

# COVID-19 RESPONSE PLAN

Novel Coronavirus SARS-CoV2 (COVID-19)

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## DISCLAIMER

***This Outbreak Prevention and Response Plan has been prepared and is being provided by VIKAND as a recommendation/guideline for the cruise lines response to and management of an infectious and reportable disease present on a ship. This recommendation is based upon research and review of current Public Health and authoritative agency guidelines, including but not limited to the CDC, WHO, EU Healthy Gateways, UK Public Health and***

## 1 Table of Contents

<b>2</b>	<b>PURPOSE AND BACKGROUND .....</b>	<b>5</b>
2.1	PURPOSE .....	5
2.2	BACKGROUND .....	5
<b>3</b>	<b>ACRONYMS AND DEFINITIONS .....</b>	<b>7</b>
3.1	ACRONYMS .....	7
3.2	DEFINITIONS .....	7
3.2.1	CDC - COVID-19 Symptoms .....	7
3.2.2	WHO – COVID-19 Symptoms .....	8
3.2.3	Identification of Close Contacts .....	8
3.2.4	Fever .....	11
3.2.5	Pandemic .....	11
3.2.6	Quarantine and Isolation .....	12
<b>4</b>	<b>CLASSIFICATIONS AND OUTBREAK COMMITTEES .....</b>	<b>13</b>
4.1	CLASSIFICATIONS .....	13
4.2	OUTBREAK COMMITTEES .....	13
4.2.1	Shoreside Outbreak Committee .....	14
4.2.2	Shipboard Outbreak Committees .....	15
<b>5</b>	<b>MANAGEMENT OF PASSENGERS, CREW AND VISITORS – LEVEL 1 GREEN/LEVEL 2 YELLOW .....</b>	<b>17</b>
5.1	MANAGEMENT OF PASSENGERS .....	17
5.1.1	Information to be communicated at the time of Booking .....	17
5.1.2	Pre-Boarding Screening of Passengers .....	18
5.1.3	On board Management of Passengers .....	19
5.2	MANAGEMENT OF CREW .....	20
5.2.1	Signing on crewmembers .....	20
5.2.2	On board Management of Crew .....	22
5.2.3	Transferring and Disembarking of Crew .....	24
5.3	MANAGEMENT OF VISITORS AND CONTRACTORS (DAY VISITORS) .....	26
<b>6</b>	<b>TRAINING OF MEDICAL STAFF AND CREW .....</b>	<b>27</b>
<b>7</b>	<b>MANAGEMENT OF PASSENGERS, CREW AND VISITORS – LEVEL 3 RED .....</b>	<b>30</b>
7.1	IDENTIFICATION, ACTIONS AND INTERVENTIONS .....	30
7.1.1	Identification and Action .....	30
7.1.2	Testing .....	30
7.1.3	Contact tracing .....	31
7.1.4	Sanitation .....	32
7.1.5	Social Distancing Recommendations .....	33
7.1.6	Shipboard Response – Suspected COVID-19 or confirmed case .....	33
<b>8</b>	<b>COVID-19 ISOLATION AND QUARANTINE PROTOCOLS .....</b>	<b>34</b>
8.1	SHIPBOARD ZONE IDENTIFICATION .....	34
8.2	QUARANTINE AND ISOLATION .....	35
8.2.1	Quarantine Conditions and Movement Restrictions .....	35
8.2.2	RED Zone and Stateroom Selection .....	36
8.2.3	Yellow Quarantine Planning .....	36
8.2.4	Quarantine Staterooms selection .....	37
8.2.5	Isolation and Quarantine stateroom preparations .....	37
8.3	PLACING THE SUSPECTED OR CONFIRMED COVID-19 CASE IN ISOLATION OR THE ASYMPTOMATIC CLOSE CONTACTS IN QUARANTINE .....	38

8.3.1	<i>Isolation and Quarantine Maintenance</i> .....	39
8.3.2	<i>Emergency Plan for Isolated Patients</i> .....	40
8.3.3	<i>Emergency plan for Quarantined Patients</i> .....	40
8.3.4	<i>Disembarking Isolated Patients</i> .....	41
8.4	ADDITIONAL CONSIDERATIONS .....	42
8.5	END OF QUARANTINE .....	42
8.6	FULL SHIP QUARANTINE .....	42
8.7	FULL SHIP ISOLATION MANAGEMENT .....	43
8.8	ISOLATION PROTOCOLS AND PSYCHOLOGICAL ASSESSMENT .....	45
8.9	EXAMPLE FRESH AIR PROGRAM .....	46
8.9.1	GENERAL INSTRUCTIONS .....	46
<b>9</b>	<b>OUTBREAK PREVENTION &amp; SANITATION</b> .....	<b>48</b>
9.1	PERSONAL HYGIENE .....	48
9.2	PERSONAL PROTECTIVE EQUIPMENT .....	48
9.2.1	<i>PPE on the job (work safety)</i> .....	48
9.3	CHEMICALS FOR SANITATION .....	49
9.3.1	<i>Cleaning and disinfection</i> .....	50
9.4	CLEANING, DISINFECTING AND SANITATION BY DEPARTMENT .....	51
9.4.1	<i>General Requirements</i> .....	52
9.4.2	<i>Department Heads</i> .....	53
9.4.3	<i>Embarkation / Operational Department</i> .....	54
9.4.4	<i>Housekeeping – Passenger and Crew Cabins</i> .....	55
9.4.5	<i>Housekeeping – Public Areas for Passengers and Crew</i> .....	56
9.4.6	<i>Public Rest Rooms for Passengers and Crew</i> .....	57
9.4.7	<i>Outside Decks</i> .....	58
9.4.8	<i>Main Laundry</i> .....	59
9.4.9	<i>Crew Laundry</i> .....	60
9.4.10	<i>Technical Department</i> .....	61
9.4.11	<i>Guest Services / Front Office</i> .....	62
9.4.12	<i>Spa and Gym</i> .....	63
9.4.13	<i>Child Care, Retail, Virtual and Video Arcade and Recreational Activities</i> .....	64
9.4.14	<i>Security and Gangways</i> .....	65
9.4.15	<i>Shore Excursion</i> .....	66
9.4.16	<i>Tender Operations</i> .....	67
9.4.17	<i>Crew Specific</i> .....	68
9.4.18	<i>Environmental Operators – Garbage Room</i> .....	69
9.4.19	<i>Provision</i> .....	70
9.4.20	<i>Inventory and Purchasing</i> .....	71
9.4.21	<i>Food and Beverage – Front of the House</i> .....	72
9.4.22	<i>Food and Beverage – Back of the House</i> .....	74
9.4.23	<i>Bar and Beverage</i> .....	75
9.4.24	<i>Medical</i> .....	76
9.4.25	<i>Sales and Marketing</i> .....	77
<b>10</b>	<b>SUMMARY OF MINIMUM REQUIRED OUTBREAK SUPPLIES ON-BOARD</b> .....	<b>78</b>
<b>11</b>	<b>REFERENCES / LINKS</b> .....	<b>79</b>
<b>12</b>	<b>ANNEX</b> .....	<b>81</b>
12.1	USE OF PERSONAL PROTECTIVE EQUIPMENT .....	81



## **2 PURPOSE AND BACKGROUND**

### **2.1 PURPOSE**

This document provides the tools necessary for recognizing and preventing the spread of respiratory illness such as COVID-19 before, during and after a voyage, including all potential screening, isolation, quarantine, contact tracing and utilization of personal protective measures for passengers and crew members.

This response plan provides the necessary recommendations and related procedures required for re-entry and subsequent sailing. The document includes the recommended guidelines to appropriately screen, recognize, evaluate and treat passengers and crew in order to maintain the health and safety of those onboard as well as those embarking and disembarking the ship. This response plan includes potential exposure from shore personnel, contracting illness on-board, and the actions to take in the event of a suspected case or contagion on board.

Once identified as a Suspected COVID-19 Case, it is imperative to obtain the passenger or crew members travel and potential exposure history, review and investigate their clinical presentation, and obtain a history of underlying medical conditions, as all of these play a significant part in the assessment and decision-making process for that passenger and crew member going forward. The information obtained will be utilized as factors within this document, as decisions are made regarding the necessary criteria for isolation, quarantine, and contact tracing.

This response plan also includes recommendations for the designation of control zones to minimize the potential spread of infection. These zones will have a designated purpose for a designated population of passengers or crew. Specific cabins, hallways and/or zones to be utilized in the event of the need for strict isolation and/or quarantine of a large number of passengers or crew. If Suspected COVID-19 Case numbers grow, they will be moved from one zone to the other following the enclosed set of specific protocols for each scenario encountered on-board.

### **2.2 BACKGROUND**

Coronaviruses are a large family of viruses, which may cause illness in animals or humans. In humans, several of the class coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered strain causes the novel coronavirus SARS-CoV2, now known as COVID-19.

Per WHO and the CDC, the COVID-19 virus is thought to spread mainly from person-to-person.

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Transmission>

- <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - COVID-19 may be spread by people who are not showing symptoms.

In the event of a suspected case of Coronavirus (COVID-19) on board a ship, the relevant isolation and/or quarantine protocols will be initiated immediately upon identification of suspected illness or contagion. This initial, index patient is known as a Suspected COVID-19 Case (SCC).

### 3 Acronyms and Definitions

#### 3.1 ACRONYMS

The use of acronyms throughout this document are utilized for expediency and recognition. Below is the list of those acronyms that can be found within this Outbreak Response Plan

- **ARD:** Acute Respiratory Disease(s)
- **ARI:** Acute Respiratory Illness
- **CDC:** U.S. Centers for Disease Control and Prevention
- **CLI:** COVID-19-Like Illness
- **COVID-19:** Novel Coronavirus/ coronavirus 2 (SARS-CoV-2)
- **ECDC:** European Center for Disease Prevention and Control
- **EUHG:** EU Healthy Gateways
- **ILI:** Influenza-Like Illness
- **PLF:** Passenger Locator Form
- **SCC:** Suspected COVID-19 Case
- **WHO:** World Health Organization

#### 3.2 DEFINITIONS

##### 3.2.1 CDC - COVID-19 Symptoms

- <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Coronaviruses are a large family of airborne viruses that, in most cases, cause only mild respiratory symptoms. The presentation and outbreak of COVID-19 has been shown to be capable of causing more serious illness and wider ranging symptoms.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches

- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- This list does not include all possible symptoms

### 3.2.2 WHO – COVID-19 Symptoms

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)
- The most common symptoms of COVID-19 are:
  - Fever
  - Dry cough
  - Tiredness
- Other symptoms that are less common and may affect some patients include:
  - Aches and pains
  - Nasal congestion
  - Headache
  - Conjunctivitis
  - Sore throat
  - Diarrhea
  - Loss of taste or smell
  - Rash on skin or discoloration of fingers or toes

### 3.2.3 Identification of Close Contacts

When a person on board presents as a suspected or confirmed (symptomatic or asymptomatic) COVID-19 case (SCC), it is essential to provide support to individuals who may have been infected through exposure to the potentially infectious patient. Case investigations and contact tracing should be implemented swiftly and comprehensively to prevent further transmission of COVID-19. In doing so, it is necessary to identify those close contacts, and who fits the criteria as such.

Any person who meets the clinical criteria for COVID-19-Like illness (CLI) must be asked to identify individuals they may have been in close contact with during the period before reporting illness, including 14 days prior to symptom onset. Common examples of close contacts in a shipboard environment are partners, cabin mates, teammates and travel



groups. Shoreside examples include shore excursions, restaurants, shops, pre-cruise travel from home (air, train, taxi, private car) and hotels.

- A daily activity log should be provided for the guests to fill out at the end of each day to help them keep track of their daily whereabouts as it may be difficult to recall all the places they have been shoreside or on board over a period of multiple days should they become ill and require a recall of possible close contacts. This log would only be collected should they become a suspected case or close contact.
- The WHO, CDC and EU Healthy Gateways all have slightly different definitions of what is considered a close contact.
  - The **WHO** definition defines a close contact as a person who has been within 3 feet (1-meter) contact of someone who has the disease.
  - The **CDC** definition is 6 feet (2 meters) distance of an infected person for at least 15 minutes or being directly coughed on with infectious secretions.
  - **EU Healthy Gateways** defines a close contact very specifically for the cruise ship environment, breaking down a close contact into high risk exposure and low risk exposure.

Case and contact definitions are based on the current available information and are regularly revised as new information accumulates. Individual countries or jurisdictional health authorities may adapt case definitions depending on their local epidemiological situation and cruise operators will need to ensure they are aware of the itinerary specific case definitions published by local health authorities and regulatory bodies. The close contact definitions may be adopted based on the region of the world the cruise line operates in and may need to vary from ship to ship.

### 3.2.3.1 World Health Organization Definition of a Close Contact

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>
- Close contact means that you live with or have been in settings of less than 1 meter (3-feet) from those who have the disease.

### 3.2.3.2 CDC Definition of a Close Contact

- <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
- Being within approximately 6 feet (2 meters) of an infected COVID-19 case; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or

room with a COVID-19 case – **or** – Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

- Someone who was within 2 meters (6 feet) of an infected person for at least 15 minutes starting from 48 hours before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.
- Data is limited to precisely define “prolonged exposure”, however 15 minutes of close exposure can be used as an operational definition for contact investigation.
- Factors to consider when defining and prioritizing evaluation of close contacts include:
  - Proximity to index patient
  - The duration of exposure (e.g., longer exposure time likely increases exposure risk)
  - Whether the individual has symptoms (e.g., coughing likely increases exposure risk) and;
  - Whether either the case patient or contact were wearing appropriate PPE, such as an N95 respirator (which can efficiently block respiratory secretions from contaminating others and the environment). At this time, differential determination of close contact for those using fabric face coverings is not recommended.
- In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than 10 minutes because the contact is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

### 3.2.3.3 EU Healthy Gateways Definition of a Close Contact

- [https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID-19\\_MARITIME\\_20\\_2\\_2020\\_FINAL.pdf?ver=2020-02-21-123842-480](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_MARITIME_20_2_2020_FINAL.pdf?ver=2020-02-21-123842-480)
- The following definitions have been developed to be applied on board ships, adapting the definitions by WHO and ECDC
- All persons on board should be assessed for their exposure and classified as close contacts (high risk exposure) or casual contacts (low risk exposure).
  - Two different definitions of contacts should be used depending on the number of confirmed cases identified on board.
- If only one case or a cluster of a few cases (e.g. persons sharing the same cabin) have been identified on board, then the following definitions of contacts should be applied:
  - Close contact (high risk exposure):
    - A person who has stayed in the same cabin with a suspect/confirmed COVID-19 case;
    - A cabin steward who cleaned the cabin of a suspect/confirmed COVID-19 case;

- A person who has had close contact within one meter (3-feet), or was in a closed environment with a suspect/confirmed COVID-19 case (for passengers this may include participating in common activities on board or ashore, participating in the same immediate travelling group, dining at the same table; for crew members this may include working together in the same area of the ship or friends having face to face contact);
- A healthcare worker or other person providing direct care for a COVID-19 suspect/confirmed case.
- Casual contact (low risk exposure):
  - Casual contacts are difficult to define on board a confined space such as a cruise ship, therefore, it is advised to consider as casual contacts all travelers on board the ship who do not fulfill the criteria for the definition of a close contact.
- If an outbreak on board a cruise ship occurs as a result of on-going transmission on board the ship (more than one case not staying in the same cabin), the assessment of exposure should be done among crew members and among passengers.
- If it is difficult to identify who the close contacts are, then all travellers on board could be considered as close contacts having had high risk exposure. However, this may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.

#### 3.2.4 Fever

- A recorded or reported body temperature above 38 degrees Celsius or 100.4 degrees Fahrenheit, (or according to local health regulations) is considered as a fever.
- If a high temperature is detected during screening with thermal camera, a second measurement using an oral or tympanic thermometer must be conducted by the ships medical staff to verify validity and presence of a fever.

#### 3.2.5 Pandemic

##### WHO definition of a Pandemic

- A pandemic is defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”.
  - The classical definition includes nothing about population immunity, virology or disease severity.
- <https://www.who.int/bulletin/volumes/89/7/11-088815/en/#:~:text=A%20pandemic%20is%20defined%20as,are%20not%20considered%20pandemics>.

### 3.2.6 Quarantine and Isolation

- **Quarantine** separates and restricts the movement of well people who were exposed to a communicable disease to observe if they become sick or ill.
  - There can be more than one person in a quarantine space.
- **Isolation** separates sick people with a communicable disease from people who are not sick.
  - There is only one person in an isolation space.

## 4 CLASSIFICATIONS and OUTBREAK COMMITTEES

### 4.1 CLASSIFICATIONS

The potential for an outbreak of COVID-19 remains an ongoing concern and ship's staff should work collaboratively and proactively to minimize the risk of COVID-19 transmission. It is essential that those onboard a ship and within a fleet are aware of the status of any known case clusters, outbreaks or potential for increased incidence of illness. The prevention and response thresholds below provide a singular focus of operational classification, with graduated trigger points designed to preempt illness activity through targeted and comprehensive public health interventions.

