

**Sayı** : 38591462-010.07.03-2020-2438

11.09.2020

Konu : ICS COVID-19 Güncel Duyurusu

Sirküler No: 1007

Sayın Üyemiz,

Uluslararası Deniz Ticaret Odası (International Chamber of Shipping-ICS) tarafından gönderilen 7 Eylül 2020 tarihli Ek'te sunulan yazı ile Dünya Sağlık Örgütü'nün (World Health Organization-WHO) yayınladığı ve 6 Eylül 2020 tarihi itibarıyla bütün ülkelerden bildirilen "Yeni Koronavirüs" (COVID-19) akut solunum yolu hastalık vaka tablosunu içeren güncel istatistiki bilgiler Odamıza iletilmiştir.

Yazıda, geçen hafta itibarıyla 26.763.217 COVID-19 vakası tespit edildiği, bir önceki haftaya kıyasla yeni vaka sayısında küçük bir artış gözlemlendiği, birçok ülkenin hali hazırda uygun test ekipmanına sahip olmadığı için tüm vakaların rapor edilemediği ve bu nedenle sayıların artacağı belirtilmektedir. Bahse konu yazıda ayrıca, 6 Eylül 2020 tarihi itibarıyla en fazla COVID-19 vakası tespit edilen ilk 12 ülke, COVID-19 salgını vaka ve vefat sayılarının olduğu tablo, ülkeler hakkında güncel bilgiler, Uluslararası Bağımsız Tanker Sahipleri Birliği (The International Association of Independent Tanker Owners-INTERTANKO) tarafından yayımlanan salgın yönetim planının güncel hali, gemi personel değişimi sürecine yönelik olarak, Uluslararası Sivil Havacılık Örgütü (International Civil Aviation Organization – ICAO) tarafından oluşturulan COVID-19 Hava Trafik Gösterge Tablosu'na erişim sağlanabilecek web adresi, Havaalanları Uluslararası Basın Bülteni web adresi, Panama'da gemi personeli değişim sürecinde kullanılacak uçuşların yer aldığı bilgilendirme tablosu, Singapur Gemi Personeli Değişimi Çalışma Grubu (Singapore Crew Change Work Group – SGCC WG) tarafından yayımlanan gemi personeli değişimi sürecine yönelik hazırlanmış rehberin güncel versiyonu web adresi ve normal çalışma koşulları sırasında Uygunluk Belgesi (Certificate of Compliance – COC) denetimlerini planlamak için Amerika Birleşik Devletleri Sahil Güvenlik Komutanlığı (United States Coast Guard – USCG) prosedürleri hakkında bilgiler yer almaktadır.

Bilgilerinize arz/rica ederim.

Saygılarımla,

İsmet SALİHOĞLU
Genel Sekreter**Ek:**

- 1- ICS'in Yazısı (10 sayfa)
- 2- INTERTANKO Salgın Yönetim Planı (21 sayfa)

Dağıtım:

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**Gereği:**

- Tüm Üyeler (WEB sayfası ve e-posta ile)
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- Türk Armatörler Birliği
- S.S. Gemi Armatörleri Motorlu Taşıyıcılar Kooperatifi
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7 September 2020

COVID19(20)144

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

COVID-19 UPDATE AS OF 6 SEPTEMBER 2020

Action Required: *Members are invited to note:*

- ***Information provided by WHO for 6 September 2020.***
- ***Intertanko have revised their outbreak mangement plan as attached at Annex 1***

216 countries have now reported 26,763,217 confirmed cases of COVID-19.1644528 (6.14%) additional cases were confirmed since 6 days ago. If you work out against a 7 day week this would mean an average of 274088 cases per day or 1918616 cases for a 7 day **week a rise in cases compared to last week**. There have also been 32,304 (3.68%) additional deaths in the last 6 days. If compared to a 7 day week this would mean an average 37,688 deaths for a 7 day week which is a slight drop over the previous week. However, many countries still cannot report all cases due to insufficient testing equipment so numbers will be considerably higher. 11 Countries are also now declaring themselves COVID-19 free compared to 9 last week.

SITUATION IN NUMBERS BY WHO REGION

Region	Cases	Deaths
Global	26763217	844312
Africa	1,083,152	22,929
Americas	14,001,390	484,079
Eastern Mediterranean	1,996,246	52,710
Europe	4,475,267	222,279
South-East Asia	4,689,943	83,400
Western Pacific	516,478	11,206

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

TOP 12 COUNTRIES WITH CASES AS AT 6 September 2020 (Greatest first)

	This Week	Last Week	Status
1	United States of America	United States of America	The Same
2	India	Brazil	Changed
3	Brazil	India	Changed
4	Russia	Russia	The Same
5	Peru	Peru	The Same
6	Colombia	South Africa	Changed
7	South Africa	Colombia	Changed
8	Mexico	Mexico	The Same
9	Spain	Spain	The Same
10	Argentina	Chile	Changed
11	Chile	Argentina	Changed
12	Iran	Iran	The Same

TOP 12 COUNTRIES

	WITH INCREASING CASES RECORDED YESTERDAY	WITH HIGHEST FATALITIES RECORDED YESTERDAY
1	India	India
2	United States of America	Mexico
3	Brazil	Brazil
4	Colombia	USA
5	France	Colombia
6	Argentina	Peru
7	Mexico	Iran
8	Peru	Argentina
9	Russia	South Africa
10	Iraq s	Iraq
11	Indonesia	Indonesia
12	United Kingdom	Philippines

Useful Links

Link to ICAO COVID-19 Air traffic Dashboard

<https://www.icao.int/sustainability/Pages/COVID-19-Air-Traffic-Dashboard.aspx>

Link to Airports International Press Release

Press release: ACI urges strong and coordinated government action to support recovery

<https://aci.aero/news/2020/09/03/aci-urges-strong-and-coordinated-government-action-to-support-recovery/>

Flights Available for Panama Crew Changes

According to Intermanager Select Offshore are a Ship Management and Crewing Agency which throughout the pandemic have operated private charter flights to enable crew changes. Following 12 successful charters since March, they have permissions from the government to crew change more vessels in September in Panama.

Last week, the Panama Government suspended commercial flights into Panama for another 30 days. All commercial flights into Panama were cancelled and only charter and humanitarian flights are permitted. Select been granted special permission to fly due to our charters being solely for essential workers and their stringent COVID_19 procedures (planes filled to max. 50% capacity to enable social distancing; negative Covid PCR tests required for on-signers and full PPE provided). Attached is official confirmation from Panama's Director General. All are filling quickly and references are available from previous crew changes in Panama with owners. Please note that onsigners and offsigners can stay at a quarantine hotel in Panama allowing for use of any leg of the flight for vessels arriving between the below dates.

