International Chamber of Shipping

Shaping the Future of Shipping

Coronavirus (COVID-19)

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

Version 2.0 – 28 May 2020

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

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

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

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Contents

1 Introduction 5
2 Port Entry Restrictions 6
3 Shipboard Measures to Address Risks Associated with COVID-19 7
4 Managing an Outbreak of COVID-19 On Board Ship 12
5 Other Medical Issues during COVID-19 18

Annex A Posters 21
Annex B Sample Crew/Passenger Locator Card 32
Annex C Sample Crew/Passenger Health Self-Declaration Form 33
Annex D Recommended WHO COVID-19 Support and Logistics Supplies List, with Availability Advice Provided by IMHA 35
Annex E How to Make Non-Medical Masks 37
Annex F Interim Guidance on the Use of Masks in the Context of COVID-19 41
Annex G Measures to Enhance Mental Health and Wellbeing 43
Annex H Ability for Seafarers to Renew Prescriptions 45

1 Introduction

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

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

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

COVID-19 was first reported in December 2019 in Wuhan, China and has since spread to almost all countries of the world. More than 5 million cases have been reported at the time of going to print, including over 300,000 deaths. In most cases, COVID-19 is a mild, self-limiting disease. In some cases, it can cause more severe illness including pneumonia and death. The time from the initial contact with the virus until symptoms develop is usually 5 to 7 days although it can be up to 14 days. In more severe cases, symptoms usually worsen gradually after they first appear.

No vaccine or specific drug treatment is currently available, and the focus of public health authorities worldwide has been to contain the virus through preventative measures, in order to limit and slow down widespread transmission.

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

Because a ship is a closed environment, after being at sea for 14 days or more, and if no crew show signs of illness, a ship may be considered as free from COVID-19 and therefore safe.

ICS is grateful for the support of the following organisations in preparing this Guidance: International Maritime Organization (IMO), International Labour Organization (ILO), WHO, International Maritime Health Association (IMHA), European Centre for Disease Prevention and Control (ECDC), Mediterranean Shipping Company S.A. (MSC), the Norwegian Centre of Maritime and Diving Medicine, North of England P&I Club and Wilhelmsen Ships Service.

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

2 Port Entry Restrictions

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

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

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

However, it is critical that port States accept all types of ship for docking and to disembark suspect cases, as it is difficult to treat suspect cases on board and could endanger others. See section 4.6 for more detail.

ILO and IMO (in IMO Circular Letter 4204.Add.1 on COVID-19 – Implementation and enforcement of relevant IMO instruments) have advised that during the ongoing COVID-19 outbreak, effective protection of the health and safety of seafarers must remain a priority.

Under the ILO Maritime Labour Convention (MLC):

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

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

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

3 Shipboard Measures to Address Risks Associated with COVID-19

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

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

Information about the coronavirus (COVID-19)

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

Shipboard measures to address risks associated with COVID-19

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

Managing an outbreak of COVID-19 on board ship

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

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

3.1 Protective and Hygiene Measures

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

The person(s) responsible for on board medical care on board ships should be informed and updated about the outbreak of COVID-19 and any new evidence and guidance available. It is recommended that they review the WHO website for COVID-19 advice and guidance.

who.int/health-topics/coronavirus

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

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

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

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

- Frequent hand washing using soap and hot water or alcohol-based (at least 65–70%) hand rub for 20 seconds;
- When hand washing is essential (e.g. after assisting an ill traveller or after contact with surfaces they may have contaminated, etc);
- When to hand rub with an antiseptic instead of hand washing, and how to do this;
- Avoidance of touching the face including mouth, nose and eyes with unwashed hands (in case hands have touched surfaces contaminated with the virus);
- Covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose and disposal of the used tissue immediately into a waste bin;
- If a tissue is not available, covering the nose and mouth and coughing or sneezing into a flexed elbow;
- Aiming to keep at least one metre (three feet) distance from other people, particularly those that cough or sneeze or may have a fever;
- Placing the toilet lid down before flushing; and
- Handling meat, milk or animal products with care, to avoid cross-contamination with uncooked foods, consistent with good food safety practices.

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

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

See the WHO Advice on the Use of Masks in the Context of COVID-19. **Hand and respiratory hygiene are considered far more important.**

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

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

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

Annex A4 is a poster that can be used on board to advise seafarers how to stay informed.

Annex A8 is a poster that can be used to advise seafarers how to take care when shopping.

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

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

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

3.2 Measures to manage the ship/shore interface

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

Under the ISM Code, shipping companies are required to assess all identified risks to their ships and personnel and establish appropriate safeguards. As a result, shipping companies should have developed plans and procedures to address the risks associated with the interface of seafarers with shore-based personnel as part of the ship operations.

Before a ship arrives in a port, ship operators should instruct their ships to communicate their requirements and expectations to all anticipated shore-based entities or personnel that may come on board the ship, if necessary through the ship's port agent.

Further guidance for ship operators on protecting the health of seafarers and managing the interaction with shore-based personnel coming onboard the ship during the COVID-19 pandemic is provided in the ICS COVID-19: Guidance for Ensuring a Safe Shipboard Interface Between Ship and Shore-Based Personnel.

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

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

Both posters and the ICS Guidance can be downloaded from the ICS website: **www.ics-shipping.org/covid19**.

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

3.3.1 Embarkation

Embarkation of seafarers and passengers onto ships needs to be carefully managed to reduce the risk of a person infected with COVID-19 coming on board the ship or transmitting COVID-19 to persons on board the ship during the process of embarkation.