LEVEL 1 GREEN	Operations
No known Covid-19 cases within the sailing itinerary, nor in the geographical area of crew or passengers travelling to the ship.	Strict hygienic practice and control as well as strict screening of all passengers, crew, day visitors and contractors as well as any disembarking or transferring crew members.
LEVEL 2 YELLOW	
Current, known or suspected Covid-19 cases within a geographical location anywhere in the world	
LEVEL 3 RED	
Positive or Suspected Case of Covid-19 on board	Follow Quarantine and Isolation Protocols  No shore leave, transfers of staff. Restrict day visitors, contractors and head office staff.

To reduce the risk of introduction of transmission on board, protocols for both **Level 1 Green** and **Level 2 Yellow** levels will involve the same screening processes for both passengers, crew and contractors, non-revenue passengers and day visitors. Marine Operations will advise the ships on any change to the classification levels. A change from Green to Yellow may impact passenger satisfaction by way of service limitations, future shoreside excursions or require planning for the transfer of new crew and will allow the medical team to be advised for any potential symptomatology onboard.

Elevation to **Level 2 Yellow** or **Level 3 Red**, indicating the presence of a suspected COVID-19 case requires the verification of patient disposition, such as respiratory symptoms and/or acute illness by the ships Doctor or a positive COVID-19 diagnostic test. Once confirmed, this need for change in classification level should be done immediately by the ships Doctor or Medical team, notifying all relevant departments onboard. In addition, shoreside operations should be notified immediately, specifically the shoreside Disease Committee.

### 4.2 OUTBREAK COMMITTEES

Company management have developed multiple, multi-disciplinary committees or leadership work groups to maintain adequate monitoring and screening both on shore and onboard. These committees or work groups will exchange information and create decisions

based upon the most current data available, while maintaining best practices for passenger and crew safety.

Updates to the COVID-19 Response Plan as well as the full OPRP will be made routinely as the evidence-base evolves, with input from shoreside operations, onboard operations and VIKAND Medical Management and Public Health Team.

Both shoreside and shipboard committees should maintain the most up to date medical & logistical information for each port of call to support the medical disembarkation of a suspected Covid-19 case or close contact. This includes local medical center, COVID-19 PCR testing site, transportation and hotels for isolation & quarantine.

Additionally, both Outbreak Committees should maintain a working knowledge of current epidemiological conditions through the world, with specific attention paid to the areas of the cruise lines ports of call.

- WHO Epidemiological Record
  - <https://www.who.int/wer/en/>
- CDC Current Outbreak List
  - <https://www.cdc.gov/outbreaks/index.html>

#### **4.2.1 Shoreside Outbreak Committee**

- The Shoreside Outbreak Committee consists of representatives from all relevant departments shoreside who will support the vessels in the response to a situation or an outbreak of infectious disease on board a Company vessel.
- Communicates via email and in-person meetings as necessary. The email distribution list is maintained by Marine Operations.
- Analyzes and monitors the medical situation and implements all necessary precautions in order to contain the illness and reduce any further spread of the disease.
- Includes specially trained team members who will utilize, monitor and maintain contact tracing as needed in the event of a known outbreak or identified contagion. These team members will work directly with the Contact Tracing team onboard.
- **Collaboration with the VIKAND Medical Team who will provide guidance and recommendations on prevention, mitigation and response measures.** All information regarding the illness must be reported to the Outbreak Committee at the earliest opportunity. All crewmembers and shore employee shall follow and comply with the directives issued by the Shoreside Outbreak Committee.

The timely sharing of all information related to an onboard illness provides the Company with the information required to comply with all local and international rules and regulations. It also allows the Company the tools to include follow-up with relevant authorities, organizations or government bodies regarding on board outbreaks.

#### **4.2.2 Shipboard Outbreak Committees**

The onboard screening, monitoring and maintaining of protocols is imperative, as is ensuring preventive measures and reviewing current medical updates from but not limited to, the lines shoreside committee, authoritative agencies, public health departments, flag states, et al. Maintenance of up-to-date information and applying it appropriately onboard is a responsibility of the shipboard committee.

The Shipboard Outbreak Committee and Contact Tracing Team, along with the onboard medical staff will be responsible for ensuring that all reporting of ANY reportable illness is completed according the guidelines of the ports of call and utilizing the Maritime Declaration of Health for appropriate reporting.

##### **4.2.2.1 Shipboard Outbreak Committee**

- Consists of the shipboard management and ship's Doctor.
- The Shipboard Outbreak Committee will conduct regularly scheduled meetings to review current onboard status and ensure that all appropriate preventative measures are being implemented and followed.
- Consists of representatives from multiple departments who will support the vessel in the screening of embarking passengers and crew, as well as maintain all protocols while onboard.
- They will receive updated information from the shoreside Outbreak Committee as necessary and will work with the onboard Contact Tracing team to ensure appropriate monitoring and communication is maintained between Shoreside and Shipboard Outbreak Committees.
- Analyzes and monitors the medical situation onboard and implements all necessary precautions in order to contain the illness and reduce any further spread of the disease.
- Daily medical logs to be maintained and readily available for overview of ships health.
- Provide necessary information to the shoreside committee, port agents, authoritative agencies and any other agents requiring information about the medical status of crew and guests onboard.
- The Committee must make available the ship's drawing on crew cabin locations, passenger cabin locations, Medical Center, and all ventilation systems for the said compartments, etc.
- Personal Protective Equipment (PPE) to be ordered and distributed accordingly.
  - The Hotel Director/Manager will arrange the distribution of appropriate PPE as per the company OPRP to all on board and joining staff.
- The Staff Captain or Chief Officer will arrange for designated infectious waste receptacles, (also known as biohazard waste bins) for the disposal of all used masks either by using the incinerator or send for disposal ashore.
- Additional arrangements will be made available for hand sanitation dispensers, hand

wash station on board and these procedures will be coordinated by Hotel Operations for each individual ship.

#### **4.2.2.2 Contact Tracing Team**

A subset of the on-board outbreak committee is the Contact Tracing Team. Contact tracing is an additional aspect to be incorporated into the disease management protocols onboard (and shoreside) includes the necessary element of contact tracing.

- The on-board contact tracing team will consist of specially trained members who will receive the necessary education to utilize, monitor and maintain virus tracing throughout the ship's itinerary.
- These members of the on-board contact tracing team will be responsible for monitoring and maintaining all aspects of the ships Contact Tracing protocols, by maintaining written or electronic monitoring documentation, and implementing timely and thorough contact tracing upon identification of a suspected or confirmed COVID-19 case.
- The on-board contact tracing team will work collaboratively with the Shipboard Outbreak Committee in the event of a suspected COVID-19 or confirmed case(s).
- The on-board contact tracing team will work with the shoreside Outbreak Committee in the event there is a need to follow up with disembarked passengers or crew.



## 5 MANAGEMENT OF PASSENGERS, CREW AND VISITORS –Level 1 Green/Level 2 Yellow

The screening and basic management of passengers, crew and visitors will be maintained with the same protocols for Level 1 Green or Level 2 Yellow throughout their time from pre-board to embarkation and onboard. The primary intent is to maintain the safety and medical integrity of the ship as well as its passengers and crew. Updates to the protocols for specific scenarios will be made within the onboard framework within this section of the COVID-19 RESPONSE PLAN.

Cruise ship operators should check and ensure with ports of call that, if needed, arrangements can be made for passengers and crew members to receive medical treatment ashore (including possible air evacuation if needed). This should be clearly described in both written contingency plans of cruise ships and at least of one of the ports of call (preferably the home port, with the possibility of also using other ports during the voyage).

### 5.1 MANAGEMENT OF PASSENGERS

#### 5.1.1 Information to be communicated at the time of Booking

- At the time of booking and/or prior to travel, ensure passengers are advised of the following which affect their travel:
  - The symptoms compatible with COVID-19, including sudden onset of at least one of the following:
    - Newly developed cough
    - Fever
    - Shortness of breath
    - Sudden loss of taste and/or smell.
  - Any cruise line requirements for COVID-19 testing prior to travel/embarkation
- Cruise line COVID-19 exclusion policy:
  - Passengers with symptoms compatible with COVID-19, or those identified as having been in contact with a confirmed case of COVID-19 within the prior 14 days, as well as anyone with a positive RT-PCR test would not be allowed to board the ship for travel.
- Hygiene measures: hand washing with soap and water or hand hygiene with alcohol based hand rub solution (containing at least 60% ethanol or 70% isopropanol), respiratory (coughing and sneezing) etiquette, disposal of used tissues, physical distancing (including the elimination of handshaking), use of face masks, avoiding touching the nose, eyes and mouth without previously washing hands
- How to report illness onboard and actions to take in case Covid-19 compatible symptoms develop

- Rules and health measures implemented on board cruise ships at the destination (e.g. physical distancing, use of face masks<sup>6</sup> (medical mask if available or nonmedical “community” mask), disembarkation)
- Recommended personal hygiene items to carry during their travel from home and during their time on board the ship.
- At minimum, passengers should be instructed to travel with medication equal to the number of days of their itinerary, as well as an additional 2-week supply of all prescribed and PRN (as needed) medications
- Passengers to be advised of required immunizations and prophylactics well in advance of their cruise and must meet requirements
- Passengers are to be encouraged to provide honest and accurate answers to all screening questions as well as any and all questions posed by medical personnel at any time from pre-embarkation to disembarkation.
  - Untrue or dishonest responses on pre- boarding documents may result in the passenger being denied embarkation.
  - Dishonest or untrue medical facts discovered while onboard may result in the passenger being disembarked at the next available port.
  - Upon arrival at each port, health declarations and documents relevant to the ship’s health status may be reviewed by jurisdictional health authorities who will conduct a risk assessment and reserve the right to deny entry to any individual (s).

### **5.1.2 Pre-Boarding Screening of Passengers**

It is recommended that the following guidelines are put in place and followed:

- Mandatory molecular RT-PCR COVID-19 testing prior to cruising, at a minimum PCR testing completed no more than 2-4 days before embarkation.
  - A copy of the results of testing should be presented as part of the embarkation documentation and will be reviewed prior to boarding and retained in the ship’s medical records system.
- Passengers in high risk groups including people over 65 years of age or people of any age with underlying medical conditions (chronic diseases including but not limited to cardiovascular disease, diabetes, respiratory diseases and immunocompromised individuals) should be advised to visit a doctor for pre-travel medical consultation to assess if they are fit to travel. Pre-existing conditions must be stable and medically managed /monitored by a primary care physician at the time of embarkation and documentation of same is strongly encouraged from a licensed physician provided prior to boarding.
  - All passengers traveling with pre-existing conditions and co-morbidities must be made aware of all the medical risks prior to cruising.
- Passengers above the age of 70 traveling in the United States may be required to provide a doctor’s certificate regarding their fitness to travel.

- UK Public Health currently requires passengers over the age of 70 traveling in the UK to provide a doctor's certificate regarding their fitness to travel.
- In accordance with local health authorities with jurisdiction, include COVID-19 screening questions on pre-boarding health declaration for the passenger, such as 14-day history of symptoms and any known close contact with a suspected or confirmed COVID-19 case
- Staggered check in to avoid crowds and encourage social distancing of at least 1.5 meters (3-feet) Consider electronic pre-check in to reduce the need to stand in line in the terminal to check in.
- Face masks (medical masks, or if not available non-medical “community” masks) should be used at the terminal stations and on-board cruise ships while indoors except while in their cabin by cruise ship passengers and crew.
- Passenger screening should be performed in an area which provides the ability to maintain appropriate distancing (preferably 6 feet) from other guests being screened.
  - Screening should include temperature, pulse, respirations and oxygen saturation
  - Implement updated COVID testing as new and reliable FDA approved technology becomes readily available
  - Vessels with thermal imaging technology devices need to ensure with the assistance of staff members there is adequate social distancing to allow a safe flow of traffic through the devices. Staff members will need to be assigned to coordinate a secondary screening flow to be evaluated by the shipboard medical staff for those identified with elevated temperatures.
- Luggage to be sanitized/disinfected prior to loading onboard and into passenger cabins

### 5.1.3 On board Management of Passengers

- All Passenger cabins should be equipped, prior to sailing, with sufficient stocks of PPE enclosed in packaging. This includes disposable masks, gloves and hand sanitizer.
- A video via the ship's information TV channel and/or an informational flyer for proper disposal, donning and doffing of PPE along with how to take their temperature should be made available.
- Disposable thermometers should be provided within the passenger cabins to allow for daily temperature checks during the course of their cruise.
  - The disposable thermometers should be maintained within the closet in the stateroom with the PPE.
  - Directions on how to use and read the disposable thermometer must be provided along with instructions on how to report should they have a temperature >38 C to the Medical Officer on board.
- General health advice will be issued to all passengers on board via the ship's information channel and/or an information flyer to increase awareness and help reduce the chance of illnesses spreading:

- Proper handwashing technique, particularly before eating and after using bathrooms.
  - Supplement handwashing with utilization of hand sanitizer
  - Proper cough etiquette and disposal of tissues
  - Where able, use your stateroom bathroom, rather than public area bathroom
  - The importance of immediately reporting and how to report any Covid-19 symptoms of illness to the Medical Center
- PPE should be maintained and located at the hospitality /purser/activity's desks throughout the ship available for passengers upon request.
- Consideration should be given to the organization of ship activities according to age groups in an effort to limit the potential exposure of older passengers
- Prior to going ashore, passengers should be reminded to take the appropriate PPE with them (masks, gloves, hand sanitizer), and to dispose of same preferably if available in the designated infectious waste/biohazard waste receptacle located ashore. **If not available, then disposal in a regular trash can is acceptable.**
- Consider daily contactless temperature screening for all passengers.
  - When thermal temperature devices are not available temp screening can be accomplished with non-contact temperature devices by ship staff who are properly trained by the medical team and have a policy in place.
- At the time of disembarkation, all passengers shall submit a Passenger Locator Form (PLF) prior to disembarking if not previously submitted during their booking process or provided prior to embarkation.
  - The intent is for exposure notification should a suspected or confirmed Covid-19 case be identified after the passenger disembarks where they may be considered a close contact.
  - The PLF shall be retained on board for 30 days.

## 5.2 MANAGEMENT OF CREW

### 5.2.1 Signing on crewmembers

- Crew members should remain in self-quarantine at home, except for essential needs, for 14 days prior to departure for their assignment and to practice strict social distancing.
- The pre-employment medical exam (PEME) of all joining crew should include the following testing and education:
  - Mandatory COVID PCR testing / vaccination to become part of the PEME with additional PCR testing prior to departure from their home as well as prior to boarding the ship if available.
  - PEME facility must provide PCR test documentation and results to the crew member and manning agency.

- The PEME facility may provide the test results to the cruise line directly if pre-arrangements/agreements are in place.
- The crew must be provided with the necessary PPE needed for their travel to the ship, preferably in a sealed package either by the PEME facility or Manning Agent.
  - The Manning Agency will be tasked with scheduling and reporting PCR testing, if available, to be completed on all crew prior to traveling for their flight.
    - Crew member should not travel until results are received. Crew with positive PCR results should be placed into isolation and postpone travel
    - Reports of same should be forwarded immediately upon receipt to the ships Medical Center
    - The crew member should also be provided with an original result document, to be provided upon presentation to the ship.
  - In collaboration with the Manning Agency, the cruise line should provide the crew member with the appropriate information needed on how the crew member should utilize that PPE in order to travel safely to the ship (e.g., PPE use during the flight(s) etc.
- The following screenings are required: temperature, pulse, respirations and oxygen saturation
- Luggage to be sanitized/disinfected prior to loading onboard and into crew cabin
- Face masks (medical masks, or if not available non-medical “community” masks) should be used at the terminal stations and on-board cruise ships while indoors by cruise ship passengers and crew.
- Upon boarding, all embarking crew should immediately change out of any clothes worn to travel, shower and change into new clothes/uniforms.
- Crew should not “explore” any parts of the ship in the clothes worn to travel. They should proceed to cabins upon embarkation.
- Housekeeping/Laundry should provide plastic “boarding bags” to all crew cabins for use upon embarkation.
- Travel clothing should be deposited in these bags and washed immediately and separately from any other laundry being handled.
- To assure the crew member did not become infected during their travel to the ship. A molecular RT-PCR test should be administered if available prior to boarding the vessel.
  - They must remain in quarantine either in a shoreside hotel or on board the vessel until the results of their PCR test is available. If PCR testing is not available immediately prior to boarding, consider quarantining the crew member for 14 days.
  - If quarantining a crew member for 14 days is not an option and the crew member is asymptomatic, consider strict restrictions such as requiring them to wear a mask at all times outside of cabin, limit their movement to assigned work areas and cabin only

along with all meals in cabin.

