



# COVID-19: EU Guidance

## for Cruise Ship Operations

**Guidance on the gradual and safe resumption of operations of cruise ships in the European Union in relation to the COVID-19 pandemic**

Date: 27 July 2020





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## Glossary of terms, abbreviations and acronyms

CLIA Europe	European representation of the Cruise Lines International Association (CLIA)
Company	Owner of the ship or any other organisation or person, such as the Manager or the bareboat Charterer, who has assumed responsibility for the operation of the ship from the Shipowner and who, on assuming such responsibility, has also agreed to take over all the duties and responsibilities on health issues
COVID-19	Disease caused by a new strain of coronavirus. This has also been referred as '2019 novel coronavirus' or '2019-nCoV'
Cruise ship	A passenger ship providing voyages for pleasure and normally visiting several ports or anchorages
DG MOVE	Commission's Directorate-General for Mobility and Transport
Directive 2002/59/EU	Directive 2002/59/EU of the European Parliament and of the Council of 27 June 2002 establishing a Community vessel traffic monitoring and information system
Directive 2009/45/EU	Directive 2009/45/EU of the European Parliament and of the Council of 6 May 2009 on safety rules and standards for passenger ships
Directive 2010/65/EU	Directive 2010/65/EU of the European Parliament and of the Council of 20 October 2010 on reporting formalities for ships arriving in and/or departing from ports of the Member States
ECDC	European Centre for Disease Prevention and Control
ECSA	The European Community of Shipowners' Associations
EEA	European Economic Area
EMSA	European Maritime Safety Agency
ESPO	The European Sea Ports Organisation
ETF	European Transport Workers' Federation
EU	European Union
EU Healthy Gateways Joint Action	EU Funded Joint Action Consortium for projects under the Health Programme.
IMO	International Maritime Organization (body of the United Nations)
Interferry	Ferry industry world-wide shipping association
MDH	Maritime Declaration of Health according to the International Health Regulations (IHR) (2005)
NSW	National Single Window as per Directive 2010/65/EU
OSHA	European Union information agency for occupational health and safety
Passenger ship	A ship carrying more than 12 passengers
PPE	Personal Protective Equipment. It refers to items used to protect the health and safety of workers. In this document it also applies for face masks worn by passengers
PSC	Port State Control
RO	Recognised Organisation
Ro-ro passenger ship	A passenger ship to transport passengers and vehicles on a regular basis following a pre-defined route
WHO	World Health Organization

## Introduction

The coronavirus disease 2019 (COVID-19) pandemic has heavily affected cruise operations in the EU and globally. The restart of this important economic and employment activity will be gradual. Cruise operators need to ensure that cruises do not pose unacceptable health risks to passengers, staff and the general public, in particular when compared to other types of package holiday.

The objective of this Guidance is to facilitate a safe re-start of operations of cruise ships in the EU, by recommending minimum measures expected to be implemented by all those concerned, while maintaining general safety and security standards. This Guidance is meant for EU/EEA flagged ships engaged in international voyages and for ships calling at an EU/EEA port irrespective of flag.

The safe operation of any cruise ship normally requires the involvement of several parties, namely the company managing the ship, the ship's master and crew, the ports and terminals where the ship will berth/anchor, the State of which flag the ship flies (Flag State) and the States that the ship visits (Port State), which could be a port or an anchorage. In general, the Flag State is responsible for determining what happens on board the ship and Port State is responsible for determining the requirements to be applied by a ship when it enters the territorial waters of that particular State. The cooperation of these main parties concerned is essential to restart (or continue) safe operations and to respond to the challenges posed by the COVID-19 pandemic.

This Guidance is divided in three parts and follows a goal-based approach, suggesting for each part the topics to be addressed by the parties involved. The first part of this Guidance addresses the ship side and recommends the development of a COVID-19 Company and Ship Management Plan, following a tailor-made risk assessment by the company. Such a plan should propose mitigation measures for implementation, together with the possibility of third-party verification.

The second part recommends the development of a COVID-19 Port Management Plan by each Member State/port/terminal receiving cruise ships, for which a minimum set of measures are also suggested.

The third part puts forward the recommended elements on which the company and the port/terminal receiving the ship should agree, with the purpose of having an agreement in place based on those elements before any voyage takes place. It is also expected that procedures and a cooperative framework are established at the same time in case a COVID-19 outbreak occurs on board.

This Guidance is not intended to provide prescriptive solutions, but rather to assist in addressing the risks identified related to the COVID-19 pandemic. However, it is very important to note the Annex "Scientific evidence and additional considerations on COVID-19" in which the European Centre for Disease Prevention and Control (ECDC) indicates specific measures that are recommended to be followed when developing the respective Plans. In this respect, reference is also made to the Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic, prepared by the EU Healthy Gateways Joint Action<sup>1</sup>.

This Guidance does not and should not impact any safety or security standard on board a ship.

This Guidance may also be of assistance for Flag States before allowing a cruise ship back into service and for Port States in assessing potential visits of cruise ships.

This Guidance is not intended to replace the verification of specific health measures, which may be required by health authorities. Considering the dynamic situation of the pandemic, it is acknowledged that some of the health advice included in the reference documents will likely be updated. Therefore, it is suggested that the websites of the relevant organisations should be checked regularly for the latest updates. In any case this Guidance is a "living document" and may be updated depending on the evolution of the COVID-19 pandemic, and the experience gained with the implementation of this guidance.

Besides cruise operations, other types of maritime passenger transport also pose a potential health risk on the one hand and have been impacted severely by COVID-19 on the other. There has been a very significant drop in maritime passenger services (without taking account of cruises) compared to the same period last year. Their

<sup>1</sup> [https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID-19\\_RESTARTING\\_CRUISES.pdf?ver=2020-07-01-140908-853](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-01-140908-853)

restoration is vital for the economy and has also an important social dimension. Ro-ro passenger operations facilitate economic activities directly, by transporting goods and people and by connecting island communities domestically, between EU Member States and with neighbouring countries. Some islands and ferry connections across sea straits are the only “lifeline” and the only means of transportation available. This is the main reason why ferries, albeit at a much lower level of activity, have continued to operate where possible, whilst cruises, as a leisure activity, almost came to a full stop.

The ferry sector has been developing a comprehensive set of guidelines and recommendations, in particular the *COVID-19 Guidance on Reopening Passenger Ferry Services*<sup>2</sup> published by Interferry and the *Interim advice for preparedness and response to cases of COVID-19 on board ferries after lifting restrictive measures in response to the COVID-19 pandemic*<sup>3</sup> prepared by the EU Healthy Gateways Joint Action, which could be used as a reference when preparing a COVID-19 Company and Ship Management Plan for ro-ro passenger ships. The latter is a comprehensive document providing several specific options to be implemented on board, whereas the document from Interferry provides both an overview of all the relevant operational activities to be considered through a flowchart, with associated safeguards suggested for each activity, and a comprehensive list of possible measures to mitigate health risks in relation to passenger ferry services. The developments in this sector will be continuously monitored.

COVID-19 can be transmitted through close contact with infected persons or with surfaces or objects that have been contaminated by the secretions of infected persons. Any activity or situation that involves the gathering of people poses a risk for the transmission of infection. Thus, all forms of transport that bring people into close proximity to each other, particularly in closed/indoor spaces, poses an increased risk of transmission. Such forms of transport include busses, trains, planes and ships. Measures to maintain appropriate physical distancing and avoidance of contact with contaminated surfaces, together with hand and cough hygiene (see Table 1) will decrease the risk of transmission, but some risk will remain.

EMSA and the ECDC would like to express their gratitude to the following organisations who have participated actively during the preparations of this guidance and have contributed to this document:

- European Commission (DG MOVE);
- EU Healthy Gateways Joint Action;
- ETF (European Transport Workers’ Federation);
- CLIA Europe (Cruise Lines International Association);
- ECSA (European Community Shipowners’ Associations);
- ESPO (European Sea Ports Organisation).

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<sup>2</sup> [https://interferry.com/wp-content/uploads/2020/05/INTERFERRY\\_GUIDANCE-ON\\_MITIGATING\\_SPREAD\\_OF\\_COVID-19.pdf](https://interferry.com/wp-content/uploads/2020/05/INTERFERRY_GUIDANCE-ON_MITIGATING_SPREAD_OF_COVID-19.pdf)

<sup>3</sup> [https://www.healthygateways.eu/Portals/0/plcdocs/Advice\\_Passenger\\_Ferry.pdf?ver=2020-06-25-091223-253](https://www.healthygateways.eu/Portals/0/plcdocs/Advice_Passenger_Ferry.pdf?ver=2020-06-25-091223-253)

# Part I: Guidance for the development of a COVID-19 Company and Ship Management Plan

## 1. Risk assessment

The first step is for cruise companies to assess all identified risks to their ships, crew, passengers and other persons in relation to COVID-19 and to establish appropriate safeguards. It is recommended that this is developed as a **COVID-19 Company and Ship Management Plan**.

The company should assess all health risks to passengers in relation to the COVID-19 pandemic, its ships, crews, passengers and the communities visited, and establish appropriate safeguards to reduce the risk to the utmost. This assessment should be properly documented.

In establishing safeguards or implementing mitigating measures in relation to the COVID-19 pandemic, available codes, guidelines and standards regarding COVID-19 should be taken into consideration. This includes in particular, relevant Flag State, International Maritime Organization (IMO), World Health Organization (WHO) and other EU COVID-19 related documents, in particular guidance from the European Centre for Disease Prevention and Control (ECDC)<sup>4</sup> and EU Healthy Gateways<sup>5</sup>, as found relevant and applicable.

The measures taken should give special consideration to persons with special needs.

The following points provide guidance to be considered when developing a COVID-19 Company and Ship Management Plan, also referred to as the “Plan”.

## 2. Responsibilities in relation to COVID-19 matters

Responsibilities of the company/ship and of relevant personnel for any duty in relation to COVID-19 matters should be defined in the Plan.

It is recommended that each company nominates overall coordinator(s) for this Plan and contact person(s) responsible for dealing with COVID-19 matters both on board and ashore. These persons should be responsible for the implementation of the Plan and act as a contact point for the relevant authorities.

## 3. Resources and personnel needed

The company should ensure that adequate resources are available to implement all aspects of the Plan, including appropriate and sufficient medical staff and facilities.

The company should define, implement and continuously monitor the training and training requirements for all personnel included in the Plan (see Annex 1).

The company should establish procedures to ensure that new crew members and crew transferred to new assignments related to the Plan are given specific training to familiarise them with their duties prior to taking up functions.

The company should establish and maintain procedures for identifying any training needs which may be required in the implementation of the Plan and ensure that such training is provided for all crew concerned. This should include training of all crew members on the use of personal protective equipment (PPE) and the hygiene measures in place (see Annex 1). Crew who are required, due to the nature of their work, to have a high level of interaction with others (e.g. for cleaning, security checks, etc) should receive specific guidance and training. The company should ensure that crew undertaking additional responsibilities as a result of the Plan are given adequate time in which to

<sup>4</sup> <https://www.ecdc.europa.eu/en/covid-19/all-reports-covid-19>

<sup>5</sup> <https://www.healthygateways.eu/>



perform their additional tasks without detriment to their regular tasks or rest periods since this may impact on the general safety of the ship.

