

## **STRENGTHENING CORE CAPACITIES AT PORTS**

# **TOOL FOR CONTINGENCY PLAN DEVELOPMENT AND ASSESSMENT FOR PORTS**

## **Milestone 7.9 – Deliverable 7.2**

### **Annex 3: Explanatory notes for the Cruise Restart Process Map**

**Version 1**

**19 February 2021**

This annex provides explanatory text for each of the process steps of the Cruise Restart Process Map (CRPM) of Annex 2. Each box in this CRPM in Annex 2 is given a code letter and number. The explanatory notes below are also presented according to this code letter and number.

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## Abbreviations

<b>ARI</b>	Acute Respiratory Infection
<b>BPR</b>	Business process reengineering
<b>CRPM</b>	Cruise Restart Process Map
<b>dPLF</b>	Digital Passenger Locator Form
<b>EU</b>	European Union
<b>HSRM</b>	Health System Response Monitor
<b>ICU</b>	Intensive Care Unit
<b>IHR</b>	International Health Regulations
<b>ISPS</b>	International Ship and Port Facility Security
<b>MS</b>	Member State
<b>MDH</b>	Maritime Declaration of Health
<b>WHO</b>	World Health Organization
<b>PLF</b>	Passenger Locator Form
<b>PPE</b>	Personal Protective Equipment
<b>QR code</b>	Quick Response code
<b>SOP</b>	Standard Operating Procedure
<b>SIS</b>	EU SHIPSAN Information System

# 1 Introduction

On the 30<sup>th</sup> of June 2020 the “Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic” was published by EU HEALTHY GATEWAYS.

[https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID19\\_RESTARTING\\_CRUISES.pdf?ver=2020-07-08-131911-653](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID19_RESTARTING_CRUISES.pdf?ver=2020-07-08-131911-653)

Many governments and local authorities across the EU and worldwide have developed their own protocols in order to allow for the cruise restart. Moreover, cruise lines have developed their own cruise ship health protocols and many have restarted cruising or are planning to restart.

At the same time, each port must prepare their own COVID-19-specific public health emergency contingency plan (COVID-19-PHECP) in order to prepare and safely receive cruise ships. Some ports restarted cruising activities and some others are in the process of restarting. Many ports did not have the capacities, processes and procedures in place to manage COVID-19 events on cruise ships. This guide in the form of a two level process map intends to provide the path, the processes and procedures that a port/local authority needs to follow in order for a cruise ship to be able to safely revisit the port.

**Cruise restart Process Map – Level 1 (CRPM-L1)** describes the process in a high level management/stakeholder view. The process follows the logical paths and describes the stepped process needed for the cruise to be able to restart.

**Cruise restart Process Map – Level 2 (CRPM-L2)** describes the process at an operational level. All the processes described might not be suitable for all cases, but their suitability can be examined on a case by case basis.

The instructions provided in this document aim to assist the competent authorities based on the local and national capacities and after considering the epidemiological situation in the necessary steps to be followed, in order to develop the essential capacities before restarting cruise ship activities in their ports.

The below sections describe/explain the two process maps (CRPM-L1 and CRPM-L2).

## 2 Cruise restart Process Map - Level 1 (CRPM – L1)

### The decision

As the situation regarding COVID-19 is very dynamic, central and local governments around the world must decide when it is the right time for the cruise business to resume. Their decision must be based on a core capacity analysis for all their ports/destinations in their area, and their capability in terms of marine infrastructure, health and hospitality infrastructure, testing and isolation facilities and transport availability amongst others, as well as the local and international epidemiological situation. The suitability of the cruise ship COVID-19 plans should also be assessed before agreeing to cruise activities at the ports (1, 2).

### L0.A1 Assessment of ports' capacities

To identify the existing core response capacity to respond to COVID-19 events at the port, a core capacity assessment should be conducted utilizing the WHO Core Capacity Assessment Tool at each designated port (3). If the assessment has been completed in the past, then the results should be taken into consideration in the planning phase. Moreover, if a joint external evaluation of core capacities of the port has been conducted, then the results and recommendations should be taken into consideration (4). Available information for designated ports and for joint external evaluation result reports are available in the WHO website: <https://extranet.who.int/e-spar> and <https://www.who.int/ihr/procedures/mission-reports/en/>

### L0.A2 Rank and quantify the ports' capacity

The maximum capacity of the port should be defined in terms of isolation, quarantine and other health measures implementation. For example: define the number of contacts, asymptomatic, symptomatic, patients needing hospitalization, patients needing ICU that can be managed at each port/local area (considering both ship arrangements and port arrangements for health measures). Additionally, considerations should be made to the numbers of seafarers having their shore leaves at the port or when they permanently disembark a ship for home leave. Finally, it is important when assessing the maximum capacity of the port to consider any ferries visiting the port, as well as any other major ship traffic to the port. Based on all these, it should be decided for each port the capacity for which it can act: contingency ports, transit ports, home ports (contingency port is always the home port, but additional ports in the itinerary could have the role of contingency ports in addition to the home port).

### L0.A3 Define thresholds for starting/stopping receiving cruise calls

Define thresholds based on local, national and global epidemiological data for starting and for stopping receiving cruise calls, and establish communication channels to inform the relevant stakeholders. Thresholds should be realistic and not tight (e.g. they can provide ranges and categories) and be communicated well in advance.

### L0.B1 Port Emergency Plan

The COVID-19-PHECP should be linked with the port emergency plan and protocols and interoperability between the plans should be ensured.

### L1A. Prerequisite National/Local Protocols

When a decision has been made, general travel and tourism protocols must be ready and running as a prerequisite to cruise restart.

### L1.A1 Passenger Locator Forms (PLFs)

Passenger Locator Forms (PLFs) provide an appropriate method for rapidly collecting passenger contact information. During the COVID-19 pandemic, PLFs have commonly been used by countries globally as a simple and effective tool for contact tracing. Countries that require completion of PLFs are currently using paper-based formats or have developed national online systems.

