



**BUREAU
VERITAS**

Guidelines for Management of COVID-19 and Infectious Diseases

June 2020

**Guidance Note
NI 673 DT R00 E**

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GENERAL CONDITIONS

1. INDEPENDENCE OF THE SOCIETY AND APPLICABLE TERMS

- 1.1 The Society shall remain at all times an independent contractor and neither the Society nor any of its officers, employees, servants, agents or subcontractors shall be or act as an employee, servant or agent of any other party hereto in the performance of the Services.
- 1.2 The operations of the Society in providing its Services are exclusively conducted by way of random inspections and do not, in any circumstances, involve monitoring or exhaustive verification.
- 1.3 The Society acts as a services provider. This cannot be construed as an obligation bearing on the Society to obtain a result or as a warranty. The Society is not and may not be considered as an underwriter, broker in Unit's sale or chartering, expert in Unit's valuation, consulting engineer, controller, naval architect, designer, manufacturer, shipbuilder, repair or conversion yard, charterer or shipowner; none of them above listed being relieved of any of their expressed or implied obligations as a result of the interventions of the Society.
- 1.4 The Society only is qualified to apply and interpret its Rules.
- 1.5 The Client acknowledges the latest versions of the Conditions and of the applicable Rules applying to the Services' performance.
- 1.6 Unless an express written agreement is made between the Parties on the applicable Rules, the applicable Rules shall be the Rules applicable at the time of entering into the relevant contract for the performance of the Services.
- 1.7 The Services' performance is solely based on the Conditions. No other terms shall apply whether express or implied.

2. DEFINITIONS

- 2.1 "Certificate(s)" means classification or statutory certificates, attestations and reports following the Society's intervention.
- 2.2 "Certification" means the activity of certification in application of national and international regulations or standards, in particular by delegation from different governments that can result in the issuance of a Certificate.
- 2.3 "Classification" means the classification of a Unit that can result or not in the issuance of a classification Certificate with reference to the Rules. Classification is an appraisal given by the Society to the Client, at a certain date, following surveys by its surveyors on the level of compliance of the Unit to the Society's Rules or to the documents of reference for the Services provided. They cannot be construed as an implied or express warranty of safety, fitness for the purpose, seaworthiness of the Unit or of its value for sale, insurance or chartering.
- 2.4 "Client" means the Party and/or its representative requesting the Services.
- 2.5 "Conditions" means the terms and conditions set out in the present document.
- 2.6 "Industry Practice" means international maritime and/or offshore industry practices.
- 2.7 "Intellectual Property" means all patents, rights to inventions, utility models, copyright and related rights, trade marks, logos, service marks, trade dress, business and domain names, rights in trade dress or get-up, rights in goodwill or to sue for passing off, unfair competition rights, rights in designs, rights in computer software, database rights, topography rights, moral rights, rights in confidential information (including know-how and trade secrets), methods and protocols for Services, and any other intellectual property rights, in each case whether capable of registration, registered or unregistered and including all applications for and renewals, reversions or extensions of such rights, and all similar or equivalent rights or forms of protection in any part of the world.
- 2.8 "Parties" means the Society and Client together.
- 2.9 "Party" means the Society or the Client.
- 2.10 "Register" means the public electronic register of ships updated regularly by the Society.
- 2.11 "Rules" means the Society's classification rules and other documents. The Society's Rules take into account at the date of their preparation the state of currently available and proven technical minimum requirements but are not a standard or a code of construction neither a guide for maintenance, a safety handbook or a guide of professional practices, all of which are assumed to be known in detail and carefully followed at all times by the Client.
- 2.12 "Services" means the services set out in clauses 2.2 and 2.3 but also other services related to Classification and Certification such as, but not limited to: ship and company safety management certification, ship and port security certification, maritime labour certification, training activities, all activities and duties incidental thereto such as documentation on any supporting means, software, instrumentation, measurements, tests and trials on board. The Services are carried out by the Society according to the applicable referential and to the Bureau Veritas' Code of Ethics. The Society shall perform the Services according to the applicable national and international standards and Industry Practice and always on the assumption that the Client is aware of such standards and Industry Practice.
- 2.13 "Society" means the classification society 'Bureau Veritas Marine & Offshore SAS', a company organized and existing under the laws of France, registered in Nanterre under number 821 131 844, or any other legal entity of Bureau Veritas Group as may be specified in the relevant contract, and whose main activities are Classification and Certification of ships or offshore units.
- 2.14 "Unit" means any ship or vessel or offshore unit or structure of any type or part of it or system whether linked to shore, river bed or sea bed or not, whether operated or located at sea or in inland waters or partly on land, including submarines, hovercrafts, drilling rigs, offshore installations of any type and of any purpose, their related and ancillary equipment, subsea or not, such as well head and pipelines, mooring legs and mooring points or otherwise as decided by the Society.

3. SCOPE AND PERFORMANCE

- 3.1 Subject to the Services requested and always by reference to the Rules, the Society shall:
 - review the construction arrangements of the Unit as shown on the documents provided by the Client;
 - conduct the Unit surveys at the place of the Unit construction;
 - class the Unit and enter the Unit's class in the Society's Register;
 - survey the Unit periodically in service to note whether the requirements for the maintenance of class are met.The Client shall inform the Society without delay of any circumstances which may cause any changes on the conducted surveys or Services.
- 3.2 The Society will not:
 - declare the acceptance or commissioning of a Unit, nor its construction in conformity with its design, such activities remaining under the exclusive responsibility of the Unit's owner or builder;
 - engage in any work relating to the design, construction, production or repair checks, neither in the operation of the Unit or the Unit's trade, neither in any advisory services, and cannot be held liable on those accounts.

4. RESERVATION CLAUSE

- 4.1 The Client shall always: (i) maintain the Unit in good condition after surveys; (ii) present the Unit for surveys; and (iii) inform the Society in due time of any circumstances that may affect the given appraisal of the Unit or cause to modify the scope of the Services.
- 4.2 Certificates are only valid if issued by the Society.
- 4.3 The Society has entire control over the Certificates issued and may at any time withdraw a Certificate at its entire discretion including, but not limited to, in the following situations: where the Client fails to comply in due time with instructions of the Society or where the Client fails to pay in accordance with clause 6.2 hereunder.
- 4.4 The Society may at times and at its sole discretion give an opinion on a design or any technical element that would 'in principle' be acceptable to the Society. This opinion shall not presume on the final issuance of any Certificate or on its content in the event of the actual issuance of a Certificate. This opinion shall only be an appraisal made by the Society which shall not be held liable for it.

5. ACCESS AND SAFETY

- 5.1 The Client shall give to the Society all access and information necessary for the efficient performance of the requested Services. The Client shall be the sole responsible for the conditions of presentation of the Unit for tests, trials and surveys and the conditions under which tests and trials are carried out. Any information, drawing, etc. required for the performance of the Services must be made available in due time.
- 5.2 The Client shall notify the Society of any relevant safety issue and shall take all necessary safety-related measures to ensure a safe work environment for the Society or any of its officers, employees, servants, agents or subcontractors and shall comply with all applicable safety regulations.

6. PAYMENT OF INVOICES

- 6.1 The provision of the Services by the Society, whether complete or not, involve, for the part carried out, the payment of fees thirty (30) days upon issuance of the invoice.

6.2 Without prejudice to any other rights hereunder, in case of Client's payment default, the Society shall be entitled to charge, in addition to the amount not properly paid, interests equal to twelve (12) months LIBOR plus two (2) per cent as of due date calculated on the number of days such payment is delinquent. The Society shall also have the right to withhold Certificates and other documents and/or to suspend or revoke the validity of Certificates.

6.3 In case of dispute on the invoice amount, the undisputed portion of the invoice shall be paid and an explanation on the dispute shall accompany payment so that action can be taken to solve the dispute.

7. LIABILITY

- 7.1 The Society bears no liability for consequential loss. For the purpose of this clause consequential loss shall include, without limitation:
 - Indirect or consequential loss;
 - Any loss and/or deferral of production, loss of product, loss of use, loss of bargain, loss of revenue, loss of profit or anticipated profit, loss of business and business interruption, in each case whether direct or indirect.The Client shall defend, release, save, indemnify, defend and hold harmless the Society from the Client's own consequential loss regardless of cause.
- 7.2 Except in case of wilful misconduct of the Society, death or bodily injury caused by the Society's negligence and any other liability that could not be, by law, limited, the Society's maximum liability towards the Client is limited to one hundred and fifty per-cents (150%) of the price paid by the Client to the Society for the Services having caused the damage. This limit applies to any liability of whatsoever nature and howsoever arising, including fault by the Society, breach of contract, breach of warranty, tort, strict liability, breach of statute.
- 7.3 All claims shall be presented to the Society in writing within three (3) months of the completion of Services' performance or (if later) the date when the events which are relied on were first discovered by the Client. Any claim not so presented as defined above shall be deemed waived and absolutely time barred.

8. INDEMNITY CLAUSE

8.1 The Client shall defend, release, save, indemnify and hold harmless the Society from and against any and all claims, demands, lawsuits or actions for damages, including legal fees, for harm or loss to persons and/or property tangible, intangible or otherwise which may be brought against the Society, incidental to, arising out of or in connection with the performance of the Services (including for damages arising out of or in connection with opinions delivered according to clause 4.4 above) except for those claims caused solely and completely by the gross negligence of the Society, its officers, employees, servants, agents or subcontractors.

9. TERMINATION

- 9.1 The Parties shall have the right to terminate the Services (and the relevant contract) for convenience after giving the other Party thirty (30) days' written notice, and without prejudice to clause 6 above.
- 9.2 In such a case, the Classification granted to the concerned Unit and the previously issued Certificates shall remain valid until the date of effect of the termination notice issued, subject to compliance with clause 4.1 and 6 above.
- 9.3 In the event where, in the reasonable opinion of the Society, the Client is in breach, or is suspected to be in breach of clause 16 of the Conditions, the Society shall have the right to terminate the Services (and the relevant contracts associated) with immediate effect.

