

# Advice for preparedness and response to cases of COVID-19 on board ferries in response to the COVID-19 pandemic

**Version 3**

**June 2022**

---

\* The EU HEALTHY GATEWAYS Joint Action has received funding from the European Union, in the framework of the Third Health Programme (2014-2020). The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Suggested Citation: Barbara Mouchtouri, Martin Dirksen-Fischer, Mauro Dionisio, Miguel Dávila-Cornejo, Elina Kostara, Leonidas Kourentis, Lemonia Anagnostopoulou, Jan Heidrich, Kristina Militzer, Dario Bazargan and Christos Hadjichristodoulou. EU HEALTHY GATEWAYS Advice for preparedness and response to cases of COVID-19 on board ferries in response to the COVID-19 pandemic. June 2022. EU HEALTHY GATEWAYS joint action (Grant agreement Number – 801493); 2022. Available at: <https://www.healthygateways.eu/>

# 1. Introduction

In January 2020 the European Union HEALTHY GATEWAYS joint action switched from operating under the inter-epidemic mode to operating in an emergency mode, at the request of the European Commission's Directorate-General for Health and Food Safety (DG SANTE). As stated in the Grant Agreement, the objective of the emergency mode is to support coherent response of EU Member States (MS) according to Decision No 1082/2013/EU and the implementation of temporary recommendations issued by the World Health Organization (WHO). Under this emergency mode, EU HEALTHY GATEWAYS is available to respond to any specific requests from DG SANTE or EU MS to provide technical support, advice or ad-hoc training at points of entry as needed.

An ad-hoc working group was established with members from the EU HEALTHY GATEWAYS joint action consortium. The names and affiliations of the working group members who prepared this document are listed at the end of the document.

This advice includes measures for the prevention of transmission and spread of COVID-19 on board ferries.

The working group produced the following guidance, considering the Communications, Recommendations and materials issued by the Commission about travel during the coronavirus pandemic ([https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/travel-during-coronavirus-pandemic\\_en](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/travel-during-coronavirus-pandemic_en)), the temporary recommendations from the World Health Organization (WHO) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>) and the technical reports of the European Centre for Disease Prevention and Control (ECDC) (<https://www.ecdc.europa.eu/en/coronavirus/guidance-and-technical-reports>) on COVID-19 (18 March 2022).

The guidance provided on this document is based on the current situation of the pandemic and will be revised as needed after considering the epidemiological situation. This Guidance does not and should not impact any safety, environmental protection or security standard on board a ship.

# 2. Purpose

This guidance is addressed to ferry companies, as well as competent public health authorities at ports.

The objective of these general guidelines is to provide recommendations on preventive measures that ferries should implement to protect passengers, crew members<sup>2</sup> and onshore personnel, as well as to create an environment of trust in the maritime transport of passengers by ferry.

These guidelines should be adapted to each particular ship according to their own characteristics, traffic and any other factor that could be taken into consideration.

---

<sup>2</sup> The term crew members includes any person who is employed or engaged or works in any capacity on board a ferry.

### 3. Definitions

**Close contact:** a close contact of a COVID-19 case is any person who had contact with a COVID-19 case within a timeframe ranging from 48 hours before the onset of symptoms of the case, or date of collection of a positive COVID-19 sample for an asymptomatic case, to 10 days after the onset of symptoms or date of collection of positive sample if asymptomatic.

A. High-risk exposure (close) contact:

- A person who had face-to-face contact with a COVID 19 case within 1.5 metres for more than a total of 15 minutes over a 24-hour period (even if not consecutive). For passengers this could include, but is not limited to, participating in common activities, attending a class or sharing the same social space such as at a restaurant. This also includes contact with intimate partners. For crew this may include working in the same area as a case or socialising with a case (including fellow crew members), waiting on a table where a case was dining or leading a social activity where the case was participating
- A person who had physical contact with a COVID-19 case (e.g. such as handshaking, hugging, kissing, sexual activity).
- A person who has stayed in the same cabin with a COVID-19 case.
- A person who had direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on).
- A crew member who entered the cabin of a case while they were inside the cabin, without wearing appropriate PPE.
- Healthcare workers or other persons providing direct care for a known case or handling specimens of a case without wearing appropriate PPE or with a possible breach of PPE or hand hygiene.

B. Low-risk exposure (casual) contact:

Risk assessment of individual cases and their contacts will be conducted by the ship's medical staff and/or public health authorities to identify the low-risk exposure (casual) contacts. It could be possible that all persons on the ship who are not "high-risk contacts" could be considered as low-risk exposure (casual) contacts.

Any data available from contact tracing technologies should also be considered.

**Possible case of COVID-19:** any person with at least one of the following symptoms: runny nose, sore throat, headache, cough, fever, shortness of breath, sudden onset of anosmia, ageusia or dysgeusia, vomiting or diarrhoea. Additional less specific symptoms may include chills, muscle pain, fatigue (5).

**Confirmed case of COVID-19:** any person with a positive clinical sample for SARS-CoV-2 nucleic acid or antigen.

**Vaccinated individuals:** a passenger or crew member who carries a proof of vaccination. Children under the age of 12 years are not required to have proof of vaccination and should not be considered when calculating the vaccination coverage among passengers on board.

Heterologous vaccination is acceptable as indicated in the EMA and WHO recommendations (6, 7)<sup>3</sup>.

Acceptable vaccines are considered those listed in the European Medicines Agency (EMA) or WHO lists.

