

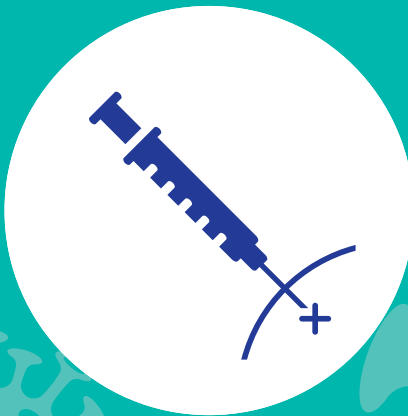


International
Chamber of Shipping

Shaping the Future of Shipping

Coronavirus (COVID-19)

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



In collaboration with



IMHA



INTERTANKO



**International
Transport Workers'
Federation**

Version 5.0 – February 2022

Coronavirus (COVID-19)

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

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

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

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

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1 Introduction

This Guidance has been produced by International Chamber of Shipping (ICS) to help shipping companies and seafarers follow health advice provided by United Nations agencies and others in response to the coronavirus (COVID-19) disease, which has been declared a pandemic by the World Health Organization (WHO), under the WHO International Health Regulations (IHR).

The Guidance is for use on all types of ship and tries to take into account the needs of both cargo and passenger ships. It is recognised that cargo ships are unlikely to have a fully trained doctor or nurse on board and that medical treatment on cargo ships will be provided by a crew member with training to Standards of Training, Certification and Watchkeeping for Seafarers (STCW) medical requirements.

A 'seafarer' in the context of this Guidance means any person who is employed or engaged or works in any capacity on board a ship.

COVID-19 was first reported in December 2019 in Wuhan, China and has since spread to almost all countries of the world. Around 410 million cases have been reported at the time of going to print, including over 5 million deaths. In most cases COVID-19 is a mild, self-limiting disease. In some cases, it can cause more severe illness including pneumonia and death. The time from the initial contact with the virus until symptoms start can range from 1 to 14 days and is usually 3 to 6 days, depending on the variant of the virus. In more severe cases, symptoms usually worsen 5 to 10 days after the onset of the illness and medical care is required.

A number of vaccines are now authorised in different countries around the world and more are gaining official authorisation on a regular basis. ICS and others are working with authorities at a national, regional and international level to prioritise rapid access to vaccinations for seafarers as key workers in all countries. Drug therapies have continued to develop and many are now found to be beneficial in severe disease requiring hospital treatment. However, the focus of public health authorities worldwide remains the use of protective measures to contain the virus, in order to limit and slow down widespread transmission.

This significant public health challenge requires close co-operation between flag and port States, labour supply countries, shipping companies, industry associations and other maritime service providers, to protect the health of seafarers (and passengers where applicable) as well as the general public.

Because a ship is a closed environment, after being at sea for 14 days or more, and if no seafarers show signs of illness, a ship may be considered as free from COVID-19 and therefore safe. Any crew change or visit from shore-based personnel, including a pilot, may introduce the virus on board despite best practice quarantine and testing. Seafarers should therefore remain vigilant for the symptoms of COVID-19 in themselves and others and report such symptoms immediately to the person responsible for medical care on board.

ICS is grateful for the support of the following organisations in preparing this Guidance: International Maritime Organization (IMO), International Labour Organization (ILO), International Transport Workers' Federation (ITF), International Maritime Health Association (IMHA), International Association of Independent Tanker Owners (INTERTANKO), European Centre for Disease Prevention and Control (ECDC), Mediterranean Shipping Company S.A. (MSC), North of England P&I Club, BIMCO and Wilhelmsen Ships Service.

The WHO International Health Regulations (IHR), Third Edition, can be downloaded in several languages from the WHO website at <https://www.who.int/publications/i/item/9789241580496>.



2 Port Entry Restrictions

According to IHR (and other international regulations), States Parties shall not refuse to grant 'free pratique' (permission to enter a port, embark or disembark, or discharge load cargo or stores) for public health reasons. States Parties may subject the granting of free pratique to inspection, and, if a source of infection or contamination is found on board, conduct necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination. Nevertheless, many governments have introduced national and local restrictions, including:

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

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

However, it is critical that port States accept all types of ship for docking and to disembark possible cases, as it is difficult to test, isolate and treat possible cases on board and could endanger others. See section 4.7 for more detail.

ILO and IMO (in IMO Circular Letter 4204. Add.1 on COVID-19 – Implementation and enforcement of relevant IMO instruments) have advised that during the ongoing COVID-19 outbreak, effective protection of the health and safety of seafarers must remain a priority. This priority has been reinforced many times by IMO and continues to be a theme throughout the additional circular letters in the 4204 series.

Under the ILO Maritime Labour Convention (MLC):

- Flag States must ensure all seafarers on ships flying their flag are covered by adequate measures to protect their health and that they have access to prompt and adequate medical care while working on board; and
- Port States must ensure that any seafarers on board ships in their territory who need immediate medical care are given access to medical facilities on shore.

Together with flag States, companies and Masters should co-operate with port State health authorities to ensure that public health measures are completed satisfactorily – see section 3.

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

It is envisaged that seafarers will be encouraged to be vaccinated prior to joining or departing a ship in port. The vaccination process is outlined in section 6 of this document.



3 Shipboard Measures to Address Risks Associated with COVID-19

Under the ISM Code, ship operators are required to assess all identified risks to their ships and personnel and establish appropriate safeguards. As a result, shipping companies should develop plans and procedures to address the risks associated with the COVID-19 pandemic to the health of seafarers and the safety of their ship operations.

Whilst maritime occupational safety and health measures on board ships, including various plans and procedures, may already be set out in their safety management system (SMS), ship operators may identify a need to amend or revise certain measures in light of the COVID-19 pandemic. Shipboard measures to respond to the risks associated with COVID-19 may cover the following:

Information about COVID-19

- Symptoms and incubation period;
- Transmission;
- Personal protection;
- Infection prevention;
- Testing and treatment; and
- Awareness and training.

Shipboard measures to address risks associated with COVID-19

- Measures to protect health and prevent infection;
 - Monitoring and screening
 - Personal protective equipment (PPE)
 - Testing and assessment
 - Shipboard self-distancing (SSD)
 - Cleaning and disinfection
- Measures to manage risks during embarkation;
- Measures to manage risks during disembarkation; and
- Measures to manage risks associated with the ship/shore interface.

Managing an outbreak of COVID-19 on board ship

- Actions required if any person on board displays symptoms of COVID-19;
- Definition of a possible case of COVID-19;
- Identification of close contacts and contact tracing;
- Measures to limit exposure to other persons on board ship;
- Isolation of possible cases of COVID-19;
- Caring for possible cases of COVID-19;
- Disembarkation of possible cases of COVID-19; and
- Cleaning and disinfection of the ship.



Ships should receive information and instructions about the measures introduced by the company to address the risks associated with COVID-19. Ship operators should ensure that seafarers are familiarised with their ship's plans and procedures related to health protection during the COVID-19 pandemic, in particular those related to actions that should be taken if any persons on board display symptoms of COVID-19 infection in order to initiate management of the potential outbreak.

3.1 Protective and Hygiene Measures

Ship operators should provide seafarers (and passengers where applicable) with general information on COVID-19 and applicable standard health protection measures and precautions.

The person(s) responsible for medical care on board ships should be informed and updated about the outbreak of COVID-19 and any new evidence and guidance available. It is recommended that they regularly review the WHO website for COVID-19 advice and guidance: https://www.who.int/health-topics/coronavirus#tab=tab_1

Human-to-human transmission of COVID-19 is understood to occur primarily through droplet spread. A person with COVID-19 coughs or sneezes, spreading droplets into the air and onto objects and surfaces in close proximity. Other people breathe in the droplets or touch the objects or surfaces and then touch their eyes, nose or mouth.

Seafarers on board ship should inform the person responsible for medical care of their travel over the past 14 days, or if they have been in close contact with someone with respiratory symptoms. Seafarers with fever, cough or difficulty breathing must seek medical attention promptly and inform the Master. Seafarers who have had close contact with persons with symptoms or tested positive should inform the Master immediately.

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

- Face-to-face contact with someone who has a confirmed or probable COVID-19 infection within one metre and for more than 15 minutes;
- Direct physical contact with someone with a confirmed or probable COVID-19 infection;
- Direct care for an individual with a confirmed or probable COVID-19 infection without using appropriate PPE; and
- Other situations and conditions, as indicated by local risk assessments.

Standard Infection Protection and Control (IPC) precautions emphasise the vital importance of **hand** and **respiratory** hygiene. Shipping companies should provide specific guidance and training for seafarers regarding:

- Frequent hand washing using soap and water or alcohol-based (at least 65–70%) hand rub for 20 seconds;
- When hand washing is essential (e.g. after assisting an ill seafarer or after contact with surfaces they may have contaminated, etc.);
- When to hand rub with an antiseptic instead of hand washing, and how to do this;
- Avoidance of touching the face including mouth, nose and eyes with unwashed hands (in case hands have touched surfaces contaminated with the virus);
- Covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose and disposal of the used tissue immediately into a waste bin;



- If a tissue is not available, covering the nose and mouth and coughing or sneezing into a flexed elbow;
- Aiming to keep at least one metre (three feet) distance from other people, particularly those that cough or sneeze or may have a fever;
- Placing the toilet lid down before flushing; and
- Handling meat, milk or animal products with care, to avoid cross-contamination with uncooked foods, consistent with good food safety practices.

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

Masks should be used as part of a comprehensive strategy of measures to suppress transmission and save lives; the use of a mask alone is not sufficient to provide an adequate level of protection against COVID-19. WHO advises that it is appropriate to use a mask on board if:

- You have symptoms of COVID-19 and are in contact with other people including those delivering medical care;
- You are indoors at all times; and
- You are outside if physical distancing of more than one metre cannot be maintained.

This should be a medical mask although non-medical masks may be acceptable in certain circumstances (see Appendix E).

A medical mask should be worn if the person is taking care of a person with suspected COVID-19 infection. It may also be compulsory to wear medical or face masks in a variety of places in some ports and cities, due to local regulations. Medical masks should conform to ASTM F2100, EN14683 or equivalent standards.

See the WHO Advice on the Use of Masks in the Context of COVID-19: <https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-masks>

Physical distancing, hand washing and respiratory hygiene are considered more important.

Pregnant seafarers should ensure that they continue to get the necessary checks and support while on board.

Annex A1 is a poster that can be used on board to advise seafarers how to protect themselves and others to avoid getting COVID-19.

Annex A2 is a poster that can be used to advise seafarers how to stay healthy while travelling to and from ships.

Annex A4 is a poster from the Associated Marine Officers' and Seamen's Union of the Philippines (AMOSUP) which can be used on board to advise how to protect everyone during travelling to and from the ship.

Annex A8 is a poster from BIMCO providing hygiene advice to seafarers while on board.

Annex A9 is a poster that can be used to advise seafarers on how to protect themselves and others while shopping.

All posters are also available for download from the ICS website: www.ics-shipping.org/covid19.

Annex E provides information based on WHO Interim guidance on the use of masks in the context of COVID-19.



3.2 Manage the Ship/Shore Interface

The COVID-19 pandemic has created issues for the shipboard interface between seafarers and shore-based personnel during port calls. These issues are often related to the seafarers and shore-based workers, such as agents, inspectors, pilots, stevedores, surveyors, etc., following different procedures to mitigate the risk of infection.

Under the ISM Code, shipping companies are required to assess all identified risks to their ships and personnel and establish appropriate safeguards. As a result, shipping companies should have developed plans and procedures to address the risks associated with the interface of seafarers with shore-based personnel as part of the ship operations. Visits to the ship should continue to be limited to those that are absolutely essential and should be made by as few personnel as possible. Before a ship arrives in a port, ship operators should instruct their ships to communicate their requirements and expectations to all anticipated shore-based entities or personnel that may come on board the ship, if necessary through the ship's port agent.

Further guidance for ship operators on protecting the health of seafarers and managing the interaction with shore-based personnel coming on board the ship during the COVID-19 pandemic is provided in the *ICS COVID-19: Guidance for Ensuring a Safe Shipboard Interface Between Ship and Shore-Based Personnel*: <https://www.ics-shipping.org/publication/coronavirus-covid-19-guidelines-for-ensuring-a-safe-shipboard-interface-between-ship-and-shore-based-personnel/>

Annex A5 is a poster that can be used on board to advise seafarers how to safely greet visitors.

Annex A7 is a poster that can be used on board to advise how to protect everyone during ship visits.

Annex A4 is a poster from the Associated Marine Officers' and Seamen's Union of the Philippines (AMOSUP) which can be used on board to advise how to protect everyone during travelling to and from the ship.

These posters and guidance documents can be downloaded from the ICS website: www.ics-shipping.org/covid19.

3.3 Measures to Manage Embarkation and Disembarkation during the COVID-19 Pandemic

3.3.1 Embarkation

Pre-embarkation and embarkation of seafarers (and any passengers) should be carefully managed to reduce the risk of a person infected with COVID-19 coming on board the ship or transmitting COVID-19 to persons on board the ship during the process of embarkation. Embarkation procedures should also ensure that people can maintain physical distance and ideally allow seafarers leaving a ship to do so before others embark if operationally viable.

At the time of embarkation, ships should require seafarers (and any passengers) to complete a locator card, which may be used by the ship or provided to the relevant public authority to assist in the tracing and contacting of persons in the event of an outbreak or the potential for disease transmission on board the ship. A sample template for a Crew/Passenger Locator Card is provided in **Annex B**, which is based on the card that was developed and disseminated as a template by the WHO (originally for aircraft and civil aviation). It has been modified so that it can be recommended by ICS for completion by both seafarers and passengers embarking onto ships. Ships should check whether the relevant public health authorities require the use of a specific card prior to using the sample provided in this Guidance, and always comply with any related requirements of those relevant health authorities.



Ship operators should consider the introduction of procedures to reduce the risk that seafarers (and any passengers) bring COVID-19 infection on board a ship. These include screening questionnaires, temperature scanning or measurement, quarantine and testing.¹ A screening questionnaire (health self-declaration) pertaining to COVID-19 can assist ships screen those embarking onto ships for any symptoms or recent medical history specifically relevant to COVID-19. Anybody reporting symptoms suggestive of COVID-19 should not be allowed to board. More information can be found at: https://www.who.int/publications/item/WHO-2019-nCoV-Non-passenger_ships-2021-1.

A sample template for a **Crew/Passenger Health Self-Declaration Form** is provided in **Annex C**.²

Equally, embarkation should not proceed for those registering a temperature reading of 38°C or above. Whilst body temperature scanning or measurement is a useful measure that ship operators should put in place, it is not totally effective as scientific evidence has shown that some infected persons may not have a high body temperature. Equally, a raised body temperature may be due to other reasons.

Evidence suggests that asymptomatic persons still carry the virus and transmit it to others. Therefore testing can help identify such persons who were not identified by other screening measures. Testing involves a swab of the nose or throat and identifies the presence of the virus. It is most effective when it is combined with a period of quarantine before embarkation. IMHA has produced interim guidance, *Getting Healthy Seafarers to a Ship*, that suggests a period of quarantine and testing for all new joiners before embarkation. This guidance can be downloaded from the ICS website: www.ics-shipping.org/covid19.

Currently, testing should only be conducted by representatives of the port health authorities and polymerase chain reaction (PCR) tests are recommended by WHO as they are the most reliable. This recommendation may change as and when new tests become available. More information can be found at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19>.

Any seafarer who has a positive test result should not be permitted to embark the ship and should receive further medical assessment.