10. FORCE MAJEURE

- 10.1 Neither Party shall be responsible or liable for any failure to fulfil any term or provision of the Conditions if and to the extent that fulfilment has been delayed or temporarily prevented by a force majeure occurrence without the fault or negligence of the Party affected and which, by the exercise of reasonable diligence, the said Party is unable to provide against.
- 10.2 For the purpose of this clause, force majeure shall mean any circumstance not being within a Party's reasonable control including, but not limited to: acts of God, natural disasters, epidemics or pandemics, wars, terrorist attacks, riots, sabotages, impositions of sanctions, embargoes, nuclear, chemical or biological contaminations, laws or action taken by a government or public authority, quotas or prohibition, expropriations, destructions of the worksite, explosions, fires, accidents, any labour or trade disputes, strikes or lockouts.

11. CONFIDENTIALITY

- 11.1 The documents and data provided to or prepared by the Society in performing the Services, and the information made available to the Society, are treated as confidential except where the information:
 - is properly and lawfully in the possession of the Society;
 - is already in possession of the public or has entered the public domain, otherwise than through a breach of this obligation;
 - is acquired or received independently from a third party that has the right to disseminate such information;
 - is required to be disclosed under applicable law or by a governmental order, decree, regulation or rule or by a stock exchange authority (provided that the receiving Party shall make all reasonable efforts to give prompt written notice to the disclosing Party prior to such disclosure).
- 11.2 The Parties shall use the confidential information exclusively within the framework of their activity underlying these Conditions.
- 11.3 Confidential information shall only be provided to third parties with the prior written consent of the other Party. However, such prior consent shall not be required when the Society provides the confidential information to a subsidiary.
- 11.4 Without prejudice to sub-clause 11.1, the Society shall have the right to disclose the confidential information if required to do so under regulations of the International Association of Classifications Societies (IACS) or any statutory obligations.

12. INTELLECTUAL PROPERTY

- 12.1 Each Party exclusively owns all rights to its Intellectual Property created before or after the commencement date of the Conditions and whether or not associated with any contract between the Parties.
- 12.2 The Intellectual Property developed by the Society for the performance of the Services including, but not limited to drawings, calculations, and reports shall remain the exclusive property of the Society.

13. ASSIGNMENT

- 13.1 The contract resulting from these Conditions cannot be assigned or transferred by any means by a Party to any third party without the prior written consent of the other Party.
- 13.2 The Society shall however have the right to assign or transfer by any means the said contract to a subsidiary of the Bureau Veritas Group.

14. SEVERABILITY

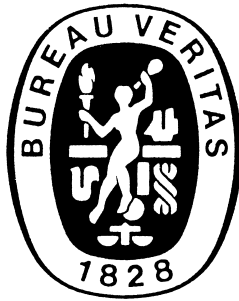
- 14.1 Invalidity of one or more provisions does not affect the remaining provisions.
- 14.2 Definitions herein take precedence over other definitions which may appear in other documents issued by the Society.
- 14.3 In case of doubt as to the interpretation of the Conditions, the English text shall prevail.

15. GOVERNING LAW AND DISPUTE RESOLUTION

- 15.1 These Conditions shall be construed and governed by the laws of England and Wales.
- 15.2 The Parties shall make every effort to settle any dispute amicably and in good faith by way of negotiation within thirty (30) days from the date of receipt by either one of the Parties of a written notice of such a dispute.
- 15.3 Failing that, the dispute shall finally be settled under the Rules of Arbitration of the Maritime Arbitration Chamber of Paris ("CAMP"), which rules are deemed to be incorporated by reference into this clause. The number of arbitrators shall be three (3). The place of arbitration shall be Paris (France). The Parties agree to keep the arbitration proceedings confidential.

16. PROFESSIONAL ETHICS

- 16.1 Each Party shall conduct all activities in compliance with all laws, statutes, rules, economic and trade sanctions (including but not limited to UN sanctions and EU sanctions) and regulations applicable to such Party including but not limited to: child labour, forced labour, collective bargaining, discrimination, abuse, working hours and minimum wages, anti-bribery, anti-corruption, copyright and trademark protection, personal data protection (<https://personaldataprotection.bureauveritas.com/privacypolicy>).
- Each of the Parties warrants that neither it, nor its affiliates, has made or will make, with respect to the matters provided for hereunder, any offer, payment, gift or authorization of the payment of any money directly or indirectly, to or for the use or benefit of any official or employee of the government, political party, official, or candidate.
- 16.2 In addition, the Client shall act consistently with the Bureau Veritas' Code of Ethics. <https://group.bureauveritas.com/group/corporate-social-responsibility>



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Guidelines for Management of COVID-19 and Infectious Diseases

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SECTION 1

GENERAL

1 Introduction

1.1 Scope

1.1.1 This Guidance Note is written in response to the COVID-19 threat to provide an essential preparation, management and recovery plan, and to provide procedures for all reasonably foreseeable infectious diseases (IDs).

Note 1: This is a fast-evolving crisis. All information is traceable and verifiable against reasonable sources at the time of writing. It is not known how the COVID-19 situation and related information will evolve over time. Users of this Guidance Note must check the contents against latest useful information accordingly (see App 5).

1.1.2 This Guidance Note is written with a focus on getting passenger ships back in service, particularly cruise liners and ferries. However, it may be equally applicable for all types of ship and the offshore industry.

This Guidance Note does not cover actual medical treatment of patients. Nothing in this Guidance Note constitutes medical advice and the Guidance Note intends to use language familiar to crew and passengers, not precise medical terminology.

This Guidance Note is intended to help a Company prepare, implement, maintain and review procedures and processes to manage COVID-19 and other IDs. They can be used for guidance purposes only, or used as objective evidence within ISM Code / SMS.

This Guidance Note may be applied to one ship a fleet and include the land based support operations and offices (see Sec 6) as required.

Nothing in these guidelines can guarantee against infectious diseases or the risks associated.

1.1.3 With reference to [3], this Guidance Note identifies several categories for examination:

- Process in Sec 2
- People in Sec 3
- Facilities in Sec 4
- Hygiene and cleaning in Sec 5.

2 Terms and Definitions

2.1 COVID-19 and other infectious disease that may be considered

2.1.1 Infectious Disease (ID)

A term used in this Guidance Note to describe any virus, bacteria or other transmittable organism that causes disease, illness or death in humans, as well as the disease or illness itself.

2.1.2 COVID-19

An infectious disease caused by a severe acute respiratory syndrome virus named coronavirus 2. This Guidance Note will refer to COVID-19 and this will be understood to refer to the causative virus and the disease where applicable.

Essential medical information are provided in App 2.

2.1.3 Norovirus

A broad term used often to describe both the causative virus and the symptoms of vomiting, diarrhoea and stomach pain. Used interchangeably in this Guidance Note for both virus and symptom.

Norovirus in terms of infected path might be considered similar to COVID-19. Many of the controls and preventative measures in this Guidance Note may be considered as relevant to Norovirus.

2.1.4 Legionnaires disease

A pneumonia caused by any type of Legionella bacteria. This is a very common and regularly controlled disease with common prevention measures under many legislations.

2.2 Other terms and definitions

2.2.1 Company

The Owner of the ship or any other organization or person such as the Manager, or the Bareboat Charterer, who has assumed the responsibility for operation of the ship from the shipowner and who on assuming such responsibility has agreed to take over all the duties and responsibility imposed by the ISM Code.

2.2.2 International Health Regulations (2005) or IHR (2005)

A binding instrument of International law, agreed by over 190 countries which entered into force on 15 June 2007. Its implementation is coordinated by the World Health Organization (WHO).

2.2.3 International Safety Management Code (ISM Code)

International Management Code for the Safe Operation of Ships and for Pollution Prevention as adopted by the Assembly, as may be amended by the International Maritime Organization (IMO).

2.2.4 Safety Management System (SMS)

A structured and documented system enabling Company personnel to implement effectively the Company safety and environmental protection policy as required by ISM Code.

2.2.5 Maritime Labour Convention 2006 (MLC 2006)

Maritime Labour Convention 2006 (MLC) is an international convention of the International Labour Organisation (ILO) which sets out seafarers' rights to decent living and working conditions onboard ships.

2.2.6 Outbreak Management Plan (OMP)

A comprehensive document laying out the preparation, response, mitigation and recovery requirements for COVID-19 or other IDs. This is a mandatory concept, it may be fulfilled by other documents or series of documents with other names, but they must fulfill the intended functions of the OMP as laid out in this Guidance Note and within the agreed scope.

2.2.7 Protection level and recovery

Processes and measures introduced by the Company should identify levels of risk or similar. This Guidance Note works on the following different levels but companies may define their own levels:

- **Protection Level 1:**
 - Normal sailing and normal risk of infection.
 - Standard prophylactic measures in place.
 - Plans and equipment provided in case of higher risk levels.
 - Items such as Outbreak Management Plan (OMP) are provided and understood by all required.
 - Prevention phase.
- **Protection Level 2:**
 - Enhanced risk of outbreak. Company or relevant authority has recognised an enhanced risk of infection, as characterised by various government and Company actions in first quarter of 2020 such that active and passive measures are in place to avoid or control outbreak.
 - Possible introduction of social distancing (SD) measures etc.
 - OMP in effect to guard against outbreak.
 - Actual infection onboard ship not known, but prepared for.
- **Protection Level 3:**
 - Actual infection onboard, or demands for quarantine and similar measures required by Company, relevant authority or other stakeholders.
 - OMP in effect to guard against further infection and to reduce effects
 - Likely to require full SD, isolation and other highly restrictive measures.
- **Recovery:**

The plans, action and stage to recover the vessel from Protection Levels 2 or 3 to Protection Level 1, providing internal and external circumstances allow.

Note 1: A list of good practice is provided in App 4.

3 Context of ships and COVID-19 or other IDs

3.1 General

3.1.1 General considerations for all ships, including passenger ships and ferries are listed in [3.2].

Additional provisions dedicated to passenger ship and ferries are provided in [3.3].

3.2 All Ships

3.2.1 Legal and Regulatory framework

Vessels sail from port to port, country to country and may contain people of many nationalities. The Flag State of the vessel may also be different. All these individual legal influences, and the international regulatory framework must be addressed and understood in the context of every vessel, in the context of the fleet, and of the Company's responsibilities for safe and environmentally sound management for the ship, his fleet and the associated land activities over which he has influence.