A European Digital Passenger Locator Form (dPLF) system for all three transport sectors (air, maritime and ground-crossings) is being developed by the EU HEALTHY GATEWAYS Joint Action. For countries that will be using the EU HEALTHY GATEWAYS dPLF system, passengers on a cruise will only need to complete one dPLF through the European dPLF web application. The system will then automatically give access to the dPLFs to competent authorities of all the countries that the ships will visit during the specific itinerary. The passengers will need to complete the dPLF before boarding and they will receive a QR code. They will be able to edit the dPLF up to the end of the trip. Depending on the local regulations the passengers may need to display the QR code when they are disembarking to a country.

### L1.A2 Country entry requirements

EU citizens have the right to free movement within the EU. At the same time, the current pandemic has led to various restrictions across the EU even between EU MS. The European Commission portal “RE-OPEN” provides up-to-date information: <https://reopen.europa.eu/en>

### L1.A3 Quarantine and Isolation Facilities

It is suggested that specific facilities are dedicated for quarantine or for isolation of exposed or confirmed (asymptomatic or mild symptomatic) cases of COVID-19, such as hotels. These are usually commissioned from central or local governments and used when needed. The arrangements for quarantine/isolation can be made by the cruise lines or otherwise according to the local rules and regulations.

### L1.A4 Diagnostic testing

Diagnostic testing is an essential capacity of the competent authorities at the port to confirm/exclude infection among travellers and staff in case of a suspect outbreak or a single infection. Moreover, depending on the national policy it has been used as part of the health screening of incoming travellers to a country. Diagnostic testing should be conducted in cooperation with other points of entry, in order to avoid incidents where passengers are asked for a diagnostic test at multiple points of entry.

WHO indicates that international travellers by default should not be categorized as suspected COVID-19 cases. Therefore, WHO does not recommend healthy travellers as a priority group for SARS-CoV-2 testing, in particular when resources are limited, to avoid diverting resources from settings and patients where testing can have a higher public health impact and drive action. If a country has the capacity to conduct testing in all high-risk settings and high-risk groups, and decides to additionally implement testing for travellers from certain countries where there is a high incidence of COVID-19 (as a risk reduction method based on a prior risk assessment), decisions on the type of assay to be used should take into account the key considerations outlined in the WHO scientific brief “COVID-19 diagnostic testing in the context of international travel” (<https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based-international-travel-2020.1> and [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-international\\_travel\\_testing-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-international_travel_testing-2020.1)).

### L1.A5 Health surveillance

The national surveillance activities should incorporate actions to detect COVID-19 cases at ports. The competent staff of the port should receive up-to-date information regularly about COVID-19 (e.g. outbreak evolving, symptoms, epidemiology), so as to be alerted and consider the possibility of persons presenting with ARI to have been exposed to an affected area of travellers who may seek medical advice at the medical facility. Surveillance data on cases detected on board ships that are calling ports in the country must be accounted for by national surveillance systems and be reported

either as part of the country surveillance data or as part of the cases detected on international conveyances called ports in the country.

The Health System Response Monitor (HSRM) has been designed in response to the COVID-19 outbreak to collect and organize up-to-date information on how countries are responding to the crisis. It focuses primarily on the responses of health systems but also captures wider public health initiatives. This is a joint undertaking of the WHO Regional Office for Europe, the European Commission, and the European Observatory on Health Systems and Policies (<https://www.covid19healthsystem.org/mainpage.aspx>).

#### L1.A6 Local measures

Any other international (EU and WHO) and local measures (e.g. social distancing regulations) should be considered in the decision making process for restarting cruise ship activities.

#### L1.A7 Cruise Plan Review

A cruise plan review committee should be established at a central level in the country in order to review the contingency plans of cruise ships planning to visit ports in the country and to provide advice to any issue related to health measures on ships. The committee should consist of persons who have competency and experience in public health event management on cruise ships.

#### L1.B1 Interoperability of port and cruise ship plans

Interoperability of the port COVID-19-PHECP with the cruise ship contingency plan/outbreak management plan should be ensured. Before cruise lines resume operations, the cruise plan review committee should ensure that the necessary prerequisites are met and have been fully addressed in this cruise ship contingency plan/outbreak management plan. Moreover, interoperability of port PHECP with (sub)national PHECP is essential.

#### L1.B2 Cruise Port

It is very important to decide which category each port will belong to and take the appropriate measures to prepare. This is a dynamic process and should be reviewed every three months.

The local/port level authorities should cooperate with the central/national level authorities in order to define the ports capacities in the country and considering other matters such as availability of facilities for isolation and quarantine such as “COVID-19 hotels”, hospitals and others. According to the core capacities, it should be defined which ports can safely manage public health events both on ships that are calling the port, as well as at the port facilities. This should be communicated to the relevant stakeholders so as to proceed with the agreements for ship calls respecting the port capacities.

The central level authority is important to define after considering the ports capacities, for all the ports in the country, their role as contingency/home/transit port.

#### L1.B2.1 Home Port

Home port is the port where cruise ship passengers embark to start the cruise and disembark the cruise ship at the end of the cruise. A home port should always fulfil the criteria of a contingency port.

Every port that wishes to restart its embarkation processes must deliver a number of specialised protocols and upgrade its operational standards and procedures. Apart from the improvements in the infrastructure to suit current needs, there must be extensive training to all staff (internal & external) and a Business Process Re-engineering (BPR) exercise to all the functions of the port.

#### L1.B2.2 Transit Port

Transit port is the port of call which is an intermediate stop for a cruise ship on its sailing itinerary, where passengers will get on or off ship for excursions<sup>[1]</sup>.

Most ports belong in this category and depending on their operational readiness could be included in future itineraries in the new era of cruising. Additionally, and according to their PHECP each transit port must prepare a series of measures to ensure physical distancing, highlight local health information, provide hygiene facilities, disinfectants, etc.