Since a negative test does not guarantee that a seafarer is not infected with COVID-19 and they could still potentially carry the virus on board the ship, any seafarer about to join the ship who develops any symptoms of a respiratory tract infection (cough, fever, sore throat, etc.) should not be embarked as planned and should receive further medical advice.³ The ability of ship operators to test seafarers prior to embarkation depends on many factors, most of which are beyond their control, especially the availability of testing in ports and terminals.

Some countries who supply seafarers to the global fleet are encouraging seafarers to be tested before leaving their country of residence, with those that test positive not being permitted to travel abroad. This has some merit as it may be a pre-requisite for travel by relevant authorities, it avoids seafarers travelling to the ship who may then not be permitted to embark due to a positive test or screening at the time of embarkation, and it avoids the risk of transmission to others during travel. However, ship operators should remain cautious about pre-employment medical examination (PEME) clinics or manning agencies conducting tests for COVID-19 prior to deployment. There remains the risk that a seafarer may subsequently become infected while travelling to the ship and therefore the most effective time to test for COVID-19 to reduce the risk of infection being taken on board is in the port or terminal prior to embarkation, with the seafarer isolated ashore while the test result is awaited.

¹ Equipment or devices used at the gangway or on the deck of a tanker should be intrinsically safe. Where clinical non-contact thermometers are of a non-intrinsically safe type, those boarding should be escorted to a safe area where their temperature may be monitored.

² This sample template is consistent with the template recommended in the IMO Recommended Framework of Protocols for Ensuring Safe Ship Crew Changes and Travel during the Coronavirus (COVID-19) Pandemic, which is included in the IMO Circular Letter No.4204/Add.14 (5 May 2020) and is available to download from the ICS website at ics-shipping.org/covid19.

³ According to the IMHA, 30% of tests currently show false negative results meaning there remains the risk, even with testing and screening procedures,



A PCR testing procedures matrix has also been produced by the ICS to identify what tests to do and when. This explains the process to all parties and is attached for reference at [Annex I](#).

Further guidance for ship operators on the embarkation of seafarers is provided in P5 and P6 of the IMO *Recommended Framework of Protocols for Ensuring Safe Ship Crew Changes and Travel during the Coronavirus (COVID-19) Pandemic*, which is included in the IMO Circular Letter No.4204/Add.14 (5 May 2020) and is available to download from the ICS website: www.ics-shipping.org/covid19.

Ship operators should consider requiring seafarers to complete a period of shipboard self-distancing (SSD) after embarkation in order to monitor their health and to manage the risk that they may be infected but asymptomatic at the time of embarkation. This may not be necessary if a required period of quarantine in the country of embarkation has been completed. Ship operators should define what elements of SSD should be followed and for what period of time. It is recommended that seafarers be expected to practise SSD for the period of time defined by the flag State or port State or State of nationality of the seafarer. But it should not prejudice seafarers performing their assigned duties and responsibilities.

Shipboard self-distancing (SSD)

SSD may involve some of the following elements for seafarers:

- Maintaining a WHO recommended physical distance of at least one metre when working alongside other seafarers to the extent possible;
- Regularly washing their hands and following good respiratory hygiene;
- Wearing a medical mask if appropriate when physical distancing cannot be maintained and minimising close contact is difficult;
- Avoiding all non-essential contact or close proximity with other seafarers and any other persons;
- Using external stairways/escape routes and walkways to move around the ship when possible, but only if conditions and circumstances permit and it is safe to do so;
- Disinfecting their own work areas, equipment and tools as appropriate after use;
- Refraining from using any common areas on board, such as the mess/day room, laundry area or recreational areas when being used by others, unless special arrangements or measures are in place;
- Returning to their cabin immediately after completing work hours;
- Remaining in their cabin during rest hours, except when arrangements or measures are in place to permit them to spend some rest time on deck; and;
- Receiving and eating all meals in their cabin, provided it is safe to do so.

Procedures should be in place during the handover between the on and off signing seafarer and, in particular, SSD should be rigorously maintained during the handover.

Upon completion of the period of SSD required by the ship operator, any seafarers who are not displaying any symptoms of COVID-19 should be considered free of the virus. Seafarers who display symptoms suggestive of COVID-19 should report these immediately to the person responsible for medical care on board and be managed appropriately through the use of the ship's outbreak management plan.

4. This sample template is consistent with the template recommended in the IMO Recommended Framework of Protocols for Ensuring Safe Ship Crew Changes and Travel during the Coronavirus (COVID-19) Pandemic, which is included in the IMO Circular Letter MSC.1/Circ.1636/Rev.1 (22 April 2021) and is available to download from the ICS website: www.ics-shipping.org/covid19.



3.3.2 Disembarkation

Disembarkation of seafarers (and any passengers) from ships needs to be carefully managed to reduce the risk of being infected with COVID-19 during disembarkation from the ship (including interaction with any personnel or infrastructures in the port/terminal). Disembarkation procedures should also ensure that people can maintain physical distance and ideally allow seafarers leaving a ship to do so before others embark if operationally viable.

The health of seafarers should be monitored prior to disembarkation to ensure that, as far as reasonably practicable, they are sufficiently healthy to disembark and travel for the purposes of repatriation. Measures to monitor and assess the health of seafarers (and any passengers) at the time of disembarkation include screening questionnaires, temperature scanning or measurement, and testing. The sample template for a Crew/Passenger Health Self-Declaration Form provided in **Annex C** may also be used for this purpose.⁴

Ship operators may be advised that testing is available in ports or terminals for seafarers (and any passengers) who will be disembarking from the ship. At the current time, testing should only be conducted by representatives of the port health authorities. Any seafarer who has a positive test should receive further medical assessment ashore before onward travel. Further guidance for ship operators on the disembarkation of seafarers is provided in P7 and P8 of the IMO *Recommended Framework of Protocols for Ensuring Safe Ship Crew Changes and Travel during the Coronavirus (COVID-19) Pandemic*, which is included in the IMO Circular Letter MSC.1/Circ.1636/Rev.1 (22 April 2021) and is available to download from the ICS website: www.ics-shipping.org/covid19.

⁴ This sample template is consistent with the template recommended in the IMO Recommended Framework of Protocols for Ensuring Safe Ship Crew Changes and Travel during the Coronavirus (COVID-19) Pandemic, which is included in the IMO Circular Letter MSC.1/Circ.1636/Rev.1 (22 April 2021).



4 Managing Cases of COVID-19 On Board Ship When at Sea

Despite the development and implementation of measures to mitigate the risk of COVID-19 infection on board ships, there is a risk that shipboard personnel or passengers may become infected and begin to display symptoms of COVID-19.

When developing plans to manage individual cases or outbreaks, ship operators should take into account the WHO *Operational Considerations for Managing COVID-19 Cases/Outbreaks On Board Ships*, interim guidance 25 August 2020, which should be used in conjunction with the WHO *Handbook for Management of Public Health Events on Board Ships*: <https://www.who.int/publications/i/item/operational-considerations-for-managing-COVID-19-cases-outbreak-on-board-ships> and <https://www.who.int/publications/i/item/handbook-for-management-of-public-health-events-on-board-ships>

Some parts of the industry have developed sector-specific guidance such as INTERTANKO's *Outbreak Management Plan*, which can be downloaded from the IMO website: https://wwwcdn.imo.org/localresources/fr/MediaCentre/Documents/2020-Covid_management_plan_3_Sept_20_web.pdf

Country-specific guidance about prevention measures is also available, such as: <https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html>

A flowchart has been produced in **Annex H** identifying the process which should be followed when managing cases of COVID-19 on board.

4.1 Possible Cases of Infection

COVID-19 affects different people in different ways. The following symptoms may be experienced:

| | |
|-------------------------------|------------------------------|
| Fever | Aches and pains |
| Cough | Nasal congestion |
| Fatigue | Headache |
| Muscle or joint pain | Conjunctivitis (red eyes) |
| Chills or dizziness | Sore throat |
| Rash on skin | Nausea/vomiting or diarrhoea |
| Loss or change in taste/smell | |

More information about symptoms of COVID-19 can be found on the WHO website: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19>

The list above is not exhaustive. Anyone displaying the above symptoms, or any other symptom of a respiratory illness, should report immediately to the person responsible for medical care on board. The outbreak management plan should be activated, the person should be considered as a suspected case of COVID-19, and be isolated in their own cabin or ship's medical facility to await further assessment. This assessment should ascertain whether there is another likely cause, e.g. allergy, tonsillitis, etc.

It is recommended that rapid antigen tests are used on board to help to decide if a seafarer with the above symptoms does have COVID-19. However, it should be remembered that, as per WHO guidance, these tests



are generally less accurate than PCR tests. Rapid tests perform best when there is more virus circulating on board and when sampled from an individual during the time they are most infectious. This can be very difficult to judge. The assessment as to whether a seafarer is likely to have COVID-19 rather than another respiratory infection must be based on many factors including:

- Symptoms reported and findings on examination by the person responsible for medical care on board;
- Recent (last 14 days) travel history;
- Recent shore leave;
- Recent contact with visitors to the ship;
- Recent (last 14 days) contact with people with symptoms suggestive of COVID-19 or confirmed with COVID-19; and
- Any positive test.

A positive rapid test in a seafarer with a high level of suspicion of COVID-19 is useful to confirm the diagnosis. However a negative test should be viewed with caution and the result interpreted with assistance from Telemedical Maritime Assistance Service (TMAS) or another medically qualified person. The seafarer should remain isolated in their cabin if they have symptoms and the rapid test repeated as advised by TMAS. See section 4.8.1 for more detail on the recommended isolation guidance.

A patient should be isolated in the sickbay, or in a single cabin, and wear a medical mask when in contact with other people. The patient should have access to a bathroom not used by others.

Any person entering the room must use PPE that should include a medical mask that covers the mouth and nose, goggles or a visor, a plastic apron or impermeable gown if this is available and disposable, nonsterile gloves. Contact with the suspect case should be limited to a maximum of two other seafarers. Thoroughly wash hands immediately before and after leaving the patient's cabin.

Supportive treatment may include:

- Paracetamol for the relief of pain and fever. Advice regarding the use of ibuprofen is conflicting, therefore it should only be used after consultation with a doctor;
- Ensuring enough fluid is taken and the patient stays well hydrated; and
- Oxygen and other treatments if necessary and as advised by TMAS. Any additional medication should be discussed with a doctor ashore before being prescribed on board.

The patient's condition should be assessed regularly – two or three times per day – either in person or by telephone. If there is any deterioration in the patient's condition, the patient should be assessed in person if this has not already been done and TMAS should be contacted. More regular assessments are then likely to be necessary. The patient must also have an easy and reliable way to contact others in case of concern.

Isolation can end after five full days from the onset of symptoms if symptoms are improving and the seafarer is fever free for at least 24 hours without the use of medication, or according to local guidelines. If a fever is still present or the seafarer remains unwell, the seafarer should continue to isolate. Contact TMAS for further advice including the use of testing to end isolation.

If the seafarer had no symptoms isolation can end five full days after the positive test, or according to local guidelines.

At the end of isolation a seafarer should continue to practise SSD, wear a medical mask, ensure regular handwashing and good respiratory hygiene for another ten days.



4.2 Severe Disease

COVID-19 affects different people in different ways. The following symptoms may be experienced:

| | |
|--|-----------------------|
| Shortness of breath | Irritability |
| Loss of appetite | Confusion |
| Confusion | Reduced consciousness |
| Persistent pain or pressure in the chest | Anxiety |
| High temperature (above 38°) | Depression |
| Stroke | Sleep disorders |

The following are risk factors for severe disease:

- Over 60 years old;
- Underlying medical problems such as high blood pressure, heart and lung problems, diabetes, obesity and cancer; and
- Smoking.

If any person, of any age, has fever and/or a cough associated with difficulty breathing or shortness of breath, chest pain or pressure, or loss of speech or movement, TMAS should be contacted immediately.

In all cases with symptoms suggestive of COVID-19, the port health authority in the next scheduled port should be informed of the suspected case on board as soon as possible. They should then assist in the management of the case once the ship arrives into port and coordinate testing of the patient and others on board in line with local policy. The Maritime Labour Convention 2006 requires port States to provide onshore medical care when requested. If shipping companies experience problems with port State authorities being willing to provide onshore care it is important to notify the International Chamber of Shipping as soon as possible so that appropriate action can be taken at an international level.

Further guidance can be found at: <https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.8>

In addition, the person(s) responsible for on board medical care should:

- Ensure a suspect case is interviewed and provide information about places visited in the last 14 days prior to the onset of symptoms and their contacts, including the period from one day before the onset of symptoms on board the ship or ashore;
- Complete a locator card or Maritime Declaration of Health (MDH);
- Report results of active surveillance; and
- Trace contacts as outlined below.

A full record of the medical assessment and care, isolation and hygiene measures taken, details of the contact tracing carried out and interview should be kept in the appropriate medical log book which should include the patient's temperature and blood oxygen levels if measured.

All information should be handled in order to ensure medical confidentiality and in line with relevant data protection regulations.

Annex A6 is a poster which advises on shipboard care for people with suspected or confirmed COVID-19. It can be downloaded from the ICS website: www.ics-shipping.org/covid19.



4.3 Identification of Contacts

All seafarers (and passengers) on board should be contacted directly and asked about current and recent illnesses. If any person meets the criteria for a suspect case they should be isolated and managed appropriately with all possible cases recorded in the appropriate medical log book.

A close contact is defined as:

- Face-to-face contact with someone who has a confirmed or probable COVID-19 infection within one metre and for more than 15 minutes;
- Direct physical contact with someone who has a confirmed or probable COVID-19 infection; and
- Direct care for an individual with a confirmed or probable COVID-19 infection without using appropriate PPE.

If widespread transmission is identified then all persons on board could be considered as close contacts having had high risk exposure. This may also be the case if there are a small number of crew on board in a confined space.

On identification of a case on board all close contacts should be tested by rapid test or PCR test as available.

Any seafarer with a positive test should be reviewed as above and isolated in their cabin or the sick bay.

Vaccinated seafarers, or those who have had COVID-19 confirmed on a PCR test within the last 90 days and who have a negative test and have no symptoms, may continue to work as normal following the advice above. They should repeat a test five days after contact with the case and report the result to the officer responsible for medical care.

Unvaccinated or partially vaccinated (received one dose of a two dose course, less than 14 days after the second dose of a two dose course or less than 28 days after a single dose J&J vaccine) close contacts should be asked to quarantine in their cabin for five days if this is feasible, given their role on board and the operational requirements of the ship. They should take a further test on day five before leaving isolation. This may be a rapid test or PCR test as available, or required by relevant authorities when in port.

If isolation of all unvaccinated or partially vaccinated seafarers is not possible, they should take a rapid test every day and report the result to the officer responsible for medical care.

All seafarers must:

- Self-monitor for COVID-19 symptoms, including fever of any grade, cough or difficulty breathing, for 14 days from their last exposure;
- Immediately self-isolate and contact health services in the event of any symptom appearing within 14 days. If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered likely to develop COVID-19; and
- Practise SSD, wear a medical mask, ensure regular handwashing and good respiratory hygiene for 14 days after their last contact with a confirmed case.

Port State health authorities should be informed of any suspect cases and they may also guide how close contacts and others are managed in line with their national requirements:

Such requirements may include:

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



- Remaining reachable for active monitoring; and
- Additional quarantine requirements.

Any third party personnel who may have visited or stayed on board the ship during the course of its voyage or operations may also need to be identified as close contacts. Likewise, ships should be informed as part of identification of close contacts and tracing if any of those third party personnel subsequently become unwell with symptoms of COVID-19 after disembarking.