3.2.2 ISM Code, IHR (2005), MLC 2006 and other regulatory requirements

The Company must identify his responsibilities under: ISM Code, IHR (2005), MLC 2006 and all other applicable national and international requirements with regard to COVID-19 and other IDs. Nothing in this Guidance Note shall conflict with those in any way. If interpretation is required, then the legal texts hold clear precedent.

3.2.3 Responsibilities to crew and other stakeholders

The responsibility to identify and manage the responsibilities for passengers, as defined in [3.3.3], applies equally to crew and other stakeholders. MLC 2006 provides that every seafarer has the right to a safe and secure workplace that complies with safety standards and to health protection, medical care, welfare measures and other forms of social protection.

3.2.4 Ship Sanitation Certificate (SSC)

IHR (2005) requires ships on International voyages to have a Ship Sanitation Certificate (SSC). These are of particular importance for the prevention and control of public health risks onboard ships on international voyages.

This Guidance Note attempts to avoid repeating the general requirements for an SSC since these are laid out well in the handbook referenced in [3.2.5]. An SSC requires a risk assessment and thus the risk assessment in this Guidance Note can fulfill this role, however these guidelines go beyond the requirements of the SSC by embedding the elements into the ISM Code / SMS so that the systems may be in place throughout the ship, the fleet and the onshore management to achieve health objectives. In any case, ships, fleets and Company using these guidelines are expected to have had a fully functioning SSC compliant system before and after the present crisis.

Certain ports are authorised to inspect ships for public health risks and these should have the capability to inspect ships, issue certificates and implement or supervise necessary health control measures. The SSCs are designed to identify, assess and record public health risks. It is expected that this regime may live within the requirements of these guidelines, and that these guidelines can contribute to the SSCs where necessary. They are intended to be mutually compatible.

3.2.5 The Company, and senior representatives onboard the ship must plan, understand, implement and document command and control structures for every authority and port they expect to visit. This must include all other appropriate stakeholders.

The World Health Organisation issues the “Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates”. Whilst the latest version dated 2011 was not written for COVID-19, it contains much useful information and checklists. Nothing in this Guidance Note is intended to conflict with the WHO handbook.

3.2.6 Financial and liability considerations

The Company must identify requirements and establish procedures and mechanisms, including financial mechanisms such as insurance, etc., in order to be able to provide for the financial losses and liabilities that may be encountered due to IDs. This includes reasonably foreseeable and legally required consequences such as repatriation, care, quarantine, aid and other succour or assistance.

3.3 Special considerations for passenger ships and ferries

3.3.1 IHR (2005) require countries to have response measures at designated points of entry (POE), or ports in this

case. Each country should have a Public Health Emergency Contingency Plan (PHECP) and or other elements to assist in the control of a pandemic or similar. The Company must have full knowledge of this and other legal responses and understand and implement them for all reasonably planned voyages as required in his OMP or similar plan.

In particular the Company is required to assess all public health threats that are applicable, containment at source as well as Point Of Entry (POE) i.e. port, and to ensure that his plans include both pre-set measures and adapted responses. IHR (2005) requires a balanced decision making process based on a risk assessment approach (Introduction to IHR (2005)).

3.3.2 Passenger ships and ferries operate in complex environments where the local situations and requirements constantly change. The Company must identify the constrictions and support that local considerations can provide during the planned voyages. All ports will have different provisions for medical aid, quarantine, isolation, treatment, disembarkation, emergency removal and other support services. These must be understood and planned for.

3.3.3 Responsibilities to passengers

The Company must establish his responsibilities to the passengers; the times from when these responsibilities start, and how these responsibilities are limited. These include transit arrangements, crossing legal boundaries, changing legislation, as well as the Company’s responsibilities to his passengers in all reasonably foreseeable circumstances caused by IDs or similar.

SECTION 2

PROCESS

1 Management and organisation / planning

1.1 Commitment and policy

1.1.1 The Company must establish top level commitment and policy towards COVID-19 and other infectious diseases as laid out in these guidelines.

1.2 COVID-19 and other IDs within the Company SMS and ISM Code

1.2.1 This Guidance Note treats COVID-19 and other IDs as primarily a safety issue.

Therefore the requirements of this Guidance Note should be incorporated through SMS as the preferred vehicle for the implementation. Incorporation of requirements of this Guidance Note into another suitable documented system that meets the objectives, may be considered.

1.3 Roles and responsibilities, replacements, incapacity, substitutes

1.3.1 Roles and responsibilities must be clearly established and understood by all. These must include legal responsibility and liability. These must be understood by the individuals involved and must be clearly outlined in their job description.

There needs to be documentary evidence that they have understood these roles and are competent to do so as applicable. An organogram or similar should be developed providing simple reference and outline.

The deputies and other actions in case of incapacitation and other substitute staff need to be clearly laid out and understood.

The roles of senior staff must be clear and accurate. Interdepartmental relationships and superiority must be clear. In particular, potentially conflicting roles such as Navigational Captain, Passenger Captain, Port Captain, Superintendent and all other roles used formally or informally must be identified and correctly assigned roles and responsibilities and conflicts removed. This includes the changing roles through port, at sea, in dock, under pilot, under way, and also under operating modes of the protection levels defined in this Guidance Note such as under quarantine and when external legal authorities are onboard.

1.4 Risk assessment

1.4.1 General

A risk assessment must be performed identifying all the potential risks and their significant outcomes. These should include health and welfare, medical care, well-being and safety, social protection, environmental, legal, financial, and other liabilities. Prevention, mitigation and recovery strategies and results should be identified and measured. It is recommended that a familiar risk matrix be derived and that this be further considered in terms of analysing how risk may be reduced and mitigated on the matrix using such strategies.

Unless otherwise specified, all elements of these guidelines must be considered in the risk assessment along with other requirements the Company subscribes to and as may be identified during the risk assessment as applicable.

Although there are many things to consider, a core concept must be simplicity: "Complexity is the archenemy of emergency response" (IHR (2005)).

This risk assessment may be part of, in addition to, or may form the risk assessment provided for the SSC within IHR (2005). In any case, the relationships between the risk assessments and the implementation plans, the ISM Code / SMS and SSC must be identified and understood.

The output of the risk assessment will include the Outbreak Management Plan, Response Plan, Isolation Plans, or similar plan as one integrated document (the OMP) or as separate related documents. Their relations and interaction must be clearly specified. This Guidance Note refers to the OMP as one and all of these documents.

It is envisaged that the risk assessment and plans will use the protection and recovery levels, defined in Sec 1, [2.2.4], or similar in order to achieve the common core concepts of preparation, prevention, avoidance, reduction, mitigation and recovery, or however these common concepts are represented in the basic literature.

1.4.2 Space assessment (critical spaces, at risk spaces, segregation, corridors, isolation, medical area enhancement, etc.)

An assessment of spaces onboard the ship should be undertaken. This may identify many items as high risk areas which may require to be permanently closed at high protection levels, such as night clubs. It can also identify which places need to remain open and how they can be managed such as catering facilities.

The assessment should identify elements of the ship design which aid mitigation, such as medical areas. It can assess how other spaces can be converted into extended medical facilities and, for example, how the zoning of the ships can aid segregation or isolation and other such items. It should

also address the linkages between spaces and their function: how corridors can be used and the potential for one way systems or specialist corridors for medical use, etc.

Various defined types of space such as hospitality, retail, catering will need to be identified and have function specific requirements as laid out in other parts of this Guidance Note. Child care facilities will require particular attention since they are known reservoirs of infection but also critical welfare provisions.

The results of the above can be recorded in the OMP.

1.4.3 Precautions at the ship medical facility and response spaces (isolation spaces, expanded medical spaces, etc.)

Medical experts shall input to the risk assessment to advise on equipment and precautions to be provided and taken during the various protection levels and recovery. This includes extra space for expanded facilities and requirement for foreseen isolation spaces and segregation zones etc. This will also include personal protection and hygiene, sanitation and cleaning as well as PPE and safe behaviour in all such medical or isolation spaces etc.

HVAC requirements will need careful study and consideration given to features such as negative pressure, increased air changes, provision of outside air, filtration and Ultra Violet Germicidal Irradiation (UVGI) etc.

All relevant outcomes should be in the OMP or other appropriate document

1.4.4 Crew changes

The risk assessment will identify procedures for crew changes. Extensive information and guidance is available from IMO Circular Letter No.4204/Add.14 Dated 5 May 2020.

Interactions between crew and shore staff should be minimised during an outbreak and this includes considerations for visitors such as pilots, surveyors, PSC, provisions, agents, etc.

Further guidance is given in IMO Circular Letter N0.4204/Add.16 Dated 6 May 2020. This includes useful information on the hierarchy of controls; Eliminate, Reduce, Communicate, Control, PPE; which have relevant presence throughout these guidelines.

Note 1: References:

- IMO Circular Letter No.4204/Add.14 Dated 5 May 2020: Coronavirus (COVID-19) – Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic
- IMO Circular Letter N0.4204/Add.16 Dated 6 May 2020: Coronavirus (COVID-19) – COVID-19 related guidelines for ensuring a safe shipboard interface between ship and shore-based personnel.

1.4.5 Prioritisation

The risk assessment must identify conflicts of prioritisation. These will arise for instance due to legal requirements to practice evacuation and muster drills and actual emergen-

cies. In a drill at a higher protection level, the risk of infection from the drill may outweigh the benefit from the drill. Similarly in an actual sinking, rapid evacuation will outweigh social distancing and other prevention measures etc. These will create not only conflicts of priority but tensions within required behaviour and legal frameworks.

These must be identified and prioritised. Where these priorities may cause legal or other tensions and conflicts these must be resolved in the OMP and other relevant documents and must be agreed in writing with the relevant stakeholders. Essential safety information and any agreements, particularly with authorities, must form part of the ISM Code by inclusion or direct reference.

1.5 Outbreak Management Plan (OMP)

1.5.1 General

An output of the risk assessment and other relevant processes must be an Outbreak Management Plan (OMP) or similar plan such as a Response Plan or Preventative Measures Plan. OMP will include or be supported by various other plans and processes as outlined in this Guidance Note. Alternatively, such plans may take the place of a single OMP. Whatever the decided manner of implementation, the overall strategy of the plans and their relations must be laid out as part of the SMS or other suitable documented system established by Company in order to effectively manage the required safety aspects of COVID-19 and other IDs.

