

STRENGTHENING CORE CAPACITIES AT PORTS

TOOL FOR PUBLIC HEALTH EMERGENCY CONTINGENCY PLAN DEVELOPMENT AND ASSESSMENT FOR PORTS

Milestone 7.9 – Deliverable 7.2

Version 1

19 February 2021

Reach out to EU HEALTHY GATEWAYS for any question or support:

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Abbreviations

COVID-19-PHECP	COVID-19-specific public health emergency contingency plan
CPHA	Competent Public Health Authority
CRPM	Cruise Restart Process Map
ECDC	European Centre for Disease Prevention and Control
EMSA	European Maritime Safety Agency
EU	European Union
IHR	International Health Regulations
IMO	International Maritime Organization
MS	Member State
PHECP	Public health emergency contingency plan
PPT	Preparedness Planning Team
SIS	EU SHIPSAN Information System
SOP	Standard Operating Procedure
WHO	World Health Organization

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* European Maritime Safety Agency (EMSA), European Community Shipowners' Associations (ECSA), European Sea Ports Organisation (ESPO), MedCruise, the Cruise Europe, the Cruise Lines International Association (CLIA) Europe, the Cruise Baltic, the Carnival Corporation, the Carnival UK, the Mediterranean Shipping Company (MSC) and the Royal Caribbean Cruises, Marie Blitza (Carnival Maritime), Claus Boedker (Cruise Baltic), Alessandro Carollo (Royal Caribbean Cruises Ltd.), Claudia Vella Casagrande (European Community Shipowners' Associations (ECSA)), Gareth Davies (Carnival UK), Theodore Herrmann (Royal Caribbean Cruises Ltd.), Maggie Levay (Royal Caribbean Cruises Ltd.), Luca Matola (Mediterranean Shipping Company (MSC)), Michael McCarthy (Cruise Europe), Nikos Mertzaniadis (Cruise Lines International Association (CLIA) Europe), Valter Selén (European Sea Ports Organisation (ESPO)), Mel Skipp (Carnival Corporation), Anne-Rieke Stuhlmann (European Sea Ports Organisation (ESPO)), Hernan Zini (Royal Caribbean Cruises Ltd.).

1. Introduction

This is Milestone 7.9 “Tool for public health emergency contingency plan development and assessment at ports”, part of Deliverable 7.2 “Strengthening core capacities” of Work Package 7 “Maritime transport” of the HEALTHY GATEWAYS Joint Action. The HEALTHY GATEWAYS Joint Action has received funding from the European Union (EU), in the framework of the Third Health Programme (2014-2020).

According to Grant Agreement Number 801493, a tool for public health emergency contingency plan (PHECP) development and assessment will be developed based on best practice identification results and considering existing guidance from the World Health Organization (WHO)¹⁻⁵, and will be finalised in view of pilot testing results in two countries using different event scenarios for health threats. The Joint Action has been operating in an emergency mode since January 2020 in order to support response of EU Member States (MS) to the COVID-19 pandemic, and in this framework, specific guidelines were prepared for adapting the generic PHECP to a COVID-19-specific port public health emergency contingency plan (COVID-19-PHECP). The working group members who contributed to the development of this deliverable are mentioned at the end of the document.

This deliverable provides a template of a generic public health emergency contingency plan for all types of public health threats including infectious diseases, vectors, chemical and radiological threats as per International Health Regulations (IHR 2005) Annex 1B (Annex 1), which must be in place at all times at designated ports. Moreover, this deliverable provides practical guidelines specifically for restarting cruise ship operations after lifting restrictive measures enforced in response to the COVID-19 pandemic, in the format of a process map (Annex 2 and Annex 3). A template is provided for adapting the generic PHECP specifically for preparedness and response to COVID-19 cases on cruise ships at a port (designated or not) (Annex 4).

2. Purpose

The purpose of this technical tool is to suggest concrete steps for developing or assessing current port-specific PHECPs and protocols, not to replace them. The tool focuses on assisting local stakeholders at the port and country level where the IHR 2005 and/or Decision No1082/2013/EU on serious cross-border threats to health is implemented in practice ^{6,7}.

The tool has taken into consideration several guidance documents and scientific publications. A list of references is presented at the end of the tool. In addition, the tool has considered the HEALTHY GATEWAYS Best Practice Survey.

3. Target audience

The target audience is personnel working in public health authorities, as well as port administration authorities at local port level in EU MS who are responsible for preparedness and response at designated ports in accordance with Decision No1082/2013/EU and the IHR (2005)^{6,7}. This tool is also addressed to conveyance operators, as their policies and plans should ensure interoperability with the contingency plans of the ports.