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

Once the ship has docked, port State authorities will continue the assessment of close contacts and will advise on testing, medical management, further isolation/quarantine, additional contact tracing, etc. Port health authorities will conduct risk assessments to identify all contacts, and issue instructions to follow until laboratory results are available. All persons on board fulfilling the definition of a close contact should be asked to complete a locator card (see [Annex B](#) for an example) or MDH.

Close contacts should either remain on board the ship in their cabin, or preferably at a designated facility ashore, until the laboratory result for the possible case is available.

Transfer to an onshore facility may only be possible if the ship is at the turnaround port, where embarkation/disembarkation of passengers or transfer of cargo takes place.

Persons on board who do not fulfil the definition of a close contact will be considered as having low risk exposure and should be requested to complete MDHs or locator cards with their contact details and the locations where they will be staying for the following 14 days. They should also receive details of the symptoms of COVID-19 and information on how the disease can be transmitted.

4.4 Decision Making for an On Board Possible Case of COVID-19

A flowchart has been produced in [Annex H](#) identifying the process which should be followed when managing a larger number of potential cases of COVID-19 on board. If COVID-19 cannot be satisfactorily excluded the seafarer must be treated as a positive case until further assessment shoreside or complete resolution of symptoms and a period of isolation for ten days from the onset of symptoms, plus at least three additional days without symptoms.

Isolation is the single most important factor in attempting to control the spread of disease on board.

As the seafarer should not be allowed to work, a risk assessment should be undertaken to ensure that the ship can safely undertake operations. This should include consultation with shoreside management, TMAS, or a company doctor. This should also be done in close liaison with the flag State.

Proceed in accordance with the outcome of the risk assessment conducted by the company/Master which may be to proceed to the next port of call or an intermediate port on the voyage taking into account the medical facilities and capabilities ashore.

If, after such consultation, and if as a last resort, seafarers may have to work within their period of recommended isolation, it is necessary to contact TMAS or a company doctor for appropriate advice.



4.5 Reporting to the Next Port of Call

Always inform the competent authority of the next port of call if there is a possible case on board. For ships on an international voyage, the International Health Regulations (IHR) state that the MDH should be completed and sent to the competent authority in time in accordance with local requirements for both seafarers and deceased seafarers. If a possible case or additional cases present after the MDH is submitted, an updated form should be sent.

Equally the Master should determine if the necessary capacity to transport, isolate and care for the individual is available in the next port of call.

The ship may need to proceed, at its own risk, to another nearby port if capacity is not available, or if warranted by the critical medical status of the possible case after consultation with TMAS or the company doctor.

If assistance is denied by a port, the Master should immediately identify if there are no other ports in the immediate vicinity to provide the necessary help. Where ports refuse for seafarers to be disembarked, this should immediately be reported to the international shipping organisations, such as ICS, ITF INTERTANKO, Intercargo and Intermanager, so that diplomatic requests can be made to UN agencies.

Where multiple cases arise of countries refusing ships to disembark seafarers, this should be further highlighted to the UN agencies to make regional representations.

In the unfortunate experience of a death on board, the Master should advise the competent authority that they have a body on board which requires immediate repatriation on arrival in the port. Where port states refuse to assist, this should immediately be reported to the international shipping organisations such as ICS, ITF, INTERTANKO, Intercargo and Intermanager, so that diplomatic requests can be made to the UN agencies.

Where multiple cases arise of countries refusing to repatriate bodies, this should be further highlighted to the UN agencies to make regional representations. Further information on this can be found at: <https://extranet.who.int/hslp/content/sars-cov-2-antigen-rapid-diagnostic-test-training-package>.

4.6 Precautions at the Ship Medical Facility

PPE should be used by person(s) responsible for on board medical care for interview and assessment.

The following precautions should be taken for any case with respiratory symptoms:

- All possible cases must be isolated;
- Patients must cover their nose and mouth with a tissue, or a flexed elbow, when coughing or sneezing. They should then clean their hands with an alcohol-based hand rub (at least 65–70%) or soap and water for 20 seconds;
- Careful hand washing should occur after contact with respiratory secretions, e.g. mucus and blood;
- Suspect cases must wear a medical mask once identified and be evaluated in a private room with the door closed, ideally an isolation room;
- Any person entering the room must use PPE that should include a medical mask that covers the mouth and nose, goggles or a visor, a plastic apron or impermeable gown if this is available and disposable, nonsterile gloves; and
- After preliminary medical examination, if the person(s) responsible for on board medical care believes a possible case exists, the patient should remain isolated. Persons with respiratory symptoms not considered possible cases should not return to any places where they will be in contact with others on board.



4.7 Cleaning, Disinfection and Waste Management

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

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

Environmental surfaces should be cleaned thoroughly with hot water, detergent and applying common disinfectants (e.g. sodium hypochlorite). Initiate routines to disinfect surfaces that many people may touch, e.g. mess areas, door handles, railings, toilet flush buttons, telephones, navigation panels, etc.

Once a patient has left the ship, the isolation cabin or quarters should be thoroughly cleaned and disinfected by personnel (using PPE).

Laundry, food service utensils and waste from cabins of possible cases and close contacts should be treated as infectious, in accordance with procedures for handling infectious materials on board. Use medical/surgical gloves when handling these items and cover them when in transit to the washing machine/dishwasher/appropriate bin.

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

Annex A10 is a poster which advises on how to deal with laundry.

It can be downloaded from the ICS website: www.ics-shipping.org/covid19.

4.8 Disembarkation of a Possible Case

When disembarking a possible case of COVID-19, taking into account any requirement or guidance of the port health authority, the following precautions should be taken:

- Disembarkation should be pre-planned and controlled to avoid any contact with other persons on board;
- The patient (possible case of COVID-19) should wear a medical mask during disembarkation; and
- Shipboard personnel escorting the patient (possible case of COVID-19) during disembarkation should wear appropriate PPE, which may include a medical mask, apron or impermeable gown (if available), gloves and eye protection (goggles or a visor).

The health authority may wish to determine that public health measures have been completed satisfactorily before the ship proceeds to its next port of call.

If a port health authority refuses to provide medical assistance and testing, it is essential to review options as to where else the ship can go to quickly to gain the necessary medical support. Where it is clear that disembarkation will be problematic in a number of ports within reach, the Master should notify the company head office to ensure that the case is reported immediately to the international organisations who can then seek the assistance of UN organisations to get the necessary support quickly.

4.9 Management of Crew once the Ship Arrives in Port

Any seafarer requiring medical attention, whatever the possible diagnosis, must be allowed to receive the necessary medical care including allowance to disembark the ship.

The management of seafarers who are suspected of having COVID-19 but are not in need of further medical care must be discussed with local port health authorities.



As a minimum, all seafarers with symptoms suggestive of COVID-19, and identified close contacts, should be tested by PCR test on arrival in the next port. Ideally all seafarers on board will be tested. Once the test results are available, those with a positive test result should be separated from those who are negative.

Those testing positive should be isolated and medical care must be provided if required. Unvaccinated seafarers should be isolated in an appropriate facility shoreside but consideration may be given to vaccinated seafarers isolating on board, particularly if they are asymptomatic. This should only occur after a full risk assessment including the potential need for medical care in the future and the itinerary of the ship.

Those testing negative may be separated according to vaccination status.

Unvaccinated seafarers should leave the ship and be quarantined, monitored closely and a repeat test taken if they develop symptoms, as per local regulations, or as per the recommended testing schedule in Annex I.

Vaccinated seafarers who test negative may be allowed to continue to work on board and be monitored as above. Additional steps to clean the ship, etc., should be taken as outlined in Annex H and in line with the requirements of the port health authority.

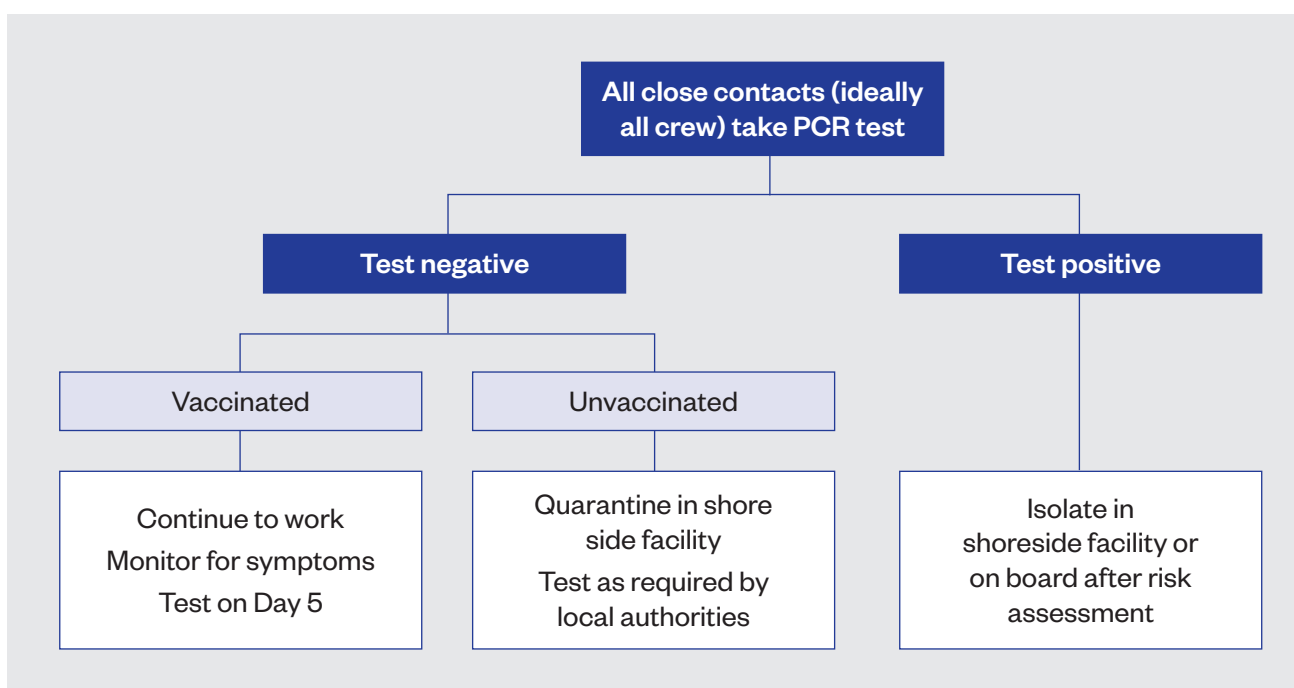
Once the port health authority considers the measures applied have been completed satisfactorily, the ship should be allowed to continue its voyage.

With the permission of the port authority and after a full risk assessment including but not limited to safe manning levels, operational requirements, itinerary and next port call the ship may be allowed to sail from port before vaccinated seafarers have completed a period of quarantine and/or with vaccinated seafarers in isolation. This decision should be taken by shoreside management, the Master on board and the port authority. New crew may be required to allow the ship to sail and, ideally, they should be fully vaccinated.

Measures taken should be recorded in the valid ship sanitation certificates. Both embarking and disembarking ports must be notified of contacts on board and any measures taken.

The US CDC outlines this and other options in Interim Guidance for Ships on Managing Suspected or Confirmed Cases of Coronavirus Disease 2019 (COVID-19): <https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html>

The following outlines what steps can be followed when managing seafarers who are suspected of having COVID-19 but are not in need of further medical care:



4.9.1 Repatriation of bodies

Under the MLC 2006 ratifying governments are required to pay due attention to Guideline B:

4.1.4 – Medical assistance to other ships and international cooperation arranging for the repatriation of the bodies or ashes of deceased seafarers, in accordance with the wishes of the next of kin and as soon as practicable. This has been difficult for a number of ships where seafarers have died during the pandemic either from COVID-19 or other medical conditions. Where ships are denied the right to allow the disembarkation of a deceased seafarer, the shipping company concerned is encouraged to contact the flag State and Labour Supply State for assistance and also to notify their Shipping association so that the case can be reported to ILO and IMO and diplomatic actions can be instigated to assist in achieving accelerated repatriation.

4.9.2 Return to duty

After asymptomatic infection or recovery from mild COVID-19, seafarers are fit for duty without further medical examination.

After severe COVID-19 requiring prolonged hospitalisation, intensive care and ventilation, or if the seafarer is suffering with ongoing symptoms, renewal of the medical fitness examination is recommended.

4.10 Supplies and Equipment

Flag States regulate the carriage of medical supplies in accordance with the requirements stipulated in the MLC 2006. Plentiful supplies and equipment as described in the *International Medical Guide for Ships*, Third Edition, should be available on board.

WHO has published a list of suggested medical supplies for COVID-19. IMHA has advised that most of this equipment should already be on board and has suggested that any other equipment that is unlikely to be on board should be provided by a port health authority.

A table is attached in **Annex D** which outlines the supplies and equipment required in a situation of COVID-19. This is based on the latest information provided by WHO and IMHA: [https://www.who.int/publications/i/item/disease-commodity-package---novel-coronavirus-\(ncov\)](https://www.who.int/publications/i/item/disease-commodity-package---novel-coronavirus-(ncov))



5 Myth Busting

The internet continues to contain lots of unproven advice about the transmission, diagnosis, treatment and vaccination against COVID-19. Seafarers want to protect themselves and their families from becoming unwell with COVID-19 and if they are infected, they want to get better as quickly as possible. It is understandable that people turn to the internet to research information about how the virus spreads, ways to prevent infection and 'guaranteed' cures. But it is vital to check the facts and follow medical advice. Natural, herbal or antiviral products or practices are not necessarily safe and using these in large doses, or misusing them, to prevent or fight infection can be dangerous.

Some claims and practices that have been discredited by the World Health Organization include:

- Adding copious pepper to food;
- Eating garlic;
- Ingesting disinfectant;
- Excessive alcohol consumption; and
- Exposure to excessively high or low temperatures.

None of these will kill the virus and may cause serious harm. Such misinformation can be very hazardous so always be suspicious of claims that are not made by public health bodies. Further information on many myths circulating on the internet is available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

There is currently no specific medical treatment for COVID-19, although many medicines are currently under trial in different countries. Symptoms can be improved using standard medical treatments for mild to moderate illness. Plenty of sleep, eating healthily and managing stress levels can help the body fight the infection. Some general evidence suggests that nutrients from food can support the immune system generally, helping to prevent infection and aid recovery, but there is currently no evidence of vitamin supplements being effective against COVID-19. Further information about the management of a possible case of COVID-19 can be found in Section 4.1.

Stay well, stay safe and stay with science.



6 COVID-19 Vaccination

6.1 COVID-19 Vaccination

To date, around 10 billion people have received one dose of a COVID-19 vaccine.

ICS has produced an updated vaccination leaflet document; *Coronavirus (COVID-19) Vaccination for Seafarers and Shipping Companies: A Practical Guide (Your Questions Answered)* which should be used as the primary reference source for seafarer vaccinations. The latest version of the leaflet can be accessed at www.ics-shipping.org/supporting-shipping/covid.

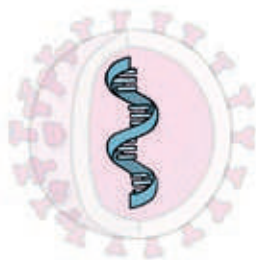
All COVID-19 vaccines on the WHO's Emergency Use Listing reduce the severity of symptoms or prevent symptoms completely in a vaccinated person. Vaccinated people are also less likely to be infected if they are a near contact of someone with confirmed COVID-19. Vaccinated people can carry the virus and spread it to others although they are likely to carry less virus and be infectious to others for a shorter period.