The OMP and / or other plans or processes must cover all elements of these guidelines within the scope necessary and agreed by the Company and at the required depth of detail identified by the Company in accordance with their obligations and required by them and other elements subscribed to.

Requirements for the OMP are laid out throughout this Guidance Note. References to the OMP include other plans that are intended to be similar to the OMP as given above.

The OMP, or similar plan, forms the foundation of the results of the planning for an outbreak and how to prepare, prevent, avoid, reduce, mitigate and recover from it. The OMP, or similar plan, gives the details of what to do during an outbreak and how to recover from it.

The OMP, or similar plan and documents should be created with simplicity in mind so they can be understood easily. They should cause minimum disruption.

The OMP, or similar plan must ensure full respect for the dignity, human rights and fundamental freedoms of persons.

1.5.2 Laboratory testing

During the risk assessment if laboratory sample testing is advised by medical expert availability and equipment to take the sample and transport it to the laboratory should be organized and available. The plans should foresee novel IDs and be flexible to be prepared to update procedures.

1.6 Organisation and operational process

1.6.1 The Company must document and implement organization and operational processes relevant to his operations. The relations between these must be clear. These must be reviewed and amended as necessary for COVID-19 and other IDs as decided by the Company. This should be evidenced through revision numbers (with reason for revision), through relevant communications and minutes of meetings etc. This may be separate and / or as part of the normal review process and must have top management involvement and evidence of decision making and implementation.

These should include measures to prepare, prevent, avoid, reduce, mitigate and recover from infections should be part of the risk management strategy and be properly represented in the Outbreak Management Plan.

The Company must ensure he has decision support and provide the right data to the right people to assist in their decision making.

Definitions, core phrases and keywords must be clearly laid out, used consistently and without conflict or confusing overlap.

Processes should recognise the difference between:

- strategic relationships (such as Ship's master or Company and authorities); normally when formulating or instigating a plan, and
- operational relationships (such as between the master and the crew); normally when implementing a plan.

This helps to understand how strategic and operational relationships effect each other.

All plans and processes must align and must be compatible with the expected local requirements for foreseen voyages. These should be verified with the local authorities as possible.

1.7 Interdepartmental roles and responsibilities

1.7.1 Departments will have different roles and requirements which may conflict with others. Such potential conflicts should be identified in the risk assessment and managed carefully. Clear relative roles and responsibilities and hierarchies must be established, communicated and understood.

1.8 Preparedness plan / preventative plan to prevent infection

1.8.1 Measures at Protection level 1 should include plans to prevent infection and to be prepared. This includes training and guidance to crew on how to recognise signs and symptoms of COVID-19 and other IDs. This information should also be available as appropriate to the passengers.

Plans shall be developed based on proposed voyages and updated as necessary, to allow for immediate reporting of suspect or confirmed cases to the relevant authority. Such plans must identify and facilitate the easy communication

between ship and authority to allow for decisions and actions to minimise the stay of the suspect case(s) onboard ship.

All attempts should be made to undertake quarantine ashore and to facilitate the shore authorities in achieving this.

Active surveillance and case finding should be considered in the risk assessment and implemented in relevant manners at the various protection levels and recovery. Results should be recorded.

Reporting and communication should be part of these plans.

The preparedness plans, or similar plan, may wish to utilise concepts of Integrated Vector Management (IVM) for the most efficient use of vector control for vector borne diseases. In a stepped implementation approach, concentrating on the first instance of COVID-19 recovery with direct human-to-human transmission, this may not be an initial priority, although concepts within the approach may be useful.

1.9 Onboard work permits, licenses, travel permission, H&S plans and checklists

1.9.1 It is expected that many regulations and relevant guidance will call for specific permits and / or information forms for COVID-19 and other IDs. These should be identified and implemented in the relevant plans and procedures. Examples are: permits to board, travel exemption permits, medical details, cleaning logs, medical logs, licenses, public health passenger / crew location form, pre boarding questionnaire, etc.

Due care must be taken with private medical records and other documents containing sensitive or protected information.

These permits must link into their relevant place in the risk assessments and OMP as appropriate and should be used to demonstrate the risk reduction strategy. Guidance and training should be provided as to what is required and by whom.

The responsible person(s) for the documents should be clearly identified.

1.10 Management of people with symptoms, tracking contacts

1.10.1 The risk assessment or other process should be used to identify how to manage actual or potential infections. The first point of defence is preventing people with symptoms from boarding and this should be part of the boarding or pre boarding process. If an infected person is on board the first plan should identify how to isolate and rapidly remove them but also how to identify, track and manage potential contacts if feasible.

Plans should be in place for management of worst case scenarios with both individual isolation plans and plans for isolating areas of the ship in mass infections. Crew must have information, training and knowledge to implement the Isolation Plan or similar plan.

Immediately after a suspect case is identified the plans and crew trained to implement them should assess all people onboard for their exposure and classify them as close contacts (high risk exposure) or casual contacts (low risk exposure). The OMP must explain the procedures and results. All contacts will be requested as a minimum to complete Passenger / Crew Locator Forms (PLFs).

If suspect cases are confirmed positive then EU Healthy Gateways recommends all close contacts be quarantined ashore.

The EU Healthy Gateways document provides a useful flow diagram showing elements to consider and actions to be taken (See App 6).

1.11 Schedules, team size assessment, working hours, etc.

1.11.1 The various protection levels will necessitate different numbers and rotations of staff as well as changes in schedules and working hours. These should be planned for during the risk assessment and included in the OMP. Such plans should reduce interactions, avoid unnecessary movements, and facilitate measure to reduce propagation of IDs.

Plans should assess the need for extra well-being, social care and other methods to identify and reduce stress and other potential issues caused by the foreseeable situations.

These plans will need to be reviewed regularly and be flexible during the higher protection levels and recovery.

1.12 Embarkation and disembarkation

1.12.1 Detailed plans for embarkation and disembarkation will be needed as identified in the risk assessment or similar. These may include pre-boarding quarantine and travel arrangements, documentation, permits etc. They should include actions to be taken at port arrival and through the port to gangway. It is expected that the embarkation procedures may be onboard the vessel. If so, people must never queue on gangways or similar for safety reasons. Checks for documents and symptoms may be identified and implemented. Arrangements for limited access, social distancing local hygiene points, PPE, etc. may be considered for the embarkation and disembarkation procedures.

The ticketing process may be a useful way of distributing and receiving information and for implementing pre-boarding restrictions. Such information may include emergency contacts, applicable medical history, allergies and adverse drug responses, etc., and processes must be in place to ensure this information is confidential and protected but also available quickly to people who need it.

The requirements of each port on foreseeable voyages should be ascertained and implemented.

Authorities or the Company may require Passenger / Crew Locator Forms on embarkation and disembarkation. These can contain various information – the exact contents should be decided allowing for the various expectations of the authorities.

Health checks and screening may be required for any movement situation.

Port arrival will be particularly difficult since large numbers of people will attempt to queue to disembark and this should be identified in the risk assessment and planned for.

Luggage handling and other onboard / removal activities should be assessed for chance of infection and mitigation and prevention strategies devised such as cleaning or temporary holding. Temporary holding may be less effective since infection survival times on various surfaces may be found to be long, and people's wait for their items required to be short.

Note 1: An example of potential pre-embarkation strategy is provided in App 3.

1.13 Hospitality, restaurant and retail facilities

1.13.1 The risk assessment should identify and manage risks due to restaurant services, retail, amenity services, cleaning services, cabin services and other such services for both passengers and crew.

The Company may wish to implement his own version of a Hazard Analysis Critical Control Point (HACCP) system to help him in managing his food supply chain.

The vessel is expected to have a Food Safety Plan or similar plan including hygiene or similar and these should input to, and be influenced by the risk assessment and the HACCP (if done). Similarly the vessel is expected to have a Food Safety Training Programme; to be treated in the same way.

Catering services should have detailed plans and instructions in the OMP including elements such as staggered mealtimes, relative risks of self-service buffet vs table service or other alternative, infection through food and culinary items, drinks, surfaces etc.

Retail services and outlets should have detailed plans and instructions in the OMP, including maximum occupancy, queuing for entry, signage, social distancing, one way systems, contactless payment, hygiene and cleaning practices, information for customers,

All cabin services will need assessing for infective risks and prevention and mitigation strategies devised. For example, laundry, food service utensils and wastes from cabins of suspect cases and contacts should be handled as infectious. Staff engaged in these activities must be trained and be provided with PPE accordingly, and well as equipment for the safe handling of items prone to be infected.

The provision of water onboard ship should be included in the risk assessment and the vessel is expected to have a Water Safety Plan or similar plan which is often based on the WHO Guidelines for Drinking Water Quality (GDWQ), this should be updated as necessary.

All the above will need to be assessed for both the people receiving the services and the people delivering them.

Necessary outputs will be in the OMP, the Food Safety Plan and other related documents and plans.

1.14 Periodical review of OMP

1.14.1 The risk assessment and OMP developed as the outcome of the risk assessment should be subject to regular review performed by the Company.

1.15 Development, verification and evaluation, review

1.15.1 Based on the risk assessment, measurement systems are to be developed and included in the OMP or other relevant documents. These are to include verification and evaluation techniques.

The results of such monitoring are to be recorded and reviewed.

The risk assessment and related outputs such as OMP and other related documents are to be subject to regular review at suitable level as identified in the risk assessment and by the Company at least annually.

1.16 Records and documentation

1.16.1 The Company must devise a strategy for producing and retaining documents relevant to COVID-19 and other IDs and the findings of the risk assessment and the implementation, testing, measuring and reviewing processes in the OMP and similar plan.

The strategy must account for the protection of personal data and for the confidentiality of medical records and other data management issues.

The strategy should account for responsibility, proper retention, availability, searching, duplication and both short and long term storage.

The medical log should record relevant information as identified in the risk assessment and laid out in the OMP.

Examples of documents, with example responsibilities and retention periods are given for information in App 1.