Sector	Flight Number	Date	Departure Airport	Dept. Time (local)	Arrival Airport	Arrival Time (local)	Flight Time
1	OR7651	11th Sept	Amsterdam	00:30	Panama	05:00	11h:30
2	OR7652	13th Sept	Panama	18:30	Amsterdam	12:15 (14 th Sept)	10h:50

Sector	Flight Number	Date	Departure Airport	Dept. Time (local)	Arrival Airport	Arrival Time (local)	Flight Time
1	OR7651	20th Sept	Amsterdam	00:30	Panama	05:00	11h:30
2	OR7652	22 nd Sept	Panama	18:30	Amsterdam	12:15: (23 rd Sept)	10h:50

Sector	Flight Number	Date	Departure Airport	Dept. Time (local)	Arrival Airport	Arrival Time (local)	Flight Time
1	OR7651	28th Sept	Amsterdam	00:30	Panama	05:00	11h:30
2	OR7652	30 th Sept	Panama	18:30	Amsterdam	12:15:00 (1st Oct)	10h:50

As aircraft are chartered directly Select need to ensure costs are covered to charter a plane. Therefore, the more seafarers travelling, the lower the cost per passenger. For More information contact Danielle Raymont *Seafarer Travel Consultant*

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Australia

Australia says it will secure almost 85 million doses of a coronavirus vaccine if two promising trials prove successful.

Prime Minister Scott Morrison said the country had struck two deals that would allow free doses to be rolled out in 2021 if they were approved for use. "Australia needs some hope today. And particularly in Victoria, they need some hope today. And so that is what we're here to deliver today. Today, we take another significant step to protect the health of Australians against the coronavirus pandemic."

Mr Morrison estimated the cost at A\$1.7bn (£0.9bn; \$1.24bn). Australia's 25 million people could begin receiving doses from January but there were "no guarantees". "However the agreement puts Australia at the top of the queue, if our medical experts give the vaccines the green light," the prime minister said. One vaccine is from Oxford University and pharmaceutical company AstraZeneca, while the other is a local one from the University of Queensland and CSL.

Australia has recorded over 26,000 coronavirus cases and 769 deaths, most in the past two months after an outbreak in Victoria.

China

A rumour suggested that China would relax its current prohibition on crew changes in Chinese ports. ICS in Hong Kong has checked with various authorities and associations in China who have stated that this is not true. So far it is still almost impossible to arrange for embarking and disembarking of non-Chinese seafarers. In addition, it is noted that Chinese authorities have tightened screening of crew members on vessels arriving at ports after several cases of COVID-19 were confirmed on a single vessel heading from Brazil. China started direct international flights from low-risk countries to Beijing on 3 September 2020, as a result of preparations to curb the potential risk of imported COVID-19 cases. The countries include Thailand, Cambodia, Greece, Denmark, Pakistan, Sweden, Austria and Canada. The total number of passengers arriving on those direct flights will be capped at around 500 per day at the start gradually rising to 1,000 after a test run. The total number of arriving flights should be no more than five daily.

France

France's health body, Sante Publique France, has confirmed 15,621 new cases of Covid-19 over the weekend (Saturday and Sunday). France hit a high of nearly 9,000 new cases on

Friday the biggest daily increase since the start of the pandemic in March. That rise is almost twice as high as in Spain and four times higher than in Italy.

The surge is taking a toll on the country's hospitals, with some warning that intensive care beds are nearing capacity. Almost all 70 beds in the southern region of Bouches-du-Rhône are currently occupied, officials say.

The number of patients in intensive care - 473 as of Friday - is still far fewer than at the peak of the outbreak. Over the weekend, Health Minister Olivier Veran warned that more people would be admitted to intensive care over the next two weeks. He ruled out a new nationwide lockdown. "I cannot envision a general lockdown. The lockdown was a lid on an overflowing cooking pot," he said.

Hong Kong

The restricted measures imposed on crew change in Hong Kong remain the same: only merchant and passenger vessels will be allowed to enter the Hong Kong waters for crew change and be exempted from compulsory quarantine regulations.

Police in Hong Kong fired pepper-spray balls at crowds protesting against a government decision to delay legislative elections in the territory. Nearly 300 people were arrested at Sunday's unauthorised demonstration.

The elections had been due on 6 September, but the government postponed them by a year saying it was necessary amid a rise in coronavirus infections. The opposition is accusing the government of using the pandemic as a pretext to stop people from voting. Opposition activists had hoped to obtain a majority in the Legislative Council (LegCo), capitalising on anger at Beijing's imposition of a controversial national security law in Hong Kong, and fears that the territory's freedoms are being eroded.

Pro-democracy candidates had made unprecedented gains in last year's district council elections, winning 17 out of 18 councils. Thousands of people took to the streets of Hong Kong to mark the day the elections were due to be held.

Japan

The postponed Tokyo Olympic Games will go ahead next year "with or without Covid", the vice-president of the International Olympic Committee says.

India

India now has the second-highest number of infections in the world, overtaking Brazil. It's confirmed a surge of 90,000 new cases in the last 24 hours – bringing the national total to 4,204,613. It's death toll is also the third-highest globally

The rise comes as the government continues to lift restrictions to try to boost an economy that lost millions of jobs since March. For the last seven days India's caseload has galloped, adding over 75,000 daily infections per day. Only five of India's states are responsible for more than half the country's Covid-19 caseload - 4.2 million confirmed cases and counting.

The five states - Maharashtra, Andhra Pradesh, Tamil Nadu, Karnataka and Uttar Pradesh - also have the highest number of active cases.

Maharashtra - which has recorded more than 900,000 cases - has been at the top for months now. It has also reported the highest number of deaths so far - more than 26,600. Andhra Pradesh and Karnataka, which seemed to have the outbreak under control initially, have raced to the top more recently. All of them have been reopening since June, and any further lockdowns seem unlikely.

Experts believe that economic woes have left the government with no choice, while a relatively low death rate has kept panic at bay.

Italy

The next three days will be decisive for Italy's former Prime Minister Silvio Berlusconi, says professor Zangrillo who's treating him for pneumonia at San Raffaele hospital, Milan. He was admitted on Thursday evening and his children have also contracted Covid-19.

Singapore

In line with the latest [Port Marine Circular No. 36 of 2020 \(PMC 36\)](#), the Singapore Crew Change Work Group (SGCC WG) has updated the Singapore Crew Change Guidebook (SGCCG) to reflect the updates found in PMC 36. The SGCC WG has also included a list of Frequently Asked Questions (FAQs) under Annex 1 of the Guidebook.

Version 4 of the SGCCG can be found at: <https://www.ssa.org.sg/images/ssa/pdf/SG-Crew-Change-Guidebook.pdf>

SSA urge Members looking to effect crew change in Singapore to strictly adhere to the processes in this Guidebook and the relevant port marine circulars to ensure that crew change is done in a safe and responsible manner.

The Philippines

The health ministry in the Philippines reported 1383 new coronavirus infections today the lowest number of new daily cases in nearly eight weeks. A total of 3890 people have died in the country with Covid 19. It has the largest number of infections in south-east Asia with 238727 confirmed cases.

