Circular Letter No.4204/Add.4/Rev.2
9 October 2020

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


The Secretary-General has received an updated version of the Guidance for Ship Operators for the Protection of the Health of Seafarers, prepared by the International Chamber of Shipping (ICS) in response to the coronavirus outbreak and originally issued as Circular Letter No.4204/Add.4. Member States and international organizations are invited to make use of the attached updated Guidance, as they see fit, and circulate it to all interested parties, as deemed appropriate.

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ANNEX

Coronavirus (COVID-19)
Guidance for Ship Operators for the Protection of the Health of Seafarers

Version 3.0 – 29 September 2020
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).
Coronavirus (COVID-19)
Guidance for Ship Operators for the Protection of the Health of Seafarers

Version 3.0 – 29 September 2020
Contents

1 Introduction 5
2 Port Entry Restrictions 6
3 Shipboard Measures to Address Risks Associated with COVID-19 7
4 Managing Cases of COVID-19 On Board Ship When at Sea 13
5 Assistance for all Seafarers to Access Medical Care in Ports 19
6 Other Medical Issues during COVID-19 20
Annex A Posters 23
Annex B Sample Crew/Passenger Locator Card 34
Annex C Sample Crew/Passenger Health Self-Declaration Form 35
Annex D Recommended WHO COVID-19 Support and Logistics Supplies List, with Availability Advice Provided by IMHA 37
Annex E How to Make Non-Medical Masks 39
Annex F Interim Guidance on the Use of Masks in the Context of COVID-19 43
Annex G Measures to Enhance Mental Health and Wellbeing 45
Annex H Ability for Seafarers to Renew Prescriptions 47
Annex I Decision Making for On Board Suspected or Confirmed COVID-19 Cases 49
Annex J POR Testing Procedures Matrix 50
1 Introduction

This Guidance has been produced by the 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 STCW medical requirements.

A 'seafarer' in the context of this Guidance means anyone 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. More than 32 million cases have been reported at the time of going to print, including around one 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 develop is usually 5 to 7 days although it can be up to 14 days. In more severe cases, symptoms usually worsen gradually after they first appear.

No vaccine or specific drug treatment is currently available, and the focus of public health authorities worldwide has been to contain the virus through preventative measures, in order to limit and slow down widespread transmission. However, as soon as a WHO approved vaccine becomes available States should prioritise immediate access for seafarers as key workers in order to minimise the risk of transmission between seafarers and across countries.

This significant public health challenge requires close co-operation between flag and port States, shipping companies 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, 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), the Norwegian Centre of Maritime and Diving Medicine, North of England P&I Club and Wilhelmsen Ship Service.

The WHO International Health Regulations (IHR), Third Edition can be downloaded in several languages from the WHO website at who.int/hhr/publications/9789241580496/en/.
2 Port Entry Restrictions

According to the IHR (and other international regulations), States Parties shall not refuse to grant “free pratique” (permission to enter a port, embark or disembark, or discharge or 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, dis-insecticide or desratting, 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 those 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 suspect cases, as it is difficult to test, isolate and treat suspect 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.

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
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 the coronavirus (COVID-19)**
- Symptoms and incubation period
- Transmission
- Personal protection
- Infection prevention
- Testing and treatment
- 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
- 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 suspected case of COVID-19
- Identification of close contacts and contact tracing
- Measures to limit exposure to other persons on board ship
- Isolation of suspected cases of COVID-19
- Caring for suspected cases of COVID-19
- Disembarkation of suspected cases of COVID-19
- 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 to take 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.

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 or on leave) should inform their healthcare providers if they have visited an area with community spread of COVID-19 in the past 14 days, or have been in close contact with someone with respiratory symptoms who has been to an area with community spread of COVID-19.

Seafarers with fever, cough or difficulty breathing must seek medical attention promptly.

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.
Coronavirus (COVID-19)
Guidance for Ship Operators for the Protection of the Health of Seafarers

Although face masks may provide some protection – especially if there is a risk of exposure when interacting with persons from outside the ship – the routine use of a face mask is not generally recommended as protection against COVID-19. WHO advises that it is appropriate to use masks when coughing or sneezing and if an individual is healthy, a face mask should only be worn if social distancing of at least one metre cannot be maintained. A medical mask should be worn if the person is taking care of a person with suspected COVID-19 infection. However, it may be compulsory to wear face masks in a variety of places in some ports and cities, due to local regulations.

See the WHO Advice on the Use of Masks in the Context of COVID-19. Social 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 to avoid getting COVID-19.

Annex A2 is a poster that can be used on board to advise seafarers how to practice food safety.

Annex A3 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 that can be used on board to advise seafarers how to stay informed.

Annex A6 is a poster that can be used to advise seafarers how to take care when shopping.

All posters are also available for download from the IOS website at [www.ics-shipping.org/covid19].

Annex E provides templates for making face coverings for non-clinical purposes.

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

3.2 Measures to 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 Codes, 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 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 IOS COVID-19 Guidance for Ensuring a Safe Shipboard Interface Between Ship and Shore-Based Personnel.

Annex A6 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.

Both posters and the ICS Guidance 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

Embarkation of seafarers and passengers onto ships needs to 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.

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 compilation 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 the COVID-19 infection on board a ship. Those include screening questionnaires, temperature scanning or measurement, quarantine and testing.

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-10. Anybody reporting symptoms suggestive of COVID-19 should not be allowed to board. A sample template for a Crew/Passenger Health Self-Declaration Form is provided in Annex C.