Listed vaccine (as of 18 March 2022)*	EMA list	WHO list	Doses in Series	Type
1 Comirnaty (BioNTech and Pfizer)	Yes	Yes	2	mRNA
2 Spikevax (Moderna)	Yes	Yes	2	mRNA
3 Janssen (Johnson & Johnson)	Yes	Yes	1	Vectored
4 Vaxzevria (AstraZeneca, Covishield)	Yes	Yes	2	Vectored
5 Nuvaxovid (Novavax)	Yes	Yes	2	Protein subunit
6 Sinopharm	No	Yes	2	Inactivated
7 Sinovac-CoronaVac	No	Yes	2	Inactivated
8 Covaxin	No	Yes	2	Inactivated
9 Covovax	No	Yes	2	Protein subunit

\*Updates can be found in: <https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/treatments-vaccines/covid-19-vaccines> and <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

**Proof of vaccination:** A valid Digital COVID-19 Certificate (DCC)<sup>4</sup> or certificate/document to include the following information: (a) name: surname(s) and forename(s); (b) date of birth; (c) disease or agent targeted: COVID-19 (SARS-CoV-2 or one of its variants); (d) COVID-19 vaccine or prophylaxis; (e) COVID-19 vaccine product name; (f) COVID-19 vaccine marketing authorisation holder or manufacturer; (g) number in a series of doses as well as the overall number of doses in the series; (h) date of vaccination, indicating the date of the latest dose received (certificates held by persons aged 18 and above indicating the completion of the primary vaccination series shall be accepted only if not more than 270 days have passed since the date of the latest dose in that series); (i) country of vaccination; (j) certificate issuer; (k) a unique certificate identifier or other means to validate the vaccination such as contact information in order to communicate with the healthcare provider or clinic site that issued the certificate, or the vaccination registry site. An individual will be considered as vaccinated if the above-mentioned definition "Vaccinated individual" is fulfilled.

<sup>3</sup> Depending on product availability, countries implementing WHO EUL inactivated vaccines for initial doses may consider using WHO Emergency Use Listing (EUL) vectored or mRNA vaccines for subsequent doses.

- Depending on product availability, countries implementing WHO EUL vectored vaccines for initial doses may consider using WHO EUL mRNA vaccines for subsequent doses.

- Depending on product availability, countries implementing WHO EUL mRNA vaccines for initial doses may consider using WHO EUL vectored vaccines for subsequent doses.

<sup>4</sup> [https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate\\_en](https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate_en)

**Proof of recovery:** A valid Digital COVID-19 Certificate (DCC) or a document/certificate issued by a competent authority and containing the following data fields: (a) name: surname(s) and forename(s); (b) date of birth; (c) disease or agent the citizen has recovered: COVID-19 (SARS-CoV-2 or one of its variants); (d) date of first positive test result (NAAT or RADT); (e) Member State or third country in which test was carried out; (f) certificate issuer; (g) certificate valid from; (h) certificate valid until (not more than 180 days after the date of first positive test result); (i) a unique certificate identifier or other means to validate the proof of recovery such as contact information in order to communicate with the issuing authority.

**Proof of diagnostic test result:** A valid Digital COVID-19 Certificate (DCC) or a document/certificate issued by a competent authority or another authorised body such as an approved laboratory or testing facility and containing the following data fields: (a) name: surname(s) and forename(s); (b) date of birth; (c) disease or agent targeted: COVID-19 (SARS-CoV-2 or one of its variants); (d) the type of test; (e) test name (optional for NAAT test); (f) test manufacturer (optional for NAAT test); (g) date and time of the test sample collection; (h) result of the test; (i) testing centre or facility (optional for rapid antigen test); (j) Member State or third country in which the test was carried out; (k) certificate issuer; (l) a unique certificate identifier or other means to validate the diagnostic test such as contact information in order to communicate with the issuing authority.

**Previously infected individuals:** crew members or passengers who have recovered from a SARS-CoV-2 infection and less than 180 days have passed since the date of positive test result (NAAT or other RADT).

**Isolation:** separation of ill persons from others in such a manner as to prevent the spread of infection.

**Quarantine:** the restriction of activities and/or separation from others of persons who are not ill but have been exposed to COVID-19 in such a manner as to prevent the possible spread of infection.

**Nucleic Acid Amplification Test (NAAT):** RT-PCR or other Nucleic Acid Amplification Test (NAAT), which should have the CE certification marking and should be in the list of the JRC IVD database (<https://covid-19-diagnostics.jrc.ec.europa.eu/>) or in the list of FDA with the in Vitro Diagnostics EUAs - Molecular Diagnostic Tests for SARS-CoV-2 and authorised for screening (testing asymptomatic individuals without known exposure) and can be used at home or otherwise as specified in the authorization list for certified laboratories or health care settings: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-molecular-diagnostic-tests-sars-cov-2#individual-molecular>. Further information on diagnostics can be found on "FIND", the global alliance for diagnostics: <https://www.finddx.org/>

**Rapid antigen detection test (RADT):** any type of RADT listed in the document "Common list of COVID-19 rapid antigen tests, including those of which their test results are mutually recognised, and a common standardised set of data to be included in COVID-19 test result certificates", [https://ec.europa.eu/health/system/files/2022-03/covid-19\\_rat\\_common-list\\_en.pdf](https://ec.europa.eu/health/system/files/2022-03/covid-19_rat_common-list_en.pdf) (8).

## 4. Contingency planning for the prevention and control of COVID-19

Ferry operators should have in place written contingency plans (outbreak management plan) for the prevention and control of possible<sup>5</sup> cases of COVID-19 that all crew on board should have good knowledge of and readiness to implement. In the written contingency plan (outbreak management plan) a COVID-19 task force commanded by the master of the ship should be defined.

Where applicable, medical facilities and/or medical staff (ship's doctor or the master of the ship or a medically trained officer) on board ferries should be assessed and reinforced so as to be able to manage COVID-19 cases as described in section 7 of the current document. Supplies and equipment to be available on board are described in paragraph 6.4 of the current document.