Physical distancing, washing hands with soap and water or the use of hand sanitiser, good respiratory hygiene, and use of a mask remain the main methods to prevent spread of COVID-19 and seafarers should continue these practices once vaccinated.

Fully vaccinated people may be exempted from, or subject to, more relaxed quarantine restrictions and testing requirements for travel and if they are a near contact of a confirmed case. This varies from country to country and local regulations must be followed.

6.2 Types of COVID-19 Vaccines

COVID-19 vaccines target the spike protein (the part of the virus that allows it to bind to, and then enter, human cells). There are four main types of COVID-19 vaccines:



Nucleic acid (mRNA or DNA): Pfizer BioNTech; Moderna, ZyCoV-D

These contain genetic material from the virus that instructs human cells to make the spike protein. Once made, the viral genetic material is destroyed. The body then recognises the protein produced as foreign and stimulates an immune response. This type of vaccine is safe and does not affect the person's genes in any way. It is easy to develop and the technology has been used in cancer patients for many years.



Viral Vector: Oxford/AstraZeneca; Sputnik V/Gamaleya; Johnson & Johnson; CanSinoBIO

These contain a safe version of a live virus that does not cause harm, with genetic material from the COVID-19 virus inserted. Hence the first virus becomes a viral vector. Once inside the cells, the genetic material carried gives cells instructions to make a protein, usually the spike protein, unique to the COVID-19 virus. Using these instructions, the cells make copies of the protein that are recognised as foreign and stimulate an immune response. This technology has been successfully used in the Ebola vaccine and gene therapy.





**Inactivated or weakened virus:
BBIBP-CorV/Sinopharm; CoronaVac; Covaxin**

These vaccines use a form of the virus that has been inactivated or weakened by heat or chemicals so it does not cause disease, but is recognised by the body as foreign and stimulates an immune response. Many existing vaccines are similarly produced and are very safe, but it is difficult to increase production of this vaccine type.



**Protein subunit:
EpiVacCorona**

These include small pieces of virus protein, not the whole virus. The most common protein included is the spike protein or a key component of it. Once introduced to the body it is recognised as foreign and stimulates an immune response.

Source: World Health Organization (WHO)

6.3 Vaccinating the Ship's Crew

If seafarers are to be vaccinated on board or prior to a complete crew change, it may be appropriate to vaccinate all seafarers at the same time or to vaccinate some now and others at a later date.

Both options have clear advantages and disadvantages:

| Situation | Advantages | Disadvantages |
|---|--|--|
| All ship's crew vaccinated at the same time | All are protected after 12–14 days. Transmission effects remain unknown. If COVID-19 may still occur, it is likely to be a milder disease. All seafarers are vaccinated if this is mandated in ports or for travel to and from the ship. | Seafarers may experience side effects over the next 24–48 hours which may affect ability to work, cause confusion in diagnosis and affect ship operation. |
| Ship's crew vaccinated in separate groups | Not all seafarers will potentially experience side effects at the same time so with planning the operation of the ship should be less affected | Not everyone on board is protected until all are vaccinated. Some seafarers travelling to or from a ship may encounter issues if vaccination is mandated by an airline, country of transit, or country of destination. |



6.4 Key Questions

1. Are vaccines safe?

All vaccines must undergo many phases of trials, first in a laboratory and then in human volunteers, before approval for use in the wider population. Appropriate national, regional or international authorities review and analyse the trial results. The authorities review the vaccine components, their quality, safety and effectiveness. When national and regional authorities are satisfied that the vaccine is both effective at preventing disease in humans and safe to administer to people, it is authorised for use in the country or region. WHO comprehensively evaluates available evidence and regularly updates its vaccine position papers.

2. Who can have the COVID-19 vaccines?

Everyone over the age of 16 years should be encouraged to have the vaccine including:

| | |
|--|---|
| <p>People who have been diagnosed with COVID-19 following testing</p> | <p>Even if you have already had COVID-19, you should be vaccinated when it is offered to you. The protection that someone gains from having COVID-19 will vary greatly from person to person and is likely to only be against that specific variant. The immunity people get from being vaccinated after having a natural infection is likely very strong and is effective against all known variants. Getting vaccinated even if you have had COVID-19 means you are more likely to be protected for longer.</p> |
| <p>Seafarers wishing to have children</p> | <p>There is currently no evidence that COVID-19 vaccines have a negative effect on fertility or cause problems with becoming pregnant.</p> |
| <p>Breastfeeding women</p> | <p>Breastfeeding women should be vaccinated. The COVID-19 vaccines currently approved do not contain live virus and therefore pose no risk to the baby. In fact, antibodies may pass from the mother to the baby offering some protection.</p> |
| <p>Pregnant women</p> | <p>Pregnant women are at higher risk of severe disease, and COVID-19 is associated with an increased risk of preterm birth. Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. The data suggests that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy and all pregnant seafarers are encouraged to get a vaccine.</p> |

Vaccination in the following groups should be discussed with a healthcare professional and a decision taken on an individual basis:

| | |
|---|---|
| <p>People with allergies to any component of the vaccine</p> | <p>Although there have been few severe allergic (anaphylactic) reactions to the vaccine, those with allergies to any vaccine component should not be vaccinated until reviewed by an appropriate doctor. Others with a history of allergy, anaphylaxis or severe asthma should undergo a risk assessment and, if vaccinated, be monitored closely for the recommended period of time.</p> |
|---|---|

3. How can I get the vaccine?

Currently COVID-19 vaccines can only be accessed through national, government-run vaccination programmes. The industry is reviewing ways for seafarers to obtain authorised vaccines in the near term.

4. Where can I get the vaccine?

The International Christian Maritime Association (ICMA) has compiled an information list of available vaccination sites for seafarers around the world which can be found here: <https://icma.as/vaccines>



5. How soon does protection start after having the vaccine?

Protection starts to develop approximately 12 days after the injection is given. This may be longer depending upon the type of vaccine given. Seafarers should discuss this with their vaccine provider.

6. How long does immunity last and how often will I need a vaccine?

Ongoing studies to establish how long a person is immune to the COVID-19 virus after full vaccination with different vaccines will determine how often a vaccine is required. Current evidence suggests that a booster dose after some months is beneficial to maintain the highest level of protection. Booster programmes vary from country to country and local recommendations should be followed.

7. Are there any side effects of the COVID-19 vaccine?

Side effects of the COVID-19 vaccines are reported to be mild and short lived, lasting up to 48 hours. Serious side effects are reported to be extremely rare. Side effects can occur after the first or second dose. Local reactions such as pain, redness and swelling are not uncommon, particularly in those under 55 years. Up to 50% may suffer headache, fever, or fatigue. These side effects respond well to paracetamol and usually settle within two days. If symptoms persist, the seafarer should approach the officer responsible for medical care who should then contact Telemedical Advisory Services (TMAS). Side effects that are more serious have been reported and further investigation is ongoing into how often and which groups may be affected. Seafarers should discuss any concerns with their health care provider.

8. Do I need to observe all rules, quarantine and travel restrictions after being vaccinated?

You currently need to observe all national, regional and local quarantine rules and travel restrictions. These may vary depending on vaccination status. Restrictions may change, allowing for easier travel and reduced quarantine and testing requirements as more people are vaccinated.

9. Can I still have the virus and pass it to others once I have had the vaccine?

Yes, you can still get the virus and have a positive result from a PCR or antigen test, even when vaccinated. However, you are far less likely to be seriously ill and require hospital treatment. You can also pass the virus to others, although this is less likely than without vaccination and you are likely to be infectious for a shorter period of time. If the virus is passed to unvaccinated people, they may develop serious illness. Unless a substantial proportion of the people are vaccinated, it is essential that everybody, vaccinated or not, follows the local guidelines for physical distancing, washing hands with soap and water or the use of hand sanitiser, good respiratory hygiene and the use of masks where appropriate.

10. Is the vaccine effective against the new variants of the virus?

Manufacturers and governments are constantly investigating whether the different vaccines are effective against the identified virus variants. So far laboratory trials and clinical data indicate that the vaccines currently authorised are effective against all known variants in a fully vaccinated person.

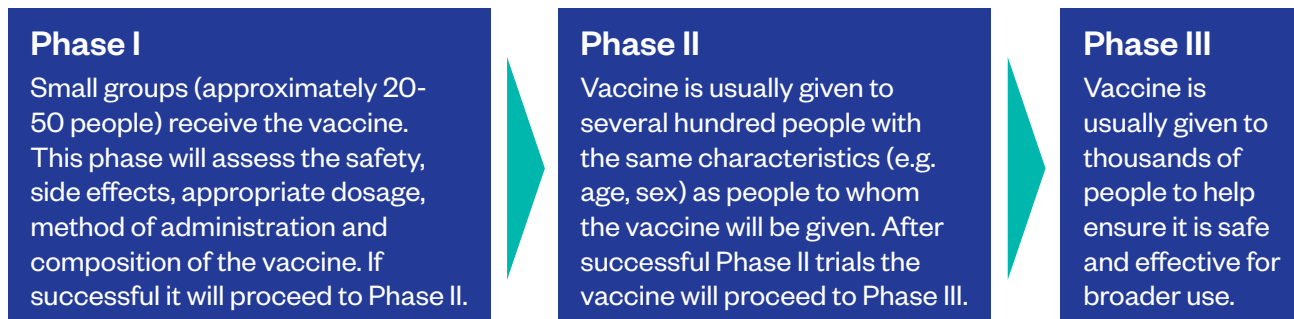
11. Can the vaccine give me a positive PCR or rapid antigen test?

No, none of the vaccines currently authorised cause a positive test on a PCR or rapid antigen test that is used to see if you have an infection. However, because the COVID-19 vaccine prompts an immune response, it may be possible to test positive in an antibody (serology) test that measures COVID-19 immunity in an individual.



12. What is the process of clinical trials?

Clinical trials typically involve several thousand healthy volunteers and usually last for many years. Trials are bound by strict regulations, can often take many years to complete and involve three main phases:



Studies may also take place after a vaccine is introduced. These studies enable scientists to monitor efficacy and safety among an even larger number of people, over a longer time frame.

13. How have the COVID-19 vaccines been produced so quickly?

The US Centre for Disease Control (CDC), World Health Organization (WHO) and European Medicines Agency (EMA) clearly state that the safety requirements for their approved COVID-19 vaccines are as rigorous as for any other vaccines and there has been no change in their standards.

The timelines have been significantly improved by:

- Prioritising development and production of COVID-19 vaccines by pharmaceutical companies;
- Fast track procedures by regulatory bodies;
- Production of the vaccine before trials are completed;
- Mobilising more people simultaneously to analyse the results from earlier studies more quickly and to outline the next steps regarding resources, funding and regulatory strategy;
- Combining clinical trial phases or conducting some studies in parallel where safe to do so; and
- Building on existing technology that has already been used safely in other vaccines and medicines.

14. Is it important to know what type of vaccine I have been given?

Yes it is important. It is currently unclear whether the authorities in different countries will accept all vaccines available today or in the near future to permit entry within their borders so it is advised for seafarers to check that the type of vaccination they have been given is recognised by the country concerned.

It is always recommended that information about the vaccine is obtained and hard or electronic copies to certify proof of vaccination and where vaccination took place are obtained and are kept safely together with the seafarers' travel documents. Where possible, proof of vaccination should be recorded in the national language and with an English translation. Seafarers will be required to show evidence of vaccinations given, and it is advised that they use WHO listed vaccines.

The suggested vaccine card in Appendix A can be printed off and given to the seafarer if no other documentation is available. The seafarer should ask the vaccinator to complete this in full to ensure that all of the necessary information is collected and can be provided when the seafarer seeks a further vaccine dose or when required by authorities.



15. Is it important to know what type of vaccine I have been given? What should I do if I am offered a different type of vaccine to one I have had before?

Preferably you should complete a course of one specific vaccine, but this is not always possible. Initial studies show that it is generally safe and effective to mix vaccines, but this may not be accepted in all countries. A number of different WHO approved vaccines may be used for booster doses where applicable. This may be a different vaccine to the original course given. Seafarers are advised to discuss the type of vaccine with their vaccine provider but overall, it is better to take the vaccine being offered than to refuse vaccination.

16. Will consuming food affect the efficacy of the vaccination?

No, vaccinations are not affected by having food before or after the injection is administered.

17. Do the vaccines contain animal products?

The WHO has stated that listed COVID-19 vaccines do not contain animal products of any kind and that the vaccines are permissible according to Sharia Law.

6.5 Vaccinations – Key Points to Remember

| Fact | Once Vaccinated | Not Vaccinated |
|--|--|---|
| Risk of illness | Reduced | High |
| Symptoms | Milder | Worse |
| Protection | After 12–28 days of the first dose depending on vaccine. Protection likely against all known variants. | Limited to antibodies from a previous infection, that are likely only effective against that specific variant |
| Further protection | Enhanced after the second dose and booster doses | |
| Wearing a mask and physical distancing | Yes, continue to follow health and safety guidelines to protect yourselves and others | Yes, continue to follow health and safety guidelines to protect yourselves and others |

ICS has produced a guidance document on vaccinating ship crew in ports, see *Coronavirus (COVID-19): Roadmap for Vaccination of International Seafarers*: www.ics-shipping.org/supporting-shipping/covid



7 Assistance for all Seafarers to access Medical Care in Ports

Under the ILO MLC 2006, port States must ensure that any seafarers on board ships in their territory who need immediate medical care are given access to medical facilities on shore. Medical assistance to seafarers in ports may be limited and, before sending a seafarer ashore for medical care, the person(s) responsible for on board medical care should be in direct contact with the receiving medical service. Alternatively, such contact can be made by a TMAS service involved in the care of the seafarer.

Further medical care can be arranged through the ship's agent or other port intermediaries. This is necessary as hospitals and clinics may not be allowed, or may not want, to receive patients that are at risk of infection, or potentially a risk of causing infection or considered not urgent.

If a seafarer cannot be brought ashore for medical care, the person(s) responsible for on board medical care must seek advice from a TMAS or other medical advice service with experience in handling medical issues and to identify possible contacts on land, if this has not already been done.

If a seafarer has not had contact with anyone for 14 days with COVID-19 and is not showing any symptoms of COVID-19, they are unlikely to pose a risk and port authorities should use discretion and identify suitable aid and assistance.

Ship visitors and other intermediaries in ports should be made aware of the seafarer's situation and try to mediate where possible.

Some seafarers in critical need of medical attention have been prevented from disembarking for urgent treatment. There have also been occasions when it has proved difficult to properly manage removal of seafarers who have died on board.

National and local restrictions are impacting seafarers who require urgent medical care, both for COVID-19 and non COVID-19 cases. The ILO, IMO and WHO have reminded all member States that seafarers are key workers and entitled to medical care and assistance under the IHR, SOLAS, MLC and STCW.

If a seafarer needs medical care and this is being denied by a port, the Master should immediately identify if there are other ports in the immediate vicinity to provide the necessary care. Shipping companies experiencing such issues should contact their flag State and telemedical services for urgent assistance.

Where multiple ports refuse for seafarers to be disembarked, this should immediately be reported to the international shipping organisations so that diplomatic requests can be made by the UN agencies. National shipowners' associations should also be informed, so that they can alert ICS which will take action at an international level.

In the unfortunate experience of a death on board, the Master should advise the competent authority that they have a body on board which requires immediate repatriation on arrival in the port. Where port States refuse to assist, this should immediately be reported to the international shipping organisations such as ICS, ITF, INTERTANKO, Intercargo and Intermanager, so that diplomatic requests can be made to the UN agencies.