- Patients who are infected but not yet symptomatic may have false-negative test results. Additionally, false negatives could be inherent in the test process, if the sample is not taken properly or if there is a faulty procedure, too much dilution in transport media or possible delay in transit. Therefore, it is reasonable to consider re-testing within several days apart when there is a negative PCR, especially for those at known exposure risk or with exhibiting symptoms.
- PCR testing application is subject to local availability and client preference and must be interpreted in conjunction with clinical evaluation and exposure risk before the crewmember is released from quarantine.
- While in quarantine the crew member shall not be permitted to work during this period unless work can be performed remotely.
- The crew member shall self-quarantine in their cabins not leaving their cabin for any reason.
- If in quarantine the crew member shall receive room service crew meals, on disposable dishes, with disposable flatware and glasses, dropped and collected outside their cabin door, a minimum of 3 times per day.
  - Food waste and other trash should be collected and bagged by the quarantined crew member and placed outside the cabin during designated times for transport to the waste management center for incineration or off-loading.
  - Designated medical staff or other personnel should wear proper personal protective equipment (PPE) per CDC guidance when in proximity to quarantined crew members.
- For 14 days all newly joined crew members are to have their temperature checked twice daily regardless if they had a negative PCR test upon boarding the ship and do not require to be in quarantine.
- The medical team must conduct twice daily checks for all quarantined crew members using non touch thermometers and wearing appropriate PPE.
  - Once a crew member has completed 14 days of quarantine without any symptoms they may be released from quarantine and standard arrangements apply, cabin to be deep cleaned and crew member to move into normal allocated cabin, if necessary. Release from quarantine shall be authorized by the ship's doctor or allocated medical personnel.
- In all situations of quarantine, testing and re-testing, release from isolation shall be authorized by the ships doctor in consultation with relevant shoreside departments.

### **5.2.2 On board Management of Crew**

Once onboard, and cleared from quarantine, all new and existing crew members should be made aware of regular, routine temperature monitoring that will be conducted while onboard, the availability of PPE for use when on duty, special precautions for the disposal of PPE and any changes to the hygiene processes onboard.

All crew shall comply with all standard infection protection and control precautions related to social distancing, self-isolation, hygiene (e.g. handwashing, illness reporting, avoid touching face, etc.) and safe food handling practices, in accordance with Company procedures and infection control protocols.

Any persons who are or appear unwell or show symptoms of illness (e.g. cough, fever, etc.) must be immediately placed into isolation.

- Each time a crew member returns from shore they should have their temperature checked.
- Regular temperature checks 14 days after joining the ship and maintained in a log on the medical department
- Daily contactless temperature checks for all crew members should be considered.
- Comprehensive training of crew in case of outbreak, the need for isolation, readying rooms for isolation and locations of all pertinent outbreak/isolation equipment. This should include suspected GI illness as well as ILI of unknown contagion.
- Reduction of crew movement in public areas as well as possible reduction and/or staggered crew movement going ashore.
- All crew shall practice shipboard safe distancing, where possible and feasible, save for the direct performance of their duties and responsibilities. These safe distancing parameters should include:
  - Maintaining a distance of at least 6 feet/2 meters when working or passing alongside other seafarers as far as possible;
  - Avoiding all non-essential contact or close proximity with other seafarers and any other persons.
  - Using external stairways/escape routes and walkways to move around the ship, as far as possible and conditions permitting;
  - Disinfecting their own work areas, equipment and tools as appropriate, including before and after use each shift.
  - During a level RED ship status:
    - Refrain from using any common areas, such as the crew bar, gym, day room, laundry area, recreational areas, etc.;
    - Returning to their cabin immediately after completing work hours or duties;
    - Remaining in their cabin during rest hours, except where arrangements can be made to spend some rest time outside on deck;
    - Wear a face mask as instructed at all times when outside their cabin.

- All crew members on board shall be encouraged through regular shipboard announcements, posters and in-room written/electronic communications to report to shipboard medical personnel any symptoms as listed above in section 2.2.1 and 2.2.2.
  - Such reports should be made from the crew members cabin or quarters to limit contact with others on board.
- Periodic Rt-PCR testing for COVID-19 should be conducted for all crew members at regular intervals (e.g. every two weeks) using the pool sample methods described in the EU Healthy Gateways Interim advice for restarting cruise ship operations in paragraph #6.
- The specific guidelines and protocols for each department will be clearly posted within that department as a reference guide for all crew members as well as ships management
  - Documents to be posted include:
    - Definition/delineation of threat level classifications
    - Each departments responsibility during the specific classification level will be posted for review
    - Isolation and quarantine protocols will be posted within the crew mess and designated departments

### **5.2.3 Transferring and Disembarking of Crew**

#### **5.2.3.1 Transferring Crew**

- Specific monitoring guidelines for crew members transferring from ship to ship
  - Crew who transfer to another vessel will need to undergo the same quarantine protocol listed above for newly embarking crew members if any contact with external parties occurs.
    - Quarantine may not be necessary when crew transfer directly from ship to ship with no human contact outside the vessels.
  - The crew member shall not be permitted to work during this period.
  - The crew member shall self-quarantine in their cabins not leaving their cabin for any reason.
    - The crew shall receive room service crew meals, dropped and collected outside their cabin door, a minimum of 3 times per day.
    - Food waste and other trash should be collected and bagged by the quarantined crew member and placed outside the cabin during designated times for transport to the waste management center for incineration or off-loading.
- Designated medical staff or other personnel should wear proper personal protective equipment (PPE) per CDC guidance when in proximity to quarantined crew members.
  - For 14 days newly joined crew members are to have their temperature checked twice daily.
  - The medical team must conduct twice daily checks using non touch thermometers



and wearing appropriate PPE.

- Once a crew member has completed 14 days of quarantine without any symptoms they may be released from quarantine and standard arrangements apply, cabin to be deep cleaned and crew member to move into normal allocated cabin, if necessary.
  - Release from quarantine shall be authorized by the ship's doctor or allocated medical personnel.
- In addition, the prevention of contagion for crew should include consideration of non-permeable and antimicrobial fabrics to be chosen for all crew uniforms including, Housekeeping, Laundry, Bar and Restaurant staff.
- Medical staff should be outfitted with antimicrobial scrubs in a wicking and antimicrobial fabric. These elements provide an additional protective barrier for both guests and crew.
- Prior to boarding, all persons must sanitize their hands.

#### **5.2.3.2 Disembarking Crew -End of Contract -Asymptomatic**

At the completion of their contract, all crew signing off will complete a total of a 14-day pre-disembarkation medical screening to ensure their health and safety to travel. These medical screening measures, coupled with safe public health practices will ensure the disembarking crewmember leaves the ship healthy, and leaves reduced risk of contagion behind.

- During the 14 days prior to travel undergo a temperature check twice daily and complete a health declaration prior to sign off the ship.
  - Every crew member signing off is checked within four (4) – twelve (12) hours of disembarkation by the medical staff.
  - Medical check to include temperature reading with infrared thermometer and blood oxygen saturation reading.  
Affirmation from disembarking crew members that he or she does not feel feverish, is not experiencing breathing difficulties, does not have a cough, and are otherwise symptom free of a respiratory or influenza-like illness.
- If crew are disembarked on short notice and are not able to undergo temp screening twice a day for 14 days prior to disembarking, they must complete a health declaration and undergo a health screening by the Medical Officer. If possible, they should have a PCR test performed before disembarking.
- Crew members disembarking will be given a care pack with mask, disposable gloves, hand sanitizer (as available), snack bars, bottled water and instructions for safe travel practices.
- Face coverings will be worn by asymptomatic crew members during disembarkation, during transport to any flights, and for the duration of the flight(s), until they reach their final destination.

- Crew members disembarking will be provided with emergency contact numbers to call in case of any need.
- Local health authorities or cruise company may require the asymptomatic disembarking crew member to undergo a PCR test prior to disembarking the vessel.

#### **5.2.3.3 Disembarking Crew - Medical and/or symptomatic disembarkation**

In the event of the need for disembarkation of crew member due to known or suspected illness, arrangements should be made and confirmed with the Port Agent. Transportation to and evaluation of the crew member will be provided at the medical facility designated through arrangements with the cruise line. Information is available via the Shoreside Disease Committee as well as the Shipboard Disease Committee.

- Crew with symptoms or temperature of 100.4°F (38.0°C) or greater shall be referred for secondary screening.
  - In case of a fever with unknown origin, the medical staff shall don the appropriate PPE, including gloves, N95 mask, face shield if available, and gown. The medical staff should screen and examine the crew member in their assigned cabin.
    - The crew member should not be permitted to leave their cabin until screened and examined by the medical staff.
    - Release from the cabin shall be solely at the discretion of the ships doctor.
    - COVID-19 PCR test must be conducted if available.
- In the event where a symptomatic crew members condition deteriorates and become a Suspected COVID Case – full isolation gear to be worn and shore side referral to hospital to be arranged, and same as below:
  - If symptoms are affirmed the crew member will remain on board for treatment and isolation, and not be permitted to disembark.
  - If cleared for travel, medical clearance certificate to be issued and signed by onboard medical personnel and Captain, where available.
- Asymptomatic crew who are repatriated home and unfortunately get detained at the local airport and are then sent back to the ship to wait out their updated travel plan will be required to undergo the same quarantine protocol listed above for newly embarking crew members.

#### **5.3 MANAGEMENT OF VISITORS AND CONTRACTORS (DAY VISITORS)**

- Visitors to the ship are to be avoided unless urgent maintenance is required, and preapproval has been granted from ship management.
- During a declared Level 3 Red classification, NO visitors will be allowed onboard.
- Where possible, visitors, pilots, health authorities, contractors and company representatives should complete a health declaration form in advance and submit a

- copy to the ship 48 hours prior to signing on.
- Pre-boarding Health Questionnaires should be tracked in conjunction with the security processes.
  - If a Pre-boarding Health Questionnaire has not been received in advance by any visitor, this should be identified on the boarding list and the visitor, pilot, health authorities, contractors or company representatives must complete the pre-boarding questionnaire in the terminal prior to boarding.
  - If submitted in advance, the original form should be brought with the visitor and presented upon boarding.
    - A copy of the declaration and Pre-boarding Health Questionnaire should be maintained in the medical center for future reference, per company policy.
  - Vendors requiring a letter from the ship declaring a COVID-19 free environment should make those requests 72 hours in advance of their visit include all contact information for the recipient(s) of the documents.
- Visitors should be screened by medical staff (donning proper PPE) prior to boarding, including checking their temperature and oxygen concentration via a pulse oximeter.
  - Visitors with a history of travel in high risk areas, close contact with persons infected with COVID-19 and or a temperature greater than 38 degrees Celsius/100.4 degrees Fahrenheit will be denied boarding.
    - Hands should be cleaned and sanitized prior to boarding
    - Face masks must be worn throughout their time on the ship
    - Movement onboard should be limited to only those areas necessary for their visit.
    - Social distancing guidelines should be maintained as much as possible including:
      - Maintaining distance between persons working in the same proximity
      - No personal interactions i.e. Handshakes, sharing of equipment
      - If visitors are dining onboard, a specific dining room/dining area/mess room should be designated for use
  - Visitor and contractors are strictly only allowed in areas necessary for their visit or work.

## 6 Training of Medical Staff and Crew

All medical staff shall receive the appropriate training for any and all laboratory testing equipment allocated for their contracted ship. Additionally, medical staff will receive training and information as to onboarding processes in order to be fully aware of their role and responsibilities in that process as well as their role and responsibilities for any passenger evaluation or follow up.

Additionally, medical staff shall receive the appropriate training necessary for the collection of samples to be off loaded and processed by shoreside laboratories. Processes and responsibilities will be reviewed with each medical staff member, with updates provided as needed.

All crew shall receive training in understanding the signs and symptoms of COVID-19, what precautions to take such as personal hygiene, social distancing and use of PPE.

Crew members will be educated on their roles and responsibilities in implementing the appropriate measures per this Response Plan including roles during Isolation, Quarantine and disembarking passengers for additional medical care or hotel quarantine.

- All medical professionals, all supervisors and leaders, and all crew members are fully advised of COVID-19 symptoms.
  - If anyone feels ill in any way, they must report by phone to the Medical Officer on duty immediately.
- All crew on board to receive training on COVID-19 preventive measures and are reminded through announcements and signs posted in common areas

When	Participants	Training
At sign on within 24 hours of departure and thereafter periodic review and/or updated every 6 months.	All crewmembers	Knowledge on prevention, control and recognizing symptoms of Covid-19, how it is spread, precautions to take, proper coughing etiquette, personal hygiene, social distancing and when to report to Medical Centre. Conducted by Ships Medical Staff. Use of PPE and proper disposal of same. Appropriate physical distancing measures. Training on Managing Crowds to be updated to include measures from the Response Plan as well as appropriate measures to implement crowd control in the event of an outbreak.
When increasing OPRP levels & Every month at a minimum	Crewmembers attending isolated persons in the cabins, managing close contacts, transferring SCC.	Use of Personal Protective Equipment such as donning and doffing techniques. Conducted by Ships Medical staff.
Monthly	All crewmembers	Familiarity with relevant parts of the OPRP procedures regarding the Covid-19 prevention and response plan.  Conducted by each Department.

Monthly	All crew	Emergency drill simulating an outbreak, including contacting with the company's shore-based staff, actions on suspected and confirmed SCC, managing close contacts, transferring SCC, crowd management
Quarterly	All crewmembers	Familiarization with the chemicals used for disinfection. Concentration, wet contact time and safety measures to be taken.  Conducted by Hotel Department.

- Housekeeping, Sanitation & Room Service receives special training on:
  - Specialist training to use PPE (Donning and Doffing)
  - Safety measures & exposure management
  - Sanitizing measures according to OPRP
  - Crewmembers are trained to remain alert to any indications of persons exhibiting symptoms.
- Medical Staff will be responsible for reviewing and implementing all manufacturers recommendations for the cleaning and disinfection of any and all medical devices within the Medical Center.

## **7 MANAGEMENT OF PASSENGERS, CREW AND VISITORS – Level 3 Red**

### **7.1 IDENTIFICATION, ACTIONS AND INTERVENTIONS**

For onboard medical management guidance of Covid-Like-Illness (CLI) cases, refer to the VIKAND Acute Respiratory Disease (ARD) Clinical Management and Guidance Policy.

#### **7.1.1 Identification and Action**

The identification of a suspected or confirmed COVID-19 case via PCR test requires immediate shipboard action.

- Isolate passengers and/or crew exhibiting symptoms according to isolation protocol as soon as possible. Isolation protocol follows further down this document.
- Quarantine all close contacts according to quarantine protocol detailed below.
- Initiate meeting with Shipboard Outbreak Committee and Contact Tracing Team.
- Capture special medical and dietary requirements of patients in isolation/quarantine.
  - Within the first 6 hours of identifying a suspected or confirmed Covid-19 case: Distribute an electronic or paper questionnaire to obtain essential information that will help manage extended quarantine & isolation support, including:
    - Symptoms
    - Dietary requirements
    - Medicine and special medical requirements
    - Stateroom numbers of family members traveling together
    - Other special requirements such as smoking etc.
    - Travel history for past 14 days

#### **7.1.2 Testing**

When possible, on-board point of care diagnostic PCR or Antigen Covid-19 testing should be performed on a suspected Covid-19 case. Negative results do not rule out the possibility of a Covid-19 virus infection as there are a number of factors that could lead to a negative result. A shoreside RT-PCR molecular test must be performed to confirm a Covid-19 diagnosis.

The disembarkation and transfer of the suspected case to an onshore healthcare facility for further assessment and laboratory testing should be arranged as soon as possible following approval from, and in cooperation with, cognizant health authorities.

A person meeting only the clinical criteria for a Suspected COVID-19 Case is to be tested for Influenza A and B and other illnesses as appropriate. Clinical management should be in line with the guidance outlined in the VIKAND Acute Respiratory Disease policy.

RESULTS	ACTION
Positive for Influenza A or B, or other illnesses causing similar symptoms	Maintain COVID-19 isolation protocols until a definitive test confirms status as positive or negative.
Negative for Influenza A or B or other illnesses causing similar symptoms,	Isolate and PCR test symptomatic person for COVID-19. Release from isolation to be considered if alternative diagnosis is established or laboratory COVID-19 testing is returned negative. This takes into account PCR COVID-19 testing will be conducted ashore and affirms the person tested will remain in isolation until test results are confirmed.

If close contacts develop illness, they should be PCR tested for COVID-19.

