



COVID-19: EU Guidance for Cruise & intra-EU ro-ro passenger ship Operations

**Guidance for the resumption of operations of cruise ships
in the European Union and for intra-EU ro-ro passenger
ship operations in relation to the COVID-19 pandemic**

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Glossary of terms, abbreviations and acronyms

CLIA Europe	European representation of the Cruise Lines International Association (CLIA)
Company	Owner of the ship or any other organization or person such as the Manager, or the bareboat Charterer, who has assumed the responsibility for operation of the ship from the Shipowner and who on assuming such responsibility has agreed to take over all the duties and responsibility also on health issues
COVID-19	Disease caused by a new strain of coronavirus. This has been referred also as '2019 novel coronavirus' or '2019-nCoV'
Cruise ship	A passenger ships providing voyages for pleasure and normally visiting several ports or anchorages
DG MOVE	Commission's Directorate-General for Mobility and Transport
Directive 2002/59/EU	Directive 2002/59/EU of the European Parliament and of the Council of 27 June 2002 establishing a Community vessel traffic monitoring and information system
Directive 2009/45/EU	Directive 2009/45/EU of the European Parliament and of the Council of 6 May 2009 on safety rules and standards for passenger ships
Directive 2010/65/EU	Directive 2010/65/EU of the European Parliament and of the Council of 20 October 2010 on reporting formalities for ships arriving in and/or departing from ports of the Member States
ECDC	European Centre for Disease Prevention and Control
ECSA	The European Community of Shipowners' Associations
EEA	European Economic Area
EMSA	European Maritime Safety Agency
ESPO	The European Sea Ports Organisation
ETF	European Transport Workers' Federation
EU	European Union
EU Healthy Gateways Joint Action	EU Founded Joint Action consortium for projects under the Health Programme.
IMO	International Maritime Organization (body of the United Nations)
Interferry	Ferry industry world-wide shipping association
ISM	International Safety Management Code, mandatory under the International Convention for the Safety of Life at Sea (SOLAS), 1974
MDH	Maritime Declaration of Health according to the International Health Regulations (IHR) (2005)
OSHA	European Union information agency for occupational health and safety
Passenger ship	A ship carrying more than 12 passengers
PPE	Personal Protective Equipment
PSC	Port State Control
RO	Recognised Organisation
Ro-ro passenger ship	A passenger ship to transport passengers and vehicles on a regular basis following a pre-defined route
WHO	World Health Organization

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Introduction

The coronavirus disease 2019 (COVID-19) pandemic has heavily affected maritime traffic and in particular cruise and ro-ro passenger operations in the EU and globally, where a significant drop in movements occurred. Ro-ro passenger operations facilitate economic activities directly, by transporting goods and employees from one place to another, domestically and between EU Member States. Sometimes for islands or across sea straits ferry connections are the only “life line” and only way of transportation available. This is the main reason that ferries, albeit at a much lower level of activity, continued to operate where possible, whilst cruises, as a leisure activity, almost came to a full stop. The restart of cruise operations, which is an important economic and employment activity in itself, will be gradual. Cruise operators need to ensure that cruises do not pose unacceptable health risks to passengers, crew and the general public, in particular when compared to other types of package holidays.

This guidance is meant for EU/EEA flagged passenger ships engaged in international voyages and for ships calling at an EU/EEA port irrespective of flag. It is recommended that this guidance is also considered, where applicable and feasible, to domestic voyages.

The objective of this guidance is to facilitate safe operations of cruise ships and ro-ro passenger ships in the EU, by recommending minimum expected measures to be implemented by all those concerned, while maintaining general safety and security standards.

The safe operation of any passenger ship normally requires the involvement of several parties, namely the company managing the ship, ship master and crew, the port and terminal where the ship will berth/anchor, the State which flag the ship flies (Flag State) and the State that the ship visits (Port State), this could be a port or an anchorage. In general, the requirements of the flag state are determining in relation to matters on board the ship and the requirements of the port state may be applicable when a ship enters the territorial waters of that particular state (for a large number of ro-ro passenger operations the flag and port state are the same). The cooperation of these main parties concerned is essential to restart or continue safely operations and to respond to the challenges posed by the COVID-19 pandemic.

This guidance is divided in four main parts and follows a goal-based approach, suggesting for each part the relevant topics to be addressed by the parties involved. The first three parts address cruise ships, as this category of ships in general exceeds in terms of number of passengers on board and duration of the voyage ro-ro passenger ships, where the variation is much bigger, and -amongst others- voyage duration and number of passengers can be substantially lower. Depending on the type of ro-ro passenger ship a subset of measures applicable to cruise ships will also apply to them, as general measures to be taken will be often the same, as for example physical distancing, disinfection and cleaning, etc., but implementation will have to be adapted to the size of the ship and type of service offered. The fourth part of this guidance focuses on ro-ro passenger ships highlighting the difference with cruise ships and referencing the detailed guidance which is already published for this category of ships.

The first part of this guidance addresses the (cruise) ship side and is recommending developing a COVID-19 Company and Ship Management Plan, following a tailor-made risk assessment by the (cruise) company. Such a plan should propose for implementation associated mitigation measures, with the possibility of third-party verification.

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

The third part puts forward the recommended elements on which the (cruise) company and the port/terminal receiving the ship should agree, with the purpose of having an agreement in place before any voyage takes place. It also suggests how to cooperate best in case of a COVID-19 outbreak on board.

The fourth part deals with ro-ro passenger ships, as explained above.

This Guidance is not intended to provide prescriptive solutions, but rather to assist in addressing the identified risks related to the COVID-19 pandemic. However, it is very important to note the Annex “Scientific

evidence and additional considerations on COVID-19” where the European Centre for Disease Prevention and Control (ECDC), which is co-authoring this document (which is highly appreciated), indicates specific measures which are recommended to be followed when developing the respective Plans. In this respect, reference is also made to the Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic, prepared by the Healthy Gateways Joint Action¹.

The Guidance is not intended to lead to a reduction, even if only temporarily, of the high levels of EU safety and security standards. This guidance does not and should not impact any safety or security standard onboard a ship.

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

This guidance is not intended to replace specific health measure verification, which may be required by health authorities. Considering the dynamic situation of the pandemic, it is acknowledged that some of the health advice included in the reference documents will likely be updated. Therefore, it is suggested to check regularly the websites of the relevant organisations for the latest updates.