The company should establish procedures to ensure that the relevant information on the Plan is provided to the crew in their own language and/or the working language of the ship.

The company should ensure that the crew is able to communicate effectively in the execution of their duties related to the Plan.

## 4. Shipboard operations

### 4.1 Reference documents

The following documents should be consulted as they are of particular relevance:

- IMO Circular Letter No.4204/Add.3 (2 March 2020) – Operational considerations for managing COVID-19 cases/outbreak on board ships<sup>6</sup>;
- IMO Circular Letter No.4204/Add.4/Rev.1 (28 May 2020) contains ICS Coronavirus (COVID-19) Guidance for ship operators for the protection of the health of seafarers<sup>7</sup>;
- IMO Circular Letter No.4204/Add.14 (5 May 2020) – Coronavirus (COVID-19) – Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic<sup>8</sup>;
- IMO Circular Letter No.4204/Add.15 (6 May 2020) – Coronavirus (COVID 19) – Personal protective equipment<sup>9</sup>;
- IMO Circular Letter No.4204/Add.16 on ensuring good communications for a safe shipboard interface between ship and shore-based personnel<sup>10</sup>;
- Communication from the Commission, COVID-19: Guidelines on the progressive restoration of transport services and connectivity (13 May 2020, C(2020) 3139 final)<sup>11</sup>;
- Communication from the Commission, Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships. (8 April 2020, C(2020) 3100 final)<sup>12</sup>;
- Interim advice for preparedness and response to cases of COVID-19 at points of entry in the European Union (EU)/EEA Member States (MS)<sup>13</sup>;
- EU-OSHA: Healthy Workplaces Stop the Pandemic<sup>14</sup>;
- EU-OSHA-WIKI<sup>15</sup>;
- Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic, Healthy Gateways Joint Action, June 2020<sup>16</sup>;
- Who, Where, How/ Overview of Personal Protective Equipment (PPE) recommended for staff at points of entry and Crew on board conveyances in the context of COVID-19, Healthy Gateways Joint Action, 7 March 2020<sup>17</sup>;
- Interim advice for preparedness and response to cases of COVID-19 at points of entry in the European Union (EU)/European Economic Area Member States (MS) Suggested procedures for cleaning and disinfection of ships during the COVID-19 pandemic, Healthy Gateways Joint Action, Version 2, 20 April 2020<sup>18</sup>;
- ECDC webpage for COVID-19<sup>19</sup>;
- ECDC main Rapid Risk Assessment webpage (COVID-19 pandemic page)<sup>20</sup>;

<sup>6</sup> <http://www.imo.org/en/MediaCentre/HotTopics/Documents/Circular%20Letter%20No.4204-Add.3.pdf>

<sup>7</sup> [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.4-Rev.1%20-%20Coronavirus%20\(Covid-19\)%20-%20Ics%20Guidance%20For%20Ship%20Operators.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.4-Rev.1%20-%20Coronavirus%20(Covid-19)%20-%20Ics%20Guidance%20For%20Ship%20Operators.pdf)

<sup>8</sup> [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.14%20-%20Coronavirus%20\(Covid-19\)%20-%20Recommended%20Framework%20Of%20Protocols.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.14%20-%20Coronavirus%20(Covid-19)%20-%20Recommended%20Framework%20Of%20Protocols.pdf)

<sup>9</sup> [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.15%20-%20Coronavirus%20\(Covid%2019\)%20-%20Personal%20Protective%20Equipment.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.15%20-%20Coronavirus%20(Covid%2019)%20-%20Personal%20Protective%20Equipment.pdf)

<sup>10</sup> [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.16%20-%20Coronavirus%20\(Covid%2019\)%20-%20Covid-19%20Related%20Guidelines%20For%20Ensuring%20A%20Safe%20Shipboard.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.16%20-%20Coronavirus%20(Covid%2019)%20-%20Covid-19%20Related%20Guidelines%20For%20Ensuring%20A%20Safe%20Shipboard.pdf)

<sup>11</sup> [https://ec.europa.eu/info/sites/info/files/communication\\_transportservices.pdf](https://ec.europa.eu/info/sites/info/files/communication_transportservices.pdf)

<sup>12</sup> <https://ec.europa.eu/transport/sites/transport/files/legislation/c20203100.pdf>

<sup>13</sup> <https://www.healthygateways.eu/Novel-coronavirus>

<sup>14</sup> [https://osha.europa.eu/en/themes/covid-19-resources-workplace#pk\\_campaign=ban\\_homecw](https://osha.europa.eu/en/themes/covid-19-resources-workplace#pk_campaign=ban_homecw)

<sup>15</sup> [http://oshwiki.eu/wiki/Main\\_Page](http://oshwiki.eu/wiki/Main_Page)

<sup>16</sup> [https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID-19\\_RESTARTING\\_CRUISES.pdf?ver=2020-07-01-140908-853](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-01-140908-853)

<sup>17</sup> [https://www.healthygateways.eu/Portals/0/plcdocs/EUHG\\_PPE\\_Overview\\_07\\_03\\_2020.pdf?ver=2020-03-10-161517-680](https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Overview_07_03_2020.pdf?ver=2020-03-10-161517-680)

<sup>18</sup> [https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID-19\\_Cleaning\\_Disinfection\\_ships\\_09\\_4\\_2020\\_F.pdf?ver=2020-04-09-124859-237](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_Cleaning_Disinfection_ships_09_4_2020_F.pdf?ver=2020-04-09-124859-237)

<sup>19</sup> <https://www.ecdc.europa.eu/en/covid-19/latest-evidence>

<sup>20</sup> <https://www.ecdc.europa.eu/en/covid-19-pandemic>

- ECDC guidance 'Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union'<sup>21</sup>;
- ECDC guidance 'Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2'<sup>22</sup>;
- ECDC guidance 'Heating, ventilation and air-conditioning systems in the context of COVID-19'<sup>23</sup>;
- ECDC guidance for wearing and removing personal protective equipment in healthcare settings for the care of patients with suspected or confirmed COVID-19'<sup>24</sup>;
- ECDC guidance 'Considerations related to the safe handling of bodies of deceased persons with suspected or confirmed COVID-19'<sup>25</sup>
- WHO Operational considerations for managing COVID-19 cases or outbreaks on board ships: interim guidance<sup>26</sup>.

## 4.2 Review of shipboard operations

The specific shipboard operations related to COVID-19 should be included in the Plan. Accordingly, the company should review its procedures, plans and instructions, including checklists as appropriate, for all shipboard operations that may bear a risk of or be impacted by a COVID-19 infection, with a view to reducing risk as reasonably practical. It is advised to use as a reference the documents listed in section 4.1 above (reference documents). It is important that passengers and crew comply with the measures in place and that there is an enforcement protocol on board the ship.

Considering the prolonged stay of passengers and crew members on board, the company should assess the maximum number of passengers that can be carried on board so as to be able to implement all the required measures effectively (e.g. safe use of common spaces, etc.) and to review that number regularly.

As a matter of principle, the same level of protection should be provided to all persons on board, regardless of whether they are passengers, crew members or visitors.

The points below are a non-exhaustive list of subjects that should be considered when including the shipboard operations in the Plan.

### 4.2.1 Information and communication

It is recommended that companies review the occasions and places where relevant information should be provided, from pre-boarding to disembarkation. The way in which the information is communicated should also be reviewed and preferably be in a digital format.

It is recommended that the information should cover aspects related to the prevention measures adopted, the health screening processes in place and protocols related to repatriation and disembarkation in case of an outbreak.

Each space on board should be considered in terms of the information to be displayed, including for example, details on physical distancing, maximum capacity and the PPE required.

The information provided should also include the measures to be applied when communities are being visited.

### 4.2.2 Physical distancing

It is recommended that companies establish a minimum physical distance to be respected considering the advice and instructions from ECDC, flag and port administrations. In doing so, a precautionary approach should be taken. The Plan should consider all expected situations/events where queues or contact amongst persons could occur

<sup>21</sup> <https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management>

<sup>22</sup> <https://www.ecdc.europa.eu/en/publications-data/disinfection-environments-covid-19>

<sup>23</sup> <https://www.ecdc.europa.eu/en/publications-data/heating-ventilation-air-conditioning-systems-covid-19>

<sup>24</sup> <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-guidance-wearing-and-removing-personal-protective-equipment-healthcare-settings-updated.pdf>

<sup>25</sup> <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-safe-handling-of-bodies-or-persons-dying-from-COVID19.pdf>

<sup>26</sup> <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-or-outbreaks-on-board-ships-interim-guidance>

and should also contain appropriate measures that will be implemented to ensure that the physical distance is maintained, and overcrowding is prevented or at least reduced. In this regard, it is important to maintain consistency of the physical distance recommendations in the different areas of the ship. The use of floor markings indicating the recommended physical distance could help passengers and to maintain physical distance. Wherever staff members interact with passengers at fixed locations, protective barriers could be considered to facilitate safe interaction. If possible, removing or relocating furniture items can decrease over-crowding.

Companies should consider, for each space or category of spaces, as well as for the whole ship, whether the maximum capacity of persons should be reviewed to ensure that the applicable physical distance can be maintained.

In case different standards are used by the port of call and the ship (based on Flag State requirements) it is recommended that a single distance is agreed in the arrangement between the port and the ship (flag).

When physical distance cannot be guaranteed, the use of a face mask is recommended as a means of source control to reduce droplet spreading.

#### **4.2.3 Hand hygiene**

The frequent and meticulous hand hygiene by washing with water and soap or by using an alcohol-based hand-rub solution can contribute to mitigate the risk of COVID-19 transmission.

Easy access to hand washing facilities or alcohol-based hand rub solutions, and health promotion material (e.g. posters, videos, etc.) that promote the importance of hand hygiene and explain how to perform effective hand hygiene should be available in different areas of the ship. The plan should include the availability of alcohol-based hand disinfectant dispensers, or similar, in the spaces where persons are expected to be present, e.g., entrances in general, security screening areas, restaurants, lifts, corridors, cabins, sanitary spaces, working spaces, changing rooms etc. and to promote their use.

#### **4.2.4 Health screening**

Health screening protocols should be established based on the reference documents, such as the pre-embarkation COVID-19 questionnaire included in Annex 1 of the Annex in IMO Circular Letter No.4204/Add.3 (2 March 2020)- *Operational considerations for managing COVID-19 cases/outbreak on board ships*. The company should closely monitor the latest information on effective health screening methods provided by institutions, such as the European Commission, the Flag State, the national authorities in the countries to be visited, the ECDC, IMO and WHO. Health screening protocols should be non-discriminatory

Accordingly, it is recommended that companies review the occasions and places where health screening should be carried out, from the pre-boarding area to disembarkation, including re-embarkation following an excursion, tour, visit, etc.

Special consideration should be given to the early identification of persons falling within a risk group and the associated measures to be taken in such cases.

Finally, it is recommended that a health monitoring system is established on board and the associated reporting and logging of health-related issues and measures is implemented.

#### **4.2.5 Use of personal protective equipment**

The type of and the occasions when PPE should be used has to be considered in the Plan based on the reference documents. Accordingly, it is recommended that companies review the occasions and places where the use of PPE is needed, for the protection of both crew and passengers, and define the appropriate type and certification where relevant.