United Kingdom

The UK has had its highest increase since 22 May. A further 2,988 cases of coronavirus were reported in the UK in the 24 hours to Sunday, government data showed - the highest number reported on a single day since 22 May. It represents over a 50% increase from a day earlier, according to the UK government's coronavirus dashboard.

The UK Health Secretary said he was "concerned" about a rise in cases "predominantly among young people". England recorded 2,576 cases on Sunday and Scotland recorded 208 new cases- its highest daily increase for more than 17 weeks. Wales recorded a further 98 cases, its highest daily rise since 30 June, and Northern Ireland recorded 106 new cases, its highest rise since 25 April.

Overall, since the start of the pandemic, 347,152 cases have been confirmed in the UK.

Two further deaths within 28 days of a positive test were recorded on Sunday, taking the total number of UK deaths to 41,551.

The UK government must "step in" and give a "clear steer" on how universities should operate during the ongoing coronavirus pandemic, according to the President of the National Union of Students. She told the BBC that students were concerned whether their safety was being "prioritised" as they prepare to return to campuses.

We need to recognise that just like the rest of the population the student community comprises up of lots of different people, many of whom are afraid, she said.

"University management is doing nowhere near enough to make students feel safe because fundamentally lots of people still don't know what they are doing."

However, Prof Anton Muscatelli, vice-chancellor of the University of Glasgow, said: "I think it's been remarkable what universities have been able to do, we've been adaptable." He added that he was "confident" that a "robust system" was in place for the new academic year.

Thousands of students are preparing to return to university after the lockdown. A leading epidemiologist has warned the country is at a "critical moment" in the coronavirus pandemic, as students prepare to return to universities.

Dame Anne Johnson, University College London stated that data showed the highest number of detected infections was in young people. It comes after government scientific advisers said "significant outbreaks" linked to universities were likely.

Universities have said steps are being taken to minimise risks on campuses.

The latest figures from Public Health England (PHE) showed the highest case rates were among 15 to 44-year-olds. In the regions with high overall rates, and most local authorities on its local lockdown watchlist, young workers between 20 and 29-years-old were most affected.

Meanwhile, the government's scientific advisory group, Sage, stated that there was a "significant risk" that higher education "could amplify local and national transmission".

Coronavirus testing should be expanded "across the at risk sections of society", Labour's shadow health secretary Jonathan Ashworth said calling for UK Health Secretary Matt Hancock to appear in the House of Commons "quickly" after a record rise in case numbers.

More train services in England, Wales and Scotland will run from Monday as schools reopen and people start to return to work. The Rail Delivery Group, which represents train operators and Network Rail, says around 90% services will run. Rail passenger numbers are now back to about one-third of pre-pandemic levels. Operators "want people to feel confident taking a train", said Rail Delivery Group boss Jacqueline Starr.

Train operators across the country have designed the new timetable, taking into consideration potentially busy stations and parts of routes that will experience higher demand for travel by schoolchildren. Where possible, more frequent services will be put on or extra carriages added to create more room. Staff will also be on hand to explain the rules on wearing face coverings and maintaining social distancing to older children.

Labour has called on the government to explain how cases of coronavirus will be reduced, after nearly 3,000 new infections were reported in the country on Sunday. They said the increase combined with the ongoing testing fiasco where ill people were told to drive for miles for tests, and poor performance of the contact tracing system, needed an explanation. They demanded the UK Health Secretary to appear in the House of Commons over the record rise and to set out what is being done to get testing back on track and reduce case numbers.

The health secretary advised it was important that people do not allow the virus "to infect their grandparents and to lead to the sorts of problems seen earlier in the year". Last week, the government said it was working hard to rectify testing shortages.

United States

CSA Compliance Advisory – Scheduling of Inspections including COC

This advisory provides information on USCG procedures for scheduling COC inspections during normal operating conditions. It should be noted that some delays may be encountered in scheduling COC inspections due to COVID due to reduced manning in local USCG offices.

Shipowners have encountered numerous situations where COC inspections have been delayed for various reasons, where the shipowner has made early and best efforts to have the inspection scheduled and conducted in a timely manner. Most of these delays been encountered in Gulf of Mexico ports including ports in the Mississippi River. No delays were reported in other US ports but for recent delays encountered on the West Coast due to COVID related human resource issues within the USCG. CSA has discussed this issue with the USCG Chief of Commercial Vessel Compliance who has also engaged local USCG field offices in particular cases reported to them as well as in general with other USCG field offices where no delays were reported. Points noted below are from these discussions.

QUESTION: What is the USCG policy on the scheduling and conduct of COC inspections in US ports?

ANSWER: In review of the reported delays provided to CSA, delays have been incurred for two unrelated reasons. Firstly the USCG has refused to conduct the COC inspection early e.g. a month prior to expiration due to lack of inspectors to conduct the inspection. Secondly the prohibition by certain terminals to be conducted while the vessel is at berth.

Delays due to lack of USCG resources:

- COC inspection delays were encountered prior to the COVID pandemic. USCG acknowledges human resource shortages were further increased by the pandemic.
- Prior to and during the COVID pandemic, USCG HQ and field offices were exploring possible alternatives to reduce pier side inspection time which would be of benefit both to USCG inspection resources as well as vessels.
- Field offices have indicated that they prefer NOT to conduct COC exams while the vessel is at anchor as this adds an increase risk to the inspection team and takes considerably longer to travel to/from the vessel, further exacerbating the human resource shortage re: inspectors.
- USCG regulations (and COVID related guidance) permits three options relative to the COC exam (1) deferral (2) remote exam and (3) conventional onboard exam. Local

USCG prefers to conduct the conventional onboard exam (which may be of a reduced scope to maintain social distancing) and if required quickly may permit a remote exam when the vessel is closer to expiration of the COC and/or they do not have sufficient human resources to send an inspection team onboard. USCG HQ has indicated preference for in person or remote inspections than deferral of inspection.

- Vessels should always request an onboard exam (versus a remote or deferral). Decisions relative to permitting a remote exam or deferral would only be considered if USCG resources are insufficient to conduct the onboard exam. A remote exam or deferral should be viewed as a last resort from the USCG's perspective. In addition, the COVID crisis alone is NOT grounds for a deferral of the COC exam.
- Communications among the vessel, its agent (where applicable) and USCG should be retained onboard for production to USCG should delays in scheduling the COC be encountered after the onboard inspection has been timely requested.
- Particularly during the current COVID crisis, COC inspections should be requested at least one month before the current expiration date to enable USCG sufficient time to schedule their inspection team to conduct the exam.
- USCG HQ has confirmed that there is not a policy prohibiting "early" COC exams either at the national or local level. They do note that due to limited inspection resources, local USCG must "triage" the vessels that have expired certificates or those that are closest to expiration.
- Also, USCG notes that the cargo waiver process is available to qualified vessels if the most recent COC has expired or will expire, no more than 90 days prior to the vessel commencing cargo operations. While this may be an acceptable route from the USCG perspective, it may not be acceptable to the terminal where the vessel will berth.

