

**Sayı** : 38591462 - 010.07.03 - 2020 - 1255

26/04/2020

Konu : ICS'in COVID-19 Güncel Duyurusu Hk.**Sirküler No :526**

Sayın Üyemiz,

Uluslararası Deniz Ticaret Odası(International Chamber of Shipping-ICS) tarafından gönderilen 20 Nisan 2020 tarihli Ek'te sunulan yazı ile Dünya Sağlık Örgütü'nün(World Health Organization-WHO) yayınladığı ve 19 Nisan 2020 tarihi itibariyle Çin ve diğer ülkelerden bildirilen "Yeni Koronavirüs"(novel coronavirus – COVID-19) akut solunum yolu hastalık vaka tablolarını içeren rapor ile "Yeni Koronavirüs" hakkındaki güncel bilgiler Odamıza iletilmiştir.

Yazıda, ICS tarafından, virüs ve etki durumunun yakından takip edildiği ve haftalık olarak virüsün etkisi, yayılımı ve alınması gereken tedbirler konusunda üyelere yönelik düzenli güncellenmiş rapor sunulmakta olduğu bildirilmiştir.

Ayrıca, bahse konu yazıda COVID-19 ile ilgili güncel bilgilere ilave olarak, ICS ve ITF tarafından denizcilerin gemilere serbest ulaşımının kolaylaştırılmasına yardımcı olmak için hazırlanan belgeler (Ek-3, Ek-4), sosyal mesafenin korunması ile ilgili afişler(Ek-5), maske kullanımı hakkında WHO rehberi(Ek-6), COVID-19 hakkında WHO tarafından sunulan güncel bilgiler(Ek-7) ve COVID-19 el kitabı(Ek-8) yer almaktadır.

Bilgilerinize arz ve rica ederim.

Saygılarımla,

e-imza
İsmet SALİHOĞLU
Genel Sekreter

Ek:

- 1- İlgi Yazı Türkçe Tercümesi (8 sayfa)
- 2- İlgi Yazı (11 sayfa)
- 3- Denizcilerin Serbest Dolaşımı Hakkındaki Belge Şablonu-1 (2 sayfa)
- 4- Denizcilerin Serbest Dolaşımı Hakkındaki Belge Şablonu-2 (2 sayfa)
- 5- Sosyal Mesafe Afişleri (2 sayfa)
- 6- Maske Kullanımı Hakkında WHO Rehberi (5 sayfa)
- 7- WHO'nun COVID-19 Güncel Bilgiler Bülteni (14 sayfa)
- 8- ACTA Marine COVID-19 El Kitabı (42 sayfa)



Bu belge, 5070 sayılı Elektronik İmza Kanuna göre Güvenli Elektronik İmza ile İmzalanmıştır.

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Odamızda
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**Dağıtım:****Gereği:**

- Tüm Üyeler (WEB sayfası ve e-posta ile)
- Türk Armatörler Birliği
- S.S. Gemi Armatörleri Mot. Taş. Koop.
- Vapur Donatanları ve Acenteleri Derneği
- İMEAK DTO Meslek Komite Bşk.
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Bilgi:

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uygulanmaktadır.

Sayılarla Son Durum.

Bölge	Vaka Sayısı	Vefat Sayısı	Risk Düzeyi
Küresel	2241359	152551	Çok yüksek
Batı Pasifik	130696	5621	Çok yüksek
Avrupa	1122189	100938	Çok yüksek
Güneydoğu Asya	27319	1185	Çok yüksek
Doğu Akdeniz	124691	5908	Çok yüksek
Amerika Kıtası	821860	38258	Çok yüksek
Afrika	13892	628	Çok yüksek

19 Nisan 2020 Tarihi İtibarıyla En Fazla COVID-19 Vakası Tespit Edilen İlk 12 Ülke.

Amerika Birleşik Devletleri
İspanya
İtalya
Fransa
Almanya
İngiltere
Türkiye
Çin
İran
Rusya
Belçika
Hollanda

Günlük istatistiklere dahil edilmek üzere WHO'ya rapor edilen vaka sayısı, bildirildikleri süreye bağlı olarak değişkenlik gösterebilmektedir. ICS, farklı medya organları tarafından rapor edilen vaka sayılarını takip etmekle birlikte, WHO verilerinin resmi rakamlar olarak kullanılmasının önem arz ettiği belirtilmektedir.

Birçok ülkenin koronavirüs test kitlerine erişim sağlayamadığı bilinmektedir. Bu nedenle bazı ülkelerde virüsün bulaşma durumu bilinmemekte olup dikkatli olunması gerekmektedir.

[WHO-COVID-19 gösterge tablosundan](#) ülkelerle ilgili detaylı bilgiye erişilebilmektedir.

ICS'nin COVID-19 Sürecinde Sağladığı Destek.

- Salgın ile ilgili durum ICS tarafından günlük olarak takip edilmekte olup, üyelere konu hakkında gerekli tavsiyeler sunulmaktadır.
- ICS, öncelikli endişelerin tespiti için üye derneklerle iki haftada bir video konferans görüşmeleri düzenlemektedir. Böylece mümkün olan yerlerde stratejik ve koordineli bir küresel müdahale sağlanmaktadır.

- Tüm büyük yardım kuruluşları ve Uluslararası Taşımacılık İşçileri Federasyonu (The International Transportation Workers' Federation-ITF) katılımıyla, koronavirüs özel çalışma grubu toplantısı haftada bir ICS koordinesinde düzenlenmektedir. Bahse konu grup Salı günleri toplanmakta olup, ortaya çıkan önemli konular ilgili birlik ve hükümetlere aktarılmakta, acil durumlardaki ihtiyaçları karşılamak üzere başarılı bir şekilde çalışmaktadır.
- ICS tarafından, çeşitli konularda işbirliği alanlarını görüşmek üzere Perşembe günü bir araya gelen Birleşmiş Milletler ajansları ile sektörler arası bir grup kurulmuştur. Bu grup özellikle sertifikasyon ile ilgili hususların tartışılmasında ve gemi personeli değişiklikleriyle ilgili endişelerin dile getirilmesinde etkili olmaktadır. Ayrıca bahse konu grup IMO, ILO ve WHO tarafından hazırlanan gerekli sirkülerin yayınlanmasını sağlamaktan da sorumludur.
- Ayrıca ICS, kriz nedeniyle ihtiyaç sahiplerine yardım ulaştırılması hususunu tespit edebilmek için fon sağlayıcılarla birlikte çalışmaktadır. Bunun neticesinde, çeşitli yardım kuruluşları tarafından, denizciler ve aileleri için yardım kampanyalarına katılanlara kolaylık sağlamaya yönelik olarak ihtiyaç duyulan acil bağış fonları oluşturulmuştur.
- ICS, denizcilik şirketlerine hangi limanların açık olduğu, koronavirüs ile ilgili bilinmesi ve yapılması gerekenler, bayrak devletleri, istihdam sağlayan devletler ve liman devletleri tarafından verilen, gemiler ile personelin yanı sıra toplum için gerekli eylemler hakkında tavsiye ve güncel bilgiler içeren bir portal (e-room) kurmuştur. Portal kullanıcılarından kendi ülkeleri ile ilgili bilgileri paylaşması istenmektedir.
- **IMO tarafından, [COVID-19'a özel bir web sitesi](#) kurulmuştur.**
- Uluslararası Deniz Ticaret Odası aşağıdaki hususların yerine getirilmesi önemle tavsiye etmektedir.
 - Teste tabi tutulması gereken veya COVID-19 test sonuçları pozitif çıkan mürettebata ait bilgilerin ICS ile paylaşılması,(Yolcu ve yük gemilerinde, salgından etkilenen mürettebatın sayısını izlemek ve sonraki süreçte uygun önlemlerin alınmasını sağlamak için bahse konu hususları WHO ve IMO'ya bildirmek önem arz etmektedir.)
 - Gerekli tıbbi malzemenin tedarik sürecinde karşılaşılan sorunlar hakkında bilgi sağlanması,(Liste güncellenecek olup belirlenen malzemelerin elde edilmesinin mümkün olmaması durumunda potansiyel alternatiflerin belirlenmesi için WHO'dan tavsiye alınacaktır.)
 - Özellikle personel değişimi ile ilgili diğer istihdam ve personel milliyeti tespitine ilişkin hususların bildirilmesi,
 - Uluslararası düzeyde gündeme getirilmesi gerekebilecek salgına ilişkin ortaya çıkan diğer hususlar hakkında bilgi verilmesidir.

ILO Bilgi Notu.

Uluslararası Çalışma Örgütü (International Labour Organisation-ILO) tarafından sunulan ve aşağıda yer alan web adresinden erişilen bilgi notu ILO hukuk departmanı tarafından hazırlanmış olup, MLC 2006 ve COVID-19 ile ilgili "Sıkça Sorulan Sorular"ı içermektedir.

https://www.ilo.org/global/standards/maritime-labour-convention/WCMS_741024/lang--en/index.htm

Koronavirus - Küresel Liman Kısıtlamaları Haritası.

ICS, üyelerini ve denizcilik şirketlerini, Küresel Liman Kısıtlamaları ile muhtemel limanları hakkında web sitesinin takip edilmesi konusunda teşvik etmektedir. Ülkeler açısından, Çin limanlarında bulunan gemi ve mürettebatı üzerinde koronavirüs yayılmasıyla mücadele etmeye yönelik yeni kısıtlamalar getirilmesi güç bir süreç olacaktır. Bu kapsamda, Wilhelmsen Ships Service tarafından, “Coronavirus-Global Port Restrictions Map” online uygulaması geliştirilmiştir. Uygulamada bulunan liman veya ülkelerin üzerine gelerek tüm konumlardaki kısıtlamalar görüntülenmektedir. Harita, günde iki kez güncellenmektedir ve önceki 24 saat için güncellemelerin bulunduğu yerler öne çıkarılmaktadır. Bahse konu harita uygulamasına <https://wilhelmsen.com/ships-agency/campaigns/coronavirus/coronavirus-map/> adresinden erişim sağlanabilmektedir.

Uluslararası Limanlar Birliği (International Association of Ports and Harbors-IAPH) tarafından sunulan haritaya <https://sustainableworldports.org/world-ports-covid19-information-portal/> adresinden, ICS'nin önerdiği bir diğer Liman Kısıtlamaları Haritasına ise <https://app.powerbi.com/view?r=eyJrIjoiN2I3MmJiYmYtYmYyNy00MGVklWI0ZTktZDZmNTY4ZTBiMzM3IiwidCI6IjM5MGZkN2Q4LWUzMjktNDdiYy04MmY4LWM5NTY4NTg5MzYyYyIsImMiOiJlZWwQ%3D%3D> adresinden ulaşılabilmektedir.

IATA ve ICS Tarafından Gemi Personeli Değişim Uçuşlarının Kolaylaştırılması İçin Acil Önlem Alınmasına Yönelik Hükümetlere Çağrı Yapılmıştır.

Uluslararası Hava Taşımacılığı Birliği (International Air Transport Association-IATA) ve ICS tarafından, gemi personelinin değişimi sürecinde uçuşların kolaylaştırılmasına yönelik acil önlemler alınması için hükümetlere çağrıda bulunulmuştur. COVID-19 kısıtlamaları nedeniyle denizciler, aylar süren çalışma sürecinden sonra gemide kalmaya devam etmekte, uzun seferlerin ardından değiştirilememekte veya evlerine geri dönememektedir.

Denizcilik sektörü küresel tedarik zincirini korumak için hayati önem taşımaktadır. Ancak mevcut durum, gemi personelinin güvenliği, refahı ve deniz ticaretinin emniyetli bir şekilde yürütülmesi için sürdürülebilir değildir.

Güvenlik, sağlık ve refahı koruyan uluslararası denizcilik düzenlemelerine uyum sağlamak için her ay ticari olarak görev yapan yaklaşık 100.000 denizcinin çalıştıkları gemilerden nakledilmesi gerekmektedir. COVID-19 nedeniyle hükümetlerin uyguladığı seyahat kısıtlamalarının bir sonucu olarak sefer sonrası geri dönüş veya gemiye katılmak için kullanılacak uçuşlar mevcut bulunmamaktadır. Göç ve sağlık tarama protokolleri, ticari gemilerin hayati derecede gerek duyduğu personeli değişikliği yapma sürecini de engellemektedir. IATA ve ICS, belirli havaalanlarında personel değişikliğini kolaylaştırmaya yönelik hükümetlerin uygulayabilecekleri güvenli ve akılcı çözümler üretmek için işbirliği yapmaktadır.

ICS ve IATA küresel tedarik zincirini açık tutmak için, gemi personeli değişimi uçuşlarının devamı, personelin güvenli ulaşımı ve geri dönüşü için belirli ve sınırlı sayıda personel değişimine yönelik tüm hükümetlere havaalanının belirlenmesi çağrısında bulunmuştur. Öncelikli havaalanları, denizcilerin ikamet ettiği ülkelere doğrudan hava yolu bağlantısı bulunan ve temel denizcilik hatlarına yakın olan Çin, Hindistan ve Filipinler ile Batı ve Doğu Avrupa gibi konumları içermelidir.

Denizcilerin Gemilere Serbest Dolaşımını Kolaylaştırılmasını Amaçlayan Belge Şablonu.

Denizcilerin, gemilere katılım ve ayrılışlarda serbest dolaşımını kolaylaştırmaya yardımcı olmak üzere hazırlanmış iki belge Ek-3 ve Ek-4'te yer almaktadır.

Hindistan Uyruklu Denizcilerin Ülkelerine Geri Dönmesinde Karşılaşılan Zorluklar.

Devletlerin uyguladıkları kısıtlamalar nedeniyle, şirketlerin denizcilerini Hindistan'a geri gönderme sürecinde yaşadıkları zorluklar ICS tarafından bilinmektedir. Hindistan Ulusal Armatörler Birliği (Indian National Shipowner's Association-INSA), bu süreçten etkilenen Hint denizcileri, buldukları gemi ve çalıştıkları şirketler adına Hindistan Denizcilik Genel Müdürü ile temasa geçmek istemektedir. Gemi personeline yardım sağlanması hususunu Hindistan Denizcilik Genel Müdürlüğü ile görüşecek INSA CEO'su Sn. Anil DEVLİ'ye (ceo@insa.org.in), gemi personeli ve geri dönüş tarihleri bilgilerini içeren listenin gönderilmesi talep edilmektedir.

COVID-19 Salgınının Denizciler Üzerindeki Etkisi.

Birçok ülke, COVID-19 salgınından önemli ölçüde etkilenen ülkelere gelen denizciler için vize kısıtlaması ve zorunlu karantina uygulamıştır. Durum hakkında günlük olarak güncellenen ve kapsamlı bilgiler sunan Uluslararası Hava Taşımacılığı Birliği (International Air Transport Association-IATA) [web sitesi](#) ziyaret edilebilir.

Sosyal yardım kuruluşları video konferans yoluyla gemilere sanal ziyaret gerçekleştirme imkanı sunmaya başlamıştır. Denizcilik firmalarının bu imkandan faydalanmaları için bilgilendirilmeleri istenmektedir. Firmaların ayrıca, gemilerindeki personel için aileleriyle görüşebilmelerini kolaylaştırmak amacıyla telefon hizmetlerini ucuzlatmak ya da ücretsiz yapmalarını sağlamak yönünde teşvik edilmeleri tavsiye edilmektedir.

Uluslararası İşçi Bayramı 2020.

Ulusal Birlikler, 1 Mayıs'ın dünyanın birçok ülkesinde Uluslararası İşçi Bayramı, İşçi Bayramı veya Mayıs Günü olarak tanınmasını sağlamaya teşvik edilmektedir. Bu, dünya çapında çalışan denizcilerin katkısını tebrik etmek ve tanımak için kullanılan bir gündür. İçinde bulunulan bu zor günlerde, denizcilerin katkısının unutulmaması istenmektedir. Bu nedenle, 1 Mayıs 2020 tarihinde yerel saatle 12:00'da mümkün olduğunca çok sayıda liman veya limanda bulunan gemi(eğer güvenli ve uygun ise), gemi düdüklarını çalmaya davet edilmektedir. Bu çerçevede:

- Üye şirketlerden, gemi sahiplerinden, yöneticilerden, liman işletmecilerinden ve ilgili tüm paydaşlardan gemi kaptanlarını bu faaliyete katılmaya teşvik etmeleri istenmektedir.
- Yiyecek, yakıt ve sarf malzemelerinin tedarikinin devamlılığını sağlamak için çalışan 1,2 milyondan fazla denizciyi hatırlamaya davet etmek üzere medyanın, özellikle yayıncı kuruluşların iletişim imkanları ile bilgilendirilmesi istenmektedir.
- Hükümetlerin, gemilerdeki mürettebatın personel değişikliğini gündeme getirmek ve harekete geçmeleri için daha fazla talepte bulunmak üzere bir teklif veya kamuoyu desteği sunarak bu konunun çözümü yönünde teşvik edilmesi istenmektedir.

Haber Bağlantıları İçin KVH'den Ücretsiz Teklif

Pandeminin devam ettiği sürece ve denizcilerin etkilenmesi durumunda, bazı teklifler, indirimler ve girişimlerin mevcut olduğunu bildirmek için KVH (denizcilik iletişim firması) tarafından ICS ile temasa geçilmiştir. KVH, pratik olarak yardım etmenin yollarını gözden geçirmekte olup, denizcilere haber sağlayıcı olarak, denizcilik şirketlerine kendi ulusal gazetelerinin dört sayfasını ve bulmaca sayfalarını Haziran 2020'nin sonuna kadar e-postayla göndermektedir. Haber ve güncellemeleri içeren bahse konu dosyalar uluslararası denizcilere kolayca dağıtılabilmektedir. İçerik sadece ticari gemilerde kullanılmak üzere lisanslanmış olup, kara tesislerinde dağıtılmaması gerekmektedir.

Uluslararası Haberler

- PDF formatında 4 sayfa İngilizce dilinde yayınlanmaktadır.
- 7 günde bir kez, GMT 16:00'da ulaştırılmaktadır.
- Avrupa, Asya, Afrika ve Amerika'dan spor, finans ve ana gündem konularını içermektedir.
- 100 KB dosya boyutundan küçük olmak üzere, e-mail yoluya iletilmektedir.

Bulmaca Sayfası

- PDF formatında 1 sayfa İngilizce dilinde yayınlanmaktadır.
- 7 günde bir kez, GMT 02:00'da ulaştırılmaktadır.
- Bulmaca ve sudoku içermektedir.
- 30 KB dosya boyutundan küçük olmak üzere, e-mail yoluyla iletilmektedir.