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, and some may not develop any symptoms. Similarly 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 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.

https://www.ics-shipping.org/docs/default-source/resources/getting-healthy-seafarers-to-a-shipD60DA4DEA5BD.pdf?sfvrsn=2

At the current time, testing should only be conducted by representatives of the port health authorities and only polymerase chain reaction (PCR) tests are recommended. A PCR test involves a swab of the nose or throat and identifies the presence of the virus. This recommendation may change as and when new tests become available. Any seafarer who has tested positive should not be permitted to embark the ship and should receive further medical assessment. Since a negative PCR 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. 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 that 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. However, ship operators should remain cautious about pre-employment medical examination (PEME) clinics or manning agencies conducting tests for COVID-19 prior to deployment. Because of the risk that a seafarer may subsequently become infected while travelling to the ship, the most effective time to test for COVID-19 to reduce the risk of infection on board ship is in the port or terminal prior to embarkation, with the seafarer isolated ashore while the test result is awaited. Testing prior to deployment to travel to the ship is not without some merits to reduce risks associated with COVID-19. 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 positive test or screening at the time of embarkation, and it avoids the risk of transmission to others during travel.

A PCR testing procedures matrix has also been produced by the IOS to identify what tests to do and when. This explains the process to all parties and is attached for reference at Annex J.

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/Add14 (5 May 2020) and is available to download from the IOS website at www.ios-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 14 days' 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. IOS recommends that seafarers be expected to practise SSD for the first 14 days after embarkation, but it should not prejudice seafarers performing their assigned duties and responsibilities. Where maintaining appropriate distancing or minimising close contact might be difficult or nearly impossible, ship operators should require the seafarers concerned to wear a face mask, regularly wash their hands and follow good respiratory hygiene.

**Shipboard self-distancing (SSD)**

SSD may involve some of the following elements for seafarers:
- Maintaining a WHO recommended social distance of at least one metre when working alongside other seafarers to the extent possible;
- 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/dining 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.

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3 According to the WHO, 30% of tests currently show false negative results rendering these tests unreliable with testing and screening procedures that there could be cases where asymptomatic, but potentially infected seafarers.
Procedures should be in place during the handover between the on and off signing seafarer and the on signers should maintain social distancing for 14 days after joining.

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 safe. 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.

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 the COVID-19 during disembarkation from the ship (including interaction with any personnel or infrastructures in the port/terminal).

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 purpose of repatriation. Measures to monitor and assess the health of seafarers (and any passengers) at the time of disembarkation include screening questionnaires, temperature screening 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 No.4204/Add.14 (5 May 2020) and is available to download from the IOS website at ios-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 No.4204/Add.14 (5 May 2020) and is available to download from the IOS website at ios-shipping.org/covid19.
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.

[WHO link]

Country-specific guidance about prevention measures may be available, such as at

[WHO link]

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

4.1 Suspected Cases of Infection

COVID-19 affects different people in different ways. According to WHO the following symptoms may be experienced:

<table>
<thead>
<tr>
<th>Common symptoms</th>
<th>Less common symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>fever</td>
<td>aches and pains</td>
</tr>
<tr>
<td>dry cough</td>
<td>nasal congestion</td>
</tr>
<tr>
<td>tiredness</td>
<td>headache</td>
</tr>
<tr>
<td></td>
<td>conjunctivitis</td>
</tr>
<tr>
<td></td>
<td>sore throat</td>
</tr>
<tr>
<td></td>
<td>diarrhoea</td>
</tr>
<tr>
<td></td>
<td>loss or change in taste/smell</td>
</tr>
<tr>
<td></td>
<td>rash on skin</td>
</tr>
<tr>
<td></td>
<td>discoloration of fingernails and toes</td>
</tr>
</tbody>
</table>

[WHO link]

Anyone displaying the above symptoms 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 should 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.
At the time of writing, testing to confirm a case of COVID-19 is not recommended on board. Therefore the assessment as to whether a seafarer is likely to have COVID-19 rather than another respiratory infection must be based on 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; and
- Recent contact with people with symptoms suggestive of COVID-19.

Assistance in making the diagnosis should be sought from TMAS services or other shore-side medical support and online evaluation tools such as COVID19atsea.no and https://heisebergen.youwell.no/public/le04449-c8fd4-4e54-e322-08d7ca7f5a17/module/1/task/0.

If COVID-19 cannot be satisfactorily excluded the seafarer must be treated as a positive case until further assessment is completed or until the symptoms have completely disappeared and a period of isolation has been completed. The WHO currently recommends isolation for ten days from the onset of symptoms, plus at least three additional days without symptoms.

The following are risk factors for severe disease:

- Over 60 years old;
- Underlying noncommunicable diseases (e.g., diabetes, hypertension, cardio disease, cerebrovascular disease, chronic kidney disease, immunosuppression or cancer); and
- Smoking.

Isolate the patient in the sickbay, or in their own cabin, and make sure they wear a medical mask when in contact with other people. The patient should have access to a bathroom not used by others.

Anyone entering the same room as a suspect case should wear PPE, which should include a medical mask, apron or impermeable gown (if available), gloves, and goggles or a visor. 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 the relief of pain and fever, ensuring enough fluid is taken, and oxygen and other treatments if necessary and as advised by TMAS.

Paracetamol should be given 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. Any additional medication should also 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, TMAS should be contacted. The patient must also have an easy and reliable way to contact others in case of concern.

The port health authority in the next scheduled port should be informed of the suspected COVID-19 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.

Further guidance can be found at

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.

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

### 4.2 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 a person who, for example:

- Has stayed in the same cabin with a suspect/confirmed COVID-19 case;
- Has had close contact within one metre or was in a closed environment with a suspect/confirmed COVID-19 case (for example tank work, shared watch in an engine control room, eaten a meal with);
- Participated in the same immediate travelling group without quarantine before embarking the ship;
- Is a cabin steward who cleaned the cabin or;
- Is a medical support worker or other person providing direct care for a COVID-19 suspect or confirmed case.

If widespread transmission is identified then all persons on board could be considered as close contacts having had high risk exposure.

Close contacts should be asked to isolate themselves in their cabin if this is feasible, given their role on board and the operational requirements of the ship. If this is not possible, they 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
- Practice SSD, wear a medical mask, ensure regular handwashing and good respiratory hygiene.

