



International
Chamber of Shipping

Shaping the Future of Shipping

Coronavirus (COVID-19)

Guidance for Ship Operators for the Protection of the Health of Seafarers



In collaboration with



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1 Introduction

This Guidance has been produced by International Chamber of Shipping (ICS) to help shipping companies and seafarers follow health advice provided by United Nations agencies and others in response to the coronavirus (COVID-19) disease, which has been declared a pandemic by the World Health Organization (WHO), under the WHO International Health Regulations (IHR).

The Guidance is for use on all types of ship and tries to take into account the needs of both cargo and passenger ships. It is recognised that cargo ships are unlikely to have a fully trained doctor or nurse on board and that medical treatment on cargo ships will be provided by a crew member with training to Standards of Training, Certification and Watchkeeping for Seafarers (STCW) medical requirements.

A 'seafarer' in the context of this Guidance means any person who is employed or engaged or works in any capacity on board a ship.

COVID-19 was first reported in December 2019 in Wuhan, China and has since spread to almost all countries of the world. Around 170 million cases have been reported at the time of going to print, including around 3.5 million deaths. In most cases, COVID-19 is a mild, self-limiting disease. In some cases, it can cause more severe illness including pneumonia and death. The time from the initial contact with the virus until symptoms develop is usually 5 to 7 days although it can be up to 14 days. In more severe cases, symptoms usually worsen gradually after they first appear.

A number of vaccines are now authorised in different countries around the world and more are gaining official authorisation on a regular basis. ICS and others are working with authorities at a national, regional and international level to prioritise rapid access to vaccinations for seafarers as key workers in all countries. Drug therapies have continued to develop and many are now found to be beneficial in severe disease requiring hospital treatment. However, the focus of public health authorities worldwide remains the use of protective measures to contain the virus, in order to limit and slow down widespread transmission.

This significant public health challenge requires close co-operation between flag and port States, labour supply countries, shipping companies, industry associations and other maritime service providers, to protect the health of seafarers (and passengers where applicable) as well as the general public.

Because a ship is a closed environment, after being at sea for 14 days or more, and if no seafarers show signs of illness, a ship may be considered as free from COVID-19 and therefore safe. Any crew change or visit from shore-based personnel, including a pilot, may introduce the virus on board despite best practice quarantine and testing. Seafarers should therefore remain vigilant for the symptoms of COVID-19 in themselves and others and report such symptoms immediately to the person responsible for medical care on board.

ICS is grateful for the support of the following organisations in preparing this Guidance: International Maritime Organization (IMO), International Labour Organization (ILO), International Transport Workers' Federation, International Maritime Health Association (IMHA), International Association of Independent Tanker Owners (INTERTANKO), European Centre for Disease Prevention and Control (ECDC), Mediterranean Shipping Company S.A. (MSC), the Norwegian Centre of Maritime and Diving Medicine, North of England P&I Club, BIMCO and Wilhelmsen Ships Service.

The WHO International Health Regulations (IHR), Third Edition, can be downloaded in several languages from the WHO website at <https://www.who.int/publications/i/item/9789241580496>.



2 Port Entry Restrictions

According to IHR (and other international regulations), States Parties shall not refuse to grant 'free pratique' (permission to enter a port, embark or disembark, or discharge load cargo or stores) for public health reasons. States Parties may subject the granting of free pratique to inspection, and, if a source of infection or contamination is found on board, conduct necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination. Nevertheless, many governments have introduced national and local restrictions, including:

- Delayed port clearance;
- Prevention of crew (or passengers where applicable) from embarking or disembarking (preventing shore leave and crew changes);
- Prevention of discharging or loading of cargo or stores, or taking on fuel, water, food and supplies; and
- Imposition of quarantine or refusal of port entry to ships (in extreme cases).

While such measures can severely disrupt maritime traffic – and may well be in breach of the IHR, the IMO Convention on Facilitation of International Maritime Traffic (FAL Convention), and other maritime principles regarding the rights and treatment of seafarers (and passengers where applicable) – the reality is that shipping companies may have little choice but to adhere to these national and local restrictions due to the serious concern about COVID-19 and the potential risk to public health.