4. Planning considerations

4.1. International and national laws and regulations

The local operational PHECP needs to be supported by local, sub-national and national legislation, policies and procedures, as well as international legislation². Examples of relevant legislation include:

- *IHR (2005)* ⁷
- *Decision No1082/2013/EU on serious cross-border threats to health* ⁶
- *National legislation on implementing Decision No1082/2013/EU and IHR (2005)*
- *COUNCIL DIRECTIVE 2008/114/EC of 8 December 2008 on the identification and designation of European critical infrastructures and the assessment of the need to improve their protection*
- *Other relevant national legislation, e.g.:*
 - a. *National communicable disease legislation*
 - b. *National maritime legislation*
 - c. *National crisis legislation*
- *Local rules and regulations*

According to IHR (2005) ⁷, each country shall designate at least one port as a designated port and:

- (a) ensure that certain core capacities for designated ports are developed;
- (b) identify the competent authorities at each designated point of entry in its territory; and
- (c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

The e-SPAR is a web-based platform proposed to support WHO State Parties of the IHR to fulfil their obligation to report annually to the World Health Assembly (WHA) on the implementation of capacity requirements and to encourage the transparency and mutual accountability between States Parties. State parties provide information on both which ports are designated and the status of implementation of IHR capacities through e-SPAR: <https://extranet.who.int/e-spar>.

It is a legal responsibility to maintain a port public health emergency contingency plan (PHECP) at designated ports, according to IHR (2005) Annex 1B.

In particular, for responding to events that may constitute a public health emergency of international concern, the designated port must have the capacities:

(a) **to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;**

(b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;

(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;

(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;

(e) to apply recommended measures to disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;

(f) to apply entry or exit controls for arriving and departing travellers; and

(g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.

4.2. Public health risks to be considered

The generic PHECP should consider all types of public health risks and the health measures that will need to be implemented in case of emergencies on ships and at the port. Public health risks include:

- *infectious diseases,*
- *vectors or infestations,*
- *environmental events with public health impact and potential for international spread (e.g. unsanitary conditions, contaminated ballast water),*
- *events due to chemical hazards,*
- *events due to radiological hazards and*
- *events of unknown origin.*

Each port should develop a generic PHECP based on the current capacities available and after considering the risk profile of the port².

When needed, for example in case of a specific public health risk such as an outbreak or a pandemic, the generic PHECP should be adapted and specialised as appropriate, in order to respond to the specific public health risk.

4.3. Preparedness Planning Team (PPT)

A PPT should be established, consisting of a wide range of experts and agencies with experience in public health, risk assessment and the operation of the ports. Stakeholders responsible for main operational decisions need to be part of the PPT, which is the key structure for planning and continuous updating of the plan². For optimal efficiency, the PPT should not exceed 10 to 12 people. In addition, technical experts and other agencies may be invited ad hoc to provide further input and advice on their area of expertise, and where applicable, agree through a written agreement plan on their role and responsibilities in the generic PHECP. The stakeholder with key responsibility for operational decisions in real-life events is most suitable to take lead in managing the PHECP, and ensure it is kept up to date and continuously revised.

Actors that could be involved in the planning and/or implementation phase are the following:

- | | |
|--|---|
| • <i>Competent public health authority (CPHA)</i> | • <i>Rescue services</i> |
| • <i>Travel medicine service providers</i> | • <i>Service providers for decontamination</i> |
| • <i>Civil protection</i> | • <i>Service providers for waste disposal</i> |
| • <i>Port risk- and crisis manager, or equivalent</i> | • <i>Vector control authorities</i> |
| • <i>Police authority and security company(ies)</i> | • <i>Public health surveillance units</i> |
| • <i>Border control</i> | • <i>Primary health care bodies</i> |
| • <i>Customs</i> | • <i>Hospitals</i> |
| • <i>Port Authorities</i> | • <i>Fire departments</i> |
| • <i>Prefecture and/or municipality representative</i> | • <i>First aid stations and ambulatory services</i> |
| • <i>Port pilots</i> | • <i>Environmental health authority</i> |
| • <i>Ship operators and/or their agents</i> | • <i>Occupational health authority</i> |
| • <i>Private operators at ports</i> | • <i>Local authority for death registries</i> |
| • <i>Port Master, port administration, port officers</i> | • <i>Governmental experts especially for chemical and radiological events</i> |
| • <i>Port state control</i> | • <i>External subject matter experts depending on the needs</i> |
| • <i>Veterinary services</i> | • <i>Contractors responsible for the container loading areas, container</i> |
| • <i>Agricultural services</i> | |
| • <i>Border guards</i> | |
| • <i>Immigration services</i> | |
| • <i>Stevedores</i> | |

- | | |
|--|--|
| <ul style="list-style-type: none"> • <i>Laboratories (microbiological, chemical, radiological, vector, veterinary etc.)</i> | <ul style="list-style-type: none"> • <i>Armed forces – navy</i> |
|--|--|

Once the generic PHECP is prepared, agreed and published, regular meetings of the PPT are suggested to be held at least once a year, preferably in person. Additional ad hoc meetings are needed if new information on public health events must be considered and/or new members of the PPT are appointed.