Measures to reduce the risk that seafarers (and any passengers) bring the COVID-19 infection on board a ship include screening questionnaires, temperature scanning or measurement, and testing.

Ship operators should consider the introduction of procedures to screen seafarers (and any passengers) coming on board the ship by requiring them to complete a screening questionnaire (health self-declaration) or to undergo body temperature scanning or measurement at the time of embarkation. A screening questionnaire (health self-declaration) pertaining to COVID-19 can assist ships in screening those embarking onto ships for any symptoms or recent medical history specifically relevant to COVID-19. A sample template for a Crew/Passenger Health Self-Declaration Form is provided in **Annex C.** [1,2] Embarkation should not proceed for those registering a temperature reading of 38°C or above. Whilst body temperature scanning or measurement is a useful measure that ship operators should put in place, it is not totally effective as scientific evidence has shown that some infected persons may show no symptoms such as a high body temperature, and some may not develop any symptoms for up to 10 days.

Evidence suggests that asymptomatic persons still carry the virus and transmit it to others, therefore testing can help identify such persons who were not identified by other screening measures. If possible, testing should be carried out at the time of embarkation in ports or terminals where tests are reasonably available. At the current time, testing should only be conducted by representatives of the port health authorities and only polymerase chain reaction (PCR) tests are recommended. A PCR test involves a swab of the nose or throat and identifies the presence of the virus. This recommendation may change as and when new tests become available. Any seafarer who has tested positive should not be permitted to board the ship and should receive further medical assessment or tests. Since a negative PCR test does not guarantee that a seafarer is not infected with COVID-19 and they could still potentially carry the virus on board the ship, any seafarer about to join the ship who develops any symptoms of a respiratory tract infection (cough, fever, sore throat, etc.) should be boarded as planned and should receive further medical advice. [3] The ability of ship operators to test seafarers prior to embarkation depends on many factors, most of which are beyond their control, especially the availability of testing in ports and terminals.

Some countries who supply seafarers to the global fleet are encouraging seafarers to be tested before leaving their country of residence, with those that test positive not being permitted to travel abroad. However, ship operators should remain cautious about pre-employment medical examination (PEME) clinics or manning agencies conducting tests for COVID-19 prior to deployment. Due to the risk that a seafarer may subsequently become infected while travelling to the ship, the most effective time to test for COVID-19 to reduce the risk of infection on board ship is in the port or terminal prior to embarkation, with the seafarer isolated ashore while the test result is awaited. Testing prior to deployment to travel to the ship is not without some merits to reduce risks associated with COVID-19. It may be a pre-requisite for travel by relevant authorities, it avoids seafarers travelling to the ship who may then not be permitted to board due to positive test or screening at the time of embarkation, and it avoids the risk of transmission to others during travel.

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

2 Equipment or devices used at the gangway or on the deck of a tanker may be required to be intrinsically safe. As clinical non-contact thermometers are of a non-intrinsic type, they should only be used when and where permitted in accordance with the ship's procedures.

3 According to the IMHA, 30% of tests currently show false negative results meaning there remains the risk, even with testing and screening procedures that there could be seafarers who carry the active virus, but display no symptoms and who tested negative.

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

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

Ship operators should consider requiring seafarers to complete a period of shipboard self-distancing (SSD) after embarkation in order to monitor their health and to manage the risk that they may be infected and be yet to display any symptoms at the time of embarkation.

Ship operators should define what elements of SSD should be followed and for what period of time. ICS recommends that seafarers be expected to practise SSD for the first 14 days after embarkation, but it should not prejudice seafarers performing their assigned duties and responsibilities. Where maintaining appropriate distancing or minimising close contact might be difficult or nearly impossible, ship operators should require the seafarers concerned to wear PPE.

Shipboard self-distancing (SSD)

SSD may involve some of the following elements for seafarers:

- Maintaining a WHO recommended social distance of at least one metre when working alongside other seafarers to the extent possible;
- Avoiding all non-essential contact or close proximity with other seafarers and any other persons;
- Using external stairways/escape routes and walkways to move around the ship when possible, but only if conditions and circumstances permit and it is safe to do so;
- Disinfecting their own work areas, equipment and tools as appropriate after use;
- Refraining from using any common areas on board, such as the mess/day room, laundry area or recreational areas when being used by others, unless special arrangements or measures are in place;
- Returning to their cabin immediately after completing work hours;
- Remaining in their cabin during rest hours, except when arrangements or measures are in place to permit them to spend some rest time on deck; and
- Receiving and eating all meals in their cabin, provided it is safe to do so.

Upon completion of the period of SSD required by the ship operator, any seafarers who are not displaying any symptoms of COVID-19 should be considered safe.

3.3.2 Disembarkation

Disembarkation of seafarers (and any passengers) from ships needs to be carefully managed to reduce the risk of being infected with the COVID-19 during disembarkation from the ship (including interaction with any personnel or infrastructures in the port/terminal).

The health of seafarers should be monitored prior to disembarkation to ensure that, as far as reasonably practicable, they are sufficiently healthy to disembark and travel for the purposes of repatriation. Measures to monitor and assess the health of seafarers (and any passengers) at the time of disembarkation include screening questionnaires, temperature scanning or measurement, and testing.

Ship operators may be advised that testing is available in ports or terminals for seafarers (and any passengers) who will be disembarking from the ship. At the current time, testing should only be conducted by representatives of the port health authorities. Any seafarer who tests positive should receive further medical assessment or tests ashore.