However, it is critical that port States accept all types of ship for docking and to disembark possible cases, as it is difficult to test, isolate and treat possible cases on board and could endanger others. See section 4.7 for more detail.

ILO and IMO (in IMO Circular Letter 4204. Add.1 on COVID-19 – Implementation and enforcement of relevant IMO instruments) have advised that during the ongoing COVID-19 outbreak, effective protection of the health and safety of seafarers must remain a priority. This priority has been reinforced many times by IMO and continues to be a theme throughout the additional circular letters in the 4204 series.

Under the ILO Maritime Labour Convention (MLC):

- Flag States must ensure all seafarers on ships flying their flag are covered by adequate measures to protect their health and that they have access to prompt and adequate medical care while working on board; and
- Port States must ensure that any seafarers on board ships in their territory who need immediate medical care are given access to medical facilities on shore.

Together with flag States, companies and Masters should co-operate with port State health authorities to ensure that public health measures are completed satisfactorily – see section 3.

Wilhelmsen Ships Service has developed an interactive map on current port restrictions which is available at <https://wilhelmsen.com/ships-agency/campaigns/coronavirus/coronavirus-map>.

It is envisaged that seafarers will be encouraged to be vaccinated prior to joining or departing a ship in port. The vaccination process is outlined in section 6 of this document.



3 Shipboard Measures to Address Risks Associated with COVID-19

Under the ISM Code, ship operators are required to assess all identified risks to their ships and personnel and establish appropriate safeguards. As a result, shipping companies should develop plans and procedures to address the risks associated with the COVID-19 pandemic to the health of seafarers and the safety of their ship operations.

Whilst maritime occupational safety and health measures on board ships, including various plans and procedures, may already be set out in their safety management system (SMS), ship operators may identify a need to amend or revise certain measures in light of the COVID-19 pandemic. Shipboard measures to respond to the risks associated with COVID-19 may cover the following:

Information about COVID-19

- Symptoms and incubation period;
- Transmission;
- Personal protection;
- Infection prevention;
- Testing and treatment; and
- Awareness and training.

Shipboard measures to address risks associated with COVID-19

- Measures to protect health and prevent infection;
 - Monitoring and screening
 - Personal protective equipment (PPE)
 - Testing and assessment
 - Shipboard self-distancing (SSD)
 - Cleaning and disinfection
- Measures to manage risks during embarkation;
- Measures to manage risks during disembarkation; and
- Measures to manage risks associated with the ship/shore interface.

Managing an outbreak of COVID-19 on board ship

- Actions required if any person on board displays symptoms of COVID-19;
- Definition of a possible case of COVID-19;
- Identification of close contacts and contact tracing;
- Measures to limit exposure to other persons on board ship;
- Isolation of possible cases of COVID-19;
- Caring for possible cases of COVID-19;
- Disembarkation of possible cases of COVID-19; and
- Cleaning and disinfection of the ship.



Ships should receive information and instructions about the measures introduced by the company to address the risks associated with COVID-19. Ship operators should ensure that seafarers are familiarised with their ship's plans and procedures related to health protection during the COVID-19 pandemic, in particular those related to actions that should be taken if any persons on board display symptoms of COVID-19 infection in order to initiate management of the potential outbreak.

3.1 Protective and Hygiene Measures

Ship operators should provide seafarers (and passengers where applicable) with general information on COVID-19 and applicable standard health protection measures and precautions.

The person(s) responsible for medical care on board ships should be informed and updated about the outbreak of COVID-19 and any new evidence and guidance available. It is recommended that they regularly review the WHO website for COVID-19 advice and guidance: https://www.who.int/health-topics/coronavirus#tab=tab_1

Human-to-human transmission of COVID-19 is understood to occur primarily through droplet spread. A person with COVID-19 coughs or sneezes, spreading droplets into the air and onto objects and surfaces in close proximity. Other people breathe in the droplets or touch the objects or surfaces and then touch their eyes, nose or mouth.