Further information for passenger ships on international voyages about the recommended medical facilities, medication and medical staff competency are described in the "European Manual for Hygiene Standards and Communicable Disease Surveillance on passenger ships" available here <https://www.shipsan.eu/Home/EuropeanManual.aspx>

"Designated crew members" mentioned in this document refers to the designated functions in each ship's contingency plan (outbreak management plan) for the prevention and control of COVID-19 under the guidance of the master of the ship. The master of the ship should keep the company's land-based personnel informed for the operation of the above mentioned plan and should keep a relevant record book/log.

The plan should include the measures that should be implemented for the prevention and control of COVID-19 cases and procedures for the isolation of possible/confirmed cases of COVID-19 as these are described in the following paragraphs. Training of crew members for the implementation of the contingency plan (outbreak management plan) should be ensured as this is described in the guidance documents published by the World Health Organization and EU HEALTHY GATEWAYS:

<https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-or-outbreaks-on-board-ships-interim-guidance> and  
<https://www.healthygateways.eu/Novel-coronavirus#Interim>

Ferry operators should take into consideration when developing the contingency plans (outbreak management plans) IMO Circular Letter No.4204/Add.16 (6 May 2020) - Coronavirus (COVID 19) – "COVID-19 related guidelines for ensuring a safe shipboard interface between ship and shore-based personnel" available here:

<https://wwwcdn.imo.org/localresources/en/MediaCentre/HotTopics/Documents/COVID%20CL%204204%20adds/Circular%20Letter%20No.4204-Add.16%20->

---

<sup>5</sup> Possible case: any person with at least one of the following symptoms: cough, fever, shortness of breath, sudden onset of anosmia, ageusia or dysgeusia. Additional less specific symptoms may include headache, chills, muscle pain, fatigue, vomiting and/or diarrhoea (source: Case definition for coronavirus disease 2019 (COVID-19), as of 3 December 2020. <https://www.ecdc.europa.eu/en/covid-19/surveillance/case-definition>).

[%20Coronavirus%20\(Covid%2019\)%20-%20Covid-19%20Related%20Guidelines%20For%20Ensuring%20A%20Safe%20Shipboard.pdf](#)

The contingency plan (outbreak management plan) should include the following as applicable:

A. Clearly described preventive measures

- Physical distancing measures
- Personal hygiene rules
- Personal Protective Equipment (PPE) use
- Self-monitoring of symptoms for transport staff
- Procedures for responding to a possible/confirmed case (temporary isolation, arrangements for providing the preliminary medical examination by the ship's doctor or the master of the ship or a medically trained officer as applicable)
- Standard Operating Procedures (SOP's) for cleaning and disinfection covering all types of surfaces and materials and defining the disinfectants and the methods to be used
- SOPs for laundry of linen and clothing
- SOPs for cleaning and disinfection of body fluid spills in the environment
- Food safety management
- Potable water safety management
- Recreational water safety management
- Ventilation of indoor areas
- Communication plan including reporting public health events to the competent authorities
- Data management of health or screening documents (e.g. Passenger Locator Forms, Maritime Declaration of Health) in accordance with Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (GDPR) and national regulations on the processing of personal data and medical confidentiality.

B. Measures for the response and management of a possible/confirmed case

- Interview of cases, using standardised questions in according to the procedures of the country in the port of call
- Isolation/separation plan of the possible/confirmed case
- Communication with competent authorities at ports
- Collaboration with the national/local competent authorities for contact tracing and quarantine of contacts ashore
- Response measure to symptomatic case or cases and to asymptomatic case or cases and to their contacts (vaccinated or unvaccinated) among passengers and crew.
- Referral (if required) to shore to hospitals or isolation/quarantine facilities
- Cleaning and disinfection procedures of contaminated spaces, objects and equipment (daily and final cleaning and disinfection)
- Waste management procedures
- Communication strategy for contacting the contacts of a confirmed COVID-19 case among the travellers retrospectively in accordance with the local/national procedures in the country of the port of call



## **5. Options for measures to prevent COVID-19 infectious passengers and crew from boarding**

### **5.1. Diagnostic testing and vaccination of crew members**

Ferry operators should perform NAAT for SARS-CoV-2 to crew members the first time they start their regular work schedule on board the ship: NAAT should be performed within the 72 hours before embarking the ship, and an RADT should be performed the day of embarkation. Additionally, once on board and working in regular work schedule, unvaccinated crew members should be tested by NAAT or RADT at least every one week, and vaccinated or recovered crew members should be tested by NAAT or RADT every two weeks. The testing of vaccinated crew members could be split, so that half of the crew members of each department are tested each week. . This practice should be considered as an important additional layer of measures applied, and should not create a false sense of security.

If positive results are found, then the contingency plan/outbreak management plan for management of cases available on board needs to be activated and implemented, as described in the EU HEALTHY GATEWAYS advice "Advice for cruise ship operators for preparedness and response to the outbreak of COVID-19" available here: <https://www.healthygateways.eu/Novel-coronavirus>. Positive results from antigen testing should be confirmed by NAAT testing whenever possible.

Crew should have available for inspection by the competent authorities the test results in either electronic or hard copy.

The ship that has medical doctor and/or nurse on board should be supplied with at least one antigen test for each of the crew members plus some additional kits as a reserve, and in the event that a possible/confirmed case is identified among crew members, all the crew members on boards should be tested.

It is recommended that all crew members be vaccinated against COVID-19. Crew members , as transportation workers, are recommended to be considered as a priority group by EU MS for vaccination against COVID-19 in accordance to the European Commission Communication<sup>2</sup>. Vaccination of crew for ships sailing in EU MS should be legally acquired from official sources. Vaccinated crew members should hold an official proof from an internationally recognized authority (i.e. EMA, WHO or US FDA) vaccines and inform their employer about their vaccination status. If they have been vaccinated in an EU member state, they should hold a proof of vaccination issued by the competent authority of that Member State. Any data kept by the ferry operators should be handled in accordance with the relevant legislation for the personal data protection.