Ship operators may also consider requiring seafarers (and any passengers) to complete a screening questionnaire (health self-declaration) or to undergo body temperature scanning or measurement at the time of disembarkation. The sample template for a Crew/Passenger Health Self-Declaration Form provided in **Annex C** may also be used for this purpose. [4]

Further guidance for ship operators on the disembarkation of seafarers is provided in P7 and P8 of the IMO Recommended Framework of Protocols for Ensuring Safe Ship Crew Changes and Travel during the Coronavirus (COVID-19) Pandemic, which is included in the IMO Circular Letter No.4204/Add.14 (5 May 2020) and is available to download from the ICS website at ics-shipping.org/covid19.

Annex A3 is a poster that can be used to advise seafarers how to stay healthy while travelling to and from ships.

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

4 Managing an Outbreak of COVID-19 On Board Ship

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

When developing plans to manage outbreaks, ship operators should take into account the WHO Operational Considerations for Managing COVID-19 Cases/Outbreaks On Board Ships, interim guidance 25 March 2020, which should be used in conjunction with the WHO Handbook for Management of Public Health Events on Board Ships.

who.int/publications-detail/operational-considerations-for-managing-COVID-19-cases-outbreak-on-board-ships

who.int/ihr/publications/9789241549462/en/

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

cdc.gov/quarantine/maritime/recommendations-for-ships.html

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

4.1 Suspected Cases of Infection

COVID-19 affects different people in different ways.

Common symptoms	Other symptoms	Occasional symptoms
fever	shortness of breath	diarrhoea
dry cough	aches and pains	nausea
tiredness	sore throat	runny nose
		loss or change in taste/smell
		rash

Anyone displaying the above symptoms should be reported immediately, the outbreak management plan should be activated, the person should be considered as a suspected case of COVID-19, and they should be isolated in their own cabin or ship's medical facility to await further assessment. This assessment should inter alia ascertain whether there is another likely cause, e.g. allergy, tonsillitis, etc.

A strict protocol should be in place for meals, contact with other crew members, etc. and the seafarer should be given access to a separate toilet (if they do not already have their own toilet in their cabin). The Master or person(s) responsible for medical care on board should seek additional help in managing the case from a maritime Telemedical Assistance Service (TMAS) or port health authority.

The port health authority in the next scheduled port should be informed of the suspected COVID-19 case on board as soon as possible. They should then assist in the management of the case once the ship arrives into port and coordinate testing of the patient and others on board in line with local policy.

A useful assessment tool to see whether a seafarer might have COVID-19 can be found at

COVID19atsea.no

Further guidance can be found at

who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)

4.2 Management of Suspect Cases and Case Handling

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

Anyone entering the same room as a suspect case should wear PPE, which should include a facemask, apron or impermeable gown (if available), gloves, and googles or a visor. Contact with the suspect case should be limited to a maximum of two other crew members. Thoroughly wash hands immediately before and after leaving the patient's cabin.

Supportive treatment may include the relief of pain and fever, ensuring enough fluid is taken, and oxygen and other treatments if necessary and as advised by TMAS.

Paracetamol should be given for the relief of pain and fever. Advice regarding the use of Ibuprofen is conflicting, therefore it should only be used after consultation with a doctor. Any additional medication should also be discussed with a doctor ashore before being prescribed on board.

The patient's condition should be assessed regularly – two or three times per day – either in person or by telephone. If there is any deterioration in the patient's condition, TMAS should be contacted. The patient must also have an easy and reliable way to contact others in case of concern.

A full record of the medical assessment, care and interview should be kept in the appropriate medical log book to cover:

- Anyone on board who has visited the medical facility as a suspect case and the isolation and hygiene measures taken;
- Any close contact or casual contact with low risk exposure to monitor health; and
- Contact details of casual contacts with low risk exposure who will disembark and the locations where they will be staying in the next 14 days (completed locator cards) on the details of symptoms and how the disease can be transmitted.

Close contacts should be asked to:

- Self-monitor for COVID-19 symptoms, including fever of any grade, cough or difficulty breathing, for 14 days from their last exposure; and
- Immediately self-isolate and contact health services in the event of any symptom appearing within 14 days. If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered likely to develop COVID-19.

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

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

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

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

Annex A6 is a poster which advises on shipboard care for people with suspected or confirmed COVID-19.

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

4.3 Close Contacts (High Risk Exposure)

A close contact is a person who, for example:

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

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

Person(s) responsible for on board medical care should:

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

Contact tracing should:

- Be initiated by the person(s) responsible for on board medical care to detect any new suspect cases; and
- Include directly contacting crew and passengers, asking about current and recent illnesses, and checking if any person meets the criteria for a suspect case; and recording any cases in the appropriate medical log book.

Close contacts of a confirmed case should immediately self-isolate and contact the person(s) responsible for on board medical care if any fever or respiratory symptoms appear within 14 days of the last exposure. If no symptoms appear, the contact is not considered at risk.

Once the ship has docked, port State authorities will continue assessment of close contacts and will advise on testing, medical management, further isolation/quarantine, additional contact tracing, etc. Port health authorities will conduct risk assessments to identify all contacts, and issue instructions to follow until laboratory results are available.

All persons on board fulfilling the definition of a close contact should be asked to complete a locator card (see **Annex B** for an example) or MDH. Close contacts should either remain on board the ship in their cabin, or preferably at a designated facility ashore, until the laboratory result for the suspect case is available. Transfer to an onshore facility may only be possible if the ship is at the turnaround port, where embarkation/disembarkation of passengers or transfer of cargo takes place.

Persons on board who do not fulfil the definition of a close contact will be considered as having low risk exposure and should be requested to complete MDHs or locator cards with their contact details and the locations where they will be staying for the following 14 days.