4.4. Communication plan

A five pillar communication plan should be incorporated in the port PHECP and must ensure the direct flow of information and secure the generated information every time. The communication plan must include the following components:

- Internal communication (among the persons working for the port administration)
- Communication between the port and the other complementary authorities and/ or service providers at local, regional or central level (e.g. port state control, customs, first aid stations, local health authorities, Ministry of Health, medical services, hospitals, ambulatory services, veterinary authorities, agricultural authorities, contractors such as those responsible for the container loading areas, container consignees and consignors, etc.)
- Communication with other points of entry, such as airports and land transport connections including trains and bus services, either directly or through a central point at national or regional level
- Communication between the port and the ships/shipping companies
- Communication between the ports in the ship itinerary (inside the country or outside the country). The EU SHIPSAN Information System (SIS) provides a platform for the public health authorities in the EU to share information about public health events that occurred on ships (<https://sis.shipsan.eu/>)
- Risk communication strategy targeting the travelling public and the port staff

The general principles for communications including identification of gaps, consistency of messaging between stakeholders, establishing the interactions between communication channels, accessibility to and actionable by decisions-makers etc. can be found in the WHO strategic framework for effective communications ⁸.

More details about the communication plan are given in Annex 1 and Annex 4.

4.5. International, national, regional and local considerations

To identify the existing core response capacity at the port, a core capacity assessment should be conducted utilizing the WHO Core Capacity Assessment Tool at each designated port ⁵. Information from annual self-assessments of ports' core capacities can be found through the e-SPAR platform. If the assessment has been completed in the past, then the results should be taken into consideration during 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 consideration⁴. A list of all the joint external evaluation reports conducted so far can be found here: <https://www.who.int/ihr/procedures/mission-reports/en/>

Other relevant plans that may be available to inform the integrated planning process may include the following²:

- national health and emergency management legislation and policies;
- national and local plans for public health emergency response;
- civil defence or civil protection legislation and policies;
- linked documents from regulatory agencies such as customs, biosecurity, police and military;
- maritime port and industry regulations and plans;
- operator security plans in the framework of the Directive 2008/114/EC
- specific port policies, operational plans and emergency plans;
- port site plans, safety equipment register and map of locations;
- specific service provider operational capability documents and contracts;
- additional guidance documents on public health, communicable diseases and international travel, ship and ports prepared by WHO, IMO;
- vector management plan
- previous public health or emergency management plans for the port;
- existing “after action” or “post incident” reports or reviews from previous port public health responses
- Policies and contingency plans of other points of entry (i.e. nearby airports and ground crossing stations)

Statistical data should be considered in the planning phase in regard to the number of ship visits, the type of ships, the volume of passengers and crew members and their origin who pass through the port facilities, as well as the technicians, harbour pilots, authorities, truck drivers, regular visitors etc., the types of cargoes handled in the port, and the previous and next ports of calls of the ships that

are calling the ports. These are factors to be considered in the public health risk assessment before developing the port PHECP, as well as to ensure that health measures are in place as part of the PHECP to be developed so as to be implemented when needed.

4.6. Accessibility of the plan - public and/or confidential

In accordance with regional and national legislation, stakeholders need to determine whether the local PHECP (or parts of it) should be public or confidential. Commonly, the general scheme of the PHECP will be public, whereas specific parts of the PHECP will remain confidential. An executive summary of the PHECP accessible to the public increases confidence and general preparedness in case of a public health event.

Suggested elements of the PHECP to be kept public:

- Executive summary and headings
- International, national and local legal frameworks and agreements;
 - IHR (2005)
- A list of links to documents that may be of public interest
 - Regional and national pandemic plans
 - Information on relevant infectious diseases
 - Other relevant contingency plans
 - Guidelines from WHO, ECDC and others
- Responsibility of each involved stakeholder
- Official links to stakeholders

Suggested elements of the plan to be kept confidential:

- Operational contact lists of stakeholders
- Map of port
- Operational activities such as Standard Operating Procedures (SOPs), emergency service access ways, dedicated facilities, etc.

4.7. Interoperability of the port PHECP with other plans

The PPT should ensure interoperability of the PHECP with the following plans:

- General port emergency plan
- Port safety plan
- Port vector management plan
- Civil protection local plans
- National/ central public health emergency plans

- Any relevant contingency plan at local, regional or national level should be considered in the development phase to ensure interoperability and harmonization
- Public health emergency plans of the ships that are calling at the port

Steps to be considered when linking a port PHECP with regional and/or national contingency plans for public health events are:

- Review the port PHECP as well as regional/national public health contingency plans in place;*
- Adapt the local PHECP to link with the regional/national plans;*
- Collaborate with actors responsible for the regional/national plans in order to secure a continuous link and have written agreements in place among the various actors from both the public and private sectors.*

In addition, each local stakeholder is responsible for harmonizing their internal plans, routines and SOPs with the local PHECP.

Memorandums of Understanding or other agreements as applicable should be signed between all the different sectors (public and private) involved in the response to public health events and procedures, as described in the PHECP and the other relevant protocols.