The European Maritime Safety Agency and the European Centre for Disease Prevention and Control would like to express their gratitude to the following organisations who have participated actively during the preparations of this guidance and have contributed to this document:

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

¹ https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-01-140908-853

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

1. Risk assessment

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

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

In establishing safeguards or implementing mitigating measures in relation to COVID-19 pandemic, available relevant codes, guidelines, and standards regarding COVID-19 should be taken into consideration. In particular, relevant Flag State, International Maritime Organization (IMO), World Health Organization (WHO) and other EU COVID-19 related documents, in particular guidance from the European Centre for Disease Prevention and Control (ECDC)² and EU Healthy Gateways³, as found relevant and applicable.

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

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

2. Responsibilities in relation to COVID-19 matters

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

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

3. Resources and personnel needed

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

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

The company should establish procedures to ensure that new crew members and crew transferred to new assignments related to the Plan are given proper (induction) training for familiarisation with their duties prior to taking up functions.

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

² <https://www.ecdc.europa.eu/en/covid-19/all-reports-covid-19>

³ <https://www.healthygateways.eu/>

the Plan are provided adequate time in which to perform their additional tasks without detriment to their regular tasks or rest periods.

The company should establish procedures to ensure that the relevant information on the Plan is provided to the crew in their working language or in a language which can be understood by them.

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

4. Shipboard operations

4.1 Reference documents

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

- IMO Circular Letter No.4204/Add.3 (2 March 2020) - Operational considerations for managing COVID-19 cases/outbreak on board ships⁴;
- IMO Circular Letter No.4204/Add.4/Rev.1 (28 May 2020) contains ICS Coronavirus (COVID-19) Guidance for ship operators for the protection of the health of seafarers⁵;
- IMO Circular Letter No.4204/Add.14 (5 May 2020) - Coronavirus (COVID-19) – Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic⁶;
- IMO Circular Letter No.4204/Add.15 (6 May 2020) - Coronavirus (COVID 19) - Personal protective equipment⁷;
- IMO Circular Letter No.4204/Add.16 on ensuring good communications for a safe shipboard interface between ship and shore-based personnel⁸;
- Communication from the Commission, COVID-19: Guidelines on the progressive restoration of transport services and connectivity (13 May 2020, C(2020) 3139 final)⁹;
- Communication from the Commission, Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships. (8 April 2020, C(2020) 3100 final)¹⁰;
- Interim advice for preparedness and response to cases of COVID-19 at points of entry in the European Union (EU)/EEA Member States (MS)¹¹
- OSHA: Healthy Workplaces Stop the Pandemic¹²

⁴ <http://www.imo.org/en/MediaCentre/HotTopics/Documents/Circular%20Letter%20No.4204-Add.3.pdf>

⁵ [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.4-Rev.1%20-%20Coronavirus%20\(Covid-19\)%20-%20Ics%20Guidance%20For%20Ship%20Operators.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.4-Rev.1%20-%20Coronavirus%20(Covid-19)%20-%20Ics%20Guidance%20For%20Ship%20Operators.pdf)

⁶ [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.14%20-%20Coronavirus%20\(Covid-19\)%20-%20Recommended%20Framework%20Of%20Protocols.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.14%20-%20Coronavirus%20(Covid-19)%20-%20Recommended%20Framework%20Of%20Protocols.pdf)

⁷ [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.15%20-%20Coronavirus%20\(Covid%2019\)%20-%20Personal%20Protective%20Equipment.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.15%20-%20Coronavirus%20(Covid%2019)%20-%20Personal%20Protective%20Equipment.pdf)

⁸ [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.16%20-%20Coronavirus%20\(Covid%2019\)%20-%20Covid-19%20Related%20Guidelines%20For%20Ensuring%20A%20Safe%20Shipboard.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.16%20-%20Coronavirus%20(Covid%2019)%20-%20Covid-19%20Related%20Guidelines%20For%20Ensuring%20A%20Safe%20Shipboard.pdf)

⁹ https://ec.europa.eu/info/sites/info/files/communication_transportservices.pdf

¹⁰ <https://ec.europa.eu/transport/sites/transport/files/legislation/c20203100.pdf>

¹¹ <https://www.healthygateways.eu/Novel-coronavirus>

¹² https://osha.europa.eu/en/themes/covid-19-resources-workplace#pk_campaign=ban_homecwg

- OSHA-WIKI¹³
- Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic, Healthy Gateways Joint Action, June 2020¹⁴;
- Who, Where, How/ Overview of Personal Protective Equipment (PPE) recommended for staff at points of entry and Crew on board conveyances in the context of COVID-19, Healthy Gateways Joint Action, 7 March 2020¹⁵
- Interim advice for preparedness and response to cases of COVID-19 at points of entry in the European Union (EU)/European Economic Area Member States (MS) Suggested procedures for cleaning and disinfection of ships during the COVID-19 pandemic, Healthy Gateways Joint Action, Version 2, 20 April 2020¹⁶
- ECDC webpage for COVID-19¹⁷;
- ECDC main RRA webpage (COVID-19 pandemic page)¹⁸;
- ECDC guidance 'Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union'¹⁹;
- ECDC Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2²⁰
- ECDC Heating, ventilation and air-conditioning systems in the context of COVID-19²¹

4.2 Review of shipboard operations

The specific shipboard operations related to the COVID-19 should be included in the Plan. Accordingly, the company should review its procedures, plans and instructions, including checklists as appropriate, for all shipboard operations that may bear a risk of or impact by a COVID-19 infection, with a view of achieving a risk reduction. It is advised to use as a reference the documents identified under the previous point (reference documents). It is important that passengers and crew comply with the measures in place and that there is an enforcement protocol as well onboard the ship.

Considering the prolonged stay of passengers and crew members on board, the company should assess or reconsider the maximum number of passengers on board in view of being able to effectively implement all the required measures (e.g. safe use of common spaces, etc.).