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; and
- Remaining reachable for active monitoring.
Quarantine measures should follow WHO guidance of considerations for quarantine of individuals in the context of COVID-19.

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 suspect 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 location 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.

### 4.3 Decision Making for an On Board Suspected Case of COVID-19

A flowchart has been produced at Annex I 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 onboard 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 shore side 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.

### 4.4 Reporting to the Next Port of Call

Always inform the competent authority of the next port of call if there is a suspect 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 accordance with local requirements for both seafarers and deceased seafarers.
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 suspect case.

### 4.5 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 suspect cases:

- All suspect cases must be isolated;
- Patients must cover their nose and mouth with a tissue when coughing or sneezing; or a flexed elbow. They should then wash 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, non-sterile gloves; and
- After preliminary medical examination, if the person(s) responsible for on board medical care believes a suspect case exists, the patient should remain isolated. Persons with respiratory symptoms not considered suspect cases should not return to any places where they will be in contact with others on board.

### 4.6 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 routine 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 staff (using PPE) who are trained to clean surfaces contaminated with infectious agents.

Laundry, food service utensils and waste from cabins of suspect cases and close contacts should be treated as infectious, in accordance with procedures for handling infectious materials on board. Use 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 A9** is a poster which advises on how to deal with laundry.

It can be downloaded from the ICS website at [www.ics-shipping.org/covid19](http://www.ics-shipping.org/covid19)
4.7 Disembarkation of a Suspected Case

When disembarking a suspect 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 controlled to avoid any contact with other persons on board;
- The patient (suspected case of COVID-19) should wear a medical mask during disembarkation; and
- Shipboard personnel escorting the patient (suspected 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.

4.8 Management of a Suspected Case Once the Ship Arrives in Port

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

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 POR on arrival in 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. If possible either the ‘positive’ or the ‘negative’ should remain on board the ship while the others are managed ashore in appropriate accommodation. Alternatively, both groups can be managed ashore in separate areas/facilities. Those with an initial negative test should be monitored closely and a repeat test taken if they develop symptoms or as per the recommended testing schedule in Annex J.

Seafarers who have completed any required period of isolation (if the test results are positive) or quarantine (if the tests are negative) may be allowed to return to the ship or be repatriated.

In the case of a large number of seafarers on board being infected with COVID-19, a complete crew change should be considered as the best medical solution, alongside a thorough deep clean of the ship before new seafarers embark.

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

4.9 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 at Annex D outlining the supplies and equipment required in a situation of COVID-19. This is based on the latest information provided by WHO and IMHA.

who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov)
5 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. However, medical assistance to seafarers in ports is now 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 TMAP 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 TMAP 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, MLO and STCW. Shipping companies experiencing such issues should contact their flag State and telemedical services for urgent assistance. National shipowners’ associations should be informed, so that they can alert ICS which will take action at an international level.
6 Other Medical Issues during COVID-19

6.1 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 G.

6.1.1 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 pain 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 ISWAN mental health practical tools available at seafarerswelfare.org/seafarer-health-information-programme/good-mental-health; and

6.1.2 Managing Concerns

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Review how to replace supplies to avoid running out. Pick healthy food, as it may not be possible to get as much exercise as usual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial concerns</td>
<td>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.</td>
</tr>
<tr>
<td>Caring responsibilities</td>
<td>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.</td>
</tr>
</tbody>
</table>
| When being treated or taking medication for existing conditions | - Continue accessing treatment and support where possible  
- Continue taking medication  
- Seek further support if necessary |

Annex A10 is a poster which advises on coping with stress during COVID-19.

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

A table is attached at Annex G highlighting measures to enhance mental health and wellbeing.
6.2 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.

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

6.4 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:

1. 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;
2. 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;

3. 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;

4. 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.

A table is attached at Annex H outlining 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.
Annex A
Posters

WHO and ECDC, among others, have provided advice to avoid the spread of COVID-19. To highlight their key messages and to help seafarers know how best to protect themselves and those they meet, ICS has produced the following 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 at: www.ics-shipping.org/covid19
COVID-19
Protect yourself and others from getting sick

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

Throw the tissue into a closed bin immediately after use

Clean your hands with an alcohol-based hand rub or with soap and 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

International Chamber of Shipping
Shaping the Future of Shipping
COVID-19
Practise food safety

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

Do not eat sick or diseased animals.

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

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

International Chamber of Shipping
Shaping the Future of Shipping.
COVID-19
Stay healthy while travelling

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

Eat only well-cooked food

Avoid close contact and travel with sick animals, particularly in wet markets

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

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

Avoid touching eyes, nose and mouth

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

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

If you become sick while travelling, tell crew or ground staff

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

International Chamber of Shipping
Shaping the Future of Shipping
COVID-19

Be INFORMED
Be PREPARED
Be SMART
Be SAFE
Be READY

#COVID19

For more information, go to ics-shipping.org/covid19
COVID-19
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
COVID-19
Shipboard care for people with suspected or confirmed COVID-19

For ill crew members
- Clean hands frequently with soap and water or with alcohol-based hand rub.
- Stay in your cabin and do not attend work. Rest, drink plenty of fluids and eat healthy food.
- 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.
- 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.

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

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

For more information, go to ics-shipping.org/covid19
COVID-19

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 social 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.

Based on information kindly provided by the North of England P & I Club

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

International Chamber of Shipping
Shaping the Future of Shipping
COVID-19
Care when shopping

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

For more information, go to ics-shipping.org/covid19
COVID-19
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.