- If test results for close contacts return positive, they should be treated as a presumptive confirmed case and seek shore side transfer as soon as possible; they should be isolated in specially designated onshore facilities, if available, and following approval of, and in coordination with, cognizant health authorities. **It is important that all arrangements are conducted as quickly as is feasible to minimize the stay of symptomatic possible case/cases on board the ship.**
- If test results are negative for COVID-19, isolation procedures may be discontinued following approval from cognizant health authorities.
  - Patients who are infected but not yet symptomatic may have false-negative test result. Additionally, false negatives could be inherent in the test process, if the sample is not taken properly or if there is a faulty procedure, too much dilution in transport media or possible delay in transit. Therefore, it is reasonable to consider re-testing within several days apart when there is a negative PCR, especially for those at known exposure risk or with exhibiting symptoms.

### 7.1.3 Contact tracing

Contact tracing should begin immediately after a suspected COVID case is identified on board, without waiting for testing results.

- All travelers who fulfil the definition of a close contact should be asked to complete the Passenger/Crew Locator Form (PLF). See Contact Tracing Log (Supplemented to this document).
  - Shoreside close contacts identified should be advised to self-quarantine in accordance with the port-based health authority's instructions
  - Persons on board should be assessed and classified as close contacts or low risks based on their exposure level and the Passenger/Crew Locator Forms (PLF).
  - All persons who have had exposure to the suspected or confirmed COVID case should be quarantined under the supervision of ship medical staff for 14 days starting from the last possible exposure or until they have a negative PCR test.
- All persons on board are to be assessed for their risk of exposure and classified as high,

medium, low or unidentifiable risk of exposure, per CDC, WHO or EUHG risk assessment guidance.

- Risk assessments will inform decision-making about disembarkation and for use in consultation with cognizant health officials if subsequent tracking is required.
- A person is considered to have had a high-risk exposure if they meet one of the following criteria:
  - They stayed in the same cabin as a suspected or confirmed COVID-19 case.
  - They had close contact (e.g. within 1 to 2 meters) for a prolonged period of time or were in a closed environment with a suspected or confirmed COVID-19 case.
  - For passengers, this may include participating in common activities on board the ship or while ashore, being a member of a group travelling together, or dining at the same table.
  - For crew members, this includes the activities described above, as applicable, as well as working in the same area of the ship as the suspected or confirmed COVID-19 case (e.g., cabin stewards who cleaned the cabin, or wait staff at dining locations or those who delivered food to the cabin, as well as gym/spa staff who provided direct close attention to the suspect case).
  - A healthcare worker or another person who provided care for a suspected or confirmed COVID-19 case while not wearing appropriate PPE.
  - If it is difficult to identify who the close contacts are, then all travelers on board could be considered as close contacts having had high risk exposure. However, this may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.

#### **7.1.4 Sanitation**

- Ensure ship is fully disinfected and terminal disinfection done in the patients' cabins and their movement areas.
- Prepare for full sanitation barrier to be completed after all passengers disembark.
- Linens from the cabins of suspect cases and close contacts are to be washed in dedicated machines at highest temperature settings (i.e., a minimum of 160° F / 71° C), or disposed of in accordance with infection control measures
- Perform full ship sanitation barrier after isolation and/or when Suspected COVID Case is relocated, whichever comes first.
- Cleaning of the isolated cabin should be done only 24h after it is empty. Follow the company OPRP plan.



### 7.1.5 Social Distancing Recommendations

- All ships should develop specific plans for social distancing on board, in the terminals and ports.
- The plans should require a minimum distance of as far as practically possible, 6 feet/2 meters or 3 feet/1 meter based upon the guidelines being followed (CDC, WHO or EUHG) between all persons on board and contain at least:
  - Reconfiguration of seating, queuing, arrangements in the outlets to facilitate social distancing between passengers; modify/restrict self-serve food serving options; and limit the number and spacing of attendees in gathered settings.
  - Identify single, one-way traffic in corridors ensuring proper signage is available for activation of plan.
  - Details of maximum density and number of persons in the tender boats, restaurants, bars, casino, theatres etc.
- The social distancing should cover also the terminal and port arrangements.
- Proposed reduction of occupancy to facilitate the social distancing arrangements
- Shipboard events are to be evaluated for reducing number of attendees, relocation to open decks to facilitate social distancing or considered for cancellation, as appropriate.
- Passenger drill should be conducted in accordance with ship specific plans to avoid large gatherings where guests swipe in their attendance at the muster stations upon boarding.
- Crew safety drills should take in consideration, social distancing plans.

### 7.1.6 Shipboard Response – Suspected COVID-19 or confirmed case

- Initiate a RED COVID category ship status as listed in 3.1
- Allow passengers who are not in isolation/quarantine to move freely throughout ship with the following protocols in place:
  - Consider closing public venues, including (but not limited to), gym, shops, spa, casino, theatres, lounges and minimizing large group activities.
  - Discontinue self-service in food venues.
  - Restaurants rooms are to remain open.
  - Consider guest and crewmember restrictions on shore visits
  - **Masks must be worn when outside their cabin**
- Report updates to authorities and corporate support
- In abundance of caution consider requiring all guests and non-essential crew to self-quarantine.

## 8 COVID-19 ISOLATION AND QUARANTINE PROTOCOLS

### 8.1 SHIPBOARD ZONE IDENTIFICATION

Upon initiation of the shipboard quarantine plan, the ship will be divided into designated control zones. **Deck zone plans should be used to assign designate areas.**

Patients move from one zone to another in accordance with below protocol.

**At this time, coordination should begin between the Shipboard Outbreak Committee, Close Contact Team and the Shoreside Outbreak Committee to coordinate potential disembarkation of a SCC and/or Close Contacts of same. Arrangements will continue via the Port Agent who will assist with transportation to the appropriate medical facility for treatment, or to the appropriate hotel for those close contacts requiring quarantine per the local health authorities requirements.**

The Isolation and Quarantine zones should be in different areas of the ship, ideally in corridors that dead end and do not intersect.

ZONE	ENTRY CRITERIA	EXIT CRITERIA
<b>RED ZONE - ISOLATION</b>	Everyone in the Red Zone is SYMPTOMATIC. The Red Zone consists of two categories:  1) Symptomatic, presumptive or positive COVID-19 test results.	For those who tested positive for COVID-19:  The patient must complete another cycle of quarantine for 14 days. This is because, according to the most recent medical research, an individual who tests positive for COVID-19 continues viral shedding for another approximately 7-8 days.  Out of an abundance of caution, we are instructing any symptomatic patient with a positive COVID-19 test result to complete another 14day cycle in quarantine. The patient leaves quarantine on the 15th day.
<b>YELLOW ZONE QUARANTINE</b>	Everyone in the Yellow Zone is ASYMPTOMATIC. The Yellow Zone consists of four categories:  1. In-transit observation: individuals who have recently joined the ship.  2. "Asymptomatic Contacts of	If a person develops symptoms, he/she moves to the Red Zone.  In order to leave the Yellow Zone to the Green Zone, a patient must complete a full 14-day cycle of quarantine without developing any symptoms or has a negative

	contacts:" 3. Asymptomatic, presumptive positive COVID- 19 test results. 4. Asymptomatic close contacts of individuals in isolation.	PCR test, preferably two negative tests 1-2 days apart to confirm they did not have a false negative
<b>Green Zone Healthy Ship</b>	Passengers without symptoms who have not had close contact with another passenger being worked/up or treated for the presentation of suspected COVID-19 illness	Presentation with symptoms consistent with illness.  Move to Yellow Zone

## 8.2 QUARANTINE AND ISOLATION

While the planning for and criteria for inclusion into either Isolation or Quarantine differ, the process of isolating and quarantining a suspected COVID-19 case, a contact of or a confirmed COVID-19 case are the same. Cabins for Isolation and Quarantine should be selected in different sections of the ship, with a preference for a dead-end corridor. Zones (red) for symptomatic isolated patients and (yellow) for asymptomatic quarantine close contacts should be clearly marked on any and all maps of the ship, easily readable and identifiable as such.

On two maps of the ship, one a birds-eye view and other a lateral view of the ship, a red pin should be placed on all staterooms with a COVID-19 Case, and a yellow pin placed on all quarantined staterooms. This will help identify areas that may require enhanced sanitation, which will allow the ship to plan the organized delivery of items to minimize transit over the same areas.

### 8.2.1 Quarantine Conditions and Movement Restrictions

- Where possible, all individuals should be separated as soon as operationally feasible (e.g., crew moved to single occupancy berths) during an outbreak. Priority should be given to affected cases and their close contacts.
- Isolation is a form of separation that applies to those symptomatic individuals who have a presumptive or confirmed to be COVID-19 positive.
- Isolating these individuals and limiting interaction contains the spread of infection within the larger body of the ship.
- Isolation is designated in single occupancy cabins for those symptomatic, presumptive or known positive cases of COVID-19.
  - Isolation cabins are NOT a shared space

### 8.2.2 RED Zone and Stateroom Selection

- Each ship must designate several staterooms to be used to **isolate** any confirmed COVID-19 index cases or suspected COVID-19 case. **The patient should be isolated in a designated single cabin.**
- Consideration for the location of the red zone staterooms should include:
  - If possible, be in close proximity to the medical center.
  - The red and yellow staterooms should be in distinctly separate sections of the ship.
    - All zoned staterooms should be the same fire zone and preferably a dead-end corridor. (i.e. red zone in one fire zone and orange zone in a different fire zone).
  - Staterooms with balcony when possible, to foster mental well-being by allowing access to fresh air.
  - Red zoned rooms should ideally provide unidirectional air flow that is not recirculated air whenever possible.
  - A working phone, bathroom, activated television and entertainment services, and air conditioning with working climate control.
- The corridor outside the isolation stateroom is to be sealed off from both ends and be declared a Decontamination Corridor/ Warm Zone.
- Consideration of placing a Security Officer or designated staff on both ends to monitor compliance with quarantine plan.
- If available, ensure CCTV footage from the corridor camera is saved for post cruise analysis.
- Any person transiting these zones (medical staff/ food or any other service) must wear adequate PPE.
  - When exiting the red zone, all staff must go through the decontamination process on the way out as per CDC PPE guidance and Company OPRP. [See annex.](#)
- The Ship Security Officer, Staff Captain, Master, and Hotel Director must be immediately notified of the cabin number where the person will be isolated or quarantined.

### 8.2.3 Yellow Quarantine Planning

- Quarantine is a form of separation that applies to those asymptomatic individuals who have a strong travel history or contact history with a suspected or known positive case of COVID-19.
- By separating these individuals from others, this helps to prevent the spread of infection. In general terms, these individuals are not ill, and have no symptoms. Their physical examination is well within normal limits. **Single cabins should be used specifically for quarantine of close contacts on board. Children should be quarantined in the cabin with one of their parents and similar consideration given to supporting those**

with special needs.

- One person may spread a virus to multiple individuals. For COVID-19, it is estimated that an average of 3 to 4 people are infected by a single vector or spreader.
- Only essential contact with other individuals is allowed and it is limited to the treating doctor and nurse, the cabin host who will be attending the cabin, and any other 'priority' personnel that must interact with the persons in quarantine, such as a customs or border patrol agent.
- The notion of quarantine is very strict and requires that the same medical team of doctor and nurse who initially took care of that patient remain following up with the same patient until the end of the quarantine period. This will help prevent other medical professionals to become potential carriers.
- More than one individual may be quarantined in the same stateroom, share the same travel or contact history and are members of the same travelling group. While quarantine may be a shared space, it does not allow for anyone in the space to "come and go"

#### 8.2.4 Quarantine Staterooms selection

- Ships must also be able to designate several staterooms to **quarantine** those close contacts of anyone placed in isolation.
- Any stateroom can be used for quarantine, with preference to access to fresh air where possible.
- In the event that multiple people are placed in isolation, consideration should be placed on:
  - Maintaining a Quarantine Zone in the same configuration as the Isolation Zone.
  - Zone rooms within the same corridor, preferably a dead end.

#### 8.2.5 Isolation and Quarantine stateroom preparations

- The staterooms should be similarly prepared and equipped as follows:
  - The stateroom of the isolated and quarantined person(s) must be cleaned and sanitized following the procedures outlined in ship specific OPRP
  - Crewmembers must wear adequate PPE for the task.
  - The isolation & quarantine corridor will be sealed off from both ends and be declared a Decontamination Corridor/ Warm Zone.
  - The isolation & quarantine staterooms must be equipped as follows:
    - Mattresses need to be protected with vinyl cover or waterproof material (where possible).
    - A new sharps container must be available for needles/sharps for all persons who require it

- Designated infectious waste receptacles (also known as biohazard bags) in every garbage bin and surplus available in the bathroom.
- Disposable plates, cups and cutlery; these are to be placed in the designated infectious waste receptacle (also known as biohazard bags) after use; isolated persons are to be instructed to do so.
- Essential toiletries be provided as needed including a toothbrush, dental paste, mouthwash, dental floss, liquid soap, razors, neutral fragrance deodorant, toilet paper, paper towels, feminine hygiene napkins and disposable gloves.
- Bottled water and prepacked snacks.
- A complete shipboard contact list, to include the nurse on duty or treating doctor, guest services desk phone number, etc. placed near the phone.
- Laminated room service menu (must be easy to clean). Room service menu must be adapted to the specific needs of the guests. For example, the menu should adapt to a diabetic person, a request for kosher meals or food allergies.
- Kosher (pre-packaged meals) for 7 days must be in stock to help reduce the potential of cross-contamination. Ships should calculate quantities required and stock on board based on 0.5% of the ship's population and single occupancy for isolation rooms.
- Entertainment items such as single player games, word search, crossword puzzles, or reading material. None of these items can be shared with others on the ship.

### **8.3 PLACING THE SUSPECTED OR CONFIRMED COVID-19 CASE IN ISOLATION OR THE ASYMPTOMATIC CLOSE CONTACTS IN QUARANTINE**

Isolation and quarantine information must be provided after the patient's symptoms have been evaluated by the doctor, the patient has undergone a complete medical history, provided travel history and close contact information in addition to the usual questions addressed in the past medical histories; tests have been performed and the doctor suspects the patient meets the COVID-19 criteria or the person meets the close contact criteria.

- Once the decision for the need for isolation and/or quarantine is made:
  - Inform the passenger(s) or crew about the need for isolation or quarantine and explain the protocol. Review what the person is allowed and not allowed to do.
    - Note: It is important that the patient understands that any form of in-person social interaction is strictly prohibited.
  - The patient must be taken by the doctor or nurse to their isolation or quarantine cabin wearing PPE.
- The passenger or crew, must be informed of the seriousness to comply with the isolation or quarantine policy and why disciplinary actions may occur, in case of failure to comply with the isolation or quarantine policy as follows:
  - Crew faces the possibility of a written warning.
  - Passengers may be debarked and / or placed on no sailing lists.

- Inform of the estimated isolation/quarantine end date and hour.
  - Explain the conditions that may affect isolation and quarantine.
- Inform about what they can expect in case there is an emergency on the ship while they are isolated or in quarantine.
- If applicable, inform that the corridor is monitored by camera/surveillance system and the consequences of violating isolation requirements.
- If applicable, inform there will be no charge for room service items ordered.

### 8.3.1 Isolation and Quarantine Maintenance

- **Isolated** patient's must be visited at least twice a day by the designated doctor or nurse and have their temperature and oxygen saturation checked during each visit.
- **Quarantined** persons require a temperature check and oxygen saturation check once a day.
- To minimize the risk of cross contamination, limit the individuals who deliver meals or housekeeping needs to the isolation and/or quarantine cabins.
- In addition to the in-person visits from the medical department, there should also be at least one call a day from the Reception /Guest Relations Officer to follow up on a passenger in isolation and/or quarantine. Additionally, a Guest Relations Officer or designee needs to follow up on a crew member in isolation and/or quarantine at least once a day.
- If there is an isolated or quarantined person who is not willing to follow isolation rules, security should be informed and reported to the ~~Staff~~ Captain.
  - A security guard may be left on the outside hallway to guard the isolation cabin(s).
- Only Medical staff should visit isolated cabins. PPE must be worn by all individuals visiting these cabins.
  - The same PPE cannot be worn when visiting other patients.
- If capable, the isolated or quarantined person(s) should self-manage cleaning of cabin and change of linen in order to minimize cross contamination.
- Waste in isolation and quarantine rooms must be collected in designated infectious waste receptacles (aka biohazard bags), disposed as medical wastes, which should be incinerated on board if possible; or collected and handed over to shore for special treatment as required by the authority of the next port of call.

- All entries and exits to isolation cabins must be logged with date, time, and name of person entering and reason for entry.

### **8.3.2 Emergency Plan for Isolated Patients**

The evacuation process will consider special measures for isolated individuals.