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

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

¹³ http://oshwiki.eu/wiki/Main_Page

¹⁴ https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-01-140908-853

¹⁵ https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Overview_07_03_2020.pdf?ver=2020-03-10-161517-680

¹⁶ https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_Cleaning_Disinfection_ships_09_4_2020_F.pdf?ver=2020-04-09-124859-237

¹⁷ <https://www.ecdc.europa.eu/en/covid-19/latest-evidence>

¹⁸ <https://www.ecdc.europa.eu/en/covid-19-pandemic>

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

²⁰ <https://www.ecdc.europa.eu/en/publications-data/disinfection-environments-covid-19>

²¹ <https://www.ecdc.europa.eu/en/publications-data/heating-ventilation-air-conditioning-systems-covid-19>

4.2.1 Information and communication

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

It is recommended that the information should cover aspects related to the prevention measures adopted, health screening processes implemented (which may include an electronic health questionnaire online before check-in), and protocols related to repatriation and disembarkation in case of an outbreak.

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

The information provided should also include measures applicable when communities are being visited.

4.2.2 Physical distancing

It is recommended that companies establish a minimum physical distance to be respected considering the advice and instructions from ECDC, flag and port administrations. In doing so, a precautionary approach should be taken. The Plan should consider all expected situations/events where queues or contact amongst persons could occur and should also contain appropriate measures that will be implemented for ensuring that the physical distance is maintained. In this regard, it is important to keep consistency with physical distance recommendations in the different areas of the cruise ship.

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

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

4.2.3 Health screening

Health screening protocols should be established based on the reference documents, such as for example the pre-embarking COVID-19 questionnaire included in Annex 1 of the Annex in IMO Circular Letter No.4204/Add.3 (2 March 2020)- *Operational considerations for managing COVID-19 cases/outbreak on board ships*. The company should closely monitor the updated information on effective health screening methods provided by institutions, such as the European Commission, the Flag, national authorities in countries to be visited, ECDC, IMO and WHO. Health screenings protocols should be non-discriminatory. Accordingly, it is recommended that companies review the occasions and places where health screenings should be carried out, from the pre-boarding to the disembarkation stage, including re-embarkation following an excursion, tour, visit, etc.

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

Finally, it is recommended to establish a health monitoring system on board and to implement associated reporting and logging of health-related issues and measures.

4.2.4 Use of personal protective equipment

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

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

It is recommended that companies consider having a sufficient stock of PPE to be carried on board based on their risk assessment, the Plan (including the contingency part), duration of the voyage and number of persons onboard.

4.2.5 Cleaning and disinfection

Companies should review their policy about cleaning and disinfection based on the reference documents. It is recommended that the plan defines for each space of the ship, or space category, the frequency of cleaning, disinfection and the appropriate products and techniques to be used considering its intended use, occupation rate, material of surfaces, furniture, etc. This could already start by entering the ship by having for example an UV light scan on the gangway when boarding the ship.

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

The plan should include the availability of alcohol based hand disinfectant dispensers, or similar, in the spaces where persons are expected to be present, e.g., entrances in general, security screening areas, restaurants, bars, SPA, gym, lifts, corridors, cabins, sanitary spaces, working spaces, changing rooms etc. and to promote their use.

The number of persons dedicated to cleaning and disinfection should be carefully considered in view of the review made as well as the resting times and the increased frequency. The protection of these workers should be specially considered.

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

4.2.6 Persons going ashore and re-embarking

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

4.2.7 Spaces with special consideration

It is recommended that the Plan considers spaces where some of the measures could be more difficult to implement, like physical distance, or which require special attention, e.g., galley. For those spaces, the plan should establish, where relevant, tailor-made or alternative measures, e.g., additional PPE, to ensure that the contagion risk is minimised. These considerations may include the temporary closing of spaces in case preventive measures are found not to be feasible to be implemented or not to be sufficient.

4.2.8 Emergency procedures

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

4.2.9 Waste management

It is recommended that the Plan gives special consideration to waste management, which may lead to an adaptation of the onboard waste management plan. Special protection for the crew members working in this field should be considered.

Attention should also be given to the disposal of PPE after use, paper towels or similar and infected or suspected to be infected waste. Further guidance is contained in Table 1 in ECDC 'Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV' included in the reference documents.

4.2.10 Utilities

The Plan should consider special measures related to the potential infection through utilities like heating, ventilation and air conditioning (HVAC) systems, water, etc. Further guidance can be found in ECDC 'Heating, ventilation and air-conditioning systems in the context of COVID-19' included in the reference documents. Regarding the Heating, Ventilation and Air conditioning (HVAC) system, it is recommended that the cruise ship company consults with the manufacturers of the HVAC systems in place at the cruise ship regarding proper maintenance and applying COVID-19 related revisions if needed. These elements may include: the cleaning of HVAC system parts and changing or replacing of filters where appropriate to minimise a potential risk of contributing to the spread of small droplets SARS-CoV-2; Increasing the number of air exchanges per hour reducing the risk of transmission in closed spaces. This may be achieved by natural or mechanical ventilation, depending on the setting. Direct air flow should best be diverted away from cruise ship passengers or staff to avoid potential pathogen dispersion from asymptomatic persons. There is currently no scientific evidence that airborne SARS-CoV-2 would be effectively inactivated by means of electrostatic air purifiers. The application of the above guidance could be achieved based on information provided by the manufacturer or, if not available, to seek advice from the manufacturer. All COVID-19 related revisions should be performed in accordance with national and local regulations (e.g. health and safety regulations, technical recommendations of respective national or supranational associations) and being appropriate to local conditions.

4.2.11 Handling of visitors, pilot, etc.

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

5. Response to a COVID-19 outbreak

5.1 Reference documents

The following documents are of particular relevance:

- IMO Circular Letter No.4204/Add.3 (2 March 2020) - Operational considerations for managing COVID-19 cases/outbreak on board ships²²;
- IMO Circular Letter No.4204/Add.4/Rev.1 (28 May 2020) ICS Coronavirus (COVID-19) Guidance for ship operators for the protection of the health of seafarers²³;

²² [IMO Circular Letter No.4204/Add.3](#)

²³ [IMO Circular Letter No.4204/Add.4/Rev.1](#)

- Healthy Gateways Advice for ship operators for preparedness and response to the outbreak of COVID-19 / Version 3 (20 February 2020)²⁴.

5.2 COVID-19 response elements to be considered

Before starting journeys, cruise ship operators should ensure with ports along the route that, if needed, they can make arrangements for passengers and crew members to receive medical treatment and that repatriations and crew changes can be organised.²⁵

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

The Company should establish procedures to respond to a potential COVID-19 outbreak²⁶ and establish programmes for drills and exercises to prepare for such outbreak.

