



COVID – 19
Outbreak Management Plan

M/V: XXXXXX
IMO No: XXXXXX

Rev. 3 (29 September 2020)

The plan is written in accordance with the International Chamber of Shipping: Coronavirus Disease (COVID-19) Guidance for Ships Operators for the Protection of the Health of Seafarers.

The Outbreak Management Plan shall provide written procedures and guidance and must be activated immediately if a suspected case might as well confirmed case is detected on board.

Coronavirus Disease (COVID-19)

Is an infectious disease caused by the most recently discovered coronavirus. Human-to-human transmission of COVID-19 is occurred primarily through droplets from a person with COVID-19, e.g. from coughing and sneezing, landing on objects and surfaces around the person. Other people can get infected by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breath in droplets from a person (infected by COVID-19) that coughs, sneezes or breathes out droplets.

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1. Definition

A) Suspected Case of Infection

A patient with acute respiratory illness, fever (37.5 degrees Celsius or more) and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), and with no other set of causes that fully explains the clinical presentation and a history of travel to or residence in a country/ area or territory reporting local transmission of (COVID-19) during the 14 days prior to the onset of the symptoms.

OR

A patient with any acute respiratory illness and having been in contact with a confirmed or suspected COVID-19 case during the 14 days prior to the onset of the symptoms.

OR

A patient with severe acute respiratory infection, fever (37.5 degrees Celsius or more) and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath, and requiring hospitalization and with no other set of causes that fully explain the symptoms.

B) Close Contacts (High Risk Exposure)

A “close contact” is a person who, for example:

- Has stayed in the same cabin with a suspect/confirmed COVID-19 case;
- Has had close contact within two meters or was in a closed environment with a suspect/confirmed COVID-19 case;
- Participated in common activities on board or ashore;
- Participated in the same immediate travelling group;
- Dined at the same table; or
- Is a medical support worker or other person providing direct care for a COVID-19 suspect or confirmed case.

Close contacts may be difficult to define on board a confined space, and if widespread transmission is identified then all persons on board could be considered as ‘close contacts’ having had high risk exposure.

2. Activating the outbreak management plan

If it is determined that there is a suspected case of COVID-19 disease on board, the outbreak management plan should be activated.

3. Obligations of ship owners (ship management company)

Ship owners (ship management company) must facilitate the use of health measures and provide all relevant public health information requested by the health authority at the port. Ship operators shall provide to the port health authorities all essential information to conduct contact tracing when a confirmed case of COVID-19 disease has been identified on board.

In addition, ship owners are advised to regularly monitor crew while in port to determine whether they develop any symptoms associated with COVID-19, and they must report any changes in the health of crew members to the relevant authority at the port.

4. Measures on board the ship

A) Hygiene Measure for Seafarers on Ships

- Hand washing
 - Use soap and hot water. Rub hands for at least 20 seconds; one way to know how long 20 seconds is would be to silently sing “happy birthday to you!” twice);
- Essentiality of handwashing:
 - as frequent as possible,
 - after coughing or sneezing,
 - before, during and after food preparation,
 - before eating,
 - after toilet use,
 - when hands are visibly dirty,
 - after assisting an ill crewmember/s,
 - after contact with surfaces they may have been contaminated,
 - avoidance of touching the face including mouth, nose and eyes with unwashed hands
- When to hand rub with an antiseptic instead of hand washing, and how to do this;

- If soap and water are not readily available, use a hand sanitizer / antiseptic that contains at least 65% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Cough and sneeze hygienically;
 - When coughing and sneezing, cover your mouth and nose with flexed elbow or tissue.
 - Throw tissue into closed bin immediately after use.
 - Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick.
- Appropriate waste disposal
 - All used tissues should be disposed of promptly into a closed waste bin.
- When and how to use masks
 - When:
 - Ensure that all crew members wear's surgical/medical masks while in port, regardless of port call. Even if the ship is not alongside; if a shore person (pilot boarding, etc.) comes onboard, make sure that the crewmembers wears mask. Kindly ask the visitors to wear one, wash their hands and disinfect their shoe soles.
 - Wear a surgical/medical mask if you are coughing or sneezing.
 - Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.
 - If you wear a mask, then you must know how to use it and dispose of it properly.
 - How:
 - Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.
 - Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
 - Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
 - Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
 - To remove the mask: remove it from behind (do not touch the front of mask); discard immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water.
- Avoiding close contact with people suffering from acute respiratory infections.