Where multiple cases arise of countries refusing to repatriate bodies, this should be further highlighted to the UN agencies to make regional representations. Further information on this can be found at:

<https://extranet.who.int/hslp/content/sars-cov-2-antigen-rapid-diagnostic-test-training-package>.



8 Other Medical Issues during COVID-19

8.1 Mental Health Guidance for Seafarers

The circumstances associated with the ongoing COVID-19 outbreak may pose unique challenges to seafarers and their families. Seafarers may become bored, frustrated or lonely, and their families may also be experiencing difficulties. Everyone reacts differently to events, and changes in thoughts, feelings and behaviour vary between people and over time. Seafarers must nurture their mind as well as their body and seek further support if required. Different strategies to enhance mental health and wellbeing are provided in **Annex F**.

8.2 Managing Physical Symptoms Triggered by Stress and Anxiety

The following short-lived symptoms may arise for people with a low mood or anxiety:

- Faster, irregular or more noticeable heartbeat;
- Feeling lightheaded and dizzy;
- Headaches; and
- Chest pains or loss of appetite.

It can be difficult to know what causes these symptoms, but they are often experienced due to stress, anxiety or low mood and may worsen when people focus on them. Seafarers who are concerned about physical symptoms should speak to the person(s) responsible for on board medical care and if necessary seek advice from telemedical services.

Anyone experiencing stress, feelings of anxiety or low mood, should:

- Use the International Seafarers' Welfare and Assistance Network (ISWAN) mental health practical tools available at: <https://www.seafarerswelfare.org/seafarer-health-information-programme/good-mental-health>; and
- Watch the video, Managing Your Mental Health during the COVID 19 Pandemic, available at: <https://www.seafarerswelfare.org/seafarer-health-information-programme/coronavirus-covid-19/managing-your-mental-health-during-the-covid-19-pandemic>

8.3 Managing Concerns

| | |
|--|---|
| Supplies | Review how to replace supplies to avoid running out. Choose healthy food, as it may not be possible to get as much exercise as usual. |
| Financial Concerns | There may be concerns about work and money on return home. Such issues can impact mental health. Find out what help is available in the country of residency. |
| Caring Responsibilities | Seafarers may worry about supporting dependents at home or others on board. Contact your home community to seek help if necessary in providing care or support. |
| When being treated or taking medication for existing conditions | <ul style="list-style-type: none"> • Continue accessing treatment and support where possible; • Continue taking medication; and • Seek further support if necessary. |



Annex A11 is a poster which advises on coping with stress during COVID-19.

It can also be downloaded from the ICS website: www.ics-shipping.org/covid19.

Annex F is a table highlighting measures to enhance mental health and wellbeing.

8.4 Handling a Mental Health Crisis and Emergency

Added stress due to COVID-19 may impact mental health and shipping companies should take a mental health emergency as seriously as a physical health emergency. Seafarers may think they are having a mental health crisis and no longer feel able to cope or control their situation and may feel:

- Great emotional distress or anxiety;
- Unable to cope with daily life or work; and
- Like considering self-harm or even suicide, or experience or hear voices (hallucinations).

If this occurs, seek immediate expert assessment and advice for the best course of action from a mental health professional. If under the care of a mental health provider, contact the specific advisor for advice. See the *ICS Handling a Mental Health Crisis or Emergency and Spotting Suicidal Behaviour in Seafarers* document for more guidance and a list of helplines for seafarers: <https://www.ics-shipping.org/publication/handling-a-mental-health-crisis-or-emergency-and-spotting-suicidal-behaviour-in-seafarers/>.

8.5 Expiry and Renewal of Medical and Ship Sanitation Certificates

ILO, IMO and WHO have encouraged issuing administrations by issuing a joint statement on medical certificates of seafarers, ship sanitation certificates and medical care of seafarers in the context of the COVID-19 pandemic.

Under the STCW Convention and the MLC 2006, the maximum validity of medical certificates is two years. If the period of validity of a medical certificate expires during a voyage, the medical certificate shall continue in force until the next port of call, where a medical practitioner recognised by the State Party is available, provided this does not exceed three months.

ILO has recognised that restrictions imposed to contain the pandemic may, under certain circumstances, constitute a situation of force majeure in which it becomes materially impossible to renew a medical certificate within the maximum period of three months foreseen by the STCW Convention and the MLC 2006.

Administrations have been encouraged to take a pragmatic and practical approach regarding the extension of medical certificates, as strictly necessary, and to notify ships, seafarers and relevant administrations accordingly. Port State control authorities are also encouraged to take a similar approach in relation to medical certificates and their acceptance in the exercise of control procedures in accordance with the MLC 2006.

Medical certificates must be renewed as soon as the situation improves. Maritime administrations should regularly review the evolution of the situation.

For more information, see the ILO *Information Note on Maritime Labour Issues and Coronavirus (COVID-19)*: https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/genericdocument/wcms_741024.pdf

For further guidance, see the ICS guidance Coronavirus (COVID-19): Managing Ship and Seafarer Certificates during the Pandemic: www.ics-shipping.org/covid19.



8.6 Renewal of Prescriptions

In view of the present uncertainty and time needed to resolve crew changes, seafarers should request, without delay, access to long-term personal medications on prescription that are running low so that they can be purchased and delivered as essential items.

National legislation differs and it is not always possible to obtain certain types of medicine, to use repeat prescriptions or to validate electronic prescriptions, especially under the current restrictions. Seafarers whose essential personal medication is running low should:

- Alert the ship's Master of the need to obtain a repeat prescription, providing accurate details of the medication required, including correct dosage to assist the ship's request to the port agent and provide information to the port authorities to obtain the medicine;
- Where possible, obtain an electronic prescription from their doctor before arriving in a port or provide a hard copy of the prescription (if available) to allow the port agent to verify that it is accepted to purchase the medicine;
- If privacy and confidentiality is required and seafarers do not wish to notify the ship's management, they should contact a seafarers' centre or mission to obtain information, delivery and purchase of medicines, noting that during the current restrictions, the activity of seafarers' centres and missions has been heavily restricted; and
- Request supplies to be sent from their country of residence, if possible. However, this may be difficult under the current restrictions and delivery may be delayed. Parcels containing prescriptions may also be subject to quarantine, depending on national and company policies on COVID-19 contagion prevention.

The table in **Annex G** outlines the requirements for requesting repeat prescriptions for seafarers whose personal medication is running low. The list is not exhaustive and it is important to make contact with the port authorities or local welfare workers in advance of arrival to establish how best this can be achieved on a timely basis.

8.7 Provision of Sanitary Care Products

It is recognised that seafarers have found it difficult to access sanitary care products when they have been at sea for a number of months during the pandemic.

Companies are encouraged to ensure adequate stock of sanitary products are made available on board ships before they sail.



Annex A

Posters

World Health Organization (WHO) and European Centre for Disease Prevention and Control (ECDC), among others, have provided advice to avoid the spread of COVID-19. To highlight their key messages and to help seafarers know how best to protect themselves and those they meet, ICS has produced the following posters, which can be used on ships or as part of a company's communications.

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

www.ics-shipping.org/covid19.



Protect yourself and others from getting sick

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



Throw the tissue into a closed bin immediately after use

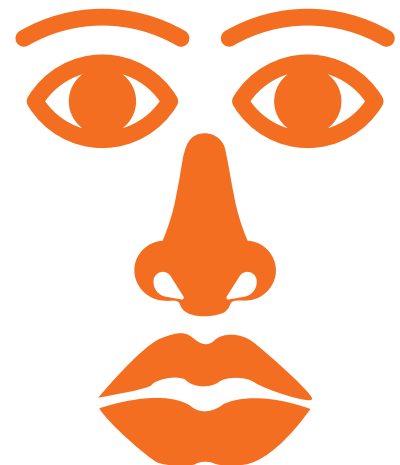


Clean your hands with an alcohol-based hand rub or with soap and water for at least 20 seconds:

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



Avoid touching eyes, nose and mouth



Stay healthy while travelling

Avoid these modes of travel if you have a fever or a cough



Eat only well-cooked food



Avoid spitting in public



Avoid close contact and avoid travel with animals, particularly in markets



When coughing and sneezing, cover your mouth and nose with a tissue or flexed elbow. Throw the tissue into a closed bin immediately after use and clean your hands



Frequently clean your hands with an alcohol-based hand rub or with soap and water for at least 20 seconds



Avoid touching eyes, nose and mouth



Avoid close contact with people suffering from a fever or a cough



If wearing a face mask, be sure it covers your mouth and nose and do not touch it once on. Immediately discard single-use masks after each use and clean your hands after removing masks



Where possible, maintain distance from fellow travellers. If you become sick while travelling, tell crew or ground staff



Seek medical care early if you become sick, and share your history with your health provider



International Chamber of Shipping

Shaping the Future of Shipping

For more information, go to ics-shipping.org/covid19

Be **INFORMED**

Be **PREPARED**

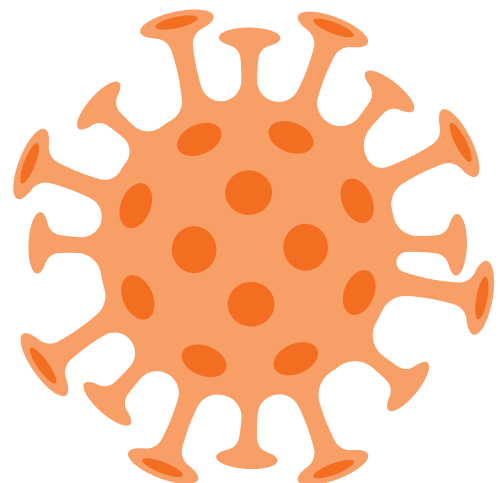
Be **SMART**

Be **SAFE**

Be **READY**

#COVID19

For more information, go to
ics-shipping.org/covid19



TO ALL SEAFARERS FOR
DEPLOYMENT AND MANNING
AGENCIES: PLEASE ALWAYS
REMEMBER AND PRACTICE

SEA

Strictly observe the 14-day Stay-Home Notice (SHN) or Quarantine before deployment

Ensure to undergo the proper COVID-19 RT-PCR test

Always wear PPE while traveling from place of domicile to country of embarkation

Let's work together to keep our industry safe, and to keep the jobs of our seafarers.



Reproduced with courtesy of the Associated Marine Officers' and Seamen's Union of the Philippines (AMOSUP)



International
Chamber of Shipping
Shaping the Future of Shipping

For more information, go to
[ics-shipping.org/covid19](https://www.ics-shipping.org/covid19)

How to safely greet others

Avoid physical contact.

Safe greetings include
a wave, a nod
or a bow







For more information, go to
ics-shipping.org/covid19



Shipboard care for people with suspected or confirmed COVID-19

For ill crew members

| | | | |
|---|--|--|--|
| <p>Clean hands frequently with soap and water or with alcohol-based hand rub.</p>  | <p>Stay in your cabin and do not attend work. Rest, drink plenty of fluids and eat healthy food.</p>  | <p>Stay in a separate cabin from other people. If this is not possible, wear a mask and keep a distance of at least 1m away. Keep the cabin well-ventilated and if possible use a dedicated bathroom.</p>  | <p>When coughing or sneezing, cover your mouth and nose with flexed elbow or use disposable tissue and discard after use. If you experience difficulty breathing, contact radio medical.</p>  |
|---|--|--|--|

For caregivers

| | | | | |
|---|---|--|---|---|
| <p>Clean hands frequently with soap and water or with alcohol-based hand rub.</p>  | <p>Wear a medical mask when in the same cabin with an ill person. Do not touch your face during use and discard it afterward.</p>  | <p>Use dedicated dishes, cups, eating utensils, towels and bed linen for the ill person. Wash everything used by the ill person with soap and water.</p>  | <p>Identify surfaces frequently touched by the ill person and clean and disinfect them daily.</p>  | <p>Contact radio medical immediately if the ill person worsens or experiences difficulty breathing.</p>  |
|---|---|--|---|---|

For all crew members

| | | | |
|---|---|--|--|
| <p>Clean hands frequently with soap and water or with alcohol-based hand rub.</p>  | <p>Avoid unnecessary exposure to the ill crew member and avoid sharing items, such as eating utensils, dishes, drinks and towels.</p>  | <p>When coughing or sneezing, cover your mouth and nose with flexed elbow or use disposable tissue and discard after use.</p>  | <p>Monitor everyone's health for symptoms such as fever or a cough. If anyone has difficulty breathing, contact radio medical immediately.</p>  |
|---|---|--|--|

Protecting everyone during ship visits

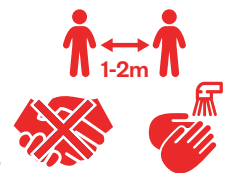
COVID-19 is spread through small droplets from the nose or mouth of an infected person which may be inhaled or land on objects and surfaces other people touch, after which they then touch their eyes, nose or mouth.

Protect through physical distancing and good hygiene

Keep a minimum of 1-2 metres distance.

No handshakes or physical contact.

Wash hands frequently and thoroughly, keeping contact surfaces clean, and touch your face less.



Prepare for visitors

Wipe down areas and objects visitors are likely to touch with an anti-bacterial solution.

Restrict access into the ship's accommodation – keep doors locked and post 'no entry' signs.

Provide alcohol hand gel ready for use upon entry onto the ship and around the ship.

Have designated toilet and handwashing facilities for visitors, which are well-stocked with soap.

Try to prepare and complete documents digitally – avoid handling paper and laminated documents.

Have PPE, such as disposable gloves, ready to use in unavoidable close contact situations.



Keep your guard up

Maintain effective ship and gangway security and prevent unauthorised personnel boarding the ship.

If someone trying to board the ship exhibits symptoms – refuse access and report it.

Continue to sanitise contact areas throughout the ship's stay in port.



Take it outside

Where possible, hold conversations and meetings with visitors on the open deck or open bridge wings.

If visitors must be inside, limit the number of crew nearby to the absolute minimum.



Shore leave

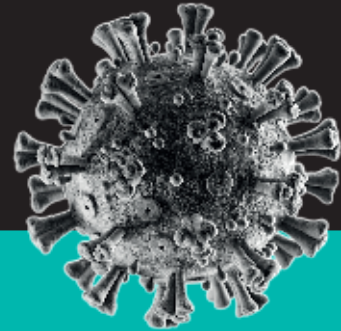
If shore leave is considered possible, consider offering seafarers a chance to go ashore into an ICMA approved seafarer centre which is complying with COVID-19 safety measures.



Based on information some of which has been provided by the North of England P&I Club

Visitors' access may be **RESTRICTED** in case of the following symptoms:

- fever
- cough
- breathing difficulties

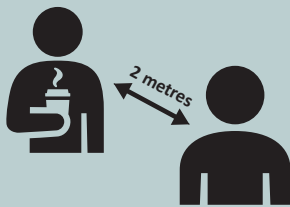


When onboard kindly observe the following:

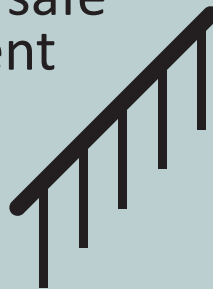
PRACTICE good hygiene



MAINTAIN
a safe social
distance
of more than
2 metres



AVOID
surfaces such
as handrails
to a safe
extent



AVOID
touching
surfaces with
fingertips
and the front
of your hand



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International
Chamber of Shipping
Shaping the Future of Shipping

For more information, go to
ics-shipping.org/covid19

Care when shopping

Shop for essentials

Assess if it is essential for you to shop



Coins & Banknotes

There is no proof that COVID-19 can be transmitted through coins or banknotes. However, respiratory droplets expelled from an infected person can contaminate surfaces.