4.4 Precautions at the Ship Medical Facility

PPE should be used by person(s) responsible for on board medical care for interview and assessment. The following precautions should be taken for suspect cases:

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

4.5 Reporting to the Next Port of Call

Always inform the competent authority of the next port of call if there is a suspect case on board.

For ships on an international voyage, the International Health Regulations (IHR) state that the MDH should be completed and sent to the competent authority in accordance with local requirements for both crew and deceased crew members.

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

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

Once the port health authority considers measures applied have been completed satisfactorily, the ship should be allowed to continue its voyage. Measures taken should be recorded in the valid ship sanitation certificates. Both embarking and disembarking ports must be notified of contacts on board and any measures taken.

4.6 Disembarkation of a Suspect and a Confirmed Case

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

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

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

4.7 Cleaning, Disinfection and Waste Management

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

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

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

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

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

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

Annex A9 is a poster which advises on how to deal with laundry.

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

4.8 Supplies and Equipment

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

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

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

who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov)

4.9 Medical Assistance to Seafarers in Ports

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

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

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

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

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

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

National and local restrictions are impacting seafarers who require urgent medical care, both for COVID-19 and non-COVID-19 cases. The ILO, IMO and WHO have reminded all member States that seafarers are key workers and entitled to medical care and assistance under the IHR, SOLAS, MLC and STCW. Shipping companies experiencing such issues should contact their flag State and telemedical services for urgent assistance. National shipowners' associations should be informed, so that they can alert ICS which will take action at an international level.

5 Other Medical Issues during COVID-19

5.1 Mental Health Guidance for Seafarers

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

5.1.1 Managing Physical Symptoms Triggered by Stress and Anxiety

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

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

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

- Use the ISWAN mental health practical tools available at **seafarerswelfare.org/seafarer-health-information-programme/good-mental-health**; and
- Watch the video Managing Your Mental Health during the COVID 19 Pandemic, available at **seafarerswelfare.org/seafarer-health-information-programme/coronavirus-covid-19/managing-your-mental-health-during-the-covid-19-pandemic**.

5.1.2 Managing Concerns

Supplies	Review how to replace supplies to avoid running out. Pick healthy food, as it may not be possible to get as much exercise as usual.
Financial concerns	There may be concerns about work and money on return home. Such issues can impact mental health. Find out what help is available in the country of residency.
Caring responsibilities	Seafarers may worry about supporting dependents at home or others on board. Contact your home community to seek help if necessary in providing care or support.
When being treated or taking medication for existing conditions	• Continue accessing treatment and support where possible • Continue taking medication • Seek further support if necessary

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

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

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

5.2 Handling a Mental Health Crisis and Emergency

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

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

If this occurs, seek immediate expert assessment and advice for the best course of action from a mental health professional. If under the care of a mental health provider, contact the specific advisor for advice.

5.3 Expiry and Renewal of Medical and Ship Sanitation Certificates

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

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

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

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

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

For more information see the ILO Information Note on Maritime Labour Issues and Coronavirus (COVID-19)

ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/briefingnote/wcms_741024.pdf

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

5.4 Renewal of Prescriptions

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

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

1. Alert the ship's Master of the need to obtain a repeat prescription, providing accurate details of the medication required, including correct dosage to assist the ship's request to the port agent and provide information to the port authorities to obtain the medicine;

2. Where possible, obtain an electronic prescription from their doctor before arriving in a port or provide a hard copy of the prescription (if available) to allow the port agent to verify that it is accepted to purchase the medicine;

3. If privacy and confidentiality is required and seafarers do not wish to notify the ship's management, they should contact a seafarers' centre or mission to obtain information, delivery and purchase of medicines, noting that during the current restrictions, the activity of seafarers' centres and missions has been heavily restricted;

4. Request supplies to be sent from their country of residence, if possible. However, this may be difficult under the current restrictions and delivery may be delayed. Parcels containing prescriptions may also be subject to quarantine, depending on national and company policies on COVID-19 contagion prevention.

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

Annex A
Posters

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

The posters are also available to download from the ICS website at:
www.ics-shipping.org/covid19

COVID-19

A1

Protect yourself and others from getting sick

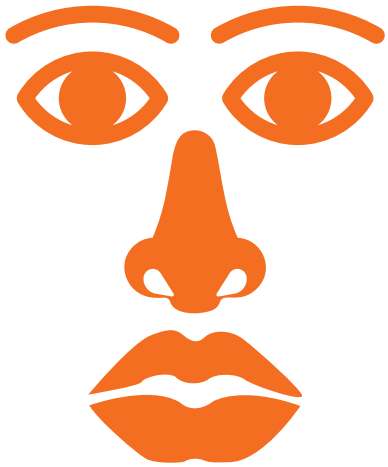
When coughing and sneezing, cover your nose and mouth with a tissue or a flexed elbow