### **5.2. Training and raising crew member awareness**

Ferry operators should provide training and instructions to their crew members regarding the recognition of the signs and symptoms of COVID-19 and to know their role and responsibilities in case of an event. In particular, information should be provided to all crew members for the immediate reporting of signs and symptoms indicative of COVID-19 to



their designated supervisor/manager or medical staff for themselves, other crew members or passengers. Crew members should be adequately consulted, equipped, trained and instructed on how to carry out their duties while minimising risks to their own health, and also the health of their co-workers and passengers<sup>3</sup>. This should include, for example, information on how to adequately use personal protective equipment, maintain hygiene and minimise unnecessary contacts with others.

Crew members that develop signs and symptoms indicative of COVID-19 will have to immediately leave their post and follow guidance provided in paragraph 7.

Crew members should be reminded of the procedures that are to be followed when a crew member displays signs and symptoms indicative of COVID-19 or when a passenger reports on such symptoms. Crew members should minimize the visits ashore as much as possible in order to reduce contacts with people.

### **5.3. Pre-boarding screening for all passengers on board ferries on international voyages**

All rules and conditions decided by a country for passengers will have to be implemented during the pre-embarkation screening at foreign ports before boarding of these passengers on board ships on international voyages. Companies are advised to be familiar with those requirements before allowing passengers to access the ship in order to avoid problems upon arrival. Companies should check that all the requirements of the country of destination are met and should prevent passengers from embarking in case they don't comply with any of them.

### **5.4. Measures before boarding during ticket purchasing**

#### **5.4.1. Exclusion policy by the EUMS**

EU Member States that have developed an exclusion policy with regards to transport and COVID-19 should inform the travelling public about the policy through their travel agents, travel companies, conveyance operators and other businesses operating in the tourism sector. This policy can exclude symptomatic or potentially exposed travellers from travelling. In this respect, any person experiencing symptoms compatible with COVID-19, or anyone who has been in contact with a confirmed case of COVID-19 would not be accepted on board conveyances and at tourist accommodation sites. If a country has decided to include any other pre-requisite such as laboratory testing (e.g. a molecular test before departure) as part of the exclusion policy for tourists, this should also be communicated to incoming passengers. EU MS when deciding about laboratory testing as a condition for travel should take into consideration the limitations, including the effectiveness, cost and the availability of tests. Molecular tests cannot detect incubating travellers, where it is still possible for infection to occur after the laboratory testing has been performed.

Digital methods for as many processes as practicable should be applied at the terminal, such as on-line purchasing, issuing of boarding passes, automatic passport and ID scanners, to reduce the time that passengers spend in the terminal and to avoid congestion.

Restrictions or special measures to prevent potential exposure could be applied to tourists belonging to high risk groups. They could be advised to avoid remote destinations away from urban centres where health care capacities are not available or are basic, and where the transportation network is infrequent.

#### **5.4.2. Promoting a contactless environment**

Ferry companies and travel agencies should prioritise and promote the electronic sales of tickets while ensuring accessibility to ticket sales for people having no access to electronic means or who are unable to use such electronic means. As far as practicable, a contactless environment should be favoured.

#### **5.4.3. Pre-travel information by travel agencies and ferry companies**

Travel agencies should provide pre-travel information to customers about health issues with their travel package. In this context, information regarding the symptoms of COVID-19, the exclusion policy implemented by the country, the requirements of the country of destination, health risks especially for vulnerable groups and the importance of preventive measures should be provided in advance of travel. These materials should be available in the national language, English and, where needed, other languages based on the most common language profiles of the passengers using the respective conveyance. If it is decided to distribute the information to the passengers in a printed format/leaflet, then it should be done in a manner to avoid direct hand contact between two persons or to avoid many different persons touching the leaflets.

The information should include:

- boarding screening measures where applied;
- symptoms compatible with COVID-19, including sudden onset of at least one of the following: cough, fever, shortness of breath, loss of taste/smell;
- if passengers or crew have been vaccinated, they should carry with them the SARS-CoV-2 vaccination certificate, and present it to the ship officers and/or health authorities (if asked as part of the risk assessment of a COVID-19 event);
- exclusion policy and likelihood of being denied boarding e.g. if they have developed symptoms or have been in contact during the last 14 days with a COVID-19 patient or any other rule according to the country policy (embarkation and disembarkation) or company policy;
- health risks for vulnerable groups
- hygiene measures (hand washing with soap and water or hand hygiene with alcohol-based hand-rub solutions, respiratory (coughing and sneezing) etiquette, disposal of used tissues, use of face mask<sup>6</sup>, physical distancing, elimination of handshaking, avoiding touching the nose, eyes and mouth without previously washing hands etc.);

---

<sup>6</sup> "Face masks" is a generic term which covers both medical and non-medical masks.

**Medical face mask (also known as surgical or procedure mask):**

**Medical face mask** (also known as surgical or procedure mask): a medical device covering the mouth, nose and chin to provide a barrier that limits the transmission of an infective agent between hospital staff and patients. The masks are used by healthcare workers to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and to help reduce and/or control the spread of large respiratory droplets at source. Medical masks comply with requirements defined in European Standard EN 14683:2014.

- actions to take in case of relevant symptoms develop;
- rules and health measures implemented on board the ship (e.g. use of face masks, physical distancing, fines policy for non-compliance etc.);
- need to immediately report to transport staff if passengers develop cough, fever, shortness of breath, loss of taste/smell during travel;
- need to immediately seek medical care if developing fever, cough, difficulty breathing loss of taste/smell and sharing previous travel history with the health care provider.

As mentioned, travel companies and travel agents should provide clear information to travellers about the likelihood to be refused boarding according to the exclusion policy adopted by the country.