Bu hizmetten faydalanmak isteyen denizcilik şirketlerinin, iletişim bilgilerini newslinkonboard@kvh.com adresine e-posta ile göndermesi gerekmektedir. KHV, bahse konu dosyaları, gemilere iletilmek üzere şirketlerin merkez ofislerine veya bilgileri mevcut ise doğrudan gemilere gönderecektir.

Tıbbi Öneriler.

Helse Bergen tarafından yeni bir portal oluşturulmuştur. NCMDM ve Radio Medico Norway, denizcilerin hasta gemi personelinin veya gemideki diğer kişileri değerlendirmelerine yardımcı olmayı amaçlayan etkileşimli, internet tabanlı bir COVID-19 değerlendirme uygulaması geliştirmiştir. Ayrıca, dikkat edilmesi gereken uyarı işaretleri ve TMAS hizmetlerine ne zaman başvurulacağına dair tavsiyeler de dahil olmak üzere muhtemel COVID-19 vakalarının tedavisi hakkında rehberlik sağlayan bahse konu uygulamaya www.covid19atsea.no web adresinden ücretsiz olarak erişim sağlanmaktadır.

Gemide bulunanların kullanması için çok yararlı bir uygulama olduğu düşünülmektedir. Mümkün olduğunca çok kişinin uygulamaya erişim sağlaması için çaba sarfedilmektedir.

Bütün ülkeler, denizcilik ve havacılık da dahil olmak üzere tüm ulaşım sektörleri için geçerli olan WHO Uluslararası Sağlık Düzenlemelerine uymalıdır..

100'den fazla mürettebatı olan gemilerin bir tıp doktoru bulundurmaları gerekirken, uluslararası sefer yapan kargo gemileri ve diğer gemilerde sadece sınırlı ilk yardım ve tıbbi eğitim almış denizciler bulunmaktadır.

ICS tarafından sunulan rehberliğin güncel gelişmeleri yansıtmasının sağlanması için uluslararası kuruluşlarla çalışmaya devam edileceği belirtilmektedir. Mevcut güncel öneriler aşağıda sunulmuştur:

- Teletıp (telefon vasıtasıyla tedavi) hizmetleri, internet ve liman sağlık otoritelerinin tavsiyelerine erişim sağlanması.
- Gemiler İçin Uluslararası Tıbbi Rehber'in bir kopyasının veya gemide bulunması gereken ekipman ve ilaçların listesinin olduğu, tıbbi tavsiyeler içeren, eşdeğer bir ulusal belge bulundurulması.
- Dünya Sağlık Örgütü'nün COVID-19 için önerdiği ekipmanların kontrol edilmesi. Bahse konu ekipmanların çoğu halihazırda ticaret gemilerinde bulunmaktadır ancak test ekipmanı da dahil olmak üzere gemide taşınmayan ekipmanlar liman devleti sağlık görevlileri tarafından sağlanmalıdır.
- Hastalığın yayılmasını önlemek için tıbbi oda mevcut durumda kullanılıyorsa, tercihen tekli kabinlerden yararlanılması.
- COVID-19 sürecinde Tarama ve Test ile Limanlarda Tıbbi Bakıma Erişim konularında Uluslararası Denizcilik Sağlığı Birliği (International Maritime Health Association-IMHA) tarafından hazırlanmış protokollerin incelenmesi önerilmektedir.

ICS (COVID-19) Gemi İşletmecileri İçin Denizcilerin Sağlığını Koruma Rehberi.

Bu kapsamlı rehber, COVID-19 salgınının yayılmasını sınırlamak için uluslararası sularda faaliyet gösteren her türlü gemiyi güncel ve etkili bilgilerle desteklemeyi amaçlamaktadır. WHO, IMO, Avrupa Hastalık Önleme ve Kontrol Merkezi (European Centre for Disease Prevention and Control-ECDC) ve Uluslararası Denizcilik Sağlığı Birliği (International Maritime Health Association-IMHA) ile birlikte oluşturulmuş olup, aşağıda belirtilenler de dahil olmak üzere bir dizi önlemi vurgulamaktadır:

- Liman Giriş Kısıtlamalarının yönetilmesi,
- Denizciler için COVID-19'a yönelik pratik koruyucu önlemler,
- Salgın Yönetim Planı,
- Gemiye biniş öncesi tarama,
- Şüpheli enfeksiyon vakalarında yapılacak işlemler gibi konularda eğitim,
- Gemilerdeki denizciler için hijyen önlemleri,
- Yüksek risk durumu yönetimi,
- Vaka yönetimi,
- İzolasyon/karantina,
- Temizlik, dezenfeksiyon ve atık yönetimi.

ICS (COVID-19) Gemi İşletmecileri İçin Denizcilerin Sağlığını Koruma Rehberi'ne aşağıdaki adresten ücretsiz olarak ulaşılmaktadır.

[https://www.ics-shipping.org/docs/default-source/resources/coronavirus-\(covid-19\)-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers.pdf?sfvrsn=6](https://www.ics-shipping.org/docs/default-source/resources/coronavirus-(covid-19)-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers.pdf?sfvrsn=6)

Bahse konu rehberde gemilerde kullanılacak, [ICS COVID-19 web sitesinde](https://www.ics-shipping.org/docs/default-source/resources/coronavirus-(covid-19)-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers.pdf?sfvrsn=6) yer alan ve ücretsiz olarak indirilebilecek afişler de bulunmaktadır.

Bahsi geçen afişlerin Fransızca'ya tercüme edilmesine sağladığı katkılardan dolayı Kanada Deniz Ticaret Odası'na ICS tarafından teşekkür edilmektedir. Afişlerin tercümesine katkıda bulunmak isteyen diğer üye birliklerin ICS iletişime geçmesi istenmektedir.

Yeni Tıbbi Kaynaklar – “Gemide Güvenli Kalın” Videosu.

Denizcilerin “Gemide Güvende Kalmalarına” yardımcı olmaya yönelik üretilen ücretsiz videonun kullanılması ICS tarafından önerilmektedir. Sağlık personeli olmayanların da anlayabileceği ve birçok pratik bilgi içeren bahse konu videoya aşağıdaki adresten erişim sağlanmaktadır:

https://www.steamshipmutual.com/loss-prevention/stay_safe_on_board_0420.htm

Kuzey İngiltere P&I sigorta şirketi, gemiyi ziyaret edenler ve gemideki sosyal mesafeler ile ilgili Ek-5'te sunulan afişleri yayınlamıştır. Bahse konu afişlere www.nepia.com adresinden ücretsiz olarak erişim sağlanmaktadır.

WHO Rehberi – COVID-19 Sürecinde Maske Kullanımı Hakkında Tavsiyeler.

Maske kullanımının uygunluğu üzerine çeşitli tartışmaların devam etmesi nedeniyle, ICS tarafından konu hakkındaki en son WHO Rehberi yayınlanmış olup, Ek-6'da yer alan bahse konu rehberde aşağıda yer alan web adresinden de erişim sağlanmaktadır.

[https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

Gemilerin Limanlarda Tıbbi Desteğe Erişimi.

ICS, kruvaziyer gemilerinin belirli ülke limanlarına giremediği durumlar hakkında bilgileri takip etmektedir. Gelişen her vaka WHO'ya bildirilmekte, ülkelerin Uluslararası Sağlık Mevzuatı (International Health Regulations-IHR) kapsamındaki yükümlülüklerini yerine getirmeleri için ICS tarafından teşvik edileceği ifade edilmektedir. İlgili vakalar hakkında ICS ile bilgi paylaşılması istenmektedir.

Semptomları olan denizcilerin karadaki personelden sağlanan tıbbi yardıma erişemedikleri belirtilmekte olup, bu konuların uluslararası düzeyde gündeme getirilebileceği durumların farkında olunmasının faydalı olacağı düşünülmektedir.

Dünya Sağlık Örgütü (WHO).

ICS, hızlı tanımlama, tanı ve vaka yönetimi, hastaların tanımlanması ve takibi, sağlık kurumlarında enfeksiyonun önlenmesi ve kontrolü, yolcular için sağlık önlemlerinin uygulanması, toplumda farkındalık yaratma ve risk iletişimi gibi kombine halk sağlığı önlemleri uygulanarak Dünya Sağlık Örgütü'nün COVID-19 stratejik hedeflerini desteklemektedir. WHO web sitesinde günlük olarak ilave bilgiler yayınlanmakta olup, ICS tarafından bu bilgilerin incelenmesi tavsiye edilmektedir.

WHO, son günlerde meydana gelen gelişmeler ışığında mevcut görüşlerini ifade eden bir belge yayınlamıştır. Ek-7'de yer alan bahse konu belgenin incelenmesinin daha fazla bilgi edinilmesi açısından faydalı olacağı değerlendirilmektedir.

UNCTAD Gümrük Bilgileri

Birleşmiş Milletler Ticaret ve Kalkınma Konferansı (United Nations Conference on Trade and Development-UNCTAD) tarafından gümrük idarelerinin COVID-19 salgınına uyum sağlamasına yardımcı olmak amacıyla çeşitli rehberler yayınlanmıştır. Böylece ticaretin devamlılığı sağlanırken çalışanlar da güvende tutulacaktır. Bahse konu rehber aşağıdaki web adresinde yer almaktadır:

https://unctad.org/en/PublicationsLibrary/dtlasycudainf2020d1_en.pdf

COVID-19 Açık Deniz El Kitabı

Protokolleri yerine getirmek isteyen diğer şirketlere yardımcı olmak için COVID-19 sürecinde açık denizde kullanılacak el kitabını paylaştığı için ACTA MARINE OFFSHORE SERVICES firmasına ICS tarafından teşekkür edilmektedir. ICS bahse konu el kitabının içeriğini değerlendirmemiştir. Bu husus, el kitabını kullanan şirketlerin değerlendirmesine bırakılmıştır. Ek-8’de sunulan doküman aşağıda yer alan başlıkları içermektedir:

- Genel bilgiler, Genel COVID-19 bilgileri, Bilgi kaynakları, Kapsam ve Sıkça Sorulan Soruları içeren dizin.
- Ev de dahil olmak üzere gemiye katılmadan 2 hafta önce yapılacak hazırlıklar için ipuçları ve öneriler.
- Personel değişiklikleri ile ilgili olarak gemiye katılım ve gemiden ayrılış seyahatleri, sınır geçişleri için gerekli olan belgeler.
- Gemiye katılmadan önce yapılacak kontroller, bagaj, kabin anahtarı, gemiye ilişkin kurallar ve gemide görev başlangıcı.
- Kabin Planı.
- Çalışma programları (ekip planlaması), yemek programları, izleme planı deniz ekibi, temizlik stratejisi (IFS), Sosyal alanların kullanımı, Çamaşırhane, Düzenli tıbbi kontroller, Vücut Isısı Kaydı ve Disiplin Cezası.
- Sağlık ekipmanları ile ilgili depolar, Tıbbi ekipmanların yedek politikası, gıda depoları, ayrışma için gerekli ekipman, yakıt ve su.
- Gemide COVID-19 ile ilgili Acil Müdahale, Geri dönüş/tahliye oluşturma belgesi Müşteri - Şirket ve Gemi karantinası.
- İmzalayanlar, QHSSE, Müşteriler ve Kurumsal Seyahat Kliniği ile ilgili iletişim bilgileri.
- Müşteriler, İnşacılar, Devlet, Acente, Tıbbi danışmanlık ile ilgili iletişim bilgileri.
- Referanslar, Destek ve Lojistik Malzemeleri Listesi.



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This Circular and its attachments (if any) are confidential to the intended recipient and may be privileged. If you are not the intended recipient you should contact ICS and must not make any use of it.

20 April 2020

COVID-19(20)41

**TO: LABOUR AFFAIRS COMMITTEE
ALL MEMBERS & ASSOCIATE MEMBERS
BI WEEKLY MEMBERS MEETING PARTICIPANTS
INTERNATIONAL ASSOCIATION GROUP PARTICIPANTS**

COVID-19 UPDATE AS OF 20TH APRIL 2020

Action Required: *Members are invited to:*

- ***note information provided by WHO last night (19th April 2020). This demonstrates a shift to 213 countries now reporting confirmed cases of COVID-19 in the last ten days compared with 211 countries in the last report. 961,637 additional cases have now been confirmed globally since the last report issued (43%). There have also been 79,937 additional deaths over the period (52%). However, it remains important to appreciate that many countries cannot report all cases as they still do not have the potential testing equipment, so numbers are likely to be much higher.***
- ***notify ICS of any matters to be shared with other stakeholders.***
- ***note the two finalized international facilitation letters for companies to use to help gain seafarers clearance to join and leave their ships globally. Attached at Annexes 1 and 2. These cover matters within the EU Green Lanes template, but EU companies are welcome to use that for European based employees if they prefer.***
- ***promote a new portal produced by NCMDM and Radio Medico Norway of an interactive, internet based COVID-19 assessment tool. Further details are contained within this circular. Please continue to notify your members of this free tool.***

- ***promote the use of a free video produced to help seafarers to Stay Safe on Board, which contains a lot of practical information in a manner which is understandable for non - medics. Further details are contained within this circular. Please encourage your members to utilise this free tool.***
- ***promote the use of two new posters produced by the North of England P& I club related to social distancing onboard. Further details are contained within this circular. Please encourage your members of use these free tools.***
- ***encourage companies to get ships to sound their horns on International Labour Day – 1st May 2020. Further details are within this circular.***
- ***note the inclusion of a COVID 19 Onboard Handbook which may serve as inspiration to other shipping companies. Further details are contained within this circular. Please encourage your members to review this document to help with their action planning.***

SITUATION IN NUMBERS

Area	No of Cases	No of Deaths	Risk level
Globally	2241359	152551	Very high
Western Pacific	130696	5621	Very high
European Region	1122189	100938	Very high
South East Asia	27319	1185	Very high
Eastern Mediterranean	124691	5908	Very high
Americas Region	821860	38258	Very high
African Region	13892	628	Very high

TOP 12 COUNTRIES WITH CASES AS AT 19 APRIL 2020

United States of America
Spain
Italy
France
Germany
United Kingdom
Turkey
China
Iran (Islamic Republic of)
Russia
Brazil
Belgium

The number of cases reported varies depending on the time they are reported to WHO for inclusion in daily statistics, so numbers constantly change. ICS is also aware that different media are reporting higher numbers, but it is essential for us to use WHO data as official benchmark numbers.

It is also important to understand that many countries, still do not have access to testing kits or have an extreme shortage of kits so it is difficult to know how many people have really contracted the virus in these countries. Caution should therefore be taken in this regard.

To get specific information relating to a country please visit the WHO-covid-19 dashboard. [Link](#)

ICS ASSISTANCE

- ICS is monitoring the situation daily and advising members as and when appropriate.
- ICS is now holding Biweekly videoconference calls with member associations to understand primary concerns so that a strategic and coordinated global response is taken where possible.
- ICS is now holding weekly videoconference calls with other industry associations to gather primary concerns to try to ensure a coordinated global response is taken where possible.
- ICS continues to chair a weekly coronavirus taskforce group weekly involving all the main welfare agencies and ITF. This group meets on a Tuesday and key issues arising are flagged up to the appropriate agencies/ governments. This group continues to be successful in working collaboratively and responding to immediate needs.
- ICS has also established an inter industry group with the main UN agencies which meets on a Thursday to discuss areas of cooperation on various matters, this has proven particularly effective in discussing issues raised by the International NGOS and Welfare agencies and trying to ensure a consistent global approach across UN agencies. It also is responsible for ensuring necessary circulars are issued by IMO, ILO and WHO.

- ICS has successfully worked with funders to see how assistance can be given to those most in need as a result of the crisis. This has resulted in various charities establishing much needed Emergency donation funds to assist those providing welfare for seafarers and their families.
- An ICS e-room contains advice and up to date information for shipping companies regarding COVID-19, which ports are open, advice from flag States, Labour Supply Countries and port States as to actions required for vessels and their crew members and citizens. Anyone new wishing to subscribe should contact the undersigned. E room users are encouraged to share and post information about their respective countries directly within the - e room.
- IMO has also set up a dedicated website on Covid-19 which is available at [Link](#).
- ICS would be grateful if we could continue to be notified of:
 - any information regarding crew members undergoing testing or who have tested positive for COVID-19. It is important for us to be able to track the number of crew affected on all ships and to report this to WHO and IMO to ensure appropriate measures are adopted.
 - issues faced in procuring necessary medical supplies. We will update our list and get advice from WHO if certain items are impossible to obtain to identify potential alternatives.
 - any other employment concerns particularly in relation to crew change issues, and discrimination relating to crew nationality.
 - any other issues arising in relation to the outbreak to be raised at an international level.

ILO INFORMATION NOTE

Members are reminded that the International Labour Organisation has produced an Information note. This contains FAQs received by the ILO legal department relating to the MLC 2006 and COVID-19. This is available on the ILO MLC website [link](#).

COVID-19: GLOBAL PORT RESTRICTIONS MAPS

ICS encourages members and shipping companies to review a website of potential ports with restrictions. As countries announce new restrictions on ships and crew that call at vulnerable locations to try to combat spread of Covid-19 staying up to date can

be complex. Wilhelmsen Ships Service has produced an online “Coronavirus – Global Port Restrictions Map” updated twice a day demonstrating ports or countries with restrictions but may not be exhaustive. [Link](#). Other useful Port Restrictions Maps are available at [Link](#) and from IAPH at [Link](#).

IATA AND ICS CALL ON GOVERNMENTS TO TAKE URGENT MEASURES TO FACILITATE CREW CHANGE FLIGHTS

The International Air Transport Association (IATA) and the International Chamber of Shipping

(ICS) have called on governments to take urgent measures to facilitate crew change flights for seafarers. Due to the COVID-19 restrictions, seafarers must extend their service on board ships

after many months at sea, unable to be replaced following long tours of duty or return home.

Shipping is vital to maintain global supply chains, but the current situation is unsustainable for the safety and wellbeing of ships’ crews and to safely operate maritime trade.

Each month about 100,000 merchant seafarers need to be transferred from the ships on which they operate to ensure compliance with international maritime regulations protecting safety, health and welfare. As a result of government-imposed travel restrictions due to COVID-19, flights to repatriate or position marine personnel are unavailable. Immigration and health screening protocols are also hampering the ability of merchant ships to conduct vitally necessary crew changes. IATA and ICS are collaborating to produce safe pragmatic solutions for governments to implement to facilitate crew changes at certain airports.

ICS and IATA have called on all governments to designate a specific and limited number of crew change airports for the safe movement and repatriation of crew to achieve critical mass to resume crew change flights to these airports, keeping global supply chains open. Priority airports should include those close to major shipping lanes with direct air connections to principal seafarer countries of residence, e.g. China, India and the Philippines and destinations in western and eastern Europe.