Throw the tissue into a closed bin immediately after use

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

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

Avoid touching eyes, nose and mouth



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COVID-19

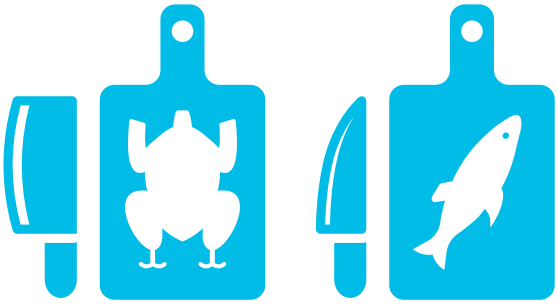
A2

Practise food safety

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

Do not eat sick or diseased animals

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



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

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COVID-19

A3

Stay healthy while travelling

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

Eat only well-cooked food

Avoid spitting in public

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

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

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

Avoid touching eyes, nose and mouth

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

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

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

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

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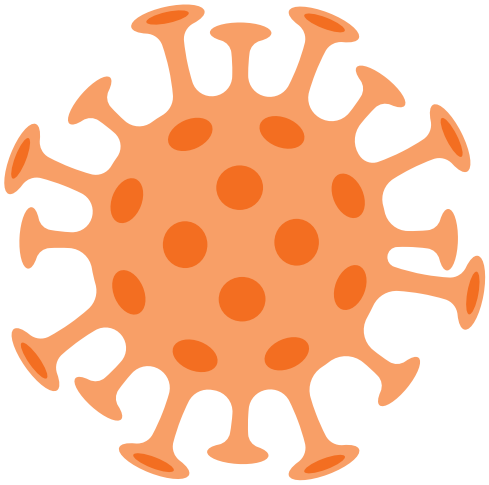
COVID-19

A4

Be INFORMED
Be PREPARED
Be SMART
Be SAFE
Be READY

#COVID19



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

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COVID-19

A5

How to safely greet others

Avoid physical contact.

Safe greetings include a wave, a nod or a bow

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

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COVID-19

A6

Shipboard care for people with suspected or confirmed COVID-19

For ill crew members

Clean hands frequently with soap and water or with alcohol-based hand rub.

Stay in your cabin and do not attend work. Rest, drink plenty of fluids and eat healthy food.

Stay in a separate cabin from other people. If this is not possible, wear a mask and keep a distance of at least 1m away. Keep the cabin well-ventilated and if possible use a dedicated bathroom.

When coughing or sneezing, cover your mouth and nose with flexed elbow or use disposable tissue and discard after use. If you experience difficulty breathing, contact radio medical.

For caregivers

Clean hands frequently with soap and water or with alcohol-based hand rub.

Wear a medical mask when in the same cabin with an ill person. Do not touch your face during use and discard it afterward.

Use dedicated dishes, cups, eating utensils, towels and bed linen for the ill person. Wash everything used by the ill person with soap and water.

Identify surfaces frequently touched by the ill person and clean and disinfect them daily.

Contact radio medical immediately if the ill person worsens or experiences difficulty breathing.

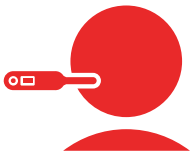
For all crew members

Clean hands frequently with soap and water or with alcohol-based hand rub.

Avoid unnecessary exposure to the ill crew member and avoid sharing items, such as eating utensils, dishes, drinks and towels.

When coughing or sneezing, cover your mouth and nose with flexed elbow or use disposable tissue and discard after use.

Monitor everyone's health for symptoms such as fever or a cough. If anyone has difficulty breathing, contact radio medical immediately.



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

COVID-19

A7

Protecting everyone during ship visits

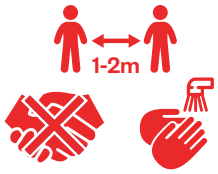
COVID-19 is spread through small droplets from the nose or mouth of an infected person which may be inhaled or land on objects and surfaces other people touch, after which they then touch their eyes, nose or mouth.

Protect through social distancing and good hygiene

Keep a minimum of 1–2 metres distance.

No handshakes or physical contact.

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



Prepare for visitors

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

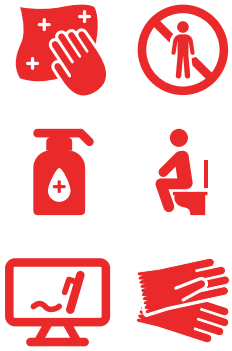
Restrict access into the ship's accommodation – keeps doors locked and post 'no entry' signs.

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

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

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

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



Keep your guard up

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

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

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

Take it outside

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

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

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

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

COVID-19

A8

Care when shopping

Coins & Banknotes

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

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

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

Groceries

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

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

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

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

Fruit & Vegetables

Before handling them, wash your hands with soap and water.

Then wash the fruit and vegetables thoroughly with clean water, especially if you eat them raw.

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

COVID-19

A9

How to deal with laundry

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

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

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

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

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

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

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

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

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

Do laundry as normal using detergent or soap.

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

COVID-19

A10

Coping with stress during COVID-19

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

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

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

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

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

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

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

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

SeafarerHelp
The lifeline for seafarers

International Chamber of Shipping
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For more information, go to
ics-shipping.org/covid19

Annex B
Sample Crew/Passenger Locator Card

Date of form completion: (yyyy/mm/dd) 2 0

Public Health Passenger/Crew Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a ship. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

One form should be completed by an adult member of each family/crew member. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

SHIP INFORMATION: 1. Ship Name & 2. IMO number | 3. Cabin Number | 4. Date of disembarkation (yyyy/mm/dd) 2 0

PERSONAL INFORMATION: 5. Last (Family) Name | 6. First (Given) Name | 7. Middle Initial | 8. Your sex Male ☐ Female ☐

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile | 10. Business
11. Home | 12. Other
13. Email address

PERMANENT ADDRESS: 14. Number and street *(Separate number and street with blank box)* | 15. Apartment number
16. City | 17. State/Province
18. Country | 19. ZIP/Postal code