Wash your hands regularly and thoroughly after touching any frequently-touched surface or object, including coins or banknotes.

Do not touch your eyes, mouth and nose when hands are not clean.



Groceries

When grocery shopping, keep at least 1m from others and avoid touching eyes, mouth and nose.

If possible, sanitise the handles of shopping trolleys or baskets before shopping.

When you return, or receive delivery of new groceries, wash your hands thoroughly and again after handling and storing your products.

There is currently no confirmed case of COVID-19 transmitted through food or food packaging.



Fruit & Vegetables

Then wash the fruit and vegetables thoroughly with clean water, Before handling them, wash your hands with soap and water, especially if you eat them raw.



How to deal with laundry

How to wash and dry clothes, towels and bed linen if a crew member is a suspected COVID-19 patient

Wash the patient's clothes, towels and bed linen separately.

If possible, wear heavy-duty gloves before handling them.

Never carry soiled linen near your body; place soiled linen in a clearly labelled, leak-proof container (e.g. bag, bucket).

Scrape off solid excrement (e.g. faeces or vomit) with a flat, firm object and place it in the patient's toilet before putting linen in the designated container. Place the excrement in a covered bucket to dispose of in a toilet if this is not in the patient's cabin.

Wash and disinfect linen: machine wash at 60–90°C with laundry detergent. Alternatively, soak linen in hot water and soap in a large drum, using a stick to stir, avoid splashing. If hot water is not available, soak linen in 0.05% chlorine for approximately 30 minutes. Rinse with clean water and let linen dry in sunlight.

Do not forget to wash hands at the end of the process.



Do I need to use a washing machine and drier to wash and dry clothes, towels and bed linen if no one in the crew is a suspected COVID-19 patient?

No need to use a washing machine or drier, nor extremely hot water.

Do laundry as normal using detergent or soap.

Once dry, clean your hands before handling and storing clothes, towels and bed linen.



Coping with stress during COVID-19

Feeling sad, stressed, confused, scared or angry during a crisis is normal. Talking to people you trust can help. Talk to your colleagues and contact friends and family.



When on board, maintain a healthy lifestyle – including proper diet, sleep, exercise and social interaction with other crew members and by email, social media and phone for family and friends



Don't use smoking, alcohol or other drugs to manage emotions. When overwhelmed, talk to a colleague or contact SeafarerHelp. Have a plan, where to go to and how to seek help for physical and mental health needs if required.



Get the facts. Gather information to accurately determine risks and take reasonable precautions. Use a trusted credible source such as WHO or government agency website.



Reduce time spent watching, reading or listening to upsetting media coverage to limit worry and agitation.



Draw on past skills which helped you manage previous difficult situations to help handle your emotions at this time.



Contact **SeafarerHelp**, the free, confidential, multilingual 24 hour helpline for seafarers and their families, open 365 days a year for advice if necessary.

Dial **+44 20 7323 2737** or email **help@seafarerhelp.org**



ACCESS TO COMPANY OR OTHER SUPPORT HELPLINES FOR SEAFARERS



Companies which have their own employee support helplines are encouraged to remind their seafarers of how they can access these if necessary.

Additionally, the organisations listed below provide different useful services, including emotional support, and most are available 24 hours a day.

International and regional helplines are available for seafarers wishing to talk to someone wherever they are in the world. Please encourage your seafarers to feel free to contact the helplines below for guidance or support.

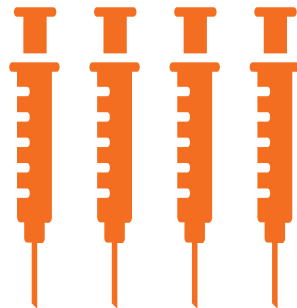
| | |
|--|---|
| SeafarerHelp | 24/7 multilingual and confidential helpline for seafarers' and their family - emotional support and practical help http://www.seafarerhelp.org/ |
| Nautilus 24/7 | 24/7 multilingual help available to Nautilus members https://www.nautilusint.org/en/assistance/nautilus-247/ |
| NUSI Sahara | 24/7 psychological support for Indian seafarers and their family https://www.nusi.org.in/activities/360-nusi-counselling-helpline-for-seafarers-and-their-families.html |
| AMOSUP | 24/7 psychological support for Filipino seafarers and their family +63 2 3310 6641 +63 2 8527 8116 to 20 (local2061) http://www.amosup.org.ph |
| SAIL | British seafarers – help with benefits, debt and housing http://sailine.org.uk/ |
| Seafarer Support | Central source of information on maritime charities support for seafarers and their families https://seafarersupport.zendesk.com/hc/en-gb |
| Seafarer Hospital Society | 24/7 online confidential advice and support service for all working and retired seafarers and families for seafarers in the UK https://seahospital.org.uk/mental-health-and-wellbeing-2/ |
| Mission to Seafarers Chat to a Chaplain | 24/7 MtS & ICMA chaplains available to talk https://www.missiontoseafarers.org/news/the-mission-launches-a-digital-chaplaincy-support-service-for-seafarers |
| Sailors Society Wellness at Sea | Emergency COVID-19 helpline https://wellnessatsea.org/helpline/ |
| Sailors Society India | Helpline for Indian seafarers and their families https://www.sailors-society.org/news/sailors-society-launches-dedicated-24-hour-helpline-for-indian-seafarers#:~:text=Anyone%20in%20need%20of%20assistance,the%20helpline%20are%20strictly%20confidential. |
| DSM.care | 24/7 online service to chat with a DSM chaplain https://dsm.care/ |
| Danish Seaman's Church | Chaplains available for a chat https://samtalertilsoes.dk/page/7/samtaler-til-s%C3%B8s |
| Stella Maris | To call Catholic chaplains worldwide for a chat https://www.stellamaris.org.uk/contact-us/chaplains-list/ |



COVID-19 can be life threatening

Minimise risk by:

- Getting vaccinated
- Having follow up doses when required
- Safely developing immunity to help you, fellow crew members and your family to be well



Annex B

Sample Crew/Passenger Locator Card

| | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|
| Date of form completion: (yyyy/mm/dd) | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> | | | | 2 | 0 | | | | | | |
| 2 | 0 | | | | | | | | | | |
| <p>Public Health Passenger/Crew Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a ship. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.</p> | | | | | | | | | | | |
| <p><i>One form should be completed by an adult member of each family/crew member. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.</i></p> | | | | | | | | | | | |
| <p>SHIP INFORMATION:</p> | | | | | | | | | | | |
| 1. Ship Name & 2. IMO number | 3. Cabin Number | 4. Date of disembarkation (yyyy/mm/dd) | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| <p>PERSONAL INFORMATION:</p> | | | | | | | | | | | |
| 5. Last (Family) Name | 6. First (Given) Name | 7. Middle Initial | 8. Your sex | | | | | | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> | | | | | | | | |
| <p>PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.</p> | | | | | | | | | | | |
| 9. Mobile | 10. Business | | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | |
| 11. Home | 12. Other | | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | |
| 13. Email address <input style="width: 100%;" type="text"/> | | | | | | | | | | | |
| <p>PERMANENT ADDRESS:</p> | | | | | | | | | | | |
| 14. Number and street (Separate number and street with blank box) | | | 15. Apartment number | | | | | | | | |
| <input style="width: 100%;" type="text"/> | | | <input style="width: 100%;" type="text"/> | | | | | | | | |
| 16. City | | 17. State/Province | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| 18. Country | | 19. ZIP/Postal code | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| <p>TEMPORARY ADDRESS: If in the next 14 days you will not be staying at the permanent address listed above, write the place where you will be staying.</p> | | | | | | | | | | | |
| 20. Hotel name (if any) | 21. Number and street (Separate number and street with blank box) | 22. Apartment number | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| 23. City | | 24. State/Province | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| 25. Country | | 26. ZIP/Postal code | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| <p>EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days</p> | | | | | | | | | | | |
| 27. Last (Family) Name | 28. First (Given) Name | 29. City | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| 30. Country | 31. Email | | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | |
| 32. Mobile phone | 33. Other phone | | | | | | | | | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | | |
| <p>34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years</p> | | | | | | | | | | | |
| Last (Family) Name | First (Given) Name | Cabin number | Age <18 | | | | | | | | |
| (1) <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | |
| (2) <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | |
| (3) <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | |
| (4) <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | |
| <p>35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)</p> | | | | | | | | | | | |
| Last (Family) Name | First (Given) Name | Group (tour, team, business, other) | | | | | | | | | |
| (1) <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | |
| (2) <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | | | | | | | | |



Annex C

Sample Crew/Passenger Health Self-Declaration Form

This form is consistent with the template found at the Appendix B in the IMO *Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic* (IMO Circular Letter No.4204/Add.14).

Crew/Passenger Health Self-Declaration Form

This form should be completed by all persons prior to, or at the time of, embarkation on to the ship. It is intended to screen persons for COVID-19 infection and collect other relevant information. [Insert reference or link to relevant data protection/privacy policy.]

Date:

Full Name
(as found on passport or other ID)

Last (Family) Name:

First (Given) Name:

Name of Ship:

1. Have you received information and guidance on the coronavirus (COVID-19), including about standard health protection measures and precautions? Yes / No
2. Do you understand and comply with applicable standard health protection measures and precautions to prevent the spread of the coronavirus (COVID-19), such as proper hand washing, coughing etiquette, appropriate physical distancing? Yes / No

During the last 14 days, have you:

3. Tested positive for being infected with the coronavirus (COVID-19)? Yes / No
If "Yes", please provide date of test and name of test:

4. Tested positive for the antibodies for the coronavirus (COVID-19)? Yes / No
If "Yes", please provide date of test and name of test:



5. Shown any symptoms associated with the coronavirus (COVID-19), specifically,

A fever: [Yes / No](#)

A dry cough: [Yes / No](#)

Tiredness: [Yes / No](#)

Shortness of breath: [Yes / No](#)

Aches and pains: [Yes / No](#)

Sore throat: [Yes / No](#)

Diarrhoea: [Yes / No](#)

Nausea: [Yes / No](#)

Loss or change in taste/smell: [Yes / No](#)

Rash: [Yes / No](#)

6. Completed a period of self-isolation related to the coronavirus (COVID-19)? [Yes / No](#)

If "Yes", please explain the circumstances and the length of self isolation:

| |
|--|
| |
| |
| |

7. Had close contact with anyone that has tested positive for coronavirus (COVID 19)? [Yes / No](#)
(“Close contact” means being at a distance of less than one metre for more than 15 minutes.)

8. Had close contact with anyone with symptoms of the coronavirus (COVID-19)? [Yes / No](#)
(“Close contact” means being at a distance of less than one metre for more than 15 minutes.)

9. Maintained good personal hygiene and complied with applicable health protection measures and precautions? [Yes / No](#)

I confirm that the information provided above is correct to the best of my knowledge.

Signature:

Date:



Annex D

Recommended WHO COVID-19 Support and Logistics Supplies List, with Availability Advice Provided by IMHA

| Items | Comment | Already carried on board? |
|--|--|--|
| CHEMICALS | | |
| Antibiotics | | Yes |
| Fever and pain medication | | Yes |
| Alcohol-based hand rub or alternative | Bottle of 100ml & 500ml | Yes |
| Chlorine | NaDCC, granules, 1kg, 65 to 70% + dosage information | Yes |
| Paracetamol | 500mg, tablets | Yes. Recommend increased number, up to 600 tablets |
| Inhaled steroids (Beclamethasone/Budesonide) | Carry with 2 spacer devices or 14 single use devices. Only to be used in COVID cases after discussion with TMAS | Recommended |
| Low molecular weight heparin 6000 IU/60mg | Only to be used in COVID cases after discussion with TMAS | Recommended |
| Sodium lactate compound solution | (Ringer's lactate), injection solution, w/o IV set and needle, 1000ml | Maybe |
| PPE | | |
| Examination Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards | Nitrile, powder-free, non-sterile. Cuff length preferably reaching above the wrist (e.g. minimum 230mm total length. Sizes, S, M, L). Plentiful supplies required. | Yes |
| Examination Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards | Nitrile, powder-free, non-sterile. Cuff length preferably reaching above the wrist (e.g. minimum 230mm total length. Sizes, S, M, L). Plentiful supplies required. | Yes* |
| Surgical Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards | Nitrile, powder-free, single use. Gloves should have long cuffs, reaching well above the wrist, ideally to mid-forearm. (Sizes 5.0 - 9.0). | Yes* |
| Gloves, cleaning | Outer glove should have long cuffs, reaching well above the wrist, ideally to mid-forearm. Cuff length preferably reach mid-forearm (e.g. minimum 280mm total length. Sizes, S, M, L), reusable, puncture resistant, FDA compliant. | Yes* |
| Impermeable gowns single use | Disposable, length mid-calf. - EU PPE Regulation 2016/425 and EU MDD directive 93/42/EEC• FDA class I or II medical device, or equivalent, EN 13795 any performance level, or AAMI PB70 all levels acceptable, or equivalent. | Yes* |
| Scrubs - Tunic/tops | Woven, scrubs, reusable or single use, short sleeved (tunic/tops), worn underneath the coveralls or gown. | Yes* |
| Scrubs - Trouser/pants | Woven, scrubs, reusable or single use, short sleeved (tunic/tops), worn underneath the coveralls or gown. | Yes* |
| Aprons | Heavy duty, straight apron with bib. Fabric: 100% polyester with PVC coating, or 100% PVC, or 100% rubber, or other fluid resistant coated material, Waterproof, sewn strap for neck and back fastening. Minimum basis weight: 300g/m ² covering size: 70-90 cm (width) X 120-150cm (height). Reusable (if decontamination arrangements exist) EN ISO 13688, EN 14126-B and partial body protection (EN 13034 or EN 14605), EN 343 for water and breathability or equivalent. | Yes* |
| Goggles, protective EU PPE Regulation 2016/425, EN 166, ANSI/ISEA Z87.1, or equivalent | Good seal with facial skin, flexible PVC frame to easily fit all face contours with even pressure. Enclose eyes and surrounding areas. Accommodate prescription glasses wearers. Clear plastic lens with fog and scratch resistant treatments. Adjustable band to secure firmly and not become loose during clinical activity. Indirect venting to avoid fogging. May be reused (if decontamination arrangements exist) or disposable. | Yes* |
| Surgical masks for medics and patients ASTM F2100 minimum level 1 or equivalent | Good breathability, clear internal and external faces. EU MDD directive 93/42/EEC Category III, or equivalent, EN 14683 Type II, IR, IIR | Yes* |
| Face shield - (PPE) | Should be provided and use managed by Port Health Authority** | No |



