



EU HEALTHY GATEWAYS JOINT ACTION GRANT AGREEMENT NUMBER: 801493

PREPAREDNESS AND ACTION AT POINTS OF ENTRY (PORTS, AIRPORTS, GROUND CROSSINGS)

EU HEALTHY GATEWAYS:

- 1. PART A: Best practice for inspection auditing
- 2.PART B: Advice for health authorities and ship operators when sailing is suspended and for long-term docking of ships at ports in the context of COVID-19
- 3.PART C: Guidelines composed for focused inspections of cruise ships in regards to COVID-19 emergency plans

Deliverable D7.1

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Work Package Leader: University of Thessaly, Greece





EXECUTIVE SUMMARY

This is Deliverable 7.1 titled "Best practice for inspection auditing, Advice for health authorities and ship operators when sailing is suspended and for long-term docking of ships at ports in the context of COVID-19, Guidelines composed for focused inspections of cruise ships in regards to COVID-19 emergency plans".

This deliverable was modified from the initial work plan of the EU HEALTHY GATEWAYS Joint Action (Grant Agreement Nr. 801493) in response to the COVID-19 pandemic through a Grant Agreement amendment. Deliverable 7.1 was originally intended to provide: best practice for inspection auditing on ships; inspection auditing guidelines and Standard Operating Procedures based on best practice for inspection of vectors on conveyances, and guidelines for focused inspections of conveyances in case of outbreaks. In response to the emergence of COVID-19 and the Joint Action's operation in emergency mode beginning in January 2020, the deliverable was modified to prioritize supporting Member States' responses in the context of COVID-19 and the maritime transport sector.

This deliverable consists of three parts:

1. Part A: Best practice for inspection auditing

Under the framework of the EU HEALTHY GATEWAYS Joint Action, web-based catalogues of best practices for points of entry have been developed and address all types of health threats, public health emergency contingency planning, risk communication and advice for public health event management at points of entry.

Best practices for inspection auditing of passenger ships have been identified and included in the EU HEALTHY GATEWAYS web-based catalogues of best practices.

For further information about requesting access to the EU HEALTHY GATEWAYS catalogues of best practices, please contact: info@healthygateways.eu

2. PART B: Advice for health authorities and ship operators who have decided to suspend sailings and for the long-term docking of ships at the ports of EU/EEA MS during COVID-19 pandemic

This interim advice was prepared in March 2020 by an ad-hoc working group established from members of the EU HEALTHY GATEWAYS consortium. In response to the COVID-19 pandemic, all cruise ship companies operating in Europe decided to suspend sailings while several Member States unilaterally decided to close their ports for cruise ships with immediate effect. With cruise ships in the process of returning to their "home port" within Europe at this time, it was imperative that those ships were able to enter ports, berth and disembark passengers and crew for repatriation in order to avoid any safety and/or humanitarian crisis





with ships being stranded at sea. Following this, ships would have to be docked for several weeks at their "home ports" having on board the required, limited number of crew for the safe operation of the ships.

The EU HEALTHY GATEWAYS interim advice document (Part B) provided advice to health authorities and to ship operators to be considered for the procedures to facilitate ships suspending their operations, as well as during the time when the ships were to be docked at the ports in European Union (EU) / European Economic Area (EEA) Member States (MS) for a period of months.

3. PART C: Guidelines composed for focused inspections of cruise ships in regards to COVID-19 emergency plans

A checklist was developed in May 2021 to facilitate performance of focused inspections based on the EU HEALTHY GATEWAYS "Advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic" (Version 2, April 2021).

The checklist consists of two parts: Part A is related to essential prerequisites that need to be in place in order for the cruise ship to restart its operations and Part B is related to operational standards that the cruise ship should follow during its operation.





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1 PART A

Best practices for inspection auditing of passenger ships have been identified and included in the EU HEALTHY GATEWAYS web-based catalogues of best practices.

These best practices for the web-based catalogues were identified in 2018 and 2019 prior to the COVID-19 pandemic (via: questionnaires disseminated to countries participating in EU HEALTHY GATEWAYS, expert opinions from EU HEALTHY GATEWAYS technical working groups etc.). Since Member States' best practices are being modified to incorporate lessons learned during their response to COVID-19, the web-based catalogues have a confidential dissemination level. The content of the catalogues will only be made available privately at the request of interested stakeholders.

For further information about requesting access to the EU HEALTHY GATEWAYS catalogues of best practices, please contact: info@healthygateways.eu





2 PART B

INTERIM ADVICE FOR PREPAREDNESS AND RESPONSE TO CASES OF COVID-19 AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EUROPEAN ECONOMIC AREA MEMBER STATES (MS)

ADVICE FOR HEALTH AUTHORITIES AND SHIP OPERATORS WHO HAVE DECIDED TO SUSPEND SAILINGS AND FOR THE LONGTERM DOCKING OF SHIPS AT THE PORTS OF EU/EEA MS DURING COVID-19 PANDEMIC

Version 1
18 March 2020





2.1 Introduction

This interim advice was prepared after a request from the European Commission's Directorate-General for Health and Food Safety (DG SANTE). An ad-hoc working group was established with members from the EU HEALTHY GATEWAYS joint action consortium. Names and affiliations of the working group members who prepared this document are listed at the end of the document.

As COVID-19 spreads rapidly in EU/EEA MS, public health authorities implement health measures in their communities to mitigate the impact of the pandemic. Moreover, countries have decided to apply various measures at points of entry to prevent and control cross-border spread of COVID-19. It is expected that due to increasing numbers of reported cases in many EU/EEA MS and the current stress on their health care system, authorities will hardly be able to respond effectively to potential outbreaks on board a cruise ship, and in addition air travel restrictions will complicate the repatriation of passengers and crew. It was suggested that for the following weeks cruise ships will interrupt their operations.

All cruise ship companies operating in Europe have decided to suspend sailings for the following months (an update as of 18 March 2020 can be found in Annex 1) while several Member States have unilaterally decided to close their ports for cruise ships with an immediate effect. Cruise ships are currently in the process of returning to their "home port" within Europe. It is imperative that those ships will be able to enter ports, berth and disembark passengers and crew for repatriation in order to avoid any safety and/or humanitarian crisis with ships being stranded at sea. After this, ships will be docked for several weeks at their "home ports" having on board the required, limited number of crew for the safe operation of the ships.

The current document provides advice to health authorities and to ship operators to be considered for the procedures to facilitate ships suspending their operations, as well as during the time when the ships will be docked at the ports in EU/EEA MS for the following months.

The working group produced the following advice, considering current evidence, the temporary recommendations from the World Health Organization (WHO) (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-quidance)¹⁻¹⁹ and the technical reports of the European Centre for Disease Prevention and Control²⁰⁻²⁹ (ECDC) (https://www.ecdc.europa.eu/en/coronavirus/quidance-and-technical-reports) about COVID-19 (as of 17 March 2020). Furthermore, this guidance has been prepared considering the evidence currently available about SARS-CoV-2 transmission (human-to-human transmission via respiratory droplets or contact), but it also contains some proactive guidelines considering the lack of evidence to exclude other transmission modes (airborne). It should be noted that SARS-CoV-2 has been found in faecal samples without any further information on how this finding is implicated in the mode of transmission. Moreover, SARS-CoV-2 persists on surfaces³⁰.





2.2 Advice for permitting ships to enter ports and safely station during the covid-19 pandemic

International Health Regulations (2005) Article 28 requires that "...a ship shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship has an operational problem which would make this diversion unsafe". Moreover, "...ships shall not be refused free pratique by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of free pratique to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection,, or other measures necessary to prevent the spread of the infection or contamination..."

It is advised that EU/EEA MS accept ships carrying on board crew members, at the ports or at the dry dock facilities to be safely stationed for the period of the COVID-19 pandemic and until operations resume. During this period, the laws of the country related to control of the pandemic should be followed by the ship operator, as well as the relevant legal framework applicable on ships that have docked at the port of the country.