B) Personal Protective Masks in Different Zones on Board Ships

- Use of masks describes when and where the personal protective masks should be wear by the ship’s crew and shore personnel in different working zones on the ship. These are divided into four zones and to what types of masks should be used.

| Zone | Types of Masks to be Used |
|--|--|
| <p>I. Potentially contaminated zones (when someone suspected to have COVID-19 is on board). These are areas where suspected cases can be isolated, such as in the ship’s medical accommodation (if present), and all other areas potentially contaminated by a suspected case that have not been disinfected.</p> | <p>All persons entering the isolation area should apply standard precautions, including contact and droplet precautions, as described in WHO’s guidance for infection control; and all persons should receive appropriately information about precautions before entering the isolation room.</p> <p>A surgical/medical mask should be used in these situations.</p> |
| <p>II. Zones where only crew interact (such as mess rooms, the bridge, control rooms, smoke rooms, communal toilets, shared cabin)</p> | <p>A fabric mask should be use if a physical distance of 1M cannot be maintained to prevent possible transmission.</p> |
| <p>III. Zones or activities where crew members interact with shore personnel</p> | <p>A surgical / medical mask should be used in port; as specified on <u>Par 4.A “When and how to use masks” of our COVID-19 Outbreak Management Plan.</u></p> |
| <p>IV. Zones where no interaction takes place among seafarers or among seafarers and shore personnel (e.g. single cabins)</p> | <p>No medical or fabric masks are needed in these situations.</p> |

C) Management of Suspected Case by Medical Support Providers

If someone on board is suspected to have COVID-19, Personal Protective Equipment (PPE) for interview and assessment should be used by medical support providers.

- Key outbreak control activities will include supportive treatment, e.g. giving oxygen, antibiotics, hydration and fever/pain relief.
- Immediately conduct the measures from Par. D – Par. K with utmost caution and due diligence.

D) Precautions at Ships with Suspected Case

The following precautions should be taken:

- Suspected case patient/s must wear a medical mask once identified and evaluated in a private room with the door closed, ideally an isolation room;
- Patient/s must cover their nose and mouth with a tissue when coughing or sneezing; or a flexed elbow if not wearing a mask. This should be followed by performing hand hygiene with an alcohol-based hand rub (at least 65%) or soap and hot water for 20 seconds.
- Careful hand washing should occur after contact with respiratory secretions.
- Any person, including healthcare workers, entering the room should apply appropriate precautions in accordance with the requirements of WHO infection prevention and control during healthcare when COVID-19 is suspected; and
- After preliminary medical examination, if the ship's medical officer or person responsible for the provision of medical care believes a suspect case exists, the patient should be isolated.
- Seek medical advice to confirm symptoms are consistent with COVID-19.
- If the illness is not considered a suspect case but the person has respiratory symptoms, the person should still not return to any places where they will be in contact with others onboard.

E) Laboratory Testing

Laboratory examination of clinical specimens for suspect cases should be made with the competent authorities at the port who will then inform the ship's officers about test results.

F) Case Handling

Case handling should:

- Be initiated by the ship's medical care providers in order to detect any new suspected cases;
- Include directly contacting crew asking about current and recent illnesses, and checking if any person meets the criteria for a suspect case; and
- Must be recorded in the appropriate medical logbook.

Medical care providers should:

Ensure a suspect case is interviewed and provide information about the places they have visited within the last 14 days prior to the onset of symptoms and their contacts, including the period from one day before the onset of symptoms on board the ship or ashore; and

- Keep records regarding:
 - ✓ Anyone on board who has visited the medical facility as a suspected case and the isolation and hygiene measures taken;
 - ✓ Any close contact or casual contact with low risk exposure to monitor their health;
 - ✓ Contact details of casual contacts with low risk exposure who will disembark and the locations where they will be staying in the next 14 days; Maritime Declarations of Health (MDHs); and
 - ✓ Results of active surveillance.

G) Isolation of Suspected Case Patient/s and Precaution for Medical Care Provider

Isolate suspected case/s on board immediately and inform the next port of call of suspected case/s. The person/s should be isolated in the hospital, isolation ward, cabin, room or quarters with a separate toilet and bathing facilities. Ensure the air-conditioning duct is isolated and the ventilation is used (the WHO advises that the door should be closed).

- During Isolation, the seafarer should not undertake any duties.
- No visitors allowed;
- Medical care provider entering an isolation room should wear gloves, impermeable gowns, goggles and medical masks.
 - All PPE should be disposed of after each contact with the patient/s;
 - Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stools;

- Do not touch an infected person's belongings, clothes, sheets or their bodily fluids.

Limit the number of carers of the patient to minimal, ideally assign one person who is in good health without risk conditions.

H) Reporting to the Next Port of Call and the Company

- The competent authority of the next port of call must always be informed if there is a suspect case on board.
- For ships on an international voyage, if someone has died on board the International Health Regulations (IHR) state that the Maritime Declaration of Health (MDH) should be completed and sent to the competent authority in accordance with local requirements.
- The Master should immediately alert the competent authority at the next port of call about any suspect case to determine if the necessary capacity to transport, isolate, and care for the individual is available.
 - Quick initiation of supportive care by being safely transferred to designated shoreside facility that has the appropriate medical expertise and equipment should be arrange.
 - To meet this, the crewmember in-charge of medical care shall seek advice from the Maritime Telemedicine Assistance Service (TMAS) or other shoreside medical services.
- The ship may need to proceed, at its own risk, to another nearby port if capacity is not available, or if warranted by the critical medical status of the suspect case.
 - The decision about whether to monitor a patient on board the ship or to transfer them immediately to a shoreside medical facility for further treatment or analysis should be made on a case-by-case basis. This decision will depend on the clinical presentation, requirement for supportive care, risk factors and conditions on the ship.
- After measures applied are considered by the port health authority to be completed satisfactorily, the ship should be allowed to continue the voyage.
- The measures taken should be recorded in the valid ship sanitation certificates. Both embarking and disembarking ports must be notified of contacts on board and any measures taken.
- As soon as a seafarer tests positive, or when a suspected case is discovered, then the company should be informed immediately, and medical advice sought. The company should also inform the Flag State of the ship, the nation state of the seafarer and the ship's P&I Club. Due to the risk of deterioration and to reduce the risk of