TEMPORARY ADDRESS: If in the next 14 days you will not be staying at the permanent address listed above, write the place where you will be staying.
20. Hotel name (if any) | 21. Number and street *(Separate number and street with blank box)* | 22. Apartment number
23. City | 24. State/Province
25. Country | 26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days
27. Last (Family) Name | 28. First (Given) Name | 29. City
30. Country | 31. Email
32. Mobile phone | 33. Other phone

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Cabin number	Age <18
(1)				
(2)				
(3)				
(4)				

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group *(tour, team, business, other)*
(1)			
(2)			

Annex C
Sample Crew/Passenger Health Self-Declaration Form

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

Crew/Passenger Health Self-Declaration Form

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

Date:

Full Name
(as found on passport or other ID)

Last (Family) Name:

First (Given) Name:

Name of Ship:

1. Have you received information and guidance on the coronavirus (COVID-19), including about standard health protection measures and precautions? Yes / No

2. Do you understand and comply with applicable standard health protection measures and precautions to prevent the spread of the coronavirus (COVID-19), such as proper hand washing, coughing etiquette, appropriate social distancing? Yes / No

During the last 14 days, have you:

3. Tested positive for being infected with the coronavirus (COVID-19)? Yes / No

   If "Yes", please provide date of test and name of test:

4. Tested positive for the antibodies for the coronavirus (COVID-19)? Yes / No

   If "Yes", please provide date of test and name of test:

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

A fever:	Yes / No
A dry cough:	Yes / No
Tiredness:	Yes / No
Shortness of breath:	Yes / No
Aches and pains:	Yes / No
Sore throat:	Yes / No
Diarrhoea:	Yes / No
Nausea:	Yes / No
Loss or change in taste/smell:	Yes / No
Rash:	Yes / No

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

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

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

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

9. Maintained good personal hygiene and complied with applicable health protection measures and precautions? Yes / No

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

Signature:

Date:

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

Items	Comment	Already carried on board?
CHEMICALS		
Antibiotics		**Yes**
Fever and pain medication		**Yes**
Alcohol-based hand rub	Bottle of 100ml & 500ml	**Yes**
Chlorine	NaDCC, granules, 1kg, 65 to 70% + dosage information	**Yes**
Paracetamol	500mg, tablets	**Yes**
Sodium lactate compound solution	(Ringer's lactate), injection solution, w/o IV set and needle, 1000ml	**Maybe**
PPE		
Examination Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards	Nitrile, powder-free, non-sterile. Cuff length preferably reaching above the wrist (e.g. minimum 230mm total length. Sizes, S, M, L). Plentiful supplies required.	**Yes**
Examination Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards	Nitrile, powder-free, non-sterile. Cuff length preferably reaching above the wrist (e.g. minimum 230mm total length. Sizes, S, M, L). Plentiful supplies required.	**Yes***
Surgical Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards	Nitrile, powder-free, single use. Gloves should have long cuffs, reaching well above the wrist, ideally to mid-forearm. (Sizes 5.0 - 9.0).	Yes*
Gloves, cleaning	Outer glove should have long cuffs, reaching well above the wrist, ideally to mid-forearm. Cuff length preferably reach mid-forearm (e.g. minimum 280mm total length. Sizes, S, M, L), reusable, puncture resistant, FDA compliant.	Yes*
Impermeable gowns single use	Disposable, length mid-calf. - EU PPE Regulation 2016/425 and EU MDD directive 93/42/EEC• FDA class I or II medical device, or equivalent, EN 13795 any performance level, or AAMI PB70 all levels acceptable, or equivalent.	Yes*
Scrubs - Tunic/tops	Woven, scrubs, reusable or single use, short sleeved (tunic/tops), worn underneath the coveralls or gown.	Yes*
Scrubs - Trouser/pants	Woven, scrubs, reusable or single use, short sleeved (tunic/tops), worn underneath the coveralls or gown.	Yes*
Aprons	Heavy duty, straight apron with bib. Fabric: 100% polyester with PVC coating, or 100% PVC, or 100% rubber, or other fluid resistant coated material, Waterproof, sewn strap for neck and back fastening. Minimum basis weight: 300g/m2covering size: 70-90 cm (width) X 120-150cm (height). Reusable (if decontamination arrangements exist) EN ISO 13688, EN 14126-B and partial body protection (EN 13034 or EN 14605), EN 343 for water and breathability or equivalent.	Yes*
Goggles, protective EU PPE Regulation 2016/425, EN 166, ANSI/ISEA Z87.1, or equivalent	Good seal with facial skin, flexible PVC frame to easily fit all face contours with even pressure. Enclose eyes and surrounding areas. Accommodate prescription glasses wearers. Clear plastic lens with fog and scratch resistant treatments, Adjustable band to secure firmly and not become loose during clinical activity. Indirect venting to avoid fogging. May be reused (if decontamination arrangements exist) or disposable.	Yes*
Surgical masks for medics and patients ASTM F2100 minimum level 1 or equivalent	Good breathability, clear internal and external faces. EU MDD directive 93/42/EEC Category III, or equivalent, EN 14683 Type II, IR, IIR	Yes*
Face shield – (PPE)	Should be provided and use managed by Port Health Authority**	No