The PPE to be used in the passenger terminal should be coordinated with the relevant Port State authority/entity.

It is recommended that companies define what is a sufficient stock of PPE and ensure that it is carried on board, based on their risk assessment, the Plan (including the contingency part), the duration of the voyage and the number of persons on board.

#### **4.2.6 Cleaning and disinfection**

Companies should review their policy about cleaning and disinfection based on the reference documents. It is recommended that the plan defines for each space of the ship, or space category, the frequency of cleaning and disinfection and the appropriate products and techniques to be used based on its intended use, occupation rate, surface material, furniture, etc.

Special consideration should be given to those spaces, objects and furniture, etc. that can be used/touched by several persons, e.g., public sanitary spaces.

The number of persons dedicated to cleaning and disinfection should be carefully considered based on these factors, as well as their resting times and the increased frequency of cleaning and disinfection. The protection of these crew members should be given special attention, e.g. by specific training and by using the correct PPE.

It is recommended that companies consider the stock of cleaning and disinfection products needed to be carried on board based on the review made.

#### **4.2.7 Persons going ashore and re-embarking**

It is recommended that the Plan gives special consideration to the strategy and measures to be implemented for persons going ashore and intending to re-embark. Both crew and passengers should be considered. The cruise company should be in contact with the local public health authorities in the relevant ports to obtain up-to-date information on the level of transmission risk and on what local measures are in place and to communicate this to all persons (passengers and crew) disembarking.

#### **4.2.8 Spaces with special consideration**

It is recommended that the Plan considers spaces where some of the measures could be more difficult to implement, such as physical distance, or which require special attention, such as the galley. For those spaces, the Plan should establish, where relevant, tailor-made or alternative measures, e.g., additional PPE, to ensure that the risk of transmission is minimised. These considerations may include the (temporary) closing of spaces if the preventive measures in place are found to be either not feasible or insufficient.

#### **4.2.9 Emergency procedures**

It is recommended that the company reviews the existing safety-related emergency procedures and related drills in view of the Plan. For example, the procedure to carry out a passenger evacuation drill could be subject to review to ensure that the physical distance is kept. Where relevant, safe manning levels should be reevaluated for carrying out the reviewed emergency procedures.

#### **4.2.10 Waste management**

Waste from persons with COVID-19 can be treated as regular waste.

Further guidance is contained in ECDC guidance 'Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2' included in the reference documents.

#### **4.2.11 Heating, Ventilation and Air Conditioning systems (HVAC)**

The Plan should consider special measures related to the potential infection through heating, ventilation and air conditioning (HVAC) systems<sup>27</sup>. Regarding the Heating, Ventilation and Air conditioning (HVAC) system, it is recommended that the cruise ship company consults with the manufacturers of the HVAC systems on board

<sup>27</sup> ECDC, Heating, ventilation and air-conditioning systems in the context of COVID-19, at: <https://www.ecdc.europa.eu/en/publications-data/heating-ventilation-air-conditioning-systems-covid-19>

regarding proper maintenance and applying COVID-19 related revisions if needed. These elements may include the frequency of cleaning of HVAC system parts and changing or replacing filters where appropriate to minimise the potential risk of contributing to the spread of small droplets SARS-CoV-2 and increasing the number of air exchanges per hour reducing the risk of transmission in closed spaces. This may be achieved by natural or mechanical ventilation, depending on the setting. Direct air flow should best be diverted away from cruise ship passengers or staff to avoid potential pathogen dispersion from asymptomatic persons. There is currently no scientific evidence that airborne SARS-CoV-2 would be effectively inactivated by means of electrostatic air purifiers. The application of the above guidance could be achieved based on information provided by the manufacturer or, if not available, to seek advice from the manufacturer. All COVID-19 related revisions should be performed in accordance with national and local regulations (e.g. health and safety regulations, technical recommendations of respective national or supranational associations) and be appropriate to local conditions.

#### 4.2.12 Handling of visitors, pilot, etc.

The Plan should consider the occasions where visitors, such as inspectors, pilots or supply contractors, are embarking or having contact with the crew and/or passengers, which should be reduced to a minimum. The reference document IMO Circular Letter No.4204/Add.16 on ensuring good communications for a safe shipboard interface between ship and shore-based personnel includes recommendations on this point.

## 5. Response to a COVID-19 outbreak

### 5.1 Reference documents

The following documents are of particular relevance:

- IMO Circular Letter No.4204/Add.3 (2 March 2020) - Operational considerations for managing COVID-19 cases/outbreak on board ships<sup>28</sup>;
- IMO Circular Letter No.4204/Add.4/Rev.1 (28 May 2020) ICS Coronavirus (COVID-19) Guidance for ship operators for the protection of the health of seafarers<sup>29</sup>;
- Healthy Gateways Advice for ship operators for preparedness and response to the outbreak of COVID-19 / Version 3 (20 February 2020)<sup>30</sup>.

### 5.2 COVID-19 response elements to be considered

Before starting a voyage, cruise ship operators should ensure, with the ports of call along the route, that, if needed, they can make arrangements for passengers and crew members to receive medical treatment and that repatriations and crew changes can be organised.<sup>31</sup>

In the event that a possible, probable or confirmed case of COVID-19 is identified on board (see ECDC annex for case definitions), the ship should be diverted to the nearest port where testing for SARS-CoV-2 can take place and where local public health authorities can be consulted to further manage the situation including the provision of specialist care, and where necessary, carrying out contact tracing.

The Company should establish procedures to respond to a potential COVID-19 outbreak<sup>32</sup> and establish programmes for drills and exercises to prepare for such an outbreak.

It is recommended that the response measures<sup>33</sup> should include at least a description of the following:

- Definition of roles, duties and tasks of the crew in case of an outbreak (including medical services, room service, laundry, housekeeping, etc.);

<sup>28</sup> [IMO Circular Letter No.4204/Add.3](#)

<sup>29</sup> [IMO Circular Letter No.4204/Add.4/Rev.1](#)

<sup>30</sup> [Healthy Gateways Advice for ship operators for preparedness and response to the outbreak of COVID-19](#)

<sup>31</sup> See COVID-19: Guidelines on the progressive restoration of transport services and connectivity (13 May 2020, C(2020) 3139 final).

<sup>32</sup> An outbreak of COVID-19 in a cruise ship setting can be defined as a situation where there is at least one confirmed case COVID-19.

<sup>33</sup> For further reference, it is recommended to review the flow chart developed within the framework of the joint action EU Healthy Gateways: [https://www.healthygateways.eu/Portals/0/plcdocs/Flow\\_chart\\_Ships\\_3\\_2\\_2020.pdf](https://www.healthygateways.eu/Portals/0/plcdocs/Flow_chart_Ships_3_2_2020.pdf)

- An isolation plan including the identification of designated spaces for isolation of possible, probable or confirmed passengers or crew with COVID-19 until disembarkation and transfer to a health care facility, including communicating to the crew their entitlement to paid sick leave in case of infection or quarantine;
- Managing communications between departments (for example, medical, housekeeping, laundry, room service) about persons in isolation or quarantine;
- The public health and clinical management of possible and probable infections while these persons remain on board;
- Relevant information on spaces suitable for isolation, including their identification, the persons authorised to enter, disinfection areas, the designation of persons to be accommodated in this area in case of an outbreak, medical facilities, ventilation and capacity;
- Procedures to collect Passenger/ Crew Locator Forms<sup>34</sup>;
- Definition of high-risk (close by) exposure and low-risk exposure contacts and how to contact persons with possible infection and how persons with possible infection should be (see also ECDC Annex);
- The measures taken with regard to infected persons on board (including isolation, food service and utensils, laundry and waste management);
- Medical resources<sup>35</sup> needed, such as personnel (including qualifications), equipment (including certification), analytical equipment, medicines<sup>36</sup> and supplies;
- Testing capabilities;
- Cleaning and disinfecting procedures for potentially contaminated areas including isolation cabins or areas;
- Management of waste that is contaminated or suspected of being contaminated;
- Communication with relevant public health and port authorities regarding possible or probable cases of infection;
- Procedures for disembarking infected persons (medical evacuations);
- Procedures for safe-handling of bodies of deceased persons with suspected or confirmed COVID-19<sup>37</sup>;
- Procedure, in a worst-case scenario, for putting the ship in quarantine and termination of the voyage.

### 5.3 Training and drills for COVID-19 outbreak response

The crew should be provided with the necessary training to perform their response duties. This should include guidance on how to recognise COVID-19 symptoms and the procedures to be followed in case of an outbreak. The crew should acquaint themselves with their specific roles and responsibilities prior to taking up their duties. In particular, all persons responsible for entering the areas where the possible, probable or confirmed cases are kept in isolation should be trained in terms of following all preventive measures.

Drills should be organised on board of the ship on a regular basis and recorded in the relevant logbook.

## 6. Reports and Analysis

Procedures should be adopted for reporting non-conformities, accidents, and hazardous situations concerning COVID-19 related matters.

This reporting should include possible, probable or confirmed COVID-19 cases, failures/shortcomings in implementing the Plan and any other hazardous situation in relation to COVID-19 risks.

All non-conformities, accidents, and hazardous situations in COVID-19 related matters should be reported to the company, investigated and analysed with the objective of improving the efficiency of the Plan and to ensure the implementation of any corrective action, which should be no later than the start of the next cruise by the ship and across the company's cruise ship fleet.

<sup>34</sup> The EU HEALTHY GATEWAYS joint action prepared a Passenger/Crew Locator Form (for ships) which can be downloaded from their website

<sup>35</sup> Council Directive 92/29/EEC of 31 March 1992 on the minimum safety and health requirements for improved medical treatment on board vessels; OJ L 113, 30.4.1992, p. 19–36

<sup>36</sup> Communication from the Commission *Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships* C(2020) 3100 of 8 April 2020.

<sup>37</sup> <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-safe-handling-of-bodies-or-persons-dying-from-COVID19.pdf>

## 7. Maintenance

The Plan should include a maintenance programme with appropriate actions to ensure a regular review of the relevant COVID-19 related equipment and its proper functioning. The maintenance programme should also consider critical equipment that may require regular testing and consider the availability of stand-by (medical) equipment. Checks and maintenance of the equipment should be recorded.

## 8. Documentation

All the activities related to the execution of the Plan should be appropriately recorded as evidence of its implementation.

## 9. Company verification, review and evaluation

The Plan should be subject to regular review and internal company auditing based on a risk assessment analysis.

## 10. External verification

### 10.1 Reference documents

The following documents are of particular relevance:

- IMO Circular Letter No.4204/Add.14 - Coronavirus (COVID-19) – ‘Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic’<sup>38</sup>;
- IMO Circular Letter No.4204/Add.16– Coronavirus (COVID 19) – COVID-19 related guidelines for ensuring a safe shipboard interface between ship and shore-based personnel’<sup>39</sup>.

### 10.2 Verification

It is recommended that the COVID-19 Company and Ship Management Plan, with as a minimum the elements contained as indicated above, is independently verified by a third party, in such a way that it offers reassurances to both the Flag State and the Port States. This could be done by using existing safety management standards in shipping<sup>40</sup>. There are other possibilities as well, such as audit/certification by classification societies of company standards implemented on board cruise ships. It should be noted that requesting third party verification is a prerogative of the Flag State.