It is recommended that the response measures²⁷ should include at least a description of the following:

- Definition of roles and duties and tasks of the crew in case of an outbreak (including medical services, room service, laundry, housekeeping, etc.);
- An isolation plan including the identification of designated spaces for isolation of possible, probable or confirmed passengers with COVID-19 until disembarkation and transfer to a health care facility, including communication to crew on entitlement to paid sick leave in case of infection or quarantine;
- Managing of communications between departments (for example, medical, housekeeping, laundry, room service) about persons in isolation and quarantine;
- The public health and clinical management of possible and probable infections while these persons remain on board;
- Relevant elements about the spaces for isolation, like for example, identification, authorised persons to enter, disinfection area, potential accommodation of designated persons to be in this area in case of outbreak, medical installations, ventilation and capacity;
- Procedures to collect Passenger/ Crew Locator Forms²⁸;
- Definition of high-risk exposure (close) and low-risk exposure contacts and how contact persons should be managed. person with possible infection (See also ECDC Annex);
- The measures taken in reference of the infected persons on-board (including isolation, food service and utensils, laundry and waste management);
- Medical resources²⁹ needed, like personnel (including qualifications), equipment (including certification), analytical equipment, medicines³⁰ and supplies;
- Testing capabilities;
- Cleaning and disinfecting procedures for potentially contaminated areas including the isolation cabins or areas;

²⁴ [Healthy Gateways Advice for ship operators for preparedness and response to the outbreak of COVID-19](#)

²⁵ See COVID-19: Guidelines on the progressive restoration of transport services and connectivity (13 May 2020, C(2020) 3139 final).

²⁶ A confirmed outbreak of COVID-19 is defined as two or more people with symptoms compatible with COVID-19 infection within 72 hours and at least one confirmed case COVID-19.

²⁷ For further reference, it is recommended to review the flow chart developed within the framework of the joint action EU Healthy Gateways: https://www.healthygateways.eu/Portals/0/plcdocs/Flow_chart_Ships_3_2_2020.pdf

²⁸ The EU HEALTHY GATEWAYS joint action prepared a Passenger/Crew Locator Form (for ships) which can be downloaded from their website

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

³⁰ Communication from the Commission *Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships* C(2020) 3100 of 8 April 2020.

- Management of waste infected or suspected to be infected;
- Communication to relevant public health and port authorities regarding the possible or probable cases of infection;
- Procedures for disembarking of the infected persons (medical evacuations);
- Procedure for putting in a worst case the vessel in quarantine and termination of the voyage.

5.3 Training, drills and for COVID-19 outbreak response

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

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

6. Reports and Analysis

There should be procedures for reporting non-conformities, accidents, and hazardous situations of COVID-19 related matters.

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

All non-conformities, accidents, and hazardous situations in COVID-19 related matters should be reported to the company, investigated and analysed with the objective of improving the efficiency of the Plan and to ensure the implementation of any corrective action.

7. Maintenance

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

8. Documentation

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

9. Company verification, review and evaluation

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

10. External verification

10.1 Reference documents

The following documents are of particular relevance:

- IMO Circular Letter No.4204/Add.14 - Coronavirus (COVID-19) – ‘Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic’³¹;
- IMO Circular Letter No.4204/Add.16– Coronavirus (COVID 19) – COVID-19 related guidelines for ensuring a safe shipboard interface between ship and shore-based personnel’³².

10.2 Verification

It is recommended that the COVID-19 Company and Ship Management Plan, with as a minimum the elements contained as indicated above, is independently verified by a third party, in such a way that it offers reassurances to the Flag State as well as the Port State. This could be done by using the ISM Code as a framework, but there are other possibilities as well, such as audit/certification by classification societies of company standards implemented onboard cruise ships. It is worth mentioning that requesting third party verification and the use or not of the ISM framework is a prerogative of the Flag State.

10.3 Certification and Qualifications

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

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

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

11. Protection of communities visited by the ship

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

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

Crew and passengers should be informed before ship’s arrival about the measures mentioned above.

³¹ [IMO Circular Letter No.4204/Add.14](#)

³² [IMO Circular Letter No.4204/Add.16](#)

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

It is highly recommended that also ports and terminals have their own COVID-19 Port Management Plan³³, detailing the key processes and key personnel dealing with the implementation of COVID-19 mitigating measures. The contents of such a plan should be similar to the cruise ship's COVID-19 Company and Ship Management Plan regarding those issues which are also applicable onshore.

To carry out this Plan, it is essential that different authorities cooperate to ensure that all the perspectives are covered.

1. Member State multidisciplinary teams and contact points

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

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

The way in which this task sub-division is implemented in each Member State differs widely. For example, in some States, all the tasks might be concentrated in one authority while for others they can be spread amongst different authorities.

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

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

2. COVID-19 Port Management Plan

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

It is also recommended that this Plan is agreed and shared amongst the different authorities involved (health, Port State and port authority/terminal operator) so that all perspectives are covered. It is also advised to share it with the individual port authorities which could potentially receive cruise ships, so that it could be adapted to local circumstances.

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

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

2.1 Duties and authorities

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

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

Regarding emergencies it would be useful to have a 24/7 contact point available.

2.2 Minimum conditions to receive cruise ships

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

2.3 Passenger terminal arrangements:

2.3.1 Embarkation

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

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

Measures should cover people as well as the handling of luggage.

2.3.2 Disembarkation

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

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

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

2.5 Contingency in case of COVID-19 outbreak³⁴

This part of the Port Management Plan should include the measures to be taken in case an outbreak of COVID-19 takes place on board a ship using the port/terminal facilities³⁵. The following points are suggested to be addressed:

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

If a cruise ship would have many confirmed cases of COVID-19 onboard and it would be advised to put the vessel in quarantine an adequate location should be indicated with the possibility for the vessel to receive medical and other supplies.

2.6 Port authorisation

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

2.6 Authorisation to receive a cruise ship

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

2.7 Other considerations

The COVID-19 Port Plan should also envisage health and sanitary measures on how to organise and handle the supply of cruise ships and the use of any port service by the cruise ship (e.g. port towage, bunkering).

³⁴ A confirmed outbreak of COVID-19 is defined as: two or more people with symptoms compatible with COVID-19 infection within 72 hours and at least one confirmed case COVID-19.