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

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

Data: 

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 social 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:

   [Blank space for explanation]

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

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

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: [Blank space for signature]

Date: [Blank space for date]
## Annex D

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Comment</th>
<th>Already carried or boxed?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHEMICALS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibiotics</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Fever and pain medication</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Alcohol based hand rub</td>
<td>Bottles of 100ml &amp; 500ml</td>
<td>Yes</td>
</tr>
<tr>
<td>Chlorine</td>
<td>NH3CO, granules, big, 50% to 70% 4 dosage information</td>
<td>Yes</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>400mg, tablets</td>
<td>Yes</td>
</tr>
<tr>
<td>Sodium lactate compound solution</td>
<td>Ning’s lactate, pyrex glass, 1,000 ml</td>
<td>Maybe</td>
</tr>
<tr>
<td><strong>PPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination Gowns, EU MDD directive 93/42/EC/EEC Category II, EN/PE Regulation 2016/425 Category III, EN 465, EN 574, ANSIZB1.106, ASTM D4530, or equivalent standards</td>
<td>Nitrile, powder-free, non-sterile. Cuff length preferably matching aseptic work (e.g., minimum 230cm total length; Sizes: S, M, L).</td>
<td>Yes*</td>
</tr>
<tr>
<td>Surgical Gowns, EU MDD directive 93/42/EEC Category II, EN/PE Regulation 2016/425 Category III, EN 465, EN 574, ANSIZB1.106, ASTM D4530, or equivalent standards</td>
<td>Nitrile, powder-free, single use. Gowns should have long cuffs, reaching well above the wrists, ideally to mid-torso. (Sizes: G0 – G10).</td>
<td>Yes*</td>
</tr>
<tr>
<td>Gloves, cleaning</td>
<td>Nitrile, powder-free, non-sterile. Cuff length preferably matching aseptic work (e.g., minimum 230cm total length; Sizes: S, M, L).</td>
<td>Yes*</td>
</tr>
<tr>
<td>Impermeable gloves single use</td>
<td>Disposable length mid-calf – EU PPE Regulation 2016/425 and EU MDD directive 93/42/EC/EEC Category III, EN 465, EN 574, ANSIZB1.106, ASTM D4530, or equivalent standards</td>
<td>Yes*</td>
</tr>
<tr>
<td>Scrubs - Tunic type</td>
<td>Woven, scrubs, reusable or single use, short-sleeved (tunic tops), worn underneath the overalls or gowns.</td>
<td>Yes*</td>
</tr>
<tr>
<td>Scrubs - Trousers/pants</td>
<td>Woven, scrubs, reusable or single use, short-sleeved (tunic tops), worn underneath the overalls or gowns.</td>
<td>Yes*</td>
</tr>
<tr>
<td>Aprons</td>
<td>Heavy duty, cotton or cotton blend, fabric, 100% polyester with PVA coating, or 50% PVC or 50% cotton, or other fluid resistant coated material. Waterproof, long apron for neck and back coverage. Minimum bibs weight: 350gm/m² Bib area: 160x180cm (apron).</td>
<td>Yes*</td>
</tr>
<tr>
<td>Goggles, protective EU PPE Regulation 2016/425, EN 166, ANSIZB1.106, or equivalent standards</td>
<td>Good seal with liquid tight, flexible PVC frame to easily fit all face contours with over nose area. Frame and ear pieces and retaining areas. Special plastic nose area with adjustable nosepieces. Adjustable band to secure firmly and not become loose during dental activity. Indirect vision to avoid fogging. May be reusable with appropriate cleaning and disinfection equipment.</td>
<td>Yes*</td>
</tr>
<tr>
<td>Surgical masks for medical and patients</td>
<td>ASTM F2100, minimum level 2 or equivalent.</td>
<td>Yes*</td>
</tr>
<tr>
<td>Face shield (PPE)</td>
<td>Should be provided and are managed by Port Health Authority*</td>
<td>No</td>
</tr>
</tbody>
</table>
**MEDICAL KIT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Comment</th>
<th>Already carried on board?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bag, mask and valve</td>
<td>To ventilate adult (body weight &gt; 30 kg) with compressible self-inflating ventilation bag; capacity 700-900ml. Rebreather operated by hand. Ventilation with ambient air. Resuscitation shall be given in accordance with the guidelines provided.</td>
<td>Yes</td>
</tr>
<tr>
<td>Bio-hazardous bag</td>
<td>Disposal bag for bio-hazardous waste, 30 microns, with &quot;Biobased&quot; print, autoclavable polyethylene, 50 or 200 ml for storage.</td>
<td>Yes</td>
</tr>
<tr>
<td>Containers</td>
<td>For disposable sharps and needles</td>
<td>Yes</td>
</tr>
<tr>
<td>Disinfectants</td>
<td>Methylene supplies required</td>
<td>Yes</td>
</tr>
<tr>
<td>Facial oxygen mask</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Gauze tampons</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Hand drying tissue</td>
<td>50–100 g roll</td>
<td>Yes</td>
</tr>
<tr>
<td>Hand hygiene supplies</td>
<td>Methylene supplies required</td>
<td>Yes</td>
</tr>
<tr>
<td>Infusion giving set</td>
<td>With air inlet and needle, sterile, single-use</td>
<td>Yes</td>
</tr>
<tr>
<td>Infusion sets</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Nose masks</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Pulse Oximeter</td>
<td>Compact portable device measures arterial blood oxygen saturation (%SpO₂), heart rate and systolic blood pressure. Measuring range (%SpO₂: 70–100%; minimum graduation 1%); Heart rate: 20–260; Maximum measurement time: 1 hour; Powered by incorporated rechargeable battery recharged at least once a year.</td>
<td>Yes</td>
</tr>
<tr>
<td>Safety bag and beer</td>
<td>Needles/straight, 21 mm - included for insertion, box of 18. Bedside labels as per WHO FIC Guidelines</td>
<td>Yes</td>
</tr>
<tr>
<td>Scalp</td>
<td>Liquid (preferred), powder and ribbon</td>
<td>Yes</td>
</tr>
<tr>
<td>Sample medium and packaging</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>Yes</td>
</tr>
<tr>
<td>Carbon dioxide detector</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Commercial testing materials for samples</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Endotracheal tube with cuff</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Endotracheal tube, without cuff</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Finger tip kit</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Laryngoscope with depressors and tubes</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Oxygen concentrator</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Oxygen siphons</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Portable Ultrasound scanner</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Portable ventilators</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Resuscitation child</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Stainless steel depressors sets Mosinton</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Stainless steel depressors Miller Nr 1</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Viral transport medium with Swab Frios</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
<tr>
<td>Viral transport medium to transport laboratory aspirators</td>
<td>Should be provided and managed by Port Health Authority **</td>
<td>No</td>
</tr>
</tbody>
</table>

* 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
How to Make Non-Medical Masks

Some countries now require use of non-medical masks in community settings or on board flights. The following instructions suggest how to make a homemade face covering to help prevent the spread of coronavirus (COVID-19) through respiratory droplets.