Each transit port must prepare to receive category 4 patients (need for emergency evacuation). If the transit port has the capacities, resources, facilities and agreements in place to disembark safely possible and/or confirmed cases of COVID-19 and their contacts (ambulance service, transport means with trained staff and equipment, isolation and quarantine facilities, trained staff at the terminals, ability for medical follow-up of cases and persons in quarantine and repatriation etc.), then disembarkation could be allowed provided that the central level authority in the country and the home port are informed. Moreover, as required by the IHR Article 27, the public health authority at port, must at the time of departure, inform the competent authority for the next known point of entry about the evidence found and the control measures implemented/required, which shall be noted in the Ship Sanitation Control Certificate as well. The MDH submitted by the captain to all next ports of call should also include the information about the occurrence of cases, where

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<sup>[1]</sup> Embarkation at transit ports is allowed provided that all the relevant measures are applied.



disembarkation took place as well as measures taken on board and other required measures.

#### L1.B2.3 Contingency Port

Contingency port is the port for which interoperability of the ship's contingency plan and the port's COVID-19-PHECP has been ensured and agreed that any potential COVID-19 outbreak on board this cruise ship will be managed at this port, including complete evacuation of the cruise ship if needed and isolation/quarantine of cases/contacts. A home port should always fulfil the criteria of a contingency port.

Any port of call in the ship itinerary may decide in coordination with the central level authority in the country for operational and business reasons to become a contingency port if the essential capacities are fulfilled. In this case all procedures must be similar to a home port apart from the embarkation process.

#### L1.B3 Public Health Emergency Contingency Plan (PHECP)

Each designated port and depending on the category (home port, transit port, contingency port) should have in place a COVID-19-PHECP according to their role in response.

#### L1.B4 Identify the competent authorities

The competent authorities which play a role and share responsibilities in the response to a COVID-19 event on board ships and at the port environment should be identified. Contact persons, roles, responsibilities and tasks for each authority should be defined.

#### L1.C Standard Operating Procedures (SOPs)

The COVID-19-PHECP must incorporate SOPs in order to be able to effectively prepare for all case scenarios. The level of preparedness will ensure that when an incident occurs, everyone will know what to do and who is in charge.

#### L1.C1 Communication Plan

This is the communication plan between the local authorities that are responsible for the detection and management of public health incidents within the port, as well as between the local level authorities and central level authorities including the Focal Point for implementation of the International Health Regulations (IHR).

##### L1.C1.1 Information Standardisation

This refers to the standardisation of sharing information. These could be the epidemiological data from the point of entry (port) to central level and the National Focal Point for issues of

application of IHR, port-to-port information sharing, information sharing with the media, etc. It is very important that information flow and confidentiality levels are defined and respected in any communication.

#### L1.C1.2 Communication between the port and the other competent authorities

This is the communication of information between the port and the local authorities that will be involved in the management of any confirmed case or possible case.

#### L1.C1.3 Port to port communication and ship to port communication

It is vital that the ports on each itinerary develop a communication plan that will allow them to share any relevant information about any identified positive incidents. The flow of information will be decided by the country and it could be direct port-to-port communication after authorization from the central level authority, or flow of information through the central level authorities of two or more countries.

The EU SHIPSAN Informational System (SIS) and the SafeSeaNet can facilitate port-to-port communication. SIS is used by public health authorities to share information about public health events on ships (<https://sis.shipsan.eu/>). A special component in SIS is available to the public health authorities to share information about COVID-19 possible or confirmed cases. The SafeSeaNet system can be voluntarily used to exchange information between Member State Authorities in case of COVID-19 cases on board the ships by using the Incident Report (type: "Others").

An essential pre-requisite for resuming cruise ship operations is the immediate reporting of any possible case of infection, including possible COVID-19 cases, by the ship master to the next port of call by submitting the Maritime Declaration of Health (MDH) form. Early detection and immediate reporting are key factors for preventing outbreaks of COVID-19 on board ships. Before cruise ship operations begin, all involved parties (National Single Window, ship operators and their agents, port state control authorities, and public health authorities at all levels) must ensure that written and clearly defined procedures are agreed upon and implemented for immediate reporting through the MDH of any possible case of infection, to the health authority at the next port of call. If the MDH is not reaching the competent public health authority timely, then additional more fast means of communications are needed in addition to the MDH.

The flow and test of such information beforehand or during the trip of each cruise ship is vital in the risk assessment process that each destination/port is performing.

## L1.C2 Training of Staff

### L1.C2.1 Consists of all and every task and responsibility

All port staff (internal and external) must be trained to follow protocols and know exactly what their responsibilities are in every day operation, but also in case of possible or confirmed cases.

#### Health screening

Port staff (internal and external) must be trained to recognise symptoms for possible cases of COVID-19.

In case of home port operations, ports should have the capacities to conduct a pre-embarkation screening process that includes amongst others, temperature reading, checking of laboratory test results documents and a health observation procedure (health monitoring the traveller over time in order to identify any obvious symptoms).

Where applicable and if necessary in accordance to the national and local policies, transit ports could also have the capacity to conduct health screening if needed.

#### Isolation Facilities Training

In isolation facilities the staff that will be responsible must have specialised training and also access to the appropriate Personal Protection Equipment (PPE).

Access in the facilities and handling of possible or confirmed cases must be restricted only to staff designated for this task.

#### Personal Protection Equipment (PPE)

All staff (internal and external) must be trained on how to use PPE.

#### Luggage

This refers to the process of luggage tracking. The luggage of confirmed cases must be identified, and hand contact surfaces disinfected using a defined process. Responsible staff must be trained to handle all and any case where luggage tracing and disinfection will be required including the use of appropriate equipment.

#### Possible cases

All members of staff (internal and external) must be trained to identify possible cases and follow procedures in relation to measures and processes, including reporting and personal hygiene.

### Transportation of confirmed cases

Special rules must be applied in regard to the processes of transportation to appropriate facilities of any identified confirmed or possible case, as well as their contacts.

## L1.C3 Health measures to Ships & Port facilities

### L1.C3.1 Cleaning & Disinfection of any transport means

Procedures for cleaning and disinfecting or supervising the application in means of transport and facilities (ships, buses, cars, etc.), infectious waste management and instructions for use of appropriate PPE by staff.