The following paragraphs provide advice in regards to public health measures on ships, at the port terminals and by the port health authorities, in addition to any existing rules and regulations that are currently applicable in the local communities for the response to the COVID-19 pandemic.

2.3 Before entering the port

2.3.1 Reporting the health status on board the ship

In accordance with the International Health Regulations (2005), the officer in charge of the ship must immediately inform the competent authority at the next port of call about any public health risk on board the ship, including any case of disease which is suspected to be of an infectious nature³¹. Before arriving at the port, the Maritime Declaration of Health (MDH) should be completed by the captain and/or the ship doctor and sent to the competent authority in accordance with the local requirements at the port of call.

The captain should inform the competent authority at the port about the number of travellers (crew and passengers) who are on board the ship and submit all documents required by the country before docking.





2.3.2 Information to all travellers about the rules and regulations for COVID-19 imposed in the country of the home port

The port health authority should make known to the ship operators the local rules that are applied in regard to the COVID-19 pandemic within the country, as well as other applicable laws that need to be followed during the period that the ship will be stationed at the port or at the dry dock facility.

2.3.3 Availability of a contingency plan and an isolation plan on board

It is advised that all ships have in place a contingency plan and an isolation plan for suspect COVID-19 cases as described in the WHO and the EU HEALTHY GATEWAYS advice documents^{3,32}:

https://www.healthygateways.eu/Novel-coronavirus and https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships

Moreover, captain should have knowledge on which authority they need to report any suspect case of infectious disease or any other public health risk on board while stationed at the port or the dry dock facility.

2.4 Ship inspection

It is important that risk communication messages and advice on precautions are given to staff who is going to board the ships for risk assessment about practicing social distancing, hand hygiene and use of PPE.

If the competent authority decides to perform an inspection before granting free pratique, then the precautions as described in the EU HEALTHY GATEWAYS, WHO and ECDC advice documents about personal protection should be followed: https://www.healthygateways.eu/Novel-coronavirus and https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE use-2020.1-eng.pdf. Moreover, any additional applicable rules of the country should be followed.

2.5 Advice for measures on ships during long-term docking

It is recognised that as border restrictions apply to EU/EEA MS, arrangements for repatriation of crew members will not be possible immediately after the ship will have arrived, but will take place gradually. Crew members will be staying on board until this is possible. The ship





captain should be able to inform, at all times, the competent authorities at the ports about the persons who are on board and their health condition.

If disembarkation should be arranged, then any person should be asked to complete a Passenger/Crew Locator Form before leaving the ship, and the captain should keep this document on board for at least one month. The competent authority should give approval before disembarkation of any person on board and the health status of that person.

Throughout the course of docking, if any person on board presents symptoms compatible with COVID-19 (including sudden onset of at least one of the following: cough, fever, or shortness of breath), this should be reported to the competent authority immediately. Instructions will then be provided about the management of the suspect case and the close contacts, environment cleaning and disinfection, as described in the WHO and EU HEALTHY GATEWAYS advice, or otherwise according to the instructions of the local authority. The suspect person could either disembark and be isolated and treated ashore, or could be isolated on board (according to procedures described in the EU HEALTHY GATEWAYS advice) until not symptomatic, unless their health condition worsens and requires hospitalization ashore. The decision regarding case management will be taken by the competent authority based on the risk assessment and the situation in the community (containment or mitigation phase).

Ship operators or captains should cooperate with competent authorities at the port to arrange for the provision of water and food supplies, medicines and medical equipment, bunker fuel and any other vital supplies or equipment required for ship operation.

The ship should apply the local rules and regulations for COVID-19 and any other applicable laws. It is advised to keep the number of persons who are entering the ship to a minimum, and pre-boarding entry screening measures could be applied as described in the WHO guidance: https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships

The local authorities will decide and inform the captain if crew members will be allowed to disembark for short-term leaves ashore.

If buses will be used for transferring travellers from the port to the airport, then the bus operators should apply the advice and guidelines given by the country. EU HEALTHY GATEWAYS has produced advice for buses which is available at the following link: https://www.healthygateways.eu/Novel-coronavirus

If crew members or passengers will stay at a hotel before travelling, then the competent authority at the port should be informed and this should be noted in the Passenger/Crew Locator Form. Competent authority at the port should coordinate with the local health





authority where the hotel is situated for information sharing and follow up health measures if needed.

2.6 Working group members

Barbara Mouchtouri¹, Martin Dirksen-Fischer², Maria an der Heiden³, Mauro Dionisio⁴, Miguel Dávila-Cornejo⁵, Brigita Kairiene⁶, Janusz Janiec⁷, Sotirios Tsiodras⁸, David Schwarcz⁹, Peter Otorepec¹⁰, Boris Kopilovic¹⁰, Aura Timen¹¹, Corien Swaan¹¹, Anita Plenge-Bönig², Areti Lagiou¹², Jan Heidrich¹³, Agoritsa Baka¹⁴, Pasi Penttinen¹⁴, Paul Riley¹⁴, Daniel Palm¹⁴, Orlando Cenciarelli¹⁴, Ninglan Wang¹⁵, Matthias Boldt², and Christos Hadjichristodoulou¹

- Laboratory of Hygiene and Epidemiology, Faculty of Medicine, University of Thessaly, Larissa, Greece
- Institute for Hygiene and Environment of the Hamburg State Department for Health and Consumer Protection, Hamburg, Germany
- Robert Koch Institute, Berlin, Germany
- Italian Ministry of Health, Rome, Italy
- Ministry of Health, Social Services and Equality, Madrid, Spain
- National Public Health Centre, Klaipeda, Vilnius, Lithuania
- National Institute of Public Health National Institute of Hygiene, Warsaw, Poland
- National and Kapodistrian University of Athens, Medical School, Athens, Greece
- Public Health Agency of Sweden, Stockholm, Sweden
- National Institute of Public Health, Ljubljana, Slovenia
- National Institute for Public Health and the Environment, Bilthoven, the Netherlands
- Laboratory of Hygiene and Epidemiology, University of West Attica, Athens, Greece
- Institute for Occupational and Maritime Medicine, Hamburg, Germany
- European Centre for Disease Prevention and Control, Stockholm, Sweden
- World Health Organization, Lyon, France

The working group thanks the Cruise Lines International Association and its members for their input on this document.

For any questions or support related to the points of entry, please email info@healthygateways.eu





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2.8 Annex 1

AIDA Cancelled cruises until 'mid-April'.

APT Suspending all touring and cruising until April 25.

AmaWaterways Delayed the start of its European season until April 26 and is suspending Mekong river cruises.

A-ROSA Seine and Rhone river cruises suspended until April 15.

Avalon Waterways Suspended sailings across all destinations until April 30.

Azamara Suspended sailings until April 11.

Carnival Cruise Line Suspended until April 10.

Celebrity Cruises Suspended sailings until April 11

Celestyal Cruises All cruise operations are suspended until May 1.

CROISIEUROPE suspended all cruises through 15th April 2020

Cruise & Maritime Voyages Suspended until May 1.

Crystal Cruises Suspended Crystal Serenity sailings until April 21 and Crystal Symphony sailings until May 8.

Costa Cruises Suspended sailings until April 3.

Cunard Suspended any new cruises until April 11.

Disney Cruise Line From March 14 until March 31.

Emerald Cruises suspended all river cruise operations until April 30.

Fred. Olsen Suspended operations until May 23.

Holland America Line Suspended until April 14.

Marella Cruises Suspended until March 28.

MSC Cruises Stopping all US-based embarkations and operations in the Mediterranean, the Gulf and Asia until May 1.

Ships in South America and South Africa will also cease operations at their end of their current

itineraries.

NCL Suspended sailings until April 11

Oceania Suspended sailings until April 11

Paul Gauguin Paused all cruise calls in French Polynesia until April 11.

P&O Cruises Suspended any new cruises until April 11.

P&O Australia Suspended until April 12

Princess Cruises All fleet operations suspended until May 10.