If possible, use different fabrics for each face covering side, to know which faces the mouth and which is the outside. Some instructions also include a pocket to fit a paper towel or disposable coffee filter for increased benefit. There are three potential options:

1. Sewing
2. No-sew method using a T-shirt
3. No-sew method using a bandana
1. Sewing

Materials
- Two 255mm x 150mm rectangles of cotton fabric
- Two 150mm pieces of elastic (or rubber bands, string, cloth strips, hair ties)
- Needle and thread/safety pins/stapler
- Scissors
- Sewing machine (if available)

Instructions
1. Cut out two 255mm x 150mm rectangles of tightly woven cotton fabric, such as quilting fabric, cotton sheets or T-shirt fabric. Stack the two rectangles, and sew the face covering as if a single piece of fabric.

2. Fold over the long sides 6mm hem. Then fold the double layer of fabric over 12mm along the short sides and stitch down.

3. Run 150mm of 8mm wide elastic through the wider hem on each side of the face covering for ear loops. Thread with a large needle or Bobby pin. Tie the ends tight. Use hair ties or elastic headbands if there is no elastic. If using string, make the longer and tie the face covering behind the head.

4. Gently pull on the elastic so that the knot tucks inside the hem. Gather the sides of the face covering on the elastic and adjust so it fits your face and securely stitch the elastic in place to stop it slipping.
2. No-sew method using a T-shirt

**Materials**
- T-shirt
- Scissors

**Instructions**
1. Cut the bottom off a T-shirt, measuring 180mm x 200mm.

2. Cut out a 150mm x 180mm fabric rectangle. Horizontally cut from a shorter side, ensuring equal space between the cut and long ends of the fabric to leave a C-shape. Cut tie strings from the narrow parts of the C-shape by cutting vertically on T-shirt crease to produce 2 sets of tie strings.

3. Tie 1 set of strings around your neck and the other set over the top of your head. The strings that attach over the top of your head will run along the cheeks and above the ears.
3. No-sew method using a bandana

**Materials**

- Bandana (or square cotton cloth of 510mm x 510mm)
- Coffee filter or folded paper towel
- Rubber bands (or hair ties)
- Scissors (if cutting cloth)

**Instructions**

1. Cut a coffee filter horizontally across the middle. Keep the top with the rounded part.

2. Fold a square bandana in half.

3. Put the rounded top of the cut filter in the center of the folded bandana. Fold the top of the bandana down over the filter. Then fold the bottom of the bandana up over the filter.

4. Insert the folded cloth into two rubber bands or hair ties, about 150mm apart.

5. Fold sides to the middle and tuck around the bands or hair tie.

6. Pull the bands or hair ties around your ears.
Annex F
Interim Guidance on the Use of Masks in the Context of COVID-19

WHO has issued interim guidance advising on the use of masks in the context of COVID-19. It reviews the use of masks in communities, home care and health care settings in areas reporting COVID-19 cases. Whilst intended for individuals whose public health and infection prevention and control (IPC) professionals and health care workers, WHO has stated that the advice also applies to situations on board. 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 1m) 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 5–6 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.

- 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.

- Wearing a medical mask is a prevention measure to try to limit the spread of certain respiratory viral diseases, including COVID-19. However, use of a mask alone is insufficient to provide an adequate level of protection, and other measures should also be adopted. Maximum compliance with hand hygiene and other IPC measures are critical to prevent transmission.

- Use of a medical mask can prevent the spread of infectious droplets from an infected person to someone else and potential environmental contamination from droplets. Limited evidence suggests wearing a medical mask by healthy individuals among contacts of a sick patient may be beneficial as a preventive measure but there is no evidence that mask wearing (medical or other type) by healthy persons prevents infection.

- Community use of medical masks may create a false sense of security and neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes. This could result in unnecessary costs and a shortage of masks for health care workers.

Masks provided specifically for medical purposes should be reserved for those providing medical care on board.
Mask Usage

There are mixed opinions on the wide use of masks by healthy people on board due to uncertainties and critical risks, including:

- Self-contamination can occur by touching and reusing a contaminated mask.
- Depending on type of mask used, potential breathing difficulties.
- False sense of security, risking loss adherence to other preventive measures e.g. physical distancing and hand hygiene.
- Diversion of mask supplies and consequent shortage of masks for healthcare providers.

WHO advises that use of non-medical masks, e.g. masks made of cotton fabric for communal use has not been well evaluated and argues there is currently no evidence to recommend for or against their use. Nevertheless, some national decision makers are suggesting use of non-medical masks can control potential spread from asymptomatic carriers. Some templates to produce such masks are provided at Annex E. The following features should be considered:

<table>
<thead>
<tr>
<th>How many layers of fabric/tissue</th>
<th>Water repellence/hydrophobic qualities</th>
<th>Breathability of material</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shape of mask</td>
<td>Fit of mask</td>
<td></td>
</tr>
</tbody>
</table>

Cloth masks should not be used by those providing on board medical care due to increased risk of infection compared to medical masks.