### L1.C3.2 Luggage tracking and Management

- In a home port, operational capacities for luggage disinfection of confirmed cases must be in place, especially for the hand contact parts. Also a system for tracking and managing any luggage from confirmed cases must be in place.
- Luggage handlers must perform hand hygiene frequently.
- Gloves are not required unless used for protection by mechanical risks. Also, disinfection of the transport carts/cages is required after the completion of the boarding procedure to/from the ship.

### L1.C3.3 Other Measures

Other health measures may include physical distancing, use of face masks, respiratory etiquette, hand hygiene, etc.

## L1.C4 Planning for Testing with Exercises

Once the COVID-19-PHECP is drafted, it should be reviewed and agreed by all relevant stakeholders who have a role in its implementation and then tested by table top or simulation exercises. The staff involved should be trained on the procedures relevant to the COVID-19-PHECP. Regular exercises, drills and training/briefing should be conducted after the initial development of the COVID-19-PHECP.

## L1.C5 Plan Review

The COVID-19-PHECP should be reviewed, based on the key lessons learned, after an exercise or after an actual emergency event. The COVID-19-PHECP should also be reviewed when there are changes in the facilities or the capacity of the port, relevant to the COVID-19-PHECP.

#### L1.C6 Health Measures for travellers

Refers to all the protocols that will take place while a ship is at port.

##### L1.C6.1 Medical Evaluation

Procedure for interviewing travellers and obtaining medical and detailed travel history of incidental travellers and their close contacts. Diagnostic laboratory testing protocols must also be in place with SOPs.

##### L1.C6.2 Temporary Isolation/ Quarantine

Procedure for the isolation / quarantine of possible or confirmed cases.

##### L1.C6.3 Transport to Facilities

Procedure for the transfer of possible or confirmed cases and their contacts in a isolation / quarantine area outside the port and according to the severity of their illness ensuring the immediate transport of confirmed cases to a hospital or to a quarantine facility such as a "COVID-19 hotel".

##### L1.C6.4 Other Measures

Any other measures regarding the health processes in relation to local rules, epidemiological conditions in the area, etc. can be analysed here.

#### L1.C7 Equipment Use

Instructions for use of equipment, such as medical thermometers. Staff must be trained in handling of the equipment according to the manufacturer's instructions, including its calibration and daily checking of the accuracy.

#### L1.C8 Day To Day Operation

This refers to all day to day operations from all aspects of the operation, (e.g. supplies, excursions, waste management, security, etc.).

#### L1.C9 Cruise Ship/Port inspections (Pre/Post cruise ship visit)

EU HEALTHY GATEWAYS will support the competent health authorities in EU MS to perform focused inspections on board each cruise ship and ashore, and review procedures and written plans of each cruise ship, cruise line and port in order to ensure that the measures taken are met by both the cruise ship operator and the port authority.

The EU HEALTHY GATEWAYS Joint Action will support the inspections. The inspections will be scheduled in cooperation with the Cruise Lines and the competent authorities. This could be

arranged at any date and at any port, in agreement with the cruise operator and the inspectors. Such inspections should not delay disembarkation or embarkation of guests from/to the ship. Inspection should be conducted in a way that guests will not be held on board at gangways, which will increase risk of transmission and infection.

#### L1.C9.1 Procedures

The inspection should include a review of the procedures followed by the ship and the port. For the ship this includes health monitoring and laboratory testing procedures, isolation of possible or confirmed cases, embarkation and disembarkations, etc. For the inspection of the ports this includes all the procedures included in L1.C.

#### L1.C9.2 Safety

If, in the course of the inspection, safety issues come to light, these should be raised with the competent authorities; the focus of the inspection remains the capacity and relevance of the port COVID-19-PHECP.

#### L1.C9.3 Hygiene Standards

The inspection should include the cleanliness of the ships and the ports. This includes review of the cleaning and disinfection plans as well as inspection of the premises.

#### L1.C9.4 Infrastructure

Inspection of infrastructure may include the ventilation, the arrangement of the cabins, the arrangement of the port terminal as well as of the temporarily isolation spaces at the port.

### 3 Cruise restart Process Map - Level 2 (CRPM-L2)

Each cruise port and according to its classification must prepare for the cruise restart procedures. The process below identifies the necessary steps and can be used as a checklist. Certain processes need to be jointly defined or agreed by the port and the cruise operators (i.e. passengers' lanes, health promotion material, laboratory testing and checking of results, etc.).

#### L2A Processes – Procedures –Measures

The procedures should be prepared as though they were to be inspected today. Staff should be trained for all case scenarios and run drills and exercises to ensure that internal or external actors/agents know what they are doing. Most importantly the flow of information should be controlled especially if a confirmed case has been identified.

### L2.A1 Face Masks

Face masks should be used according to local health rules in all internal and external areas of the terminal.

### L2.A2 Physical Distancing

- Physical distancing should be maintained (usually at least 1.5 metres).
- There should be a special marking on where a passenger is allowed to sit in order to maintain physical distance.

#### L2.A2.1 Measures

Make sure that the physical distance rule is being followed at all times as far as possible.

#### L2.A2.2 Processes

Educate your staff and guests on the necessity and importance of physical distancing.

#### L2.A2.3 Compliance

Ensure compliance monitoring and checks for physical distancing and train staff on smart ways to encourage and enforce the measures.

### L2.A3 Floor Markers

The use of floor markers to ensure spacing, arrows to indicate directional flow, signage and audio announcements for travellers and optimised layouts so as to restrict the number of indoor cruise terminal users and allow for ease of flow especially upon on the security procedure, should be considered.

### L2.A4 Passenger Lanes

Dedicated lanes or separation of different user flows and dividing of terminals into designated zones (e.g. arrival, screening, post-screening) through which travellers must pass through for arrival, any screening/testing and document processing (before being cleared for boarding and embarkation) must be considered.

Additionally, in transit ports, measures should be taken so that there are different flows when there are two or more ships in the same day and/or there is a cruise ship and a ferry boat in the same area.

### L2.A5 PPE use

The use of appropriate PPE according to local rules in all areas of the port is essential to minimize the risk of infection.

#### L2.A5.1 Availability

Make sure that adequate good quality EU certified PPE is in stock with appropriate par levels. A staff member should be responsible for measuring the use and replacing with new PPE regularly. Also important are the locations that PPE will be stored within the port, as it needs to be located in areas with good access to all staff where it is protected from contamination.