### 10.3 Certification and Qualifications

Due to the specific nature of COVID-19 related issues, special consideration should be given to the specific qualifications required to perform a verification to confirm that appropriate safeguards in relation to COVID-19 risks have been implemented.

It is recommended that the verification team consists of external and independent qualified and certified maritime auditors, familiar with cruise ship management, and health care professional(s) who are able to assist in the professional judgement of the measures adopted.

Additionally, all verifiers should have been specifically trained on COVID-19 related matters.

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<sup>38</sup> [IMO Circular Letter No.4204/Add.14](#)

<sup>39</sup> [IMO Circular Letter No.4204/Add.16](#)

<sup>40</sup> IMO Circular Letter No.4204/Add.16, Annex, paragraph 11

## 11. Protection of communities visited by the ship

Crew, passengers, and residents of the visited ports should be protected during their interactions. To this end, information should be provided to the disembarking passengers about the local measures required at the visiting ports. Cruise operators should communicate with the Port State to ensure that the appropriate measures are implemented to avoid overcrowding and maintain appropriate physical distancing while passengers or crew disembark and re-board the ship.

Cruise operators should also ensure that any excursion provider, tour operator, and external service providers offer at least the same level of protection as on board the ship, related to physical distancing measures, the use of PPE, and cleaning and disinfection protocols, while also following local health regulations. Any external provider who interacts with passengers such as tour guides should follow relevant cruise line protocols. If tenders or other means of transport are used to move passengers, physical distancing measures and protocols for their frequent cleaning and disinfection should be implemented in line with the procedures performed on board. If tendering services are offered by local companies, local health regulations need to be applied. In those cases, it should be checked whether these measures are equivalent of those taken on board the cruise ship. Cleaning and disinfection of any means of transport used, including tenders should be conducted between each use.

Crew and passengers should be informed before the ship's arrival in each port of call about the measures mentioned above.



## Part II: Guidance for the development of a COVID-19 Port Management Plan

It is highly recommended that ports and terminals have their own COVID-19 Port Management Plan<sup>41</sup>, detailing the key processes and key personnel dealing with the implementation of COVID-19 mitigation measures. The contents of such a plan should be similar to the cruise ship's COVID-19 Company and Ship Management Plan regarding those issues which are also applicable onshore.

In developing this Plan, it is essential that different authorities cooperate to ensure that all the perspectives are covered.

### 1. Member State multi-disciplinary teams and contact points

To restart operations of cruise ships it is recommended that different authorities within a Member State work together in close cooperation, namely:

- (a) Health authorities, in charge of public health and including occupational health and safety authorities;
- (b) Port State authorities, dealing mainly with the implementation of international legislation on the ships berthing in its ports, from the safety, security and environmental point of view and, in some instances, with other duties, like port reception facilities;
- (c) Port authorities/terminals, dealing with all the logistics related to port operations, both for cargo and passengers;
- (d) For contingency planning purposes: (if applicable) transport/airport, civil protection, home affairs and immigration authorities.

The way in which a COVID-19 Port Management Plan is implemented will differ widely in each Member State. For example, in some States, all the tasks might be concentrated in one authority while for others they can be distributed amongst different authorities.

Irrespective of this, Member States are recommended to create multi-disciplinary teams covering all elements of this port plan to facilitate the coordination and communication with the cruise companies intending to visit their ports. For ease of reference, in this Guidance, the Member States authorities will be denominated "Port State", but this term should be understood as the conjunction of the different authorities: Health, Port State and Port Authorities, including terminal operators where applicable.

It is recommended that each Port State, if not already the case, establishes and publishes contact points which can be used by cruise companies for direct communication with regard to the re-starting of operations in that State. Ideally, there should be a single contact point per Port State who could internally coordinate all the national procedures. Where this is not possible, the contacts should be provided with a brief description of the responsibilities that each contact has.

### 2. COVID-19 Port Management Plan

Port States have in most cases already developed plans on how to deal with maritime traffic during the COVID-19 pandemic. For those States that already have such a plan, it is recommended, however, to review it to ensure that it covers all the elements necessary to safely restart cruise ship operations in their ports.

It is also recommended that this Plan is agreed and shared amongst the different authorities involved (health, Port State and port authority/terminal operator) so that all perspectives are covered. It is also advised to share it with the

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<sup>41</sup> Refer to IHR Regulations Annex 1 Part B Core Capacity Requirements for Designated Airports, Ports and Ground Crossings.

individual port authorities which could potentially receive cruise ships, so that it could be adapted to local circumstances.

Such plans should also be made available in advance to visiting cruise ships, as suggested in Part III.

This **COVID-19 Port Management Plan**, when dealing with cruise ships, is recommended to include at least the following elements:

## 2.1 Duties and authorities

The authorities involved in the implementation of the plan should be identified as well as the duties and responsibilities of each of them.

As indicated above, it is recommended that a single contact point is defined to communicate with the cruise company and the ship for COVID-19 matters. This contact point could then coordinate with the other authorities.

It would be useful to have a 24/7 contact point available for emergencies.

## 2.2 Minimum conditions to receive cruise ships

Measures taken on board the cruise ship are likely part of the conditions to receive a cruise ship. These conditions may include, e.g., the implementation of this Guidance on board the ship, the number of passengers allowed on board or any other relevant consideration. In addition, the conditions under which a cruise ship call could be cancelled, e.g., a COVID-19 outbreak in the port. If the cancellation concerns the actual conditions on board the ship, then the Port State should where possible propose alternative arrangements or mitigating measures before cancelling the call.

## 2.3 Passenger terminal arrangements

### 2.3.1 Embarkation

This part should include all the embarkation arrangements both for crew and passengers. Different aspects should be covered, such as (advance) information and communication, physical distancing, PPE, cleaning and disinfections, health screening, security screening, etc.

The organisation and measures for re-embarkation of persons on board should also be covered.

Measures should cover both people and the handling of luggage.

### 2.3.2 Disembarkation

This part should include all the disembarkation arrangements both for crew and passengers. Different aspects should be tackled, such as information and communication, physical distancing, PPE, cleaning and disinfection, health screening, security screening, etc. In addition, the conditions to allow disembarkation of persons who will return on board should be considered. Special consideration should be given to persons identified as having been exposed to a possible, probable or confirmed COVID-19 case.

## 2.4 Persons/entities authorised to visit the ship and protection measures

The persons/entities authorised to visit the ship, e.g., pilots, Port State Control (PSC) inspectors, health inspectors and suppliers should be defined as well as the protection measures for them to go on board the ship.

## 2.5 Contingency in case of COVID-19 outbreak<sup>42</sup>

This part of the Plan should include the measures to be taken in case an outbreak of COVID-19 takes place on board a ship using the port/terminal facilities<sup>43</sup>. The following points are suggested to be addressed:

- (a) Testing arrangements for possible and probable cases.
- (b) Capacity of hospitals in the vicinity, including regional or national resources if needed, to accept persons infected with COVID-19;
- (c) Procedures for disembarking possible, probable, confirmed cases of COVID-19 and contact persons for these cases;
- (d) Health assurance communication as part of clearance;
- (e) Protection of local communities;
- (f) Procedures for repatriation;
- (g) Where appropriate, alternative port(s) should be used with more adequate capacities to deal with an outbreak;
- (h) Contact tracing.

If a cruise ship is found to have many confirmed cases of COVID-19 on board and it would be advisable to put the ship in quarantine, a suitable location should be identified where the ship can receive medical and other supplies.

## 2.6 Port authorisation

Based on the points above, it is likely that each port would have to implement different measures adapted to its local circumstances. This part of the plan should establish the procedures to approve such local plans where appropriate.

## 2.7 Authorisation to receive a cruise ship

The procedure to authorise the visit of a cruise ship should be described. This part should consider how cruise companies should apply to call at a certain port, if necessary, the documentation required, the preliminary verification of the COVID-19 Company and Ship Management Plan and the type of authorisation granted, including possible conditions.

## 2.8 Other considerations

The COVID-19 Port Plan should also include the health and sanitary measures to be applied when stores are being supplied to cruise ships and when they make use of any port service (e.g. port towage, bunkering).

In addition, the waste reception and handling plan should consider the potential reception and treatment of COVID-19 related waste from visiting ships.

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<sup>42</sup> A confirmed outbreak of COVID-19 is defined as: two or more people with symptoms compatible with COVID-19 infection within 72 hours and at least one confirmed case COVID-19.

<sup>43</sup> Refer to Annex and IHR Guide for public health emergency contingency planning at designated points of entry <https://www.who.int/ihr/publications/9789290615668/en/>

## Part III: Guidance for coordination between cruise ships and ports in relation to COVID-19 matters

One of the key elements to restart operations of cruise ships is to ensure a safe ship/port interface, inherent to cruise operations, where roles and tasks are well defined, agreed and understood by both parties as well as the associated responsibilities.

In order to deliver this objective, a number of issues have to be settled in relation to the exchange of information between the Port State authorities and the cruise ship before arrival, plans to disembark persons with COVID-19 compatible symptoms, embarkation/disembarkation of crew and passengers regardless of whether COVID-19 cases are declared or suspected on board, quarantine arrangements for contacts, repatriation and establishment of protocols for those visiting the ship (port workers, pilots, surveyors, auditors, suppliers, etc.).

It is recommended that both parties share their respective COVID-19 plans well in advance of the ship call, to ensure its interoperability and take, where necessary, addition measures to ensure compatibility.

In addition, Port States should ensure that any special requirements or pre-arrival information required from ships, due to measures introduced in response to COVID-19, are effectively shared and communicated as quickly as possible to cruise ships and all relevant stakeholders such as ships' agents, operators, etc.

### 1. Voyage planning stage

During the voyage planning stage, it is recommended that in good time before the cruise ship arrives at a port of call:

- The company updates the COVID-19 Company and Ship Management Plan, as indicated in Part I;
- The company identifies the contact point(s) in the relevant Port State;
- The company contacts the Port State and informs it of the name and IMO number of the ship, the port(s) it intends to visit, the arrival and departure dates and the company and ship contact points;
- The company shares the COVID-19 Company and Ship Management Plan with the Port State/port authority/terminal;
- The Port State/port authority/terminal shares the COVID-19 Port Management Plan for the relevant port and informs the company about the applicable national/local measures with regard to COVID-19;
- Both parties ensure the interoperability between the two Plans, especially those elements where both parties need to cooperate, such as embarkation, disembarkation, the use of the passenger terminal, re-embarkation after off-ship visits, crew change, repatriation, implementation of the outbreak management plan, testing arrangements, disembarkation of possible, probable or confirmed cases of COVID-19, management of contacts including arrangements for quarantine, reception of COVID-19 infected waste, and any other relevant element;
- Both parties clarify any doubt which may occur, and which may have a negative impact on the interoperability between the two Plans. In such cases it may be necessary to involve the Flag State if deviations are proposed from Flag State requirements;
- Both parties agree on the respective responsibilities and the specific protocols (information, communication, cleaning and disinfection, physical distancing, PPE, etc) to be applied for the elements identified above;
- The Port State confirms whether the specific port has the capacity to provide an appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan (International Health Regulations 2005, Annex I). This public health emergency contingency plan should also be made available to the visiting cruise ship in advance;
- The Port State confirms whether, in case of a COVID-19 outbreak on board, arrangements are in place to provide medical assistance, for passengers and/or crew, including evacuation to medical facilities ashore, contact tracing by local public health authorities and the management of contacts. These arrangements may include regional or national resources, if appropriate;
- The Port State indicates whether the visit is accepted and, if relevant, indicate the conditions for such acceptance;

- Define and agree with the relevant authority which conditions should be monitored that could lead to a cancellation of the ship call and/or restrictions for disembarkation, including excursions, etc. If a pre-agreed ship call is cancelled, an alternative should be foreseen, where possible;
- The company could indicate whether the purchasing of, e.g., PPE and/or cleaning equipment will be necessary during the visit and, if so, the Port State is recommended to facilitate, where possible and appropriate, such a purchase.