³⁵ Refer to Annex and IHR Guide for public health emergency contingency planning at designated points of entry <https://www.who.int/ihr/publications/9789290615668/en/>

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

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

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

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

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

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

1. Voyage planning stage

During the voyage planning stage, it is recommended that in due time before arrival of the vessel at a port of call:

- The company keeps updated the COVID-19 Company and Ship Management Plan, as indicated in Part I;
- The company identifies the given contact point(s) in the relevant Port State;
- The company contacts the Port State and informs about the port(s) it intends to visit, the ship, the dates, and the company and ship contact point;
- The company shares the COVID-19 Company and Ship Management Plan with the Port State/port authority/terminal;
- The Port State/port authority/terminal shares the COVID-19 Port Management Plan for the relevant port and informs the company about the applicable national/local measures with regard to COVID-19;
- Both parties ensure the interoperability between the COVID-19 Company and Ship Management Plan and that of the Port, especially of those elements where both parties need to cooperate: embarkation, disembarkation, use of the passenger terminal, re-embarkation after visits, crew change, repatriation, implementation of the outbreak management plan, testing arrangements, disembarkation of possible, probable or confirmed cases of COVID-19, management of contacts including arrangements for quarantine, reception of COVID-19 infected waste, and any other relevant element;
- Both parties clarify any doubt which may occur, and which may have a negative impact on the interoperability between the two, in such a case it may also be necessary to involve the Flag State if deviations are proposed from Flag State requirements;
- Both parties agree on the respective responsibilities and the specific protocols (information, communication, cleaning and disinfection, physical distancing, PPE, etc) to be adopted for the elements identified above: embarkation, disembarkation, passenger terminal, re-embarkation,

crew change, excursions/visits or similar, repatriation, implementation of the outbreak management plan, testing arrangements, disembarkation of possible, probable or confirmed cases of COVID-19, reception of COVID-19 infected waste and any other relevant element;

- The Port State confirms whether the specific port has the capacities to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan (International Health Regulations 2005, Annex I). This public health emergency contingency plan should also be made available to the visiting cruise ship in advance;
- The Port State confirms whether, in case of a COVID-19 outbreak on board, arrangements are in place to provide medical assistance, for passengers and/or crew, including evacuation to medical facilities ashore, contact tracing by local public health authorities and management of contacts. These arrangements may include regional or national resources, if appropriate;
- The Port State indicates whether the visit is accepted and, if relevant, indicate the conditions for such acceptance;
- Define and agree with the relevant authority which conditions should be monitored that could lead to a cancellation of the ship call and/or restrictions for disembarkation, including excursion, etc. In case a pre-agreed ship call is still cancelled, an alternative should be foreseen, where possible.

2. Reporting requirements

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

2.1 Ship to shore

2.1.1 Arrival

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

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

Similarly, the MDH is also required to be reported through the National Single Window prior to arriving in a port situated in an EU Member State as specified above in accordance with EU law (Directive 2010/65/EU). It must be reported by the master or any other person duly authorised by the operator of the ship to the competent authority designated by that Member State. Any possible, probable or confirmed case of COVID-19 on board should be communicated without delay. It is recommended that Member States request the ship’s master to keep the MDH updated and communicate the following information to the relevant authority 4 hours before the estimated arrival to the port of call:

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

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

The company should facilitate the application of health measures and provide all relevant public health information requested by the competent authority at the port. If it is considered that symptomatic possible

or probable case/cases should not stay on board the ship, the disembarkation arrangements between both parties should be conducted as quickly as it is feasible.

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

2.1.2 Departure

While the reporting requirements include normally the provision of the crew and passengers lists at departure, it is recommended that Member States request the ship's master or any other person duly authorised by the ship operator to provide to the competent authority designated by that Member State the list of crew and passengers disembarked in that port. The Passenger and Crew Locator Forms of the crew/passengers disembarked³⁶ should be made available to the Port State at any time, upon request.

2.2 Shore to ship

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

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

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

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

3.1 Reference documents

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

- Communication from the Commission, Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships³⁷. (8 April 2020, C(2020) 3100 final);
- Communication from the Commission, COVID-19: Guidelines on the progressive restoration of transport services and connectivity³⁸ (13 May 2020, C(2020) 3139 final);

³⁶ ECDC suggests collecting the data required in the passenger and crew locator form in an electronic way (e.g. via an app) for an easy access and consultation by public health authorities if needed. Paper forms should be avoided. Further references: <https://www.ecdc.europa.eu/en/publications-data/passenger-locator-data-entry-exit-screening-health-declaration>.

³⁷ [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0414\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0414(01)&from=EN)

³⁸ [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0515\(04\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020XC0515(04)&from=EN)

- Operational considerations for managing COVID-19 cases or outbreaks on board ships, Interim Guidance³⁹, World Health Organisation, 2 March 2020.

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

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

During the disembarkation of possible, probable or persons with confirmed or suspected infections, every effort should be made to minimise the exposure to other persons and to avoid environmental contamination. Any available medical record, Passenger or Crew Locator Forms or any other relevant information should be provided to the relevant health care personnel onshore.

4. Repatriation

4.1 Reference documents

The following documents are of relevance:

- Communication from the Commission, Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships⁴⁰ (8 April 2020, C(2020)3100 final);
- IMO Circular Letter No.4204/Add.14 Coronavirus (COVID-19) – Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic⁴¹.

4.2 Repatriation of persons

The primary responsibility for arranging the return of passengers and crew members rests with the cruise ship operator⁴². If a need for repatriation of passengers arises, the ship's operator will have to make the necessary arrangements to this effect. The Flag and the Port States should support the cruise ship operator in making the necessary arrangements for repatriation in line with the referred Guidelines on protection of health, repatriation and travel arrangements for seafarers, passengers and other persons on board ships. The level of support possible should be specified in the pre-agreed arrangement as well.