| Items | Comment | Already carried on board? |
|--|--|---------------------------|
| MEDICAL KIT | | |
| Bag, mask and valve | To ventilate adult (body weight > 30kg), with compressible self-refilling ventilation bag, capacity: 1475-2000ml. Resuscitator operated by hand, Ventilation with ambient air, Resuscitator shall be easy to disassemble and reassemble, to clean and disinfect, and be autoclavable. All parts must be of high-strength, long-life materials not requiring special maintenance or storage conditions. | Yes |
| Bio-hazardous bag | Disposal bag for bio-hazardous waste, 30x50cm, with "Biohazard" print, autoclavable polypropylene. 50 or 70 micron thickness. | Yes |
| Containers | For disposable sharps and needles | Yes |
| Disinfectants | Plentiful supplies required | Yes |
| Facial oxygen masks with reservoir bag and Venturi masks | To deliver medical oxygen directly to a patient's mouth and nose via a facemask. Adult size, with elastic strap and adjustable aluminium nose clip and side vents. Oxygen supply tube of 1.5-2.1m length with standard connection to oxygen supply. Medically clean, for single use, packaged in a transparent plastic bag. | Yes |
| Guedel tubes | A curved plastic tube inserted through the mouth to facilitate airway patency. Colour coded, sterile or medically clean for single use. Size No. 3, No. 4, and No. 5 or a in a set that may contain additional sizes. | Yes |
| Hand drying tissue | 50-100m roll | Yes |
| Hand hygiene supplies | Plentiful supplies required | Yes |
| Infusion giving set | With air inlet and needle, sterile, single-use | Yes |
| Pulse Oximeter | Compact portable device measures arterial blood oxygen saturation (SpO2), heart rate and signal strength. Measuring range: SpO2 30 - 100% (minimum graduation 1%), Heart rate 20 - 250 bpm (minimum graduation 1bpm). Line-powered, or extra batteries /rechargeable batteries needed at least one year. ISO 80601-2-61:2011 or equivalent. | Recommended |
| Oxygen concentrator | An electrically operated device intended to provide oxygen therapy. The unit separates oxygen from the ambient air, delivering high quality purified oxygen to the patient. Unit movable by wheels and with an oxygen humidifier attached to its body. Oxygen flow rate digitally adjustable between 0.2-5 lpm or 0.2-10 lpm. Preferably marine type approved and compatible with the vessel's power voltage (usually 110VAC/60Hz or 220VAC/60Hz). | Recommended |
| Nasal cannulae | To deliver medical oxygen directly to a patient's nose. Adult size, with 2 prongs fixed on a harness and connected to 2 tubes and an Oxygen supply tube of 1.8-2.1m length with standard connection to oxygen supply. Medically clean, for single use, packaged in a transparent plastic bag. | Recommended (4) |
| Rapid antigen tests | Compliant with WHO standards | Yes |
| Safety bag and box | Needles/syringes, 5l - cardboard for incineration, box-25. Biohazard label as per WHO PQS E010/011 | Yes |
| Soap | Liquid (preferred), powder and bar. | Yes |
| Sample medium and packaging | Should be provided and use managed by Port Health Authority** | Yes |
| Carbon dioxide detector | Should be provided and use managed by Port Health Authority** | No |
| Commercial testing materials for samples | Should be provided and use managed by Port Health Authority** | No |
| Endotracheal tube with cuff | Should be provided and use managed by Port Health Authority** | No |
| Endotracheal tube, without cuff | Should be provided and use managed by Port Health Authority** | No |
| Fit test kit | Should be provided and use managed by Port Health Authority** | No |
| Laryngoscope with depressors and tubes | Should be provided and use managed by Port Health Authority** | No |
| Oxygen splitters | Should be provided and use managed by Port Health Authority** | No |
| Portable Ultrasound scanner | Should be provided and use managed by Port Health Authority** | No |
| Portable ventilators | Should be provided and use managed by Port Health Authority** | No |
| Resuscitator Child | Should be provided and use managed by Port Health Authority** | No |
| Stainless steel depressor sets Macintosh Nr 2, 3 and 4 | Should be provided and use managed by Port Health Authority** | No |
| Stainless steel depressor sets Miller Nr 1 | Should be provided and use managed by Port Health Authority** | No |
| Viral transport medium with Swab 3 ml | Should be provided and use managed by Port Health Authority** | No |
| Viral transport medium to transport laboratory specimens | Should be provided and use managed by Port Health Authority** | No |

* This equipment is currently in short supply. If you cannot procure the specifications suggested please speak to your company doctor to see what suitable alternative products are available locally.

** Contact radio medical before arrival in port to get them to seek assistance from Port Health Authorities upon arrival.



Annex E

Guidance on the Use of Masks in the Context of COVID-19

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-masks>

WHO advises that masks should be used as part of a comprehensive 'Do it all' strategy that includes physical distancing, avoiding crowded, closed and close-contact settings, good ventilation, cleaning hands, covering sneezes and coughs, and more.

In areas where the virus is circulating, masks should be worn when seafarers are in crowded settings, where they cannot be at least one metre from others, and in rooms with poor or unknown ventilation. As it is not always easy to determine the quality of ventilation, which depends on the rate of air change, recirculation and outdoor fresh air, it is often safer to simply wear a mask.

Current information and evidence suggests that:

- The two main transmission routes for COVID-19 are respiratory droplets and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person in close contact (within 1–2m) with someone with respiratory symptoms (coughing, sneezing) is at risk of exposure to potentially infective respiratory droplets. Droplets may also land on surfaces where COVID-19 could remain viable; thus, the immediate environment of an infected individual can be a source of contact transmission;
- Incubation for COVID-19 (time between exposure and symptom onset) is on average 5–7 days but can be up to 14 days. During this time, some infected persons can be contagious and transmit the virus to others. Data suggests that some people can test positive from 1–3 days before developing symptoms and may infect others;
- Pre-symptomatic transmission still requires the virus to spread via infectious droplets or through touching contaminated surfaces; and
- WHO defines medical masks as flat or pleated surgical or procedure masks (some shaped like cups) affixed to the head with straps. They are tested using standardised test methods to balance high filtration, adequate breathability and, optionally, fluid penetration resistance.

What type of mask to use

Current recommendations from WHO are as follows.

Medical masks are recommended for:

- Health workers in clinical settings. This includes the officer responsible for medical care on board a ship when assessing or treating other seafarers;
- Anyone who is feeling unwell, including people with mild symptoms, such as muscle aches, slight cough, sore throat or fatigue;
- Anyone awaiting COVID-19 test results or who has tested positive;
- People caring for someone who is a suspected or confirmed case of COVID-19 outside of health facilities. This includes other seafarers who need to enter the cabin of a seafarer with suspected or confirmed COVID-19; and
- Those who have been exposed to someone with COVID-19.



Medical masks are also recommended for the following groups, because they are at a higher risk of becoming seriously ill with COVID-19:

- People aged 60 or over; and
- People of any age with underlying health conditions, including chronic respiratory disease, cardiovascular disease, cancer, obesity, immunocompromised patients and diabetes mellitus.

Non-medical, fabric masks can be used by other seafarers under the age of 60 and who do not have underlying health conditions.

The WHO does not advise using masks or respirators with exhalation valves. These masks are intended for industrial workers to prevent dust and particles from being breathed in as the valve closes on breathing in. However, the valve opens on breathing out so allowing any virus to pass through the valve opening. This makes the mask ineffective at preventing the spread of COVID-19 or any other respiratory virus.

General tips:

- Make sure to clean hands before touching the mask;
- Do not share a mask with other seafarers;
- Resist the temptation to pull down the mask to the chin or take it off when speaking to other people, coughing or sneezing; and
- Do not store the mask around the arm or wrist or pull it down to rest around the chin or neck. Instead, store it in a clean plastic bag.

How to put on and take off a medical mask:

- Before touching the mask, clean hands with an alcohol-based hand rub or soap and water;
- Inspect the mask for tears or holes; do not use a mask that has previously been worn or is damaged;
- Check which side is the top, usually where the metal strip is;
- Identify the inside of the mask, usually the white side;
- Place the mask on the face covering the nose, mouth and chin, making sure that there are no gaps between the face and the mask. Place the straps behind the head or ears. Do not cross the straps because this can cause gaps on the side of the mask;
- Pinch the metal strip so it moulds to the shape of the nose; and
- Remember, do not touch the front of the mask while using it to avoid contamination; if this happens, clean hands immediately.

How to take off a medical mask:

- Before touching the mask, clean hands with an alcohol-based hand rub or soap and water;
- Remove the straps from behind the head or ears, without touching the front of the mask;
- Lean forward and pull the mask away from the face to remove it;
- Medical masks are for single use only; discard the mask immediately, preferably into a closed bin;
- Clean hands after touching the mask; and
- Be aware of the condition of the mask; replace it if it gets soiled or damp.

How to put on and wear a fabric mask:

- Before touching a mask, clean hands with an alcohol-based hand rub or soap and water;
- Inspect the mask for tears or holes, do not use a mask that is damaged;



- Adjust the mask to cover the mouth, nose, and chin, leaving no gaps on the sides;
- Place the straps behind the head or ears. Do not cross the straps because this can cause gaps on the side of your face;
- Avoid touching the mask while wearing it. If this happens, clean hands immediately; and
- Change the mask if it gets dirty or wet.

How to take off and store a fabric mask:

- Clean hands before taking off the mask;
- Take off the mask by removing it from the ear loops, without touching the front of it;
- If the fabric mask is not dirty or wet and it is to be used again, put it in a clean plastic, resealable bag. When it is used again, hold the mask at the elastic loops when removing it from the bag;
- Clean the mask once a day; and
- Clean hands after removing the mask.

How to take off and store a fabric mask:

- Wash fabric masks in soap or detergent and preferably hot water (at least 60 degrees Centigrade/140 degrees Fahrenheit) at least once a day.
- If it is not possible to wash the mask in hot water, then wash it in soap/detergent and room temperature water, followed by boiling the mask for one minute.



Annex F

Measures to Enhance Mental Health and Wellbeing

These measures can be applied to all people. Where not all boxes are ticked in a line, they have been specifically advocated by MIND for particular situations.

| Measures to Enhance Mental Health and Wellbeing | General Wellbeing | Those with general mental health issues | Obsessive compulsive disorder (OCD) | Learning Disability | Autism | Older people |
|---|-------------------|---|-------------------------------------|---------------------|--------|--------------|
| Consider how to connect with others and help and support them | | | | | | |
| Contacting trusted friends, family and colleagues is key to mental wellbeing. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Make regular contact via telephone, video calls or social media instead of meeting up. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Identify how to provide help and support to others. Message a friend or family member nearby. Join community groups to support family while at sea. | ✓ | ✓ | | | | |
| Try to accept other people's concerns, worries or behaviours. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Maintain daily physical wellbeing | | | | | | |
| Physical health impacts on emotional and mental feelings. At difficult times, it can be easy to adopt unhealthy behaviours which can make things worse. Eat healthy, well-balanced meals, drink enough water, exercise where possible, and avoid smoking and alcohol. | ✓ | ✓ | | | | ✓ |
| Life is changing for everyone. Staying on board or physical distancing will cause disruption to the normal routine. Review how to adapt and create positive new routines, engage in useful activities (e.g. cleaning or exercise) or meaningful ones (e.g. reading or calling a friend). It may be helpful to write a daily plan. | ✓ | ✓ | | | | ✓ |
| Manage panic and anxiety | | | | | | |
| When having panic attacks or flashbacks plan a 'safe space' to go to. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| If spending more time on board, seafarers may feel trapped or claustrophobic and should try if possible to go outside daily. Open windows if possible to let in fresh air, and sit with an external view. Change rooms visited (if possible) to give a sense of space. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Encourage seafarers to read verified documents about the benefits of vaccination. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Manage worry and stress and seek help when struggling | | | | | | |
| The COVID-19 outbreak may be stressful and cause worry about changes that occur because of it, including having to stay on board. | ✓ | ✓ | | ✓ | ✓ | |
| Do not forget about other health conditions and take any medication prescribed. | ✓ | ✓ | | ✓ | | |
| Share feelings and coping strategies with family and friends, or contact ISWAN SeafarerHelp or a Seafarers' Mission to help. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| If needing medical treatment, share medical information or diagnosis with medical staff. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Request help for example with shopping or running errands and let those around you know what they can do or contact Seafarers help or the local port welfare provider. | ✓ | ✓ | | | | ✓ |
| Manage difficult feelings | | | | | | |
| Seafarers should focus on things they can control by acquiring information and better preparation. Worries outside personal control and repetitive thoughts are unhelpful. | ✓ | ✓ | | | | |
| OCD can make it hard to absorb advice due to problematic washing or hygiene behaviours. | | | ✓ | | | |
| Avoid re-reading advice about COVID-19 if this is unhelpful | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Advise others when struggling, for example, ask them not to discuss the news | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |



| | General Wellbeing | Those with general mental health issues | Obsessive compulsive disorder (OCD) | Learning Disability | Autism | Older people |
|---|-------------------|---|-------------------------------------|---------------------|--------|--------------|
| Measures to Enhance Mental Health and Wellbeing | | | | | | |
| Set limits | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Plan something to do to change focus | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Contact the mental health team | | | | | | |
| Contact the mental health team to discuss continuing care and to update medical plans. | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Improve sleep | | | | | | |
| Anxiety or worries can make it harder to get a good night's sleep. Good quality sleep enhances mental and physical wellbeing. Maintain regular sleeping patterns and good practices, avoid screens before bed, reduce caffeine and create a restful environment. | ✓ | ✓ | | | | ✓ |
| Manage personal media and information intake | | | | | | |
| 24-hour news and constant social media updates can increase worry. Limit time to a maximum of twice daily checks to watch, read, or listen to media coverage. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gather information from this guidance document to accurately determine risks of contracting COVID-19 to take reasonable precautions. Inaccurate information can also negatively affect others so do not share information without fact-checking sources. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Set goals and plan to keep mentally well | | | | | | |
| Setting goals and achievement gives a sense of control and purpose so identify things to do on board. Watch a film, read a book or learn something online. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Exercise on board and download 10 minute work outs or other exercise videos. | ✓ | ✓ | | | | |
| Continue normal activities to keep well. If support is available from others, plan how to remain well and relaxed with them. | ✓ | ✓ | | | ✓ | |
| Keep a diary. | ✓ | ✓ | | | ✓ | |
| Use services like Brain in Hand: https://braininhand.co.uk | | | | | ✓ | |
| Use strategies that have helped previously. | ✓ | ✓ | | | | |
| Do enjoyable things and keep an active mind | | | | | | |
| People may do enjoyable things less often, or not at all when anxious, lonely or low. Pursuing a favourite hobby, learning something new or taking time to relax indoors should provide relief from anxiety and can enhance mood. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| If unable to do activities due to staying on board, adapt them, or try something new. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Read, write, play games, do crossword puzzles, sudokus, jigsaws or drawing and painting. Many free tutorials and courses are available online and people are producing innovative online solutions like online pub quizzes and streamed live music concerts. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Relax and focus on the present | | | | | | |
| This can help with difficult emotions, worries about the future and improve wellbeing. Relaxation techniques can also help some people manage feelings of anxiety. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Spend time outside, or bring nature in | | | | | | |
| Physical distancing guidelines enable seafarers to exercise outside daily to enhance wellbeing. If unable to get outside there can be positive effects by opening windows (if possible) to provide fresh air, arrange space to sit for a nice view and get some natural sunlight. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| If walking outside follow the recommended physical distancing guidance. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| With increased risk of severe illness and need to stringently follow physical distancing measures when on board, some older people, particularly those with pre-existing medical conditions, may be concerned or affected by changes required to daily life. | ✓ | ✓ | | | | ✓ |
| Alcohol reduction | | | | | | |
| It can be dangerous to stop quickly without support. If physical withdrawal symptoms occur (like shaking, sweating or anxiety until having the first daily drink), seek medical advice. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |



Annex G

Ability for Seafarers to Renew Prescriptions

Correct at time of publication.