1.17 Communication, updates, with shore, with authorities, reporting, etc.

1.17.1 The information in the risk assessment and plans etc. must be efficiently communicated to all stakeholders as applicable. This should be done using all adequate communication techniques. The information should be concise and easy to understand for the intended recipient. It will include relevant training and practice for all stakeholders as applicable.

Communication plans or similar plan must identify and clarify the required intercommunications between the ship and the shore. This includes between the ship and the Company's staff onshore and between the ship and authorities on land or sea. Communication should be controlled, and clear responsibilities laid out.

The Company must identify effective mechanisms for multi-agency communication, coordination and information sharing including operational and liaison links with public health authorities and other stakeholders such as port authorities and port operators.

Communication plans must identify the information to be communicated to the crew and passengers. They must identify suitable means of communication and ensure they are implemented effectively.

All reporting requirements and responsibilities must be identified and included in the appropriate plan.

2 Knowledge

2.1 Identification, implementation and compliance with legal requirements and other items

2.1.1 The Company must identify all relevant legal requirements both National and International. This must include as a minimum Flag State requirements, international requirements (such as IMO conventions), National requirement of the flag state of the ship and the requirements of the national laws of the intended ports of call a suitable time in the future but not less than one month or the present scheduled voyage if longer. Relevant laws relating to passenger and crew nationality must be identified as well as any relevant International or national employment law for crew and Company's staff.

It is recommended that some form of legal register is established and that the Company subscribe to a recognised provider of such information. It is an inherent requirement that the Company be aware of ongoing risks and affairs which may affect the safety and wellbeing of the people on his ships and therefore he must subscribe or otherwise be aware of relevant publications and information as should be identified in the risk assessment or similar.

The Company must plan and document how he will implement the results of these studies and he must ensure it is communicated to the relevant people and that they have the relevant training, knowledge and competence. This extends to anyone involved in the ship who pays for services or undertakes any activities related to the ship which the Company can exert influence over.

The Company must review, confirm and demonstrate compliance as required.

The risk assessment is a useful tool in this process, but in any case the results must be incorporated into relevant statutory documents such as instructions and procedures related to ISM Code and SOLAS and cascaded and implemented in other documents such as the OMP and other plans and procedures as necessary.

2.2 Information

2.2.1 Essential, relevant and useful information should be kept in sensible places and made readily available to those who would benefit from them or must have access to them. The relevant information relating to COVID-19 and other IDs should be identified during the risk assessment and then discovered, kept, displayed and made available as set out in the OMP.

- Pre-travel information: The Company should establish processes to identify, communicate and update pre-travel information for both passengers and crew. This should be communicated using effective general means such as websites and newsletters but also directly to assigned crew and ticketed passengers. Final updates should be provided immediately before travel and at the port terminals.

- Essential health and safety information, properly updated should be available in the port and immediately on arriving onboard, and be maintained at prominent public spaces as necessary.

The information, its communication and updating will change for the various protection levels and recovery and will be laid out in the OMP or similar plan.

2.3 Competency, training, resources and awareness

2.3.1 Procedures must be in place to identify the core competencies relative to the roles and responsibilities identified. All relevant staff must be assessed against these competencies and a Training Needs Assessment (TNA) or similar performed.

All essential competencies must be fulfilled by relevant identified competent resources before operations commence or restart.

Where training needs are identified they are to be properly prioritised, and those which are critical for the role or responsibility must be provided before fulfilling the role. Lesser needs may be prioritised accordingly.

Resources should achieve competency through a framework that recognises academic knowledge, on the job training, mentoring, study (remote and direct), work experience and other normal methods. These should be reviewed regularly and form part of regular staff assessments.

All legal requirements for training and identifying and achieving competency must be identified and achieved and documented suitably.

The essential knowledge for passengers and other visitors should be identified and communicated to them in a simple manner for them to understand. This will be through leaflets, posters, guides, emails, web pages, human instruction, musters, drills, demonstrations, etc.

The Company should identify and implement methods to raise the education, training and awareness of the crew in matters such as COVID-19 and other IDs.

3 Medical competency

3.1 General

3.1.1 The Company should have in place a process for identifying his requirement for relevant medical competency. Depending on operational factors and other elements identified in the risk assessment, this maybe be sub contracted, land based or onboard staff, or a combination. These resources should advise on the medical requirements onboard. This advice should include all elements of relevant items such as physical provisions of space and equipment, medicines, staff and relevant medical protocols. Such advice will also be pertinent to, and change according to the protection levels and recovery. The people assigned

medically competent roles will be involved in, and inform processes such as the risk assessment, the OMP and other relevant processes.

4 Protection of people and wellbeing

4.1 General

4.1.1 The risk assessment or similar process must identify and establish suitable processes for the protection of people onboard the ship. These should be implemented in the OMP or other suitable plan or document. Indicative items are listed here as a handy non-exhaustive reference, although most are included elsewhere in the Guidance Note:

- processes for suspected infected people
- assessment of onward transmission likelihood
- protection during transportation
- avoid / reduce gatherings / meetings
- schedule working hours to reduce interactions
- limit size of teams and gatherings of passengers
- understand and identify symptoms
- limit contact
- isolate suspects and contacts
- early removal of suspect (and contacts)

The above items should be documented, measurable and demonstrated during recovery and preparation and reviewed regularly.

4.2 Provisions and waste handling, deliveries, bunkers, luggage handling

4.2.1 The risk assessment should identify and plan for risks involved in transporting stores, bunkers, wastes, garbage, etc. to and from the vessel.

Interaction between staff on shore and aboard ship should be minimised. The potential for contamination of stores should be addressed and managed.

Items which need to be handled as medical or infectious waste at differing protection levels and recovery are to be identified and managed accordingly.

4.3 Transport arrangements

4.3.1 Where crew travel to and from the vessel, either at shift handover or for longer periods, the risks of these operations and movement should be identified in the risk assessment and measures put in place to prepare, prevent, reduce, avoid, mitigate and recover from risks accordingly.

4.4 Cleaning and sanitation, including leisure activities

4.4.1 All requirements at all protection levels and recovery must be identified in the risk assessment and results incorporated in the OMP or similar plan.

5 Equipment

5.1 General

5.1.1 The ability of any equipment to perform as expected may be compromised by activities and requirements to avoid or recover from infection. Such adverse effects on equipment should be identified as necessary in the risk assessment and mitigated and managed as relevant. These effects and measures should be listed and explained in the OMP. Examples are where machinery may require people to be in close proximity to operate, and mitigation strategies may be to increase the amount of equipment or to provide remote controls. Cleaning of equipment after use, or ongoing cleaning regime when in constant use must be identified and managed.

Equipment which is not essential and which leads to grouping may need to be identified and removed / turned off, or access restricted. Such as drinking machines.

Sanitary equipment and spaces may need signage and other information to ensure it is available and used in an effective way to reduce or control infection, for example limited entry to toilets, social distance markings, instructions to close seat before flushing, etc.

Medical equipment should be provided in accordance with national or international law and other guidelines and as assessed by competent medical staff. Specific sampling equipment and transport media shall be identified and supplied.

5.1.2 Safety equipment and all equipment for the navigation and essential operation of the ship will need particular care and attention to detail. Where essential equipment is in constant use and cannot be duplicated or distanced, then effective cleaning regimes or prophylactic systems can be considered.

5.1.3 Provision of lifesaving equipment will show that under consideration of distancing protocols the requirements of distance and evacuation capacity cannot both be met with existing arrangements. This will also be identified under “prioritisation”. Whatever solutions are met, if the full provisions of a requirement cannot be met, then this is to be agreed with the responsible element. Where this is, for example, a legal requirement under SOLAS, then agreement must be reached with all relevant authorities and recorded appropriately and be documented within the ISM Code.

If the decision is made not to increase the capacity of lifesaving equipment, and therefore distancing and other protocols can be seen to be reduced during an emergency at a higher protection level, then it is strongly recommended that this foreseeable event be agreed in advance with the relevant authorities and documented appropriately.

It may be that a vessel operates at such reduced capacity during a crisis that the lifesaving equipment can function for both critical considerations, in which case it is recommended that maximum capacity be agreed and recorded.

6 Personal protective equipment (PPE)

6.1 Supply and availability

6.1.1 The risk assessment or other process must identify the relevant PPE to be provided or available to the ship for all pro-

tection levels and for how to re-supply ship if required. This is to include PPE for medical staff, people infected and people to be protected as well as visitors and also to allow for the potential for long quarantine and other foreseeable events.

This should also include masks, gloves, gowns, eye / face protection, biohazard waste bags, disinfectant wipes, cleaning and hygiene products, sanitizers and washes, etc., both permanent (protection level 1) and temporary for higher protection levels and recovery. It should also take into account the potential for increasing medical facilities.

All such equipment should have identified expiry dates, storage conditions and other items that affect its effectiveness and there should be a procedure or checklist to monitor this on a determined basis.

All users of PPE must be knowledgeable and competent in its use and trained as appropriate.

Note 1: Direct and further information links can be found in IMO Circular Letter No.4204/Add.15 Dated 6 May 2020; Coronavirus (COVID-19) – Personal Protective Equipment

7 Social Distancing (SD)

7.1 SD strategy

7.1.1 The risk assessment or other process must identify the social distancing strategy throughout the ship, its operations and protection levels.

7.1.2 Indicative items are listed here as a handy non-exhaustive reference, although most are included elsewhere in the Guidance Note:

- SD should not impair emergency procedures
- SD for crew members should not impair the operation of essential items
- social distances are displayed and oral / written instructions known
- traffic flow is managed (one way systems, etc.)
- soft segregation is used (tape or other markings)
- spaces and access routes have maximum capacities known and marked
- additional physical barriers are installed
- specific tasks which are interfered with by SD are identified and specific solutions found and known
- signage for SD does not interfere with safety or other signs
- sign “overload” is avoided
- regular SD public announcements are made
- SD is used for seat occupancy and other methods (empty seats, family ticket allocation, etc.)
- SD is explained, illustrated and marked in essential public spaces and crew areas
- retail outlets are SD controlled
- waiting is reduced and queuing areas are marked for SD and may have temporary physical barriers.

The above items should be documented, measurable and demonstrated during recovery and preparation and reviewed regularly.