The repatriation should be as quick as possible while providing for good medical infrastructure and transport connections for repatriations. The arrangements may include facilitating the docking of the vessel,

³⁹ <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-or-outbreaks-on-board-ships-interim-guidance>

⁴⁰ <https://ec.europa.eu/transport/sites/transport/files/legislation/c20203100.pdf>

⁴¹ [http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.14%20-%20Coronavirus%20\(Covid-19\)%20-%20Recommended%20Framework%20Of%20Protocols.pdf](http://www.imo.org/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.14%20-%20Coronavirus%20(Covid-19)%20-%20Recommended%20Framework%20Of%20Protocols.pdf)

⁴² A cruise usually fulfils the definition of a 'package' and therefore falls within the scope of Directive (EU) 2015/2302 of the European Parliament and of the Council of 25 November 2015 on package travel and linked travel arrangements. That Directive lays down the obligations of the organiser, including to provide assistance to travellers in difficulty. A cruise organiser shall carry travellers to the port of disembarkation that is provided in the package travel contract. If the carriage (e.g. flight) of the traveller to and from the cruise's port of embarkation/disembarkation is also included in the package, the organiser shall repatriate the traveller to his or her point of origin. Package organisers are required to take out insolvency protection that shall cover repatriation of travellers, if carriage of passengers is included in the package travel contract.

disembarking of passengers, health screening and treatment. Specific attention should be paid to the needs of vulnerable persons.

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

4.3 Changes of crew

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

Part IV: Guidance for ro-ro passenger ships

This Guidance can also be used for ro-ro passenger ships operating between EU Member States, with the necessary adaptations to the operational profile of this type of ships and the associated issues that should be considered⁴³. Usually, ro-ro passenger ships operate on regular routes based upon pre-defined timetables. Ro-ro passenger ships, unlike cruise ships, have to consider the embarking and carriage of vehicles (mainly cars and trucks) in dedicated spaces where special safety measures apply. In fact, the EU acquis includes two specific Directives dedicated exclusively to ro-ro passenger ships.

The type of ro-ro passenger ships operating in EU waters vary widely. With regard to domestic passenger ships⁴⁴, those with ro-ro capacity represent around 50% of the fleet (around 500 ships) and 70% of the passenger capacity. The size ranges from those carrying some dozens of passengers on short routes without seats to those with almost 2,000 passengers operating on longer overnight routes. Practically all these domestic ships are flagged by the State in which waters they operate. This facilitates the coordination amongst the different parties involved and the implementation of existing protocols, which makes the application of this guidance less urgent, but still recommendable.

In 2016, there were around 260 ro-ro passenger ships operating internationally in EU waters. The difference in size, route and operation of these ships makes it more difficult to provide one-size-fits-all solutions and it is important to provide flexibility to be able to adapt to specific elements of the ship and the route. However, the points below identify specific aspects of ro-ro passenger ships which require special consideration. They cover points related to the COVID-19 Company and Ship Management Plan and points related to ship-port cooperation.

With regard to the COVID-19 Company and Ship Management Plan:

- In cases where neither seats nor cabins can be booked, special measures should be considered to ensure that physical distancing is possible.
- When passengers can book seats instead of cabins (on some routes cabins might not be available) the positioning of passengers should be considered to ensure that the necessary physical distancing is maintained, e.g., by having some empty seats, special markings, etc. This may imply the reduction of the passenger capacity of the ship.
- The response in case of a COVID-19 outbreak onboard should be adapted to the length and characteristics of the route. For instance, the need of designated isolation areas will be almost irrelevant for ships on short voyages.
- Ro-ro passenger ships in general have more crowded spaces than cruise ships. This may require additional measures: to ensure that physical distancing is kept, to re-organise catering services (e.g. no self-service, only when pre-packed or pre-proportioned) and to provide extra-means for informing passengers about the applicable onboard COVID-19 measures.
- In spaces where vehicles are carried, the circulation area for crew and passengers is rather limited, which can be challenging for keeping physical distancing. It is recommended to address this through specific measure, e.g. markings on the floor for the correct flow of passengers.
- On short voyages, the personal information of persons on board is not required to be collected and registered. To ensure the implementation of a system to manage contact tracing and personal locator data, as recommended by ECDC, the procedures for collection and registration of personal information should be considered and updated.

⁴³ This guidance can also be taken into consideration when developing measures for domestic traffic.

⁴⁴ Data based on 2019 MS Questionnaire distributed and compiled by EMSA. The data of 2014 show a very similar percentage. These ships include those certified under Directive 2009/45/EC, i.e., excludes those operating exclusively in port waters.

Concerning the ship-port cooperation:

- The turnaround time of a ro-ro passenger ship is, in general, shorter than that of a cruise ship, which puts pressure on the disembarking and embarking processes. One of the key issues is boarding at the terminal, particularly, finding the right balance between carrying out required COVID-19 prevention protocols, like health screening, avoiding concentration of persons both at the entrance of the terminal and in the terminal itself, whilst not delaying the ship's departure, respecting the timetable in place. This will require a review of the organisational measures at the terminal to make it work.
- One positive aspect is that the operation on regular routes facilitates the close cooperation with the relevant ports and close alignment between the respective ship and port COVID-19 Plans. If ro-ro passenger ships operate between two EU Member States it is highly recommended to have a bilateral arrangement in place to ensure that all measures on board and at the terminals are aligned.
- On a ro-ro passenger ship, there are passengers in vehicles and passengers by foot. On some routes, there can be several disembarking and embarking operations on the same day. In this regard:
 - Consideration should be given to the disembarking and embarking sequence and flow to ensure that all the prevention measures are kept and both queues (incoming and outgoing) are kept separate and concentration of persons are avoided in the terminal and at the garage/parking area.
 - The cleaning and disinfection strategy to be followed between the disembarking and embarking should be considered so that time pressure does not decrease the level of protection provided.
- The strategy to be adopted for passengers inside vehicles should be considering the communication (visually and by audio, making sure that it reaches all passengers and that it is understood) and health screening procedures, etc. In this regard, the protection of staff who has to approach vehicles and interact with the persons inside, is to be especially considered, including the use of appropriate PPE.

Finally, the *COVID-19 Guidance on Reopening Passenger Ferry Services*⁴⁵ published by Interferry and the *Interim advice for preparedness and response to cases of COVID-19 on board ferries after lifting restrictive measures in response to the COVID-19 pandemic*⁴⁶ prepared by the EU Healthy Gateways Joint Action, could be used as a reference when preparing a COVID-19 Company and Ship Management Plan for ro-ro passenger ships. The latter is a comprehensive document providing several specific options to be implemented on board whereas the document from Interferry is providing both an overview of all the relevant operational activities to be considered through a flowchart, with associated suggested safeguards for each activity, and a comprehensive list of possible measures to mitigate health risks in relation to passenger ferry services.