Pullmantur Suspended all sailings until 2 May 2020

Regent Seven Seas Suspended sailings until April 11.

Royal Caribbean Suspended sailings until April 11.

Saga Suspended cruise operations until May 1.

Scenic Group Scenic and Emerald Cruises has suspended all river cruise operations until April 30.

Seabourn Suspended until May 1.

Silversea Suspended sailings until April 11

TUI Cruises cancelled all sailings until 3 May.

TUI Postponed the launch of River Cruises.

Uniworld Suspended all European itineraries until April 23.

Viking Cruises Suspended all ocean and river cruises until April 30.

Virgin Voyages Postponed the launch of Scarlet Lady until July 15.

Windstar Cruises Paused all operations from March 14 through to April 30.





3 PART C

CHECKLIST

ADVICE FOR RESTARTING CRUISE SHIP OPERATIONS AFTER LIFTING RESTRICTIVE MEASURES IN RESPONSE TO THE COVID-19 PANDEMIC

Version 2

May 2021





3.1 Introduction

This checklist has been developed to facilitate performance of focused inspections based on the "Advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic" (Version 2, April 2021) available here: https://www.healthygateways.eu/Portals/0/plcdocs/EU HEALTHY GATEWAYS COVID-19 RESTARTING CRUISES 2021 30 4 2021.pdf?ver=2021-04-30-102640-827. This checklist is not a comprehensive list. National and local rules should be considered and this checklist should be read and used together with the above-mentioned advice document.

3.2 Instructions for checklist completion

The checklist consists of two parts. Part A is related to essential prerequisites that need to be in place in order for the cruise ship to restart its operations. Part B is related to operational standards that the cruise ship should follow during its operation.

Both parts of the checklist consist of two sections. On the left section, and for each item, the inspectors decide whether the implementation of the standard is full, partial or none, based on the indicators that are listed on the right section. The right section consists of indicators that facilitate the inspectors to make the decision regarding the degree of compliance. More specifically, for each prerequisite or item the right section of the table provides specific indicators that the inspector should check whether they are followed, specific records that the inspector should review and a column for the inspectors to provide justification.

The items of the checklist are conveniently separated according to specific areas of the ship in order to facilitate the planning of the inspection and the completion of the checklist. For each item of the checklist, the inspectors should first inspect the related indicators and review the relevant documents. Then, the inspectors should check whether each indicator is fulfilled and provide a justification for their decision. Based on the indicators for a specific item, the inspectors should decide whether the implementation of the item is full, partial or none.

The inspectors can print the checklist and fill it in during the inspection, or directly complete it electronically. The inspectors will be given access to a database to upload the completed checklist (either as a Word document or as a scan of the hard copy) as well as any related document.





3.3 Inspection information

The inspections will be scheduled in cooperation with the companies and the competent authorities, and EU HEALTHY GATEWAYS will facilitate the process of scheduling. It will not be necessary to conduct the inspection before starting the cruise ship operations. This could be arranged at any date and at any port, in agreement with the company and the inspectors.

Inspectors should carry out their work within the national and local rules considering also the standards provided in the European manual for hygiene standards and communicable disease surveillance on passenger ships.

Inspectors should:

- carry out their duties in a courteous and unbiased manner, with the minimum level of disruption necessary to the service and with respect to the dignity, privacy and rights of service users;
- take into account the age, understanding, circumstances and abilities of service users;
- be as available as possible to any responsible crew, who might wish to speak to them.

Once on board, inspectors should inform the designated crew about the purpose of the focused inspection that will be conducted. An inspection should start with an introductory discussion with the designated crew on matters relating to the COVID-19 plan and procedures applied on board.

The lead inspector will introduce the team to the Captain and the managers, and will be responsible for completing the checklist. He/she will be the contact point for inspection.

Inspectors must wear appropriate clothing and personal protective equipment (PPE) while carrying out an inspection on board, such as ear noise protection, jacket and hair covering, where necessary.

Once the inspection is completed, the Captain or other designated crew will be informed of the focused inspection findings, which will include deficiencies and good practices observed.

The competent authority will decide if a follow up inspection needs to be performed in case the standards are partially fulfilled or not fulfilled.





Focused inspection details

Focused inspection on COVID-19 prevention and control for resuming cruise ship voyages in the ${\sf EU}$

Ship name	Owner	Date of inspection	Port of inspection
First inspector	Second inspector	Third inspector	Fourth inspector



3.4 PART A – Essential Prerequisites

•	site status r the indicator checklist	Indicator checklist To be completed before the prerequisite status							
Prerequisite	Implementation Status	Indicator number	Indicator	Fulfilled Yes/No	Example of records to be reviewed	Justification Provide evidence, list records reviewed and describe activities observed that indicated the stage of implementation			
Prerequisite 1 Monitoring of epidemiological situation, rules and restrictions	□ Full □ Partial □ None	A.1.1	Cruise line monitors information on the situation regarding borders, travel restrictions, travel advice, public health measures and safety measures at the destination ports.	☐ Yes ☐ No	 Itinerary Passenger list country of origin Crew members list country of 				
worldwide		A.1.2	Cruise line monitors information on the situation regarding borders, travel restrictions, travel advice, public health measures and safety measures in the countries from which passengers originate.	□ Yes □ No	 origin Sources of information that the ship is using for monitoring of epidemiological 				
	A.1.3 Cruise line monitors information on the situation regarding borders, travel restrictions, travel advice, public health measures and safety measures in the countries from which crew members originate.	situation, rules and restrictions worldwide							
Prerequisite 2 Contingency plan/outbreak management plan & Interoperability with the port plan	□ Full □ Partial □ None	A.2.1	The written contingency plan/outbreak management plan for responding to COVID-19 event is available.	☐ Yes ☐ No	 Contingency plan/outbreak management plan Document that 				

		A.2.2	The plan has been submitted to the competent authority of the home port or contingency ports and contact points have been specified	☐ Yes ☐ No	proves the plan has been submitted and reviewed by at	
		A.2.3	The contingency plan/outbreak management plan has been reviewed to verify interoperability with the port public health emergency contingency plan.	☐ Yes ☐ No	least one of the ports of call	
		A.2.4	The contingency plan/outbreak management plan includes transport plans hygiene protocols, and other content as described in the interim advice document.	☐ Yes ☐ No		
Prerequisite 3 Arrangements for medical treatment and ambulance services	□ Full □ Partial □ None	A.3.1	Arrangements have been made for passengers and crew members to receive medical treatment ashore (including possible air evacuation if needed).	☐ Yes ☐ No	Contingency plan/outbreak management plan of the cruise ship	
Prerequisite 4 Arrangements for repatriation	□ Full □ <mark>Partial</mark>	A.4.1	Repatriation plans for passengers and crew members are available for review.	☐ Yes ☐ No	Contingency plan/outbreak	
Тератпапоп	□ None	A.4.2	Repatriation plans consider different scenarios for partial or complete ship evacuation in the event of a COVID-19 outbreak.	☐ Yes ☐ No	management plan of the cruise ship incorporating the repatriation plan	
		A.4.3	At least one of the ports of call has airports operating international flights allowing repatriation of passengers and crew.	☐ Yes ☐ No		
		A.4.4	Criteria for allowing repatriation and air travel have been considered.	☐ Yes ☐ No		
		A.4.5	Airline public health policies and public health policies of home countries should be considered.	☐ Yes ☐ No		
Prerequisite 5	□ Full	A.5.1	Quarantine facilities have been agreed	☐ Yes	Contingency	