If production of cloth masks for use in on board medical care settings is proposed locally due to shortages, the local port medical authority should assess minimum standards and technical specification.

For any type of mask, appropriate use and disposal are essential to ensure that they are effective and to avoid any increase in transmission. WHO advises:

- Place the mask carefully covering the mouth and nose and tie securely to minimise any gaps between the face and mask.
- Avoid touching the mask while wearing it.
- Remove the mask using the appropriate technique do not touch the front of the mask but untie it from behind.
- After removal or whenever a used mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water if hands are visibly dirty.
- Replace masks as soon as they become damp with a new clean, dry mask.
- Do not re-use single-use masks.
- Discard single-use masks after each use and dispose of them immediately upon removal.
# Annex G

## 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.

<table>
<thead>
<tr>
<th>Measures to Enhance Mental Health and Wellbeing</th>
<th>General Wellbeing</th>
<th>Focus on specific groups</th>
<th>Viewpoint (e.g. older persons)</th>
<th>Learning Disability</th>
<th>Autism</th>
<th>Other people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consider how to connect with others and help and support them</strong></td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Contact friends, family, and colleagues as key to mental wellbeing.</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Make regular contact via telephone, video call, or social media instead of meeting up.</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Identify how to provide help and support to others. Message a friend or family member, or join a community group to support fellow residents.</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Try to accept other people's concerns, worries, or behaviors.</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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. 
- Healthy, well-balanced meals, drink enough water, exercise where possible, and avoid smoking and alcohol.
- Limit changes for everyone. Staying on board or social distancing will cause disruption to the normal routines. If unable to adapt and create positive new routines, engage in small activities (e.g., cleaning or exercising) instead of doing large 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 experiencing anxiety or panic, plan a 'safe space' to go to.
- It may be helpful to write a daily plan.

**Manage worry and stress and seek help when struggling**

- The COVID-19 may be stressful, and some worry about changes that occur because of it, including having to stay on board.
- Do not forget about other health conditions and take any medications prescribed.
- Share feelings and coping strategies with family and friends, or contact a MIH and seek help.
- Involve family and friends in coping strategies.
- Seek help if needed.

**Manage difficult feelings**

- Remember that every situation may not be controllable, but it is important to acquire information and act on it.
- CGD can make it hard to avoid anxiety due to problematic activities, such as washing or hygiene behaviours.
- Avoid re-reading advice about COVID-19 if it is unhelpful.
- Admire others when struggling, for example, ask them not to discuss the news.
- Set limits.
<table>
<thead>
<tr>
<th>Measures to Enhance Mental Health and Wellbeing</th>
<th>General Physical E</th>
<th>Reproductive and Sexual Health E</th>
<th>Obstetric Morbidity and Mortality Prevention (OMMP)</th>
<th>Maternal Mental Health</th>
<th>Learning Disability</th>
<th>Autism</th>
<th>Other People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan something to do to change focus</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Contact the mental health team to discuss continuing care and to update medical plans,</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Improve sleep</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>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 hygiene, avoid consumption of caffeine, and create a restful environment.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Manage personal media and information intake</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2-3 hours per day and consistent social media updates can increase worry. Limit time to a maximum of 30 minutes to watch, read, or listen to media content.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gather information from the guidance documents to accurately determine risks of contracting COVID-19 to take reasonable precautions. However, information can also negatively affect others so share information without fear of spreading sources.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Set goals and plan to keep mentally well</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Setting goals and achieving them is a source of control and purpose. Identify things to do on board. Watch a film, read a book or learn something online.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Exercise on board and download 10-minute workouts or other exercises.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Continue normal activities to keep well. If support is available from others, plan how to remain well and reach out.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Keep a diary</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>View fihan.org/education/brain-in-handbags</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Grocery shopping and planning menus. Even if there is only one person on board, try something new.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Do enjoyable things and keep an active mind</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>People may do enjoyable things less often, or not at all when stressed, lonely or low. Putting a favorite hobby, exercise, or a new hobby to keep the body and mind healthy.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Read, write, play games, do crossword puzzles, sudoku’s, jigsaw or drawing, reading, painting. Many free materials and resources are available online and people are producing innovative online solutions like online puzzles and streamed live music concerts.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Relax and focus on the present</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>This can help with difficult emotions, worries about the future and improve well-being. Relaxation techniques can also lower some people’s mental feelings of anxiety.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Spend time outside, or bring nature in</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Social distancing guidelines require passengers to wear face masks while on board. If unable to get outside, there are possible positive effects by opening windows (if capable to provide fresh air) and natural sunlight.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fundraising activities follow the recommendations on risk distancing guidance.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>With increased risk of severe illness and need to strictly follow social distancing measures when on board, some older people, particularly those with pre-existing medical conditions may be considered eligible for changes required to daily life.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Alcohol reduction</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>It can be dangerous to stop quickly without support. If physical and emotional symptoms occur (like shaking, sweating or anxiety) and having the first day drink, seek medical advice.</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Annex H

### Ability for Seafarers to Renew Prescriptions

Correct as at time of publication.