5. Port PHECP testing, review and training

Once the 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. After the PHECP has been finalised, it should be published to all agencies involved. The personnel involved should be trained on the procedures relevant to the PHECP.

Regular exercises, drills and training/briefing should be conducted after the initial development of the PHECP. A training calendar and an exercise calendar could be developed defining the frequency of training events and the exercises, the objectives, and the target audience. The frequency will depend on the needs, circumstances and the tasks to be tested and could be monthly, bimonthly, twice a year or annually. For example, a full scale exercise could be organised once a year, while others could be organised more frequently, such as refresh training courses and drills for exercising practical skills on the use of specific equipment.

The PHECP should be regularly reviewed, updated and maintained based on feedback from the training, the exercises, experience from application of the PHECP to real public health events and possible changes to the facilities and/or capacities of the port. The same process should be followed for all other procedures and protocols developed that are part of the SOPs developed.

6. Generic PHECP for designated ports

Annex 1 of the present document provides a template for a generic PHECP for designated ports addressing all types of public health risks. The following paragraph describes how the generic PHECP should be adapted specifically for the COVID-19 pandemic.

7. Adapted COVID-19-PHECP

The development of the generic PHECP as described in Annex 1 should precede the development of any specific plan, including the COVID-19 specific public health emergency contingency plan (COVID-19-PHECP). The COVID-19 pandemic revealed gaps in the preparedness and response plans of ports worldwide, especially for responding to public health events on cruise ships as well as cargo ships, particularly with regard to the safety and health of seafarers.

To contribute to a safe restart of cruise operations, a Cruise ReStart Process Map (CRPM) was developed in order to facilitate the agencies involved in the development of a COVID-19-PHECP. This map includes the processes and protocols required in order to safely restart cruising operations and can be found in Annex 2. Explanatory notes for the CRPM can be found in Annex 3. The template for the COVID-19-specific public health emergency contingency plan can be found in Annex 4.

The local port level authorities should cooperate with the central national level authorities in order to define the ports capacities in the country. 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. In particular, each port should assess the capacities available locally at the port and decide after considering different possible scenarios for COVID-19 outbreaks on the scale of public health events that can be managed at any time at the port. Based on this, the port together with the central level authority should determine for how many ships and for what capacity the port can act as a “contingency port”, and/or “home port”, and/or “transit port”. The central level authority is important to define, after considering the port capacities for all the ports in the country, their role as contingency/home/transit port.

For the purposes of the current guideline, the following definitions are provided for the ports, depending on their role:

“Home port”: the port where cruise ship passengers embark to start the cruise and disembark the cruise ship at the end of the cruise.

The home port should fulfil the criteria of a contingency port. Each ship should have at least one contingency port as part of a 7 nights’ itinerary. The home port should always be the contingency port, but additional contingency ports could be defined.

“Contingency port”: the port for which interoperability of the ship’s contingency plan and the port’s contingency plan 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.

“Transit port”: 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.^[1]

The guidelines for a COVID-19 specific public health emergency contingency plan should be read in conjunction with the following documents:

- a) EU HEALTHY GATEWAYS Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic (Version 1 - 30 June 2020)⁹ https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-08-131911-653;
- b) EMSA-ECDC COVID-19: EU Guidance for Cruise Ship Operations. Guidance on the gradual and safe resumption of operations of cruise ships in the European Union in relation to the COVID-19 pandemic (Date: 27 July 2020)¹⁰ <https://www.ecdc.europa.eu/en/publications-data/COVID-19-cruise-ship-guidance> and
- c) WHO Operational considerations for managing COVID-19 cases/ outbreak on board ships (Interim guidance) 25 March 2020¹¹. <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

^[1] Embarkation at transit ports is allowed provided that all the relevant measures are applied.

Annexes

Annex 1: Template - Generic public health emergency contingency plan for designated ports

Annex 2: Cruise Restart Process Map (CRPM)

Annex 3: Explanatory notes for the Cruise Restart Process Map

Annex 4: Template - Adapted COVID-19 – specific public health port emergency contingency plan

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3. World Health Organization. Handbook for management of public health events on board ships. 2016.
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TOOL FOR CONTINGENCY PLAN DEVELOPMENT AND ASSESSMENT FOR PORTS

Milestone 7.9 – Deliverable 7.2

Annex 1: Template - Generic public health emergency contingency plan for designated ports

Version 1

19 February 2021

This annex provides a recommended structure and instructions for developing the generic public health emergency contingency plan (PHECP) in accordance with the World Health Organization (WHO) “A guide for public health emergency contingency planning at designated points of entry” 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1). Moreover, this annex should be read in conjunction with the WHO Handbook for management of public health events on board ships available from: <https://www.who.int/ihr/publications/9789241549462/en/> (2).