Items	Comment	Already carried on board?
MEDICAL KIT		
Bag, mask and valve	To ventilate adult (body weight > 30kg), with compressible self-refilling ventilation bag, capacity: 1475-2000ml. Resuscitator operated by hand, Ventilation with ambient air, Resuscitator shall be easy to disassemble and reassemble, to clean and disinfect, and be autoclavable. All parts must be of high-strength, long-life materials not requiring special maintenance or storage conditions.	Yes
Bio-hazardous bag	Disposal bag for bio-hazardous waste, 30x50cm, with "Biohazard" print, autoclavable polypropylene. 50 or 70 micron thickness.	Yes
Containers	For disposable sharps and needles	Yes
Disinfectants	Plentiful supplies required	Yes
Facial oxygen masks		Yes
Guedel tubes		Yes
Hand drying tissue	50–100m roll	Yes
Hand hygiene supplies	Plentiful supplies required	Yes
Infusion giving set	With air inlet and needle, sterile, single-use	Yes
Infusion sets		Yes
Nose masks		Yes
Pulse Oximeter	Compact portable device measures arterial blood oxygen saturation (SpO2), heart rate and signal strength. Measuring range: SpO2 30 - 100% (minimum graduation 1%), Heart rate 20 - 250 bpm (minimum graduation 1bpm). Line-powered, or extra batteries /rechargeable batteries needed at least one year. ISO 80601-2-61:2011 or equivalent.	Yes
Safety bag and box	Needles/syringes, 5l - cardboard for incineration, box-25. Biohazard label as per WHO PQS E010/011	Yes
Soap	Liquid (preferred), powder and bar	Yes
Sample medium and packaging	Should be provided and use managed by Port Health Authority**	Yes
Carbon dioxide detector	Should be provided and use managed by Port Health Authority**	No
Commercial testing materials for samples	Should be provided and use managed by Port Health Authority**	No
Endotracheal tube with cuff	Should be provided and use managed by Port Health Authority**	No
Endotracheal tube, without cuff	Should be provided and use managed by Port Health Authority**	No
Fit test kit	Should be provided and use managed by Port Health Authority**	No
Laryngoscope with depressors and tubes	Should be provided and use managed by Port Health Authority**	No
Oxygen concentrator	Should be provided and use managed by Port Health Authority**	No
Oxygen splitters	Should be provided and use managed by Port Health Authority**	No
Portable Ultrasound scanner	Should be provided and use managed by Port Health Authority**	No
Portable ventilators	Should be provided and use managed by Port Health Authority**	No
Resuscitator Child	Should be provided and use managed by Port Health Authority**	No
Stainless steel depressor sets Macintosh Nr 2, 3 and 4	Should be provided and use managed by Port Health Authority**	No
Stainless steel depressor sets Miller Nr 1	Should be provided and use managed by Port Health Authority**	No
Viral transport medium with Swab 3 ml	Should be provided and use managed by Port Health Authority**	No
Viral transport mediumto transport laboratory specimens	Should be provided and use managed by Port Health Authority**	No

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

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

Annex E
How to Make Non-Medical Masks

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

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

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

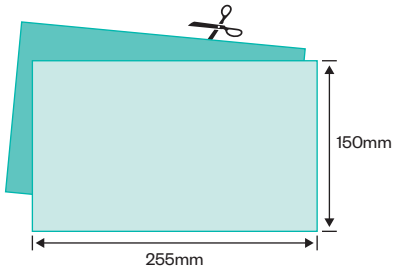
1. Sewing

Materials

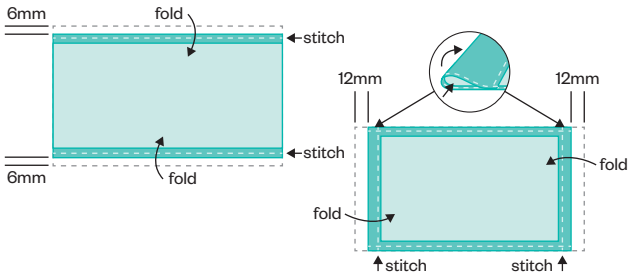
- Two 255mm x 150mm rectangles of cotton fabric
- Two 150mm pieces of elastic (or rubber bands, string, cloth strips, hair ties)
- Needle and thread /safety pins/ stapler
- Scissors
- Sewing machine (if available)

Instructions

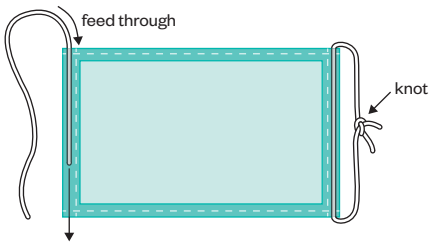
1. Cut out two 255mm x 150mm rectangles of tightly woven cotton fabric, such as quilting fabric, cotton sheets or T-shirt fabric. Stack the two rectangles, and sew the face covering as if a single piece of fabric.



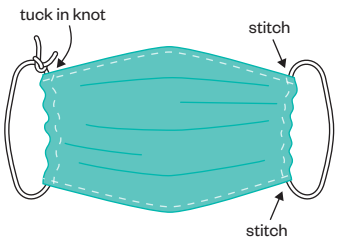
2. Fold over the long sides 6mm hem. Then fold the double layer of fabric over 12mm along the short sides and stitch down.



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



4. Gently pull on the elastic so that the knots tuck inside the hem. Gather the sides of the face covering on the elastic and adjust so it to fit your face and securely stitch the elastic in place to stop it slipping.