Delays due to prohibition by the terminal at which the vessel is berthed or imposition of a charge by the terminal if the COC is to be conducted alongside:

- Several terminals either prohibit conduct of the COC exam while a vessel is at berth or, in the alternative, charges the vessel a fee to conduct the COC exam alongside.
- In addition, delays incurred either due to USCG resources limitations or terminal prohibitions has resulted in vessels being forced to proceed to anchorage or lay berth to conduct the COC exam. We have noted to USCG that these additional movements within the waterway create additional safety risks which would not be otherwise encountered with a timely onboard inspection as well as a significant additional cost to the vessel owner. USCG appreciates these concerns and is working to develop a more consistent and timely approach across all USCG field offices.
- USCG HQ, USCG Houston/Texas City and USCG New Orleans are aware that some terminals are charging a fee for COC exams and in some cases, any USCG activity aboard vessels berthed at their terminal. USCG's position is that imposition of this fee does not violate any existing US law or regulation and thus USCG currently is unwilling to intervene in these "commercial" practices.
- However, USCG has cited 46 USC 3713, which prohibits any terminal ("person or entity") from refusing USCG entry to any shore area or vessel to conduct an inspection or exam and further indicates that violation of these provisions is a class D felony subject to enforcement proceedings. In the words of the USCG, "the law makes clear that ships or terminals don't get to determine if or when the USCG executes its statutory duties – that decision is the Coast Guard's alone to make".

- In a nutshell, it appears that the USCG will not get involved in the case where a terminal levies a charge to conduct a COC exam; however, prohibition to conduct the COC exam may be a violation as this prohibition actively impedes or obstructs lawful Coast Guard entry to the terminal/vessel. USCG suggests where this occurs, there may be a violation of the above referenced USC section “worth investigating”.

Final thoughts and recommendations for further action:

- Schedule COC exams starting at least 1 month prior to expiration.
- Where delays occur due to USCG resource limitations or terminal restrictions/prohibitions, vessel should work with USCG and terminal at next US port of call to schedule onboard exam (not remote or deferred).
- Where COC expiration has occurred or is about to occur, consider use of cargo waiver process as a short-term alternative.
- Where delays are inevitable for whatever reason, USCG should consider use of the remote exam or deferral alternative where subject vessel is an historical high performer under the PSC boarding matrix. CSA will urge this point be considered in future decisions especially when the vessel has made best efforts to timely schedule an onboard inspection and has been refused due to USCG resource limitations.
- Regarding terminal action prohibiting alongside inspections, while there are commercial sensitivities between the vessel owner and terminal, these should be balanced with the perspective that prohibitions of statutorily required inspections by USCG are a violation of US law, and where they impact a vessel’s normal operations (which they almost always due at significant cost), consideration should be taken as to at least, bring the above referenced US code citation to terminal management and in cases where terminal management refuse to recognize these provisions, a discussion with local USCG should not be ruled out.
- Regarding terminal action which charges a fee for an alongside inspection, USCG views this as a commercial practice in violation of no law or regulation and thus will be viewed as a commercial discussion between the vessel and terminal.

Any future cases of inspection delays (COC or otherwise) should be reported to kmetcalf@knowships.org for further discussion with USCG HQ

Yemen

The conflict in Yemen between the Houthi group based in the north and an internationally recognised government in the south shows no signs of ceasing, despite the coronavirus crisis. Nearly six months since coronavirus spread in Yemen, the BBC was the first international broadcaster to reach the country to see how people are handling the pandemic they reported there is no social distancing or precautions and denial of covid on the streets but it has become a major challenge in hospitals. There is also an information blackout but no reporting of the true number of cases and fatalities.

Natalie Shaw

Director Employment Affairs



INTERTANKO

Rev. 3 1 Sept 2020

**Outbreak Management
Plan: Covid-19**

**TWENTY
20**



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Outbreak Management Plan: Covid-19

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Introduction

This document outlines the plans and procedures to be put in place to prepare a ship for shore personnel to come on board and to protect seafarers from the dangers posed by the Coronavirus disease (Covid-19). This includes potential exposure from shore personnel and the actions to take in the event of a suspected case on board.

This guidance should be read in conjunction with the International Chamber of Shipping (ICS) published *Coronavirus (Covid-19) Guidance for Ship Operators for the Protection of the Health of Seafarers*, International Maritime Organization (IMO) published Circular Letter No.4204/Add.16 *Coronavirus (COVID 19) – COVID-19 related guidelines for ensuring a safe shipboard interface between ship and shore-based personnel* and Chemical Distribution Institute (CDI), Oil Companies International Marine Forum (OCIMF), and INTERTANKO published - *Temporary Covid-19 Precautions During an Inspection*. Reference should also be made to additional guidance issued by IMO in the Circular Letter 4204 series:

<http://www.imo.org/en/MediaCentre/HotTopics/Pages/Coronavirus.aspx>

Note on Version 3:

Following updated advice provide by the World Health Organization, the International Maritime Organization, the International Maritime Health Association and work with the International Chamber of Shipping, the guidance has been updated to reflect best practice. The main updates relate to polymerase chain reaction (PCR) testing and the guidance that anyone who is a confirmed or suspected case of Covid-19 must be isolated, not work and be disembarked at the nearest appropriate port. One additional annex has been added. Annex 2 contains Protocols to Mitigate the Risks of Cases On Board Ships consisting of a testing matrix and flow chart for determining what to do with cases on board.

Symptoms of Covid-19 from the World Health Organization

The World Health Organization (WHO) states that the Covid-19 virus affects different people in different ways.

The WHO states that the common symptoms include:

- fever
- tiredness
- dry cough.

Other symptoms can include:

- aches and pains
- sore throat
- diarrhoea
- conjunctivitis
- headache
- loss of taste or smell
- a rash on skin, or discolouration of fingers or toes
- difficulty breathing or shortness of breath
- chest pain or pressure
- loss of speech or movement.

It is believed that many of those infected do not show any symptoms and so cleanliness and social distancing must be maintained.

Basic protective measures against Covid-19

The following advice is derived from general advice provided by the WHO and based upon the ICS guidance:

- Frequent hand washing by crew using soap and water or alcohol-based hand rub for 20 seconds;
- Avoidance of touching the face including mouth, nose and eyes with unwashed hands (in case hands have touched surfaces contaminated with the virus);
- Seafarers should cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose, then dispose of the used tissue immediately;
- If a tissue is not available, crew should cover their nose and mouth and cough or sneeze into a bent elbow;
- All used tissues should be disposed of promptly into a waste bin;
- Seafarers should aim to maintain social distancing and keep at least one metre (3 feet) distance from other people, particularly those that cough or sneeze or may have a fever. If they are too close, other crew members can potentially breathe in the virus; and
- Meat, milk or animal products should always be handled with care, to avoid cross-contamination with uncooked foods, consistent with good food safety practices.
- The consumption of raw or undercooked animal products should be avoided.
- A medical log should be maintained.