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Abbreviations

CPHA	Competent Public Health Authority
CRPM	Cruise Restart Process Map
ECDC	European Centre for Disease Prevention and Control
EOC	Emergency Operations Centre
EU	European Union
EWRS	Early Warning and Response System
IHR	International Health Regulations
IMGS	International Medical Guide for Ships
IMO	International Maritime Organization
MS	Member State
PHECP	Public Health Emergency Contingency Plan
NFP	National Focal Point
POE	Point Of Entry
PPE	Personal Protective Equipment
SOP	Standard Operating Procedure
WHO	World Health Organization

Front page

Name of the sponsoring agency by name (who owns the PHECP): _____
 Sponsoring agency logo: _____
 Name of the port for which the PHECP has been prepared: _____
 Date of PHECP publication: _____

Foreword

Foreword highlighting for example the importance of the PHECP, a summary description of key points, acknowledgments of key contributors, etc.: _____

Notes

A foreword to the PHECP can be included and provided by the highest ranking official responsible for public health in the region or in the country (e.g. Minister of Health).

It is also suggested to have the foreword countersigned by a senior official from the port.

Review history

List with the numbers of versions and the dates each version is published: _____

Notes

After each exercise or emergency event, a formal review and update of the PHECP should be conducted accordingly with the key lessons learnt.

A designated person should always be assigned to maintain the current version of the PHECP.

When a new version is created, all parties should receive the new copy and the old version is archived.

Agencies or service providers using different versions of the PHECP could potentially cause the failure of a response.

1. SECTION 1: Introduction

Notes

This section can present the mandate of the PHECP, the authorizing agency/agencies, and the policies, laws and regulations at international, national and local level that were used to develop the PHECP (1).

1.1. Reading the PHECP

Instructions for reading and using the PHECP: _____

Notes

Instructions on how to use the PHECP could be presented in this section, based on the way the PHECP is structured and formatted for the specific port.

1.2. Purpose of the PHECP

Purpose: _____

Specific objectives: _____

Target audience: _____

Specific events that are relevant to the PHECP: _____

Notes

Examples for the content of this paragraph:

The purpose of the PHECP can be to protect the health of the travelling public, staff at the port and the receiving population in the country, by responding to a potential public health risk or public health emergency of international concern at the port.

The objectives of the PHECP can be: a) to describe the agreement of the stakeholders on their roles and responsibilities as well as the procedures to be implemented when responding to a public health event and b) to inform agency stakeholders and response personnel about actions to take and information to use to achieve a successful response.

The target audience can be any person with responsibility to respond to a public health event at the port (working at central, regional or local level).

Events that are relevant to the PHECP can be any public health risk that justifies activation of the PHECP, or public health emergencies of international concern. International Health Regulations (IHR 2005) defines a public health risk as "a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger". IHR (2005) defines public health emergencies of international concern as "means an extraordinary event which is determined, as provided in these Regulations: (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response".

1.3. Entry into force

Date of entry into force of the PHECP: _____

1.4. Legal framework and competencies

Legal framework relevant to the PHECP at the local level (e.g. port, municipality): _____

Legal framework relevant to the PHECP at the regional level (e.g. region, prefecture, federal administration etc.): _____

Legal framework at the national central level: _____

Legal framework at the international level: _____

Competent authorities that are responsible/share a responsibility for the PHECP development and/or implementation, and relevant documents from which this responsibility derives: _____

Notes

This section includes a description of the legislation at international, European and national level (local and central). Moreover, it describes any other document relevant to the port operation and sub-national regulations that the port has to comply with. The name of the competent authorities that are responsible for the PHECP of the port should be listed in this section, and reference to the relevant documents from which this responsibility derives should be included.

Examples of legislation documents are:

- *IHR (2005)*
- *EU Decision 1082/2013 on serious cross-border threats to health*
- *National legislation on implementing EU Decision 1082/2013 and IHR (2005)*
- *COUNCIL DIRECTIVE 2008/114/EC of 8 December 2008 on the identification and designation of European critical infrastructures and the assessment of the need to improve their protection*
- *National/local communicable disease legislation*
- *National/local maritime legislation*
- *National/local crisis legislation*

1.5. Characterization degree of security

Degree of security: _____

Notes

Suggested elements of the PHECP to be kept public:

- *Executive summary and headings*
- *International, national and local legal frameworks and agreements*
- *IHR (2005)*

A list of links to documents that may be of public interest

- *Regional and national pandemic plans*
- *Information on relevant infectious diseases*
- *Other relevant contingency plans*
- *Guidelines from WHO, ECDC and others*
- *Responsibility of each involved stakeholder*
- *Official links to stakeholders*

Suggested elements of the PHECP to be kept confidential:

- *Operational contact lists of stakeholders*
- *Map of port*
- *Operational activities such as Standard Operating Procedures (SOPs), emergency service access ways, dedicated facilities, etc.*

1.6. Relationship with other plans

Competent authority	Title of plan	Contact details of liaison person
Local level		
Regional level		
Central level		

Notes

This section includes information about other plans that this PHECP is linked with.

This PHECP should be integrated into the existing contingency plans of the port. All relevant plans at a local or central level that relate to this PHECP should be identified and presented in a table. The interoperability of these plans should be ensured.