LETTER TEMPLATES TO FACILITATE FREE MOVEMENT FOR SEAFARERS TO AND FROM THEIR VESSELS

Please find attached copies of two letters attached at Annex 1 and 2 which have been prepared to assist facilitation of free movement for seafarers to and from their vessels.

DIFFICULTIES IN REPATRIATING INDIAN SEAFARERS

ICS knows of situations where companies have found it difficult to repatriate seafarers to India due to governmental restrictions. INSA is willing to contact the Director General of Shipping in India with names of affected Indian seafarers and the companies and vessels they work on. Please forward crew lists and desired date of repatriation to Mr Anil Devli CEO of INSA, ceo@insa.org.in who will raise this with DG Shipping to see if assistance can be given to these crew members.

IMPACT ON SEAFARERS

Many countries have imposed further visa restrictions and mandatory quarantine for seafarers from countries significantly affected by COVID-19. As over 85% of global flights are affected shipowners are encouraged to obtain daily updated information on the flight situation review the IATA website which gives comprehensive coverage. [Link](#) Many welfare agencies now offer virtual ship visiting by video conferencing so please advise Shipping companies of this resource. Shipping companies should also try to see if they can currently offer cheaper or free international calls for seafarers to keep in touch with their families.

INTERNATIONAL LABOUR DAY 2020 – SOUND YOUR HORNS!

National Associations are being encouraged to ensure is recognized in many countries around the world as International Workers' Day, Workers' Day, Labour Day or May Day. This is a day which is used to celebrate and recognize the contribution made by workers across the world. At this difficult time for the world we want to ensure that the contribution made by seafarers is not forgotten. Therefore, we want to encourage as many ships as possible globally, who are in a port or harbour, to sound their horns (as is safe to do so) at 12.00 local time on 1st May 2020. Please:

- ask member companies, shipowners, managers, port operators and any relevant stakeholder to encourage ships captains to participate.
- encourage your Communications Teams and Companies to invite media, particularly broadcast media, to report on this mass horn sounding to highlight the over 1.2 million seafarers currently working to ensure food, fuel and supplies continue to flow for all.
- invite government ministers to recognize this event by providing a quote or public statement of support to politically raise the issue seafarer crew change and to further request action.

KVH FREE OFFER FOR NEWSLINK

ICS has been contacted by KVH to advise that as the pandemic continues and seafarers find themselves impacted, some offers, discounts, and initiatives are available. KVH are reviewing ways to assist practically and, as a provider of news to seafarers, they are now offering any shipping company complimentary daily editions of their four-page International newspaper and Puzzle Page for their crew, delivered by email, until end of June 2020. The files can be distributed easily to international seafarers and will provide news stories and updates and a little light relief. The content is only licensed for use on commercial maritime vessels so must not be distributed ashore:

International News

- Four-page PDF in English language
- Delivered seven days a week, approx. 1600 GMT
- Covers main news stories, sports, and finance, from Europe, Asia, Africa, Americas
- Less than 100KB file size, delivered as a PDF by email

Puzzle Page

- One-page PDF in English language
- Delivered seven days a week, approx. 0200 GMT
- Contains crossword, sudoku, short quiz
- Approximately 30KB file size delivered as a PDF by email

To access this service, shipping companies should email newslinkonboard@kvh.com with the email address(es) for news delivery. KVH will send to the shipping company head office for onward delivery to vessels or directly to the ship if an email address for each vessel is provided.

MEDICAL ADVICE

A new portal produced by Helse Bergen. NCMDM and Radio Medico Norway provides an interactive, internet based COVID-19 assessment tool aimed at helping seafarer's on board to assess sick crew members or others on board. It also gives guidance on treatment of possible cases of COVID-19 including warning signs to look out for and advice on when to contact TMS services. This is freely available and can be accessed at www.covid19atsea.no

This is a very useful tool for those on board to use and we are trying to ensure that as many people as possible have access to it. Please circulate it to your member companies.

All countries must follow the WHO IHR which apply to all transport sectors including shipping and aviation and give clear advice to follow to avoid global spread of infections and outbreaks of communicable diseases.

ICS is conscious of the fluid nature of the situation and will continue to work with international bodies to ensure our guidance reflects up to date developments. Key current messages are to:

- Access advice from telemedical services, internet advice, and port health authorities.
- Carry a copy of the International Medical Guide for Ships or a national equivalent publication with medical advice including a list of equipment and medicines required to be kept onboard.
- Check the WHO suggested equipment for COVID-19. Most is already carried onboard merchant vessels, but equipment not carried onboard including testing equipment should be provided by port State health officials.
- Preferably utilise single cabins if the medical room is in use to avoid spreading the disease.
- Promote the protocols produced by IMHA relating to Screening and Testing and Port Access to Medical Care and share these with your member companies.

ICS (COVID-19) Guidance for Ship Operators for the Protection of the Health of Seafarers [link](#).

This comprehensive document aims to support all types of ships operating in international waters with current effective information to limit spread of COVID-19. It has been produced together with WHO, IMO, ECDC and IMHA and highlights a raft of measures including advice on:

- managing Port Entry Restrictions,
- practical Protective Measures Against COVID-19 for Seafarers,
- an Outbreak Management Plan.

- pre-boarding screening,
- education and what to do in Suspected Cases of Infection.
- hygiene measures for seafarers on Ships,
- managing high risk exposure,
- Case handling,
- Isolation
- Cleaning, disinfection and waste management.

The guidance also comes with posters to be printed out and placed onboard ships which can be downloaded from the ICS Covid-19 website at [link](#). ICS thanks the Chamber of Marine Commerce in Canada for translating these posters into French. If other member associations wish to translate these please contact the undersigned.

NEW MEDICAL RESOURCES

Stay Safe on-Board Video

ICS encourages members to promote the use of a free video produced to help seafarers to Stay Safe on Board, which contains a lot of practical information in a manner which is understandable for non - medics. Please encourage your members of this free tool which is available at: https://www.steamshipmutual.com/loss-prevention/stay_safe_on_board_0420.htm.

North of England P& I club posters related to ship visitors and social distancing onboard.

ICS is also aware of two new posters from the North of England P& I club related to social distancing onboard. These are attached at Annex 3. Please advise your members of these free tools. These are also available from www.nepia.com

WHO guidance -- Advice on the use of masks in the context of COVID-19

As there continue to be conflicting debate surrounding the appropriateness of use of masks ICS attaches the latest WHO guidance. This is attached at Annex 4 and can also be downloaded from:

[https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

SHIP ACCESS TO MEDICAL SUPPORT IN PORTS

ICS is becoming more aware of reported situations where ships continue to find it impossible dock in certain ports. Each incident we identify, is reported to WHO and we

will continue to press for countries to honour their IHR obligations. Please share information on cases arising with ICS.

It is very important also for us to know of cases where seafarers with reported symptoms cannot access medical assistance from shore side personnel for these issues to be raised internationally.

WHO

ICS supports WHO's strategic objectives relating to COVID-19 through public health measures, such as rapid identification, diagnosis and case management, identification and follow up of contacts, infection prevention and control in health care settings, implementation of health measures for travelers, awareness-raising and risk communication. Additional information is being posted up on the WHO website daily and ICS is continuing to review this to see what can be shared with our members.

WHO has also recently produced a presentation advising on their current thinking in light of the latest developments this can be found at Annex 5. This is worth reading to get a broader perspective.

UNCTAD CUSTOMS INFORMATION

UNCTAD has issued guidelines to help customs authorities adapt to the #coronavirus pandemic, so they can keep their workers safe while ensuring that trade continues to flow. The document can be downloaded from:

https://unctad.org/en/PublicationsLibrary/dtlasycudainf2020d1_en.pdf .

COVID-19 OFFSHORE HANDBOOK

ICS is very grateful to **ACTA MARINE OFFSHORE SERVICES** for kindly sharing their practical offshore handbook for COVID-19 to assist other companies who may wish to put protocols into place. ICS has not technically assessed the content and leaves this to companies that choose to consider it. The document attached at Annex 6 has various sections covering the following areas:

Index including General information, General COVID-19 information, Sources of information, Scope and FAQs.

At home including: - Tips and trick how to prepare yourself 2 weeks prior boarding the vessel.

Travel from / to the vessel relating to Crew changes, documents needed to cross borders/etc.

Boarding the Vessel including Checks prior to boarding, Luggage, Cabin key and appointed room, Rules onboard the vessel and Vessel Inductions.

Cabin Plan.

On board the vessel including Segregation in general, Work schedules (team planning), Meal schedules, watch plan marine crew, Cleaning strategy (IFS), Use of social spaces, Laundry, Regular medical checks, Temperature Log and Disciplinary action.

Stores related to Sanitation equipment, Spare parts policy Medical equipment, Food stores, Equipment needed for segregation, Fuel and water.

Emergency Response related to COVID-19 on board, Repatriation / evacuation Bridging document Client - Company and Vessel quarantine.

Communication Information relating to: On-signers, QHSSE, Clients and Corporate Travel Clinic.

Contact details related to: Clients, Contractors, Government, Agent, Medical advice.

References and a Support and Logistics Supplies List.

The ICS secretariat will produce an update on Monday 27th April 2020.

Natalie Shaw
Director Employment Affairs



The International
Chamber of Shipping

17 April 2020



The International
Transport Workers
Federation

To Shipping Company HR Personnel
Manning Agents
Vessel Masters

Facilitation Certificates for International Transport Worker – Seafarer

Dear Sir/ Madam,

As we are sure you appreciate, seafarers undertake a hugely important service every day in ensuring the delivery of vital supplies around the world - even more so in these unprecedented times. We understand however, given the severe restrictions in travel that are currently in place, that seafarers can find it difficult to transit between their home countries and the ship. In order to help facilitate this the International Chamber of Shipping and the International Transport Workers Federation have produced a draft template that can be completed and shown to officials.

We recommend that your company uses this template which, once fully completed and on company headed paper, should be given to affected seafarers.

The United Nations bodies, namely the International Labour Organization and the International Maritime Organization, along with the European Commission, have stated that Seafarers should be officially recognized as key workers and granted exemptions from travel restrictions so they can join and leave their ships and return home without impediment, while complying with infection control.

It is important for companies to be able to ask State representatives to recognize the need of the highly globalized shipping industry, with its multinational workforce, to smoothly undertake crew changes. This will enable ships to continue to operate and to ensure the swift embarkation, disembarkation and repatriation of crew members.

The attached letter certifies that a seafarer should be allowed free passage to travel between their home and their vessel and has participated in a medical screening. It will need to be completed with the company providing the following details :-

Seafarer's Name _____

Seafarer's Date Of Birth _____(Type here)

Passport Number _____

*Seafarer's book number _____ (if applicable)

*Seafarer's Identity Document Number _____ (if applicable)

Position on Board Ship _____

Employer's Name _____

Ship Name _____

Ship IMO Number _____

Is joining the ship in (name of port) _____

Is leaving the ship in (name of port) _____

Yours faithfully,

Natalie Shaw
Director Employment Affairs

ICS

Fabrizio Barcellona
Assistant Secretary
Seafarers' Section
ITF

To Whom this might concern

Date

Dear Sir/ Madam,

CERTIFICATE FOR INTERNATIONAL TRANSPORT WORKER – SEAFARER

I am writing for your assistance in ensuring that we can continue to supply the goods on which we all rely in our everyday lives and that you will allow the seafarer whose details are set out below to transit between their home country and their ship and vice versa.

In these unprecedented circumstances, it is imperative to ensure that the flow of essential goods, energy, food, medicines and many other products is not disrupted by measures impeding the safe and efficient movement of ships and the seafarers who operate them. Therefore the United Nations bodies, namely the International Labour Organization (ILO) and the International Maritime Organization (IMO), along with the European Commission, have stated that Seafarers should be officially recognized as key workers and granted exemptions from travel restrictions so they can join and leave their ships and return home without impediment, while complying with infection control.

It is important for State representatives and relevant authorities to recognize the need of the highly globalized shipping industry, with its multinational workforce, to smoothly undertake crew changes around the world, to enable ships to continue to operate and to enable the swift embarkation, disembarkation and repatriation of crew members.

This letter certifies that this seafarer should be allowed free passage to travel between their home and their vessel and has participated in a medical screening.

Seafarer's Name _____

Date of Birth _____

Passport Number _____

*Seaman's Book Number _____ (if applicable)

*Seafarer's Identity Document Number _____ (if applicable)

Position on board ship _____

Company Name _____

Ship Name _____

Ship IMO Number _____

[Type here]

Is joining the ship in (name of port) _____(as applicable)

Is leaving the ship in (name of port) _____(as applicable)

Yours faithfully,

Name _____

Company _____

Position _____

This letter is supported by



International
Chamber of Shipping



International
Transport Workers
Federation

ⁱ This document is a modified copy of Annex 3 of the Communication of the European Commission of 23rd March 2020 on the implementation of the Green Lanes under the Guidelines for border management measures to protect health and to ensure the availability of goods and essential services:

https://ec.europa.eu/transport/sites/transport/files/legislation/2020-03-23-communication-green-lanes_en.pdf

[Type here]

Dealing with ship visitors and social distancing

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



THERE ARE TWO MAIN WAYS OF PROTECTING YOURSELF FROM INFECTION:

- To avoid inhalation, social distancing is advised – a distance of at least 1 metre is recommended by the WHO.
- Better hygiene, such as frequent and thorough hand washing, keeping contact surfaces clean, and less face-touching can help prevent picking up the infection via touching a surface.

Many ports have taken steps to reduce physical contact, but port officials, stevedores, bunker suppliers and other visitors will inevitably visit the ship. Here are some helpful hints on dealing with visitors and how to stay safe.



PREPARING FOR VISITORS

- Wipe down with an anti-bacterial solution the areas where the visitor(s) will access and objects they are likely to touch (e.g. sanitise the bridge contact surfaces prior to pilot embarkation).
- Restrict access into the ship's accommodation – keeps doors locked and post signs warning of no entry.
- If you have alcohol hand gel on board, make it ready for use upon entry onto the ship and around the vessel.
- Where possible, have designated toilet and handwashing facilities for visitors – make sure they are well-stocked with soap.
- Try to prepare and complete any necessary documents digitally – avoid handling paper and laminated documents as far as possible.
- Have PPE readily available, such as disposable gloves, for use in unavoidable close contact situations.



KEEP YOUR GUARD UP

- Maintain effective ship and gangway security and ensure unauthorised personnel do not board the vessel.
- If someone trying to board the vessel exhibits symptoms – refuse access and report it.
- Continue to sanitise contact areas throughout the vessel's stay in port.

Dealing with ship visitors and social distancing (cont).



KEEP YOUR DISTANCE

- No handshakes and no physical contact!
- Try to maintain your distance from visitors – official guidance on minimum distance varies from 1 metre (3 feet) to 2 metres (6 feet).



TAKE IT OUTSIDE

- Where possible, hold your conversations and meetings with visitors on the open deck or open bridge wings.
- If visitors must be inside, limit the number of crew in the vicinity to the absolute minimum.

STAY INFORMED

Get the latest advice on safety ashore from the port agent – there may be restrictions on access to and from the vessel as well as PPE requirements.

Visit North's dedicated COVID-19 website area at: www.nepia.com/topics/covid-19-coronavirus/ for more information.

North Members can access up-to-date information on outbreak status as well as port and country restrictions at MyGlobeview at www.nepia.com/members-area/globeview

Disclaimer

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Advice on the use of masks in the context of COVID-19

Interim guidance

6 April 2020



Background

This document provides advice on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), and community health workers. It will be revised as more data become available.

Current information suggests that the two main routes of transmission of the COVID-19 virus are respiratory droplets and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person who is in close contact (within 1 m) with someone who has respiratory symptoms (coughing, sneezing) is at risk of being exposed to potentially infective respiratory droplets. Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission (contact transmission).¹

WHO has recently summarized reports of transmission of the COVID-19 virus and provided a brief overview of current evidence on transmission from symptomatic, pre-symptomatic, and asymptomatic^a people infected with COVID-19 (full details are provided in WHO COVID-19 Situation report 73).²

Current evidence suggests that most disease is transmitted by symptomatic laboratory confirmed cases. The incubation period for COVID-19, which is the time between exposure to the virus and symptom onset, is on average 5-6 days, but can be as long as 14 days. During this period, also known as the “pre-symptomatic” period, some infected persons can be contagious and therefore transmit the virus to others.³⁻⁸ In a small number of reports, pre-symptomatic transmission has been documented through contact tracing efforts and enhanced investigation of clusters of confirmed cases.³⁻⁸ This is supported by data suggesting that some people can test positive for COVID-19 from 1-3 days before they develop symptoms.^{9,10}

Thus, it is possible that people infected with COVID-19 could transmit the virus before symptoms develop. It is important to recognize that pre-symptomatic transmission still requires the virus to be spread via infectious droplets or through

touching contaminated surfaces. WHO regularly monitors all emerging evidence about this critical topic and will provide updates as more information becomes available.

In this document medical masks are defined as surgical or procedure masks that are flat or pleated (some are shaped like cups); they are affixed to the head with straps. They are tested according to a set of standardized test methods (ASTM F2100, EN 14683, or equivalent) that aim to balance high filtration, adequate breathability and optionally, fluid penetration resistance. This document does not focus on respirators; for guidance on use of respirators see IPC guidance during health care when COVID-19 infection is suspected.¹¹

Wearing a medical mask is one of the prevention measures that can limit the spread of certain respiratory viral diseases, including COVID-19. **However, the use of a mask alone is insufficient to provide an adequate level of protection, and other measures should also be adopted.** Whether or not masks are used, maximum compliance with hand hygiene and other IPC measures is critical to prevent human-to-human transmission of COVID-19. WHO has developed guidance on IPC strategies for home care¹² and health care settings¹¹ for use when COVID-19 is suspected.

Community settings

Studies of influenza, influenza-like illness, and human coronaviruses provide evidence that the use of a medical mask can prevent the spread of infectious droplets from an infected person to someone else and potential contamination of the environment by these droplets.¹³ There is limited evidence that wearing a medical mask by healthy individuals in the households or among contacts of a sick patient, or among attendees of mass gatherings may be beneficial as a preventive measure.¹⁴⁻²³ However, there is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.

Medical masks should be reserved for health care workers. The use of medical masks in the community may create a false sense of security, with neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes, result in unnecessary costs, and take

^a An asymptomatic laboratory-confirmed case is a person infected with COVID-19 who does not develop symptoms. Asymptomatic transmission refers to transmission of the virus from a person, who does not develop

symptoms. The true extent of asymptomatic infections will be determined from serologic studies.

masks away from those in health care who need them most, especially when masks are in short supply.