Seafarers on board ship should inform the person responsible for medical care of their travel over the past 14 days, or if they have been in close contact with someone with respiratory symptoms who has been to an area with COVID-19. Seafarers on leave should inform their shipping company, manning agent, or doctor conducting pre-departure medicals of their travel over the past 14 days, or if they have been in close contact with someone with respiratory symptoms who has been to an area with COVID-19. Seafarers with fever, cough or difficulty breathing must seek medical attention promptly and inform the Master. Seafarers who have had close contact with persons with symptoms or tested positive should inform the Master immediately.

A close contact is a person:

- With cumulative contact of at least 15 minutes within a distance of <1.5m, for example in a conversation;
- Who was in the same room/closed environment with a COVID-19 case for more than 15 minutes;
- Having had physical contact with a COVID-19 case;
- In direct contact with secretions or body fluids, including respiratory secretions of a COVID-19 case, such as contact with vomit, mouth-to-mouth, coughing, sneezing, etc;
- Responsible for medical care on board who has been in contact with a COVID-19 case during care, or medical examination ($\leq 1.5\text{m}$), without recommended PPE (according to protocol/activity); and;
- Who may have travelled together with or have been seated within two seats (in any direction) of a person since confirmed as having COVID-19;

Standard Infection Protection and Control (IPC) precautions emphasise the vital importance of **hand** and **respiratory** hygiene. Shipping companies should provide specific guidance and training for seafarers regarding:

- Frequent hand washing using soap and water or alcohol-based (at least 65–70%) hand rub for 20 seconds;
- When hand washing is essential (e.g. after assisting an ill seafarer or after contact with surfaces they may have contaminated, etc.);
- When to hand rub with an antiseptic instead of hand washing, and how to do this;



- Avoidance of touching the face including mouth, nose and eyes with unwashed hands (in case hands have touched surfaces contaminated with the virus);
- Covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose and disposal of the used tissue immediately into a waste bin;
- If a tissue is not available, covering the nose and mouth and coughing or sneezing into a flexed elbow;
- Aiming to keep at least one metre (three feet) distance from other people, particularly those that cough or sneeze or may have a fever;
- Placing the toilet lid down before flushing; and
- Handling meat, milk or animal products with care, to avoid cross-contamination with uncooked foods, consistent with good food safety practices.

It is important that seafarers should be given the time and opportunity to clean their hands after coughing, sneezing, using tissues, or after possible contact with respiratory secretions or objects or surfaces that might be contaminated.

Masks should be used as part of a comprehensive strategy of measures to suppress transmission and save lives; the use of a mask alone is not sufficient to provide an adequate level of protection against COVID-19. WHO advises that it is appropriate to use a mask when coughing or sneezing, and if an individual is healthy, a face mask should be worn if physical distancing of at least one metre cannot be maintained and/or the ventilation in a room is poor. A medical mask should be worn if the person is taking care of a person with suspected COVID-19 infection. It may also be compulsory to wear medical or face masks in a variety of places in some ports and cities, due to local regulations. Medical masks should conform to ASTM F2100, EN14683 or equivalent standards.

See the WHO Advice on the Use of Masks in the Context of COVID-19: https://www.who.int/publications/i/item/WHO-2019-nCoV-Non-passenger_ships-2020.1

Physical distancing, hand washing and respiratory hygiene are considered more important.

Pregnant seafarers should ensure that they continue to get the necessary checks and support while on board.

Annex A1 is a poster that can be used on board to advise seafarers how to protect themselves and others to avoid getting COVID-19.

Annex A2 is a poster that can be used to advise seafarers how to stay healthy while travelling to and from ships.

Annex A4 is a poster from the Associated Marine Officers' and Seamen's Union of the Philippines (AMOSUP) which can be used on board to advise how to protect everyone during travelling to and from the ship.