⁴⁵ https://interferry.com/wp-content/uploads/2020/05/INTERFERRY_GUIDANCE-ON_MITIGATING_SPREAD_OF_COVID-19.pdf

⁴⁶ https://www.healthygateways.eu/Portals/0/plcdocs/Advice_Passenger_Ferry.pdf?ver=2020-06-25-091223-253

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

Disease background

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

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

Specific travel-related risks

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

Travel-related introduction and tourism-related spread within the EU/EEA and the UK contributed substantially to the transmission across and within countries during the early phase of the COVID-19 pandemic⁴⁷. However, in an epidemiological situation with significant domestic community transmission, as is the case in all EU/EEA Member States, the relative significance of transmission through tourism and long-distance travel will probably be small compared to ongoing transmission occurring in the local setting and as a result of local transportation.

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

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

Physical distancing

Current scientific studies and articles^{48,49,50,51} confirm that, in general, the distance that large respiratory droplets can travel in the air is 1.5 metres for normal speech and up to 2 metres when coughing. Further evidence⁵² indicates that the physical distancing should be of at least 1.5 metres and ideally 2 metres. For this reason, during the cruise, during embarkation and disembarkation cruise ship crew and operators, should ensure that 1.5-metre physical distancing is maintained wherever this is operationally feasible. If it cannot be guaranteed because of operational constraints, risk-mitigating measures should be implemented such as hand hygiene, respiratory etiquette, use of face mask.

⁴⁷ <https://www.ecdc.europa.eu/sites/default/files/documents/Considerations-related-to-measures-for-travellers-reduce-spread-COVID-19-in-EU/EEA.pdf>

⁴⁸ Nicas M, Nazaroff WW, Hubbard A. Toward understanding the risk of secondary airborne infection: emission of respirable pathogens. *Journal of occupational and environmental hygiene*. 2005 Mar 1;2(3):143-54.

⁴⁹ Anfinrud P, Stadnytskyi V, Bax CE, Bax A. Visualizing speech-generated oral fluid droplets with laser light scattering. *New England Journal of Medicine*. 2020 Apr 15.

⁵⁰ Huang S. COVID-19: Why we should all wear masks—there is a new scientific rationale. *Medium*. March 26, 2020.

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

⁵¹ Wan, M. P., & Chao, C. Y. (2007). Transport characteristics of expiratory droplets and droplet nuclei in indoor environments with different ventilation airflow patterns. *Journal of biomechanical engineering*, 129(3), 341–353. <https://doi.org/10.1115/1.2720911>

⁵² Chu DK, Akl EA, Duda S, Solo K, Yaacoub S, Schünemann HJ, El-harakeh A, Bognanni A, Lotfi T, Loeb M, Hajizadeh A. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*. 2020 Jun 1.

Use of face masks

- A **medical face mask** (also known as surgical or procedure mask) is a medical device to cover the mouth, nose and chin ensuring a barrier that limits the transmission of an infective agent between hospital staff and patients. It is used to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and help reduce and/or control at source the spread of large respiratory droplets from the person wearing the medical face mask. Medical face masks should comply with the requirements defined in European Standard EN 14683:2019+AC:2019.
- **Non-medical face masks** (or community masks) include various forms of self-made or commercially available masks or face covers made of cloth, other textiles or other materials (such as paper). They are not standardised and do not offer a consistent level of protection. For these reasons, non-medical face masks are not recommended for use where a minimal physical distance of 1.5 meters between individuals is not guaranteed. A recently published European standard for community masks was published outlining the minimum requirements.⁵³

Face masks are recommended mainly as a means of source control for persons who are symptomatic in order to prevent the spread of the respiratory droplets produced by coughing or sneezing.⁵⁴ There is increasing evidence that persons with mild or no symptoms at the pre-symptomatic and early stages of the infection can contribute to the spread of COVID-19. A face mask may help reduce the spread of the infection in the community by minimising the discharge of respiratory droplets from infected individuals who may not know they are infected and before they develop any symptoms.⁵⁵⁻⁵⁶

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

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

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

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

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

Hand hygiene

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

- Health promotion material (e.g. posters, videos etc) that promote the importance of hand hygiene and explain how to perform effective hand hygiene should be available in different areas of the ship.

⁵³ Community face coverings - Guide to minimum requirements, methods of testing and use

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

⁵⁴ Chu DK, et al, Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis Lancet 2020; 395: 1973–87 [https://doi.org/10.1016/S0140-6736\(20\)31142-9](https://doi.org/10.1016/S0140-6736(20)31142-9)

⁵⁵ Using face masks in the community — Reducing COVID-19 transmission from potentially asymptomatic or pre-symptomatic people through the use of face masks (<https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission>).

⁵⁶ WHO Advice on the use of masks in the context of COVID-19 https://apps.who.int/iris/bitstream/handle/10665/332293/WHO-2019-nCoV-IPC_Masks-2020.4-eng.pdf?sequence=1&isAllowed=y

- Easy access to hand washing facilities with soap for passengers and crew, single use paper towels, and alcohol-based hand rub solutions (containing at least 70% of alcohol).
- Rigorous hand hygiene should be advised; especially after contact with frequently touched surfaces, before eating, drinking or smoking, and after using the toilet.

Testing strategy

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

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

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

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

Case definition

Clinical criteria

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

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

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

Diagnostic imaging criteria

Radiological evidence showing lesions compatible with COVID-19

Laboratory criteria

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

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

Epidemiological criteria

At least one of the following two epidemiological links:

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

Case classification

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

Notes:

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

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

Case management on board

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

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

The detection of a laboratory confirmed COVID-19 case on board a cruise ship should lead to the interruption of the voyage, according to current experience and knowledge about the disease, particularly if persons at high risk for complications are on board.

For more information on the case management on board, please refer to: [Advice for ship operators for preparedness and response to the outbreak of COVID-19](#)⁵⁷

Contact Tracing

Contact tracing is an essential measure to limit the spread of COVID-19. It is normally done only when a case has been laboratory-confirmed but in the cruise ship setting it is recommended that contact tracing is initiated already when a possible or probable case of COVID-19 is identified and while waiting for laboratory confirmation.⁵⁸ This is due to the high risk of transmission on cruise ships and the fact that rapid tests, while available, are currently not validated and confirmatory testing is likely to only be available on shore. In this section, the word 'case' includes possible, probably and confirmed cases.