Arrangements for quarantine of close contacts (exposed passengers or crew members with negative RT-PCR test results for SARS-CoV-2)	<mark>Partial</mark> None	A.5.2 A.5.3	upon and pre-specified with the local authorities at the home port (or at least one of the ports of call). Procedures are in place for managing close contacts and include disembarkation and different scenarios with the expected number of persons to be quarantined. Cost recovery for health measures implementation has been agreed upon and pre-specified with the local authorities	☐ No ☐ Yes ☐ No ☐ Yes ☐ No	plan/outbreak management plan		
			at the home port or at least one of the ports of call.				
		A.5.4	If close contacts are quarantined on board, the conditions mentioned in the Advice document of HEALTHY GATEWAYS are fulfilled and strict control measures are implemented	☐ Yes ☐ No			
Prerequisite 6 Arrangements for isolation of passengers or crew members	Full <mark>Partial</mark> None	A.6.1	Isolation facilities have been pre-specified for symptomatic/asymptomatic/pre-symptomatic infected travellers with positive RT-PCR or RADT test results for SARS-CoV-2.	☐ Yes ☐ No	Contingency plan/outbreak management plan		
positive for SARS- CoV-2			A.6.2	Isolation procedures have been agreed with the local authorities at the home port or at least one of the ports of call and include disembarkation and different scenarios with the expected number of persons to be isolated.	☐ Yes ☐ No		
		A.6.3	Cost recovery for health measures implementation has been agreed upon	☐ Yes ☐ No			

Prerequisite 7 Adequate testing capacity for SARS-CoV-2 infection on board or in cooperation with shore-based laboratories	☐ Full ☐ Partial ☐ None	A.7.1 A.7.2	and pre-specified with the local authorities at the home port or at least one of the ports of call. A plan is available for conducting RT-PCR for SARS-CoV-2 on board or in ashore facilities. Training records are available for medical staff on sample collection and field laboratory testing performance if such equipment is available on board.	☐ Yes ☐ No ☐ Yes ☐ No	Contingency plan/outbreak management plan	
Prerequisite 8 Training of crew about COVID-19	□ Full □ Partial □ None	A.8.1 A.8.2	Training plan and records are available for review for all crew working on board. Records from table-top exercises/drills are	☐ Yes ☐ No	Training planTraining recordsRecords for	
	L None	A.o.2	available for review.	☐ Yes ☐ No	table-top exercises/ drills	
Prerequisite 9 Commitment for immediate reporting to the next port of call of	☐ Full ☐ Partial ☐ None	A.9.1	Written and clearly defined procedures are agreed upon and implemented for immediate reporting through the Maritime Declaration of Health to the health authority at the next port of call.	☐ Yes ☐ No	Reporting procedures	
any possible case		A.9.2	Review records to document active surveillance of possible COVID-19 cases and immediate reporting to the next port of call.	☐ Yes ☐ No		
Prerequisite 10 Isolation and quarantine capacity on board cruise ships	□ Full □ Partial □ None	A.10.1	The number of passengers and crew on board has been reduced ensuring that physical distancing measures are maintained.	☐ Yes ☐ No	Contingency plan/outbreak management plan	
		A.10.2	Cruise ship operators have ensured that they are able to individually and temporarily isolate or quarantine (in a	☐ Yes ☐ No		



	single cabin) possible COVID-19		
	cases/contacts:		
	 5% of passengers and 5% of crew 		
	on board for ships where it will not be		
	possible to disembark crew and		
	passengers who need to be quarantined or		
	isolated within 24 hours from detection of		
	the first possible COVID-19 case.		
	• 1% of passengers and 1% of crew		
	on board for ships where it will be possible		
	to disembark crew and passengers who		
	need to be quarantined or isolated within		
	24 hours from detection of the first		
	possible COVID-19 case.		
A.10.	3 The maximum number of crew members	☐ Yes	
	living in the same cabin and /or sharing a	□ No	
	bathroom is 2 persons.	LI NO	



3.5 PART B – OPERATIONAL STANDARDS

To be completed	 status the indicator	checklist	Indicator checklist To be completed before the prerequisite status				
Item	lementation Status	Indicato r number	Indicator	Fulfilled Yes/No	Example of records to be reviewed	Justification Provide evidence, list records reviewed and describe activities observed that indicated the stage of implementation	
Item 1	Full	B.1.1	Passengers are advised to be vaccinated at least	☐ Yes	Exclusion policy		
Prevention of COVID-19	<mark>Partial</mark> None		three weeks prior to the voyage. Vaccinated passengers hold an official proof of vaccination.	□No			
passenger's from	None	B.1.2	Passengers who have travelled from abroad to	☐ Yes			
starting holidays			the country of embarkation, comply with the requirements for incoming travellers to the	□No			
			country of embarkation				
		B.1.3	Anyone who has been in contact with a	☐ Yes			
			confirmed case of COVID-19 or anyone who is	□ No			
			tested positive for SARS-CoV-2 by RT-PCR is not accepted on board the cruise ship				
		B.1.4	Passengers in high risk groups or with underlying	☐ Yes			
			medical conditions are advised to visit a doctor for pre-travel medical consultation.	□No			
		B.1.5	Crew members in high risk groups work in	☐ Yes			
			positions where there is little or no interaction with other individuals and use advanced respiratory protection.	□No			
Item 2	Full	B.2.1	Seafarers are vaccinated against COVID-19.	☐ Yes	Vaccination		
Crew vaccination and testing	<mark>Partial</mark>		Vaccinated crew members should hold an official proof of vaccination.	□ No	records		

	□ None				Logs and	
		B.2.2	Crew members that are already on board the cruise ship before resuming operations have been tested with RT-PCR or other NAAT for SARS-CoV-2. Incoming crew members are tested for SARS-CoV-2 with RT-PCR or other NAAT, within 72 hours before arrival on the cruise ship. All crew undergo a RT-PCR or RADT the day of embarkation. Incoming crew members are quarantined on board or ashore for 10 days and then be tested with RT-PCR or other NAAT at the end of the quarantine.	☐ Yes ☐ No	records of laboratory test results	
		B.2.3	Crew members are tested with RT-PCR or other NAAT every 7 days.	☐ Yes ☐ No		
Item 3 Measures to prevent COVID-	□ Full □ Partial □ None	B.3.1	The ship implements pre-boarding screening measures as a two-step process: primary screening and secondary screening	☐ Yes ☐ No	Logs and records of laboratory test results	
19 infectious travellers (passengers and crew) from		B.3.2	Primary screening includes observing travellers for any signs of infectious disease and checking their body temperature. It is supported by completion of health screening questionnaires.	☐ Yes ☐ No		
boarding cruise ships		B.3.3	Secondary screening is carried out by personnel with public health or medical training and includes an in-depth interview, a focused medical (and if necessary laboratory) examination, and a second temperature measurement.	☐ Yes ☐ No		
		B.3.4	There is a standard policy for denial of boarding to any exposed or symptomatic possible case among passengers and crew.	☐ Yes ☐ No		
		B.3.5	Data Protection Legislation (GDPR) is followed for any personal data collected from individuals.	☐ Yes		

Item 4 Health monitoring		Full <mark>Partial</mark> None	B.3.6 B.4.1 B.4.2	All passengers undergo an RT-PCR or other NAAT or RADT the day of embarkation. The temperature of all passengers and crew may be taken daily. All passengers undergo an RT-PCR or RADT during the cruise. Testing should begin on day 3 of the cruise, and can be combined with any required point of entry disembarkation testing for cruises which are less than 8 days duration. Surveillance for influenza like illness (ILI) should	□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No	•	Records of health monitoring			
Item 5 Communication plan, website,		Full Partial	B.5.1	integrate COVID-19 surveillance, as symptoms compatible with COVID-19 include those for ILI. All relevant information about the exclusion policy, as well as any pre-requisites and country specific rules are provided to passengers.	□ No □ Yes □ No	•	Communication plan Exclusion policy			
electronic reservation system and other means of		None	None	None	B.5.2	All materials are available in the national language, English and, where needed, other languages based on the most common language profiles of the passengers travelling.	☐ Yes ☐ No	•	Travel information	
communication			B.53	The communication plan should cover processes related to ticketing, at pre-arrival, at the terminal, on board, as well as the procedures in case of a COVID-19 event.	☐ Yes ☐ No					
			B.5.4	Travel information contains information regarding the symptoms of COVID-19, the associated health risks especially for vulnerable groups, the importance of preventive measures and recommended personal hygiene items to carry.	☐ Yes☐ No					