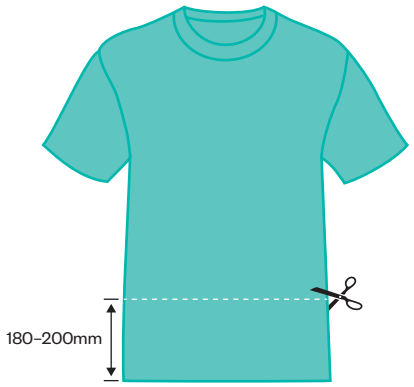
2. No-sew method using a T-shirt

Materials

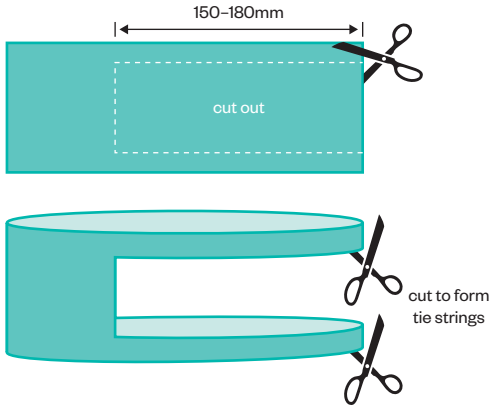
- T-shirt
- Scissors

Instructions

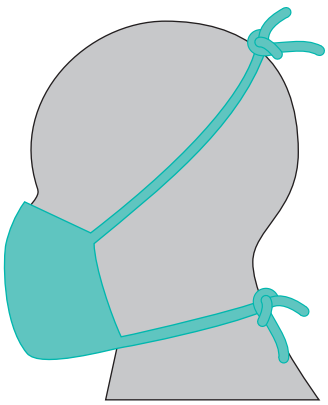
1. Cut the bottom off a T-shirt, measuring 180mm x 200mm.



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



3. Tie 1 set of strings around your neck, and the other set over the top of your head. The strings that attach over the top of your head will run along the cheeks and above the ears.

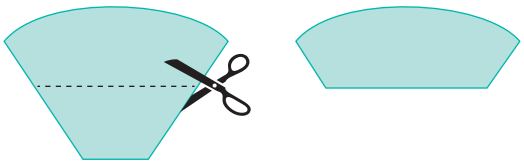
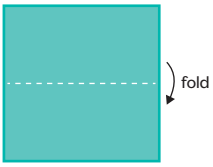
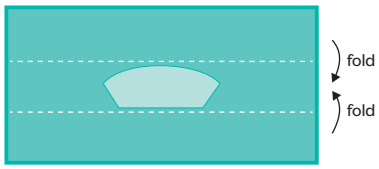
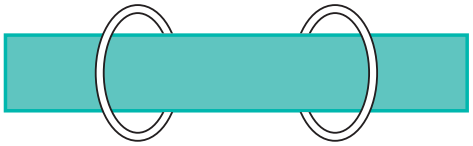
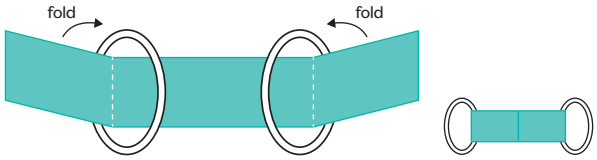
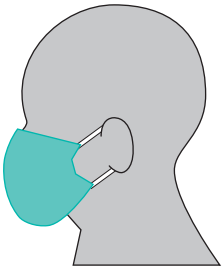


3. No-sew method using a bandana

Materials

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

Instructions

1. Cut a coffee filter horizontally across the middle. Keep the top with the rounded part.	
2. Fold a square bandana in half.	
3. Put the rounded top of the cut filter in the center of the folded bandana. Fold the top of the bandana down over the filter. Then fold the bottom of the bandana up over the filter.	
4. Insert the folded cloth into two rubber bands or hair ties, about 150mm apart.	
5. Fold sides to the middle and tuck around the bands or hair ties.	
6. Pull the bands or hair ties around your ears.	

Annex F
Interim Guidance on the Use of Masks in the Context of COVID-19

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

- The two main transmission routes for COVID-19 are respiratory droplets and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person in close contact (within 1m) with someone with respiratory symptoms (coughing, sneezing) is at risk of exposure to potentially infective respiratory droplets. Droplets may also land on surfaces where COVID-19 could remain viable; thus, the immediate environment of an infected individual can be a source of contact transmission.
- Incubation for COVID-19 (time between exposure and symptom onset) is on average 5–6 days but can be up to 14 days. During this time, some infected persons can be contagious and transmit the virus to others. Data suggests that some people can test positive from 1–3 days before developing symptoms and may infect others.
- Pre-symptomatic transmission still requires the virus to spread via infectious droplets or through touching contaminated surfaces.
- WHO defines medical masks as flat or pleated surgical or procedure masks (some shaped like cups) affixed to the head with straps. They are tested using standardised test methods to balance high filtration, adequate breathability and, optionally, fluid penetration resistance.
- Wearing a medical mask is a prevention measure to try to limit the spread of certain respiratory viral diseases, including COVID-19. **However, use of a mask alone is insufficient to provide an adequate level of protection, and other measures should also be adopted.** Maximum compliance with hand hygiene and other IPC measures are critical to prevent transmission.
- Use of a medical mask can prevent the spread of infectious droplets from an infected person to someone else and potential environmental contamination from droplets. Limited evidence suggests wearing a medical mask by healthy individuals among contacts of a sick patient may be beneficial as a preventive measure but there is no evidence that mask wearing (medical or other type) by healthy persons prevents infection.
- Community use of medical masks may create a false sense of security and neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes. This could result in unnecessary costs and a shortage of masks for health care workers.

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

Mask Usage

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

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

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

How many layers of fabric /tissue	Water repellence/hydrophobic qualities	Breathability of material
Shape of mask	Fit of mask	

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

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

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

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

Annex G
Measures to Enhance Mental Health and Wellbeing

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

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

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

Annex H
Ability for Seafarers to Renew Prescriptions

Correct at time of publication.

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

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

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