- In case of emergency, all isolated patients will remain in their isolated rooms until medical personnel provide instructions.
- The muster station for all medically isolated individuals will be the Medical Center unless otherwise designated in the company OPRP manual.
- The medical team will call the bridge to remind the bridge team that they have a passenger or crew in isolation.
  - The isolated room number should be well documented however a room number should also be provided to the bridge as room assignments may have changed
- The bridge will inform the medical team of the specific Survival Craft that will be used to evacuate the isolated passenger or crew.
  - Family members of the isolated passenger may choose to evacuate in the same survival craft.
  - PPE to be provided by the medical team.
- Doctor and/or nurse will be assigned to a survival craft based on the status of the patients being evacuated.
  - This process should be decided by the Master following the overall ship safety management plan.
- The medical team will attempt to collect essential medications for the management of isolated individuals during the evacuation process.

### **8.3.3 Emergency plan for Quarantined Patients**

- Quarantined individuals may be distributed throughout the ship.
- For this reason, it is impractical to expect to summon them to one muster station and evacuate them in one lifeboat.
- Instead, during an abandon ship signal these individuals must proceed to their regular muster station and proceed with the emergency instructions being provided by the ship's crew.
  - If PPE is available at the time of the call, passengers should make efforts to bring that with them. If there is any system in place to provide PPE upon boarding the lifeboats, then the PPE should be provided to those passengers.
- Quarantined crew do not need to attend any safety drills but are not exempted from



their emergency duties.

#### **8.3.4 Disembarking Isolated Patients**

The purpose of disembarking the isolated patients off the ship is to transfer them from the ship to a higher level of care medical facility for further care and treatment. This should be the main objective throughout this process following relevant shore side authority guidelines.

- If in port, ships should contact the local Health Authority, Port Agent or the local company representatives to arrange for the patients' disembarkation and medical transportation.
  - Only crew members trained in transporting suspected COVID-19 case or confirmed COVID-19 positive cases are to participate in transportation of passengers or crew.
- If under way, the ship's medical staff shall evaluate the patient's condition. If the condition is stable, the patient can be arranged to the local hospital for examination and treatment after the ship arrives at the port; if the patient's condition is acute, Coast Guard or local ground emergency response should be activated for emergent transport to the closest most appropriate medical facility.
- All the individuals who will be interacting with the patient(s) must wear full body (PPE) which must include disposable coverall, gloves, face shield and an N-95 respirator mask that is well fit. Patient must also be provided with a face mask.
- Person(s) must be informed of where they can obtain the PPE.
- Disease Committee, Contact Tracing Team, Master & Staff Captain, Hotel Manager & Medical team, Guest Services Manager and Port Services must hold a meeting to plan and coordinate the relocation of an individual with a suspected or confirmed case from the ship. During this meeting, the following must be determined and clearly described:
  - Task and outline how it will be executed, including time and location
  - Designate responsible person(s) for each task
  - Identify materials needed for the task
  - Identify the required documentation
  - Tasks will include (at a minimum):
    - Determination of the port of disembarkation
  - Contact with local authorities to coordinate disembarkation to include:
    - Point of contact and contact info (i.e. phone number).
    - Specific pick-up location of the patient(s).
    - Method of transportation (i.e. wheelchair to ambulance).
    - Determination of where the patient(s) will be transported.
    - Confirmation of arrangements in the receiving location.
- Ensure complete isolation of the pathway where the patient(s) will exit the ship and assignment of crewmembers with PPE. This will limit potential contact with other passengers or crew.

- Assignment of person(s) to escort/wheel the patient(s) to the point of contact/pick-up location at the terminal.
- Assignment of a team of crewmembers who will sanitize the pathway where the patient exits the ship, including the terminal.
  - If available, sanitation must be done using E.S.S (Electrostatic Sprayer).
- Determine process for removing close contacts and personal belongings
- The process must be coordinated in conjunction with the local health authorities
- Once the plan is drafted, a conference call is to be held with the shore side Disease Committee, in order to review and confirm the plan
- Once the process is completed, a confirmation and summary by the Hotel Manager is to be sent to the Shipboard Management including the Doctor, VIKAND Medical Team and Disease Committee shore side.
- A vacated isolation cabin where a SCC has stayed must be left unattended for 24 hours before cleaning and disinfection is done. This is to allow any remaining droplets to settle.
  - Following sanitation, disinfection and cleaning, the cabin should remain vacant for an additional 24 hours to provide adequate turn-around time.

#### **8.4 ADDITIONAL CONSIDERATIONS**

- Corporate Communications, passenger experience and marketing teams to be ready to respond to questions, media, etc.
- Protocols for sanitation, if there is suspected case onboard.
- If an individual present with symptoms and/or is suspected to have COVID-19, then all areas where this person has been on the ship need to be cleaned and disinfected.

#### **8.5 END OF QUARANTINE**

- Quarantine can be ended due to two reasons:
  - The person has a negative CoVid-19 PCR test but positive to some other confirmed illness (e.g. Influenza A or B, Strep Positive) OR
  - The quarantined individual does not present with any signs or symptoms of the illness beyond the determined incubation period.

#### **8.6 FULL SHIP QUARANTINE**

- Shoreside Disease Committee to immediately deploy key support teams:
  - Provisions as defined by each division's tasks.
  - Consider dispatching additional medical staff.
  - Consider dispatching Hotel Operations shoreside personnel to assist.
  - Consider deploying on site teams.

- Involve Corporate Communications support.
- Shipboard Management to implement centralized on-board command center to coordinate the implementation of quarantine processes and procedures
  - Establish communication with shore side Disease Committee
  - Establish shipboard crisis management team
  - Create passenger communications team supported by guest experience and corporate communications teams to ensure frequent updates to passengers on board
  - Organize extra manpower and crew to address operational needs (where applicable)
  - Establish internal meeting and communication schedules
  - Expand phone operators to handle increase in call volume for medical, room service and general guest services, and communicate extensions to passengers
  - More administrative staff should be assigned to assist the medical center staff
  - Create crew communications team supported by Human Resources to ensure frequent updates to educate crew and manage potential fear
  - Maintain **RED** protocols, including frequent sanitation of all crew areas
  - Limit social gathering venues for passengers and crew members

## 8.7 FULL SHIP ISOLATION MANAGEMENT

- The corridor outside of the RED isolation staterooms will be declared as a Decontamination Corridor
- Staff Captain to establish a decontamination corridor outside the isolation staterooms.
- **Housekeeping**
  - Daily towels and sanitation supplies to be provided to each stateroom
  - Collect linen and trash using **OPRP Red** protocols
  - All trash to be collected in designated infectious disease waste receptacles (also known as biohazard trash liners) for waste preparation from each stateroom collection daily.
- **Food and beverage**
  - Provide up to three hot meals of choice delivered to stateroom through runners (knock-and-snatch technique) using disposables, such as those used for takeaway meals.
  - Adjust to dietary requirements of passengers as informed by questionnaire (food allergies, diabetics, kosher, etc.)
- **In-room entertainment**
  - Provide complimentary internet and increase bandwidth.
  - Provide complimentary in-room entertainment, including movies, enhanced TV programming and live channels.

- Consider those passengers traveling with children (i.e. toys, snacks, games, etc.)
- **Crew preparations**
  - Ongoing communication via Public Address system, Company recorded videos and daily announcements.
  - Assign specific duties, confirm protocols and distribute all necessary PPE.
  - Provide training for specific sanitation and quarantine processes.
- **Guest Services communication center guidance**
  - A call center should be established with extra lines set up on board. This service should be manned accordingly to assist passengers and crew with any questions, concerns and requests.
- **Guest Services guidance**
  - Will ensure that the designated isolation staterooms are ready for any such cases.
  - A review of passenger stateroom assignments would be carried out and outside staterooms utilized as best possible – limiting the number of inside staterooms being used and maximizing the use of vacant outside staterooms for passengers in confinement.
- **Public areas and public restrooms guidance**
  - In addition to the protocols outlined in OPRP Red, all public areas – including child activity center, spa, theater or other location where there have been high traffic or people or congregations and public restrooms are to be fogged with disinfectant, using Electrostatic Sprayers.
    - There will be no spraying where passengers are present
    - After all passengers have been confined to their staterooms, all areas must be isolated and closed/cordoned off.
- **Inventory guidance**
  - Staff Captain, Provision Master and Hotel Director will ensure that the ship has adequate stock of outbreak/COVID-19 specific PPE.
  - PPE must be secured in a locked cabinet or room where only the Staff Captain and Provision Master has access.
  - A station should be set up for distributing PPE to the relevant teams.
  - Items that are described in this plan and are not available onboard should be sourced as part of the preparation.
- **Food and Beverage guidance**
  - Full sanitation barrier must be implemented as soon as all persons have been confined to their staterooms, including both passenger and crewmember areas
  - Strict enforcement of hand washing and hand sanitizer distribution to be activated for all crew working during this period.
  - Food will be delivered to each stateroom as efficiently as possible – deck by deck, taking individual dietary needs and allergies into consideration.

- The delivery team should be primarily made up of dining room crew, each assigned a specific deck/area delivering to the same staterooms on an on-going basis.
  - Training should initially take place outlining proper delivery methods.
  - Strict adherence to all OPRP sanitation protocols in all galleys, food preparation areas and while food service is taken place.
  - Food is to be delivered using designated elevators separated from dirty items.
  - Use an alternative designated galley for the return of used dishes/food waste.
  - The culinary team preparing non-cooked items (vegetables, salads etc.) should wear masks.
  - Rooms with SCC will be considered for additional precautions (i.e. using disposable items that can be incinerated).
  - A team should be assigned for the delivery of food to quarantined crew.
  - The crew mess room should be available for crew who remain on duty during this period.
- **Personnel (Human Resource) Guidance**
    - After 48-hours of confinement and with no further cases reported, crew may be allowed to visit the crew deck in staggered groups maintaining a minimum distance of 6 feet/ 2 meters from other persons
    - Offer counselling and other support as necessary for crew who have experienced stress and anxiety during this time.
- **Security guidance**
    - Security to prepare for responding to any confirmed cases of passengers or crew leaving their rooms.

## 8.8 ISOLATION PROTOCOLS AND PSYCHOLOGICAL ASSESSMENT

Medical personnel should determine which person in isolation meets the medical criteria to be confined. People with “psychiatric conditions “or who are mentally fragile should not be confined in a stateroom for a period beyond 24 hours.

**All individuals who have been identified by the ship Doctor as mentally fragile need to have a scheduled fresh air break outside of their quarantine or isolation room twice daily escorted by the medical officer.** If the medical officer feels uncomfortable escorting the person alone, they must request a deck officer to accompany them.

Medical staff monitor and pay close attention to the following person in isolation:

Condition	Attention
Insulin and non-insulin diabetics	Are prone to hypoglycemic shock if deprived of timely meal service, which will be very difficult for limited food-service personnel to deliver to passengers and crew quarantined in their staterooms.

Smokers	Subject to “Nicotine Withdrawal Syndrome” if they are unable to smoke, with symptoms that range from anxiety to tremors to seizure activity.
Alcohol-dependency	At risk of suffering delirium tremens, including seizures, if deprived of their accommodated alcohol consumption.
Anxiety and/or depression	Likely to experience an exacerbation due to both the act of confinement and deprivation of their medication, since they will be confined to their staterooms and served by an overburdened medical staff with limited supplies
Claustrophobia	Will experience agitation, as they are unaccustomed to confinement.
Acute psychiatric disorders	May exhibit disruptive behavior when subject to confinement.
Persons prone to suicidal ideation or suicidal behavior	May exhibit agitated behavior; resist diagnosis and treatment due to their confinement where they will not be observable by trained medical staff.

- In addition, Individuals with the below “medical condition” must be quarantined or isolated by the close supervision of a doctor.
- Persons with a variety of known medical Conditions requiring proprietary medication, which includes such chronic illnesses as hypertension, coronary artery disease, epilepsy, asthma and chronic obstructive pulmonary disease.
- These persons face the risk of medication deprivation and acute life-threatening exacerbation of their conditions due to the inability of the medical staff to provide known proprietary medications, which are unavailable on board.
- These include restlessness, lethargy, sadness or depression, trouble concentrating, lack of patience, food cravings, decreased motivation, social Isolation, difficulty waking, frequent napping, hopelessness, changes in weight, and inability to cope with stress.
- In the event of individual-specific medical or social/psychological needs (e.g., alcohol dependency; anxiety), these can be handled on a case-by-case basis to ensure close monitoring and management with support from the VIKAND Medical Operations team for any specific resource needs.

## 8.9 EXAMPLE FRESH AIR PROGRAM

### 8.9.1 GENERAL INSTRUCTIONS

- Individuals in quarantine can participate in a twice daily 60 minute Fresh Air Program.
- Medically Isolated crew should be excluded unless approved by the ship’s Doctor.
- Establish an open deck the area that will be used for fresh air program

- If along side, choose the side away from pier
- Establish plans to maintain social distancing during the program
  - Based on the size of the area, determine the number of participants allowed on open deck at one time to maintain social distancing,
  - Time the release of participants to prevent congregation.
- Select the shortest route from each deck to the fresh air area.
- Priority for fresh air program are given based on the cabin location:
  1. Inside cabin (no window)
  2. Cabins with Window (no balcony)
  3. Cabins with balcony
- All participants should wear a face mask when participating in the program.
- Position a small number of monitors (wearing N95 masks) throughout the route to ensure:
  - Social distancing of at least 2 meters (6 feet) is maintained
  - Cabins are released individually and spaced apart to prevent congregating.
  - Numbers are limited to the space available to preserve social distancing.
- Hand sanitizer should be placed at the open deck area and use should be encouraged.
- Participants should be instructed to wash their hands immediately before leaving their cabin and after returning to their room.
- Assign teams to disinfect the area and route between groups

## 9 OUTBREAK PREVENTION & SANITATION

### 9.1 PERSONAL HYGIENE

- All crew practice preventative measures on a daily basis.
- All officers and crew members should utilize antibacterial hand soap to wash all surfaces of hands thoroughly, including between the fingers, palmar and dorsal surfaces and up to the elbows for at least 20 seconds with warm water.
  - Hands should be pointed downward so that the water flows off the hands and arms.
  - Hands should be washed frequently, especially after touching hair, face or body, sneezing or coughing, smoking and chewing tobacco or gum, before and after eating or drinking, cleaning, carrying garbage and touching anything that may contaminate hands.
- Hand sanitizers should be readily available around the vessel and used when unable to wash hands with antibacterial soap and warm water.

### 9.2 PERSONAL PROTECTIVE EQUIPMENT

- PPE should be made available for all crew from a centralized station which allows for effective monitoring and prevents egregious overuse or hoarding of supplies. The appropriate PPE for each crew member will be dependent on their job responsibility, level of interaction with the public and level of interaction in public areas.
- Passenger cabins should be equipped, prior to sailing, with PPE located within closed packaging.
  - A video via the information channel on TV and/or informational flyer detailing proper donning and doffing of masks, how to take their temperature and good handwashing technique should be provided.
  - To allow passengers the ability to self-check, disposable thermometers should also be provided within the passenger cabins (1 per passenger), and these which should also be maintained within the closet in the stateroom with the PPE.
- Additionally, available PPE should be maintained and located at the hospitality /purser/ activities desks throughout the ship, and available for passengers upon request.
- Prior to going ashore, passengers and crew members should be reminded to take the appropriate PPE with them, and to dispose of same in the appropriate bins located ashore.

#### 9.2.1 PPE on the job (work safety)

- All crew members should wear the appropriate gloves for their job requirements and involvement.
  - Disposable gloves should be made available for those departments requiring frequent change in and out of same.



- Use clean gloves when handling food and replace gloves as necessary or when changing tasks.
- Gloves should be worn when cleaning and disinfecting surfaces.
  - Gloves should be discarded after each use and/or change of surfaces.
  - Upon removing reusable gloves, hands should be washed thoroughly, including between the fingers, palmar and dorsal surfaces and up to the elbows for at least 20 seconds with warm water.
- Reusable gloves (heavy duty) gloves should be made available for those departments and jobs requiring an extensive time period within the gloves.
  - Reusable gloves should be those that are able to be disinfected and/or sanitized after each use or at the end of each day.
  - Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed
  - Upon removing reusable gloves, hands should be washed thoroughly, including between the fingers, palmar and dorsal surfaces and up to the elbows for at least 20 seconds with warm water.
  - If handwashing is not readily available, hand sanitizer may be used until a sink and antibacterial soap can be accessed.
  - Consideration should be given to providing 2 pair of reusable gloves to each crew member requiring them. One pair for use while the second pair is being disinfected/sanitized and/or drying.
- The procedure for donning and doffing PPE is in the Annex to this plan.
- All ships should designate locations and use separate bins for disposal of PPE.
  - The designated infectious waste receptacle (also known as biohazard bin) for PPE must be properly marked, have a lid and sealable plastic bag.
  - PPE confirmed contaminated or used by medical crew must be placed in a designated infectious waste receptacle (also known as biohazard bag) and be separated from general waste.

