days. If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered to be at risk of developing COVID-19<sup>11</sup>. Implementation of these specific precautions may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.

### *1.5.2. Management of the casual contacts*

If the laboratory results of the suspect case are positive, then casual contacts should be provided with the following information and advice:

- 1) All casual contacts should be requested to complete PLFs with their contact details and the locations where they will be staying for the following 14 days. Implementation of these precautions may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities. Further instructions may be given by the health authorities.
- 2) Information should be provided to all casual contacts as follows:
  - Details of symptoms and how the disease can be transmitted.
  - They should be asked to self-monitor for COVID-19 symptoms, including fever of any grade, cough or difficulty breathing, for 14 days from their last exposure.
  - They should be asked to immediately self-isolate and contact health services in the event of any symptom appearing within 14 days.

If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered to be at risk of developing COVID-19<sup>11</sup>.

### *1.5.3. Reporting information to the competent authorities about contacts*

Both embarking and disembarking ports must be notified immediately of contacts being on board and the measures taken. Information in the PLFs should be provided to the competent authorities in accordance with the legislation for sharing personal data for public health purposes.

## **1.6. Disembarkation**

The suspect case should disembark in a controlled way to avoid any contact with other persons on board the ship and wear a medical mask. Personnel escorting the patient during the medical evacuation should wear suitable PPE (gloves, impermeable gown, goggles, FFP2/FFP3 respirator).

As soon as the suspect/confirmed case has been removed from the cruise ship, the cabin or quarters where the suspect case was isolated and managed should be thoroughly cleaned and

disinfected as described in paragraph 1.10, by staff trained to clean and disinfect cabins during gastroenteritis outbreaks<sup>22</sup>.

## **1.7. Other health measures**

The port health authority, after conducting an inspection and risk assessment according to IHR (2005) Article 27 will decide on the health measures to be taken on board the ship. In the event that the affected cruise ship where the COVID-19 confirmed case was identified calls at a port other than the turn-around port, the authority may decide in consultation with the ship owner and if feasible, to end the cruise if health measures (cleaning and disinfection) cannot be satisfactorily completed while travellers are on board the ship. Infectious waste should be disposed of in accordance with the port authorities' procedures. The next cruise can start when the thorough cleaning and disinfection has been satisfactorily completed. If on-going transmission occurred on board the ship, cruise lines are advised to explore the possibility of starting the next cruise with new crew, if this is feasible.

## **1.8. Record keeping in the medical log**

Records should be kept about the following:

- a) Any person on board who has visited the medical facility and meets the definition of a suspect case of COVID-19 described in paragraph 1.4.1. and the isolation and hygiene measures taken at the isolation place;
- b) Any person meeting the definition of a close contact described in paragraph 1.4.2 and the results of monitoring of his/her health;
- c) Contact details of casual contacts who will disembark and the locations where they will be staying in the following 14 days (completed PLFs);
- d) Results of active surveillance.
- e) Details about isolation (place, when started, names of persons entered the room and provided care).

## **1.9. Active surveillance (case finding)**

Case finding among passengers and crew should be initiated after a suspect case has been identified by the ship's medical staff in order to detect any new suspect cases. Case finding should include directly contacting passengers (e.g. passenger surveys) and crew, asking about current and recent illness, and checking if any person meets the criteria of a suspect case. Active surveillance activities should be conducted for 14 days after the COVID-19 confirmed case was identified. Findings should be recorded.

## **1.10. Cleaning and disinfection**

Environmental persistence of SARS-CoV-2 is currently unknown. SARS-CoV may survive in the environment for several days. MERS-CoV may survive >48hours at 20°C, 40% relative humidity

comparable to an indoor environment, on plastic and metal surfaces<sup>23</sup> and SARS-CoV up to 7 days<sup>22</sup>.

While case management is in progress on board a cruise ship, a high level of cleaning and disinfection measures should be maintained on board as per the outbreak management plan available on the ship.

Medical facilities, cabins and quarters occupied by patients and contacts of COVID-19 should be cleaned and disinfected in accordance with the WHO guidance for infection prevention and control during health care when COVID-19 infection is suspected. All other areas should be cleaned and disinfected according to the procedures applied in response to Norovirus gastroenteritis outbreak<sup>4</sup>.

Interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2 can be found at: <https://www.ecdc.europa.eu/en/publications-data/interim-guidance-environmental-cleaning-non-healthcare-facilities-exposed-2019>

Laundry, food service utensils and waste from cabins of suspect cases and contacts should be handled as infectious, in accordance with the outbreak management plan provided on board for other infectious diseases (Norovirus gastroenteritis)<sup>4</sup>. Staff who will perform cleaning and disinfection should be trained to use PPE.

Air filters should be replaced by trained persons using proper PPE and treated as infectious waste. The air handling units should be cleaned and disinfected.

It might be essential that the ship will remain at the port for the time period essential required to perform the thorough cleaning and disinfection on board the ship.

## 2. Maritime transport – Cargo ship travel

### 2.1. Minimizing the risk for introduction of persons with acute respiratory syndrome due to COVID-19 onto the ship

Crew visiting affected areas<sup>3</sup> should be informed about the symptoms of ARI (fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath, cough or sore throat). Further, they should be asked to immediately report any relevant symptoms to the designated officer.