Persons with symptoms should:

- wear a medical mask, self-isolate, and seek medical advice as soon as they start to feel unwell. Symptoms can include fever, fatigue, cough, sore throat, and difficulty breathing. It is important to note that early symptoms for some people infected with COVID-19 may be very mild;
- follow instructions on how to put on, take off, and dispose of medical masks;
- follow all additional preventive measures, in particular, hand hygiene and maintaining physical distance from other persons.

All persons should:

- avoid groups of people and enclosed, crowded spaces;
- maintain physical distance of at least 1 m from other persons, in particular from those with respiratory symptoms (e.g., coughing, sneezing);
- perform hand hygiene frequently, using an alcohol-based hand rub if hands are not visibly dirty or soap and water when hands are visibly dirty;
- cover their nose and mouth with a bent elbow or paper tissue when coughing or sneezing, dispose of the tissue immediately after use, and perform hand hygiene;
- refrain from touching their mouth, nose, and eyes.

In some countries masks are worn in accordance with local customs or in accordance with advice by national authorities in the context of COVID-19. In these situations, best practices should be followed about how to wear, remove, and dispose of them, and for hand hygiene after removal.

Advice to decision makers on the use of masks for healthy people in community settings

As described above, the wide use of masks by healthy people in the community setting is not supported by current evidence and carries uncertainties and critical risks. WHO offers the following advice to decision makers so they apply a risk-based approach.

Decisions makers should consider the following:

1. **Purpose** of mask use: the rationale and reason for mask use should be clear— whether it is to be used for source control (used by infected persons) or prevention of COVID-19 (used by healthy persons)
2. Risk of **exposure** to the COVID-19 virus in the local context:
 - The population: current epidemiology about how widely the virus is circulating (e.g., clusters of cases versus community transmission), as well as local surveillance and testing capacity (e.g., contact tracing and follow up, ability to carry out testing).
 - The individual: working in close contact with public (e.g., community health worker, cashier)
3. **Vulnerability** of the person/population to develop severe disease or be at higher risk of death, e.g. people with comorbidities, such as cardiovascular disease or diabetes mellitus, and older people

4. **Setting** in which the population lives in terms of population density, the ability to carry out physical distancing (e.g. on a crowded bus), and risk of rapid spread (e.g. closed settings, slums, camps/camp-like settings).
5. **Feasibility**: availability and costs of the mask, and tolerability by individuals
6. **Type** of mask: medical mask versus nonmedical mask (see below)

In addition to these factors, potential advantages of the use of mask by healthy people in the community setting include reducing potential exposure risk from infected person during the “pre-symptomatic” period and stigmatization of individuals wearing mask for source control.

However, the following potential risks should be carefully taken into account in any decision-making process:

- self-contamination that can occur by touching and reusing contaminated mask
- depending on type of mask used, potential breathing difficulties
- false sense of security, leading to potentially less adherence to other preventive measures such as physical distancing and hand hygiene
- diversion of mask supplies and consequent shortage of mask for health care workers
- diversion of resources from effective public health measures, such as hand hygiene

Whatever approach is taken, it is important to develop a strong communication strategy to explain to the population the circumstances, criteria, and reasons for decisions. The population should receive clear instructions on what masks to wear, when and how (see mask management section), and on the importance of continuing to strictly follow all other IPC measures (e.g., hand hygiene, physical distancing, and others).

Type of Mask

WHO stresses that it is critical that medical masks and respirators be prioritized for health care workers.

The use of masks made of other materials (e.g., cotton fabric), also known as nonmedical masks, in the community setting has not been well evaluated. There is no current evidence to make a recommendation for or against their use in this setting.

WHO is collaborating with research and development partners to better understand the effectiveness and efficiency of nonmedical masks. WHO is also strongly encouraging countries that issue recommendations for the use of masks in healthy people in the community to conduct research on this critical topic. WHO will update its guidance when new evidence becomes available.

In the interim, decision makers may be moving ahead with advising the use of nonmedical masks. Where this is the case, the following features related to nonmedical masks should be taken into consideration:

- Numbers of layers of fabric/tissue
- Breathability of material used
- Water repellence/hydrophobic qualities
- Shape of mask
- Fit of mask

Home care

For COVID-19 patients with mild illness, hospitalization may not be required. All patients cared for outside hospital (i.e. at home or non-traditional settings) should be instructed to follow local/regional public health protocols for home isolation and return to designated COVID-19 hospital if they develop any worsening of illness.⁷

Home care may also be considered when inpatient care is unavailable or unsafe (e.g. capacity is limited, and resources are unable to meet the demand for health care services). Specific IPC guidance for home care should be followed.³

Persons with suspected COVID-19 or mild symptoms should:

- Self-isolate if isolation in a medical facility is not indicated or not possible
- Perform hand hygiene frequently, using an alcohol-based hand rub if hands are not visibly dirty or soap and water when hands are visibly dirty;
- Keep a distance of at least 1 m from other people;
- Wear a medical mask as much as possible; the mask should be changed at least once daily. Persons who cannot tolerate a medical mask should rigorously apply respiratory hygiene (i.e. cover mouth and nose with a disposable paper tissue when coughing or sneezing and dispose of it immediately after use or use a bent elbow procedure and then perform hand hygiene.)
- Avoid contaminating surfaces with saliva, phlegm, or respiratory secretions.
- Improve airflow and ventilation in their living space by opening windows and doors as much as possible.

Caregivers or those sharing living space with persons suspected of COVID-19 or with mild symptoms should:

- Perform hand hygiene frequently, using an alcohol-based hand rub if hands are not visibly dirty or soap and water when hands are visibly dirty;
- Keep a distance of at least 1 meter from the affected person when possible;
- Wear a medical mask when in the same room as the affected person;
- Dispose of any material contaminated with respiratory secretions (disposable tissues) immediately after use and then perform hand hygiene.
- Improve airflow and ventilation in the living space by opening windows as much as possible.

Health care settings

WHO provides guidance for the use of PPE, including masks, by health care workers in the guidance document: Rational use of PPE in the context of COVID-19.²⁴ Here we provide advice for people visiting a health care setting:

Symptomatic people visiting a health care setting should:

- Wear a medical mask while waiting in triage or other areas and during transportation within the facility;
- Not wear a medical mask when isolated in a single room, but cover their mouth and nose when coughing or sneezing with disposable paper tissues. Tissues must be disposed of appropriately, and hand hygiene should be performed immediately afterwards.

Health care workers should:

- Wear a medical mask when entering a room where patients with suspected or confirmed COVID-19 are admitted.
- Use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health-certified N95, European Union standard FFP2, or equivalent, when performing or working in settings where aerosol-generating procedures, such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy are performed.
- Full infection prevention and control guidance for health care workers is provided [here](#).

One study that evaluated the use of cloth masks in a health care facility found that health care workers using cotton cloth masks were at increased risk of infection compared with those who wore medical masks.²⁵ Therefore, cotton cloth masks are not considered appropriate for health care workers. As for other PPE items, if production of cloth masks for use in health care settings is proposed locally in situations of shortage or stock out, a local authority should assess the proposed PPE according to specific minimum standards and technical specifications.

Mask management

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

The following information on the correct use of masks is derived from practices in health care settings:

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

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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The Solidarity Trial

'Solidarity' is an international clinical trial to help find an effective treatment for COVID-19, launched by the WHO and partners. Find out which therapies are included in the trial. [MORE](#)



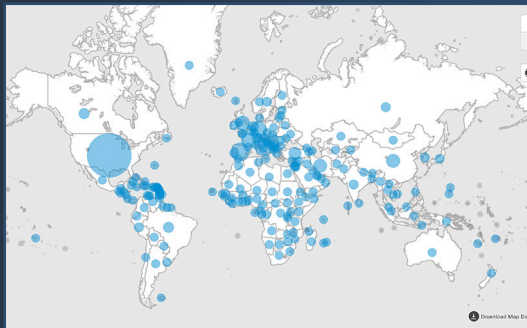
Transmission
scenarios



Measures to reduce
transmission



Guidance for the faith
community



Current global situation

- Nearly **2 million** confirmed cases
- More than **123 000** deaths
- USA has more than 575 000 confirmed cases – the most in the world

Top ten countries with the highest number of new cases

COUNTRY	NEW REPORTED CASES IN LAST 24HRS
 United States of America	24 446
 France	5 483
 United Kingdom	5 252
 Turkey	4 062
 Russian Federation	3 388
 Spain	3 045
 Italy	2 972
 Germany	2 486
 Islamic Republic of Iran	1 574
 Canada	1 360

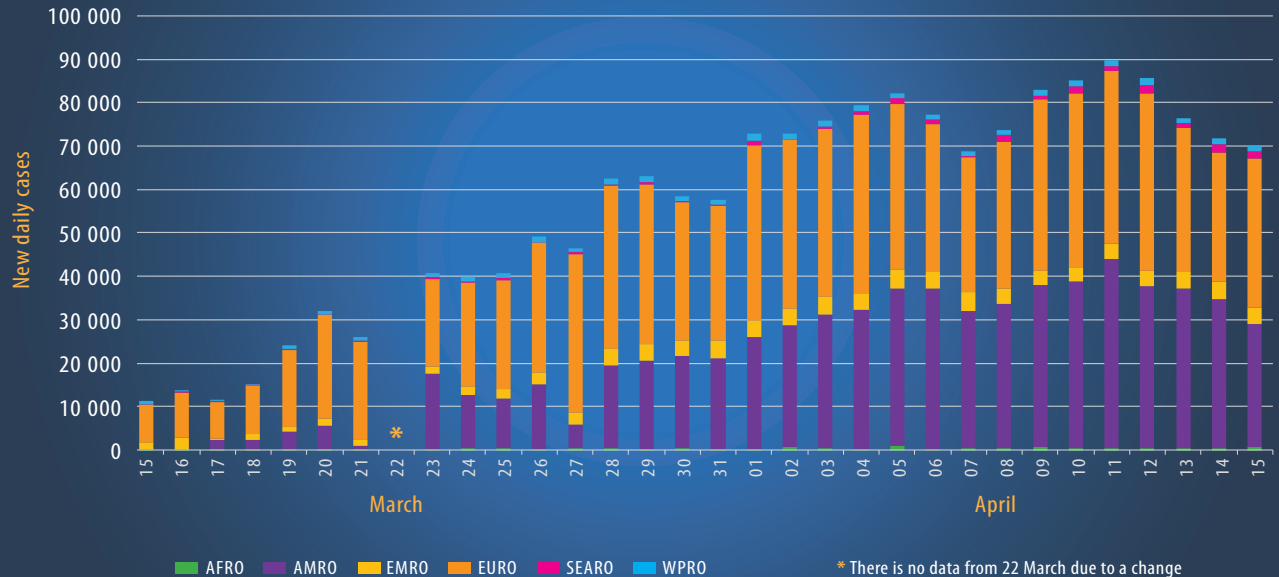
Data as of 15.04.20

For the latest data, please access:

- [WHO situation dashboard](#)
- [WHO situation reports](#)
- [UNWFP world travel restrictions](#)



Number of new cases of COVID-19 per day, by WHO Region





Public health objectives of a COVID-19 response



1

Slow & stop
transmission, prevent
outbreaks and
delay spread



2

Provide
optimized care for all
patients, especially the
seriously ill



3

Minimize the impact
of the epidemic on health
systems, social services
and economic activity

Reference: *The Strategic Preparedness and Response Plan for COVID-19*



Measures to reduce transmission of COVID-19

Public health and social measures must be implemented at ALL times with careful consideration given to the local context and any potential harm that may arise.



Personal measures

PHYSICAL DISTANCING

Aim: to protect the individual & close contacts



Public setting measures

MASS GATHERINGS, SCHOOLS, WORKPLACES

Aim: to reduce mixing healthy and sick & increase physical distancing in public areas



Movement reduction measures

NATIONAL & INTERNATIONAL

Aim: to reduce movement of the virus – introduction & re-introduction in healthy population



Protection measures

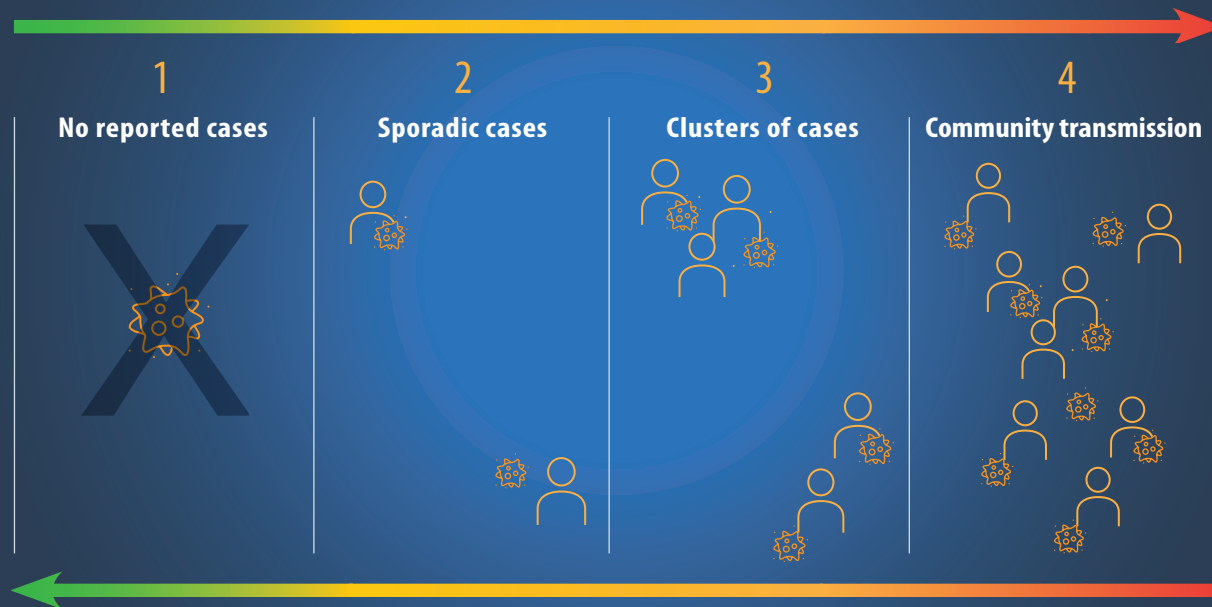
VULNERABLE PEOPLE, FRONTLINE RESPONDERS
& ESSENTIAL SERVICE WORKERS

Aim: to mitigate impact on society by protecting vulnerable groups



Four scenarios for COVID-19 response

WHO has described 4 transmission scenarios* to be considered while planning a COVID-19 response



* Countries could experience 1 or more of the transmission scenarios at the subnational level



What is the Solidarity Trial being coordinated by WHO?

The Solidarity Trial is a large international clinical trial to help find an effective treatment for COVID-19, launched by the World Health Organization and partners.

The trial will compare four treatment options against standard of care, to assess their relative effectiveness against COVID-19. By enrolling patients in multiple countries, the Solidarity trial aims to rapidly discover whether any of the drugs slow disease progression or improve survival. Other drugs can be added based on emerging evidence. Over 90 countries have confirmed their participation in the trial.^{1,2}

The four most promising therapies included in the trial are:

- 1) Remdesivir
- 2) Lopinavir/Ritonavir
- 3) Lopinavir/Ritonavir with interferon beta and
- 4) Chloroquine



¹ <https://www.sciencemag.org/news/2020/03/who-launches-global-megatrial-four-most-promising-coronavirus-treatments>

² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments>



THE SOLIDARITY TRIAL

Repurposing drugs for COVID-19: the four most promising therapies

No 1. Remdesivir

Developed by Gilead to treat Ebola and related viral diseases

An experimental medicine with no established efficacy or safety for the treatment of any condition, as yet.

Mechanism of Action

Stops viral replication by inhibiting a key viral enzyme, RNA-dependent RNA polymerase. In animal studies it has been shown to reduce the severity of disease, viral replication, and damage to the lungs in MERS and be superior to lopinavir/ritonavir plus Interferon Beta B1 therapy.^{1,2} Remdesivir is highly active against COVID-19 virus in vitro.³

Relevant clinical studies to date

Remdesivir was developed to treat Ebola but efficacy was not proved in clinical trials in the Democratic Republic of Congo.⁴

Ongoing clinical studies of Remdesivir and COVID-19

Gilead study in patients with moderate disease: [NCT04292730](https://clinicaltrials.gov/ct2/show/study/NCT04292730). Gilead study in patients with severe disease: [NCT04292899](https://clinicaltrials.gov/ct2/show/study/NCT04292899). NIAID study: [NCT04280705](https://clinicaltrials.gov/ct2/show/study/NCT04280705). INSERM study: [2020-000936-23](https://clinicaltrials.gov/ct2/show/study/2020-000936-23). China study in patient with mild/moderate disease: [NCT04252664](https://clinicaltrials.gov/ct2/show/study/NCT04252664). China study in patients with severe disease: [NCT04257656](https://clinicaltrials.gov/ct2/show/study/NCT04257656)

¹ <https://www.pnas.org/content/pnas/117/12/6771.full.pdf>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6954302/>

³ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7054408/pdf/41422_2020_Article_282.pdf

⁴ <https://www.nejm.org/doi/full/10.1056/NEJMoa1910993>



THE SOLIDARITY TRIAL

Repurposing drugs for COVID-19: the four most promising therapies

No 2. Lopinavir / ritonavir

Developed by Abbot Laboratories. FDA approved in 2000

A fixed-dose drug combination used to treat HIV. It is widely available and can be manufactured to large scale and used immediately.

Mechanism of Action

Both of these drugs are viral protease inhibitors. They block the enzyme that breaks down proteins into smaller pieces that are needed to make new virus. When lopinavir (the more potent of the two) is given alone, only low levels of the drug appear in the blood. This is because it is broken down by an enzyme in the human liver and intestines called cytochrome P450 3A4 (CYP3A4). Lopinavir is given along with a small dose of ritonavir which is also an inhibitor of CYP3A4. This prevents the rapid breakdown of the lopinavir and boosts its blood levels.

Relevant clinical studies to date

Lopinavir/ritonavir has previously been tried for the treatment of SARS and MERS (serious illnesses also caused by Coronaviruses) but the studies were inconclusive.^{1,2}

It was also tried for the treatment of severe COVID-19 in China. 199 patients were either given standard care or standard care plus lopinavir/ritonavir. There was no significant difference between the groups. It is thought that the drug treatment may have started too late in these patients with severe disease.

¹ Chu CM, Cheng VC, Hung IF, et al. Role of lopinavir/ritonavir in the treatment of SARS: initial virological and clinical findings. *Thorax* 2004;59:252-256

² Kim UJ, Won E-J, Kee S-J, Jung S-I, Jang H-C. Combination therapy with lopinavir/ritonavir, ribavirin and interferon- α for Middle East respiratory syndrome. *Antivir Ther* 2016;21:455-459

³ Cao B, Wang Y, D Wen, et al. A trial of lopinavir-ritonavir in adults hospitalized with severe Covid-19. *NEJM*. March 18 2020. DOI: 10.1056/NEJMoa2001282



THE SOLIDARITY TRIAL

Repurposing drugs for COVID-19: the four most promising therapies

No 3. Lopinavir/ritonavir + interferon beta

A fixed-dose drug combination used to treat HIV. Please see previous slide.