### 9.3 CHEMICALS FOR SANITATION

The chemicals used for sanitation against Covid-19 should be according to the list of EPA registered chemicals (List N) or equivalent. All chemicals shall be used according to the manufacturer's instruction, dilution and contact time. Do NOT use disinfectants on Humans.

- <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Additionally, diluted household bleach solutions can be used if appropriate for the surface with a contact time of ten (10) minutes. Follow manufacturer's instructions for application. Allow proper ventilation during and after application. Check to ensure the product is not

past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Prepare a bleach solution by mixing:

- 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water

### 9.3.1 Cleaning and disinfection

Sanitation to be done daily and increased in line with the management plan.

Company OPRP Sanitization Level	The Frequency of Cleaning
Green	Follow SOP for the area.
Yellow	Increased Sanitizing *
Red	Continuous High-Level Sanitizing **
<p>* <b>Increased Sanitizing</b> - This is specific to the SOP for the area however you must at least double the amount of sanitizing specified in the SOP. For example, if the standard is once every 3 hours, it will be increased to once every 90 minutes.</p>	
<p>**<b>Continuous Sanitizing</b> - Sanitizing must take place more frequent and <b>continuously</b>. This means once a surface has been wiped down, and air-dried, it needs to be wiped again.</p>	

All ships shall have a specific plan for a full sanitation barrier consisting of checklists for all areas around the ship. In addition, each ship should have checklists for the daily sanitation.

Include public areas, passenger areas and general contact surfaces, such as furniture, elevator buttons, door handles, escalator handles, banister railings, phones, sneeze guards, tables etc.

#### Hard (non-porous) surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Appropriate PPE should be worn when cleaning and disinfecting, at the very least the appropriate gloves.

#### Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
  - After cleaning, launder items as appropriate in accordance with the manufacturer's

instructions.

- If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Otherwise, use chemicals that are suitable for porous surfaces.

### **Electronics**

- For electronics such as cell phones, tablets, touch screens, remote controls, and keyboards, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products. Consider use of wipe able covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

### **Linens, clothing, and other items that go in the laundry**

- Wear disposable gloves when handling all dirty laundry and linens and discard after each use.
  - Clean hands immediately after gloves are removed.
    - If handwashing is not readily available, hand sanitizer may be used until a sink and antibacterial soap can be accessed.
- Do not shake or air out dirty laundry.
  - This will minimize the possibility of dispersing virus through the air.
- The housekeeping/laundry department should launder items as appropriate in accordance with the manufacturer's instructions.
  - Whenever possible, launder items using the warmest appropriate water setting for the items and dry items completely.
  - Dirty laundry and linen from PUI or guest diagnosed with COVID-19 MUST be laundered by itself and not comingled with any other laundry or linen.
- Clean and disinfect clothes hampers according to guidance above type of surfaces.
  - If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

## **9.4 CLEANING, DISINFECTING AND SANITATION BY DEPARTMENT**

Each department will have varying protocols for the cleaning and disinfecting of either it's department, work area or assigned areas. The appropriate hygiene measures should always be utilized when performing cleaning tasks as required.

The threat level classification will delineate the specifics of the required protocols including frequency, concentration of chemicals and solvents, contact times with surfaces as well as the number of teams performing the duties required.

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.1 General Requirements</b>		
<p>The Standard Sanitization Procedures apply according to the company OPRP Procedures</p> <p>All persons boarding the ship must complete a Heath Questionnaire at the gangway prior to boarding and will be allowed to embark only if stated fit.</p> <p>All persons boarding are subject to body temperature screening. Any persons who have been contact with found with fever will be denied boarding.</p>	<p>The general frequency of cleaning and disinfection of hand contact surfaces within public areas for passengers and crew including offices, changing rooms etc. is to be increased to at least 3 times per day.</p> <p>Increase disinfectant concentration to 1000-ppm chlorine or appropriate disinfectant 1:16 dilution for about 5 min contact time for non-food areas.</p> <p>Hand Washing campaign to be reinforced.</p> <p>Crew and passengers are to be advised to reduce hand contact.</p> <p>Hand sanitizer use is to be encouraged by stationing a crewmember next to dispensers to encourage passengers and crew participation.</p> <p>All frontline staffs are advised to wear facemasks on board.</p>	<p>The sanitation frequency is further increased to as frequently as possible, i.e. continuously and after each use of equipment and/or facilities where practical.</p> <p>Concentration and contact time is to be increased, i.e. disinfection with a chlorine solution of 1000 ppm for 10 min contact time.</p> <p>Crew and passengers to be informed of the outbreak (daily during its duration) including those embarking after an outbreak voyage or segment.</p> <p>Captain to keep Shore Office updated on the situation.</p> <p>Stop all crew transfer between vessels.</p> <p>Visitors are not allowed on board. The Captain may grant special access to officials, contractors, ship's agents and technical personnel.</p>

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.2 Department Heads</b>		
<p>Ensure sufficient stocks of Personal Protective Equipment (PPE) (face masks, face shields, coveralls, gowns, antiseptic pad, hand sanitizer).</p> <p>Ensure offices are disinfected daily.</p> <p>Encourage personal hygiene and correct hand-washing techniques.</p> <p>Provide relevant health advice and guidelines to employees.</p> <p>Corporate Communications circulates updated news on Covid-19 via email to all department heads.</p> <p>Vaccinate Staff, when available</p>	<p>Meet with shipboard management and go through the OPRP and activate Social Distancing Plan.</p> <p>Brief all section heads on the relevant measures to be taken.</p> <p>Provide updated health advice and guidelines to staff.</p> <p>Visitors from disease-affected countries must be advised not to visit ship.</p> <p>No social visitors allowed on board.</p> <p>Remind staff to consult doctor and report to Department Head if having flu-like symptoms.</p>	<p>Disinfect offices continuously.</p> <p>Departments may have to split into team A and team B and work on alternate days so that in case one staff contracts disease, it will not affect whole operation.</p> <p>External visitors can only deliver documents into a central collection point and cannot go inside offices.</p> <p>Essential workers only in offices.</p>

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.3 Embarkation / Operational Department</b>		
<p>Continue briefing / reminding all staff of an extra concern and importance of good personal hygiene &amp; hand washing.</p> <p>Continuous monitoring/ surveillance of visitors and staff for signs and symptoms of illness</p> <p>Disseminate the government's health advice/information to all passengers upon cruising / reservations.</p> <p>Have alcohol-based hand sanitizer present and used by passengers in embarkation hall.</p> <p>Post notice of sanitized frequency of equipment / embarkation hall</p> <p>Pre boarding health questionnaire?</p>	<p>Higher frequency with increased levels of sanitization and disinfection at the ship gangway and passenger walkways.</p> <p>Stringent checks for all embarking individuals including crew travel documents.</p> <p>Online check-in for passengers to receive designated time at the cruise terminal to minimize crowd congestion</p> <p>Additional waiting area for cruise board &amp; disembarkation</p> <p>All sign on crew to be proved Covid-19 negative.</p> <p>Disinfect all luggage prior loading.</p> <p>Embarkation staff facing passengers to wear face masks and gloves.</p> <p>All Passengers and Crew to swipe their access cards themselves.</p> <p>Passenger muster drill simplified.</p>	<p>Consider COVID 19 testing for all passengers and crew.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.4 Housekeeping – Passenger and Crew Cabins</b>		
<p>Passenger and Crew Cabins are to be cleaned and sanitized according the Hotel standard operating procedures.</p> <p>Sanitizer solution must be applied using a spray or damp cloth and allowed to air dry to give the sanitizer enough contact time to kill viruses present.</p> <p>Ensure and maintain ample supply of disinfectants.</p>	<p>Wipe down of cabins and frequently touch surfaces with disinfectant twice daily. Fog vacant passenger cabins</p> <p>Minimize vacuuming to limit possible transfer of virus. Pre-spray areas to be vacuumed with disinfectant to help reduce dust.</p> <p>Clean and disinfect guest bathrooms with heavy duty alkaline bathroom cleaner and hospital grade disinfectant</p> <p>Injection of diluted cleaning solutions into drains to avoid clogging pipes and prevent bacterial / viral growths.</p> <p>All garbage must be collected and bagged/binning inside the cabin rather than out in the corridor.</p> <p>Do not shake linen.</p> <p>Housekeeping staff to spray the soles of their shoes with appropriate disinfectant after working in each cabin.</p> <p>Housekeeping staff must be re-briefed about the importance of washing hands after cleaning or working in each cabin and/or using hand sanitizers where this is not possible.</p> <p>Ice to be distributed only upon request. All ice buckets must be cleaned and sanitized prior refilling it with ice.</p>	<p>Follow Isolation and Quarantine protocols in the OPRP.</p> <p>Increase concentration of disinfectant and contact time as applicable.</p> <p>When SCC has vacated cabin keep it un-attended for 24 hours before cleaning.</p> <p>SCC Cabins are to be fogged when vacant.</p> <p>All vacuuming must be suspended. Vacuum bags must be removed and incinerated. The vacuum bag compartments must be carefully disinfected.</p> <p>Hands must be washed with liquid soap before proceeding to next cabin. The same cleaning cloth must never be used in more than one cabin. Used cloths must be discarded. Ensure carts/trolleys are kept clean without any risks of cross-contamination between clean and dirty items.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.5 Housekeeping – Public Areas for Passengers and Crew</b>		
Public Areas are to be cleaned and sanitized according the Hotel standard operating procedures	<p>All public areas on board undergo a two-tier sanitization process with thorough cleansing and disinfection. Fogging to be done as necessary.</p> <p>Twice-daily wipe-down of corridors and alleys.</p> <p>Elevators: Frequency two (2) hours</p> <p>Public Areas and facilities – increase frequency.</p> <p>Spa and amenities: Minimum twice, and wipe down after every treatment</p> <p>Other Public Areas: Increase frequency</p> <p>Touch Points increase to four (4) times daily</p> <p>Frequent usage of heavy-duty neutral PH floor-cleaning agent to disinfect all floor areas of the ship.</p> <p>Sanitizer dispenser available at various public areas and crewmembers stationed to provide hand sanitization.</p> <p>Activate social distancing plan.</p>	<p>Restrict large gatherings.</p> <p>All public areas – including spa, theater or other location where there are high traffic or people congregate – and public restrooms are to be fogged.</p>



GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.6 Public Rest Rooms for Passengers and Crew</b>		
<p>Public toilets should be washed / Rinsed / sanitized thoroughly at least three times a day.</p> <p>Check all toilets have liquid soap and toilet paper present.</p>	<p>Public toilets to be checked and thoroughly cleaned, disinfected and restocked at least every three (3) hours and whenever soiled.</p> <p>Identify and clean / disinfect busy locations more frequently.</p> <p>Spray or ideally fog public restrooms with disinfectant every night. Areas recently treated (sprayed or fogged) should be marked with advisory signage, restraining guests of using the facilities until air-dried.</p> <p>Remove toilet brushes.</p> <p>Whenever possible, prop open the doors to public restrooms to reduce the need to touch door handles.</p>	<p>Frequent monitoring, cleaning, disinfection and Re-stocking of public toilets (minimum once per hour or every 30 min in busy periods).</p> <p>Disinfect toilets with 1000-ppm chlorine on taps, tiles, faucets and toilet bowls. The chlorine must be allowed to be in contact with the surface for at least ten (10) minutes, and must air dry, do not wipe off. Use separate rags for the toilet only, one rag per restroom (disposable cloths can be used).</p> <p>All surfaces must be sprayed with an effective hospital grade disinfectant continuously.</p>

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.7 Outside Decks</b>		
<p>Deck blankets - should be laundered quarterly.</p> <p>Lounger and seating cushions should be disinfected weekly.</p> <p>Abandoned soiled pool towels must be routinely collected throughout the day and placed in a designated "dirty" bin or trolley. When the bin is full, the soiled linens must be bagged and taken directly to the Laundry. The bin should be disinfected at least weekly.</p> <p>After handling the delivery, staff must immediately wash hands prior to starting a new task.</p>	<p>All hand touch / contact points are to be cleaned and disinfected at least 3 times per day. This includes pool or spa / door / seat handles, push panels and railings.</p> <p>Disinfect lounge and seating cushions daily.</p> <p>Disinfect the "dirty" towel bin daily.</p>	<p>Sanitize all hand touch / contact surfaces (i.e. handrails etc.) wiping all hard surfaces with 1000 ppm chlorine disinfectant continuously.</p> <p>Disinfect Lounge and seating cushions in use at least three (3) times per day.</p> <p>Disinfect the "dirty" towel bins at least three (3) times a day after the busy periods of use.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.8 Main Laundry</b>		
<p>Follow OPRP, Hygiene Procedures, Hotel SOP and VSP.</p> <p>Trolleys must be labelled or painted different colors to distinguish them between “clean” and “dirty”. They should be stored in “clean” and “dirty” areas respectively.</p> <p>Trolleys must be cleaned daily to remove all dirt and debris from the bottom surface and disinfected.</p> <p>A laundry machine should be designated and labelled for use with all laundry from isolation and quarantined cabins.</p>	<p>Dirty laundry to be transported according to pre-arranged routes to avoid contamination.</p> <p>The entire Laundry area including decks and bulkheads must be cleaned / disinfected by Laundry staff daily.</p> <p>Unmanned fogging of laundry areas should be carried out by Laundry staff each day.</p> <p>All laundry machines must be disinfected each day by spraying disinfectant inside and outside and running empty on the hottest temperature cycle.</p>	<p>Avoid cross contamination between clean and dirty items. All laundry trolleys to be sanitized twice a day. Laundry including machines to be cleaned and sanitized at least daily.</p> <p>All irreparable damaged linen to be discarded as bio-hazardous waste. Use dissolvable linen bags for contaminated linen and dedicate one laundry machine to clean this linen.</p> <p>Ensure laundry machine cycle is set to a minimum of 160° F (71° C). Non-heat tolerant (white) fabrics laundered can be disinfected using 150-ppm chlorine solution for at least 5 min in the penultimate rinse cycle.</p> <p>Control panel and handles must be disinfected after starting each load so that when opening, viral particles are not transferred by hands to clean laundry.</p>

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.9 Crew Laundry</b>		
<p>As per Standard Hotel Operating Procedures.</p> <p>Disinfectant solution sprays must be made available in crew laundry and a notice posted on its use.</p>	<p>Increase the frequency of cleaning and disinfecting to at least three times per day.</p> <p>Limit the hours of operation to a maximum of 12 hours a day.</p> <p>Disinfect surfaces on all machines, laundry equipment, ironing boards, irons, hand contact surfaces at least three times per day.</p> <p>Spray disinfectant inside washing machines, cycle at least twice daily.</p> <p>Run all empty machines through the highest temperature wash cycle at the end of opening hours and then re-spray inside with a disinfectant.</p> <p>Areas recently treated (just sprayed or fogged) should be marked with advisory signage, restraining guests of using the facilities until the air-dried.</p>	<p>Limit the use of or close laundry facilities.</p> <p>If kept open initially, the laundry, including all laundry equipment, must be continuously sanitized with 1000-ppm chlorine solution and disinfectant.</p> <p>Areas and surfaces to be fogged, including outside and inside of washing and drying machines</p> <p>After spraying inside washing machines, they are to be run once using the hottest cycle.</p> <p>Notices should ideally be posted in all self-service laundry's recommending using the hottest cycle of the machines only.</p> <p>If possible, all laundry machines should be set to run at these temperatures during an outbreak and warning notices displayed to avoid any accidental damage to delicate laundry.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.10 Technical Department</b>		
Normal Operations	<p>Consider changing to hospital grade HVAC filters.</p> <p>Technical staff working with grey or black water systems to wear full PPE.</p>	<p>All exhaust from bathroom and inside the temporary isolation staterooms and hospital wards to be fitted with a filter box with hospital graded HEPA filter. (Cabin fan coil return duct not to be included since it is internal to the cabin).</p> <p>The air-handling unit serving the temporary isolation staterooms and hospital wards to be fitted with hospital grade HEPA filter on the exhaust side before the exhaust fan and heat recovery wheel.</p> <p>The heat recovery wheels for the temporary isolation staterooms and hospital wards to be stopped as well as closing/seal off the overflow from stateroom to corridor (where applicable) during the time the staterooms are being used/occupied with a COVID 19 case.</p> <p>Vessels with recirculated air from corridor to air handler serving the temporary isolation staterooms to be manually closed.</p> <p>Vessels with fan coil mode function for public spaces and staircases to be manually closed via the HVAC automation system.</p> <p>Vessels with 50% recirculated air in public spaces to consider closing the return air and adjust the airflow to what the fresh air inlet and exhaust outlet duct system can handle.</p> <p>A return to service plan is to sanitize and replace the filter for the cabin fan coil units, sanitize the air handler as well remove /discard contaminated HEPA filters and replace it with a new original air filter.</p>