Ships visiting affected areas should provide information to crew according to the WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by COVID-19<sup>6,18</sup> including:

- a) Frequently cleaning your hands by using soap and water or an alcohol-based hand rub.
- b) When coughing and sneezing covering your mouth and nose with a tissue or a flexed elbow – throw tissue away immediately and wash hands.
- c) Avoiding close contact with anyone who has fever and cough.
- d) Seeking immediate medical care if you develop fever, cough and difficulty breathing and sharing your previous travel history with your health care provider.
- e) Avoid visiting live markets in areas currently experiencing cases of COVID-19.
- f) When visiting areas ashore, avoiding the consumption of raw or undercooked animal products. Raw meat, milk or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.

The International Maritime Organization (IMO) has issued a Circular advising IMO Member States, seafarers and shipping at:

<http://www.imo.org/en/MediaCentre/HotTopics/Pages/Coronavirus.aspx>

### 2.2. Education and raising crew awareness

#### 2.2.1. Raising crew awareness for detection of cases on board

Shipping companies should inform crew about recognition of the signs and symptoms of ARI including fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath, cough or sore throat. Any person with symptoms of ARI should inform the supervisor immediately.

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<sup>3</sup> Affected areas are defined by WHO in the latest statement of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 published in: <https://www.who.int/>.



### 2.2.2. Personal hygiene measures

Shipping companies should refresh training of their crew about hygiene measures:

- Hand washing technique (use of soap and water, rubbing hands for at least 20 seconds etc.)
- When hand washing is essential (e.g. after assisting an ill traveller or after contact with environmental surfaces they may have contaminated etc.)
- When hand rubbing with an antiseptic can be used, instead of hand washing and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Appropriate waste disposal
- Use of medical masks or respirators
- Avoiding close contact with people suffering from acute respiratory infections<sup>18</sup>

Infographics from WHO are available at: <https://www.who.int/health-topics/coronavirus>

## 2.3. Supplies and equipment

Adequate medical supplies and equipment should be available on board as described in the WHO (2007) recommended medicines and equipment by the *International Medical Guide for Ships* 3rd edition.

Adequate supplies of PPE should be carried on board including gloves, impermeable long-sleeved gown, goggles or face shields, medical masks and FFP2/FFP3 respirators.

Further details about supplies specific to COVID-19 can be found at (please see technical guidance for disease commodity package): <https://www.who.int/health-topics/coronavirus>

## 2.4. Management of a suspect case

### 2.4.1. Isolation

If any person on board fulfils the following criteria, he/she should be isolated immediately and the next port of call should be informed:

Patients with acute respiratory infection (sudden onset of at least one of the following: cough, sore throat, shortness of breath) requiring hospitalisation or not, **AND** in the 14 days prior to onset of symptoms, met at least one of the following three epidemiological criteria: were in close contact with a confirmed or probable case of COVID-19; **or** had a history of travel to [areas with presumed ongoing community transmission](#); **or** worked in or attended a health care facility where patients with COVID-19 were being treated. The patient should be isolated in an isolation ward, cabin, room or quarters with infection control measures<sup>12</sup>.

All persons entering the isolation room should apply gloves, impermeable gowns, goggles and medical masks.

#### *2.4.2. Reporting to the next port of call*

The competent authority of the next port of call must always be informed if a suspect case of an infectious disease or death has occurred on board (IHR 2005, Article 28)<sup>21</sup>. For ships on international voyage, the International Health Regulations (IHR) Maritime Declaration of Health (MDH) should be completed and sent to the competent authority according to the local requirements at the port of call.

The officer in charge of the ship should immediately alert the competent authority at the next port of call regarding the suspect case to determine if the necessary capacity for transportation, isolation, and care is available at the port. The ship may be asked to proceed to another port in close proximity if this capacity is not available, or if warranted by the critical medical status of the suspect case of COVID-19.

#### *2.4.3. Disembarkation*

Disembarkation of the ill person should take place in a controlled way to avoid any contact with other persons on board the ship and the ill person should wear a medical mask. Personnel escorting the patient during the medical evacuation should wear suitable PPE (gloves, impermeable gown, goggles and medical mask).

The ship may be allowed to proceed to its next port of call after the health authority has determined that public health measures have been completed satisfactorily.

#### *2.4.4. Cleaning, disinfection and waste management*

As soon as the suspect case had been removed from the ship, the cabin or quarters where the suspect case with the COVID-19 was isolated and managed should be thoroughly cleaned and disinfected by staff who are trained to clean surfaces contaminated with infectious agents using PPE.

Laundry, food service utensils and waste from cabins of suspect cases and contacts should be handled as infectious, in accordance with procedures for handling infectious materials available on board.

#### *2.4.5. Management of contacts*

The health authority will conduct a risk assessment and all contacts of the suspect case should be identified and follow the instructions of the public health authorities, until the laboratory results of the suspect case are available. If the laboratory examination of the suspect case is positive for COVID-19, then all close contacts should be quarantined for 14 days in facilities ashore according to instructions from the competent authorities (active monitoring by public health authorities, for 14 days from last exposure; daily monitoring for COVID-19 symptoms, including fever of any grade, cough or difficulty breathing; avoid social contact; avoid travel; remain reachable for active monitoring)<sup>11</sup>.

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