Personal Protective Equipment

Some ports will require all personnel who come into contact with shore workers to wear extensive amounts of personal protective equipment (PPE). Social distancing measures should prevent the need to wear PPE during routine activities. Where social distancing cannot be maintained, all persons should wear a medical mask. For the gangway watch, the use of a N95 respirator mask, or medical mask and gloves is recommended as the watch may come into contact with infected persons. Medical masks should conform to ASTM F2100, EN 14683, or equivalent standards.

The WHO advises the following on the use of face masks:

- In settings where social distancing cannot be achieved, the wearing of non-medical masks can provide a benefit. Additionally, where social distancing cannot be achieved and there is an increased risk of infection and/or negative outcomes (due to vulnerable persons in the area) then medical masks will provide protection.
- Wear a mask if you are coughing or sneezing.
- Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.
- If you wear a mask, then you must know how to use it and dispose of it properly.
- Make sure there are no gaps between face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
- Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.

Prior to calling at port

Prior to calling any port of an affected country, the Master should ensure accurate port info and vessel ETA is sent to the office. To gather adequate information and update on the Covid-19 from all concerned parties to mitigate the risk, take appropriate precautions and comply with local requirements, which may include the use of additional PPE.

Ships' crews must alert the authorities in the event Covid-19 is suspected on board. In assessing whether a crew member has been exposed to Covid-19, the exposure history should be looked at, in particular whether anyone has joined the vessel in the previous 14 days and what port calls have been undertaken.

In many countries, local authorities are requiring all vessels to report the temperature and condition of a vessel's crew before entry into the port. IMO CL 4204/Add.14 recommends that all seafarers who are leaving the vessel should check their temperature twice daily and keep records as may be required for a number of days before disembarkation.

The provisions contained in the Ship Security Plan, which provide a framework for establishing preventive measures related to limited and unauthorised access, may also be effective in preventing the spread of the virus to ships and seafarers. These include conducting a risk assessment prior to entry into an affected port, assessing the preventive measures taken by those ports, and diligent application of access controls. Such measures may serve to support other actions aimed at preventing the spread of Covid-19 and thus enhance the safety of seafarers and persons with whom they may come into contact.

Precautions with Pilot on board

In the hour prior to Pilot boarding, wipe down the entire bridge with disinfectant (chart table, instruments, chairs, helm, entire console, windows, etc). The cleaning should be repeated after the departure of the Pilot.

Have disposable gloves readily available in order to supply the Pilot (if required) after their embarkation, which he should wear until their disembarkation. Remote temperature gauging of the Pilot (using a non-contact thermometer) should be undertaken and boarding should not be allowed if the readings are above 37.3 degrees Celsius.

Handshakes and other physical contact must be avoided. Social distancing between Pilot and bridge personnel should be in place at all times. Where social distancing cannot be maintained, all persons should wear a medical mask.

Any crew member entering the bridge including the Pilot should thoroughly wash their hands prior to entering the bridge. To facilitate this the toilet located next to the bridge should have all necessary sanitising materials. Pilots may bring their own sanitising materials, but these should also be provided by the ship and made available for all bridge team members to use frequently.

Throughout the transit, all personnel on the bridge including the Pilots are encouraged to regularly wipe down any surface and equipment they come into contact with, such as pens/pencils, binoculars, radar control panels, Electronic Chart Display and Information System (ECDIS) control panels, Portable Pilot Units (PPUs), VHF radios, chairs, handrails, etc.

If the Pilot is in a non-critical area of navigation and feels that they may need to cough or sneeze then they are encouraged to step to the bridge wing or exterior of the wheelhouse and do so in an open environment away from other individuals. If the area of navigation or layout of wheelhouse does not permit this action, then the individual shall cover their mouth/nose and orient themselves in a direction away from other individuals. When safe to do so, they shall proceed with wiping down of the surfaces in their immediate vicinity. Same applies to all ship's personnel attending the bridge.

Only essential personnel should be allowed in the wheelhouse.

Eating while on the bridge should be prohibited and the Pilot service informed of this prior to their boarding.

Precautions with Private Maritime Security Guards or Ship to Ship personnel on board

The company, when engaging the services of a Private Maritime Security Company (PMSC) or conducting Ship to Ship (STS) operations, should undertake due diligence and ascertain the steps taken by the PMSC or STS provider to ensure their personnel are free of the virus, which may include a negative PCR test or quarantine records..

The vessel should follow the same precautions as for Pilots boarding the ship. However, as the personnel will be sailing with the vessel, social distancing and cleanliness will be key. After the personnel have disembarked, their accommodation should be thoroughly cleaned.

The company must inform the PMSC or STS provider if any seafarer falls ill with a fever, flu-like symptoms or tests positive for Covid-19 within two weeks of the departure of their personnel. Similarly, the PMSC or STS provider must inform the company if any of their personnel fall ill with a fever, flu-like symptoms or test positive for Covid-19 within two weeks of departing the ship and all seafarers on board should have a PCR test at the earliest point..

When in port

When entering ports of an affected country, seafarers must refrain from going ashore, with any disembarkation from the vessel avoided where possible and done only where absolutely necessary.

Furthermore, during the port stay there should be minimal interpersonal exchanges with persons from ashore, avoiding contact with people who show symptoms of flu or high temperature and taking care of personal hygiene, including more frequent handwashing, etc. The primary means to prevent transmission of the virus is to maintain social distancing.

Encourage the terminal to use all available electronic and radio controlled devices (Phone, VHF, email) for ship-shore interface.

Key points are:

- Ship's staff exposure on main deck must maintain social distancing. PPE to be worn as required. Care should be taken that the PPE in use must also comply with that needed for the handling of the cargo.
- If any shore person exhibits a fever or flu-like symptoms then they need to depart the vessel at the earliest possible time.

Crew to frequently clean hands by using alcohol-based hand rub or soap and water.

Gangway watch shall have to take remote temperature gauging of those coming on board (using a non-contact thermometer) and should not allow entry if the readings are above 37.3 degrees Celsius¹. Generally thermometers in the hospital on board are of probe type. Every company should make all effort to provide non-contact thermometers for this purpose. Where clinical non-contact thermometers are of a non-intrinsically safe type, those boarding should be escorted to a safe area where their temperature may be monitored. According to the WHO, scanning for temperature is not 100% effective as some infected people show no symptoms initially and some do not develop symptoms for up to 10 days.