In order to ensure a permanent link between this PHECP and the rest of the plans, any revision of the PHECP should be shared with the relevant competent authorities responsible for the linked plans.

Examples of plans are:

- *national health and emergency management legislation and policies;*
- *national and local plans for public health emergency response;*
- *civil defence or civil protection legislation and policies;*
- *linked documents from regulatory agencies such as Customs, Biosecurity, Police and Military;*
- *maritime port and industry regulations and plans;*
- *vector management plans;*
- *specific port policies, operational plans and emergency plans;*
- *operator security plans in the framework of the Directive 2008/114/EC*
- *port site plans, safety equipment register and map of locations;*
- *specific service provider operational capability documents and contracts;*
- *additional guidance documents on public health, communicable diseases and international travel, ship and ports prepared by WHO, IMO;*
- *previous public health or emergency management plans for the port;*
- *policies and contingency plans of other points of entry (i.e. nearby airports and ground crossing stations);*
- *existing “after action” or “post incident” reports or reviews from previous port public health responses.*

1.7. Other information

Any other information relating to the document of the PHECP which is not related to the operational response should be included in the paragraph.

2. SECTION 2: Operational response

The second part of the PHECP should describe the actual operational response. It should describe the structure of the command and control structures, along with the responsibilities of each part involved. Additionally, it should describe the initial actions and protocols as well as the activation and deactivation procedures (1).

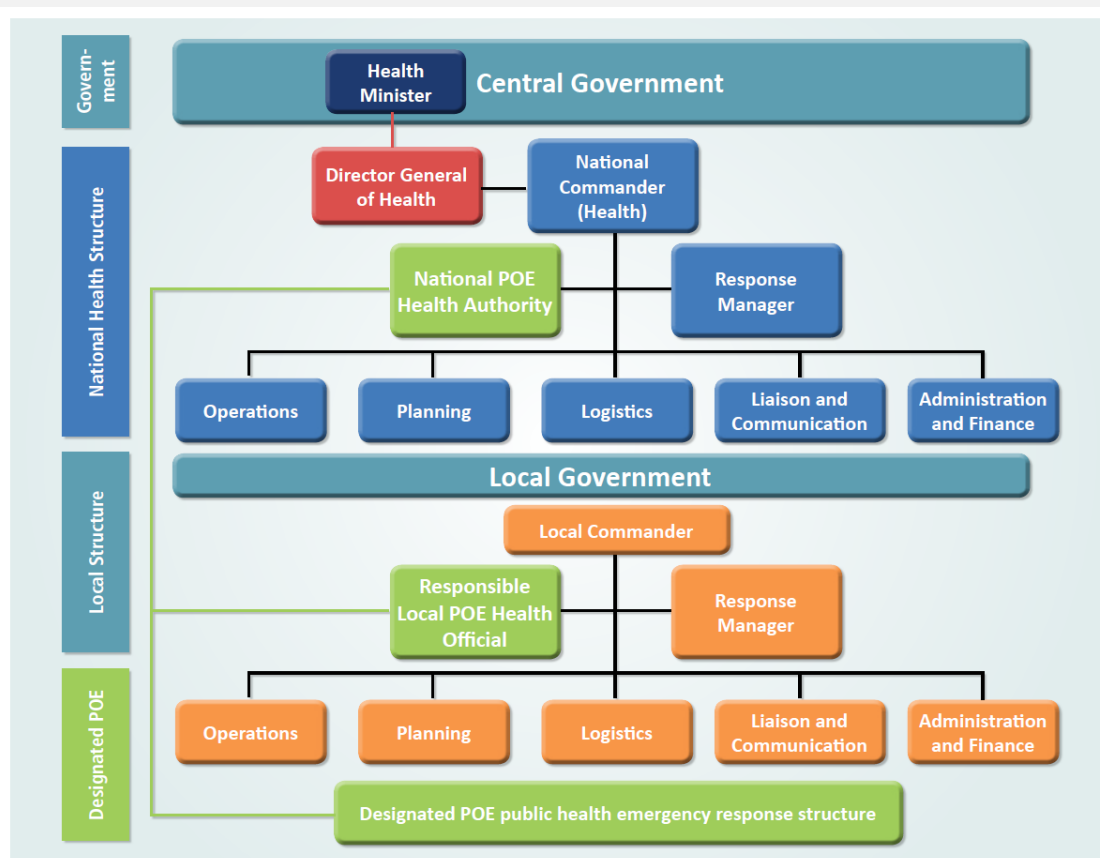
2.1. Command and control structures

A detailed organization chart should be constructed, presenting all the authorities involved at both local and national level. The relationships between all the involved parties should be clear.

2.1.1. Central command and control structure

An organizational chart of the country's central command and control structure can be included here (e.g. showing where the port is positioned related to other local and central structures/functions).