Examples of reasons for refusing boarding are:

- a) if passengers have symptoms indicative of COVID-19
- b) if an unvaccinated passenger is a close contact of a confirmed case of COVID-19
- c) in case passengers do not respect the local measures in place for preventing transmission (e.g. physical distancing, use of face masks etc.)
- d) if passengers don't comply with all the requirements of the country of destination.

Ferry operators and tour operators should provide all relevant information on their websites and in the electronic reservation systems, about the exclusion policy, as well as any pre-requisites and the country specific rules during boarding and travel. It is suggested to explore the possibility to have a number of means to provide this information, so intending passengers have a number of opportunities to consider (e.g. to be obligatory to read the information in order to complete the reservation). Passengers could be redirected to national/local authorities' website for further information about COVID-19 (e.g. symptoms, high risk persons and national rules).

Passengers should provide a telephone number and an email address during the purchasing process. The company should keep this information for 1 month and make available to the port health authority if requested.

## 5.5. Options for measures during boarding

### 5.5.1. Physical distancing

It is advised that physical distancing in accordance with national policy (e.g. 1,5 meters) should be applied at waiting areas and during boarding by adopting special marking and controlled entry measures. Dedicated lanes or separating different passenger flows should be considered.

Crew members could oversee the process and compliance with the physical distancing measures to avoid crowding.

The transport of persons with disabilities and reduced mobility as well as elderly should be given priority. Crew members who, in line with the EU rules on passenger rights, provide assistance to persons with disabilities and reduced mobility as well as elderly, should be provided with the necessary PPE.

### **5.5.2. Pre-boarding screening**

Pre-boarding screening efforts could be considered by the competent authorities in each country to assess incoming travellers for any symptoms or previous exposure to COVID-19 on vessels sailing on international or national voyages. The competent authorities in EUMS will decide who will implement the pre-boarding screening and develop the implementation protocol.

If a country decides that the ferry companies implement the pre-boarding screening then in cases where boarding will not be allowed as a result of the pre-boarding screening, the ferry operator should inform the competent public health authorities at the port about the specific case that was not allowed boarding due to symptoms development, exposure or failure to comply with all the requirements. Competent authorities at the port will then conduct an initial assessment and further manage the ill or exposed passenger and its contacts.

#### ***5.5.2.1. Boarding refusal***

A standard policy should exist about denying boarding to any exposed or symptomatic possible/confirmed case among passengers and crew as described in paragraph 5.4. To encourage honest reporting of exposure and symptoms the ticket cancellation policy should take into consideration the Commission's recommendation of 13.5.2020 on vouchers offered to passengers and travellers as an alternative to reimbursement for cancelled package travel and transport services in the context of the COVID-19 pandemic available here: [https://ec.europa.eu/info/files/covid-19-recommendation-vouchers-offered-passengers-and-travellers-alternative-reimbursement-cancelled-package-travel-and-transport-services\\_en](https://ec.europa.eu/info/files/covid-19-recommendation-vouchers-offered-passengers-and-travellers-alternative-reimbursement-cancelled-package-travel-and-transport-services_en)

According to the above and in accordance with the exclusion policy adopted by each country, boarding may be denied especially if during the pre-boarding entry screening it is identified that passengers have symptoms indicative of COVID-19. If boarding will not be allowed, then local rules for the subsequent use or not of the ticket will apply.

If boarding will not be allowed the competent health authority will be informed to apply the necessary procedures according to the local rules

### **5.5.3. Passenger Locator Form**

Passenger Locator Forms (PLF) for ships on international voyage should be available on board and used if requested by the authorities in order to ensure that contact information of passengers is available, to facilitate contact tracing if a case of COVID-19 is detected. When requested by the competent authorities, Passenger Locator Forms could be disseminated before boarding or during boarding and collected by transport staff or public health authority staff before or during disembarkation. The company should keep the PLF for 2 months and make available to Public Health Authority if requested. Electronic completion of Passenger Locator Forms before boarding could be used in the future. The passenger locator form for ships is available at Annex 1.

EU HEALTHY GATEWAYS has developed an EU application for common digital PLFs for the air, maritime and ground transport sectors: <https://www.euplf.eu/en/home/index.html>. Information that travellers provide in PLFs can be used by public health authorities in destination countries to rapidly contact

travellers, with the goal of protecting the health of travellers' and their contacts, as well as preventing further disease spread.

#### **5.5.4. Information package for passengers**

During boarding and during the journey information should be clearly communicated to passengers (e.g. electronic posters, recorded messages) on the symptoms of the disease, preventive measures and instructions for immediate reporting to crew members if they develop symptoms during travelling.

## **6. Measures for preventing and limiting transmission of COVID-19 on board ferries**

### **6.1. Physical distancing**

To ensure that measures related to physical distancing on board ships are maintained, it is advised that ferry ship operators reduce the maximum number of passengers on board ships where this is necessary. The capacity reduction decision should be based on the epidemiological situation of the country and should be re-assessed and re-considered at two-week intervals or on a monthly basis. Hence, ferry ship operators are advised to estimate the maximum number of passengers per ship as these are described in paragraph 5.2 of the current document.

It is advised to consider allowing passengers on short ferry routes to stay in the car or truck if overall safety can be sufficiently ensured. In case passengers are recommended or requested to remain in their vehicles on board ferries during short voyages (e.g. less than one hour), such a measure should apply on open decks only, unless additional safety precautions are taken in line with applicable EU rules [3]. Where needed, capacity of decks should be adjusted to ensure safety and personnel trained in fire suppression should be present.

When conditions allow for it, use as far as practicable the open spaces of the vessel.

Unnecessary movement of passengers on board conveyances should be avoided.

It is advised to ensure that on all internal and external areas of the ship the physical distancing in accordance with national policy (e.g. 1.5 meters) is maintained in combination with the use of face masks. Designated crew members could oversee the process and compliance with the physical distancing measures in all areas.