		B.5.5	The ticketing process should include information regarding the latest health and safety considerations, including those posed by COVID-19. During the ticketing process passengers should be informed about eligibility requirements. Before travelling, and, if applicable, regularly	☐ Yes ☐ No			
		5.5.0	during the voyage, all relevant information is provided to passengers and crew members.	□ No			
		B.5.7	Passengers and crew are informed on hand hygiene issues, respiratory etiquette and use of face masks.	☐ Yes ☐ No			
Item 6 Cleaning and disinfection	Full <mark>Partial</mark> None	B.6.1	Enhanced cleaning and disinfection is implemented in accordance with the EU HEALTHY GATEWAYS guidance on "Suggested procedures for cleaning and disinfection of ships during the COVID-19 pandemic (Version 2 – 20/04/2020)".	☐ Yes ☐ No	•	Cleaning log Cleaning plan	
		B.6.2	Shared public areas/facilities and surfaces that are frequently touched are cleaned and disinfected with increased frequency.	☐ Yes ☐ No			
		B.6.3	Special protocols for cleaning and disinfection are implemented after a possible or confirmed COVID-19 case has been identified.	☐ Yes ☐ No			
		B.6.4	There are adequate PPE for cleaning crew.	☐ Yes ☐ No			
Item 7 Training of crew	Full <mark>Partial</mark>	B.7.1	Crew is trained on recognition of the signs and symptoms compatible with COVID-19.	☐ Yes ☐ No	•	Training plan Training	
	None	B.7.2	Crew is trained on the procedure that should be followed when a passenger or a crew member displays signs and symptoms indicative of COVID-19.	☐ Yes ☐ No		records	

		B.7.3	Each member of the crew should be trained in	□ V		
		۵.7.3	their role and responsibilities to implement	☐ Yes		
			· · · · · · · · · · · · · · · · · · ·	☐ No		
			measures as per the contingency plan/outbreak			
			management plan.		-	
		B.7.4	Crew is instructed to report symptoms	☐ Yes		
			compatible with COVID-19 for both themselves	□ No		
			and other crew members or passengers. If they			
			develop symptoms they should not come to			
			work and immediately self-isolate.			
		B.7.5	Crew is trained on physical distancing measures,	☐ Yes		
			managing crowds, respiratory etiquette, use of	□No		
			PPE, ventilation in closed rooms and cleaning	LI NO		
			and disinfection protocols.			
		B.7.6	Medical staff should be trained in appropriate	☐ Yes		
			sample collection as well as storage and	□No		
			transport of the samples.	LI INO		
		B.7.7	COVID-19 knowledge is regularly checked and	☐ Yes		
			reinforced using refresher training	□No		
Item 8	Full	B.8.1	There are adequate supplies of disinfectants and	☐ Yes		
Storage facilities	Partial		hand hygiene supplies, tissues, face masks and	□No		
	None		no-touch bins for waste disposal			
		B.8.2	There are adequate supplies of PPE (including	☐ Yes		
			medical face masks and respirators, eye	□No		
			protection, gloves, and long-sleeved	LI NO		
			impermeable gowns).			
		B.8.3	There are adequate supplies of PPE for use by	☐ Yes		
			passengers and crew.	□No		
Item 9	Full	B.9.1	There are disinfectants and hand hygiene	☐ Yes	Contingency	
Embarkation /	<mark>Partial</mark>		supplies available.	□No	plan/outbreak	
disembarkation facilities	None	B.9.2	There are stations with alcohol-based hand rub	☐ Yes	management plan	
lacintics			solutions. All persons disembarking and re-	□No		
			embarking are requested to use them.			

		B.9.3	Physical distancing of at least 1.5 metres is maintained. If not possible masks should be used. The ship crew oversees the process and compliance with physical distancing. Several gangways should be used.	☐ Yes ☐ No ☐ Yes ☐ No		
		B.9.5	The port terminals should ensure physical distancing with signage, audio announcements, floor markings, etc.	☐ Yes		
		B.9.6	Face mask are worn by passengers and crew according to Annex 1.	☐ Yes ☐ No		
		B.9.7	Masks are available for passengers that did not bring their own.	☐ Yes ☐ No		
		B.9.8	Upon re-boarding of the cruise ship, health screening assessing the presence of COVID-19 symptoms or other relevant illnesses and contactless temperature measurements may be conducted.	☐ Yes ☐ No		
		B.9.9	Terminal operator should ensure appropriate measures to reduce overcrowding.	☐ Yes ☐ No		
		B.9.10	Passenger/Crew Locator Forms could be disseminated before boarding or during boarding and collected by cruise ship crew prior to disembarkation.	☐ Yes ☐ No		
		B.9.11	It is suggested that the Passenger/Crew Locator Forms for ships also be completed by all crew members who disembark for their long term leave.	☐ Yes ☐ No		
Item 10	□ Full	B.10.1	There are adequate capacities diagnostic test	☐ Yes	Contingency	

	l i	<mark>Partial</mark> None		kits and equipment for collecting specimens to be tested at ashore facilities or on board	□ No		plan/outbreak management	
			B.10.2	If a negative result is obtained from a patient	☐ Yes		plan	
				with a high index of suspicion for COVID-19 virus	□No	•	Medical log	
				infection, particularly when only upper				
				respiratory tract specimens were collected,				
				additional specimens, including from the lower				
				respiratory tract if possible (hospitalized in				
				ashore facilities) should be collected and tested.				
			B.10.3	Each Nucleic-acid Amplification Test (NAAT) run	☐ Yes			
				should include both external and internal	□No			
				controls, and laboratories are encouraged to				
				participate in external quality assessment				
				schemes when they become available.				
			B.10.4	Laboratories order their own primers and probes	☐ Yes			
				to perform entry testing/validation on	□No			
				functionality and potential contaminants.				
			B.10.5	When it has been confirmed that the specimen	☐ Yes			
				collection and the testing for COVID-19 has been	□No			
				performed correctly, and as soon as the				
				repeated results are negative for COVID-19				
				according to the criteria by ECDC, then the case				
				should be tested for influenza virus by means of				
				viral detection through PCR techniques, not				
				relying on rapid diagnostic tests.				
			B.10.6	If the patient is positive for influenza, then the	☐ Yes			
				"Guidelines for the prevention and control of	□No			
				influenza-like illness on passenger ship" of the				
				European Manual should be followed for the				
				case management.				
Item 11		Full	B.11.1	All crew designated to work with identified	☐ Yes			
Crew cabins and		<mark>Partial</mark>		possible/confirmed COVID-19 cases ideally have	□No			



crew work areas		None		cabins in similar locations and dine together as a group.						
			B.11.2	There are stations with alcohol-based hand rub	☐ Yes					
				solutions in crew work areas.	□No					
Item 12		Full	B.12.1	Exhaust fans of bathrooms operate	☐ Yes					
Public toilets and		<mark>Partial</mark>		continuously.	□No					
bathrooms		None	B.12.2	Overcrowding is avoided.	☐ Yes					
					□No					
			B.12.3	There are special floor markings at all possible	☐ Yes					
				congestion points.	□ No					
Item 13		Full	B.13.1	If technically possible, the air handling units are	☐ Yes	•	HVAC			
Control room/		<mark>Partial</mark>		switched to 100% outside air. Alternatively HEPA	□ No		maintenance			
Air handling units (fan room)		None		filters or Ultraviolet Germicidal Irradiation may be used.			schedule Records of			
(,			B.13.2	Outdoor air and extract air filters are maintained	☐ Yes		disinfection			
				as per the schedule and not more frequently.	□No					
			B.13.3		B.13.3	The medical facility and the designated isolation	☐ Yes			
					spaces are connected to a separate air handling unit.	□No				
			B.13.4	If aerosol-generating procedures are performed	☐ Yes					
				in the medical facilities of the ship, then the area	□ No					
				should be under negative pressure and achieve at least 10 air changes per hour.						
			B.13.5	The return air from the medical facilities and the	☐ Yes					
				isolation spaces should be either HEPA-filtered	□No					
				or exhausted to the outside.						
			B.13.6	The potable water system has been disinfected	☐ Yes					
				according to the steps described in "ESGLI Guidance for managing Legionella in building	□No					