Annex A8 is a poster from BIMCO providing hygiene advice to seafarers while on board.

Annex A9 is a poster that can be used to advise seafarers on how to protect themselves and others while shopping.

All posters are also available for download from the ICS website: www.ics-shipping.org/covid19.

Annex E provides information based on WHO Interim guidance on the use of masks in the context of COVID-19.

3.2 Measures to manage the Ship/shore Interface

The COVID-19 pandemic has created issues for the shipboard interface between seafarers and shore-based personnel during port calls. These issues are often related to the seafarers and shore-based workers, such as agents, inspectors, pilots, stevedores, surveyors, etc., following different procedures to mitigate the risk of infection.



Under the ISM Code, shipping companies are required to assess all identified risks to their ships and personnel and establish appropriate safeguards. As a result, shipping companies should have developed plans and procedures to address the risks associated with the interface of seafarers with shore-based personnel as part of the ship operations. Visits to the ship should be limited to those that are absolutely essential and should be made by as few personnel as possible. Before a ship arrives in a port, ship operators should instruct their ships to communicate their requirements and expectations to all anticipated shore-based entities or personnel that may come on board the ship, if necessary through the ship's port agent.

Further guidance for ship operators on protecting the health of seafarers and managing the interaction with shore-based personnel coming on board the ship during the COVID-19 pandemic is provided in the ICS *COVID-19: Guidance for Ensuring a Safe Shipboard Interface Between Ship and Shore-Based Personnel*: <https://www.ics-shipping.org/publication/coronavirus-covid-19-guidelines-for-ensuring-a-safe-shipboard-interface-between-ship-and-shore-based-personnel/>

Annex A5 is a poster that can be used on board to advise seafarers how to safely greet visitors.

Annex A7 is a poster that can be used on board to advise how to protect everyone during ship visits.

Annex A4 is a poster from the Associated Marine Officers' and Seamen's Union of the Philippines (AMOSUP) which can be used on board to advise how to protect everyone during travelling to and from the ship.

These posters and the ICS Guidance can be downloaded from the ICS website: www.ics-shipping.org/covid19.

3.3 Measures to Manage Embarkation and Disembarkation during the COVID-19 Pandemic

3.3.1 Embarkation

Embarkation of seafarers and passengers onto ships needs to be carefully managed to reduce the risk of a person infected with COVID-19 coming on board the ship or transmitting COVID-19 to persons on board the ship during the process of embarkation.

At the time of embarkation, ships should require seafarers (and any passengers) to complete a locator card, which may be used by the ship or provided to the relevant public authority to assist in the tracing and contacting of persons in the event of an outbreak or the potential for disease transmission on board the ship. A sample template for a Crew/Passenger Locator Card is provided in **Annex B**, which is based on the card that was developed and disseminated as a template by the WHO (originally for aircraft and civil aviation). It has been modified so that it can be recommended by ICS for completion by both seafarers and passengers embarking onto ships. Ships should check whether the relevant public health authorities require the use of a specific card prior to using the sample provided in this Guidance, and always comply with any related requirements of those relevant health authorities.

Ship operators should consider the introduction of procedures to reduce the risk that seafarers (and any passengers) bring the COVID-19 infection on board a ship. These include screening questionnaires, temperature scanning or measurement, quarantine and testing.¹ A screening questionnaire (health self-declaration) pertaining to COVID-19 can assist ships screen those embarking onto ships for any symptoms or recent medical history specifically relevant to COVID-19. Anybody reporting symptoms suggestive of COVID-19 should not be allowed to board. A sample template for a **Crew/Passenger Health Self-Declaration Form** is provided in **Annex C**.²

¹ Equipment or devices used at the gangway or on the deck of a tanker should be intrinsically safe. Where clinical non-contact thermometers are of a non-intrinsically safe type, those boarding should be escorted to a safe area where their temperature may be monitored.