## 2. Reporting requirements

The following points describe the recommended exchange of information prior to the ship's arrival and upon its departure, between the ship, the agent or ship operator and the Port State within the framework of this Guidance.

### 2.1 Ship to shore

#### 2.1.1 Arrival

Ship calls at EU ports is a well-established process. Member States have National Single Windows for reporting formalities, including the Maritime Declaration of Health (MDH) ("free pratique").

The notification of ship calls at EU Ports is defined in Directive 2002/59/EU, as amended. In general, the pre-notification period is 24 hours before arrival. However, cruise ship companies are recommended to extend the pre-notification period due to the current circumstances to allow for a better coordination with the port authorities.

Similarly, the MDH is also required to be reported through the National Single Window prior to arriving in a port situated in an EU Member State as specified above in accordance with EU law (Directive 2010/65/EU). It must be reported by the master or any other person duly authorised by the operator of the ship to the competent authority designated by that Member State. Any possible, probable or confirmed case of COVID-19 on board should be communicated without delay. It is recommended that Member States request the ship's master to keep the MDH updated and communicate the following information to the relevant authority four hours before the estimated arrival in each port of call:

- (a) Total number of persons on board (both crew and passengers);
- (b) Number of persons infected with COVID-19 (confirmed cases);
- (c) Number of persons considered as possible or probable cases of COVID-19.

This information can be communicated through the updated MDH via radio/telephone in case of imminent arrival. Providing information between any party should always comply with the data protection rules (GDPR).

The company should facilitate the application of health measures and provide all relevant public health information requested by the competent authority at the port. If it is considered that symptomatic possible or probable case/cases should not remain on board the ship, disembarkation should be conducted as quickly as possible.

Member States receiving information on a possible, probable or confirmed COVID-19 case may share it on a voluntary basis with the Member States along the planned route of the ship and the ship's flag (if an EU Member State) via the SafeSeaNet system. For this, an addendum to the SafeSeaNet Incident Report Guidelines has been agreed in order to provide guidance to Member State Authorities on the best way to exchange information relating to possible, probable, or confirmed cases of COVID-19 infection on board ships, and on the measures taken by the competent authorities in Member States located along the routes taken by the ships concerned. Member States can share this information with other Member States on a voluntary basis using the Incident Report type "Others."

#### 2.1.2 Departure

While the reporting requirements normally include the provision of the crew and passengers lists on departure, it is recommended that Member States request the ship's master or any other person duly authorised by the ship's operator to provide to the competent authority designated by that Member State the list of crew and passengers

disembarked in that port. The Passenger and Crew Locator Forms of the crew/passengers disembarked<sup>44</sup> should be made available to the Port State at any time, upon request.

## 2.2 Shore to ship

The Port State should convey to both the ship's operator and the cruise ship information on the applicable safety/hygiene/health measures applicable in the destination port/area as well as the COVID-19 Port Management Plan. The information provided should be updated as soon as the relevant national, regional or local regulations and rules change.

In addition, during the voyage planning stage, the Port State should confirm that the cruise ship call is accepted on that particular date and that the necessary conditions have been established.

At the pre-arrival stage, once the required documentation provided prior to the ship call is verified, the Port State should confirm access to the port, either electronically (e.g., via the NSW) or by other means.

# 3. Disembarking persons with possible, probable or confirmed COVID-19 infections

## 3.1 Reference documents

In addition to the Annex, the following documents are particularly relevant:

- Communication from the Commission, Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships<sup>45</sup>. (8 April 2020, C(2020) 3100 final);
- Communication from the Commission, COVID-19: Guidelines on the progressive restoration of transport services and connectivity<sup>46</sup> (13 May 2020, C(2020) 3139 final);
- Operational considerations for managing COVID-19 cases or outbreaks on board ships, Interim Guidance<sup>47</sup>, World Health Organisation, 2 March 2020.

## 3.2 Disembarking of possible, probable or confirmed cases of COVID-19

In accordance with the International Health Regulations (2005), it is recommended that the officer in charge of the ship immediately informs the competent authority at the next port of call about any possible COVID-19 infections on board. Port States which receive calls by cruise ships in their ports should have the capacity in the port of call itself or a nearby port to provide an appropriate public health emergency response, which is recorded in a continuously maintained public health emergency contingency plan. This plan should be made available to the cruise ship and should include information on contact tracing and management, and the quarantine of contact persons. Port States should develop procedures for disembarking infected passengers or crew who are to be transferred to hospital facilities.

During the disembarkation of persons with possible, probable or confirmed infections, every effort should be made to minimise their exposure to other persons and to avoid environmental contamination. The contacts of these persons should be managed in accordance with the guidance in the Annex 1 (Management of contact persons).

Any available medical record, Passenger or Crew Locator Forms or any other relevant information should be provided to the relevant health care personnel onshore.

<sup>44</sup> ECDC suggests collecting the data required in the passenger and crew locator form in an electronic way (e.g. via an app) for an easy access and consultation by public health authorities if needed. Paper forms should be avoided. Further references:

<https://www.ecdc.europa.eu/en/publications-data/passenger-locator-data-entry-exit-screening-health-declaration>.

<sup>45</sup> [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0414\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0414(01)&from=EN)

<sup>46</sup> [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0515\(04\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0515(04)&from=EN)

<sup>47</sup> <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-or-outbreaks-on-board-ships-interim-guidance>

## 4. Repatriation

### 4.1 Reference documents

The following documents are of relevance:

- Communication from the Commission, Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships<sup>48</sup> (8 April 2020, C(2020)3100 final);
- IMO Circular Letter No.4204/Add.14 Coronavirus (COVID-19) – Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic<sup>49</sup>.

### 4.2 Repatriation of persons

The primary responsibility for arranging the return of passengers and crew members rests with the cruise ship operator<sup>50</sup>. If a need to repatriate passengers arises, the ship's operator must make the necessary arrangements to this effect. The Flag and Port States should support the cruise ship operator in making the necessary arrangements for repatriation in line with the Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships referred to above. The level of support possible should be specified in the agreed arrangements.

Repatriation should be undertaken as quickly as possible while ensuring good medical infrastructure and transport connections for those persons being repatriated. The arrangements may include facilitating the docking of the ship, the disembarking of passengers, health screening and treatment. Specific attention should be paid to persons with special needs.

For high-exposure contacts, the quarantine arrangements should follow the recommendations made in Annex 1 (Management of Contact Persons).

### 4.3 Changes of crew

In relation to ship crews, it is recommended that Port States and their relevant national authorities should do everything possible to facilitate ship crew changes and the repatriation of seafarers, notwithstanding any restrictions that may continue to apply in response to the COVID-19 pandemic. Access to medical care onshore for crew members in need should also be granted under any circumstance.

<sup>48</sup> <https://ec.europa.eu/transport/sites/transport/files/legislation/c20203100.pdf>

<sup>49</sup> [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.14%20-%20Coronavirus%20\(Covid-19\)%20-%20Recommended%20Framework%20Of%20Protocols.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.14%20-%20Coronavirus%20(Covid-19)%20-%20Recommended%20Framework%20Of%20Protocols.pdf)

<sup>50</sup> A cruise usually fulfils the definition of a 'package' and therefore falls within the scope of Directive (EU) 2015/2302 of the European Parliament and of the Council of 25 November 2015 on package travel and linked travel arrangements. That Directive lays down the obligations of the organiser, including to provide assistance to travellers in difficulty. A cruise organiser shall carry travellers to the port of disembarkation that is provided in the package travel contract. If the carriage (e.g. flight) of the traveller to and from the cruise's port of embarkation/disembarkation is also included in the package, the organiser shall repatriate the traveller to his or her point of origin. Package organisers are required to take out insolvency protection that shall cover repatriation of travellers, if carriage of passengers is included in the package travel contract.

Table 1. Proposed measures to reduce the risk of COVID-19 transmission in the maritime sector per main group of stakeholders. ✓, yes; n/a, not applicable

Measures	Cruise ship operators	Staff	Passengers (incl. visitors)	Port authorities
	During embarking, onboard and disembarking			During embarking and disembarking
Provision of standard health promotion information	✓ <sup>†</sup>	n/a	n/a	✓
Specific local risk communication <sup>††</sup>	✓	✓	✓ <sup>‡</sup>	✓
Implement strategies to avoid overcrowding	✓	✓	n/a	✓
Health screening (incl. thermal screening)*	✓ (if adopted)	✓ (if adopted)	✓ <sup>‡</sup>	✓ (if adopted)
Keep physical distancing (at least 1.5 meters and ideally 2 meters)	✓	✓	✓	✓
Respiratory etiquette	✓	✓	✓	✓
Use of face masks (if physical distancing cannot be maintained)	✓	✓	✓	✓
Hand hygiene	✓	✓	✓	✓
Enhanced cleaning	✓	✓	n/a	✓
Waste management	✓	✓	n/a	✓
HVAC** systems: apply proper maintenance and COVID-19 related revisions if needed	✓	n/a	n/a	✓

<sup>†</sup>prominent display in various formats  
<sup>††</sup>maintain awareness of current specific local risks communicated by health authorities  
<sup>‡</sup>pay attention and comply with instructions  
<sup>\*</sup>not recommended for implementation, due to the limited evidence for their effectiveness at prevention and control of COVID-19.  
<sup>\*\*</sup>Heating, Ventilation and Air Conditioning



# Annex 1 - Scientific evidence and additional considerations on COVID-19

## Disease background

For more information and latest evidence on coronaviruses, epidemiology, transmission, clinical characteristics, diagnostic testing and screening, immune response, immunity, vaccine and treatment and transmission in different settings, please visit the page on COVID-19 disease background on [ECDC's website](#).

Detailed epidemiological information based on the laboratory-confirmed cases reported to The European Surveillance System (TESSy) is published in [ECDC's weekly COVID-19 surveillance report](#). [Overview of the epidemiological situation globally and in the EU/EEA countries and the UK](#) is updated weekly at the ECDC website.

## Specific travel-related risks

Travel and tourism could lead to an increased risk of SARS-CoV-2 transmission amplification in at least two ways. The first is related to mobility of people and the risk of transmission following arrival at the point of destination, and the second is the gathering of people at various venues such as airports, resorts and on modes of transport. Public health measures applied specifically to or within the travel sector are intended to minimise the likelihood of COVID-19 transmission on board various conveyances, at sites of embarkation/disembarkation and at destinations.