To be given together with Interferon Beta 1b a drug used to treat multiple sclerosis. Like the lopinavir/ritonavir it is widely available, can be manufactured to scale and used immediately.

Mechanism of Action

Please see previous slide for MoA of lopinavir/ritonavir. Interferons (INFs) are a class of proteins called cytokines that are produced by cells in response to viruses. They signal to other cells around them to heighten their anti-virus defenses. Their name comes from their ability to “interfere” with virus replication. Other coronaviruses, such as the one that causes MERS, have been shown to weaken the natural INF response and lead to weakened immune defense against the virus.¹ One INF known as Beta 1b has shown the greatest inhibition of MERS coronavirus.¹ Studies in animal models have indicated that IFN β1b also results in less severe disease and pathology during MERS treatment.²

Relevant clinical studies to date

A clinical trial of lopinavir/ritonavir and IFN β1b in the treatment of Middle Eastern Respiratory Syndrome (MERS) is ongoing (the MIRACLE trial).¹

¹ <https://trialsjournal.biomedcentral.com/track/pdf/10.1186/s13063-017-2427-0>

² <https://academic.oup.com/jid/article/212/12/1904/2911949>



THE SOLIDARITY TRIAL

Repurposing drugs for COVID-19: the four most promising therapies

No 4. Chloroquine

A drug first synthesised in 1934. Has been used to prevent and treat malaria and to treat auto-immune diseases.

It is widely available and can be manufactured to scale and used immediately.

Mechanism of Action

Chloroquine has antiviral and anti-inflammatory properties. Its mechanisms of action against viruses includes increasing pH in the compartments of the cell containing the virus (the endosome) and impairing virus release from cells.¹ It also allows zinc to enter cells and to inhibit viral RNA-dependent RNA polymerase.² Its anti-inflammatory mechanism of action is through suppression of Tumour Necrosis Factor (TNF α) a cytokine involved in systemic inflammation.

Chloroquine effectively inhibits the COVID-19 virus in vitro.³

Relevant clinical studies to date

Gao et al reported (18 Feb 2020) that chloroquine had been found to be superior to standard care in treatment of COVID-19 but no data has been shown to date.⁴ Over 23 clinical trials of chloroquine in COVID-19 are currently ongoing in China alone.⁵

¹ [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(03\)00806-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(03)00806-5/fulltext)

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2973827/>

³ <https://www.nature.com/articles/s41422-020-0282-0>

⁴ https://www.jstage.jst.go.jp/article/bst/14/1/14_2020.01047/_pdf/-char/en

⁵ <https://pubmed.ncbi.nlm.nih.gov/32173110/>



Clinical studies of the 4 drugs outside of the Solidarity Trial

- **Remdesivir, 9 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=lopinavir%2Fritonavir&cntry=&state=&city=&dist=&Search=Search>

- **Lopinavir / ritonavir, 18 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=lopinavir%2Fritonavir&cntry=&state=&city=&dist=&Search=Search>

- **Interferon, 16 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=interferon&cntry=&state=&city=&dist=&Search=Search>

- **Chloroquine, 14 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=lopinavir%2Fritonavir&cntry=&state=&city=&dist=&Search=Search>

Other drugs for COVID-19 under investigation

- **Azithromycin, 7 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=azithromycin&cntry=&state=&city=&dist=&Search=Search>

- **Darunavir, 3 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=darunavir&cntry=&state=&city=&dist=&Search=Search>

- **Favipiravir, 2 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=favipiravir&cntry=&state=&city=&dist=&Search=Search>

- **Hydroxychloroquine, 26 studies**

<https://clinicaltrials.gov/ct2/results?recrs=&cond=COVID-19&term=hydroxychloroquine&cntry=&state=&city=&dist>

- **Oseltamivir, 5 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=oseltamivir&cntry=&state=&city=&dist=&Search=Search>

- **Xiyanping, 2 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=xiyanping&cntry=&state=&city=&dist=&Search=Search>

- **Yinhu Qingwen, 2 studies**

<https://clinicaltrials.gov/ct2/results?cond=COVID-19&term=yinhu+qing+wen&cntry=&state=&city=&dist=&Search=Search>



EPI-WIN collaboration with the faith community

WHO is working with religious leaders, faith-based organizations and faith communities to:

- share best practices and experiences and
- co-develop practical guidance and recommendations to support the special role of religious leaders, faith-based organizations, and faith communities in COVID-19 education, preparedness, and response
- EPI-WIN relies on existing trusted networks within the faith community to share and amplify messages and guidance, reaching thousands of people worldwide



Related resources:

[Learn more about WHO's collaboration with the faith community](#)

New! Practical considerations and recommendations for Religious Leaders and Faith-based Communities in the context of COVID-19

- [Access the publication](#)
- [Access the risk assessment tool](#)
- [Access the decision tree](#)

[Safe Ramadan practices in the context of COVID-19](#)



Information resources



WHO WhatsApp messaging service

Receive the latest news and information on COVID-19. To subscribe: text 'hi' to [+41 79 893 1892](tel:+41798931892)



New EPI-WIN website

Access to timely, accurate, and easy-to-understand advice and information from trusted sources www.who.int/epi-win

COVID-19 Offshore Handbook

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FAMILIARISATION SHEET

This manual is to be read by all relevant personnel.


I, the undersigned, acknowledge having read and understood this manual.

Name (Block letters)	Signature	Rank	Date

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REVISION OVERVIEW

Rev.	Date	Chapter	Description	Prepared	Approved
1	24-03-2020		First Draft	AJ Bakker G de Rooij	E. Willemssen R. Boersma
2	25-03-2020		Updated text after information from meetings	AJ Bakker G de Rooij	E. Willemssen R. Boersma
3	30-03-2020		Updated after feedback from Masters Acta Auriga	AJ Bakker G de Rooij	E. Willemssen R. Boersma
4	31-03-2020		Updated text after feedback from meeting	AJ Bakker G de Rooij	E. Willemssen R. Boersma
5	02-04-2020		Updated after feedback from Stephan Giesen	AJ Bakker G de Rooij	E. Willemssen R. Boersma
6	06-04-2020		Included temperature log	AJ Bakker G de Rooij	E. Willemssen R. Boersma
7	15-04-2020		Updated after feedback from AJ Bakker	AJ Bakker G de Rooij	E. Willemssen R. Boersma

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1 Index

1.1. General information

1.1.1. General COVID-19 information

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

What is a Coronavirus?


Coronaviruses mainly use to circulate among animals, including camels, cats, and bats. Several virus strains are able to evolve and infect people and then spread between people, such as has been seen with Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV). COVID-19 is caused by the beta-coronavirus SARS-CoV-2, which has not been previously identified in humans.

General summary:

- Human-to-human transmission via direct droplet infection only (coughing and sneezing), no airborne transmission.
- Incubation time: 2-14 days (average 5-6 days).
- Symptoms: varies from mild respiratory symptoms with fever to severe pneumonia and shortness of breath.
- Indirect transmission via objects such as toilets, door handles, cutlery, hand contact points etc. play a (substantial) part in the spread of the disease.
- Exact data on the infectious period is missing. In any case, a patient is considered contagious during the symptomatic phase (if he/she shows symptoms of disease).
- The current case definition: a person with: fever (at least 38 degrees Celsius) and / or at least one of the following respiratory symptoms: coughing, shortness of breath.

General summary translated into the situation for the vessels:

- Basically, seafarers are healthy people (holding a medical certificate declaring them fit for duty) without serious underlying conditions. The risk of serious complications in seafarers is therefore limited.
- In case a member of cabin crew or project crew is suffering from the symptoms mentioned above, they must report it via telephone to medic and master and should be isolated in their cabin. If he shares a cabin with others, another solution must be found so that he resides by himself in a confined space.
- The Telemedic shall be called. He will tell if the symptoms are COVID-19 related.
- Severe cases (apart from coughing, sneezing or fever also severe general illness and shortness of breath) should be submitted to a Radio Medical Service (TMAS/RMA).
- Personal protection measures such as the use of a mouth-nose mask, splash glasses and plastic apron are, analogous to the advice for care staff, only necessary for seafarers who are required to provide medical care to potentially infected people on board.
- In the Netherlands, the MDoH (Maritime Declaration of Health) is used to report any infectious diseases to the authorities. In some countries flying the yellow (quarantine) flag is mandatory. This is not a requirement in The Netherlands.

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- Passenger ships with potential Corona cases must contact the German Health Authorities as soon as possible (see below) and the Robert Koch Institute (RKI).

1.1.2. Sources of information

The sources of information which are used as the basis for this COVID-19 Offshore Handbook are the following:

- Corporate Travel Clinic;
- WHO;
- IMO;
- ILenT;
- KNRV;
- Mediwerk.

1.1.3. Scope

This procedure applies to the Acta Auriga operated by Acta Marine Offshore Services.

This procedure applies to all personnel working onboard the Construction Support Vessel Acta Auriga under the Acta Marine Vessel Management including charterers, shipyard or third-party personnel.

This procedure applies to the Coronavirus disease 2019 (COVID-19) as defined in Chapter 1.1.1. General COVID-19 Information.

1.1.4. FAQ regarding COVID-19

There are many publications but which one to adhere to?

The WHO (World Health Organization), RIVM (Rijksinstituut voor Volksgezondheid en Milieu) and Robert Koch Institut (RKI) are the three information resources that we should focus on.


Separating crew from client. What is the absolute minimum time?

14 days. The majority of the infected population shows signs of illness in between 5-6 days. But still some amongst them after 13 or 14 days. The incubation time still remains 14 days.

What about Crew change(s)? These will increase the risk of contamination for the people remaining on board.

As also mentioned in the Acta Marine Safety Bulletin, the Transmittal Protocol is:

- o Refusal of personnel onboard in case of signs of symptoms of COVID-19;
- o Separated/ isolated boarding- from remaining personnel as much as possible;
- o Hygiene measures.

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Use of GYM/Sauna(if possible) limited to one person per turn?

Gym, Sauna and Cinema remain closed for all on board. Smoking can be done at the designated area while adhering to the social distancing rule. If needed additional areas can be found for this. After attendance of all the persons onboard exceeding 14 days, the Master can decide to re-open the facilities.

How to quarantine yourself after arriving at home?

The RIVM has got 'thuis isolatie' (home isolation) procedure for this, find attached. Although this is written for a patient, it can also be used for 'healthy' people.

What to do if there is a sick person onboard suspected of COVID-19?

Following Acta Marine protocol, first the Vessel Superintendent and afterwards the Port Authorities have to be informed.

Depending on the severity, the sick person will have to be transferred to a hospital, we cannot offer critical care onboard.

But it can be imagined that a sick person needs to be treated for a while.

For this I have a couple of questions for you;

1. Do we have medical oxygen onboard and how much?
2. Do we have a pulse oximeter (saturatie meter) onboard?
(personnel below 92% oxygen need critical care)

What is the efficiency of disposable hats (used by medical staff)?

Basically hats are ok, but not on its own.


Other PPE is much more effective and important than the hat.

Mouth mask, gloves, washing hands, face shield need to come first possibly in combination with the hat.

What is the efficiency of disinfecting hand gel?

Efficiency of disinfecting hand gel is good but preferred is to wash the hands.

Viruses and bacteria will be killed using the gel but will remain on the hands.

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Temperature of COVID-19 illness

Temperature of illness is still 38°C.

40% - 50% of ill persons are only showing a raise in body temperature.

There is a difference in measuring temperature with different devices;

- Best is to measure in a body opening like anus or mouth but this is very impractical
- Ear comes 2nd best but works with hygienic capsules/ protective covers and also somewhat impractical
- IR/ forehead is the most practical and hygienic but differs a bit from the others. It is the best advised option.
- Armpit is varies the most, unreliable.

Can the virus be transmitted via the ventilation/ HVAC?

Possible but highly unthinkable. Depends on the filtering system and if one is available.

The virus spreads via airborne droplets that will attach to the surface of a filter. A good filter system will filter the virus.

The genetic structure of the virus will change after a while so that they are not dangerous anymore.

Even better is to have ill persons wear a breathing mask so the droplets will not become airborne.

Can the virus be transmitted via the shower drain?

Possible but highly unthinkable. If present, bacteria and viruses will be wash away.

If any remain around the shower drain, PPE and hygienic measures will be sufficient to protect cleaning personnel.

Measures around toilets.

Spread of the virus via the toilet lid or seat is possible but highly unthinkable.


The toilet lid is fitted to be closed. So close the lid when flushing.

The surface of the inner lid is big but this can be cleaned easily.

PPE and hygienic measures will be sufficient to protect cleaning personnel.

Can the virus be transmitted with excrements? In case engineering department needs to perform maintenance on the sewage system.

Yes, the virus is transferable via excrement. PPE (gloves, face shield, mask) and hygiene measures must be obeyed.

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What about procedure of separation on board of CTV for the Client personnel? When they step over to/from CTV they are in close proximity to deck transferee anyways.


Try to keep social distance of 1.5 meter.

Is it possible to have a snack available during off meal hours? If we apply separation of cold cuts (each piece wrapped in the plastic) and bread as well.

Yes, keep in mind social distancing.

Would be easier to separate by 14 days staying on board and having letter C-client on the back (C1-client, team #1 or C1.1 Client, team#1, member #1 according the list, than it will be clear if we spot anyone in the space where he shouldn't be), M-marine crew.

Vests are purchased and delivered. It is described in the COVID-19 handbook how to use the vests. If you require different, then discuss with your vessel supt. No problem if you want different colour, different numbers, etc

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2 At home

2.1. Tips and trick how to prepare yourself 2 weeks prior boarding the vessel

It is important to make it clear that people have to take their own responsibility that if they are sick, they cannot come on board and have to stay at home.

Below there are some general tips and tricks on how to prepare yourself 2 weeks prior to boarding the vessel.

- Stay at home and only go outside if necessary and by yourself for travelling to work, doing groceries. Make sure to follow social distancing regulations and keep a minimum distance of 1,5 meter to other people.
- Because Covid-19 is distributed mainly through drops but also through hands, general hygiene measures such as hand washing, hygiene when preparing food and beverages, sneeze/cough hygiene etc., will be useful to prevent transmission and reduce the epidemic. These measures will not completely prevent getting infected by COVID-19.
- Practically, this means:
 - Wash your hands regularly with soap for 30 seconds;
 - Dry your hands preferably with paper towels;
 - Cough and sneeze in the inside of your elbow;
 - Use paper handkerchiefs and discard them immediately after single use;
 - Touch your nose, mouth and face as little as possible;
 - Don't shake hands.
- Additional detailed info on Corona from IMO, WHO and IMHA: [https://www.ics-shipping.org/docs/default-source/resources/coronavirus-\(covid-19\)-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers.pdf?sfvrsn=6](https://www.ics-shipping.org/docs/default-source/resources/coronavirus-(covid-19)-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers.pdf?sfvrsn=6)

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3 Travel from / to the vessel

3.1. Crew change.

The steps have already been taken to provide the signing off crew safe travel arrangements (taxi / car rental).

The crew list of the on-signers must be available for the master 24 hours prior to arrival on board. This to inform the authorities.

The project crew will come a later determined amount of passengers including OSM and medic. The persons will be divided in different teams consisting of 3 to 6 members.

The following is done for the on signing project crew travels to the vessel:


The OWS project crew will travel with their own car to OWS HQ. OWS has arranged busses for the project crew, in order to maintain the distance between on another. The busses will bring the project crew from OWS HQ to the vessel. The small bus will each time take only one team at a time in order to maintain separation between crews. The bigger bus will bring from 2 till 3 teams each time. The time of arrival will be communicated with the vessel beforehand. After arriving at the vessel, the team will board one by one and take their luggage. The on signing crew will be checked before entering the vessel and after disembarkation from the bus. The check will be performed one by one. The Offshore Coordinator OWS will supervise the check. The person will be checked for temperature, illness symptoms and statement of medical person if applicable. If the persons has fever of at least 38 degrees Celsius (on advice of the Corporate Travel Clinic) or has at least one of the following respiratory symptoms: coughing, shortness of breath, the person will not be allowed to board and send home. If a person neglects or refuses the regulation prior to boarding the vessel, the person will be refused on board and send home.

It must be noted that this Handbook will be regularly updated and will take into account that for each crew change, certain measures might be different.

3.2. Documents needed to cross borders/etc

The border updates of different countries are being monitored on a daily basis by Acta Marine's Crewing Manager (Monica Milcoveanu) by using official channels. If any updates arise, the goal is to share this information as soon as possible between all parties and take actions if deemed necessary.

At this moment, the client issued a letter that crew is working on the project. With this letter it is possible to cross borders in case of borders check or if borders are going to be closed in the future. It is recommended that all crew takes this letter hardcopy with them. Similar letter will be distributed when leaving the vessel in order to cross borders.

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4 Boarding the Vessel

4.1. Check prior Boarding

All personnel arriving at the vessel will be tested/ screened.

The screening will focus on:

- Flue like symptoms, a raise in body temperature of over 38°C
- Problems with the (upper) respiratory system such as coughing, difficulty in breathing, nose cold, etc.
- These persons will not be permitted onboard or a statement from a medical professional can be presented stating the symptoms are not related to the Corona virus.
- Screening of personnel/ surveillance will continue after personnel have boarded the vessel with short intervals (1 time per day)
- Customs and Border Police are not coming on board.

Info concerning the PCR test:


All on-signers will be tested one day before boarding the vessel. On the first day, the test will be executed followed by the test result the next day. This is will be around 13:00 h.

Of course only negative tested persons are allowed to board the vessel.

The exact procedure as follows:

1. Personnel will be test optimally in a hotel, everybody individually in his room, alternatively at the OWS facility (hotel preferred).
2. After testing, nobody is allowed to have contact with anybody else. OWS will arrange that dinners, lunches and breakfast is delivered to the rooms.
3. After receiving the results the next day, all negative tested persons are transferred to the vessel. To have no interaction with the bus driver, he is obliged to wear mouth/nose mask.
It shall also be arranged that he remains seated and personnel enter/leave the bus via the rear entrance and take care of the luggage by themselves.
4. Boarding procedure as already agreed.
5. Familiarization with the rules and regulations are to be done prior boarding the vessel.

We deem this test as much more safe and reliable than any other measure which have been agreed (body temperature measure six days in advance and at the gangway, wear of masks etc.). The only risk we see is that somebody will leave the hotel room between testing and transfer to the vessel. This needs to be controlled by the OSMs, but on the other hand there is no public place currently to go in Emden or anywhere else.