SECTION 3

PEOPLE

1 Management

1.1 General

1.1.1 The knowledge, training, resources and competency, protection, communication, care, well-being, management and other items to be considered for the people onboard the ship and visiting must be addressed in the risk assessment. These details are mainly listed within this Section.

As well as conceptual replacement of key personnel in terms of roles and responsibilities, the need to evacuate any or large number of people for reasons ranging from able bodied but must leave in a hurry (pilot by tender or VIP by helicopter), through to a medical emergency of an infected person possibly to be removed whilst intubated by medical helicopter must be identified in detail in the risk assessment and implemented in the OMP.

Consideration may be given to identifying crew shift times such that they coincide with distinct passenger groups or areas and thus avoid onward transmission through excessive mingling.

2 Knowledge and communication

2.1 General

2.1.1 As well as being trained and competent, the Company must have plans and methods to communicate changes to strategy and to introduce or reinforce key elements of the OMP or similar plan.

2.1.2 All elements of the OMP must be communicated through effective mediums to the people they apply to, and there should be measures to ensure these communications are reasonably understood.

2.1.3 Non exhaustive additional elements

- Emergency team ashore contacts are known and communicated to relevant people
- Procedures exist for the safe and sensitive exclusion of people with symptoms by ships crew especially at embarkation, taking into account the person's dignity, rights and their safety and that of the surrounding people
- Necessary communication of COVID-19 and other IDs is fast and effective
- Information desks etc are available to explain Company policy and measures established
- For passenger ships, a certain level of central available information is available for possibly symptomatic or worried passengers, relative to the protection level.

The above items should be documented, measurable and demonstrated during recovery and preparation and reviewed regularly.

3 Training, resources and competency

3.1 General

3.1.1 Crew members must have been trained on all aspects of COVID-19 and other IDs as relative to their job and their role profile within the "roles and responsibility" identified and assigned.

3.1.2 Any crew member displaying symptoms should be competent to self-identify and there should be measures for others to identify in case he fails to do so. Having been so identified the crew member should not start or continue work, he should remove or isolate and he should be adequately replaced during "sick leave". All such measures will be planned and explained in detail in the OMP or similar plan and properly communicated and understood by the crew.

3.1.3 Similar measures and concerns relative to passengers will also be identified in the risk assessment and implemented in the OMP or similar plan. The Company should consider contingency plans etc.

3.1.4 The same considerations apply to all other visitors to the ship, external suppliers and contractors as applicable.

3.1.5 The impact of elements such as social distancing on essential training, drills, musters, etc. have been identified and suitable solutions agreed between stakeholders, documented and implemented.

4 Personal Hygiene

4.1 Hand washing procedures and instructions

4.1.1 Hand washing procedures are established for all crew and their roles and for passengers.

4.1.2 Hand washing instructions are posted in relevant areas with reminders in suitable locations

4.1.3 Suitable soaps and washes are available in all sanitary spaces and at suitable locations throughout the ship depending on protection level and recovery.

5 Personal protective equipment (PPE)

5.1 General

5.1.1 All requirements for personal PPE in public spaces and workspaces have been identified, are effectively communicated and enforced as necessary whilst respecting the rights and dignity of people.

Note 1: Many spaces will be work space for crew and public place for passenger – requirements may vary inside a space.

5.1.2 The above is identified and applied for visitors and other transient people including pilots, surveyors, superintendents, PSC, shore staff etc.

5.1.3 In relevant places such as retail outlets and catering facilities, additional PPE such as gloves, masks and hand rubs are identified and available. The requirements for use of such specific PPE in specific places should be posted before the entrance and throughout the space

6 Social distancing

6.1 General

6.1.1 Onboard transport facilities such as tenders and helicopters, and leisure facilities such as inflatables, have been assessed for risk of infection and suitable capacity restrictions, social distancing and cleaning have been identified and implemented.

7 Transport arrangements

7.1 General

7.1.1 Where crew travel to and from the vessel, either at shift handover or for longer periods, the risks of these operations and movement should be identified in the risk assessment and measures put in place to prepare, prevent, reduce, avoid, mitigate and recover from risks accordingly.

SECTION 4 FACILITIES

1 Management

1.1 General

1.1.1 Relevant procedures and checklists have been provided and are understood for every facility and person responsible or using the facility.

1.1.2 Each facility has been included in the risk assessment and space assessment or equivalent and other processes and its particular requirements are documented and implemented as necessary.

1.1.3 Access and occupation limits (or closure) and other related elements are identified and included in OMP or similar plan.

1.1.4 All logistics, stores, wastes, and their safe transfer and movement have been identified and included in the OMP.

1.1.5 Tests and other controls for normal operation, such as chlorine levels in spas and pools, are identified and managed. Any additional tests, such as surface contamination or waste contamination by IDs, has been identified and implemented in the OMP.

1.1.6 Where it may be beneficial to do bulk testing for contamination, such as wastes, this has been identified and implemented in the OMP.

1.2 Cargo holds

1.2.1 Cargoes and cargo hold operations should be considered as part of the risk assessment. Non-essential ship / shore contact should be minimised and potential cross contamination identified and avoided and mitigated e.g. by cleaning and sanitisation.

2 Protection of People

2.1 Protection of people under higher protection levels

2.1.1 Under higher protection levels, areas which are still required for wellbeing such as recreational facilities, leisure areas or outside exercise areas have been identified and managed appropriately in the OMP. Such measures may include controlled and staggered access, distancing inside, ventilation and cleaning, regular sanitation, etc.

2.1.2 Under higher protection levels, physical transactions should be identified and limited in the OMP, and other options considered e.g. contactless payment, protective screens, etc.

3 Equipment

3.1 Heating, ventilation and air conditioning (HVAC)

3.1.1 HVAC is an extremely complex system in an infectious protection environment. As such it must be robustly addressed in the risk assessment and implemented within the OMP or similar plan. It is likely to be necessary to have a separate HVAC strategy. Many authorities already have legal requirements for items such as Legionnaire's disease and these must be identified and implemented when in scope.

3.1.2 HVAC systems are likely to come under increased scrutiny in the future fight against IDs and the Company must ensure he is up to date with developments and can understand how to manage his existing HVAC system in line with future developments. This is not necessarily a requirement for ongoing expensive upgrade and replacement, but rather an understanding of how future designs seek to reduce risk and how such concepts may influence existing designs.

3.1.3 Consideration must be given to the flow paths in the HVAC system and all reasonable measures to resist propagation along the system should be taken such as regular venting opportunities, introduction of clean air, reduced or cancelled recirculation, and the potential to upgrade and increase filtration at reasonable cost.

3.1.4 Care must be taken that areas designed to be isolated are suitably addressed in the HVAC risk assessment. Such details should be in the OMP or HVAC strategy.

3.1.5 It is strongly recommended that an expert in the potential for infectious disease propagation in HVAC systems be engaged during the risk assessment process.

3.2 Other equipment

3.2.1 Sneeze guards and similar protection provided on food bars and such items.

3.2.2 Concentration of disinfectant in water is identified for correct treatment and level and is monitored and maintained in those recommended limits.

4 Personal protective equipment (PPE)

4.1 General

4.1.1 Each facility should have had its own requirements for PPE addressed and identified as part of the risk assessment and be included in the OMP.

4.1.2 For distributed equipment such as sanitary dispensers intended for ready use, there should be a basic implementation concept in order to better understand the distribution. Thus, for example, under normal protection levels, a limited number of hand cleaner dispensers may be in permanent place around the ship, but other dispensers will be available in the stores and their intended location under different protection levels identified such that they can be easily installed.

4.1.3 It is useful for crew and passengers if the distribution strategy is simple, for example every deck stairwell during protection level 2, every other deck during protection level 1. No cabin should be more than X m from a dispenser (this will normally be half the typical corridor length, or fire zone length or other inherent segregation).

5 Social Distancing (SD)

5.1 General

5.1.1 Each facility should have had its own requirements for SD addressed and identified as part of the risk assessment and be included in the OMP etc. This includes facilities which are a function or operability within a space, such as embarkation / disembarkation area or elevator.

5.1.2 Appropriate distance marking should be provided in public and access areas, this includes corridors, walkways, restaurants, elevators, moving walkways and waiting areas for such services. A strategy for elevators should be provided and clearly communicated including temporary information outside and inside the elevator.

SECTION 5

HYGIENE AND CLEANING

1 Management

1.1 General

1.1.1 Each facility will have had its specific hygiene and cleaning needs identified as part of the risk assessment and implemented within the OMP for the various protection levels and recovery.

1.1.2 Where a Company provides accommodation and other facilities directly related to the ship but not onboard and regularly used by ship's staff (for example port offices for regular trade), then these should be included in the assessment as well as transport and access. Also in these circumstances the interaction between ship's staff visiting the offices, and shore based staff in the offices should be assessed.

1.1.3 Where, for example, on short run ferries staff often return home or similar after shifts / runs, then their home arrangement, commutes and transports may be considered.

2 Knowledge

2.1 Key elements

2.1.1 Key elements of the hygiene and cleaning strategy as identified in the risk assessment must be identified and suitable communicated to those who need to know. This includes personal hygiene measures and important details applicable to parties regarding hygiene, cleaning and public and private places.

2.1.2 It is envisaged that some of the key elements such as hand washing instructions and cleaning regularity will be visually alerted in suitable fashions.

3 Protection of People

3.1 General

3.1.1 The hygiene and cleaning needs of the passengers and crew onboard in terms of linen, laundry, clothes and other such items, its collection, transport, cleaning, storage and redistribution will be addressed in the risk assessment and implemented in the OMP.

Consideration may be given to items such as the use of hermetically sealed bags to avoid contamination, and other measures. Surfaces of such bags should be considered for contamination during re-distribution.

4 Cleaning

4.1 List of items

4.1.1 A non-exhaustive list of items that may be considered under different protection levels follows:

- Frequency of hand washing
- Specific cleaning of potentially contaminated areas
- Cleaning of tools and utensils
- Retail cleanliness
- Office cleanliness
- HVAC cleaning and disinfection
- Clothes, linen and other laundry
- Cleaning and disinfection of shared equipment, such as breathing devices and lifejackets
- Touchpoints, tabletops, and toilets etc
- Frequency and technique of surface cleaning
- Identification and management of potentially infected waste
- Programme for ship sanitation
- Cleaning and disinfection programme for all occupied spaces and cabins
- Waste handling
- Increased measures for areas of periodical high traffic such as restaurants, retail and restrooms.