Example extracted from the WHO "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1)

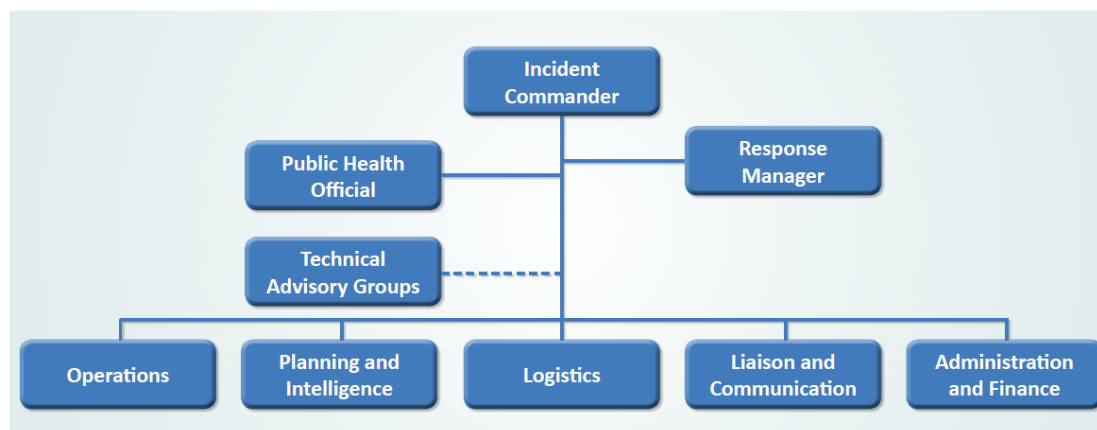


Source: World Health Organization "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1)

2.1.2. Local (port) command and control structure

This section can include an adapted command and control structure for the port to model the response system used by national authorities.

Example extracted from the WHO "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1)



Source: World Health Organization "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1)

2.2. Roles and responsibilities

Responsibilities are shared among authorities at local, intermediate and central levels, ship staff and ship operators, as well as ports at the same or other countries.

Responsibilities for an outbreak investigation should be defined in the PHECP including which port will coordinate an outbreak investigation (the home port preferably), where laboratory tests will be conducted, and how results of the outbreak investigation will be shared among the competent authorities in the ports of call.

Responsibilities of ship operators and ship staff should also be defined in the PHECP and some examples include: surveillance for disease on board the ship, data collection such as symptoms onset, diagnosis results, cabin number, contacts, etc., reporting of public health events, any information needed for outbreak investigation.

The roles and responsibilities of all the bodies involved should be described in detail. The roles and responsibilities can be described in a table format, and for each role details should be included regarding the responsibilities, the decisions and the deliverables of each party involved. It should be well defined about who each body must report to. The roles and responsibilities of bodies at national level should also be detailed, as well as the roles and responsibilities for any other supporting structure or external company (1).

*Examples of response **functions/roles** that could be included for the specific port are:*

Operations team

- Operations manager*
- Operations analysts*
- Operations support role*

Logistics team

- Logistic manager*
- Logistics support role*
- Procurement manager*

Planning and Intelligence team

- Planning manager*
- Intelligence manager*
- Response planner*
- Intelligence analyst*
- Planning support*
- Intelligence support*
- Geospatial information services specialist*
- Report writer*

Administration and Finance team

- Administration manager*
- Resource and personnel rostering*
- Administration support*
- Finance manager*
- Finance support*

*Examples of measures that **responsibilities** should be defined for and tasks should be allocated to the staff:*

Outbreak investigation Public health measures with respect to travellers

- Review travel history in affected areas*
- Review proof of medical examination and any laboratory analysis*
- Medical examinations*
- Review of proof of vaccination or other prophylaxis*

- Requirement of vaccination or other prophylaxis
- Placement of persons suspected of exposure under public health observation
- Quarantine for travellers suspected of exposure
- Isolation and treatment of affected persons
- Contact tracing of suspected or affected persons
- Restriction/refusal of entry or exit of travellers
- Exit screening at ports
- Entry screening at ports

Public health measures with respect to ships and inanimate objects

- Inspections
- Review of manifest and routing
- Review of proof of measures taken on departure or in transit to eliminate infection or contamination
 - Treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs
- Disinfection
- Deratting
- Disinfection
- Decontamination
- Specific health measures to ensure the safe handling and transport of human remains
- Isolation and quarantine
- Seizure/destruction of infected or contaminated ships and other inanimate objects
- Supervision of removal and safe disposal of contaminated matter from a ship
- Refuse departure or entry of a ship

Public health measures for affected animals

- Review proof of veterinary examination and any laboratory analysis
- Veterinary examinations
- Review of proof of vaccination or other prophylaxis
- Requirement of vaccination or other prophylaxis
- Placement of animals suspected of exposure under public health observation
- Quarantine for travellers suspected of exposure
- Isolation and treatment of affected animals

2.2.1. Command and control roles for central level

This section could include a **table** describing roles and responsibilities of the country's central command and control structure.