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4.2. Luggage

The luggage of the crew will be placed in the bus storage room. One by one, one crewmember will take his luggage and move towards the vessel.

The luggage will be placed in the big bag for each team. The big bag will be carried onboard the vessel via the crane. The storekeeper and Acta Marine crew will take the luggage from the big bag with gloves to reduce the contamination to a minimum. He lets each team, separately, pick up their luggage. Only when team 1 is finished, team 2 can collect their luggage etc. The teams will be provided with a radio to keep in contact with the storekeeper. The storekeeper informs the team when it's their turn to pick up the luggage. The other teams will wait in their cabin. It is important for the storekeeper, that during the interaction between different teams, he keeps a minimum distance of 1,5 meters.

The teams will arrive in pauses of approximately 1 hour. The small bus will pick up one team each time. The big bus will take 2 till 3 teams each time.

All external people are not allowed to use the enter the accommodation only by a special approval from the Master.

4.3. Cabin key and appointed room


The cabins will be addressed to crew coming on board beforehand. A cabin plan will be prepared and the crew will get cabins appointed based on their team. The goal is to keep the teams in cabins as close as possible together. This will be communicated to the vessel, in order to prepare the room keys before the boarding starts. The preparation is there to let the check-in process go as smooth as possible and to keep the segregation between crew and teams. A layout of the cabins per deck can be found in Chapter 5 Cabin Plan. The crew onboard will make the cabin plan and share when finished. This must be done prior to start onboarding in order that preparation can be taken like preparing of the room cards. The cabin keys will be programmed by Acta Marine crew. Acta Marine will give the cabin keys to OWS. OWS will place these keys on the door of the cabins via a sticker.

4.4. Rules onboard the vessel

The incident team (whilst at sea) consist of: Ship's Medic (if any), Ship's Master or Deputy, Campboss, Ship's Chief Engineer, Client Representative.

To review collected information on suspected cases and decide whether it is COVID-19 related, the incident team should:

- Immediately inform the relevant Port Health Authority (PHA) of the situation;
- Implement control measures for passengers and crew (personal hygiene and isolation) and for the environment (cleaning and disinfections);
- Ensure adequate medical care of affected passengers and crew;
- Provide clear and accurate information and advice to passengers and crew;
- Ensure adequate surveillance and monitoring arrangements are in place;
- Assess the safety of the vessel with regard to cover for essential services on board then notify the office for guidance and support.

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Control measures for all passengers, crew and visitors.

To reduce the risk of infection of COVID-19, the following tightened personal hygiene rules should be followed by all persons aboard the vessel, regardless of the duration of their stay:

- Use your own toilet
- Use disposable towels after washing your hands
- Shower every day
- Wash-towel and flannel frequently
- Wash your hands often, clean and cut your nails if necessary
- Standard medical treatment should be used.
- Medical staff should use universal precautions by wearing disposable nose-mouth mask (or face shield), aprons and gloves when examining all patients with symptoms.

Control measures for crew with symptoms.

- Food handlers and medical staff should be quarantined for at least 48 hours following resolution of their symptoms. Other crew should be isolated until symptom free for 48 hours.
- Cabin companions of affected individuals should ideally be allocated jobs in non-food or beverage areas until 48 hours has passed and actively monitored for a further 24 hours.
- Every attempt should be made to relocate unaffected cabin companions in alternate accommodation.

Stop self-service of food to passengers, crew and visitors.


- Remove shared snacks and open 'nibbles' from communal areas.
- Cabin service should be provided for affected passengers, crew and visitors who are isolated.
- Affected passengers should not use communal facilities during their period of isolation.

Additional measures taken in relation to COVID-19 onboard the vessels.

All the below measures are taken with consideration to current regulations and advise by both Acta Marine and clients.

Beside this, these are also imposed ashore, any violation has to be reported and respective measures will be taken against anybody violating these arrangements.

1. All new client crew members, that boarded later than other crew members are constricted to their cabins after work hours except for the meals and smoking;
2. Keep a minimum of 1,5 meter between each other to reduce the risk of contamination. This social distancing is one of the main advice that we get to avoid contamination;
3. Corridors and staircases have been marked for routing purposes. Adhere to these as this is also a regulation ashore currently. This routing is in place to separate the crew which was already on board, and the new arrivals by means of social distancing;
4. Smoking should be kept to a minimum and can be done at a specified location. Adhere to the social distancing rule;

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5. There will be a schedule posted for:

- Meal times for Acta Crew and client personnel;
- Cleaning of / changing of bed linen in the cabins. On the scheduled time, put your linen, towels laundry together in the pillow case. New bed linen will be placed in your cabins and you will be asked to change the linen yourself;
- Laundry will be done in the same matter. Put it together with the linen or collect separately on and put in the box on deck 2 next to forward staircase.

4.5. Vessel Inductions

It needs to be checked beforehand if crew is arriving which have never been on the vessel before. They need to receive the familiarisation of the vessel.

Acta Marine will be responsible for providing the familiarisation of the vessel, if crew comes on board for the first time. Precaution is necessary to perform the familiarisation in a safe manner. The cinema will be used for the familiarisation and is big enough to keep a minimum of 1,5 meter distance between crew. The maximum number of people which can receive the familiarisation in one time is 20 people. If the group is bigger than 20, it needs to be done in two times. Also the Master can decide to split the groups if he is under the impression that the 1,5 meter distance cannot be kept between the people. During this familiarisation, all the measures taken in order to prevent and control the outbreak of COVID-19 will be explained to the medic.

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5 Cabin Plan

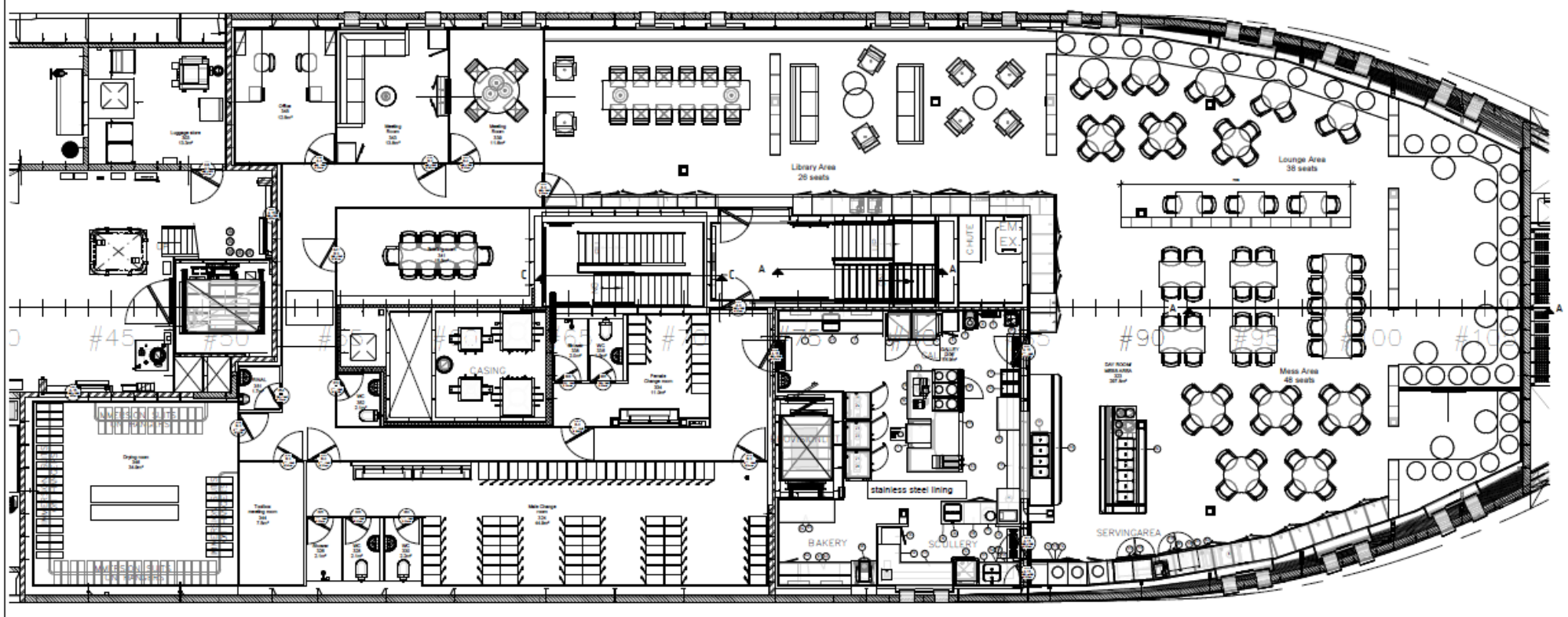


Figure 1 Maindeck

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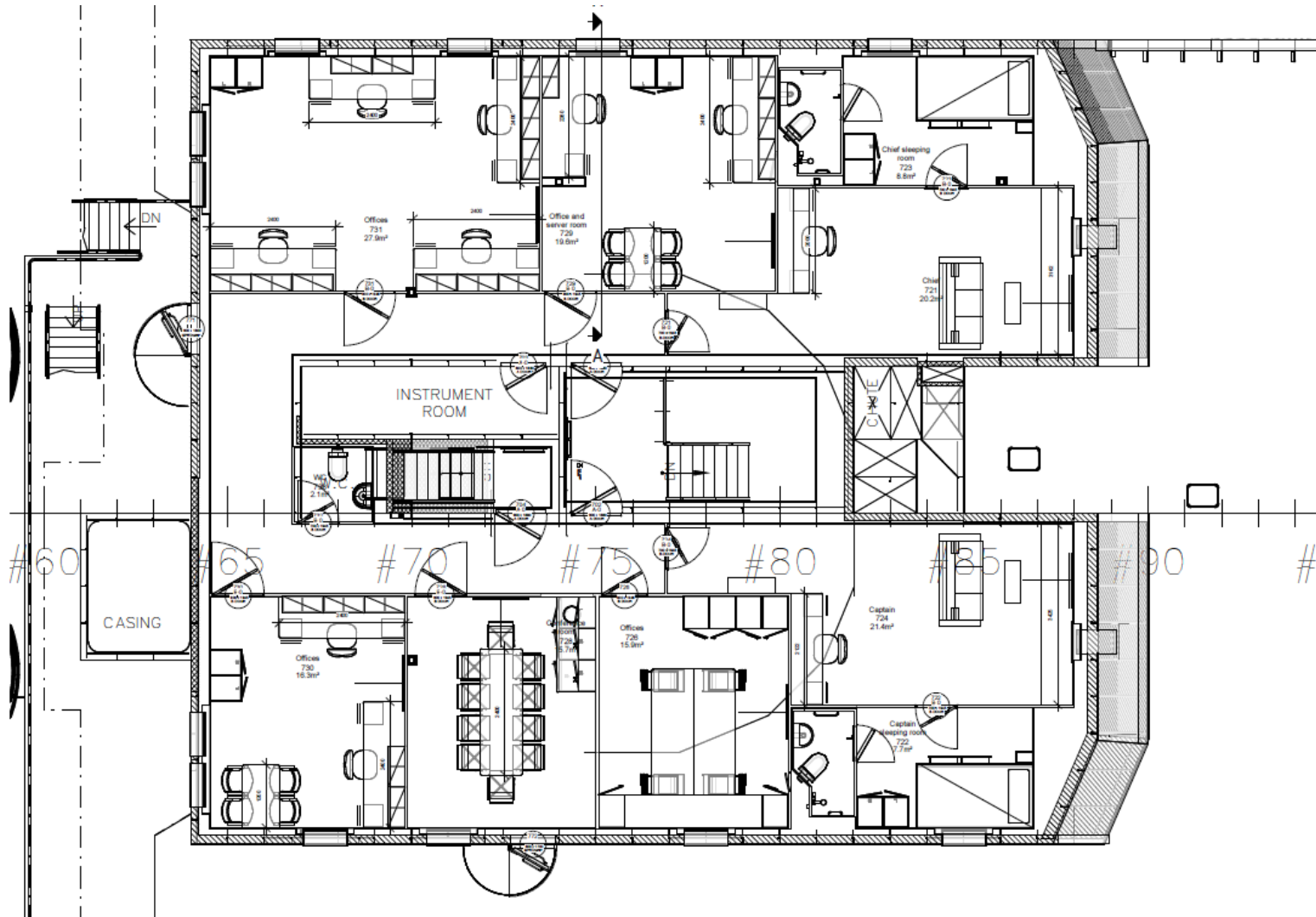


Figure 2 D-deck

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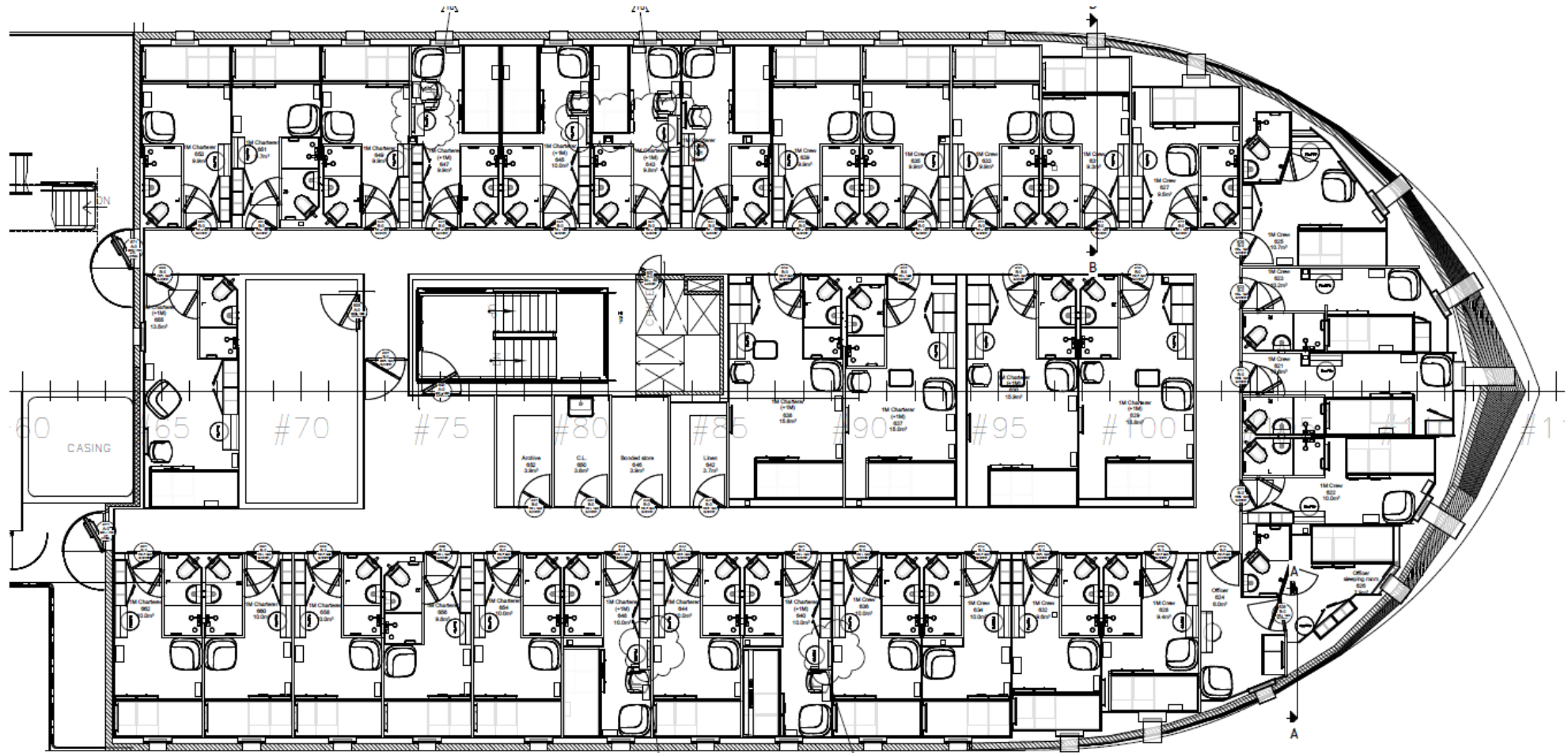


Figure 3 C-deck

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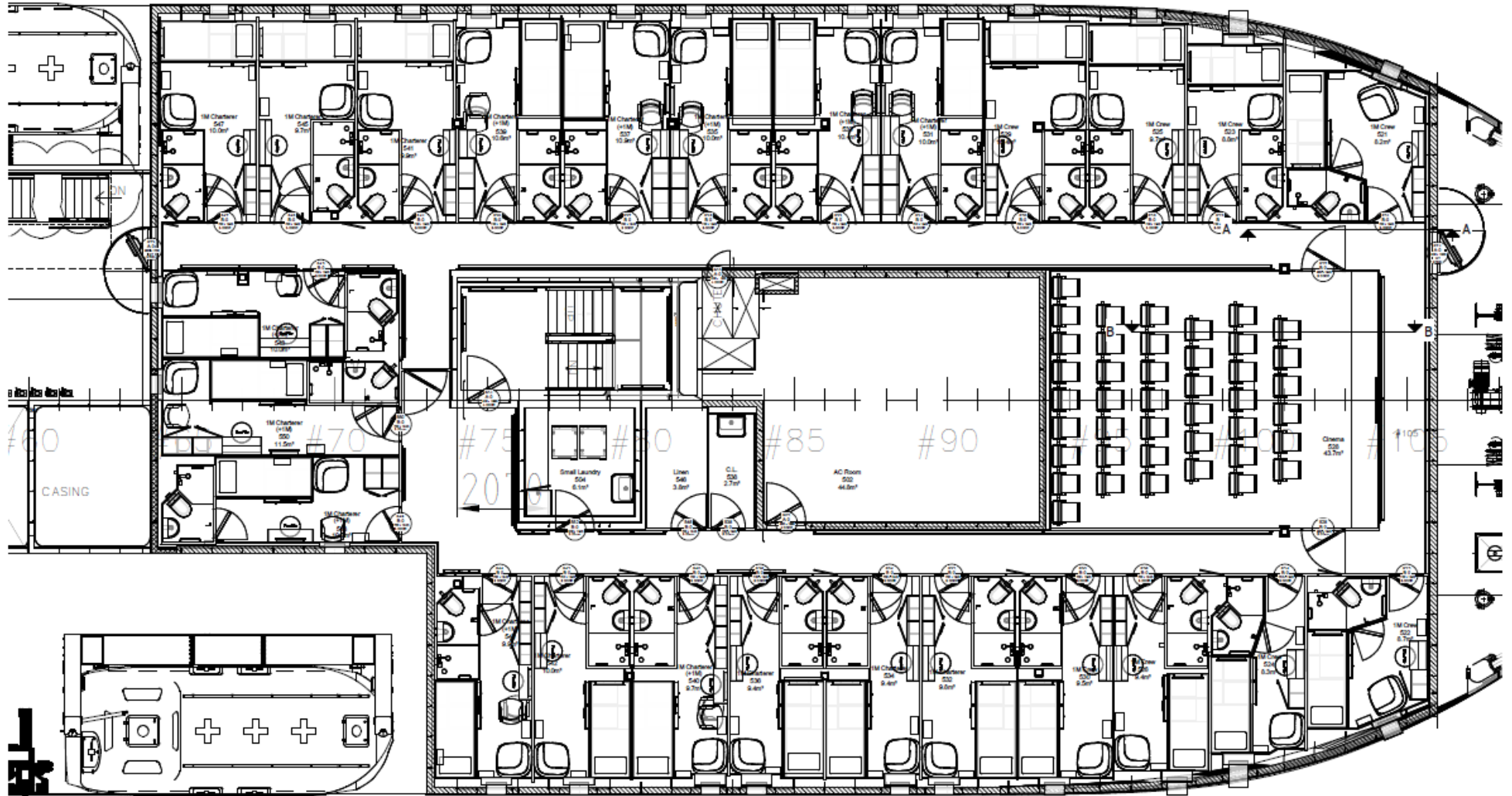