				water systems during the COVID-19 pandemic".			
Item 14		Full	B.14.1	Cabins are thoroughly cleaned and adequately	☐ Yes		
Cabins		Partial Partial		ventilated between check out and check in.	□No		
		None	B.14.2	There are no items that cannot be cleaned and	☐ Yes		
				disinfected.	□No		
			B.14.3	There is no equipment and products in the	☐ Yes		
				cabin unless these are offered from a dispenser or can be disinfected.	□No		
			B.14.4	The minibar is disinfected after each check out.	☐ Yes		
				□No			
			B.14.5	The TV and air-conditioner remotes are covered	☐ Yes		
				with a disposable cover unless these items can be easily and adequately cleaned and	□No		
				disinfected.			
			B.14.6	, ,	☐ Yes		
				touched, including textile surfaces are cleaned between occupancies.	□No		
			B.14.7	passonger's request or routingly Pouting	☐ Yes		
					□No		
			B.14.8	Doors and windows should be opened daily if	☐ Yes		
				possible.	□No		
			B.14.9	Cabins are equipped with individual alcohol-	☐ Yes		
				based hand rub.	□No		
Item 15		Full	B.15.1	Physical distancing, use of PPE and hand hygiene	☐ Yes		
rood storage	Food storage	<mark>Partial</mark>		should be applied.	□ No		
		None					
			B.15.2	Crew does not touch potentially contaminated	☐ Yes		
		B.13.2	items/surfaces (e.g. packaging, invoices,	□ No			
	1		1			l	1

			products, equipment) and then touch their face, nose, mouth etc.		
		B.15.3	Where necessary, external packaging may be	☐ Yes	
			disinfected or removed to avoid any potential	□No	
			contamination of environmental surfaces on		
. 46		D 16 1	board the ship food areas.	_	
Item 16 Food service	□ Full	B.16.1	Disposable salt, pepper and other relevant containers should be used unless these	☐ Yes	
area	□ Partial □ None		containers should be used unless these containers can be disinfected between uses.	□ No	
	None	B.16.2	Cutlery, plates, trays, napkins, soft drinks, straws	☐ Yes	
			etc. should be handed by crew to the	□ No	
			passengers; the passengers should not collect		
		B.16.3	these items themselves. Physical distance should be maintained.		
		B.10.5	Physical distance should be maintained.	□ Yes	
				□ No	
		B.16.4	Only persons staying in the same cabin and/or	☐ Yes	
			persons from the same household or same travelling unit dine at the same table.	□ No	
		B.16.5	A distance of 1.5 metres between chairs of	☐ Yes	
			different tables should be maintained.	□No	
		B.16.6	When feasible, crew and passengers are divided	☐ Yes	
			into cohorts and are served at different times. In	□No	
			addition, limiting seating capacities in dining		
			areas or using reservations to control passenger crowds could be implemented.		
		B.16.7	Passengers wash or disinfect their hands upon	☐ Yes	
		B.10.7	entering and exiting the food service areas. Crew		
			members are present to monitor passenger	□ No	
			compliance.		
		B.16.8	Towels, tablecloths and utensils should be	□ Yes	
			washed even if they have not been used.		
			Restaurant linen should always be changed	□ No	

			between passengers.		
		B.16.9	In case of buffet service:	☐ Yes	
			Passengers and crew should be provided	□No	
			with alcohol-based hand rub solution if		
			hand washing stations are not available.		
			Physical distances are maintained.		
			There is suitable protection between		
			passengers/crew who will be served and		
			the food.		
			Wall mounted island type buffets have		
			stanchions at 1.5 meters, and assisted services are offered only by designated		
			crew.		
			Only designated crew is allowed to serve		
			food. Crew serving food wears appropriate		
			PPE and follows strict hygiene rules. Only		
			designated crew has access and can		
			distribute utensils.		
			Only food handlers should serve dispensing		
			items. Crew serving food wears appropriate		
			PPE and follows strict hygiene rules.		
Item 17	Full	B.17.1	Crew maintains appropriate physical distancing	☐ Yes	
Room service	<mark>Partial</mark>		and uses PPE.	□No	
	None	B.17.2	Room service items and utensils that have been	☐ Yes	
			used by passengers should be collected safely.	□No	
		B.17.3	Crew avoid entering the cabin and deliver the	☐ Yes	
			food to the door.	□No	
		B.17.4	Used plates and utensils are collected from	☐ Yes	
			outside the door.	□No	
Item 18	Full	B.18.1	Whenever possible, crew working in the galley	☐ Yes	
Galley	Partial		should keep physical distance of 1.5 metres.	□No	



		None	B.18.2	All persons entering the galley wash their hands and wear a face mask.	☐ Yes ☐ No			
			B.18.3	Visitors should perform hand hygiene and wear appropriate PPE.	☐ Yes ☐ No			
Item 19 Bookings, orders and purchases		Full <mark>Partial</mark> None	B.19.1	Protective screens or barriers or face shields with face masks may be used where face-to-face interaction without physical distancing cannot be avoided.	☐ Yes☐ No			
					B.19.2	On-line bookings, orders and purchases should be encouraged as well as the use of contactless cards for payments.	☐ Yes ☐ No	
			B.19.3	Forms that need to be completed may be made available on-line for electronic completion.	☐ Yes ☐ No			
			B.19.4	Non-essential face-to-face employee meeting, group events or social gathering are not taking place.	☐ Yes ☐ No			
Item 20 Group events and procedures		Full <mark>Partial</mark> None	B.20.1	Events should take place outdoors and be staggered.	☐ Yes ☐ No			
Item 21 Reception		Full <mark>Partial</mark> None	B.21.1	Reception is able to provide passengers with details about the policies and measures taken on board.	☐ Yes ☐ No			
			B.21.2	Reception informs passengers how to get medical advice on board.	☐ Yes ☐ No			
			B.21.3	Reception may be able to provide PPE when requested.	☐ Yes ☐ No			
			B.21.4	Special equipment is available (e.g. disposable gloves, face masks, and alcohol-based hand rub solutions).	☐ Yes ☐ No			
			B.21.5	Reception staff is trained to recognize the signs and symptoms of COVID-19 and report them	☐ Yes ☐ No			

			directly to medical staff.		
		B.21.6	There is a sneeze guard/transparent screen or face shields with face masks are worn	□ Yes	
				□ No	
		B.21.7		☐ Yes	
			the reception desk.	□No	
		B.21.8	Reception staff monitors and encourages	☐ Yes	
			compliance with good hand hygiene in the reception area.	□ No	
		B.21.9	The reception desks/counters and the key cards	☐ Yes	
			are regularly cleaned and disinfected.	□No	
		B.21.10	Physical distancing is maintained in the	☐ Yes	
			reception area.	□No	
		B.21.11	Overcrowding during check-in and check-out is	☐ Yes	
			avoided.	□No	
		B.21.12	Electronic alternatives of check-in and check-out	☐ Yes	
			are preferred.	□No	
		B.21.13	Outdoor based check-in and check-out may be	☐ Yes	
			considered.	□ No	
Item 22	□ Full	B.22.1	Outdoor play areas should be preferred.	☐ Yes	
Nursery and play areas for	☐ Partial			□No	
children	None	B.22.2	The number of children using indoor areas is	☐ Yes	
			reduced and physical distancing is maintained.	□No	
		B.22.3	The number of children in outdoor play areas	☐ Yes	
			should be limited and cohorting should be considered.	□ No	
		B.22.4	The areas is cleaned and disinfected.	☐ Yes	