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.11 Guest Services / Front Office</b>		
<p>Monitor staff for proper hand-washing procedures</p> <p>Arrange information brochures in the cabins and provide instructions on where on-board assistance is available.</p> <p>Reception Desk is to:</p> <p>Inform the Doctor of the name, cabin number and any illness details arising from passenger's complaints, which may otherwise go unreported.</p> <p>Advise the passengers to remain in their cabin and have the Duty Nurse contact them.</p> <p>If the individual presents at the Reception Desk, have him/her escorted to his/her suite to await contact from the Medical Center.</p> <p>Reception Desk counters are to be cleaned and disinfected daily.</p> <p>Staff are to avoid hand to mouth contact exposure, especially after handling money, credit cards, pens and other items, etc. that may have been handled by passengers or crew.</p>	<p>Clean and disinfect all hard surfaces at least three times daily. Surfaces and items requiring special attention include cash drawers, phones, keyboards, printer and copier command boards, UHF radio buttons, passport holder, pens, command boards, cards, laptops, etc.</p> <p>Disinfect pens/pencils after each use.</p> <p>Remove shared contact items (pens, pencils, brochures) from passenger area to avoid cross contamination.</p> <p>Guest Services staff and Receptionists wear facemasks and disposable gloves if in contact with documents etc.</p> <p>Activate Social Distancing plan.</p>	<p>Face mask to be used by all passengers and crew.</p> <p>Follow Isolation and Quarantine protocols as applicable.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.12 Spa and Gym</b>		
<p>All hand and bottom contact hard surfaces, accessories, door handles, sales racks, Micros machines (point of sale) and equipment to be sanitized daily after closing for business (with a chlorine solution i.e. 100 ppm or a disinfectant and 10 min contact applied to the surface by a spray bottle or saturated clean yellow cleaning cloth. This disinfecting should target areas and items that are touched by users.</p> <p>Cleaning and disinfecting surfaces should take place when guests are not present.</p> <p>Clean and disinfect the back offices at least once per cruise. This shall include but is not limited to keyboards, mouse and mouse pads, light switches, copy machine buttons, telephone receivers and keypads, handles and knobs, waste bins, etc.</p> <p>Provide alcohol hand-sanitizers at the entrance of the gym and disinfectant wipes for wiping down the equipment between uses.</p>	<p>Clean and disinfect hard surfaces and accessories three times daily using a 1000 chlorine ppm solution or a hospital grade disinfectant.</p> <p>Clean and disinfect the back offices at least daily.</p> <p>All carpets must be sprayed and ideally shampooed / extracted at night or when in ports (i.e., the shops are closed) as often as possible. Soft furnishings other than carpets must be sprayed with an effective disinfectant after the shop has closed.</p> <p>Frequent hand washing should be encouraged, and alcohol hand sanitizer gel used.</p> <p>Minimize direct contact with guests. This involves minimizing hand shaking, passing items and other bodily contact.</p> <p>Activate the Social Distancing plan.</p> <p>Spa and amenities will be sanitized minimum three times daily and wiped down after every treatment.</p> <p>Gym facilities will be sanitized prior to and after use of passengers and crew.</p> <p>Disinfect the "dirty" towel storage bin daily with an effective disinfectant.</p>	<p>Sanitize hand contact and sitting surfaces continuously and after closing each night. Sanitize all soft furnishing, tables, counters and other hard surfaces, which may be touched or sat upon.</p> <p>Consider closing the SPA and Gym. Saunas and steam rooms are to be closed</p> <p>All re-usable equipment to be disinfected by washing at a temperature higher than 71°C or soaked in chlorine solution and rinsed off with water.</p> <p>Any towels provided must be bagged and sealed before removal and laundered after use. Disinfect the "dirty" towel bin each time it is emptied.</p>

<b>GREEN</b>	<b>YELLOW</b> <b>In addition to the level Green procedure as appropriate</b>	<b>RED</b> <b>In addition to level Yellow procedure as appropriate</b>
<b>9.4.13 Child Care, Retail, Virtual and Video Arcade and Recreational Activities</b>		
<p>All hard surfaces and door handles, sales racks, Micros machines (point of sale) and equipment to be sanitized daily after closing for business.</p> <p>All equipment to be cleaned and disinfected daily.</p> <p>Brief crew on good personal hygiene and proper technique for hand washing.</p>	<p>Clean and disinfect hard surfaces and accessories three times daily before and after service using a 1000 chlorine ppm solution or a hospital grade disinfectant</p> <p>Sanitizer dispensers will be available at venue entrances and exits.</p> <p>Activate Social Distancing Plan.</p>	<p>Sanitize hand contact and sitting surfaces continuously and after closing each night. Sanitize all soft furnishing, tables, counters and other hard surfaces which may be touched.</p>
<b>Child Care Facilities specific</b>		
<p>Child Care Activity facilities to be maintained as per VSP.</p>	<p>Cleaning and disinfecting of all toys, games and Child Activity facilities twice daily and or after every use.</p>	<p><b>Discontinue use of childcare center and activities.</b></p>
<b>Retail specific</b>		
	<p>Limit number of guests and availability of merchandise handled by guests. Remove test samples.</p>	<p>Consider closing all retail spaces onboard.</p>
<b>Virtual Reality, Video Arcade and Recreational Activities specific</b>		
	<p>Theatres will be sanitized before and after each show disinfected before and after usage.</p> <p>All recreational equipment will be disinfected every two (2) hours and before use.</p> <p>Limit capacity to half the venue to provide ample space between passengers</p>	<p>Limit or cancel activities</p>



<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.14 Security and Gangways</b>		
<p>Disinfect daily equipment, surfaces and gangway railings during and after embarkation / disembarkation.</p> <p>Health Questionnaire is to be completed prior to boarding.</p>	<p>Visitors, crew and contractors to submit health questionnaire / declaration and be temperature checked before being allowed entry into ship.</p> <p>Security staffs who are handling passenger and crew items for inspection or X-ray are to wear facemasks and disposable gloves.</p> <p>Hand sanitizers to be provided at all embarkation gangways for security staff to use when necessary.</p> <p>Each passenger and crew will swipe their own card upon boarding</p>	<p>Visitors will be denied. The Captain may grant special access to contractors, ship's agents and technical personnel.</p> <p>Security at gangway to wear facemasks and /or face shields.</p> <p>Continuous disinfection of gangway areas to be done.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.15 Shore Excursion</b>		
<p>The shore concierge manager shall ensure that all excursion buses are fully sanitized before and after each tour.</p> <p>All passengers shall be instructed to use the hand sanitizers before entering the buses.</p> <p>Shore Concierge Staff and tour escorts shall be:</p> <ul style="list-style-type: none"> <li>-Supplied with alcohol hand sanitizer. Advised of the importance of using sanitizer.</li> <li>-Informed of modes of viral spread</li> <li>-Instructed to report any PUI to the Doctor</li> </ul>	<p>Shore Concierge Manager to supply Doctor with all tour cancellations (names, cabin numbers) to account for any unconfirmed cases.</p> <p>The role of the shore concierge staff is vital since any symptomatic passengers are highly likely to spread the illness to many other people.</p> <p>Passengers showing or experiencing symptoms during an excursion are to be sent to shore hospital immediately using separate transport.</p> <p>The number of persons on each tour to be reduced to allow proper social distancing in the vehicles used</p>	<p>Consider cancellation of shore excursions</p>

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.16 Tender Operations</b>		
<p>The day before each tender port and after a tender port (following the end of tender service) all hand touch surfaces inside each tender are to be cleaned and disinfected.</p> <p>Cleaning efforts are to concentrate on all hand and bottom touch surfaces, all handles including window handles, seats and benches, poles and railings.</p> <p>Gangway railings are to be disinfected during and after embarkation / disembarkation.</p> <p>Hand contact surfaces in gun port area are to be disinfected at the end of each day, when used.</p>	<p>All tender boat crew and directional staff to wear face masks. Disposable gloves to be worn by crew in contact with guests.</p> <p>Gangways railings are to be disinfected every two hours and after times of high passenger use.</p> <p>Hand contact surfaces in gun ports are to be disinfected twice during the operating hours.</p> <p>Where the gun port deck is not carpeted, it is to be sprayed with disinfectant.</p> <p>Any dockside water/juice dispensers, taps and counters is to be wiped down with 1000-ppm chloride solution in between arrival and departure of the tender.</p> <p>Provide hand sanitizer for gangway operations. These are to be dispensed into passenger's hands or passengers are to be asked to use them.</p>	<p>Disinfect hand touch surfaces continuously during use.</p> <p>Gangway railings are to be disinfected every 2 hours when in use.</p> <p>Hand surfaces in gun ports are to be disinfected as frequently as possible during periods of use.</p> <p>*Tenders should only be used to disembark passengers or crew and are not to be utilized for any other shore excursions.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.17 Crew Specific</b>		
<p>Department head shall ensure crewmembers are briefed regarding infectious diseases such as Covid-19 and ensure proper cleaning procedures are followed when handling food and goods.</p> <p>Any crew with fever and other associated symptoms must report immediately to ship Medical Center and information must be given to Port Health Authorities prior to arrival in the next port.</p> <p>All crew shall receive training to all crew regarding Covid-19, symptoms, awareness, recognizing, management and self-care and safe use of PPE.</p> <p>Additional Training to all staff using donning and doffing of Personal Protective Equipment.</p> <p>All crew without cleaning allowance shall receive training in proper cleaning, sanitizing and use of disinfectants for crew cabins.</p>	<p>All crew signing on to submit health declaration and be assessed by ships medical staff upon boarding.</p> <p>Crew with reported fever or symptoms must be treated carefully and isolated in a special isolation cabin.</p> <p>If ship is in port, shipping agent and Port Health must be informed immediately to arrange for said crew to disembark / send to hospital for evaluation.</p> <p>Crew's body temperature must be measured twice daily for 14 days joining.</p> <p>PPE readily available to all crew.</p> <p>Crew are not to use the gym, crew bar or participate in any activities the first 14 days on board.</p> <p>Shore leave should be restricted, and no social visitors allowed.</p>	<p>No shore leave is granted.</p> <p>Facial masks to be used by all crew.</p> <p>Crew movement will be restricted. See Quarantine plan</p> <p>All cabins to be cleaned daily and hospital grade disinfectant used when any crew in isolation or quarantine.</p> <p>Essential crew to be selected for work and all others will be placed in self-quarantine.</p> <p>Mental Health and medical follow ups done by Personnel and Medical Staff.</p> <p>Temperature screening of all crew twice daily when SCC onboard.</p>

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.18 Environmental Operators – Garbage Room</b>		
<p>Always maintain the highest levels of cleanliness , using detergents to wash surfaces, rinse with clear water, then disinfect with 100 ppm chlorine solution or other effective disinfectant ensuring a 10-minute contact time at least daily.</p> <p>Any persons sorting or handling garbage in the garbage room must be properly protected by wearing durable vinyl gloves, aprons, and safety glasses/goggles.</p>	<p>Twice daily deep clean and disinfect hand-touch surfaces and equipment used and handled. Use detergents to wash surfaces, rinse with clear warm water, and then disinfect using 1000-ppm chlorine solution or a disinfectant.</p> <p>Full Hand washing facilities are to be kept replenished and near the entrance of the garbage room. Staff who bring contaminated bags to the garbage room must wash their hands for 20 seconds with soap and hot water prior to leaving the area.</p> <p>Remove coveralls and gloves when work is completed (and before moving around the ship to any clean areas) and place them in a sealed bag for either disposal or laundering. Change into fresh overalls before visiting the mess or any other areas where food is being handled (provisions, galley).</p>	<p>Disinfect all areas and equipment continuously when the garbage room and/or incinerator are in use.</p> <p>Clean and sanitize garbage areas every four hours.</p> <p>At the turnaround following an outbreak an additional deep clean and disinfection of surfaces and equipment in these areas is to be carried out.</p>

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.19 Provision</b>		
<p>All provision staff and Chefs (who assist the provision) are to be attentive to proper hygiene requirements for suppliers and review the origin of goods delivery.</p> <p>Provision Masters are to send a report to Purchasing personnel for follow up if any suppliers are not compliant with Company hygiene requirements.</p>	<p>Staff to spray the soles of their shoes with appropriate disinfectant every time entering the provisions area and freezers.</p> <p>Provisions Staff must be re-briefed about the importance of washing their hands or using hand sanitizers where this is not possible.</p> <p>Any authorized visitors or members of the Technical Department carrying out repairs should wash their hands and spray the sole of their shoes before entering the provisions area.</p> <p>Provision Master should determine a designated spot for dispatching of provisions. Appointed times to each department collecting provisions should be determined. This area should be sanitized in between dispatching times.</p> <p>Containers brought from outside provisions area should be sanitized and used only in the area designated for the dispatch of goods.</p> <p>Twice daily deep clean hand-touch surfaces and equipment used and handled. Use detergents to wash surfaces, rinse with clear warm water, and then disinfect ensuring a 10-minute contact time.</p>	<p>No visitors or any other crewmembers that is not part of the provision team should be allowed inside the provisions area.</p> <p>To avoid cross contamination containers should not be brought into the provisions area. Items requested must be delivered to the venues by the provisions team.</p> <p>Disinfect all areas and equipment continuously.</p> <p>At the turnaround following an outbreak an additional deep clean and disinfection of surfaces and equipment in these areas is to be carried out.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.20 Inventory and Purchasing</b>		
<p>Ensure each Department head provide outbreak Par list of all departments.</p> <p>Ensure sufficient PPE to cover usage for two weeks.</p> <p>Ensure supplies and vendors have supplies.</p> <p>Close monitoring of sufficient water, disposable goods, disinfectants, sanitizers.</p> <p>Medical Supplies / Equipment Par levels will increase.</p> <p>Order sufficient PPE, Face masks, N95, shields, surgical masks, aprons, covers.</p>	<p>Order additional PPE as required.</p> <p>Consider a solution to any potential onboard storage problem that would be encountered when stockpiling PPE and equipment. A rotating storage facility would provide the ability to utilize a readily available stockpile of all necessary PPE. This PPE would be managed and stored at geographically strategic locations that would allow for the request for release to be managed diligently and expediently, lowering the logistical problems of deploying same to the ship. Expiration dates would be monitored, and a rotating shipment utilized as needed, with replenishment happening on a continued basis as stores are utilized. In addition to the storage of PPE and supplies, the same principle could be applied to sanitation/disinfecting equipment.</p>	

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.21 Food and Beverage – Front of the House</b>		
<p>Company OPRP Procedures to be followed.</p> <p>A hand sanitizer dispenser must be installed near the entrance of the restaurants with appropriate and correct signage and the dispenser should be checked before each service</p> <p>Surfaces to be disinfected with 200-ppm chlorine solution or a disinfectant daily. Disinfected surfaces that come in contact with food must be rinsed with warm water after five (5) minutes.</p> <p>At the end of service or earlier whenever an area is heavily soiled, the three (3) bucket system must be used, then a final disinfection as above can follow</p> <p>Tables or seating areas that are pre-set with utensils and dishware must not exceed a four (4) hour set up time.</p> <p>Staff with influenza like symptoms shall not be allowed to serve guests.</p>	<p>All passengers and crew are mandated to wash hands before entering food and beverage outlets and use hand sanitizer dispenser available.</p> <p>Passenger seating will ensure sufficient spacing, disposable cutlery on request.</p> <p>All food and beverage should be fully serviced, self-service buffets are suspended. Waiters must wear disposable gloves and hand all clean dishware and wrapped utensils to guests in the buffet line.</p> <p>Tongs and serving utensils shall be replaced at least every 15 minutes.</p> <p>Suspend all cutlery polishing. Exposed cutlery must be minimized. All utensils shall be covered with food grade plastic wrap or rolled up in a single service cloth / paper napkin.</p> <p>Sanitize waiter stations, all beverage stations, any hard surfaces which may be touched by guests such as table tops, chair- arms, handrails, buffet tray rails, sneeze guards, door handles, handrails, counters and any other likely hand contact surfaces every hour.</p>	<p>During full ship quarantine, provide up to three hot meals of choice delivered to cabin through runners (knock-and-snatch technique) using room services.</p> <p>Adjust to dietary requirements as informed by questionnaire (food allergies, diabetics, etc.)</p> <p>Carpets should not be vacuumed but be sprayed with Antibacterial All-purpose cleaner / Disinfectant and allowed to air dry.</p>



<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>Food and Beverage – Front of the House Continued</b>		
	<p>Wash and rinse soiled tables and areas thoroughly before disinfection using the '3 bucket system'.</p> <p>Once a table has been occupied, even partially, all unused cutleries and chinaware must be removed from the table and processed through dishwasher machines</p> <p>Remove condiments including salt and peppershakers from the table, disinfect and individually provide to guests on request or must be provided in single service sachets.</p> <p>At the end of service when areas are vacated, the tables and chairs should be sprayed with wide area sprayers and wiped down after a 5 minutes contact time.</p> <p>Where possible, displayed foods will be individually plated or wrapped, in order to minimize any possible contamination from passenger handling during service.</p> <p>Chlorination of ice machines and ice scoops every 48 hours</p> <p>Activate Social Distancing Plan.</p>	