ECDC guidance on contact tracing⁵⁹ as well as WHO guidance 'Operational considerations for managing COVID-19 cases or outbreaks on board ships'⁶⁰ should be consulted when planning for how to carry out contact tracing. Contact tracing should always be done in collaboration with public health authorities. If the ship is not yet in port, and a possible case has been identified, crew should start contact tracing on board while also contacting with public health authorities in the next port to ensure their input into the contact tracing process.

ECDC guidance on contact tracing defines high-risk and low-risk exposure contacts and gives advice for follow up²².

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

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

⁵⁷ https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_MARITIME_20_2_2020_FINAL.pdf?ver=2020-02-21-123842-480

⁵⁸ <https://www.ecdc.europa.eu/en/covid-19/surveillance/case-definition>

⁵⁹ <https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management>

⁶⁰ <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

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

High risk exposure (close) contact:

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

Low risk exposure contact:

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

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

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

Management of contact persons

Contacts of possible and probable cases should be managed as if the case was confirmed until the final test result is available. If the possible case tested negative no further action is needed. If the laboratory result is positive, contacts should be managed as detailed below and according to the ECDC guidance on contact tracing⁶¹ which outlines this in more detail.

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

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

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

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

⁶¹ <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-Contract-tracing-scale-up.pdf>

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

A database on cases and their contacts should be kept on board. For large number of cases WHO's software Go.Data could be used⁶².

Cases identified after the end of the cruise

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

Table 1. Proposed operational measures per main group of stakeholders in the maritime sector

Measure ^a	Cruise ship operators	Service providers / contractors ^b	Passengers
Respect public health instructions	Yes	Yes	Yes
Provision of standard health promotion information	Yes, prominent display in various formats	n/a	n/a
Specific local risk communication ^c	Yes	Yes	Pay attention and comply
Implement strategies to avoid overcrowding	Yes	Yes	Yes, comply with instructions
Keep physical distancing	Yes	Yes	Yes
Use of face masks	Yes, if physical distancing not maintained	Yes, if physical distancing not maintained	Yes, if physical distancing not maintained
Respiratory etiquette	Yes	Yes	Yes
Hand hygiene	Yes	Yes	Yes
Enhanced cleaning	Yes	Yes	n/a
HVAC systems ^d : apply proper maintenance and COVID-19 related revisions if needed	Yes	n/a	n/a

^aEntry screening measures, such as thermal screening, are not recommended for implementation, due to the poor evidence for their effectiveness at prevention and control of COVID-19⁶³.

^bExamples include personnel who provide security, restaurant and cleaning services

^cMaintain awareness of current specific local risks communicated by health authorities

^dHeating, Ventilation and Air conditioning systems

n/a — not applicable

Immunity certificate

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

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

⁶² <https://www.who.int/godata>

⁶³ https://www.ecdc.europa.eu/sites/default/files/documents/EASA-ECDC_COVID-19_Operational-guidelines-for-management-of-passengers-issue-2.pdf

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

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

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

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

Temperature Screening

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

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

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

- Many individuals who have been infected with the virus could be in the incubation phase when travelling and not yet showing symptoms; SARS-CoV-2 has an incubation period of 2-14 days, with 75% of cases developing symptoms after 4-7 days. These passengers will not be detected by temperature screening, even in a scenario assuming high sensitivity equipment. When this scenario was modelled for entry or exit screening at the beginning of the outbreak in January 2020, it showed that an estimated 75% of infected passengers would exit or enter the country without being detected.⁶⁴
- Since the beginning of the pandemic, evidence has accumulated indicating that asymptomatic (or pre-symptomatic and mild) cases play a significant role in the transmission of COVID-19 (maybe up to 40%) and it is currently established that transmission starts before the onset of symptoms (peaking 0.7 days before).⁶⁵
- In the case of COVID-19, fever is frequently, but not consistently, reported in symptomatic cases. According to ECDC's weekly epidemiological report for week 26/2020, fever was reported for 53% of over 160 000 laboratory-confirmed COVID-19 cases entered in The European Surveillance System (TESSy).⁶⁶ In addition, fever is a symptom that can be temporarily concealed by using antipyretic drugs.
- The large variety of screening equipment (contactless thermometers, thermal scanners, etc.) commercially available requires that particular care is taken in calibration and the setting of thresholds for categorising people as screen-positive. The performance of devices is difficult to compare because of different targets and modes of operation. In

⁶⁴ Quilty BJ, Clifford S, Flasche S, Eggo RM. Effectiveness of airport screening at detecting travellers infected with novel coronavirus (2019-nCoV). *Eurosurveillance*. 2020;25(5):2000080.

⁶⁵ He X, Lau EH, Wu P, Deng X, Wang J, Hao X, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. *Nature medicine*. 2020;26(5):672-5.

⁶⁶ <https://www.ecdc.europa.eu/en/covid-19/surveillance/weekly-surveillance-report>

addition, their performance is affected by the choice of the cut-off value set for screening (e.g. 37.5 or 38.0°C). In general, performance is reported as follows:

- Sensitivity: 80–99%, meaning that between 1 and 20% of febrile passengers will not be detected (false negative).
- Specificity: 75–99%, meaning that between 1 and 25% of non-febrile passengers will be incorrectly detected (false positive).

Some reports suggest that taking the average of several readings improves accuracy; however, this increases the resources necessary to perform the task.⁶⁷

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

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

Health screening questionnaire

A health questionnaire or health declaration form can be used as a tool for health monitoring before the cruise will start. The completed form should be assessed by a health professional in a specially designated area for each passenger separately⁶⁸. This may entail re-checking the temperature and other vital signs and going over the questions in more detail to decide if the passenger should be referred for COVID-19 testing.

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

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

⁶⁷ ECDC, Infection prevention and control measures for Ebola virus disease: Entry and exit body temperature screening measures. Available from: <https://www.ecdc.europa.eu/sites/portal/files/media/en/publications/Publications/Ebola-outbreaktechnicalreport-exit-entry-screening-13Oct2014.pdf>

⁶⁸ https://www.ecdc.europa.eu/sites/default/files/documents/ECDC-one-page_EntryScreening_Passenger-Locator-and-Health-Declarations.pdf

Box 1. Example of health screening questionnaire

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

Personal identification (first and last name): _____

Personal contact information: _____

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

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

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

Yes/ No

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

Place: _____ Duration: date of arrival _____ date of departure _____

Place: _____ Duration: date of arrival _____ date of departure _____

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

Assessment section:

1. Temperature check:

2. Other vital signs:

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

Assessment decision: _____



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