Travel-related introduction and tourism-related spread within the EU/EEA and the UK contributed substantially to the transmission across and within countries during the early phase of the COVID-19 pandemic<sup>51</sup>. However, in an epidemiological situation with significant domestic community transmission, as is the case in all EU/EEA Member States, the relative significance of transmission through tourism and long-distance travel will probably be small compared to ongoing transmission occurring in the local setting and as a result of local transportation.

In the particular situation where some Member States (especially those with small population) have decreased transmission to very low levels, the role of tourism and travel-related transmission may become significant due to the possibility of the virus being re-introduced at multiple sites, causing further spread. Furthermore, a high level of massive tourism-related activities may increase the risk of over-crowding in certain areas or during tourist events, which in turn may contribute to the increase in the spread of SARS-CoV-2.

Travel advice (or travel recommendations) refers to official government advice that travellers should consider in order to minimise their risk of infection. Travel advice has legal and economic implications. Travel and trade restrictions are regulated under the International Health Regulations (IHR) part II.

## Physical distancing

Current scientific studies and articles<sup>52,53,54,55</sup> confirm that, in general, the distance that large respiratory droplets can travel in the air is 1.5 metres for normal speech and up to 2 metres when coughing. Further evidence<sup>56</sup> indicates that the physical distancing should be of at least 1.5 metres and ideally 2 metres. For this reason, during the cruise, during embarkation and disembarkation cruise ship crew and operators, should ensure that 1.5-metre physical distancing is maintained wherever this is operationally feasible. If it cannot be guaranteed because of operational constraints, risk-mitigating measures should be implemented such as hand hygiene, respiratory etiquette, and use of face masks.

<sup>51</sup> European Centre for Disease Prevention and Control (ECDC). Considerations for travel-related measures to reduce spread of COVID-19 in the EU/EEA. <https://www.ecdc.europa.eu/sites/default/files/documents/Considerations-related-to-measures-for-travellers-reduce-spread-COVID-19-in-EU/EEA.pdf>

<sup>52</sup> Nicas M, Nazaroff WW, Hubbard A. Toward understanding the risk of secondary airborne infection: emission of respirable pathogens. *Journal of occupational and environmental hygiene*. 2005 Mar 1;2(3):143-54.

<sup>53</sup> Anfinrud P, Stadnytskyi V, Bax CE, Bax A. Visualizing speech-generated oral fluid droplets with laser light scattering. *New England Journal of Medicine*. 2020 Apr 15.

<sup>54</sup> Huang S. COVID-19: Why we should all wear masks—there is a new scientific rationale. *Medium*. March 26, 2020.

<https://medium.com/@Cancerwarrior/covid-19-why-we-should-all-wear-masks-there-is-new-scientific-rationale-280e08ceee71>

<sup>55</sup> Wan, M. P., & Chao, C. Y. (2007). Transport characteristics of expiratory droplets and droplet nuclei in indoor environments with different ventilation airflow patterns. *Journal of biomechanical engineering*, 129(3), 341–353. <https://doi.org/10.1115/1.2720911>

<sup>56</sup> Chu DK, Akl EA, Duda S, Solo K, Yaacoub S, Schünemann HJ, El-harakeh A, Bognanni A, Lotfi T, Loeb M, Hajizadeh A. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*. 2020 Jun 1.

## Use of face masks

- A **medical face mask** (also known as surgical or procedure mask) is a medical device to cover the mouth, nose and chin ensuring a barrier that limits the transmission of an infective agent between hospital staff and patients. It is used to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and helps reduce and/or control at source the spread of large respiratory droplets from the person wearing the medical face mask. Medical face masks should comply with the requirements defined in European Standard EN 14683:2019+AC:2019.
- **Non-medical face masks** (or community masks) include various forms of self-made or commercially available masks or face covers made of cloth, other textiles or other materials (such as paper). They are not standardised and do not offer a consistent level of protection. For these reasons, non-medical face masks are not recommended for use where a minimal physical distance of 1.5 meters between individuals is not guaranteed. A recently published European standard for community masks was published outlining the minimum requirements.<sup>57</sup>

Face masks are recommended mainly as a means of source control for persons who are symptomatic in order to prevent the spread of the respiratory droplets produced by coughing or sneezing.<sup>58</sup> There is increasing evidence that persons with mild or no symptoms at the pre-symptomatic and early stages of the infection can contribute to the spread of COVID-19. A face mask may help reduce the spread of the infection in the community by minimising the discharge of respiratory droplets from infected individuals who may not know they are infected and before they develop any symptoms.<sup>59-60</sup>

ECDC advises that the use of face masks outside health or social care settings can be considered, especially when visiting busy, confined spaces, or when using public transport — conditions that apply in the context of cruise ships and onboard aircrafts. The use of face masks should, therefore, be strongly recommended for both crew and passengers on cruise ships, with particular emphasis on areas or settings where the ideal 1.5 to 2-metre physical distancing is not feasible.

The use of face masks should be considered only as a complementary measure and not replace the preventive measures put in place, for example physical distancing, respiratory etiquette, meticulous hand hygiene, and avoiding touching the face, nose, eyes and mouth.

In general, face masks should be replaced when they become wet or soiled, or after being worn for 4 hours. Passengers should be reminded that they should ensure they have a sufficient supply of masks for the entire duration of their travel.

There are three main caveats associated with the use of face masks. Their correct use (how to wear and remove them, and how to manage the face mask while wearing it), the proper disposal of the used face mask, and the false sense of security that the use of a face mask can give:

- A face mask should completely cover the face from the bridge of the nose down to the chin. Before wearing and removing the face mask, hand hygiene with soap and water or alcohol-based hand sanitiser should be observed. When removing the face mask, it should be removed from behind, avoiding touching the front side.
- The false sense of safety that can be given by wearing a face mask should be considered: the face mask works mainly as a means of control for exhaled droplets, and not as a means of protection for the wearer. Passengers should be informed about this and about the importance of observing physical distance and frequent hand hygiene, together with the proper respiratory etiquette, to reduce the risk of infection.
- A used face mask as well as other waste from symptomatic patients can be treated as regular waste.

## Respiratory etiquette

- Strict respiratory etiquette should be advised: nose and mouth should be covered with a paper tissue when sneezing or coughing. If tissues are not available, coughing or sneezing into the elbow is recommended.
- Paper tissues should be disposed of immediately after use, ideally into bins with covers that can be opened without touching (hands-free), and hands should be washed/sanitised immediately after disposal of the used tissue.
- Health promotion material that promote the importance of respiratory etiquette should be available in different areas of the ship.

<sup>57</sup> Community face coverings - Guide to minimum requirements, methods of testing and use

<http://pr.euractiv.com/pr/cen-publishes-free-workshop-agreement-community-face-coverings-204399>

<sup>58</sup> Chu DK, et al, Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis Lancet 2020; 395: 1973–87 [https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9)

<sup>59</sup> European Centre for Disease Prevention and Control (ECDC). Using face masks in the community — Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks (<https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission>).

<sup>60</sup>WHO Advice on the use of masks in the context of COVID-19 [https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC\\_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCov-IPC_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y)

## Hand hygiene

SARS-CoV-2 is believed to be transmitted mainly via respiratory droplets and by direct contact. However, indirect contact with contaminated fomites is also believed to play a role in transmission. Therefore, frequent and meticulous hand washing and disinfection plays a key role in mitigating the risk of COVID-19 transmission.

- Health promotion material (e.g. posters, videos etc) that promote the importance of hand hygiene and explain how to perform effective hand hygiene should be available in different areas of the ship.
- Easy access to hand washing facilities with water and soap for passengers and crew, single use paper towels, and alcohol-based hand rub solutions (containing at least 70% of alcohol).
- Rigorous hand hygiene should be advised; especially after contact with frequently touched surfaces, before eating, drinking or smoking, and after using the toilet.

## Personal Protective Equipment (PPE)

- Healthcare personnel working on a medical facility on board ship or at the docking port, in contact with a possible, probable or confirmed COVID-19 case should wear a respirator tested for fitting, eye protection (i.e. visor or goggles), gloves and a long-sleeved gown.<sup>61</sup> In case of respirator shortage, a medical face mask can be used when not performing aerosol generating procedures (AGPs). Healthcare workers should strictly follow the procedures for putting on and safely removing PPE in the correct sequence.<sup>62</sup> The hands should be washed immediately after the removal of PPE. It is essential to ensure that all healthcare personnel is trained in the proper use of PPE.
- Other people who can get in direct contact with a possible, probable or confirmed COVID-19 case (e.g. care givers or family members sharing the same cabin of a person with disabilities) should wear a medical face mask and gloves. The medical face mask should be changed every time it is worn; if this is not possible, it should be changed when it becomes soiled, dirty or wet. When the medical face mask is taken off, it should be removed by touching only the elastic bands or strings; front and inside parts should never be touched. Hands should be washed/cleaned immediately (and thoroughly) after removing the medical face mask. Gloves should be worn when providing care to the patient or when coming in contact with bodily fluids (e.g. mucous, faeces, urine, etc.). Gloves should be changed every time they are worn or when they become soiled, or if their integrity is compromised. Hands should be washed/cleaned immediately after removing the gloves.<sup>63</sup> Staff engaged in environmental cleaning on board ship or at the port after a possible, probable or confirmed COVID-19 case was present should wear a medical face mask, uniform and single-use plastic apron, and gloves. For the cleaning of a cabin where a COVID-19 patient was isolated, the same PPE apply. Hand hygiene should be performed each time after removing gloves or medical face mask.<sup>64</sup>
- Maintenance crew working in Heating, ventilation, and air conditioning (HVAC) systems on board ship should wear a respirator tested for fitting, eye protection (i.e. visor or goggles), and gloves. If available, a long-sleeved gown can be worn in addition when a possible, probable or confirmed COVID-19 case is present. In case of respirator shortage, a medical face mask can be used. Heavy duty gloves and boots can be considered if needed based on risk assessment and on safety issues.<sup>65</sup> Maintenance crew should strictly follow the procedures for putting on and safely removing PPE in the correct sequence. The hands should be washed immediately after the removal of PPE.

## Testing strategy

Any person (passenger or crewmember) who exhibits COVID-19 compatible symptoms (see case definition below) should be tested, as soon as possible. Passengers should be given clear information at multiple times during the cruise that they should contact the cruise medical services as soon as they have any symptoms.

<sup>61</sup> European Centre for Disease Prevention and Control (ECDC). Guidance for wearing and removing personal protective equipment in healthcare settings for the care of patients with suspected or confirmed COVID-19. <https://www.ecdc.europa.eu/en/publications-data/guidance-wearing-andremoving-personal-protective-equipment-healthcare-settings>

<sup>62</sup>

ibid

<sup>63</sup> European Centre for Disease Prevention and Control (ECDC). Infection prevention and control in the household management of people with suspected or confirmed coronavirus disease (COVID-19). <https://www.ecdc.europa.eu/en/publications-data/infection-prevention-control-household-management-covid-19>

<sup>64</sup> European Centre for Disease Prevention and Control (ECDC). Disinfection of environments in healthcare and nonhealthcare settings potentially contaminated with SARS-CoV-2. [https://www.ecdc.europa.eu/sites/default/files/documents/Environmental-persistence-of-SARS-CoV-2-virus-Options-for-cleaning2020-03-26\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/Environmental-persistence-of-SARS-CoV-2-virus-Options-for-cleaning2020-03-26_0.pdf)

<sup>65</sup> EU HEALTHY GATEWAYS Joint Action. OVERVIEW OF PERSONAL PROTECTIVE EQUIPMENT (PPE) RECOMMENDED FOR PERSONNEL, CREW AND PASSENGERS AT POINTS OF ENTRY AND ON BOARD CONVEYANCES IN THE CONTEXT OF THE COVID-19 PANDEMIC. [https://www.healthygateways.eu/Portals/0/plcdocs/EUHG\\_PPE\\_Overview\\_24\\_04\\_2020\\_F.pdf?ver=2020-05-20-201841-010](https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Overview_24_04_2020_F.pdf?ver=2020-05-20-201841-010)

At the time of writing, the clinical performance of rapid antigen tests for COVID-19 remains unclear within the different settings and intended uses. Rapid antigen tests used for other respiratory diseases (e.g. influenza or Group A streptococcus) may help in the differential diagnosis of these cases, as COVID-19 presents with similar symptoms.