onboard transmission, all confirmed and suspected cases should be disembarked at the nearest appropriate port.

I) Disembarkation of a Suspect and a Confirmed Case

The ship should take the following precautions:

- Control disembarkation to avoid any contact with other persons on board;
- The patient should wear a surgical mask; and
- Personnel escorting the patient should wear suitable PPE (gloves, impermeable gown, goggles and medical mask).

The ship may proceed to its next port of call once the health authority has determined that public health measures have been completed satisfactorily in particular the measures as follows:

- Management of the suspect case or cases and close contacts;
- Completion of contact tracing forms, disembarkation of close contacts; until the termination of COVID-19 Public Health Emergency of International Concern is declared. All record of crewmembers should be kept on board for at least one month after disembarkation;
- Crew information should be provided upon the request of health authorities to facilitate contact tracing if a confirmed case is detected after the disembarkation and after the voyage has ended;
- Information has been provided to everyone on board about the symptoms and signs of the disease and who to contact in case the relevant symptoms develop in the following 14 days; and
- Cleaning and disinfection, and disposal of infectious waste

J) Cleaning, Disinfection and Medical Waste Management

- Maintain high level cleaning and disinfection measures during ongoing onboard case management.
- Patients and ‘close contacts’ cabins and quarters should be cleaned using disinfectant.
- Environmental surfaces should be cleaned thoroughly with hot water, detergent and applying common disinfectants (e.g. sodium hypochlorite).

- Once a patient has left the ship, the isolation cabin or quarters should be thoroughly cleaned and disinfected by staff using PPE who are trained to clean surfaces contaminated with infectious agents.
 - High-touch surfaces on board the ship should be identified as priorities for disinfection. These include doors and windows and their handles, kitchen and food preparation areas, countertops, bathroom surfaces, toilets and taps, touchscreen personal devices, keyboards on personal computers and work surfaces.
- Laundry, food service utensils and waste from cabins of suspect cases and contacts should be treated as infectious, in accordance with procedures for handling infectious materials on board.
 - Disposable items (hand towels, gloves, tissues) should be double bagged and sent to incineration or similar final disposal.
 - Reusable items that can be washed and treated/disinfected (gowns or linens) must be tagged and sent to facility for washing and treatment as recommended according to infection control procedures, depending on the type of contamination/infectious agent, if known.
- Medical waste disposal;
 - Infectious medical waste is liquid or solid waste that contains pathogens with sufficient numbers and with sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste.
 - Infectious waste should be safely stored or sterilized, e.g. by steam, and suitably packaged for ultimate disposal ashore. Medical waste should be labelled. Ships properly equipped may incinerate paper- and cloth-based medical waste but not plastic and wet materials. Sharps should be collected in plastic autoclavable sharps containers and retained on board for ultimate disposal ashore. Unused sharps should be disposed of ashore in the same manner as medical waste.
 - Liquid medical wastes may be disposed of by discharging them into the sanitary system. All sewage should be managed with the assumption that it will contain human pathogens such as thermotolerant coliforms and therefore be treated through the ship's sewage treatment plant.
 - Non-infectious medical waste includes disposable medical supplies and materials that do not fall into the category of infectious medical waste.
 - Non-infectious medical waste may be disposed of as garbage, not requiring steam sterilizing or special handling.
 - Medical waste should be carefully handled and stored with clear labelling. It should be recorded under Domestic Waste – Category C until landed ashore.

- There should be regular communications between departments in all ships about the persons in isolation.

K) Management of Contacts of a Suspect Case

Port health authorities will conduct risk assessments to identify all contacts, and issue instructions to follow until laboratory results are available.

Therefore, all close contacts should complete MDHs or other necessary documents and remain in their cabins or at a facility ashore and follow the competent authority's instructions until laboratory results are available. The forms should contain contact details and locations where the suspect case will stay for the following 14 days.

All close contacts should be informed about the suspect case on board.

If the laboratory examination results are positive:

- All close contacts should be quarantined for 14 days; and
- The patient should disembark and be isolated ashore in accordance with the competent authority's instructions.

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

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

Contacts of a confirmed case should immediately self-isolate and contact health services if symptoms appear within 14 days of last exposure. If no symptoms appear, the contact is not considered at risk. Implementation of specific precautions may be modified following risk assessment of individual cases and advice from port health authorities.

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