Figure 4 B-deck

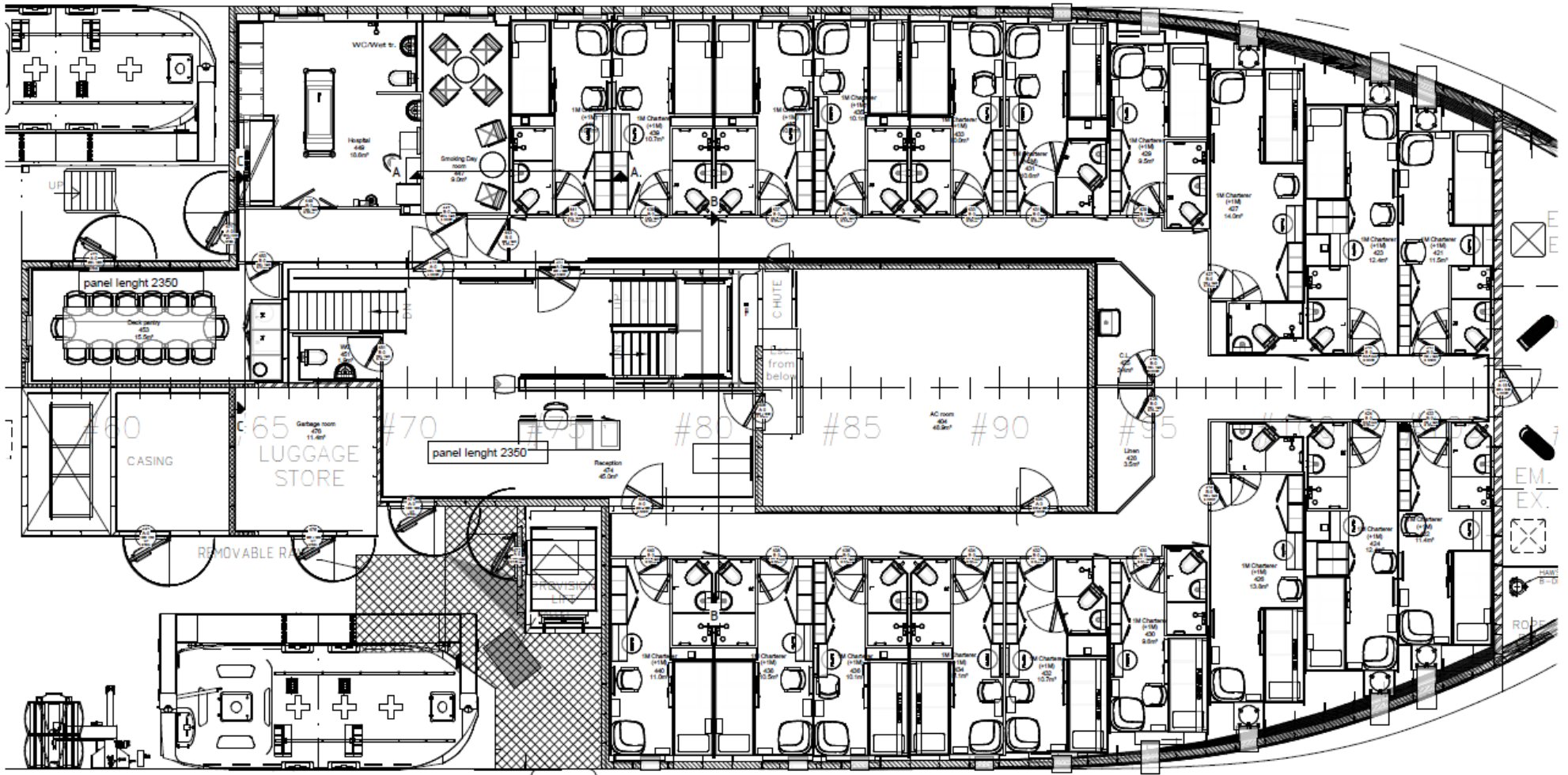



Figure 5 A-deck

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6 On board the vessel

6.1. Segregation in general

The different teams will be made recognisable via high visibility jackets. We have purchased different colours for different teams.




Yellow colour	have on the back side different numbers (1-6).
Red colour	if somebody is quarantined.
Blue colour	crew which is already on board the vessel
White colour	new marine crew

It is important to explain the reason why we request everybody to wear the high visibility jackets. It is done to make the segregation visible. It is required only in the public places (when leaving their cabins) that they have to wear the colour coded jacket.

6.2. Work schedules (team planning).

On board the vessels and working, not the individuals will be separated but the teams. They will be working in different work schedules and resulting from that, different meal time schedules. The teams need to keep a minimum distance of 1,5 meter for other teams in order to create the social distancing. The work schedule will be made by the client and communicated with the vessel.

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6.3. Meal time schedule

The crew members will still use plates, fork, knives and spoons. After usage, new crewmembers will place it in a separate box.

There are two situations available:

1. Vessel operated, personnel on turbine

The teams will have fixed time schedules to have their meal. It will be one hour/ half hour before the team is going on the turbine. For example team 1 will have breakfast at 5.15 till 6, team 2 will have breakfast from 6.15 till 7. It is important to explain why we want to have separated meal times. Social distancing and the cook needs to prepare the plates for the crew one by one to avoid contamination. The cook will not be able to handle all the people at once. Everybody needs to be made aware of the meal schedule before coming on board.

2. Vessel weathered, no personnel on turbine

Suggestion:

To keep it more general in this phase since it depends on the times that the teams are starting. Make a schedule for day to day with the meal times. Separate the teams by tables. A table is created where there is always some drinks and food. The fridges and coffee machines have been separated in the ones which can be used for the crew which have been more than 14 days on board the vessel and for the crew which have been less than 14 days on board the vessel.

6.4. Watch plan marine crew

The work of the marine crew will be in between the schedule of the client.


To be further determined by the Master.

6.5. Cleaning strategy (IFS)

A dedicated cleaning team should be established for environmental cleaning and servicing of cabins of affected passengers.

Disinfection procedures should cover all areas, including:

- Restaurants, kitchens
- Lounges
- Game rooms etc.
- All passenger and crew public areas
- All passenger and crew cabins and bathrooms
- All passenger and crew bedlinen and towels to be washed at higher temperatures
- All public toilets
- All crew toilets

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Procedures should include cleaning all hand contact surfaces more frequently:

- Door handles
- Hand rails
- Telephones, keyboards
- Sports equipment's etc.

It is vital that all surfaces handled frequently are thoroughly cleaned and disinfected on an ongoing basis throughout the outbreak and during the vessel's decontamination in port. The gangway hand rails and all hand contact surfaces should be cleaned and disinfected immediately after passengers have disembarked.

The Messroom will only be used during mealtimes, after mealtimes it will be closed. No food will be available after mealtimes, only the soft drinks in the fridge. Before entering the messroom or opening the fridge for the soft drinks, everybody needs to clean their hands. There is a disinfection dispenser available at every entrance. Doors from the corridors to the messroom will be kept open to avoid contamination.

General cleaning of cabins:

The crew will proceed with cleaning of the cabins. But there will be extra hygiene standards required from client side.


The cabins will be cleaned when clients personnel have been on the turbines (not in their room) for 6 to 7 hours. The client will communicate their work schedule via the food schedule.

There is extra hotel crew available to preform extra cleaning. The handrails in the corridor will be cleaned 4 times a day. The messroom's tables will be cleaned by the crew themselves. After meal time, the catering crew will provide extra cleaning of the table.

The menu will be placed on each deck everyday so the personnel can give their order in beforehand. The cook will prepare their plate. Everything else has been stored away and is available upon request (yoghurt, cereal etc.).

6.6. Use of social spaces.

Gym	Closed
Sauna	Closed
Messroom	Will be opened during meal times and closed after meal time.
Public toilets	Closed since everybody can use their own toilets in the cabin. For warehouse employees it will be allowed to go to the toilet in their rooms with work cloths and on socks if they need to use the toilet.
TV Rooms	Closed
Gaming room	Closed
Smoker rooms	Will be open but maximum of 3 persons and keep distance of 1,5 meter.

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6.7. Laundry

The crewmembers handling the laundry will wear personal protective equipment (full face mask, gloves and apron) when handling laundry.

Cleaning of / changing of bed linen in the cabins. On the scheduled time, put your linen, towels laundry together in the pillow case. New bed linen will be placed in your cabins and you will be asked to change the linen yourself;

Laundry will be done in the same matter. Put it together with the linen or collect separately on and put in the box on deck 2 next to forward staircase.

6.8. Regularly medical checks


The Medic on board will check all the personnel who have suspicious symptoms. If an person has suspicious symptoms, the whole team of that person will go into quarantine and supervised by the medic. The medic will take care of these people and provide them with necessities. He will bring supplies to protect himself.

Suggestion:

Take the temperature for all personnel on a daily base. If somebody has a temperature of above 38 Celsius, the person will be placed in quarantine (and the team of that person).


The time and place of this will be further discussed with the medic.

It is important to communicate what will be done if somebody is feeling ill. The person feeling ill should feel safe to approach the medic and acknowledge feeling ill. The medic will judge the situation.

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6.9. Temperature Log

In order to measure the temperature over a 6 day period, the document 200 0815 FRM 03 COVID-19 Temperature Log will be used.

	Code:	200 0815 FRM 03
	Owner:	QHSSE Manager
COVID-19 Temperature Log	Revision:	01
	Issued:	06-04-2020

Name of Person: _____

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Date						
Time (try to do it around the same time)						
Temperature measured						
place taken (eg. Ear, tunge, etc)						


Signature

6.10. Disciplinary action

In order to maintain the rules on board the vessel the following disciplinary actions will be taken when not following rules:

- First time = Written warning
- Second time = Second written warning
- Third time = Send of the vessel

If has to be noted that there is a zero tolerance for personnel which was placed in quarantine and are not following the quarantine rules. They will be send of the vessel without a warning.

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7 Stores

7.1. Sanitation equipment

At this moment, there is enough sanitation equipment onboard the vessel. But since the suppliers are experiencing difficulty in delivering this equipment and with extra delivery time, it is important to plan the delivery of this equipment in advance.

7.2. Spare parts policy

There have been additional spare parts delivered on board the vessel, in case we have to stay offshore longer.

7.3. Medical equipment

There is a stock of medical equipment available on board the vessel in the hospital. The medic will also bring own equipment. It is difficult to provide the vessel with protective equipment like masks, gloves, hand sanitizer etc. The purchase departments are putting all their efforts in to providing the vessel with this equipment but it remains uncertain.

7.4. Food stores


There has been an additional food store delivered on board the vessel for 45 days. This in order to make sure that there is enough food available if we have to stay offshore longer.

7.5. Equipment needed for segregation

The Vessel Superintendent has purchased and delivered high visibility jackets to the vessel in order to implement the segregation of the crew. If further equipment is required, it will be purchased and delivered as soon as possible.

7.6. Fuel and water

At this moment, there is enough fuel and water on the vessel available. Even if the vessel has to stay offshore longer.

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8 Emergency Response

8.1. COVID-19 on board

Germany (Emden) – Acta Auriga - EPAS agency

- Any symptoms of COVID-19 to report to agent, direct and via Maritime declaration of Health.
- Agent will alert Port Health.
- Port Health will contact ship to assess situation.
- Ship to sail to Wilhelmshafen and anchor there
- Port Health to come onboard for testing
- Awaiting result of testing
- Decision of further action depending on test result

8.2. Repatriation / evacuation


The medic will be responsible for checking the persons who feel ill. The aim is to get the ill person and team of the vessel if deemed positive on the COVID-19 tests. If there is a suspected case, the person and its team will be isolated in their cabins. The medic on board will contact the doctor on shore and perform a test if deemed necessary which will be send to the laboratory. If it becomes a confirmed case, the authorities will be informed. They will determine if the vessel will sail to port (Wilhelmshafen). Full quarantine of all non-essential personnel will be imposed immediately.

8.3. Bridging document Client - Acta Marine

Bridging document between Client and Acta Marine available.

8.4. Vessel quarantine

The vessel will be cleaned and disinfected by an approved disinfectant (ORS). The authorities will decide further what will be done.

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9 Communication

9.1. Information to On-signers



CSV Acta Auriga

PROCEDURE FOR BOARDING ACTA Auriga


THIS PROCEDURE WILL BE IN PLACE TO HAVE A CONTROLLED CHANGE OF PERSONNEL DURING PORT CALL AT EMDEN.

THE CHANGE OF PERSONNEL FROM ACTA MARINE CREW AND OWS WILL BE SEPERATED AS MUCH AS POSSIBLE. THIS TO SEPARATE THE BOARDING PERSONNEL FROM THE REMAINING CREW.

- 1) Keep a minimum of 1,5 mtr. between each other to reduce the risk of contamination. This social distancing rule is one of the main advices that we get to avoid contamination;
- 2) The on-signers will arrive per team to the vessel. The next team will follow shortly with an interval of about 0.5/0.45 hour. This due to familiarization process and checking-in process.
- 3) On the Key side the temperature of each will be checked by a external medical company to ensure that everyone is coming on board without s high temperature. 38 Deg. C. is the max..
- 4) Luggage for the on-signers to be carried by yourselves and put into special bags on the key side. Per team these bag will be lifted onto main deck by means of a ships crane. The off-signers can deliver the bags on Main deck and drop them in the special bags to be lifted to the key side by means of the ships crane.;
- 5) The on-signers will receive their cabin room number via OWS team leader (s). Cabin keys are posted on the doors of each room. The normal reception is NOT open and the on-signers have to enter the vessel through the back door directly to main deck.
- 6) Once checked in the on-signers are asked to go to their Cabin and stay there until further notice from OWS team leader(s).
- 7) The familiarization of the on-singer will be done by the OWS team leader(s).

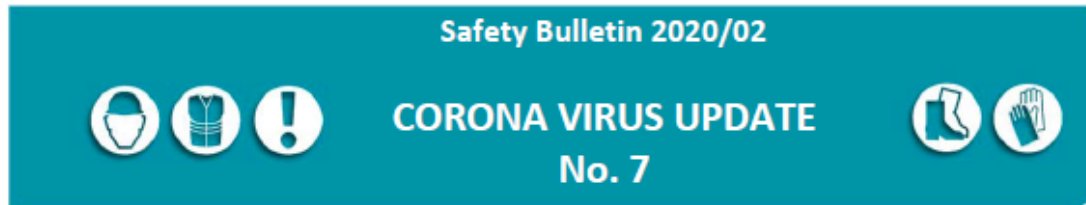
Thanks for the cooperation to keep each other safe.. Welcome on board.

Captain Acta Auriga

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9.2. Information QHSSE

Latest Corona Virus related Safety Bulletin from Acta Marin on 03-04-2020.



To All,

Update: 03-04-2020

Following developments in the world and in the Netherlands, Acta Marine's office personnel continues to work at home. Only a few are working on location such as our personnel of the workshop and warehouse or technical personnel who are assisting in dockings.

Since the outbreak of the Corona virus Acta Marine is informing the organization. We assembled the Corona Crises ERT team in the beginning of February and started this Corona Virus Bulletin. This was followed-up with the Corporate updates from our directors. The crewing department is informing the vessels on travel restrictions, crew changes and questions regarding wages, holidays or other possible personal issues.

At the moment the situation develops in such a way that specific vessel- or project information is necessary for an increasing amount of vessels. For this we created the COVID-19 Offshore Handbook.

COVID-19 Offshore Handbook

The COVID-19 Offshore Handbook provides generic information what was previously communicated with the Corona bulletin.

The handbook follows the Transmittal Protocol:

- Refusal of personnel onboard in case of signs of sickness
- Separate/ isolate boarding- from remaining personnel
- Social distancing of 1.5 mtr
- Hygiene measures
- PPE


It includes amongst other, the following information:

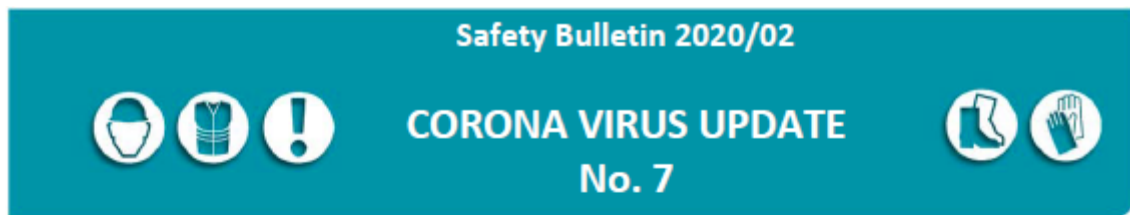
1. The Checklist COVID-19 does not have to be used anymore.
2. Crew traveling to the vessel are expected to be not sick and not having sick symptoms like coughing, difficulty in breathing, nose cold, etc. If they are, it is assumed they will remain at home as instructed by their government.
3. Boarding personnel are asked to check their body temperature 7 days prior traveling to the vessel and keep a record this.
4. Depending in the vessel and/ or client, it can be decided to place onboarding personnel in quarantine for 7 days. This will be an onshore location and communicated to personnel on time.
5. All boarding personnel will be screened on flue like symptoms. If symptoms are observed, these persons will not be permitted onboard:
 - a. A raise in body temperature of over 38°C
 - b. Problems with the (upper) respiratory system such as coughing, difficulty in breathing, nose cold, etc..
6. Screening of personnel/ surveillance will continue after personnel have boarded the vessel.
7. Personnel that suffered the corona flue have to be in possession of a statement from a medical professional stating they are recovered and healthy.