In public toilets the minimum number of passengers should enter so as to maintain the physical distancing in accordance with national policy (e.g. 1.5 meters) between passengers.

It is suggested not to use elevators.

To ensure physical distancing measures are maintained during disembarkation it is advised that disembarkation is done sequentially per deck and seat number or other appropriate system.

## 6.2. Hand hygiene and respiratory etiquette

Hand hygiene should be applied by passengers and crew members with soap and water. If hands are not visibly soiled, an alternative alcohol-based hand-rub solution may be used. It should be noted that the use of gloves does not replace hand hygiene and that glove use in the community is not recommended to prevent transmission of SARS-CoV-2.

Stations with alcohol-based hand-rub solutions (containing at least 60% ethanol or 70% isopropanol) should be available at all entrances of the conveyances and other areas such as toilets, check-in areas, bars and restaurants.

Ferry companies should provide information to passengers and crew members on hand hygiene related issues and where necessary the appropriate facilities and equipment:

- Hand washing techniques (use of soap and water, rubbing hands for at least 20 seconds etc.). The use of gloves does not replace hand hygiene and could in certain circumstances lead to an increased risk of contamination.
- When hand washing is essential (e.g. before boarding and after disembarkation from conveyances, after assisting an ill traveller or after contact with environmental surfaces they may have contaminated (e.g. handrails), before putting on or after removing the face mask, before putting on or removing gloves, after using the toilet, before touching our face etc.)
- When the use of antiseptic is advised and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Avoid touching the eyes, nose or mouth.
- Avoiding close contact with people suffering from acute respiratory infections
- Appropriate waste disposal
  - Proper use and storage or disposal of face masks (medical masks or respirators)
  - Avoiding close contact with people suffering from acute respiratory infections

Respiratory etiquette should be implemented in all areas: the nose and mouth should be covered with paper tissue when sneezing or coughing and then the tissue should be disposed of immediately in a no touch bin and meticulous hand hygiene should be performed by using water and soap or an alcohol-based hand rub solution. If paper tissues are not available, coughing or sneezing into the elbow is recommended. For this reason, it is important to have available in different areas around the ferry relevant supplies (e.g. tissues or paper towels and disposable gloves, no touch bins etc.). Information about the respiratory etiquette and hand hygiene should be provided to passengers via recorded communications, leaflets, infographics, electronic posters etc.

## 6.3. Preventing droplet transmission by the use of face masks<sup>7</sup>

Ferries are semi-closed environments with common areas that may allow extended periods of close contact between people. It is suggested that crew members and passengers use

---

### **Medical face mask (also known as surgical or procedure mask):**

a medical device covering the mouth, nose and chin to provide a barrier that limits the transmission of an infective agent between hospital staff and patients. The masks are used by healthcare workers to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and to help reduce and/or control the spread of large respiratory droplets at source. Medical masks comply with requirements defined in European Standard EN 14683:2014.

medical face masks (and that strategies to improve fit are considered). Respirators (e.g. FFP2 standard or equivalent) could also be considered for crew members and passengers.

Further details about strategies that can be used by crew members to improve face mask fit can be found here: <https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission>

Face masks should be used by all crew members at all times on board when exiting/outside of individual cabins (exceptions include during eating and drinking, in which case physical distancing should still be practiced). This should also apply to crew members who are off duty and outside of cabins, as well as shore-based personnel (e.g. maritime pilots, port workers, medical personnel etc.) boarding the ship.

Ferry operators should be responsible for providing (free of charge) face masks and other necessary PPE to the crew members.

Face masks should be used by passengers at all times in all areas on board when exiting/outside of their cabins (exceptions include during eating or drinking at restaurants and bars, in which case physical distancing should still be practiced). Crew members and passengers should use a face mask (preferably a medical face mask, or FFP2 mask or equivalent that fits well) in any public indoor space as well as on any public outdoor space when it is overcrowded, in addition to maintaining physical distancing. Face masks must be worn outdoors if physical distancing cannot be maintained. When crew members and passengers are ashore they should follow the rules of each country.

Face masks should be used at all times during embarkation, disembarkation, when entering or at the terminal station and in accordance with the local regulations.

An overview of recommended PPE for crew and passengers on board ships (in the context of lifting restrictive measures in response to the COVID-19 pandemic) can be found here: <https://www.healthygateways.eu/Novel-coronavirus>

If the passenger does not arrive with their own face mask, face masks should be made available for passengers at the terminal. Additional PPE should be provided upon request on board the ship.

Information about the correct use of face masks should be provided to passengers via audio messages, leaflets, TV, infographics, websites or electronic posters etc. and at the terminal stations.

#### **6.4. Supplies and equipment**

Adequate medical supplies and equipment should be available on board the ship in appropriate quantities compared to the number of passengers/crew on board to respond to a case or an outbreak among crew.

Adequate supplies of rapid antigen diagnostic tests (only for ships with a medical doctor/nurse on board), disinfectants, personal protective equipment and hand hygiene supplies should also be carried on board ships as well as body temperature devices.

Special procedures should be put in place to minimize contact between crew members and suppliers and other workers from the port.



Further details about PPE and supplies specific to COVID-19 can be found at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance> (please see: a) COVID-19 operational support and logistics disease commodity packages and b) Technical specifications of personal protective equipment for COVID-19). Further recommendations for the type of PPE required according to the job position and the setting can be found here:

[https://www.healthygateways.eu/Portals/0/plcdocs/EUHG\\_PPE\\_Overview\\_24\\_04\\_2020\\_F.pdf?ver=2020-05-20-201841-010](https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Overview_24_04_2020_F.pdf?ver=2020-05-20-201841-010)

## 6.5. Ventilation and air-conditioning

Ferries interiors should be adequately ventilated.