#### L2.A5.2 Training

The most important aspect for the use of PPE is proper use. Design and deliver quick seminars to all staff (internal & external) about the proper use of PPE. Additionally, all staff should be trained to take notice about the use of PPE from passengers and crew and advice when needed. Training should also be given on how to respond and handle cases were people will refuse to use PPE.

#### L2.A5.3 Disposal

It is also important that staff is trained to learn how and where to properly dispose of used PPE.

#### L2.A6 Work Schedule Management

A system that minimizes presence of staff to the necessary should be prepared and include a schedule for small rests. Designated outdoor spaces that allow for maintaining physical distancing for all members of staff must be identified along with indoor areas in case of inclement weather.

Also it is very important to know exactly where everyone will be working and create zones, so that in the event of a confirmed case amongst the staff, the risk of contamination will be minimized to that zone only.

#### L2.A7 Separators

Protective glass or plastic panels may be used when physical distancing cannot be ensured due to structural characteristics (narrow corridors, etc.). Attention should be paid to ensuring panelled areas are adequately ventilated.

Panels may be used at all check in desks and any information points etc.

#### L2.A8 Health promotion material

Health promotion information material should be prominently displayed and provided to all incoming and outgoing passengers.



#### L2.A8.1 Signs

Health promotion information material should be prominently displayed and provided to incoming and outgoing passengers.

All signs should be in English and any other language necessary (according to the passengers and the cruise line) but also the use of graphics can make signs universal.

#### L2.A8.2 Floor Markers

The use of floor markers to ensure spacing, arrows to indicate directional flow, signage and audio announcements for travellers and optimised layouts so as to restrict the number of indoor cruise terminal users, should be considered.

#### L2.A8.3 Staff

Work and break schedules of crew who work in the terminal should be reviewed and adjusted to avoid overlap of crew.

#### L2.A9 Facilities and crowding

Cruise terminal operators and ports in general should consider removing facilities at the terminal/port that encourage people to congregate.

Stations with alcohol-based hand-rub solutions should be available at all entrances and checked regularly in case they need to be refilled.

#### L2.A10 Outdoor Space Use

When possible outdoor spaces should be used. In case passengers and crew queue at outdoor spaces, physical distancing, including signage, audio announcements, floor markings, directional arrows and management by crew, should be ensured. This should include outdoor sunshades where travellers gather during the summer months to await boarding. Where there are permanent non-moving seats, there should be special markings on where a passenger is and is not allowed to sit, in order to maintain physical distance. To help ensure physical distancing, other precautions such as floor markings, placement of cones etc. may be implemented.

#### L2.A11 Over Crowding Management

Dedicated lanes or separation of different user flows, and dividing terminals into designated zones (e.g. arrival, screening, post-screening) through which travellers must pass upon arrival, any screening/testing and document processing (before being cleared for boarding and embarkation), may be considered.

### L2.A12 Cleaning and Disinfection

Designated terminal staff may oversee the process and encourage compliance with hand hygiene requirements.

Indoor areas at cruise terminals should be adequately ventilated. Natural ventilation is preferable where possible.

#### L2.A12.1 Daily programme

Cleaning and disinfection of the terminal and port facilities should be conducted before and after each embarkation and ship visit.

#### L2.A12.2 Confirmed Case

Special protocols for cleaning and disinfection should be available and implemented after a possible or confirmed case has been identified, either at the terminal or on board a ship, if they used the terminal/port facilities.

#### L2.A12.3 Testing Facility

Protocols for cleaning and disinfection should be available and implemented after each use of the testing facilities (if available).

#### L2.A12.4 Excursions

- All tour operators must provide a written assurance that they comply with the local health authority requirements for the health of their employees and customers, the physical distancing, the cleaning and disinfection and use of appropriate PPE.
- The port must cooperate with the excursion agents regarding the management of groups in order to facilitate compliance with the appropriate physical distancing and separation from any other travel groups, prior to the approval of excursions, as well as verifying the availability of any necessary PPE.
- Also special care must be given to the parking space of the tour buses especially.

### L2.A13 Digital Methods

Digital methods should be used for as many processes as possible. This can ensure faster communication between local staff and allow for better management of any incident.

#### L2.A14 Transport Management

- All self-moving vehicles that operate in the designated ISPS area of the port and have been in contact with a possible or confirmed COVID-19 case, must be disinfected. Regular cleaning and disinfection according to specific schedule should be conducted.
- When a ship is at berth/anchor the health professionals of the competent public health authorities must be on standby to assist with any possible cases and also assist on the tracing process between travellers as well as their contacts, especially if the confirmed case has been on an excursion.
- When a case has been identified and confirmed, their transport to appropriate facilities must be organized together with their close contacts.
- If a shuttle bus is used to transfer passengers to/from a berth, that bus must be cleaned/disinfected at regular intervals with approved materials and always before taking new passengers who are suspect or actual cases

#### L2.A15 Hygiene Management

- Good hand hygiene should be encouraged by all terminal/port users.
- Where possible hand wash stations should be available and washing of hands encouraged. Entrances that do not have hand washing facilities should provide alcohol-based hand-rub solutions regularly checked for content.

#### L2.A16 Staff

Terminal/port staff should practise frequent hand hygiene and wear appropriate PPE based on their specific work duties.

##### L2.A16.1 Screening

It is recommended that terminal staff follow the same screening protocols as travellers for entry to the terminal/port.

##### L2.A16.2 Diagnostic Testing

Testing for COVID-19 on terminal workers could be conducted on a regular basis depending on the priorities and the capacities of the country.

##### L2.A16.3 PPE

Adequate PPE should be provided and distributed to all terminal staff, along with instructions and training for proper use.

#### L2.A16.4 Luggage Management

Luggage handlers should perform frequent hand hygiene.