The above items should be documented, measurable and demonstrated during recovery and preparation and reviewed regularly.

4.1.2 When selecting methods and cleaning products to be used in various areas and materials, care is to be paid on effect of products on treated surfaces and persons. Use of non proper cleaning product may cause damage to treated surfaces and injuries to persons. Special attention should be paid on selection of cleaning products onboard vessels (i.e. suitable products for use in engine room and other machinery spaces).

5 Personal Hygiene

5.1 List of items

5.1.1 A non-exhaustive list of items that may be considered under different protection levels follows

- Provision and location of hand washing stations

NI 673, Sec 5

- Provision and location of PPE dispensers
- Enhanced sanitary provision and management of for cleaning and social distancing
- Restricted access to key areas such as restaurants, galleys, car decks, retail areas, offices and crew spaces
- Gloves and masks in retail spaces, catering and offices etc

- Disinfectant wipes for trolleys and baskets in retail spaces and similar.

The above items should be documented, measurable and demonstrated during recovery and preparation and reviewed regularly.

SECTION 6

LAND BASED OFFICES

1 General

1.1

1.1.1 The Company may choose to address land-based items in his scope.

The interaction with land based facilities at the shore / port interface and for crew and passengers transiting from land to shore is fairly described in a ship's ISM Code since it effects the safety of the ship directly.

For the Company's land based offices, these do not affect ship ISM Code but should be in the Company SMS.

A similar risk based approach, as outlined in these guidelines should also be followed covering all the items in this Guidance Note which are applicable to land based offices. The major difference will be the limitation to national requirements, although of course if the Company has offices in many countries, the international and relevant national elements will still apply.

APPENDIX 1

TYPICAL DOCUMENTATION THAT MAY BE EXPECTED ON BOARD FOR COVID-19 AND OTHER ID MANAGEMENT

1 General

1.1 List of documents

1.1.1 Typical documentation that may be expected on board for COVID-19 and other ID management in addition to normal documents are listed in Tab 1.

Tab 1 gives typical examples for information only and is non-exhaustive.

Regarding the potential relationships, OMP and SSC are interchangeable dependant on how Company wishes to operate.

OMP is preferred as more specific, but where OMP is placed, any other suitable document / system may be substituted.

1.1.2 All documents listed in Tab 1 are expected to be reviewed during the annual review, and live information may be subject to audit or inspection whilst valid.

Table 1 : Typical documentation that may be expected on board for COVID-19 and other ID management in addition to normal documents

Type of document	Name	Part of	Time on board	Review	Responsibility	Notes
ISM	COVID-19 and other ID Management plan or similar	ISM / SMS	Permanent living document	3 months / annual	Company	Includes or references OMP etc
Risk management	Risk Assessment for COVID-19 and other IDs	ISM / SMS	Permanent living document	3 months / annual	Company	
Outbreak management plan	OMP Outbreak Management Plan	ISM / SMS	Permanent living document	3 months / annual	Company / ISM DP / Captain	
Information	Pre boarding questionnaire	OMP	3 months / copy head office	Before sailing	Captain / purser / senior officer	Personal info security
International requirement	Ship Sanitation Certificate SSC	SSC	Permanent renewable International certificate	As below SSCC or SSCEC	Company / Master	Either an SSCC or an SSCEC
International requirement	Ship Sanitation Control Certificate SSCC	SSC	After risk, control measures completed	Valid max 6 months	Company / Master	One month extension possible
International requirement	Ship Sanitation Control exemption certificate SSCEC	SSC	No evidence of risk, free from infection / containment	Valid max 6 months	Company / Master	One month extension possible
International requirement	Evidence Report Form	SSC	To document risks	–	Company / Master	IHR 2005
International requirement	International Certificate of Vaccination or Prophylaxis	SSC / OMP	One year / copy head office	–	Master	IHR 2005
International requirement	Maritime Declaration of Health	SSC / OMP	One year / copy head office	–	Master	National Single Window
International requirement	Passenger / Crew Locator Form (PLF)	SSC / OMP	One year / copy head office	3 months / annual	Captain / purser / senior officer	For IHR 2005 when applicable
Information	List of Medicines	OMP / ISM	One year / copy head office	3 months / annual	Captain / medical officer / senior officer	
Plan	Water Safety Plan	OMP / ISM	Permanent living document	3 months / annual		
Information	Potable Water Analysis report	OMP / ISM	One year / copy head office	–		
Information	Medical Log	OMP / ISM	Permanent living document	3 months / annual	Captain / medical officer / senior officer	

(Table continued next page)

Type of document	Name	Part of	Time on board	Review	Responsibility	Notes
Permits	Onboard work permit	ISM / SMS OMP	3 months	Part of ISM review	ISM DP	
Information	Personal medical report	OMP		–	Captain / purser / medical officer	Personal info security
information	Occupational disease report	OMP		–	Captain / purser / medical officer	Personal info security
Information	Active surveillance and case finding	OMP	One year / copy head office	–	Captain / medical officer / senior officer	Personal info security
Checklists	Restaurant / food service checklist	OMP	3 months	3 months / annual	Catering manager / cook	
Information	Pest logbook	SSC / OMP	Permanent living document	3 months / annual	Captain / cleaning and sanitation officer	
Information	Cleaning schedules and logs	OMP	One year / copy head office	3 months / annual	Captain / cleaning and sanitation officer	
Plan	Food safety Plan	OMP / ISM	Permanent living document	3 months / annual	Company / ISM DP / Captain / catering manager / cook	
Information	Inspection reports	OMP	One year / copy head office	–	Various	
Plan	Vector Management Plan	OMP	Permanent living document	3 months / annual	Company / Captain / ISM DP / medical officer	
Reference document	Codex Alimentarius Commission (CAC)	OMP / ISM		–	Company / ISM DP / Captain / catering manager / cook	
Information	Purchase records and documentation of food sources	OMP / ISM	One year / copy head office	–	Captain / purser / catering manager / cook	
MARPOL V	Garbage Record Book	MARPOL	Permanent renewable International record	3 months / annual	Chief Engineer	
Plan	Health and Safety Manual	ISM / OMP	Permanent living document	3 months / annual	Company / Captain / ISM DP / H&S Officer	

APPENDIX 2

ESSENTIAL MEDICAL INFORMATION

1 General

1.1 Symptoms of COVID-19

1.1.1 Most common symptoms:

- fever
- dry cough
- tiredness

Less common symptoms:

- aches and pains
- sore throat
- diarrhoea
- conjunctivitis
- headache
- loss of taste or smell
- a rash on skin, or discolouration of fingers or toes

Serious symptoms:

- difficulty breathing or shortness of breath
- chest pain or pressure
- loss of speech or movement.

Note 1: Source: World Health Organization (WHO) 29/05/2020.
https://www.who.int/health-topics/coronavirus#tab=tab_3

Seek immediate medical attention if you have serious symptoms. Always call before visiting your doctor or health facility.

People with mild symptoms who are otherwise healthy should manage their symptoms at home.

On average it takes 5–6 days from when someone is infected with the virus for symptoms to show, however it can take up to 14 days.

1.2 Infected with COVID-19 without symptoms (asymptomatic)

1.2.1 The estimate of the number of people who may be infected but show no symptoms varies and may probably never be agreed. However, for example literature review reported that a typical study on all passenger on a small infected cruise ship showed that 81% had no symptoms.

Note 1: Whatever the final agreed number, potentially the majority of people infected with COVID-19 are asymptomatic. This causes severe problems in identifying and preventing infected people from being onboard ship and must be addressed in the risk assessment and other documents.

1.3 Incubation period for COVID-19

1.3.1 Estimates of the time from first exposure to developing symptoms vary. Literature review reported that a typical study shows:

- The median incubation period from infection with SARS-CoV-2 to onset of symptoms is approximately 5 days.
- 97,5% of people infected with SARS-CoV-2 will exhibit symptoms by 11,5 days.
- Monitoring people exposed to SARS-CoV-2 for 14 days for development of symptoms should be sufficient to identify 99% of cases or more.

The above information, like all present information on COVID-19, is under debate but is widely used at present. However, national and international updates should be checked.

Note 1: The above information, in conjunction with the asymptomatic issues should be used to inform the risk assessment and other documents.

1.4 Drinking water and sewage

1.4.1 COVID-19 has not been sufficiently studied for the release of WHO documents stating behaviours of the COVID-19 virus with certainty, but the following information is expected to be relevant:

- High levels of influenza virus removal are found in drinking water with chlorine residual of 0,3 mg/L (3ppm).
- Significant removal of coronaviruses is found in primary sewage effluent at 23 degrees centigrade. Higher temperature, high or low pH and sunlight all facilitate virus removal.
- Survival on surfaces ranges from 2 hours to 9 days. Effective inactivation may be achieved within one minute using 70% alcohol or 0,1% sodium hypochlorite disinfectants.

WHO recommends that central water treatments with filtration and disinfection should inactivate COVID-19. Other human coronaviruses have been sensitive to chlorination and ultraviolet (UV) light (especially UV-C at 200 to 280 nm, with 265 nm being the optimum wavelength – ibid ASHRAE). For effective centralized disinfection there should be a residual concentration of free chlorine equal to or greater than 0,5 mg/L after at least a 30 minute contact time of pH less than 8,0. A chlorine residual should be maintained throughout the distribution system.

1.5 Health care hygiene

1.5.1 For health care facilities the WHO recommends the following which may be used as an indicator of requirements for elements in these guidelines:

- Cleaning hands using an alcohol-based hand rub or with water and soap should be done according to the instructions known as “My 5 moments for hand hygiene”.

These are:

- before touching a patient,
 - before clean / aseptic procedures,
 - after body fluid exposure/risk
 - after touching a patient, and
 - after touching patient surroundings
- If hands are not visibly dirty, the preferred method is using an alcohol-based hand rub for 20-30 seconds using the appropriate technique.

When hands are visibly dirty, they should be washed with soap and water for 40-60 seconds using the appropriate technique.

Note 1: Many Governments prefer soap and water method.