					□No		
			B.22.5	The staff monitors children for signs or	☐ Yes		
				symptoms of COVID-19.	□ No		
			B.22.6	Child activities are limited to those where	☐ Yes		
				physical distancing measures can be adhered to.	□ No		
			B.22.7	Crew members and any other person over 6	☐ Yes		
				years of age in indoor and outdoor children's play areas wear faces masks.	□ No		
Item 23		Full	B.23.1	Physical distancing of at least 1.5 meters is	☐ Yes		
Entertainment venues	□ Partial			maintained.	□No		
venues		None	None	B.23.2	Alcohol-based hand rub solutions should be	☐ Yes	
			made available at the entrance of the venues.	□No			
			B.23.3	Crew members should monitor compliance of	☐ Yes		
					□No		
			B.23.4	The facilities are cleaned and disinfected after	☐ Yes		
			B.23.5	each use.	□No		
				There are special floor marking at all possible congestion points.	☐ Yes		
					□No		
			B.23.6	Face masks are worn according to Annex 1	☐ Yes		
					□No		
Item 24		Full	B.24.1	Physical distancing of at least 1.5 meters is	☐ Yes		
Casinos		Partial 		maintained. Overcrowding should be avoided.	□No		
		None	B.24.2	There are floor markings and seats are removed	☐ Yes		
				or taken out of use to ensure appropriate physical distancing.	□No		
			B.24.3	Face masks should be worn as described in	☐ Yes		
		A	Annex 1.	□No			
			B.24.4	Crew should supervise all casino areas to ensure	☐ Yes		



			all measures are respected.	□No		
		B.24.5	There are signs at the entrance informing passengers of the maximum capacity, advising them to apply alcohol-based hand rub solutions, not to touch their face and to respect physical distancing.	□ Yes □ No		
		B.24.6	Food service is suspended in the casino area.	☐ Yes ☐ No		
		B.24.7	Alcohol-based hand rub solutions should be placed at the casino entrances.	☐ Yes ☐ No		
		B.24.8	The casino area is cleaned and disinfected according to the routine procedures but with increased frequency.	☐ Yes ☐ No		
		B.24.9	Slot and electronic gaming machines should be cleaned and disinfected between use. Passengers may be provided with disinfectant wipes.	☐ Yes ☐ No		
Item 25 Hairdressers and	□ Full □ Partial		Public spaces should have hand rub alcohol- based solution for the passengers.	☐ Yes ☐ No		
beauty salons	□ None		Crew and passengers wear appropriate PPE as described in Annex 1.	☐ Yes ☐ No		
		B.25.3	Where possible sneeze guards/transparent screens or dividers should be installed at the receptions.	☐ Yes ☐ No		
		B.25.4	Overcrowding of the shared facilities should be prevented. Operating procedures include: pre-booking systems, timed appointments and record keeping	☐ Yes ☐ No		
		B.25.5	Crew advise passengers to immediately stop using shared facilities if they start to feel unwell and report this to staff working in these areas.	☐ Yes ☐ No		

Item 26 Gyms		Full <mark>Partial</mark>	B.26.1	The gym operates using a ratio of 1 person per 10 m² per usable floor surface space	☐ Yes ☐ No	Records of appointments		
		None	B.26.2	Operating procedures include: pre-booking systems, timed appointments, staggered and extended service times to help control the flow of individuals.	☐ Yes ☐ No			
			B.26.3	Physical distance of 1.5 meters is maintained between users and between equipment	☐ Yes ☐ No			
			B.26.4	Masks are worn at all times except while performing high-intensity exercises.	☐ Yes ☐ No			
Item 27 Sewage treatment plant		Full <mark>Partial</mark> None	B.27.1	Sewage testing is used for monitor the presence of SARS-CoV-2 virus in untreated black water	☐ Yes ☐ No	Records of black water laboratory results		
Item 28 Recreational		Full <mark>Partial</mark>	B.28.1	The operation of indoor swimming pools is not recommended.	☐ Yes ☐ No			
water facilities		B.28	None B.28	B.28.2	Showers of the facilities are separated.	☐ Yes ☐ No		
			B.28.3	Bathers are strongly advised to shower before entering the pools.	☐ Yes ☐ No			
			B.28.4	The showers provide all items for showering.	☐ Yes ☐ No			
			B.28.5	There are alcohol-based hand rubs at the entrances of the showers.	☐ Yes ☐ No			
			B.28.6	Positioning of seats should be such that the distance between the seats of two passengers from different umbrellas or two passengers from different cabin is at least 1.5 metres.	☐ Yes ☐ No			

B.28.7	Seats, tables, small safes, call buttons for the waiters and menus, are made, or covered with,	☐ Yes	
	materials that are suitable for cleaning and disinfection.	□ No	
B.28.8	The seats, tables, small safes, call buttons for the	☐ Yes	
	waiters and menus are disinfected after the change of passengers.	□No	
B.28.9	The facility provides towels or other washable	☐ Yes	
	coverings that can cover the entire surface of the seat.	□No	
B.28.10	The seats are disinfected after each use.	☐ Yes	
		□No	
B.28.11	Food is not served	☐ Yes	
		□No	
B.28.12	There are no textile surfaces on the sunbeds.	☐ Yes	
		□No	
B.28.13	Bathers are managed by scheduling bathing	☐ Yes	
	times or if possible by providing or separating	□No	
	swimming facilities and services into different groups.		
B.28.14	The maximum allowable number of bathers at	☐ Yes	
	any time is one bather per 4 m ² of water surface.	□No	
B.28.15	Small hot tubs (with depth less than 1 m and tub	☐ Yes	
	volume less than 6 m ³) should be used only by	□No	
	bathers of the same household or by bathers staying in the same cabin at a time.		
B.28.16	For larger spa/hydrotherapy pools (with depth	☐ Yes	
	more than 1 m and tub volume more than 6 m ³),	□ No	
	the maximum bather load is one person per 20 L		
	per minute of recirculation flow; in any case, the		
	total number of co-bathers should not exceed one bather per 4 m ² of water surface.		
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			B.28.17	The recreational water facilities were disinfected according to the steps described in "ESGLI	☐ Yes	
				Guidance for managing Legionella in building	□ No	
				water systems during the COVID-19 pandemic".		
Item 29		Full	B.29.1	The decorative fountains have been disinfected	☐ Yes	
Decorative		<mark>Partial</mark>		according to the steps described in "ESGLI	□No	
fountains		None		Guidance for managing Legionella in building		
			D 20 4	water systems during the COVID-19 pandemic".		
Item 30 Commercial		Full	B.30.1	Physical distancing is maintained.	☐ Yes	
stores, ticket		Partial 			□ No	
offices,		None	B.30.2	There are special floor marking at all possible	☐ Yes	
passenger				congestion points.	□No	
services			B.30.3	There are stations with alcohol-based hand rub	☐ Yes	
				solutions.	□No	
			B.30.4	Payments are made electronically.	☐ Yes	
					□No	
			B.30.5	Cleaning and disinfection is routinely followed.	☐ Yes	
					□No	
			B.30.6	Clothes are not tried on or if tried they are	☐ Yes	
				removed for 72 hours before re-issued	□No	
			B.30.7	Shoppers are encouraged not to handle items on	☐ Yes	
				display.	□No	
Item 31		Full	B.31.1	Passengers are advised to avoid the use of the	☐ Yes	
Elevators		Partial Partial		elevators.	□No	
		None	B.31.2	The capacity of the elevators is reduced to	☐ Yes	
				ensure physical distancing.	□No	
			B.31.3	It is recommended that persons use face masks	☐ Yes	
				as described in Annex 1	□No	
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			B.31.4	Elevators are regularly cleaned.	☐ Yes		
					□ No		
Item 32		Full	B.32.1	Public spaces should be supplied with hand rub.	☐ Yes		
Public spaces		<mark>Partial</mark>			□ No		
		None	B.32.2	Furniture should be arranged in such a way to	☐ Yes		
				help avoid overcrowding (e.g. 4 persons/10 m ²).	□ No		
			B.32.3	At waiting areas, physical distancing of at least	☐ Yes		
			B.32.4 B.32.5	1.5 metres is maintained. If not possible masks should be used.	□No		
				At sitting areas, there are special markings on where a passenger is and is not allowed to sit.	☐ Yes		
					□ No		
				Face masks are worn by passengers and crew	☐ Yes		
				both indoors and outdoors according to Annex 1.	□No		
			B.32.6	The air flow of the ventilation is not directed to	☐ Yes		
				groups of passengers.	□ No		
Item 33		Full	B.33.1	Operations are suspended or changed to avoid	☐ Yes		
Business centres		<mark>Partial</mark>	<mark>rartial</mark>	"self-service". Alternatively, access to Wi-Fi,	□ No		
		None		printing services or other business centre services may be completed remotely using			
				mobile phone apps.			
Item 34		Full	B.34.1	Only the minimum number of personnel	☐ Yes		
Shore-based personnel		Partial Partial		required should be allowed to embark.	□ No		
		None	B.34.2	Everyone who comes on board should observe	☐ Yes		
				hygiene protocols, screening measures and the use of appropriate PPE where necessary.	□ No		
Item 35		Full	B.35.1	Staff is trained in the procedures to be followed	☐ Yes		
Shore		<mark>Partial</mark> if	if possible cases are identified	□No			
excursion/tour staff		None					