#### L2.A17 Ventilation Management

Indoor areas at cruise terminals should be adequately ventilated. The number of air exchanges per hour (both for natural and mechanical ventilation) should always be according to the applicable building regulations and should be maximised as much as possible. However, draughts should be directed away from individuals (especially stationary individuals) since they could create a risk of spreading any aerosolized droplets further. In case of mechanical ventilation, recirculation should be avoided as much as possible.

Further details on the ventilation of indoor spaces can be found on the ECDC guidance entitled “Heating, ventilation and air-conditioning systems in the context of COVID-19: first update”:

<https://www.ecdc.europa.eu/en/publications-data/heating-ventilation-air-conditioning-systems-covid-19>

#### L2.A18 WC

- In public toilets, physical distancing should be maintained between users (usually 1.5 metres).
- Maximum capacities should be established with means of alerting users when capacities are reached
- An intensive cleaning and disinfection programme should be established for all WCs.
- Air hand driers should be replaced with single use paper towels

#### L2.A19 Isolation Facilities

- An appropriate isolation space/room should be designated for isolating possible/confirmed cases of COVID-19.
- The isolation room should be equipped with appropriate supplies.
- Special attention to cleaning and disinfection after every use is required.
- Ventilation should work at all times with only fresh air or re-circulated with high efficiency filters and air cleaning devices (as appropriate) when in operation.

##### L2.A19.1 Staff

- Once a possible case is detected and confirmed, the port COVID-19-PHECP should be activated.
- The possible case should be asked to wear a medical face mask, if tolerated, as soon as they are identified.

- All staff should be trained for such a case, and regular drills should be run internally but also with all other competent authorities involved.

#### L2.A19.2 Disinfection

Cleaning and disinfection of the isolation facilities should be conducted before and after each use.

### L2.B COVID-19 Plan according to Port Category

- As soon as a case is detected, the public health competent authorities should be informed immediately. This is done in an official pre-agreed way through the CO port COVID-19-PHECP. The MDH must always be used, but in addition to this, other means of communication may be used to reach the information of possible cases the competent authority timely.
- It is advised that the port role category is decided by a central level authority, in cooperation with the ports in the country. Depending on the category (Home Port, Transit Port or a Contingency Port), appropriate planning will ensure that all processes and procedures are in place in order to safely receive cruise calls.
- The Confirmed cases categories/ handling capacity are:
  - Category 1: Isolation of asymptomatic and quarantine of contacts
  - Category 2: Isolation of mild symptoms and quarantine of contacts
  - Category 3: Hospitalization in COVID-19 ward and quarantine of contacts
  - Category 4: Emergency Evacuation

#### L2.B1 Home Port

- A home port must be able to handle all four categories of confirmed cases and must ensure with the local health authorities that they can handle and accommodate all confirmed cases that will need treatment/isolation. Arrangements can be made directly with the cruise lines, provided that the local competent authority has also given consent and everything is in agreement with the port plan and capacity.
- Special processes will be designed for the embarkation of passengers including specific procedures for the pre-boarding screening, the check-in, the handling of luggage, the operation of the terminal, the diagnostic testing that might happen during the day and the quarantine and isolation of possible or confirmed passengers.

#### L2.B2 Transit Port

A transit port must prepare their port COVID-19-PHECP and be ready to accommodate category 4 cases when necessary. Arrangements can be made directly with the cruise lines, provided that the

national level authority is informed and that the local competent authority has also given consent and everything is in agreement with the port plan and capacity. If the transit port has the capacities, resources, facilities and agreements in place to disembark safely possible and/or confirmed cases of COVID-19 and their contacts (ambulance service, transport means with trained staff and equipment, isolation and quarantine facilities, trained staff at the terminals, ability for medical follow-up of cases and persons in quarantine and repatriation etc.), then disembarkation could be allowed provided that the central level authority in the country and the home port are informed. Moreover, as required by the IHR Article 27, the public health authority at port, must at the time of departure, inform the competent authority for the next known point of entry about the evidence found and the control measures implemented/required, which shall be noted in the Ship Sanitation Control Certificate as well. The MDH submitted by the captain to all next ports of call should also include the information about the occurrence of cases, where disembarkation took place as well as measures taken on board and other required measures.

As a general instruction the port should have the capacity to perform/supervise the following during disembarkation, port visits, activities and land excursions (note that in case of a COVID-19 outbreak, at transit ports only emergency category 4 cases will be allowed to disembark, while the event should be managed in the contingency port):

- During visits to any indoor sites face masks must be used by all participants in the excursion (or according to local rules also in outdoor sites).
- Alcohol-based hand-rub solution stations must be available at the exit and entrance points and all passengers must be encouraged to use when disembarking and returning to the cruise ship.
- Arrangements may be made for visual checks for the presence of any physical symptoms when passengers disembarking.
- Measures for physical distancing during disembarkation and when returning to the ship must be in place.
- Signs and any other form of floor signs must be used to ensure distancing and also inform about any other local rules that might apply.
- Intact body temperature measurement could be performed to all disembarking passengers.
- Excursion staff must be trained to identify symptoms and in the procedures to be followed if a possible case is detected. The port COVID-19-PHECP at the port should consider this scenario.
- Passengers with compatible symptoms should put on a medical face mask immediately (if this can be tolerated), and be transferred to an isolation or medical facility on board for evaluation.
- In case of a confirmed case, then their close contacts must be traced and also isolated.

- The ship must report the possible or confirmed cases to the next port of call, as well as to the home port/contingency port.
- When testing facilities exist, these should be disinfected before and after every use.

### L2.B3 Contingency Port

- A contingency port must be able to accommodate all four categories of confirmed cases when needed and must prepare its process and procedures like a transit port. Arrangements can be made directly with the cruise lines, provided that the local competent authority has also given consent and everything is in agreement with the port plan and capacity.
- A contingency port must be able to handle and accommodate (e.g. quarantine or isolate) all confirmed cases that will need treatment/isolation and quarantine of their contacts.

### Communication

It is vital that all ports within an itinerary communicate with each other in a systematic way so that they can organise better, exchange best practices, but most importantly communicate information of any confirmed cases that might affect the itinerary. It is vital that this information is handled in confidentiality.

A five pillar communication strategy will allow the appropriate flow of information.