| Country | Notes |
|-----------------------------------|---|
| Algeria | Electronic prescriptions for life saving or recurrent medicines for foreign seafarers are accepted, except narcotic medicines which require the presence of a doctor on board the vessel. |
| Australia | No problem, ring a doctor's surgery and book a phone discussion with a doctor for a prescription. The Shipping Agent could organise this and the Seafarer would only need to provide an electronic or paper copy of a prescription from a previous doctor to access relevant medication. There will be complications if the vessel has not served 14 day isolation. |
| Belgium | Need to have a prescription from a Doctor. Cannot issue electronic prescriptions for people not registered in their health system but in every port pharmacists and doctors are collaborating to deliver necessary medicines on board for seafarers. |
| Brazil | There is no need for prescriptions to buy the medicine. If seafarers have a previous medical prescription, it helps to renew but even without a prescription, at the seafarer's request through the Master, request the representative agent in the port, who will provide and send medicine on board without problems. |
| Bulgaria | Depends on the internal rules for each pharmacy. Special medicines are under restriction but in general should not be a problem to access for a life threatening condition. |
| Canada | Seafarers' prescriptions that expire during the voyage will be renewed. Some prescriptions can be rolled over, others may require an exam. Diabetes for example is one they want to be careful with. Prescriptions are prepared by the Mariners Clinic and can be delivered to ships. Video conferencing is available with seafarers to reduce visits to the doctors. |
| Chile | Must have a medic/doctor's prescription. Some medications don't need a prescription in Chile, such as medicine for high pressure, blood sugar, etc, which can be bought in any pharmacy. The local agent takes the patient to a doctor to prescribe the medication to buy. If documents are from somewhere else they must be stamped and signed by a doctor to be accepted. |
| China | The seafarer should ask the labour supply country to liaise with the Chinese authorities to assist with the provision of medication. |
| Colombia | If a crew member needs recurrent medicines it should not be a problem but it is a priority to receive electronic prescriptions in advance for the procedures required by the Port Health before arrival of the vessel. |
| Cyprus | Prescription renewals are covered under the current protocol/policy covering Medical Emergencies. The company or agent must advise the authorities (Cyprus Ports Authority and Public Health Services) in order to arrange for safe transportation of the seafarer, from the ship to the doctor and vice versa, applying all health and safety protocols currently in force. Similar requests can be made through the Cyprus Search and Rescue Co-ordination Centre. |
| Denmark | Must have a doctor's prescription, Danish seafarers doctor can prescribe electronically to delivery at any pharmacy in Denmark. www.medicaloffice.dk can assist. |
| Finland | Electronic prescriptions for life saving or recurrent medicines for foreign seafarers who arrive in the ports are accepted and seafarers can visit a pharmacy or see a doctor. |
| France | Electronic prescription can be made only within the EU and European Economic Area for EU citizens. Seafarers from other countries will not have electronic prescriptions recognised and will need to have a medical appointment, during their stop or call in France, to get a new prescription. This could be by teleconsultation. In all cases, seafarers shall provide a recent prescription to the Doctor. Seafarers can also ask their embassy's or Consulate's doctor to issue a new prescription, by teleconsultation. |
| Germany | If a pharmacy refuses, the Port medical service or Port doctor must be contacted, translate the prescription and sign it to obtain medicines. In such cases Port agents and seamen's missions are all able and ready to assist. There is no problem to help any seafarer in such a situation. |
| Great Britain (East Coast) | Agents use normal channels and seek a doctor's appointment for a seafarer. However, it is currently a video or telephone conference established between the doctor and seafarer seeking renewal of the prescription. Unfortunately it is currently more difficult to speak to a doctor but this is determined on a case by case basis. |
| Scotland | Agent can arrange a video appointment with a UK doctor who should be able to issue a prescription |
| Greece | Electronic prescriptions are available for all Greeks and foreigners, who are covered by the Greek Medical System. Foreign seafarers arriving at Greek ports must declare the quantity of medicines required to the agent, who can buy them from any pharmacy and provide these to them. |
| India | Electronic prescriptions are accepted. |
| Israel | For ordering medicines with electronic prescription, a chemist supplies ZIM regularly. Send the ship agent the prescription and they will contact the chemist that can supply on board. Ship Inspectors can act as a broker if an agent cannot help or assistance is needed. |
| Italy | National Health Service electronic prescriptions can be used with a dedicated APP. Seafarers in need of specific medicine could obtain them through the local National Health Service and agents will provide them on board. |



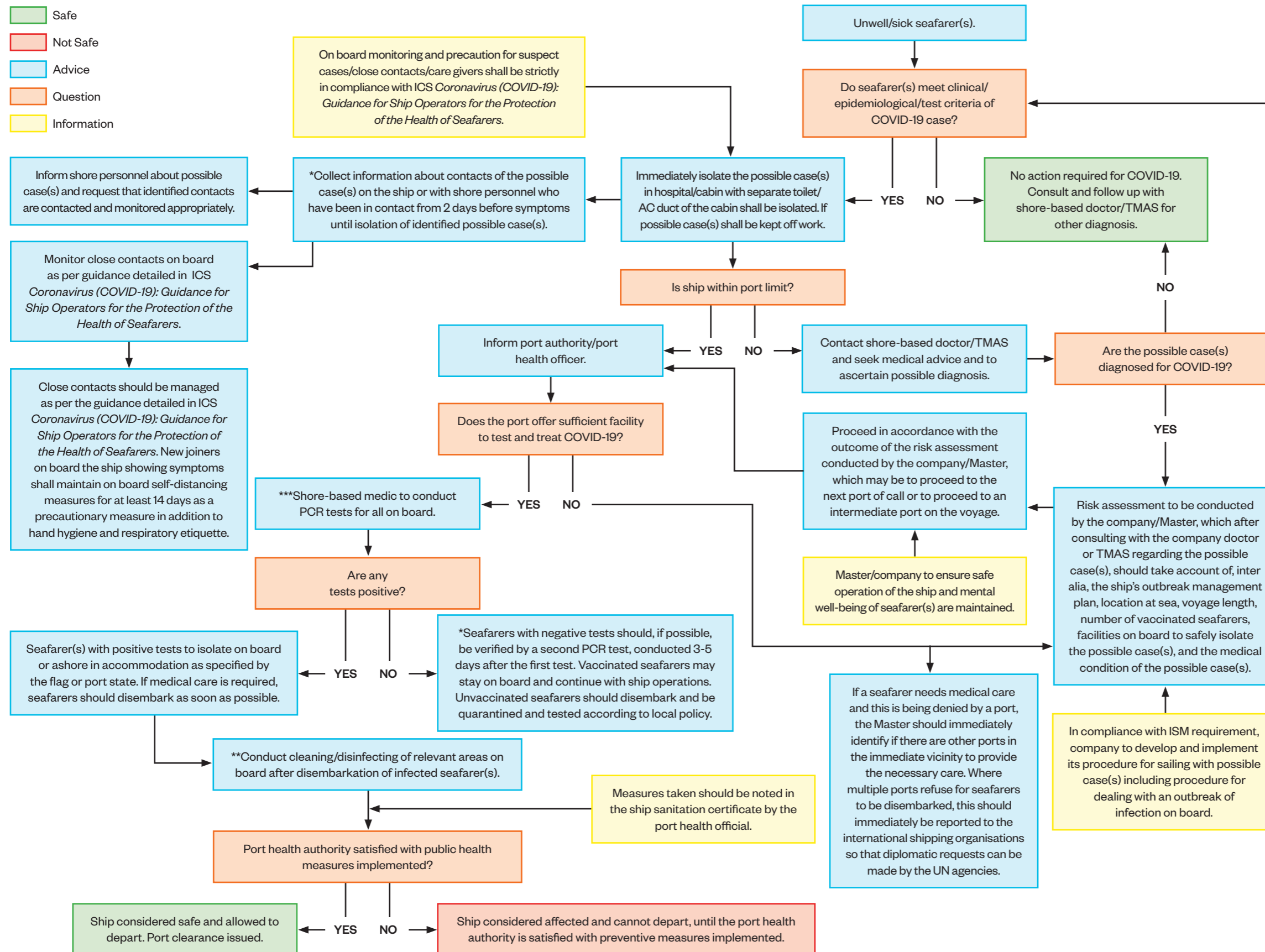
| Country | Notes |
|---------------------------------------|--|
| Kenya | Vessel agents are able to procure any medications required. |
| Korea | Electronic prescriptions cannot be issued as medicines are registered and controlled by a central government body. The crew member should visit hospital and get a prescription from a local doctor. For shore leave, crew should have mobile phone, install gps control - coronavirus application upon mandatory request by government quarantine office and check fever. |
| Liberia | "1. The Master must make declaration of all expired prescriptions to Port Health at the time of Boarding Party formalities. 2. Thereafter, the Master through the agent should make a request to Port Health on the prescription they intend to replenish. 3. Port Health reviews the replenishment list along with the declaration of expired prescription and approved the list. 4. The vessel agent through authorized ship Chandler procures the prescriptions on the replenishment or renewal list from only authorized pharmacy licensed by the Pharmacy Board of Liberia. 5. All procured prescriptions are taken back to Port Health to verify compliance with the renewal list and procured licensed pharmacy." |
| Mexico | Cross-check with company doctor and the local agent. The company doctor should contact a local practitioner to make a new prescription to be supplied before or on the day that the ship is in port. |
| Montenegro | No problem to provide medical assistance to foreign crew members on board ships. When medicine is required the ship's agent is obliged to announce it to the National coordinate body and to follow instructions given. |
| Morocco | No problem managing at the Moroccan ports with a certain flexibility of the port authorities and the support of the Moroccan union UMT. |
| Norway | The agent can arrange for a consultation with a Doctor rather than 'visit' a Doctor given the current restrictions. |
| Phillipines | Prescriptions of physicians not falling under the definition of Philippine law may not be recognized under the context of prescriptions, electronic or otherwise. |
| Poland | Any medical documentation from the country of origin is accepted proving the need. In such cases a Polish physician would issue a Polish e-prescription giving on the form a seafarer passport number instead of Polish PIN, which is accepted by a pharmacist. If the prescription is on a special cross-border form (it's not normally electronic) it is recognized in Poland and would be executed. If it's not, validation of a Polish physician would be required. |
| Portugal | Electronic prescriptions could be accepted. If not the seafarer needs to have documents from a doctor to by the necessary medication |
| Puerto Rico | A doctor cannot send electronic prescription and to know the pharmacy to send it to. There is a Walgreens and CVS near the Port of San Juan. |
| Romania | It is possible to get medicines with electronic prescriptions for foreign seafarers. All prescriptions are transmitted electronically to a nearest pharmacy or indicated pharmacy. All medicine is available except psychotropic drugs. |
| Russia | For foreign seafarers who arrive in ports a prescription will be needed only to identify the drug and the electronic prescriptions for life saving or recurrent medicines for foreign seafarers would be accepted at the pharmacy. But there are some categories of patients who are supposed to take the medicine for free. In this case, they need a prescription from their doctor. For example, insulin-dependent patients. As well as those patients who are treated for cancer, AIDS and some other most serious diseases. |
| Singapore | Prescriptions must be authorized or re-written by a Singaporean registered practitioner before being presented as hospitals and medical centres do not accept foreign prescriptions. |
| Sweden | Seafarer needs a paper prescription issued by a doctor from the EU. However it may be possible to arrange for them to see a Doctor. |
| Ukraine | Most medications in Ukrainian pharmacies are sold to anybody without any prescription. The crew are unlikely to face any problems if the list of medications is submitted to company/local agent in advance to purchase the required medications. |
| United Kingdom | MCA reported that seafarers were having online consultations with doctors and any prescriptions were being issued that way. No details were given about the logistical issue of getting the requisite medications to the seafarer, but presumably the necessary information is communicated to a pharmacy local to the port where the seafarer's ship is, or is heading to. The supplies are taken by courier to the ship, if the seafarer is not able to leave the ship and collect them. |
| United States of America | Seafarer would have to see a doctor somewhere within the U.S. who could accept a foreign prescription and then issue a U.S. prescription that would be good anywhere within the U.S. |
| United States of America (Florida) | All crew have to do is let the medical staff on board know what meds they need and they will get it, either from ship's medical stores or if they don't have it on board they will get in touch with shore side medical staff, who will get the prescription filled. |
| United States of America (Gulf Coast) | As long as the seafarer has their prescription or the bottle in which the meds came, it is in most cases not a problem to get a refill |
| United States of America (Portland) | Teleconferencing with patients on board and crews can go to a pharmacy for medication renewal. This is usually arranged by the vessel agent. |
| United States of America (Texas) | If the seafarer's family can send the medicine by postal service on time (depending on the country) to the agent or nearest seafarer's center or to an Inspector, they can bring it to the ship. If agent and owner agreed to send the patient to the doctor, the patient will get the prescription from the doctor for medicines required. |



Annex H

Decision Making for On Board Possible or Confirmed COVID-19 Cases

- Safe
- Not Safe
- Advice
- Question
- Information



Symptoms of Possible Case(s):
Seafarer(s) with acute onset of fever AND cough; OR acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, muscle ache, sore throat, runny nose, problems with breathing, loss of appetite/nausea/vomiting, diarrhoea, reduced mental alertness. Company doctor/TMAS may also be consulted. However, many who test positive may not show any symptoms.

* Reference information from Centers for Disease Control and Prevention.

** For guide to cleaning refer to <https://www.who.int/publications/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19>

*** Specifically for non-passenger ships

Epidemiological criteria: Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset;

OR Residing in or travel to an area with community transmission any time within the 14 days prior to symptom onset;

OR Working in health setting, including within health facilities and within households, any time within the 14 days prior to symptom onset.

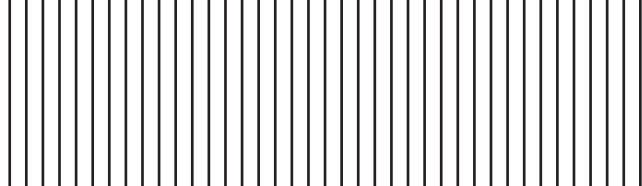


Annex I

PCR Testing Procedures Matrix

| | PCR Testing Requirements for Travel to and from the Ship | | | Possible Case PCR Testing Requirements as Directed by the Port Health Authority (PHA) | |
|------------------------------|---|--|--|--|--|
| | Pre departure from home to ship location | On arrival in country of embarkation of the ship | On arrival in the country of disembarkation from the ship for repatriation | Initial tests | Repeated testing of crew/close contacts |
| Required | Test to be taken according to the rules of the country of arrival before leaving the seafarer's country of origin. * Due diligence should be conducted by the company to ensure the certificate is valid and not fraudulent. | Verification by officials in the country of arrival of the seafarer's test certificate. If the certificate is not valid retesting will need to be conducted whilst isolating the seafarer ashore. When there is no testing by the State Authority, the company should use due diligence to ensure the certificate is valid and not fraudulent. | To avoid quarantine some countries of arrival require a negative PCR test result prior to arrival of a returning seafarer. Where required the test should be available to the seafarer in the port where they sign off the ship. | On arrival in port. | Repeated tests are taken 3–5 days after the second test. |
| If negative | Seafarers may travel from the country of origin with the testing certificate to ship. | Board ship after agreed quarantine if required and/or repeat testing if required. | Leave the ship with testing certificate. | Remain in isolation for the period of time required by the PHA. Seek medical advice.* | Remain in isolation for the period of time required.* |
| If positive | Seafarers should not leave country of origin. | Seek medical assistance and do not board ship. | Do not leave the ship and advise port health authorities. | Seek medical assistance and disembark for quarantine or isolate onboard. | Seek medical assistance and disembark for quarantine or isolate. |
| References / comments | | Testing requirements for travel to and from the ship | | *Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified https://www.cdc.gov/coronavirus/2019-ncov/community/worker-safety-support/hd-testing.html | *Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/employees-and-worker-safety.html |





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