² This sample template is consistent with the template recommended in the IMO Recommended Framework of Protocols for Ensuring Safe Ship Crew Changes and Travel during the Coronavirus (COVID-19) Pandemic, which is included in the IMO Circular Letter No.4204/Add.14 (5 May 2020) and is available to download from the ICS website at www.ics-shipping.org/covid19.



Equally, embarkation should not proceed for those registering a temperature reading of 38°C or above. Whilst body temperature scanning or measurement is a useful measure that ship operators should put in place, it is not totally effective as scientific evidence has shown that some infected persons may not have a high body temperature, and some may not develop any symptoms. Equally, a raised body temperature may be due to other reasons.

Evidence suggests that asymptomatic persons still carry the virus and transmit it to others. Therefore testing can help identify such persons who were not identified by other screening measures. Testing involves a swab of the nose or throat and identifies the presence of the virus, it is most effective when it is combined with a period of quarantine before embarkation. IMHA has produced interim guidance, *Getting Healthy Seafarers to a Ship*, that suggests a period of quarantine and testing for all new joiners before embarkation. This guidance can be downloaded from the ICS website: www.ics-shipping.org/covid19.

Currently, testing should only be conducted by representatives of the port health authorities and only polymerase chain reaction (PCR) tests are recommended. This recommendation may change as and when new tests become available. The use of rapid tests in some areas and by some authorities in situations of low numbers of cases and to confirm a person is safe to join a ship is still not proven to be robust enough. These tests are useful to identify positives quickly but they cannot provide the same degree of accuracy or reassurance as PCR tests in determining if a seafarer does not have the virus. Any seafarer who has a positive test result should not be permitted to embark the ship and should receive further medical assessment. Since a negative test does not guarantee that a seafarer is not infected with COVID-19 and they could still potentially carry the virus on board the ship, any seafarer about to join the ship who develops any symptoms of a respiratory tract infection (cough, fever, sore throat, etc.) should not be embarked as planned and should receive further medical advice.³ The ability of ship operators to test seafarers prior to embarkation depends on many factors, most of which are beyond their control, especially the availability of testing in ports and terminals.

Some countries who supply seafarers to the global fleet are encouraging seafarers to be tested before leaving their country of residence, with those that test positive not being permitted to travel abroad. This has some merit as it may be a pre-requisite for travel by relevant authorities, it avoids seafarers travelling to the ship who may then not be permitted to embark due to a positive test or screening at the time of embarkation, and it avoids the risk of transmission to others during travel. However, ship operators should remain cautious about pre-employment medical examination (PEME) clinics or manning agencies conducting tests for COVID-19 prior to deployment. There remains the risk that a seafarer may subsequently become infected while travelling to the ship and therefore the most effective time to test for COVID-19 to reduce the risk of infection being taken on board is in the port or terminal prior to embarkation, with the seafarer isolated ashore while the test result is awaited.

A PCR testing procedures matrix has also been produced by the ICS to identify what tests to do and when. This explains the process to all parties and is attached for reference at [Annex I](#).

Further guidance for ship operators on the embarkation of seafarers is provided in P5 and P6 of the IMO *Recommended Framework of Protocols for Ensuring Safe Ship Crew Changes and Travel during the Coronavirus (COVID-19) Pandemic*, which is included in the IMO Circular Letter No.4204/Add.14 (5 May 2020) and is available to download from the ICS website: www.ics-shipping.org/covid19.

Ship operators should consider requiring seafarers to complete a period of shipboard self-distancing (SSD) after embarkation in order to monitor their health and to manage the risk that they may be infected but asymptomatic at the time of embarkation. This may not be necessary if a required period of quarantine in the country of embarkation has been completed. Ship operators should define what elements of SSD should be followed and for what period of time. ICS recommends that seafarers be expected to practise SSD for the first 14 days after embarkation, but it should not prejudice seafarers performing their assigned duties and responsibilities.

³ According to the IMHA, 30% of tests currently show false negative results meaning there remains the risk, even with testing and screening procedures, that there could be seafarers who carry the active virus but display no symptoms and who tested negative.