In general:

- No handshaking or any physical contact.
- No shore personnel should enter internal spaces of the vessel and accommodation doors should be locked.
- In the event that shore personnel do need to enter the accommodation, then they should be escorted throughout, maintain social distancing and wash their hands frequently.
- Have available at the gangway sanitising and disinfectant material for shore personnel when boarding.
- Food must not be brought on board by shore personnel. Shore personnel should not, where possible, eat on board.
- Have a dedicated space and /or toilet for the use of shore personnel, which should be cleaned and disinfected afterwards upon vessel departure.
- Shore embarkation ladders/gangways: It is recommended that no crew member should come in direct contact with any shore equipment including shore gangways and ladders.

¹ The normal range for human temperature is between 36 and 37 degrees Celsius. The WHO advises that a temperature above 37.3 degrees Celsius is symptomatic of a low fever and is the trigger for the additional steps to be taken. Other administrations apply different temperatures ranging from 37.5 to 38 degrees Celsius. Taking into account the tolerances on the thermometers when used in open spaces subject to the ambient weather conditions, 37.3 degrees Celsius is provided here as it is the lowest temperature and so provides the greatest margin of safety.

Berthing / Unberthing – cargo or bunkering operations:

- Officers and crew involved in such operations must take all precautions relating to wearing the relevant PPE and especially after un-berthing, taking into consideration that the terminal's staff have come in contact with heaving lines, rope lines etc. After sailing, these lines are to be washed down using soapy water and all accommodation, public spaces, corridors, handrails, toilet etc are to be properly disinfected.
- Reduce physical contact with shore personnel and exchange most of the documents as much as possible via email.
- Any produced garbage/litter originated from shore should be disposed of in a dedicated drum and landed prior to departure, if allowed, by shore. Otherwise it should be kept isolated.
- Following departure from port, monitor daily all ship staff's temperature.
- On signing, crew luggage should be handled with gloves and cleaned thoroughly.

Cargo operations

Tanker operations often require loading masters, cargo surveyors and other personnel to be on board. They interact with ship's crew in the following way:

- During the ship-shore safety and cargo meeting.
- The signing and exchange of ship-shore checklist.
- The use of the shore portable radio as part of the ship-shore communication protocol.
- Connection of manifolds.
- The use by the surveyor or the loading master of ship's tank tables and cargo manual.
- Review of cargo monitors and gauging systems.

Similar precautionary measures as mentioned above for bridge procedures shall be exercised in all common / controlled areas such as Cargo Control Room, Meeting Room and Mess Room. Social distancing should continue.

Repair and dry dock operations

During periods in repair yards, shore workers will need to gain access to the ship.

The company and repair facilities should ensure that no workers exhibiting symptoms should be allowed onboard. The repair facility is responsible for ensuring that all workers are free of the virus and that they complete a health declaration form prior to being engaged on the ship.

The ship, company and repair facilities should agree on the placement of a monitoring station prior to boarding of the ship where the temperatures of the workers can be monitored. If the temperature readings are above 37.3 degrees Celsius, the worker should not be allowed onboard. Only one gangway or access route should be used.

The following additional measures should be in place:

- No handshaking or any physical contact.
- No shore personnel should enter internal spaces of the vessel and accommodation doors should be locked.
- In the event that shore personnel do need to enter the accommodation, then they should be escorted throughout, maintain social distancing and wash their hands frequently.
- Have available at the gangway sanitising and disinfectant material for shore personnel when boarding.
- Food must not be brought on board by shore personnel. Shore personnel should not eat on board.
- Have a dedicated space and /or toilet for the use of shore personnel, which should be cleaned and disinfected afterwards upon vessel departure.
- Shore embarkation ladders/gangways: It is recommended that no crew member should come in direct contact with any shore equipment including shore gangways and ladders.

Signing off and on seafarers

This section should be read in conjunction with the INTERTANKO Crew Change Management Plan and IMO Circular Letter CL 4204 Add.14. This Circular recommends that all seafarers who are leaving or joining the vessel should check their temperature twice daily and keep records as this may be required for a number of days before embarkation or disembarkation. Prior to entry into port, the crew manager should ensure that crew changes can take place, taking into account local regulations. In considering crew changes, the manager must ensure that flights are operating and this includes transits in third countries. The seafarer signing off or on should keep with them documents showing that they are seafarers whilst transiting borders. Such documents should assist in their transit. The off-signing crew member should complete a health declaration form. A standardised one can be found in Annex 1.

In case of issues passing through borders, the seafarer should have the emergency contact telephone number for the consulate of their nationality for each country they pass through.

It is vital to ensure trust in the crew change arrangements that no crew member joins a ship if they are feeling ill or suffering from flu-like symptoms. While the WHO does not advise routine PCR testing of on-signing seafarers for Covid-19, many countries require one. In complying with such regulations, where a regulation states that a PCR test must be taken a certain number of hours prior to departure, the hours references the time of the test and not the time of the results being issued. A testing matrix has been developed by ICS, IMHA and INTERTANKO with input from WHO and this can be found in Annex 2.

Social distancing procedures should be in place during the hand over between the on and off-signing seafarer and the on-signers should maintain social distancing for 14 days of joining.

The off-signing seafarer must report to the company if during the 14 days following leaving the ship they feel ill or exhibit flu-like symptoms. Similarly, if there is a suspected outbreak on board, the company must inform all off-signers of the situation within 14 days of their departure from the ship.

Suspected case

Seafarer with a positive PCR test or with Covid-19 symptoms

In the event of a seafarer testing positive or showing Covid-19 symptoms the following steps should be taken:

- Isolate the infected person in the hospital, or in a cabin with a separate toilet and bathing facilities, ensure the air-conditioning duct is isolated and the independent ventilation is used but the WHO advises that the door should be closed;

- During isolation, the seafarer should not undertake any duties.
- For a suspected case, seek medical advice to confirm symptoms are consistent with Covid-19.
- Limit the number of carers of the patient, ideally assign one person who is in a good health without risk conditions;
- **No visitors;**
- Carer should wear PPE consisting of N95 respirator masks or medical masks, and disposable gloves;
- For close contact (e.g. to bathe or turn the patient), plastic overalls or aprons are essential;
- All PPE should be disposed of after each contact with the patient;
- Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stools;
- Infected person's cabin and belonging to be sanitised;
- Do not touch an infected person's belongings, clothes, sheets or their bodily fluids.

As soon as a seafarer tests positive, or when a suspected case is discovered, then the company should be informed immediately and medical advice sought. The company should also inform the Flag State of the ship, the nation state of the seafarer and the ship's P&I Club. Due to the risk of deterioration and to reduce the risk of on board transmission, all confirmed and suspected cases should be disembarked at the nearest appropriate port.

A flow chart has been developed by ICS, IMHA and INTERTANKO with input from WHO to assist decision making and this can be found in Annex 2. A testing matrix can also be found in Annex 2 to assist with the testing of those on board.

Medical waste disposal

This form of medical waste is of two categories:

1. infectious and
2. non-infectious.