After boarding, personnel need to be separated/ isolated from remaining personnel as much as possible, for 14 days (separate meal times, sleep on separate decks, work in opposite shifts, etc). This will be described in the manual and can differ from vessel to vessel.

In addition the handbook gives additional specific vessel, client, port and/ or project information which might be necessary for our vessel crew.

The handbook can be provided via the operational department with assistance of the QHSSE department. To make the handbook specific we need input from client, project and vessel captain.

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Corporate Travel Clinic

As mentioned before Acta Marine is advised by the Corporate Travel Clinic, a company which is also involved in advising the Dutch Government. In this way we are getting the correct, most recent information from first hand. Acta Marine is in process of obtaining test instruments to use for our onboard- and boarding personnel.

The following still remains in force and will also appear in the COVID handbook;

Hygiene Measures are still strongly encouraged:

- Wash your hands regular
- Cough and sneeze in the inside of your elbow
- Use paper paper handkerchiefs
- Don't shake hands.
- Keep distance of at least one meter from other people, particular those that cough of sneeze or may have a fever.

Note: Ensure everybody has the opportunity to wash or disinfect their hand and to dry their hands with paper handkerchiefs, not cotton towel.


When Shipboard Personnel, including charterer's personnel are getting ill:

- When personnel onboard show signs of fever or other possible signs of Corona flu, he/ she should report this to his direct supervisor or the Captain a.s.a.p.
- Ill personnel will be isolated.
- The Captain will communicate with onshore Management and client representative.
- Local authorities will be informed.
- The Captain can isolate suspected personnel until further notice to obtain medical advice.

We ask all Captains to organize regular (weekly) sessions to inform all personnel. Of course doing so keeping in mind the transmittal protocol instructions.

Feedback of this is expected in the form of Minutes of Meeting.

We will remain to keep you informed of the Corona Virus Situation.

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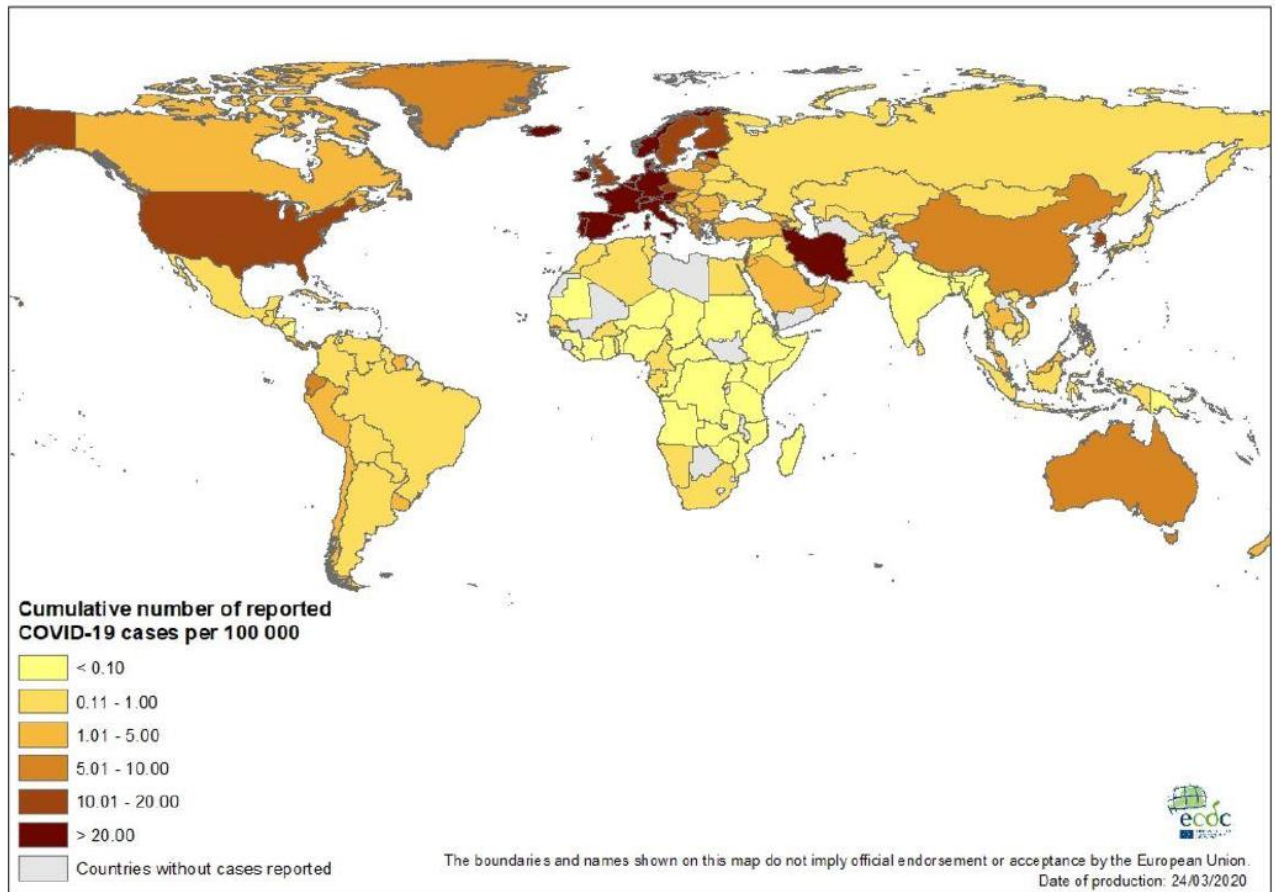
9.3. Information from Clients

Information from the client which can be applicable for Acta Marine will be shared as soon as possible. It is agreed between all parties that if relevant /important information is available, it will be shared with all the parties.

9.4. Information from Corporate Travel Clinic

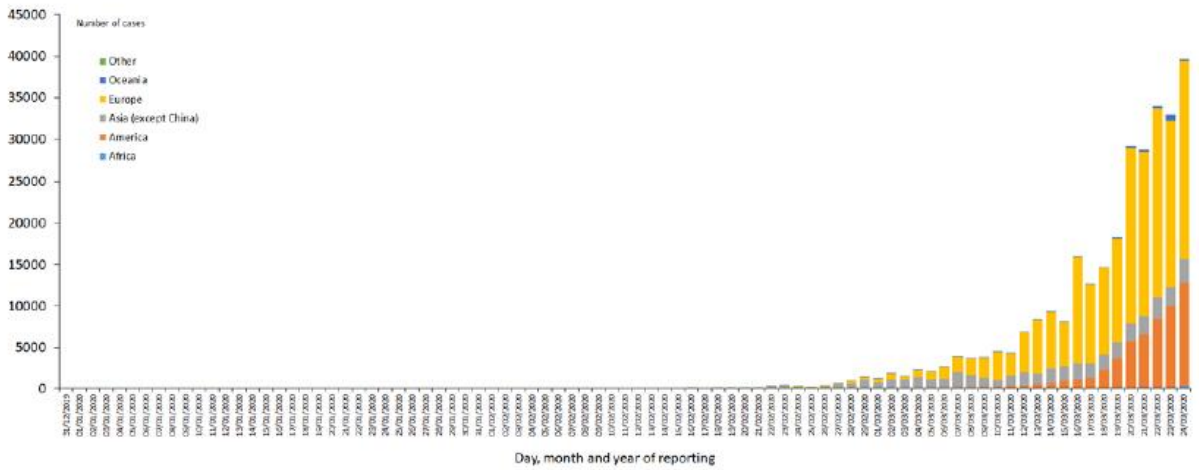
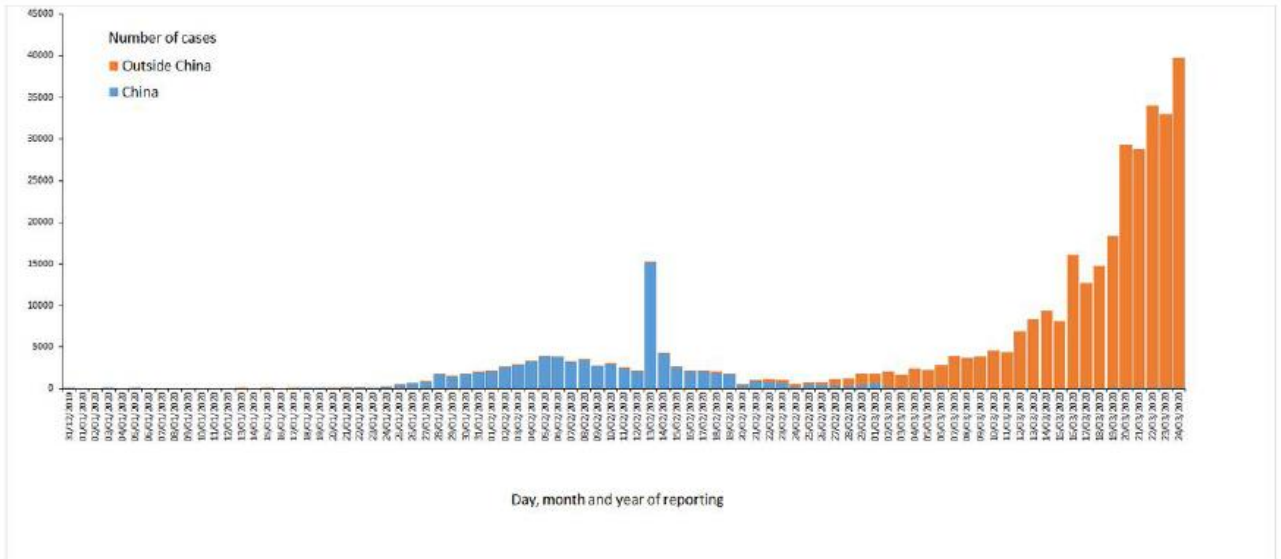
The Corporate Travel Clinic is the company which Acta Marine hired to provide us professional healthcare information regarding COVID-19. If we receive any information which could be useful, it will be shared as soon as possible between all parties.


Below is information we received on the 24 of March 2020:



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COVID-19 Offshore Handbook



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10 Contact details

10.1. Acta Marine

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Alex Bakker	QHSSE Manager	Phone +31(0) 88 032 09 59 Mobile +31(0) 6 50 60 74 97 Email a.bakker@actamarine.com

10.2. Client

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Joachim Arndt		Joachim.Arndt@oceanbreeze.de
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10.3. Contractors

DOC

Name	Function	Telephone
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OWS

Name	Function	Telephone
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10.4. Government


Name	Function	Telephone

10.5. Agent

Name	Function	Telephone

10.6. Medical advise

Name	Function	Telephone

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11 References

For setting up this manual the following resources were consulted;

Organisation	Document	
International Chamber of Commerce (ICS)	Guidance for Ship Operators for the Protection of the Health of Seafarers	
Corporate Travel Clinic Erasmus MC	Factsheet COVID-19	
ILenT (Dutch flag state)	Coronavirus and prevention on board ships	
Rijksinstituut voor Volksgezondheid en Milieu Ministerie van Volksgezondheid, Welzijn en Sport (RIVM)	Protocol thuisisolatie van een patiënt met COVID-19	
International Maritime Organisation (IMO)	Circular Letters	
World Health Organisation (WHO)	Sitreps	
International Maritime Health Association (IMHA)	Information to shipping companies	
Koninklijke Vereniging van Nederlandse Reders (KVNR)	Circular Letters	

Appendix 1. Support and Logistics Supplies List

Items	Comment	Already carried on board?	Quantity onboard	Required
CHEMICALS				
Antibiotics		Yes		
Chlorine		Yes		
Fever and pain medication		Yes		
Sodium lactate solution		Yes		
Alcohol-based hand rub	Bottle of 100ml and 500ml	Yes		
Chlorine	NaDCC, granules, 1kg, 65 to 70% + dosage information	Yes		
Paracetamol	500mg tablets	Yes		
Sodium lactate compound solution	Ringer's lactate, injection solution, w/o IV set and needle, 1000ml	Yes		
PPE				
Examination Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards	Nitrile, powder-free, non-sterile. Cuff length preferably reaching above the wrist (e.g. minimum 230mm total length. Sizes, S, M, L). Plentiful supplies required.	Yes		
Surgical Gloves, EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent standards	Nitrile, powder-free, single use. Gloves should have long cuffs, reaching well above the wrist, ideally to mid-forearm. (Sizes 5.0–9.0)	Yes		

Gloves, cleaning	Outer glove should have long cuffs, reaching well above the wrist, ideally to mid-forearm. Cuff length preferably reach mid-forearm (e.g. minimum 280mm total length. Sizes, S, M, L), reusable, puncture resistant, FDA compliant	Yes		
Impermeable gowns single use	Disposable, length mid-calf. - EU PPE Regulation 2016/425 and EU MDD directive 93/42/EEC• FDA class I or II medical device, or equivalent, EN 13795 any performance level, or AAMI PB70 all levels acceptable, or equivalent.	Yes, but check supplies are plentiful		
Scrubs - Tunic/tops	Woven, scrubs, reusable or single use, short sleeved (tunic/tops), worn underneath the coveralls or gown	Yes, but check supplies are plentiful		
Scrubs - Trouser/pants	Woven, scrubs, reusable or single use, short sleeved (tunic/tops), worn underneath the coveralls or gown	Yes, but check supplies are plentiful		
Aprons	Heavy duty, straight apron with bib. Fabric: 100% polyester with PVC coating, or 100% PVC, or 100% rubber, or other fluid resistant coated material, Waterproof, sewn strap for neck and back fastening. Minimum basis weight: 300g/m ² covering size: 70-90 cm (width) X 120-150cm (height). Reusable (if decontamination arrangements exist) EN ISO 13688, EN 14126-B and partial body protection (EN 13034 or EN 14605), EN 343 for water and breathability or equivalent.	Yes, but check supplies are plentiful		

Goggles, protective EU PPE Regulation 2016/425, EN 166, ANSI/ISEA Z87.1, or equivalent	Good seal with facial skin, flexible PVC frame to easily fit all face contours with even pressure. Enclose eyes and surrounding areas. Accommodate prescription glasses wearers. Clear plastic lens with fog and scratch resistant treatments, Adjustable band to secure firmly and not become loose during clinical activity. Indirect venting to avoid fogging. May be reused (if decontamination arrangements exist) or disposable.	Yes, but check supplies are plentiful		
Surgical masks for medics ASTM F2100 minimum level 1 or equivalent*	Good breathability, clear internal and external faces. EU MDD directive 93/42/ EEC Category III, or equivalent, EN 14683 Type II, IR, IIR	Yes, but check supplies are plentiful		
Patient masks EN 14683 any type including Type I*	Good breathability, clear internal and external faces	Yes, but check supplies are plentiful		
Face shield (PPE)	Should be provided by Port Health Authority	Unlikely		
MEDICAL KIT				
Sample medium and packaging	Plentiful supplies required	Yes		
Disinfectants	Plentiful supplies required	Yes		
Hand hygiene supplies	Plentiful supplies required	Yes		
Containers	For disposable sharps and needles	Yes		
Guedel tubes		Yes		
Infusion sets		Yes		
Nose masks		Yes		
Facial oxygen masks		Yes		
Oximeter		Yes		
Oxygen splitters		Yes		
Safety bag and box		Yes		

Commercial testing materials for samples	Ideally a third party should take samples for suspected cases. Specific materials needed to transport samples and to minimise infection Should be provided by Port Health Authority"	Unlikely		
Fit test kit	Should be provided by Port Health Authority	Unlikely		
Laryngoscope, with depressors and tubes	Should be provided by Port Health Authority	Unlikely		
Oxygen concentrator	Should be provided by Port Health Authority	Unlikely		
Portable ventilators	Should be provided by Port Health Authority	Unlikely		
Portable ultrasound scanner	Should be provided by Port Health Authority	Unlikely		
Resuscitator, child	Should be provided by Port Health Authority	Unlikely		
Viral transport medium – to transport laboratory specimens	Should be provided by Port Health Authority	Unlikely		
Viral transport medium with Swab 3 ml	Should be provided by Port Health Authority	Unlikely		
Bio-hazardous bag	Disposal bag for bio-hazardous waste, 30 x 50cm, with "Biohazard" print, autoclavable polypropylene. 50 or 70 micron thickness	Yes		
Carbon dioxide detector	"Disposable, colorimetric, sizes compatible with adult endotracheal tube (or child if applicable), unlikely to be in medical cabin but usually on board a ship. If not available ask Port Health Authority to provide along with appropriate guidance and accessories"	Unlikely		

Endotracheal tube, without cuff	Open distal end and Magill-type point with oral angle of 37.5°, standard connector (ext. Ø 15mm) at the proximal end to connect the tube to the ventilation system, radio opaque mark, Murphy's eye, graduations, size: Ø internal 3mm or 3.5mm, material: polyvinyl chloride (PVC), disposable, sterile, initial sterilisation method: ethylene oxide gas or gamma radiation	Yes		
Endotracheal tube with cuff	Same specification as for endotracheal tube, without cuff except size: Ø internal 6.5mm, 7mm, 7.5mm or 8mm	Yes		
Hand drying tissue	50–100m roll	Yes		
Infusion giving set	With air inlet and needle, sterile, single-use	Yes		
Pulse oximeter	Compact portable device measures arterial blood oxygen saturation (SpO ₂), heart rate and signal strength. Measuring range: SpO ₂ 30 - 100% (minimum graduation 1%), heart rate 20–250 bpm (minimum graduation 1bpm). Line-powered, or extra batteries/rechargeable batteries needed at least one year. ISO 80601-2-61:2011 or equivalent	Yes		
Resuscitator, adult	To ventilate adult (body weight > 30kg), with compressible self-refilling ventilation bag, capacity: 1475–2000ml. Resuscitator operated by hand, ventilation with ambient air, resuscitator shall be easy to disassemble and reassemble, to clean	Yes		

	and disinfect, and be autoclavable. All parts must be of high-strength, long-life materials not requiring special maintenance or storage conditions			
Sample collection triple packaging boxes	For transport as defined by the Guidance on Regulations for the Transport of Infectious Substances 2019–2020	Yes		
Safety box	Needles/syringes, 5l - cardboard for incineration, box-25. Biohazard label as per WHO PQS E010/011	Yes		
Stainless steel depressor sets Miller	Straight Nr 1, length approx. 100mm	Yes		
Stainless steel depressor sets Macintosh	Curved Nr 2, length approx. 110mm	Yes		
Stainless steel depressor sets Macintosh	Curved Nr 3, length approx. 135mm	Yes		
Stainless steel depressor sets Macintosh	Curved Nr 4, length approx. 155mm	Yes		
Soap	Liquid (preferred), powder and bar	Yes		