<table>
<thead>
<tr>
<th>Country</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>Electronic prescriptions for life saving or emergency medicines for foreign seafarers are accepted, except for some medicines which require the presence of a doctor on board the vessel.</td>
</tr>
<tr>
<td>Australia</td>
<td>No problem, in all doctor's surgery and also phone discussions with doctor for a prescription. Through Ship to Shore, doctors can provide electronic prescriptions (received in electronic or paper copy) to a previous doctor in order to continue the medication. There will be a consultation with the vessel's doctor to ensure no relevant issues.</td>
</tr>
<tr>
<td>Belgium</td>
<td>Need to have a prescription from a Doctor. General issue electronic prescriptions for people not registered in their health system, but in many parts pharmacies and doctors are collaborating, so delivery necessary medicines on board for seafarers.</td>
</tr>
<tr>
<td>Brazil</td>
<td>There is no need for prescriptions to buy the medicine. If seafarers have a previous medical prescription issued, they do not renew but, over-the-counter, at the seafarer's discretion through the mariner, receive the representative agent in the port, who will provide essential medicines on board without problems.</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Depends on the international for each pharmacy. Specific medicines are under restriction but generally should not be a problem to access for a life threatening condition, provided the medication is not controlled.</td>
</tr>
<tr>
<td>Canada</td>
<td>Seafarers' prescriptions that expire during the voyage will be renewed. Some prescriptions can be claimed off site, others may require 30-60 days to arrive. Guidance for expiry is provided in the Oceania Medical Guide and can be delivered electronically. Video conferencing is available with medical centers to discuss issues with the seafarers.</td>
</tr>
<tr>
<td>Chile</td>
<td>Must have a medical officer's prescription. Prescription renewals depend on a prescription in Chile, such as medicines for high pressure, blood sugar, etc., which can be obtained in any pharmacy. The local agent takes the patient to a doctor to prescribe the medicine to buy in pharmacies. After receiving the prescription, they receive the medicines.</td>
</tr>
<tr>
<td>China</td>
<td>The seafarer should ask the local supply office or local medical officer to renew the prescription. Electronic prescriptions can be sent digitally to the medical officer on board the vessel.</td>
</tr>
<tr>
<td>Colombia</td>
<td>The seafarer needs to reconfirm the medicines that should be prescribed (by phone, medical center) on board the vessel.</td>
</tr>
<tr>
<td>Cyprus</td>
<td>Prescriptions renewals are covered under the current protocol by the European Medical Officers. The company or the seafarer must advise the authorities (Cypriot, medical officer) of the need for a prescription and the specific compliance required. The medical officer can arrange for the prescription to be dispensed through the Cyprus Medical Officers Training Center.</td>
</tr>
<tr>
<td>Denmark</td>
<td>Must have a doctor's prescription. Danish seafarers have access to prescriptive electronic delivery of medicines in Denmark and Northern Europe.</td>
</tr>
<tr>
<td>Finland</td>
<td>Electronic prescriptions for life saving or emergency medicines for foreign seafarers who are on the port's ship are accepted and seafarers can visit a pharmacy or see a doctor.</td>
</tr>
<tr>
<td>France</td>
<td>Electronic prescriptions can be made only within the EU and European Economic Area for EU citizens. Seafarers from other countries will not have electronic prescriptions recognized. They will need to have a medical appointment, during their stopover, in France, to receive a new prescription. They could be teleconsulted, if the seafarer contacts the treating doctor to receive a new prescription, by teleconsultation.</td>
</tr>
<tr>
<td>Germany</td>
<td>If a pharmacy refuses, the Port Medical Officer or Port master must intervene, to establish the prescription and ensure that obtained medicines from the local port are sufficient and readily available. There are problems to help any seafarer in such situations.</td>
</tr>
<tr>
<td>Great Britain</td>
<td>Agents use normal methods and visit the doctor's appointment for a seafarer. If necessary, a video consultation can be arranged (between the doctor and the seafarer, looking at the medicines). Unfortunately, it is currently more difficult to speak to a doctor (this is determined on a case by case basis).</td>
</tr>
<tr>
<td>Scotland</td>
<td>Agents can arrange a video appointment with a UK doctor who will be able to issue a prescription.</td>
</tr>
<tr>
<td>Greece</td>
<td>Electronic prescriptions are available for Greek seafarers, who are covered by the Greek Medical System, for foreign seafarers, an appointment will be arranged for. The doctor will prescribe the quantity of medicines required to the agent, who can obtain them from any pharmacy and provide these to them.</td>
</tr>
<tr>
<td>India</td>
<td>Electronic prescriptions are accepted.</td>
</tr>
<tr>
<td>Israel</td>
<td>For ordering medicines with electronic prescriptions, a chemist supplies via normal mail. The ship's agent would issue the prescription and they will contact the chemist for supply on board. If they are not an agent or an agent cannot help, it is not possible to issue prescriptions.</td>
</tr>
<tr>
<td>Italy</td>
<td>National Health Service electronic prescriptions can be used with a dedicated APP. Seafarers in need of specific medication could obtain them through the local National Health Service agent or provide these to them.</td>
</tr>
<tr>
<td>Country</td>
<td>Notes</td>
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</tr>
<tr>
<td>Kenya</td>
<td>Vessel agents are unable to procure any medicines as required.</td>
</tr>
<tr>
<td>Korea</td>
<td>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 phones, install GPS control, complete application, submit application by government and show pass.</td>
</tr>
<tr>
<td>Liberia</td>
<td>1. The Master must make declaration of all imported provisions to Port Health at the time of Boarding Party formalities.</td>
</tr>
<tr>
<td></td>
<td>2. Thereafter, the Master through the agent should make a request to Port Health on the provision they intend to import.</td>
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<tr>
<td></td>
<td>3. Port Health reviews the implementation list along with the declaration of imported provisions and approved the list.</td>
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<tr>
<td></td>
<td>4. The vessel agent through his lead ship Chandler presents the provisions on their replenishment or otherwise. If there is only 1 authorized pharmacy licensed by the Pharmacy Board of Liberia, provisions are taken back to Port Health to verify compliance with the renewal list and approved licensed pharmacy.</td>
</tr>
<tr>
<td>Mexico</td>
<td>Onboard doctor and company doctor! Only doctor onboard who has contact with doctor to make sure this is properly prescribed.</td>
</tr>
<tr>
<td>Montenegro</td>
<td>No problems to provide medical assistance to foreign crew members on board ships. When medical is required the ship's agent is obligated to announce on the National协调 body and in follow up instructions given.</td>
</tr>
<tr>
<td>Morocco</td>
<td>No problems prevailing in the Moroccan ports with a certain limitation on the port authorities and the support of the Moroccan owner.</td>
</tr>
<tr>
<td>Norway</td>
<td>The agent can arrange for consultation with a Doctor rather than visit a Doctor given the current circumstances.</td>
</tr>
<tr>
<td>Philippines</td>
<td>Prescriptions of physicians not falling under the definition of Philippine law may not be recognized under the context of prescriptions, electronic or otherwise.</td>
</tr>
</tbody>
</table>
| Poland       | Any medical documentation from the country of origin is accepted depending on the need. In such cases a Polish physician will issue a Polish prescription giving the form and dosage per milligram.!
|              | The prescription is usually acceptable in the country of destination. If the medical doctor of the doctor is not recognized, a Polish physician would be required. |
| Portugal     | Prescriptions would be accepted but the seafarer needs to have documents from a doctor so that the necessary medication is prescribed. |
| Puerto Rico  | A doctor cannot accept electronic prescriptions and to have the pharmacy to send to. There is a Weighing and COIN near the Port of San Juan. |
| Romania      | It is possible to get medicines with electronic prescriptions from foreign sources. All prescriptions are transmitted electronically to a network pharmacy or a doctor of the seafarer. All medicines are accepted, except psychotropic drugs. |
| Russia       | For foreign sources who orders a prescription will be ordered only to identify the drug, and the electronic prescription for the same or similar medicine 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 or, for example, insulin-dependent patients. As well as those patients who are treated for cancer, AIDS and some other serious diseases. |
| Singapore    | Prescriptions must be authorized in writing by a Singaporean registered practitioner before being presented at hospitals and medical centers 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 medicines in Ukrainian pharmacies are sold in pharmacy without any prescription. The crew are unlikely to find any problems if the medicines are prescribed to company/local agents and to seafarers in the required medications. |
| United Kingdom | MCA reported that seafarers were having difficulties obtaining prescription to carry medicines. The NHS website gave the guidance for obtaining prescription to carry medicines. The supplies are taken by crew in the ship if the seafarer is unable to leave the ship and collect them. |
| United States of America    | Seafarer would have to see a doctor somewhere within the US who could write a prescription and then visit a US prescription that would usually be good anywhere within the US. |
| United States of America (Florida) | All crew have to do is fill the medical staff on board in all what they need and they will get it, either from ship's medical stores or by filling out a request card on board. They will get in touch with the medical staff to get the prescription filled. |
| United States of America (US) | As long as the seafarer has the prescription, the pharmacy will fulfill the needs; it is in most cases not a problem to get refill. |