Infectious medical waste is liquid or solid waste that contains pathogens in sufficient numbers and with sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste.

Non-infectious medical waste includes disposable medical supplies and materials that do not fall into the category of infectious medical waste.

Infectious waste should be safely stored or sterilised, e.g. by steam, and suitably packaged for ultimate disposal ashore. Medical waste should be labelled. Ships properly equipped may incinerate paper- and cloth-based medical waste but not plastic and wet materials. Sharps should be collected in plastic autoclavable sharps containers and retained on board for ultimate disposal ashore. Unused sharps should be disposed of ashore in the same manner as medical waste.

Liquid medical wastes may be disposed of by discharging them into the sanitary system. All sewage should be managed with the assumption that it will contain human pathogens such as thermotolerant coliforms and

therefore be treated through the ship's sewage treatment plant (MEPC Resolution 227 (64) IMO Guidelines for Sewage Treatment Plants).

Non-infectious medical waste may be disposed of as garbage, not requiring steam sterilising or special handling.

Medical waste should be carefully handled and stored with clear labelling. It should be recorded under Domestic Waste – Category C until landed ashore.

Medical repatriation

Various international regulations include requirements for coastal and port states to provide medical assistance for seafarers in need. Regulation 4.1 of the ILO Maritime Labour Convention (MLC), 2006, as amended, requires that seafarers on board ships who are in need of immediate medical care are given access to medical facilities on shore. IMO Circular letter CL 4204 add 10 states: *Port States must ensure that seafarers on board ships in their territory who are in need of immediate care are given access to medical facilities ashore.*

Due to the possibility of deterioration and to prevent onward transmission on board, all confirmed and suspected cases should be disembarked and coastal and port States should comply with IMO CL 4202 add 23 section 7.5 which states: *Arrange for the prompt disembarkation and transfer of the suspected or confirmed case of COVID-19 from the ship to a medical facility ashore for further assessment, testing isolation or medical care, as appropriate.* The company should inform the Port State of the need of urgent medical attention. Local agents and P&I Clubs should be kept informed of all plans

The ship should determine the best evacuation route for the seafarer and a plan should be in place to ensure that the minimum amount of contact is made between the suspected case and those assisting in the evacuation. Social distancing should be in place as much as possible. All involved in the transfer of persons should wear appropriate PPE. Agreement between the Port State and the ship should be achieved on this evacuation plan.

Once the suspected case has been successfully evacuated ashore, the route and accommodation of the seafarer should be thoroughly cleaned and all PPE and bedding disposed of.

Close monitoring of the remaining ship's crew for any signs of infection should be continued for 14 days after the suspected case has been disembarked. The company should keep the ship informed of any test results on the suspected case.

On-going monitoring

Seafarers, port officials, pilot or anyone who has been on board the ship must inform the company if they fall ill with a fever, flu-like symptoms or test positive for Covid-19 within two weeks of departing the vessel.

Crew training

Owners should ensure that all crew on board are well familiarised with the content of the plan and this should be practised prior to entering ports.

Annex 1 – Health Declaration Form



INTERTANKO Seafarer Health Declaration Form

Name:

Ship's name:

1.	Do you have any of the following flu-like symptoms?		
	Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Breathlessness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Running nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Muscle joint pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Chest pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Others: please specify:		
2.	List the countries that you have been in during the last 14 days	From	To
	1.		
	2.		
	3.		
	4.		
	5.		
3.	Did you come in close contact with any person suffering from COVID-19 in the last 14 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever been admitted to or visited a hospital in the past one month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please specify the reason for the admission or visit:		
5.	Have you been in contact with farm or non-domesticated animals in the past one month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Declaration: I hereby declare that, to the best of my knowledge the information provided is true and correct		
Signature:		Date:	

The personal data contained in this form will be used solely for the purpose of compliance with legal/statutory requirements of port and other authorities. The personal data will be stored and processed by the operator in accordance with any applicable data privacy laws.

Coronavirus (COVID-19)

Protocols to Mitigate the Risks of Cases On Board Ships





Coronavirus (COVID-19) Protocols to Mitigate the Risks of Cases On Board Ships

Published by
Marisec Publications
38 St Mary Axe
London EC3A 8BH

Version 1.0 – 26 August 2020

Tel: +44 20 7090 1460
Email: publications@ics-shipping.org
Web: www.ics-shipping.org

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The International Chamber of Shipping (ICS) is the global trade association representing national shipowners' associations from Asia, the Americas and Europe and more than 80% of the world merchant fleet. Established in 1921, ICS is concerned with all aspects of maritime affairs particularly maritime safety, environmental protection, maritime law and employment affairs. ICS enjoys consultative status with the UN International Maritime Organization (IMO).

1. Introduction

As we progress through the COVID-19 pandemic, it is vital to keep trade moving. To do that, we must ensure that crew can embark and disembark safely and efficiently.

ICS, IMHA and INTERTANKO have created two tools to help ship operators manage cases on board: a flowchart to help identify the process to follow when managing a larger number of suspect cases of COVID-19 on board; and a PCR testing procedures matrix to help identify what to do and when prior to boarding and if a suspect case is identified on the ship.

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

A flowchart attached at Annex A identifies the process to follow when managing a larger number of potential cases of Coronavirus (COVID-19) on board. If COVID-19 cannot be satisfactorily excluded, seafarers must be treated as positive cases until further assessment shoreside or complete resolution of symptoms and isolation for 14 days. Isolation is critical in attempting to control the spread of disease on board. During the isolation period the seafarers should not work and should be disembarked at the nearest appropriate port. In deciding on the nearest appropriate port, medical facility capabilities ashore should be considered.

Affected seafarers should not be allowed to work and a risk assessment should be undertaken to ensure that the ship can safely undertake operations. Due regard should be taken of the safe manning certification and close liaison with the flag State must be maintained.

Isolate all patients in the sickbay, or in their own cabins, and ensure they wear medical face masks when mixing with other people. Patients should have access to bathrooms not used by others.

3. PCR Testing Procedures Matrix

A PCR testing procedures matrix attached at Annex B identifies what to do and when prior to boarding and also if COVID-19 is identified on board a ship.

Evidence suggests that asymptomatic persons still carry COVID-19 and transmit it to others. Testing:

- Can identify persons not identified by other screening measures;
- Should ideally be conducted on embarkation in ports or terminals, where tests are available by port health authority representatives; and
- Should currently be conducted using polymerase chain reaction (PCR) tests, which involve a swab of the nose or throat. This recommendation may change once new tests are available.

Any seafarers testing positive should not board the ship and should receive further medical assessment or tests.

A negative PCR test does not guarantee seafarers are not infected with COVID-19 and could still potentially carry it on board the ship.

Any seafarers about to join the ship developing any symptoms should not be boarded and should receive further medical advice.

The ability to test seafarers before embarkation depends on many factors including testing availability in ports and terminals.