- In addition to performing hand hygiene at all five moments, it should be performed in the following situations:
 - before putting on PPE and after removing it
 - when changing gloves
 - after any contact with a patient with suspected or confirmed COVID19 infection, their waste or the environment in that patient’s immediate surroundings
 - after contact with any respiratory secretions
 - before food preparation and eating
 - and after using the toilet
- Alcohol based hand rub may conform to European Norm 1500 and contain between 60% and 80% alcohol.

APPENDIX 3

POTENTIAL PRE-EMBARKATION STRATEGIES TO MINIMISE POTENTIAL CHANCES OF PASSENGERS BOARDING WITH TRANSMISSIBLE COVID-19

1 General

1.1

1.1.1 The following is intended to represent potential levels of assurance against onward infection. The Company may wish to implement more stringent measures depending on the risk assessment.

Note 1: The following may usefully be read alongside:

IMO Circular Letter No.4202/Add 14 Dated 5 May 2020: Coronavirus (COVID-19) – Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic.

1.1.2 WHO requires the following at Points of Entry (POE):

- a) Detection of ill travellers at international points of entry
- b) Interview of ill travellers
- c) Reporting of alerts of ill travellers with suspected COVID-19.
- d) Isolation, initial case management, and referral of ill travellers with suspected COVID 19.

1.1.3 Strategy One (active testing regime / Protection Level 3 and Recovery)

- **Step 1:**
Self-isolate for 14 days prior to embarkation.

- **Step 2:**
COVID-19 throat swab test negative 72 hours before embarkation
- **Step 3:**
Travel to ship ideally in own private car but if not by taxi. Driver and passengers to wear face mask. No use of public transport
- **Step 4:**
Temperature test and symptom questionnaire on arrival prior to any contact with passengers and crew. Face mask until passed these tests. No symptoms showing.

1.1.4 Strategy Two

As Strategy One without step 2. Less resilient than Strategy One.

1.1.5 Strategy Three

As Strategy One without step 1. Not as resilient. May be suitable for areas with low COVID-19 rates.

1.1.6 Strategy Four

As Strategy One without steps 1 and 2. May be suitable for areas with low COVID-19 rates

1.1.7 Strategy Five (Protection Level 1)

As Strategy One step 4 only. As part of standard pre boarding health questionnaire. Suitable for use when COVID-19 is an endemic disease but with low to minimal incidence and no vaccine exists.

APPENDIX 4

PROTECTION LEVELS, INCLUDING SHORE BASED OFFICES AND INTERFACES

1 Good practice to stop or slow spread of COVID-19

1.1 General

1.1.1 Measures listed in [1.1.2] are equally applicable to crew and passengers and for all types of ships.

1.1.2

- Make sure your ship is clean and hygienic:
 - Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly
 - Why? Because contamination on surfaces touched by employees and customers is one of the main ways that COVID-19 spreads
- Promote regular and thorough hand-washing by employees, contractors and customers:
 - Put sanitizing hand rub dispensers in prominent places around the workplace. Make sure these dispensers are regularly refilled
 - Display posters promoting hand-washing –ask your local public health authority for these or look on www.WHO.int.
 - Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefings at meetings and information on the intranet to promote hand-washing
 - Make sure that staff, contractors and customers have access to places where they can wash their hands with soap and water
 - Why? Because washing kills the virus on your hands and prevents the spread of COVID-19
- Promote good respiratory hygiene in the workplace:
 - Display posters promoting respiratory hygiene. Combine this with other communication measures

such as offering guidance from occupational health and safety officers, briefing at meetings and information on the intranet etc.

- Ensure that face masks and / or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them
- Why? Because good respiratory hygiene prevents the spread of COVID-19
- Advise employees and contractors to consult national travel advice before going on business trips
- Brief your employees, contractors and customers that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37,3 °C or more) needs to stay at home. They should also stay home (or work from home) if they have had to take simple medications, such as paracetamol/acetaminophen, ibuprofen or aspirin, which may mask symptoms of infection:
 - Keep communicating and promoting the message that people need to stay at home even if they have just mild symptoms of COVID-19
 - Display posters with this message in your workplaces. Combine this with other communication channels commonly used in your organization or business
 - Your occupational health services, local public health authority or other partners may have developed campaign materials to promote this message
 - Make clear to employees that they will be able to count this time off as sick leave.

Note 1: Adapted from:

https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?sfvrsn=359a81e7_6

APPENDIX 5

LIST OF USEFUL INFORMATION

1 General

1.1

1.1.1 The following information and sources, listed in Tab 1, assisted in the writing of these guidelines and will be of assistance to anyone following these guidelines.

Table 1 : List of useful information

Organization	Documents and/or source < Link >
ASHRAE American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc.	ASHRE Position Document on Infectious Aerosols < www.ashrae.org/covid19 >
BIMCO Baltic and International Maritime Council	Coronavirus (COVID-19) Implementation Measures for Sea Transport < https://www.bimco.org/covid19 >
European Union	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 < https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_MARITIME_20_2_2020_FINAL.pdf?ver=2020-02-21-123842-480 >
ICS International Chamber of Shipping	Free ICS guidance on COVID-19 < https://www.ics-shipping.org/free-resources/covid-19 >
IMO International Maritime Organization	The IMO produces and maintains much useful and relevant information, especially the documents referenced in the text. Those, and other information can be found here: < http://www.imo.org/en/MediaCentre/HotTopics/Pages/Coronavirus.aspx >
Interferry	COVID-19 – Guidance on Reopening Passenger Ferry Services < https://interferry.com/wp-content/uploads/2020/05/INTERFERRY_GUIDANCE-ON_MITIGATING_SPREAD_OF_COVID-19.pdf >
WHO World Health Organization	Coronavirus disease (COVID-19) pandemic < https://www.who.int/emergencies/diseases/novel-coronavirus-2019 >

APPENDIX 6

DECISION MAKING ALGORITHM FOR SUSPECTED COVID-19 CASES

1 EU Healthy Gateways decision making algorithm

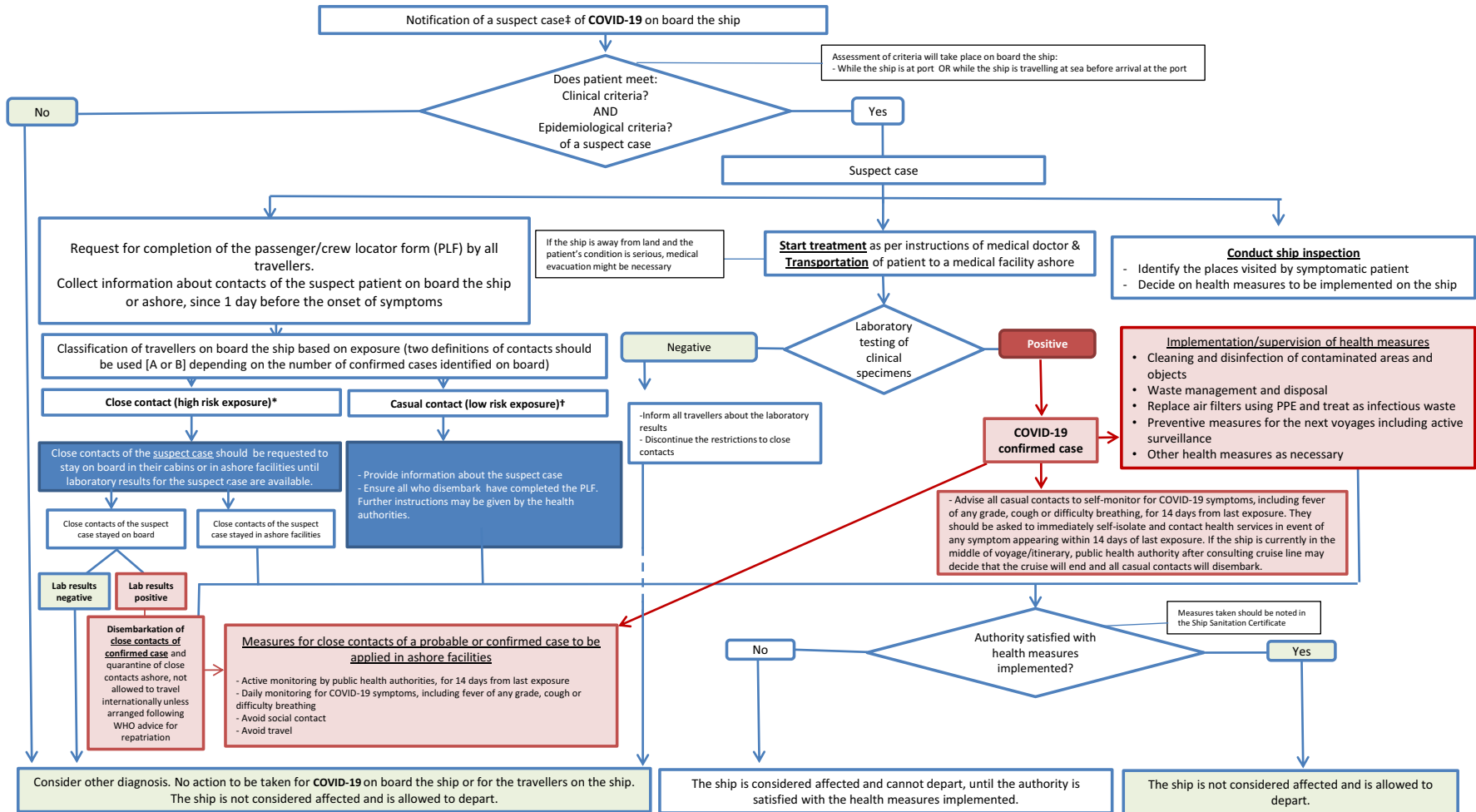
1.1

1.1.1 A Decision Making Algorithm for suspected COVID-19 cases. taken from EU Healthy Gateways is shown in Fig 1.

Note 1: Source:

< https://www.healthygateways.eu/Portals/0/plcdocs/Flow_chart_Ships_3_2_2020.pdf >

Figure 1 : Decision Making Algorithm for suspected COVID-19 cases (taken from EU Healthy Gateways)



‡Suspect case:

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.

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 contact definitions 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 ship area 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 of the close contact definition.

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.



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