## Annex 1

### Developing a port PHECP - Examples of roles and responsibilities according to the tasks

The following table presents an example of a list of the steps and the responsible bodies for the corresponding tasks. This list is not an exhaustive list and responsible bodies may be different for every country as well as may differ between ports. The table is only an example and should be adapted to the specifics of each port.

Due to the heterogeneity in countries structures of competent authorities, as well as mandates of authorities, it was not feasible to provide example applicable to all countries. The below table should be regarded only as an example since countries structures and authorities' mandates are different from country to country.

The central level competent authority mentioned below in the list, as well as in the main document and annexes may not exist and not be applicable in countries with individual federal states.

Step	Responsible bodies
L0.A1	Local level competent authorities in cooperation with central level competent authorities
L0.A2	<ul style="list-style-type: none"> <li>Quantification of the port capacity: Local level competent authorities in cooperation with central level competent authorities</li> <li>Ranking of ports: Central level competent authorities</li> </ul>
L0.A3	Local level competent authorities in cooperation with central level competent authorities
L0.B1	Preparedness planning team
L1.A1	Ministry of Transport and/or Ministry of Health
L1.A2	Ministry of Transport and/or Ministry of Health
L1.A3	Local public health authority, Ministry of Civil Protection and Ministry of Health
L1.A4	Ministry of Health and local public health authority
L1.A5	Central surveillance agency and Ministry of Health
L1.A6	All local level competent authorities
L1.A7	Ministry of Health and the cruise plan review committee consisting of central and local experts.
L0.B1	Preparedness planning team
L1.B1	<ul style="list-style-type: none"> <li>Preparedness planning team</li> <li>Port administration authority</li> <li>Local public Health authority</li> <li>Cruise plan review committee</li> </ul>
L1.B3	Preparedness planning team



Step	Responsible bodies
L1.B4	Preparedness planning team
L1.C1	<ul style="list-style-type: none"> <li>Development of the plan: Preparedness planning team</li> <li>Approval of the plan: All local and central level competent authorities involved</li> </ul>
L1.C2	Each authority to be responsible for the training of each staff
L1.C3.1	<ul style="list-style-type: none"> <li>For the ships: Ship operator</li> <li>For the buses: Bus operators</li> <li>For port vehicles: Port administration and/or service provider</li> </ul>
L1.C3.2	Terminal operator
L1.C3.3	For the ships: Ship operator under the supervision of local public health authority
L1.C4	Preparedness planning team
L1.C5	Preparedness planning team
L1.C6	Port administration, ship operator or service provider under the supervision of local public health authority
L1.C7	Each authority to be responsible for their own equipment
L1.C8	Each authority to be responsible for their operations
L1.C9	<ul style="list-style-type: none"> <li>Ship operators</li> <li>Implementation: Local public health authorities</li> <li>Supervision: Cruise plan review committee</li> <li>EU level coordination: EU HEALTHY GATEWAYS</li> </ul>
L2.A	Port administration authority, terminal operator, excursion operator and/or service provider under the supervision of the local port health authority
L2.B	Preparedness planning team
L2.B1, L2.B2, L2.B3,	Terminal operator under the supervision of local health authority

### National level competent authorities

- Ministry of Health
- Ministry of Tourism
- Ministry of Critical Infrastructure
- Ministry of Civil Protection
- Ministry of Maritime Affairs
- Ministry of Transport