Coronavirus (COVID-19) Protocols to Mitigate the Risks of Cases On Board Ships

Seafarers may become infected while travelling to a ship, so the best time to test for COVID-19 to reduce infection risks on board ship is in the port or terminal before embarkation, by isolating the seafarer ashore while awaiting the test result.

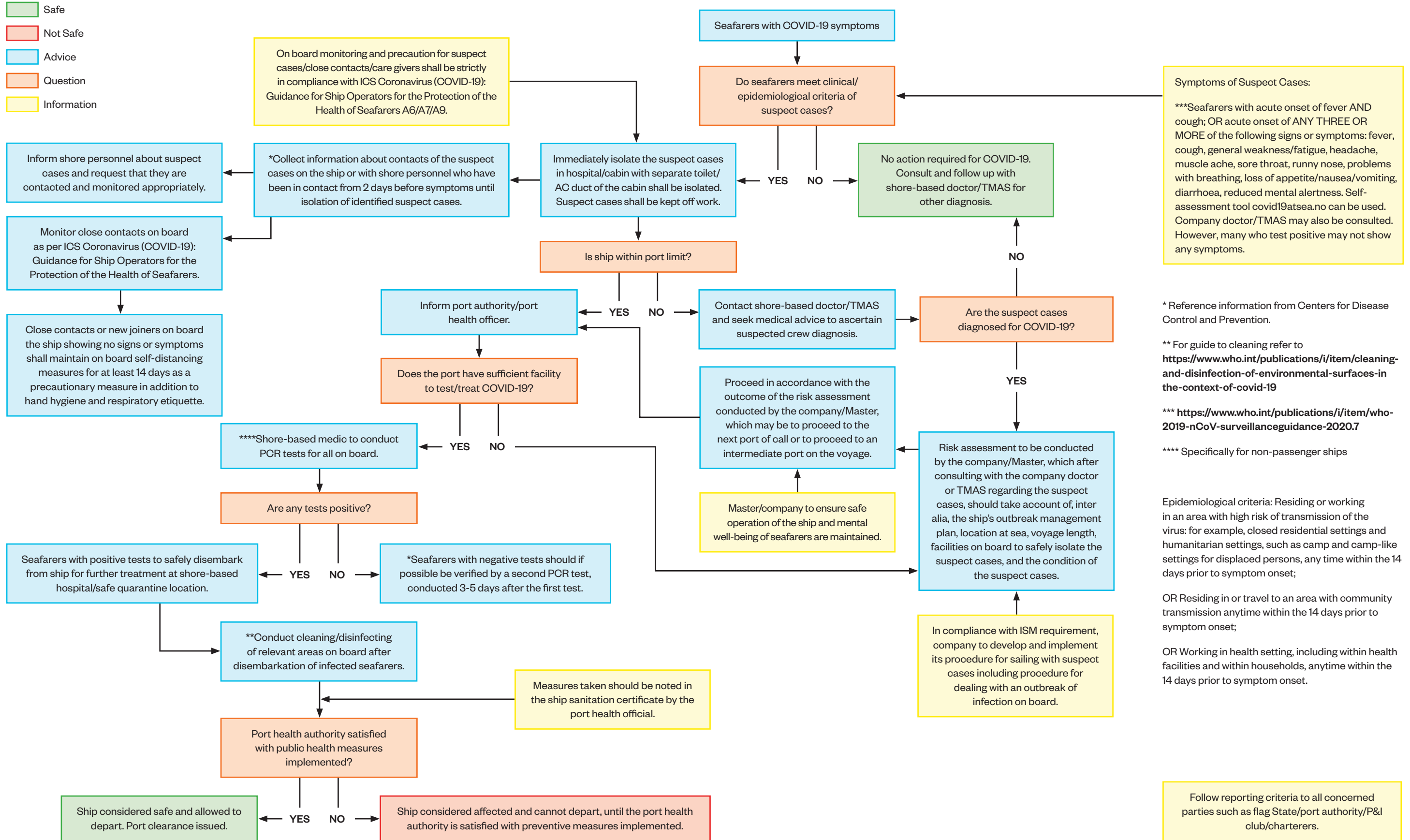
Testing before deployment to travel to a ship:

- Can reduce risks associated with COVID-19;
- May be a pre-requisite for travel by relevant authorities; and
- Avoids seafarers travelling to the ship who might not be allowed to board due to a positive test or screening upon embarkation and transmission to others during travel.

Early testing of seafarers suspected of having COVID-19 can help to mitigate spread to others on board ship and identify who else needs to be tested.



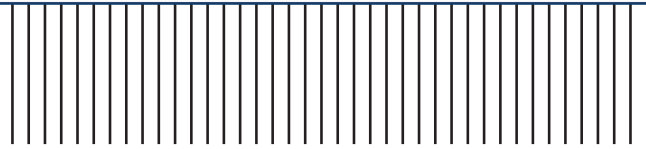
Annex A
Decision Making for On Board Suspected or Confirmed COVID-19 Cases



Annex B
PCR Testing Procedures Matrix

	PCR Testing Requirements for Travel to and from the Ship			Suspect Case PCR Testing Requirements as Directed by the Port Health Authority (PHA)	
	Pre departure from home to ship location	On arrival in country of embarkation of the ship	On arrival in the country of disembarkation from the ship for repatriation	Initial tests	Repeated testing of crew/close contacts
Required	Test to be taken according to the rules of the country of arrival before leaving the seafarer's country of origin. * Due diligence should be conducted by the company to ensure the certificate is valid and not fraudulent.	Verification by officials in the country of arrival of the seafarer's test certificate. If the certificate is not valid retesting will need to be conducted whilst isolating the seafarer ashore. When there is no testing by the State Authority, the company should use due diligence to ensure the certificate is valid and not fraudulent.	To avoid quarantine some countries of arrival require a negative PCR test result prior to arrival of a returning seafarer. Where required the test should be available to the seafarer in the port where they sign off the ship.	On arrival in port.	Repeated tests are taken 3–5 days after the second test.
If negative	Seafarers may travel from the country of origin with the testing certificate to ship.	Board ship after agreed quarantine if required and/ or repeat testing if required.	Leave the ship with testing certificate.	Remain in isolation for the period of time required by the PHA. Seek medical advice.*	Remain in isolation for the period of time required.*
If positive	Seafarers should not leave country of origin.	Seek medical assistance and do not board ship.	Do not leave the ship and advise port health authorities.	Seek medical assistance and disembark for quarantine or isolate onboard.	Seek medical assistance and disembark for quarantine or isolate.
References / comments	* E.g. 48 hours for Singapore	Testing requirements for travel to and from the ship		*Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified https://www.cdc.gov/coronavirus/2019-ncov/community/worker-safety-support/hd-testing.html	*Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified https://www.cdc.gov/coronavirus/2019-ncov/community/worker-safety-support/hd-testing.html





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