In order to allow for early detection of COVID-19 cases and clusters, national/regional/local public health authorities need to ensure that all tourist destinations have easy access or clear operating procedures for the sample collection and testing of any person developing symptoms. Local testing capacity should be developed to ensure timely results. Alternatively, if there is limited or no testing capacity in the area, access to a testing facility and shipment of samples for testing should be planned proactively.

Testing for COVID-19 should be part of a protocol including travel advice and quarantine measures.

## Case definition

### Clinical criteria

Any person with at least one of the following symptoms [1]:

- cough
- fever
- shortness of breath
- sudden onset of anosmia, ageusia or dysgeusia

[1] Additional less specific symptoms may include headache, chills, muscle pain, fatigue, vomiting and/or diarrhoea.

### Diagnostic imaging criteria

Radiological evidence showing lesions compatible with COVID-19

### Laboratory criteria

Detection of SARS-CoV-2 nucleic acid in a clinical specimen [2]

[2] Further guidance on laboratory issues on the page: [Laboratory support](#)

### Epidemiological criteria

At least one of the following two epidemiological links:

- close contact [3] with a confirmed COVID-19 case in the 14 days prior to onset of symptoms
- having been a resident or a staff member, in the 14 days prior to onset of symptoms, in a residential institution for vulnerable people where ongoing COVID-19 transmission has been confirmed

### Case classification

1. Possible case:  
Any person meeting the clinical criteria
2. Probable case:  
Any person meeting the clinical criteria with an epidemiological link  
OR  
Any person meeting the diagnostic criteria
3. Confirmed case:  
Any person meeting the laboratory criteria

Notes:

The term "suspect cases" which addressed individuals who should be tested for COVID-19 is no longer used. Read more on [testing strategies](#)

[3] Close contact defined according to the ECDC guidance document '[Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union](#)', and specified in further detail specific to cruise ships in the section on Contact Tracing below.

## Case management on board

During the cruise, if a passenger develops symptoms compatible with COVID-19 while on board, the following steps should be taken for this passenger:

- they should be instructed to wear a medical face mask (if not already wearing one);
- they should be isolated in an isolation ward, cabin, room or quarters and infection control measures should be instituted until arrival at the closest destination port where testing for COVID-19 can be performed;
- a limited number of crew members (wearing appropriate PPE) should be assigned to serve this cabin(s);
- if more than one person onboard the cruise ship exhibits COVID-19 compatible symptoms requiring testing, and if there is not enough capacity to isolate in single-occupancy cabins, quarters, etc then cohorting can be considered until arrival at the closest destination port where testing for COVID-19 can be performed.

In the event that a possible, or probable or confirmed case of COVID-19 is identified on board, the ship should be diverted to the nearest port where testing for SARS-CoV-2 can take place and where local public health authorities can be consulted to further manage the situation including the provision of specialist care, and where necessary, carrying out contact tracing.

For more information on the case management on board, please refer to: [Advice for ship operators for preparedness and response to the outbreak of COVID-19](#)<sup>66</sup>

## Passenger locator data

The current standard for collecting passenger locator data is a form that was developed as a collaboration between WHO, the International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA) in 2012 for the aviation sector. Passenger locator forms can be used for any conveyance and for the maritime industry a modified form has been developed addressing both passengers and crew by the EU-Joint action Healthy Gateways.<sup>67</sup>

Depending on the public health regulations in the destination country(-ies) passengers can be asked to fill out a hard copy of passenger locator form before entering the cruise ship, before visiting destination ports and/or before disembarking the cruise. The same forms can be used for the cruise ship crew particularly if a change of crew is foreseen.

Passenger locator data should be made available to the public health authorities as soon as possible upon their request so that they can initiate contact with exposed passengers. The prompt availability of accurate passenger locator data is extremely important for the success and effectiveness of contact tracing operations (see section below). This enables public health authorities to identify and notify contacts of an infected case for active follow-up and the provision of relevant advice.

Direct collaboration between cruise companies, port authorities and public health authorities would be the easiest way to obtain the necessary passenger data in a timely manner for effective contact tracing. Member States will need to assess whether the transfer of passenger location data from cruise ships to public health authorities complies with the requirements under the General Data Protection Legislation (GDPR), taking into account the legal requirements under their national law.

ECDC has proposed collecting a minimum data set, which allows the rest of the personal information to be obtained during the contact tracing interview. This data includes the following limited fields:

- Cruise ship name and number, Cabin number;
- Full name
- Date of birth (optional, but may be useful to differentiate between people with common names);
- Telephone number: a functioning mobile number preferred;
- Email address: a functioning email.

Electronic methods for transferring these data should be explored in collaboration with the cruise companies and port authorities.<sup>68</sup>

<sup>66</sup> [https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID-19\\_MARITIME\\_20\\_2\\_2020\\_FINAL.pdf?ver=2020-02-21-123842-480](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_MARITIME_20_2_2020_FINAL.pdf?ver=2020-02-21-123842-480)

<sup>67</sup> Joint Action Healthy Gateways- Passenger Locator Forms for Ships and Ferries: <https://www.healthygateways.eu/Translated-Passenger-Locator-Forms>

<sup>68</sup> ECDC, Considerations relating to passenger locator data, entry and exit screening and health declarations in the context of COVID-19 in the EU/EEA and the UK, at: <https://www.ecdc.europa.eu/en/publications-data/passenger-locator-data-entry-exit-screening-health-declaration>

## Contact Tracing

Contact tracing is an essential measure to limit the spread of COVID-19. It is normally done only when a case has been laboratory-confirmed but in the cruise ship setting it is recommended that contact tracing is initiated already when a possible or probable case of COVID-19 is identified and while waiting for laboratory confirmation.<sup>69</sup> This is due to the high risk of transmission on cruise ships and the fact that rapid tests, while available, are currently not validated and confirmatory testing is likely to only be available on shore. In this section, the word 'case' includes possible, probably and confirmed cases.

ECDC guidance on contact tracing<sup>70</sup> as well as WHO guidance 'Operational considerations for managing COVID-19 cases or outbreaks on board ships'<sup>71</sup> should be consulted when planning for how to carry out contact tracing. Contact tracing should always be done in collaboration with public health authorities. If the ship is not yet in port, and a possible case has been identified, crew should start contact tracing on board while also contacting with public health authorities in the next port to ensure their input into the contact tracing process.

ECDC guidance on contact tracing defines high-risk and low-risk exposure contacts and gives advice for follow up<sup>22</sup>.

All persons on board should be assessed for their exposure and classified as high risk exposure (close) or low risk exposure contacts. The passenger or crew member that meets the definition of a case should be asked to provide information about the places that he/she visited and about his/her contacts, including the period from two days before the onset of symptoms on board the ship or ashore.

Two different definitions of contacts should be used depending on the number of cases identified on board:

**A:** If a single possible or probable case OR a couple of possible or probable cases sharing the same cabin have been identified on board, then the following definitions of contacts should be applied:

### High risk exposure (close) contact:

- A person who has stayed in the same cabin with a case;
- A cabin steward who cleaned the cabin of a case or who delivered food to the cabin where the case was staying.
- A person who has had face to face contact (on-board or on-shore) within 2 metres for more than 15 minutes or who was in a closed environment for more than 15 minutes with a case. For passengers this could include but is not limited to participating in common activities, participating in the same immediate travelling group, or taking a class as well as sharing the same social space such as restaurant or gym. This also includes intimate partners. For crew this may include working in the same area as a case or socialising with a case (including fellow crew members), waiting on a table where a case was dining or leading a social activity where the case was participating.
- Healthcare worker or other person providing direct care for a case without wearing appropriate PPE.

### Low risk exposure contact:

- In a confined space such as a cruise ship where it is difficult to assess the contact exposure, it is advised to consider as low-risk exposure contacts all travellers on board the ship who do not fulfil the criteria for the definition of a close contact.

**B:** If a single confirmed case OR more than one possible or probable case not sharing the same cabin have been identified, all travellers on board should be considered as high-risk exposure contacts. However, this may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.

Note that the assessment of whether persons are high- or low-risk exposure contacts should be done in conjunction with public health authorities and a case-by-case assessment of risk should always be made.

<sup>69</sup> European Centre for Disease Prevention and Control (ECDC). Case definition for coronavirus disease 2019 (COVID-19), as of 29 May 2020. <https://www.ecdc.europa.eu/en/covid-19/surveillance/case-definition>

<sup>70</sup> European Centre for Disease Prevention and Control (ECDC). Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union - second update <https://www.ecdc.europa.eu/en/covid-19/contact-tracing-public-health-management>

<sup>71</sup> World Health Organisation (WHO). Operational considerations for managing COVID-19 cases/outbreak on board ships. <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

## Management of contact persons

Contacts of possible and probable cases should be managed as if the case was confirmed until the final test result is available. If the possible case tested negative no further action is needed. If the laboratory result is positive, contacts should be managed as detailed below and according to the ECDC guidance on contact tracing<sup>72</sup> which outlines this in more detail.

High-risk exposure contacts should quarantine for a period of 14 days after the last exposure to the case. They should strictly follow hygiene measures and respiratory etiquette, monitor for symptoms, ideally be provided with a fever thermometer, and be informed on what to do if they develop symptoms.

Quarantine should ideally happen in an on-shore facility, but if not possible then contacts should remain in their cabin with the door closed and provided with food and other essentials, while ensuring the safety of crew providing these services, considering also that passengers could be provided with cleaning materials to clean the cabin, rather than cleaning being done by crew who would then be risk exposed. Cabins where contacts are quarantined should have ensuite bathrooms. If two or more people share a cabin and only one of them is a high-risk contact, the contact person should be relocated to a single-occupancy cabin. If two or more people who are identified as contacts share a cabin, and one develop symptoms the person who develop symptoms should be managed as a possible case and their contact persons should be subsequently housed in separate cabins. If the cruise comes to an end during the 14-day period, contact persons should be safely disembarked and quarantine continued onshore.

Testing should also be considered for high risk exposure (close) contacts even if they have not developed symptoms. The prompt identification of infection among contacts would enable tracing of their contacts to be initiated as early as possible rather than waiting for symptoms to develop. In particular, contacts at risk to develop severe disease (e.g. elderly and/or people with underlying conditions and co-morbidities) should be actively tested. A negative PCR test result for SARS-CoV-2 is not a substitute for the 14-day quarantine period as infection may develop later in the incubation period after an initially negative test.