			B.35.2	Symptomatic passengers should immediately wear a medical face mask and be transferred to an isolation or medical area for evaluation and all close contacts of potential cases should also be identified. External excursion and tour providers offer similar precautions as on board. External providers who interact with passengers (e.g.	☐ Yes ☐ No ☐ Yes ☐ No		
			B.35.4	tour guides) should follow cruise line protocols. PPE may be considered to be available on excursions.	☐ Yes		
			B.35.5	Face masks are worn according to Annex 1.			
			B.35.6	Visits to crowded areas should be avoided.	☐ Yes		
					☐ No		
			B.35.7	Physical distancing should be maintained.	☐ Yes		
					□ No		
			B.35.8	Disembarking and embarking travellers (from different ships or from the same ship but different voyages) do not occupy the same enclosed or semi-enclosed areas at the same time	☐ Yes ☐ No		
Item 36 Tender boats		Full <mark>Partial</mark> None	B.36.1	Physical distancing measures and cleaning and disinfection protocols are implemented in line with the on board procedures.	☐ Yes ☐ No		
]		B.36.2	Frequently touched surfaces of transports are cleaned and disinfected between each use.	☐ Yes ☐ No		
Item 37 Isolation spaces				B.37.1	The designated cabins should be located near the ship's medical facility.	☐ Yes ☐ No	
		None	B.37.2	Crew in contact with the isolated patient should wear appropriate PPE.	☐ Yes ☐ No		

		B.37.3	Children are quarantined in the cabin with one	☐ Yes	
			of their parents. Similar consideration are given	□No	
			to supporting those with special needs.		
Item 38	Full	B.38.1	The officer in charge of the ship must	☐ Yes	
Reporting	<mark>Partial</mark>		immediately inform the competent authority at	□No	
	None		the next port of call about any possible case of		
			COVID-19.		
		B.38.2	For international voyages, the MDH is completed	☐ Yes	
			and sent to the competent authority.	□ No	
Item 39	Full	B.39.1	Physical distancing of at least 1.5 metres is	☐ Yes	
Cruise terminals	Partial		maintained.	□ No	
	None	B.39.2	Face masks are used in all internal and external	☐ Yes	
			areas of the terminal.	□ No	
		B.39.3	The use of floor markers to ensure spacing,	☐ Yes	
			arrows to indicate directional flow, as well as	□No	
			prominent signage and audio announcements		
			for travellers are considered.		
		B.39.4	Dedicated lanes or separation of different user	☐ Yes	
			flows, in addition to dividing of terminals into	□No	
			designated zones (e.g. arrival, screening, post-		
			screening) through which travellers must pass		
			through for arrival, screening/testing and document processing (before being cleared for		
			boarding and embarkation) are considered.		
		B.39.5	Check-in, disembarkation, luggage handling,	☐ Yes	
		2.00.0	passenger queuing (inside and outside the		
			terminal), and provision handling are adjusted to	□No	
			reduce overcrowding and maintain		
			physical distancing.		
		B.39.6	Work and break schedules of crew who work in	☐ Yes	
			the terminal are reviewed and adjusted to avoid		



		overlap of crew.	□ No	
	B.39.7	Protective glass or plastic panels may be used.	☐ Yes	
			□No	
	B.39.8	Where physical distancing cannot be maintained	☐ Yes	
		or guaranteed, PPE should be considered.	□No	
	B.39.9	Cruise terminal operators removed terminal	☐ Yes	
		facilities that encourage crowding.	□No	
	B.39.10	There is special marking on where a passenger is	☐ Yes	
		and is not allowed to sit in order to maintain physical distance.	□No	
	B.39.11	When possible outdoor spaces are used.	☐ Yes	
			□No	
	B.39.12	Health promotion information material is	☐ Yes	
		prominently displayed and provided to incoming and outgoing passengers.	□No	
	B.39.13	In public toilets, physical distancing of 1.5	☐ Yes	
		metres is maintained between users.	□No	
	B.39.14	Digital methods are used for as many processes	☐ Yes	
		as possible.	□No	
	B.39.15	Terminal operators may consider limiting the	☐ Yes	
		number of taxis, coaches and buses present at the terminal to control/limit overcrowding in	□No	
		waiting areas.		
	B.39.16	Designated terminal personnel should oversee	☐ Yes	
		the process and compliance with the physical distancing measures.	□No	
	B.39.17	Competent authorities require all terminal users	☐ Yes	
		to use face masks.	□No	
	B.39.18	Respiratory etiquette is encouraged in terminals	☐ Yes	
		and relevant supplies are available.	□No	

B.39.19	Good hand hygiene is promoted and practiced	□ Vaa	
D.39.19	encouraged by all terminal personnel and users.	☐ Yes	
	encouraged by all terminal personner and users.	□ No	
B.39.20	Stations with alcohol-based hand-rub solutions	☐ Yes	
	are available at all entrances.		
		□No	
B.39.21	Designated terminal personnel may oversee the	☐ Yes	
	process and encourage compliance with hand	□ No	
	hygiene requirements.		
B.39.22	Cleaning of and disinfection of the terminal is	☐ Yes	
	conducted before and after each embarkation.	□No	
B.39.23	Special protocols for cleaning and disinfection	☐ Yes	
	should be available and implemented after a	□No	
	possible or confirmed case has been identified,		
	either at the terminal or on board a ship, if they		
	used the terminal facilities.		
B.39.24	Indoor areas at cruise terminals are adequately	☐ Yes	
	ventilated. In case of mechanical ventilation,	□No	
	recirculation is avoided as much as possible.		
B.39.25	Terminal personnel should practice frequent	☐ Yes	
	hand hygiene and wear appropriate PPE based	□No	
	on their specific work duties.		
B.39.26	It is recommended that terminal personnel	☐ Yes	
	follow the same screening protocols as travellers	□No	
	for entry to the terminal.		
B.39.27	Laboratory testing for COVID-19 of terminal	☐ Yes	
	workers could be conducted on a regular basis.	□No	
B.39.28	Once a possible case is detected a contingency	☐ Yes	
	plan/outbreak management plan should be	□No	
	activated.		
B.39.29	The possible case should be asked to wear a	☐ Yes	
	medical face mask as soon as they are identified.	□No	

	B.39.30	An appropriate isolation space/room is designated for isolating possible cases of COVID-19. The isolation room is equipped with appropriate supplies and if possible with a separate toilet	☐ Yes ☐ No	
	B.39.31	As soon as a possible case is detected, the public health competent authorities should be informed immediately.	☐ Yes ☐ No	
	B.39.32	Baggage handlers should perform frequent hand hygiene.	☐ Yes ☐ No	
I	B.39.33	Disinfection of luggage and especially the hand contact parts may be considered before loading luggage on board.	☐ Yes ☐ No	