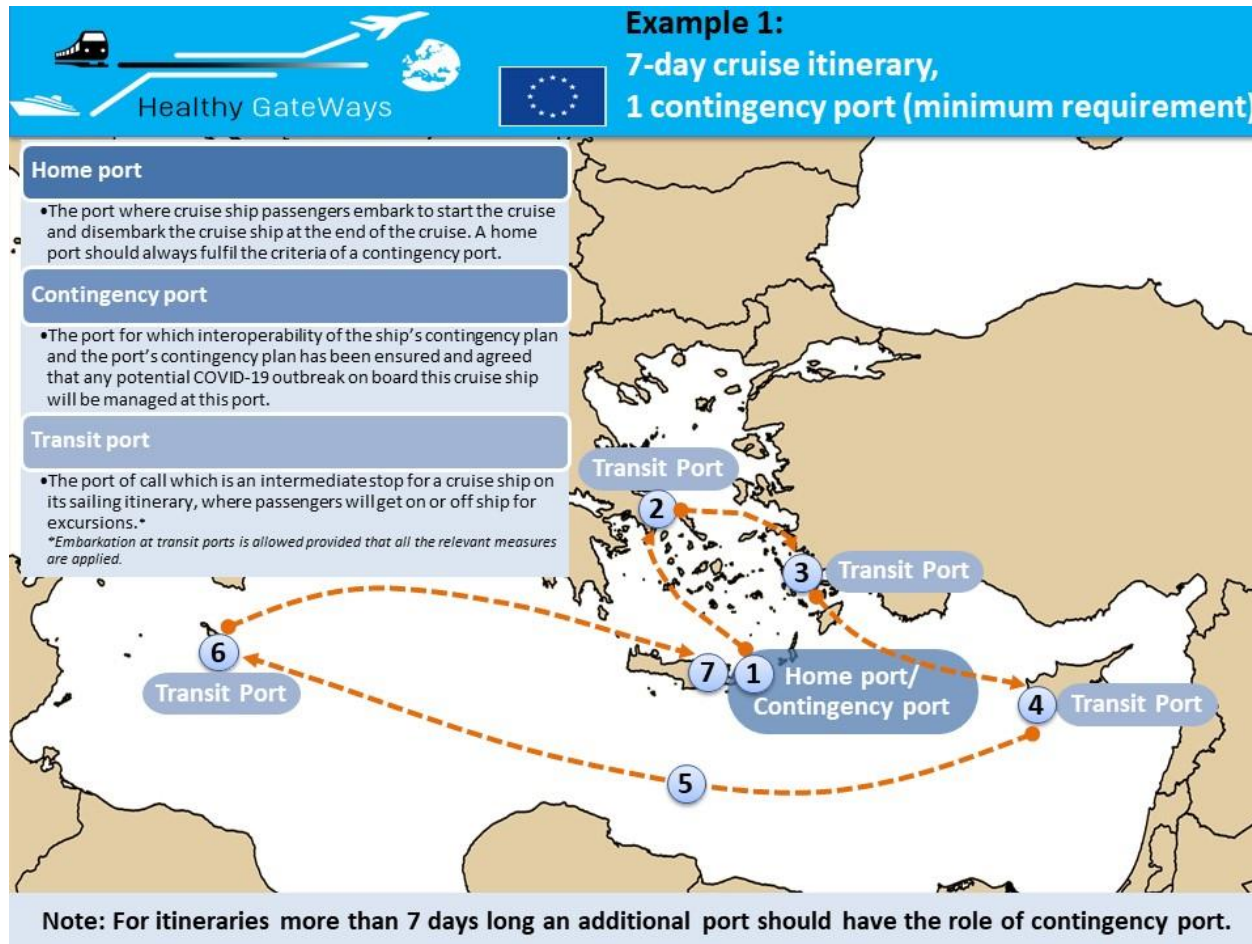
### Local level competent authorities

- *Competent public health authority (CPHA)*
- *Travel medicine service providers*
- *Civil protection*
- *Port risk- and crisis manager, or equivalent*
- *Police authority and security company(ies)*
- *Border control*
- *Port Authorities*
- *Prefecture and/or municipality representative*
- *Port pilots*
- *Ship operators and/or their agents*
- *Terminal operators*
- *Private operators at ports*
- *Harbour/Port Master*
- *Port administration, port officers*
- *Port state control*
- *Veterinary services*
- *Border guards*
- *Immigration services*
- *Stevedores*
- 
- *Rescue services*
- *Service providers for disinfection*
- *Service providers for waste disposal*
- *Public health surveillance units*
- *Primary health care bodies*
- *Hospitals*
- *First aid stations and ambulatory services*
- *Environmental health authority*
- *Occupational health authority*
- *Local authority for death registries*
- *External subject matter experts depending on the needs*
- *Contractors responsible for the container loading areas, container consignees and consignors*
- *Armed forces – navy*

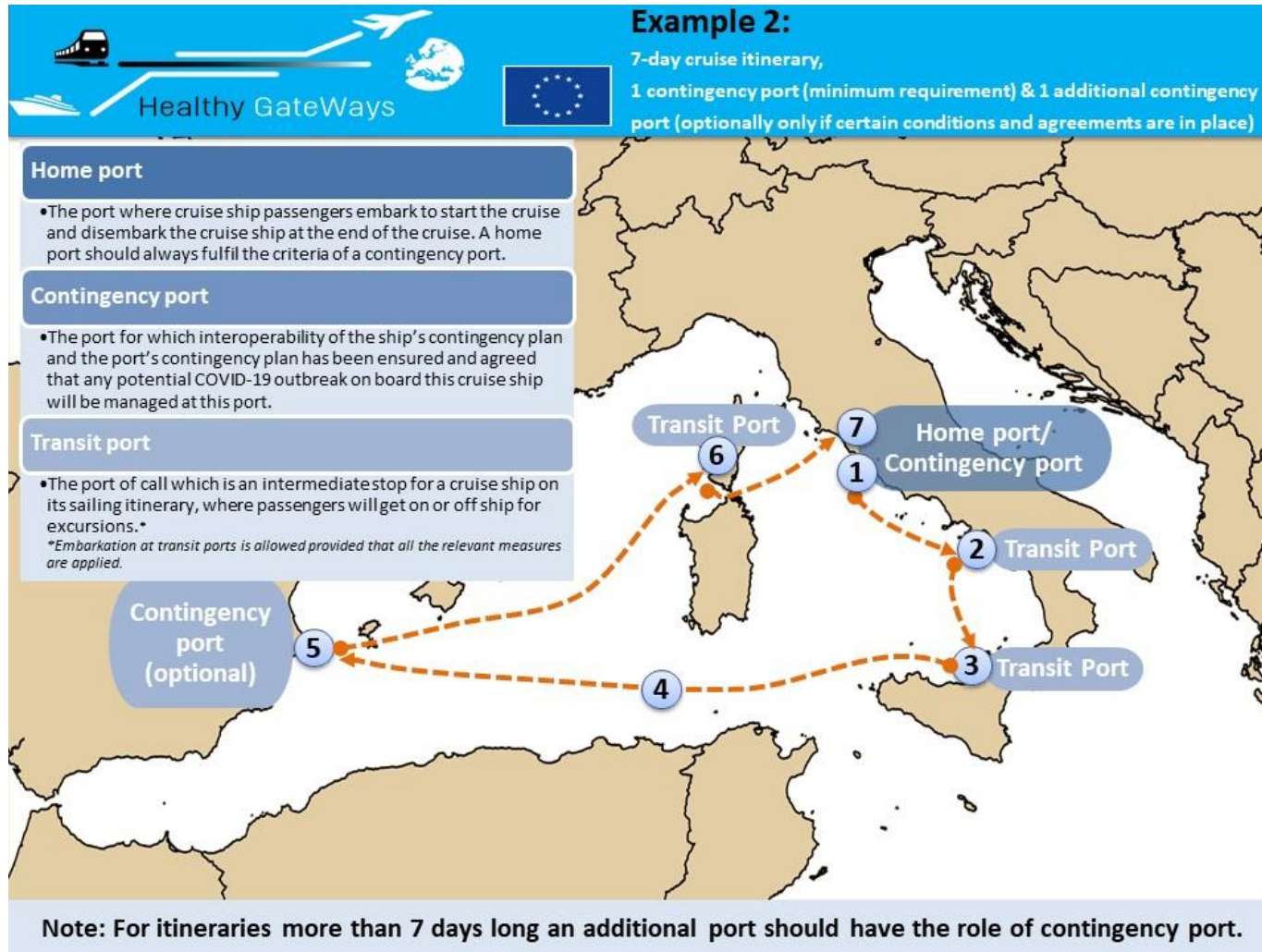
## Annex 2

### Type of ports on a 7-day cruise ship itinerary

#### Example 1



## Example 2



## References

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