Low-risk exposure contacts should be provided with detailed information on daily self-monitoring for COVID-19-compatible symptoms for 14 days following the last exposure to the case; physical distancing measures; rigorous hand hygiene and respiratory etiquette measures, including wearing a face mask. Should symptoms develop, these contact persons should immediately self-isolate and seek medical advice. This applies whether the contact persons remain on board or have disembarked. All low-risk exposure contacts should be requested to complete passenger locator forms with their contact details and the locations where they will be staying for the following 14 days.

If one of the contact persons develops symptoms contact tracing should start again and identify their contact persons who should be managed accordingly.

A database on cases and their contacts should be kept on board. For large number of cases WHO's software Go. Data could be used<sup>73</sup>.

## Cases identified after the end of the cruise

It is also important to rapidly identify and trace the contacts of anyone who, after the end of their time on the cruise ship is diagnosed with COVID-19 and is determined to have been infectious while on the ship (with the infectious period starting from 2 days before symptom onset). Contact tracing should be initiated by the public health authorities where the case is diagnosed, and the cruise ship company would be contacted to help facilitate identifying and contacting passengers and crew who were exposed to the case. Measures to assist and facilitate such tracing could be as simple as asking passengers to provide contact details for follow-up if required. Collection of contact information should ideally be done electronically to facilitate and speed up the process of contacting persons at risk and for merging this information with the contact tracing database. Please note that the identification of a single confirmed case that was infectious on the cruise (from two days before symptom onset) results in all passengers and crew who were on board at the time being considered high-risk contacts (as per the definition above). All passengers should therefore be contacted and informed about management including quarantine for 14 days since last exposure as outlined above. They should also be advised to contact the public health authorities where they are staying for further advice on follow up.

<sup>72</sup>European Centre for Disease Prevention and Control (ECDC). Contact tracing for COVID-19: current evidence, options for scale-up and an assessment of resources needed. <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-Contract-tracing-scale-up.pdf>

<sup>73</sup>World Health Organisation (WHO). Go.Data: Managing complex data in outbreaks. <https://www.who.int/godata>

## Immunity certificate

The quantity, quality and duration of the human immune response to SARS-CoV-2 is, as yet, unclear. In addition, we lack validated serology tests that can ascertain immunity to the virus. Therefore, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an immunity passport / certificate.

Given the evidence currently available, any immunity certification for COVID-19 is not supported by ECDC.

## Requirement for recent negative RT-PCR test for COVID-19

If a COVID-19 RT-PCR test performed using a well-validated diagnostic molecular detection assay is negative (e.g. 72 hours prior to departure), it could indeed help to prevent asymptomatic and pre-symptomatic COVID-19 cases from travelling. However, a negative test does not exclude the possibility that the person tested may become infectious in the days prior to departure (after the test has been performed) or during travel (on board, or at the destination) since the virus incubation period is 2-14 days.

All testing should take into account the quality of the test and specimen, as well as the epidemiological situation to exclude the possibility of a false result.

If a national authority or a cruise operator decides to include laboratory testing (e.g. a RT-PCR for COVID-19 before departure) as part of the exclusion policy for travellers, this should be communicated to passengers well before their departure date, so that they have sufficient time to plan testing. When deciding whether to include testing as a requirement for travel, EU Member States should take into consideration the limitations, including cost, testing policy and the availability of tests in the other EU/EEA countries. In many of the EU/EEA Member States, testing is not readily available or foreseen for asymptomatic persons or for those with mild respiratory symptoms. Finally, the 72-hour window may cause significant logistical issues, due to the laboratory processing time required between sample collection and results becoming available.

## Temperature Screening

Temperature screening of passengers, particularly at international points of entry (PoE), is frequently considered as the go-to measure to implement for health safety in order to safeguard regions or countries from the introduction of a communicable disease. These procedures usually include some type of thermal screening (contactless thermometers, thermal scanners/cameras and others) to detect exiting or entry passengers with fever (e.g. body temperature >38°C). Additional (secondary) screening is frequently added to this procedure using a health declaration form or a health questionnaire, potentially administered and assessed by a health professional to determine the need to test for the particular pathogen.

Historically, reports reviewing entry screening procedures based on temperature screening from several countries at the time of the SARS outbreak (2003), the A(H1N1)pdm09 influenza pandemic (2009) and the Ebola virus disease (EVD) in West Africa (2014-2016) consistently show that screening using temperature control is a high-cost, low-efficiency measure.

As regards COVID-19, based on what we know so far, several of its characteristics make it unlikely that temperature screening alone, either at the start of the cruise or as a daily health monitoring tool will be an effective and/or efficient procedure to promptly detect COVID-19 on board. Moreover, it is also unlikely that temperature screening will prevent the introduction and onward transmission of the disease in destination ports. These assessments are based on the following:

- Many individuals who have been infected with the virus could be in the incubation phase when travelling and not yet showing symptoms; SARS-CoV-2 has an incubation period of 2-14 days, with 75% of cases developing symptoms after 4-7 days. Passengers in the incubation period will not be detected by temperature screening, even in a scenario assuming high sensitivity equipment. When this scenario was modelled for entry or exit screening at the beginning of the outbreak in January 2020, it showed that an estimated 75% of infected passengers would exit or enter the country without being detected.<sup>74</sup>
- Since the beginning of the pandemic, evidence has accumulated indicating that asymptomatic (or pre-symptomatic and mild) cases play a significant role in the transmission of COVID-19 (maybe up to 40%) and it is currently established that transmission starts before the onset of symptoms (peaking 0.7 days before).<sup>75</sup>
- In the case of COVID-19, fever is frequently, but not consistently, reported in symptomatic cases. According to ECDC's weekly epidemiological report for week 26/2020, fever was reported for 53% of over 160 000 laboratory-confirmed COVID-19 cases entered in The European Surveillance System (TESSy).<sup>76</sup> In addition, fever is a symptom that can be temporarily concealed by using antipyretic drugs.

<sup>74</sup> Quilty BJ, Clifford S, Flasche S, Eggo RM. Effectiveness of airport screening at detecting travellers infected with novel coronavirus (2019-nCoV). *Eurosurveillance*. 2020;25(5):2000080.

<sup>75</sup> He X, Lau EH, Wu P, Deng X, Wang J, Hao X, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. *Nature medicine*. 2020;26(5):672-5.

<sup>76</sup> <https://www.ecdc.europa.eu/en/covid-19/surveillance/weekly-surveillance-report>



- The large variety of screening equipment (contactless thermometers, thermal scanners, etc.) commercially available requires that particular care is taken in calibration and the setting of thresholds for categorising people as screen-positive. The performance of devices is difficult to compare because of different targets and modes of operation. In addition, their performance is affected by the choice of the cut-off value set for screening (e.g. 37.5 or 38.0°C). In general, performance is reported as follows:
  - Sensitivity: 80–99%, meaning that between 1 and 20% of febrile passengers will not be detected (false negative).
  - Specificity: 75–99%, meaning that between 1 and 25% of non-febrile passengers will be incorrectly detected (false positive).

Some reports suggest that taking the average of several readings improves accuracy; however, this increases the resources necessary to perform the task.<sup>77</sup>

Nevertheless, temperature screening processes may help dissuade those who are sick from travelling or entering public places and enhance the confidence of healthy travellers. In addition, they offer a further means for providing specific information to passengers on the disease, the current epidemiological situation and where to seek medical advice, if needed. A number of imported COVID-19 cases have been detected through temperature and entry screening at destination PoE (e.g. in Taiwan, where there is a permanent screening system in place).

Due to the currently ongoing community transmission levels in all EU/EEA countries and the UK, if temperature screening is adopted by the national health or port authorities, it should include all points of entry and all passengers, using a specific protocol for primary and secondary screening, testing and follow-up. This entails huge human, laboratory, logistical (PPE, sample transport, passenger transit and quarantine, etc.) and monetary resources, which will reduce the amount available for preparedness planning for a potential second wave of the COVID-19 pandemic.

## Health screening questionnaire

A health questionnaire or health declaration form can be used as a tool for health monitoring before the cruise will start. The completed form should be assessed by a health professional for each passenger separately<sup>78</sup>. This may entail re-checking the temperature and other vital signs and going over the questions in more detail to decide if the passenger should be referred for COVID-19 testing.

A questionnaire template is included below (Box 1), with a set of frequently reported clinical symptoms in COVID-19 cases. However, it should be noted that no single symptom or combination of symptoms has proven to be pathognomonic for the disease. Cough and fever are by far the more frequent symptoms, while malaise, myalgia and anosmia (sudden loss of smell) or dysgeusia (loss or change of taste) are much less frequent and are usually associated with milder cases. Combinations of answers including cough and/or fever are more suggestive of COVID-19 in the context of widespread community transmission, while combinations without either of those two symptoms are less so. Any combination, which includes sudden onset anosmia (loss of smell) should also be referred for testing.

As with other communicable disease contexts, possible or probable cases detected among travellers should trigger a thorough investigation including contact tracing. The data provided in the passenger locator form and the health questionnaire would greatly facilitate this task. Cruise operators and Member States should handle this information complying with the requirements under the General Data Protection Legislation (GDPR), taking into account the legal requirements under their national law.

<sup>77</sup> ECDC, Infection prevention and control measures for Ebola virus disease: Entry and exit body temperature screening measures. Available from: <https://www.ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/Ebola-outbreaktechnicalreport-exit-entry-screening-13Oct2014.pdf>

<sup>78</sup> [https://www.ecdc.europa.eu/sites/default/files/documents/ECDC-one-page\\_EntryScreening\\_Passenger-Locator-and-Health-Declarations.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/ECDC-one-page_EntryScreening_Passenger-Locator-and-Health-Declarations.pdf)

**Box 1. Example of health screening questionnaire**

*Introductory text needed to explain the reason for this data collection, the process for handling personal information and the period for which the data will be held.*

Personal identification (first and last name): \_\_\_\_\_

Personal contact information: \_\_\_\_\_

1. In the last 8 days before your journey, have you had any of the following symptoms? (Please mark Yes or No next to each symptom)

- |                                                 |          |
|-------------------------------------------------|----------|
| i. Recently developed cough (dry or productive) | Yes / No |
| ii. Fever (or feeling feverish)                 | Yes / No |
| iii. General weakness                           | Yes/ No  |
| iv. Generalised muscle aches                    | Yes/ No  |
| v. Sudden loss of smell and/or taste            | Yes/ No  |

2. In the last 14 days before your journey, were you in contact with anyone diagnosed with COVID-19 infection?

Yes/ No

3. In the last 14 days before your journey, list the cities and countries you have visited and indicate the duration of your stay in each one:

Place: \_\_\_\_\_ Duration: date of arrival \_\_\_\_\_ date of departure \_\_\_\_\_

Place: \_\_\_\_\_ Duration: date of arrival \_\_\_\_\_ date of departure \_\_\_\_\_

*Text needed to provide information to the passenger on the disease and explain where to find more information and/or seek advice, if needed.*

**Assessment section:**

1. Temperature check:

2. Other vital signs:

3. Use of antipyretics or other analgesics, up to 4 hours before temperature check: Yes/No

Assessment decision: \_\_\_\_\_



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