**United States of America (Texas)**: Absolute coordination with patients on board and crew ranges to a pharmacy for medication renewal. This is usually arranged by the vessel's agent.

**United States of America (Texas)**: If the seafarer's family can send the medicine by postal service, it is normally not a problem to get refill. It depends on the country where the agent or nearest seafarer's contact or to an Inspector in the ship, whether it is their obligation or not to send the patient's doctor, the patient will get the prescription from the doctor then medicines required.
Annex I

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

1. Seafarer with COVID-19 symptoms:
   - Instruct the seafarer to isolate from others on board immediately.
   - Do seafarer need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

2. Seafarer with suspected COVID-19 case:
   - Instruct the seafarer to self-isolate in designated area.
   - Do the seafarer need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

3. Seafarer with confirmed COVID-19 case:
   - Instruct the seafarer to self-isolate in designated area.
   - Do other crew members need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

4. Seafarer with negative test result:
   - Instruct the seafarer to continue monitoring.
   - Do other crew members need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

5. Seafarer with positive test result:
   - Instruct the seafarer to self-isolate in designated area.
   - Do other crew members need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

6. Seafarer with negative test result:
   - Instruct the seafarer to continue monitoring.
   - Do other crew members need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

7. Seafarer with positive test result:
   - Instruct the seafarer to self-isolate in designated area.
   - Do other crew members need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

8. Seafarer with negative test result:
   - Instruct the seafarer to continue monitoring.
   - Do other crew members need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

9. Seafarer with positive test result:
   - Instruct the seafarer to self-isolate in designated area.
   - Do other crew members need medical evaluation?
     - Yes: Seafarer isolated in designated area.
     - No: Continue monitoring unless symptoms worsen.

10. Seafarer with negative test result:
    - Instruct the seafarer to continue monitoring.
    - Do other crew members need medical evaluation?
      - Yes: Seafarer isolated in designated area.
      - No: Continue monitoring unless symptoms worsen.
Annex J
PCR Testing Procedures Matrix

<table>
<thead>
<tr>
<th>PCR Testing Requirements for Travel to and from the Ship</th>
<th>Suspect Case PCR Testing Requirements as Directed by the Port Health Authority (PHA)</th>
<th>Required</th>
<th>If negative</th>
<th>If positive</th>
<th>References / comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-departure from home to ship location</td>
<td>On arrival in country of embarkation of the ship</td>
<td>Confirm the certificate is valid and not fraudulent.</td>
<td>Seafarers may travel from the country of origin with the testing certificate to the ship.</td>
<td>Seafarers should not leave the country of origin.</td>
<td>E.g. 48 hours for Singapore</td>
</tr>
<tr>
<td>On arrival in the country of disembarkation from the ship for repatriation</td>
<td>On arrival in port.</td>
<td>On arrival in port.</td>
<td>Board ship after agreed quarantine if required and/or repeat testing if required.</td>
<td>Seek medical assistance and do not board ship.</td>
<td>Testing requirements for travel to and from the ship</td>
</tr>
<tr>
<td>On arrival in the country of disembarkation from the ship</td>
<td>On arrival in port.</td>
<td>Suspect Case PCR Testing Requirements as Directed by the Port Health Authority (PHA)</td>
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*Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified*

*Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified*

The PHA may require a further test if the initial test gives a different result. Where a country does not have sufficient testing capacity, the PHA may recommend an accredited private testing facility to do this.