<b>GREEN</b>	<b>YELLOW</b> In addition to the level Green procedure as appropriate	<b>RED</b> In addition to level Yellow procedure as appropriate
<b>9.4.22 Food and Beverage – Back of the House</b>		
<p>Company OPRP Procedures to be followed.</p> <p>Any authorized visitors or members of the Technical Department carrying out repairs must wash hands before entering the food areas.</p> <p>Daily spot checks of all galleys by the Sanitation Officer (or Chief Steward on ships without Sanitation Officer) to ensure highest standards of hygiene are maintained and to remind crew of situation and its control.</p>	<p>Culinary use of wild animals and related products will be prohibited.</p> <p>Stringent procurement guidelines will be enforced and product sourcing from highly affected regions will be strictly prohibited</p> <p>All passenger galley tours must be suspended.</p> <p>Information relating to virus outbreak and the added importance of illness reporting to be displayed throughout galley</p> <p>Refresher training to emphasize outbreak dangers and modes of spread. Galley crew to change the uniform twice a day (if possible).</p> <p>Sanitation of the food and beverage areas shall be done:</p> <p>When in service: with 1000 ppm chlorine solution or disinfectant continually (all tabletops, work surfaces, hand contact surfaces and all food contact equipment)</p> <p>When out of service: following a more thorough cleaning wash rinse and sanitize procedure using Antibacterial All-Purpose Cleaner/ Disinfectant 2 oz. per gallon for a minimum 10 min, surfaces should be rinsed with water.</p> <p>Dishwashers should be cleaned and then sanitized with Chlorine 1000-ppm after every meal. The temperature to be monitored frequently.</p>	<p>Galley – All staff to use masks and gloves when preparing food.</p> <p>Only essential staff on duty.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.23 Bar and Beverage</b>		
<p>Company OPRP Procedures to be followed.</p> <p>Daily disinfection with a disinfectant or 200-ppm chlorine solution for minimum of ten (10) minutes.</p> <p>Bucket of sanitizer liquid and cloth are placed on every side station, which will be used for wiping tables in Bars and outlets.</p> <p>Soiled tables shall be cleaned using the three (3) bucket system.</p> <p>A final wash, rinse, and sanitation must be carried out at the end of service as normal procedure.</p> <p>Glass washer to be monitored according to temperature and chlorination.</p>	<p>All bar areas must be disinfected between guests and at least every hour during service and after the end of service either with 1000-ppm chlorine solution or a disinfectant.</p> <p>Maintain sufficient stock of personal protective and supporting equipment (i.e. facial masks, gloves, hand sanitizer).</p> <p>An adequate supply of pens should be kept at each bar and once used by passengers to sign for drinks, each pen should be disinfected before being reused</p> <p>Remove all shared peanuts and bar snacks. Individual size portions or packets may still be issued upon request. All straws are to be capped, glasses inverted or covered, and bar items used in drinks kept as far away from guests as possible</p> <p>Remove all bar menus from tables and provide on request only. Disinfect all menus.</p> <p>Brief crew on good personal hygiene, cough etiquette, symptoms of COVID-19 and importance of hand washing.</p> <p>All frontline staff to wear masks and use gloves.</p> <p>Activate Social Distancing Plan.</p>	<p>All bar outlets must be sanitized as follows:</p> <p><b>Back of House</b> (incl. bar counter and all areas behind bar):</p> <p>When in service: with 1000 ppm chlorine solution continuously</p> <p>When out of service: following a more thorough cleaning wash rinse and sanitize procedure using disinfectant or 1000-ppm chlorine solution for a minimum of ten (10) minutes then rinse surfaces with water.</p> <p><b>Front of House - Bar</b></p> <p>In service: sanitizing of contact surfaces (tabletops, chair-arms, handrails etc.) continuously 1000-ppm chlorine solution of disinfectant. Sanitized surfaces which may come in contact with food must be rinsed off with warm water after ten (10) minutes.</p> <p>After service: Sanitizing with a disinfectant to be done once the outlets are closed</p> <p>Sanitized surfaces that may come in contact with food must be rinsed off with warm water after ten (10) minutes. Frequent wiping of all bar guest tables, bar stools, pens, folders, telephones and hand contact surfaces must be carried out throughout service times using 1000-ppm chlorine solution or a disinfectant.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.24 Medical</b>		
<p>Review Medical Supplies, laboratory tests, medicine, and equipment and provide Par levels for normal operations, increase ILI cases, PPE, and PAR level for full outbreak.</p> <p>Ensure training and outbreak response tabletop exercises.</p> <p>Accurate recording of ILI, ARI cases and monitoring of all close contacts</p>	<p>Maintain sufficient stock of PPE (I.e. facial masks, gloves, hand sanitizer)</p> <p>Clinical assessments of SCC, and full Close contact tracking.</p> <p>Full PPE for managing passengers and crew.</p> <p>Selected staff to assist with screening of passengers and crew.</p> <p>Self-assessments and screening of medical staff to maintain a healthy team.</p> <p>Track all crew at high risk and keep log. Diabetes, Coronary heart disease, Immune suppressed (HIV etc.)</p>	<p>Follow Isolation and Quarantine procedures.</p> <p>Dispatch additional Medical Staff.</p> <p>Consider setting up several Mobile Medical Units (Cabins and ward)</p> <p>Designate staff to deal with all quarantined and isolated crew.</p> <p>Proper set up with donning and doffing</p> <p>Ensure equipment set up in wards.</p> <p>Prepare entry/exit logs for isolation wards / rooms.</p> <p>No equipment / supplies or medications to return to the medical center until quarantine complete.</p> <p>All equipment wiped off with hospital grade disinfectants.</p> <p>All soft goods and dispensed medications not used to be disposed of.</p>

GREEN	YELLOW In addition to the level Green procedure as appropriate	RED In addition to level Yellow procedure as appropriate
<b>9.4.25 Sales and Marketing</b>		
<p>Set up task force to monitor situation and disseminate updates</p> <p>Inform consumers/passengers of precautionary measures taken onboard through advertisements, notices, e-mails, websites, posters or handouts.</p> <p>Provide training of frontline staff, including agents/counters/call centers, to handle enquiries and complaints.</p> <p>Issue press statements to update/clarify Company position, if need be.</p> <p>Ensure timely and accurate information flow in distribution channels.</p> <p>Develop a cancellation / postponement (cruise credit) policy if necessary and list of affected bookings.</p> <p>Disseminate Press Release to media/agents/passengers on ship's precautionary measures,</p> <p>I.e. temperature checks, etc.</p> <p>Regional offices to update HQ on market reaction to the outbreak.</p>	<p>Sales HQ to receive daily updates on outbreak situation in the country, and to disseminate to regional offices and agents.</p> <p>Regional offices to update HQ on market reaction to the outbreak.</p> <p>Sales to work closely with NTO to build up market confidence i.e. NTO endorsement/ reassurance, conduct media &amp; agents' family.</p> <p>In worst scenario, ship to be redeployed to another country where there is no outbreak.</p>	<p>Set up Crisis Operation Centre Set up task force to monitor situation and disseminate updates.</p> <p>Establish hotline to cater to consumer enquiry.</p> <p>Set up media center and issue press statements to update/clarify Company position.</p> <p>Keep in close contact with local health authorities for advice on managing the outbreak.</p>

## 10 Summary of Minimum Required Outbreak Supplies On-board

Supplies must be able to supply full complement of Passengers and Crew for at least 14 days while ship makes a turn back to nearest port. Re-supply of items must be immediately initiated when plan is activated

ITEM	Remarks	QTY			
PPE					
3-ply Surgical Face Mask	For all crew and passengers (if requested)	Quantities are to be determined based upon the ship, size and total onboard capacity of both passengers and crew			
N95 Respirator	For staff in contact with infected persons				
Disposable Gloves (Latex)					
Goggle	For medical, maintenance and housekeeping				
Face Shield	For medical, maintenance and housekeeping				
Disposable Gown Size S	Non-surgical fluid resistant				
Disposable Gown Size M	Non-surgical fluid resistant				
Disposable Gown Size L	Non-surgical fluid resistant				
Disposal Apron					
Disposable Coverall Size S	For medical, maintenance and housekeeping				
Disposable Coverall Size M	For medical, maintenance and housekeeping				
Disposable Coverall Size L	For medical, maintenance and housekeeping				
Disposable Head Cover					
Disposable Boot Cover					
EQUIPMENT / CONSUMABLES					
Designated infectious waste receptacle /Red Biohazard Bags		Quantities are to be determined based upon the ship, size and total onboard capacity of both passengers and crew			
Linen Bag Red					
Dissolvable Linen Bag					
Disposable Plastic Bed Linens	Two for each isolation rooms				
Reusable Clean Towels					
Disposable Paper Towels					
Sharps Container	One for each isolation and ward				
Medical Disinfectant (5L)	EPA approved or equivalent				
75% Alcohol Liquid (1L)					
Hand Sanitizer (500ml)					
Alcohol Cotton Ball					
Alcohol Pad					
Cotton Swabs					
TEST KITS					
Influenza A and B					
Covid-19					
Norovirus					

\*Items should be adjusted according to ship:

## 11 References / Links

- CDC references regarding modes of transmission of COVID-19
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Transmission>
- WHO references regarding modes of transmission of COVID-19
  - <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>
- CDC references regarding the symptoms of COVID-19
  - <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- WHO references on the symptoms of COVID-19
  - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
  - [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)
- WHO definitions of a Close Contact
  - <https://www.google.com/search?client=safari&rls=en&q=o+https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses&ie=UTF-8&oe=UTF-8>
- CDC definitions of a Close Contact
  - <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>
  - [https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html)
- EU Healthy Gateways definitions of a Close Contact
  - [https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID-19\\_MARITIME\\_20\\_2\\_2020\\_FINAL.pdf?ver=2020-02-21-123842-480](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_MARITIME_20_2_2020_FINAL.pdf?ver=2020-02-21-123842-480)
- WHO definitions of a pandemic
  - <https://www.who.int/bulletin/volumes/89/7/11-088815/en/#:~:text=A%20pandemic%20is%20defined%20as,are%20not%20considered%20pandemics>

- List of EPA disinfectants
  - <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
- CDC Interim Guidance re COVID and Mitigation
  - [Interim Guidance for Ships on Managing Suspected Coronavirus Disease 2019 https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html](https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html)
  - [Interim Guidance for Mitigation of COVID-19 Among Cruise Ship Crew During the Period of the No Sail Order](https://www.cdc.gov/quarantine/cruise/management/interim-guidance-no-sail-order.html)
  - (<https://www.cdc.gov/quarantine/cruise/management/interim-guidance-no-sail-order.html>)



## 12 Annex

### 12.1 USE OF PERSONAL PROTECTIVE EQUIPMENT

# How to Remove Gloves

To protect yourself, use the following steps to take off gloves



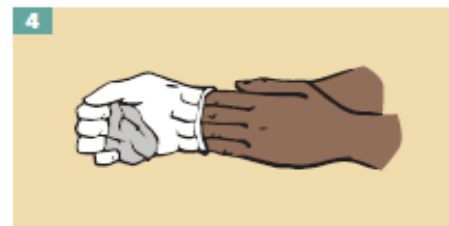
Grasp the outside of one glove at the wrist.  
Do not touch your bare skin.



Peel the glove away from your body,  
pulling it inside out.



Hold the glove you just removed in  
your gloved hand.



Peel off the second glove by putting your fingers  
inside the glove at the top of your wrist.



Turn the second glove inside out while pulling  
it away from your body, leaving the first glove  
inside the second.




Dispose of the gloves safely. Do not reuse the gloves.



Clean your hands immediately after removing gloves.

**Putting PPE ON**




(N95)




Contact gown



N95 Respirator




Face shield or goggles




Gloves

View the PPE video at [med.emory.edu/PPE](http://med.emory.edu/PPE)




**Gown**

**Remove** any personal items and jewelry and put in secure location, not in pockets.

1 


**Sanitize** hands.

2 

**Put on** contact gown outside room.

Open-end **faces** your back.

**Tie** the back of the gown.

3 

**Respirator + Eyes**

**Put on** N95, ensuring proper seal.


**Ensure** straps are not crossing.

4 


**Place** hands over the front of the N95.

**Breathe** an easy deep breath in and out.

If you feel air escape the edges, **refit** and repeat.


5 

**Put on** face shield.


6 

**Gloves + Entry**

**Put on** gloves over the cuffs of the gown.

7 

**Sanitize** gloves.


8 

**ENTER room**

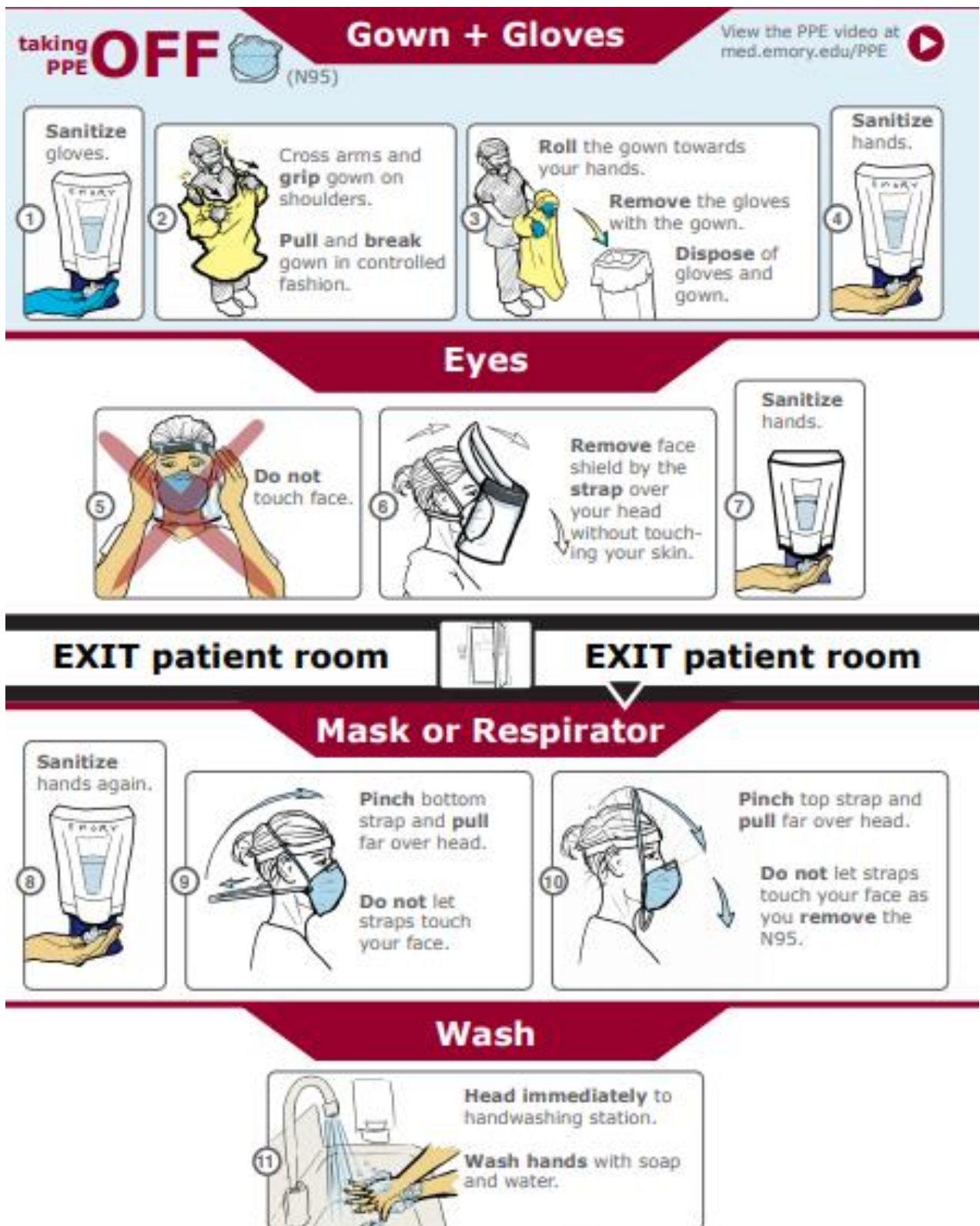
9 

**DO NOT** enter the room if you do not achieve a proper respirator seal.

**Do not** touch face or re-adjust N95 or face shield inside room.

10 

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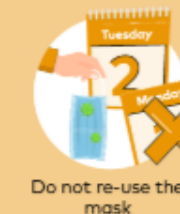
# HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://who.int/epi-win)

## Do's →



## Don'ts →



**Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.**

EPI·WIN

World Health Organization