The minimum required air exchanges per hour for each space on the ship should be respected and if possible the air exchanges should be further increased in order to reduce the risk of transmission. When possible, direct air flow should be diverted from groups of individuals (especially if they are stationary).

If technically possible, the use of air recirculation should be avoiding as much as possible by closing the recirculation dampers (via the Building Management System or manually) of all the air handling units (AHUs). This decision should be taken after consultation of the manufacturer and considering the cooling and heating capacity of the system. In case it is not possible to completely stop the recirculation of the air, the ship should explore improving air filtration of the return air as much as possible such as using ePM1 80% or HEPA filters or Ultraviolet Germicidal Irradiation (UVGI). The fan coils (units with local/cabin level circulation) should either be switched off or operate so that the fans are continuously on. Exhaust ventilation systems of toilets should always be kept on, and should create negative pressure.

It is not recommended to change heating, cooling and humidification set points of the HVAC system.

All maintenance works related to the HVAC system, including changing the central outdoor air and extract air filters, should be conducted according to the usual maintenance schedule. Duct cleaning should be avoided during the COVID-19 pandemic. Regular filter replacement and maintenance work shall be performed with common protective measures including adequate PPE.

If technically possible, the medical facilities, as well as the designated isolation spaces, should be connected to separate AHU than the rest of the spaces of the ship.

If aerosol-generating procedures are essential to be performed in the medical facilities of the ship, then the area should be under negative pressure and achieve at least 1 air changes per hour if this is feasible.

Information on ventilation and heating is provided by ECDC on the technical report titled Heating, ventilation and air-conditioning systems in the context of COVID-19 available here: <https://www.ecdc.europa.eu/en/publications-data/heating-ventilation-air-conditioning-systems-covid-19>

Cabins should be adequately ventilated and should remain empty with the door open for at least one hour prior to the use by the next passengers. In case a cabin empties it should not be used by other passengers on the same itinerary.

## **6.6. Cleaning and disinfection guidelines**

The personnel in charge of cleaning and disinfecting the cabins or isolation rooms occupied by possible/confirmed cases must be trained, protected and must follow rigorous protocols.

EU HEALTHY GATEWAYS has produced suggested procedures for cleaning and disinfection of ships during the pandemic of COVID-19 (VERSION 2 - 20/04/2020), which can be found here:

[https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID-19\\_Cleaning\\_Disinfection\\_ships\\_21\\_4\\_2020\\_F.pdf?ver=2020-04-21-154731-953](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_Cleaning_Disinfection_ships_21_4_2020_F.pdf?ver=2020-04-21-154731-953)

This document includes advice about specifications for the training of cleaning staff and use of PPE, information about the cleaning equipment and materials to be used, and a summary of antimicrobial agents effective against coronaviruses. It further outlines suggested procedures for cleaning and disinfection for different materials and areas of the ships including health care and general settings.

## **6.7. Passenger facilities on board ships e.g. bars, restaurants, dining areas and food management**

Food hygiene rules must be strictly followed. Passengers should wash or disinfect their hands (with an alcohol-based hand rub solution) upon entering and exiting the food service areas. Crew members could be present to monitor passenger compliance, especially during peak service times. If disposable cutlery cannot be used then these should be washed and disinfected at > 77 °C for at least 30 seconds, or at 82 °C or with chlorine solution of 200ppm at minimum temperature of 24°C with contact time 7 seconds and then air dried.

Trays, napkins, soft drinks, straws etc. should be handed over by the staff to the customers and the customers should not collect them themselves.

It is preferable that dining tables are used outdoors respecting physical distance measures. If dining tables are used indoors, then it is advised physical distancing measures to be respected as well.

## **6.8. Reporting of symptoms**

It is of high importance that crew members should immediately report to supervisors any mild or severe symptoms compatible with COVID-19. Any crew with COVID-19 compatible symptoms should immediately self-isolate, be provided with appropriate PPE (e.g. medical face mask) and inform their designated supervisor/manager and medical staff.

# **7. Managing COVID-19 cases on board**

## **7.1. Management of a possible/confirmed case**

As soon as a possible/confirmed case is detected the contingency plan (outbreak management plan) should be activated.

The master or the designated officer in the absence of a doctor on board shall carry out a clinical examination of the patient in accordance with the training received and report their findings to the medical teleconsultation centre (TMAS at sea or local rescue at dockside).

Following preliminary medical examination, if it is determined that there is a possible/confirmed case of COVID-19 on board, the patient should be isolated in one of the designated isolation cabins with negative pressure if available or in a designated cabin, room or quarters and infection control measures should be continued until disembarkation and transfer of the patient to the hospital ashore. The crew members should identify the close contacts and will accommodate them in the cabins designated for that purpose. Advice for management of possible/confirmed cases can be found in the EU HEALTHY GATEWAYS Advice for cruise ship operators for preparedness and response to the outbreak of COVID-19, available at: <https://www.healthygateways.eu/Novel-coronavirus>

## 7.2. Management of contacts

Management of contacts will take place according to the national/local policies by the national/local competent authorities. Close contacts will not be allowed to travel internationally and will be quarantined ashore in a designated facility in according to the procedures of the country.

Advice for contact definition and management can be found in the following links:

- EU HEALTHY GATEWAYS, Advice for cruise ship operators for preparedness and response to the outbreak of COVID-19, available at: <https://www.healthygateways.eu/Novel-coronavirus>
- ECDC, Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union - third update <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-contact-tracing-public-health-management-third-update.pdf>
- WHO, Operational considerations for managing COVID-19 cases/outbreak on board ships <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

## 7.3. Disembarkation

Possible/confirmed cases should not come into contact with other people while disembarking and should therefore disembark in such a way that they encounter only a minimum number of crew members and no passengers. They could take a different route and/or disembark with a time lag (10 minutes). Possible/confirmed cases should carry their luggage and personal belongings if they are in a fit state to do so. Wearing a medical mask is recommended. Possible/confirmed cases should be informed of the precautions to be taken for themselves and their entourage.

The competent authorities at the destination will provide advice on the management of the possible/confirmed case and their contacts.

## 7.4. Reporting

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 possible/confirmed case of COVID-19.

For ships on international voyage, the Maritime Declaration of Health (MDH) should be completed and sent to the competent authority through the National Single Window in accordance with the local requirements at the port of call.

Ship operators must facilitate application of health measures and provide all relevant public health information requested by the competent authority at the port. The officer in charge of the ship should immediately alert the competent authority at the next port of call regarding the possible/confirmed case to determine if the necessary capacity for transportation, isolation, laboratory diagnosis and care of the possible/confirmed case/cluster of cases of COVID-19 is available at the port. The ship may be asked to proceed to another port in close proximity if this capacity is not available, or if warranted by the medical status of the possible/confirmed case/cluster of cases of COVID-19. It is important that all arrangements are conducted as quickly as is feasible to minimise the stay of symptomatic possible/confirmed case/cases on board the ship.

# Annexes

## Annex 1

### Passenger Locator Forms (PLF) for ferries

Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (GDPR) should be taken into consideration.

The form is available in Word format from the following link:  
<https://www.healthygateways.eu/Translated-Passenger-Locator-Forms>

PASSENGER LOCATOR FORM – FERRY SHIPS				Date of form completion: (yyyy/mm/dd)	
				2 0	
<p><b>Public Health Passenger Locator Form:</b> To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a ferry. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.</p> <p style="text-align: right;"><i>"Thank you for helping us to protect your health."</i></p>					
<p><i>One form should be completed by an adult member of each family member. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.</i></p>					
FERRY INFORMATION: 1. Ferry line name		2. Ferry ship name		3. Cabin/Seat Number	
4. Date of disembarkation (yyyy/mm/dd)					
2 0					
PERSONAL INFORMATION:					
5. Last (Family) Name		6. First (Given) Name		7. Middle Initial	
8. Your sex		9. Age (years)			
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>		<div style="display: flex; justify-content: space-around;"> <span>10. Mobile</span> <span>11. Business</span> </div>			
12. Home		13. Other			
14. Email address					
PERMANENT ADDRESS*:					
15. Country		16. State/Province			
17. City		18. ZIP/Postal code			
19. Number and street (Separate number and street with blank box)					20. Apartment number
<p><i>*if in the previous 14 days you have stayed in a country (not transit) other than your permanent address, declare below the name of country/countries:</i></p>					
TEMPORARY ADDRESS: If in the next 14 days you will not be staying at the permanent address listed above, write the places where you will be staying.					
21. Country		22. State/Province			
23. City		24. ZIP/Postal code			
25. Hotel name (if any)		26. Number and street (Separate number and street with blank box)		27. Apartment number	
EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days					
28. Last (Family) Name		29. First (Given) Name		30. Country	
31. City		32. Email			
33. Mobile phone		34. Other phone			
35. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years					
Last (Family) Name		First (Given) Name		Cabin/Seat number	
Age <18					

Date of form completion: (yyyy/mm/dd)

2	0					
---	---	--	--	--	--	--

Last (Family) Name

First (Given) Name

Group (tour, team, business, other)

[illegible]

### Working group members

Barbara Mouchtouri<sup>1</sup>, Martin Dirksen-Fischer<sup>2</sup>, Mauro Dionisio<sup>3</sup>, Miguel Dávila-Cornejo<sup>4</sup>, Elina Kostara<sup>1</sup>, Leonidas Kourentis<sup>1,5</sup>, Lemonia Anagnostopoulou<sup>1</sup>, Jan Heidrich<sup>6</sup>, Kristina Militzer<sup>6</sup>, Dario Bazargan<sup>7</sup> and Christos Hadjichristodoulou<sup>1</sup>

1. Laboratory of Hygiene and Epidemiology, Faculty of Medicine, University of Thessaly, Larissa, Greece
2. Institute for Hygiene and Environment of the Hamburg State Department for Health and Consumer Protection, Hamburg, Germany
3. Italian Ministry of Health, Rome, Italy
4. Ministry of Health, Social Services and Equality, Madrid, Spain
5. EU SHIPSAN Scientific Association
6. Institute for Occupational and Maritime Medicine, Hamburg, Germany
7. Assarmatori Shipowners Association, Italy

Input was provided by Interferry.

The European Community Shipowners' Associations (ECSA), the European Transport Workers' Federation (ETF) and [Directorate-General for Mobility and Transport](#) were consulted.

For any questions or support related to the points of entry, please email [info@healthygateways.eu](mailto:info@healthygateways.eu)



## References

1. EUROPEAN COMMISSION DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY Public health ck, crisis management Health Security and Vaccination. EU health preparedness: A common list of COVID-19 rapid antigen tests, including those of which their test results are mutually recognised, and a common standardised set of data to be included in COVID-19 test result certificates. Agreed by the Health Security Committee on 17 February 2021. An update to Annex II was agreed by the HSC on 19 March 2021, 2021.
2. COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL Preparedness for COVID-19 vaccination strategies and vaccine deployment In: European Commission, editor. COM/2020/680 final; 2021.
3. European Commission. COMMUNICATION FROM THE COMMISSION: COVID-19: Guidelines on the progressive restoration of transport services and connectivity. 13.05.2020.  
[https://ec.europa.eu/info/sites/info/files/communication\\_transportservices.pdf](https://ec.europa.eu/info/sites/info/files/communication_transportservices.pdf).
4. European Centre for Disease Prevention and Control. ECDC TECHNICAL REPORT - Guidelines for the use of non-pharmaceutical measures to delay and mitigate the impact of 2019-nCoV Stockholm, 2020.