[illegible]

2.2.2. Command and control roles for local (port) level

*This section could include a **table** describing the roles and responsibilities of the local (port) level command and control structure.*

[illegible]

This section could include a description of the roles and responsibilities of relevant external agencies. Examples of external agencies could include transport/logistics agencies, contracted services etc.

[illegible]

This section (optional) could describe specific conditions/scenarios that align to specific response profiles/actions (e.g. colour coding system representing the condition scenario).

Green – business as usual (known and expected public health risks) – no PHECP activation needed

Red - unexpected public health risk (public health emergency of international concern) – activation of the PHECP, the event cannot be managed locally and support from the central level is needed

2.4. Initial actions and protocols

This section should describe predetermined actions to be followed when an event happens. Note that the all possible events should be considered when determining the initial actions and protocols and the procedures for detection, verification and risk assessment of an event, which may be different types of events (e.g. events of infectious diseases, events related to risks in the environment, events involving chemical or radiological hazards, events of unknown aetiology, etc.).

Description of how an event of public health concern is detected: _____

Procedures for verification of an event: _____

Procedures for risk assessment of an event: _____

Immediate actions: _____

Initial communication: _____

Notes

Some common sources of information are:

- *From the ship master through the Maritime Declaration of Health or other means of communication (IHR articles 28 and 27). When any additional information is available to the ship master, a new updated Maritime Declaration of Health must be sent to the next port of call incorporating new information such as laboratory diagnostic results.*
- *Notification from the previous port of call (IHR articles 27, 30, Annexes 3 and 5)*
- *Detection during a ship inspection (IHR articles 27, 29 and Annex 3)*
- *WHO website for affected areas & recommendations (IHR articles 18, 22, 23, 25, 37 & Annex 5)*
- *Through the NFP and other formal channels (IHR article 27, 29 and Annex 3)*
- *Through informal channels*

The procedures for verification of an event after its detection should be described in this section as well. Here the procedures for collecting further information from the ship agent, ship master, other designated crew or the authority that reported the event should be detailed.

Following the verification, the competent authorities can make a preliminary assessment based on basic information such as type of event, level of severity, trend and hazard level concerning the public health event, and use that to decide whether or not to activate the PHECP. The level of response that is required for each public health event should be determined based on a risk assessment. Details on the risk assessment can be found in chapter 5 and 6 of the WHO'S Handbook for management of public health events on board ships (2).

Based on the information collected, the competent authority may need to take some immediate actions (such as transportation of ill travellers to hospitals). The initial communication protocols should also be described in this section. These should include the type of information that may be included in the report and the names of the authorities that need to be notified.

Box 1. Preliminary standard response by the competent authority at port: Indicative options for action

Question	Specific indicative options for action
<ul style="list-style-type: none"> Is a human life in danger (clinical signs and symptoms among travellers and severity)? 	<ul style="list-style-type: none"> Evacuation of ill traveller Medical support Ambulance arrangement Identification of the medical facility to send the patient ashore
<ul style="list-style-type: none"> Has any death been linked with the event? 	<ul style="list-style-type: none"> Investigate cause of death; ensure that autopsy has been arranged, if necessary; ensure IMGS (17) has been followed, and check if contact tracing is needed; ensure that death has been registered
<ul style="list-style-type: none"> Is there a doctor on board? 	<ul style="list-style-type: none"> Ensure access to radio medical support Send doctor to board the ship en route or upon arrival of the ship at the port
<ul style="list-style-type: none"> Is the event an immediate risk to health? Is there a potential for spread on board or ashore or in the environment? 	<ul style="list-style-type: none"> Consider activating the contingency plan at the port if necessary Consider if contact tracing is needed
<ul style="list-style-type: none"> Are special measures needed upon arrival at the port? Does the ship need any supplies? 	<ul style="list-style-type: none"> Arrange delivery of supplies that the ship may need (e.g. PPE, medicines)
<ul style="list-style-type: none"> Are any precautions for disembarkation of ill and healthy travellers needed? 	<ul style="list-style-type: none"> Communicate with the terminal station staff and start preparing arrangements
<ul style="list-style-type: none"> Is the event related to a hazard where other authorities/experts should be involved (clinicians, epidemiologists, environmentalists, experts on responding to chemical or radiological events)? 	<ul style="list-style-type: none"> Communicate with other authorities/experts If appropriate, report the event to the NFP for further assessment and notification to WHO if necessary
<ul style="list-style-type: none"> Is the ship coming from an affected area where WHO has recommended measures in place? 	<ul style="list-style-type: none"> Consult WHO website for recommendations on health measures If appropriate, report the event to the NFP for further assessment and notification to WHO if necessary
<ul style="list-style-type: none"> Have clinical specimens or environmental samples been collected or do officers of the competent authority need to collect them? 	<ul style="list-style-type: none"> Arrange collection of clinical specimens or environmental samples Arrange transport and delivery of clinical specimens to an appropriate laboratory Communicate data related to the sample and its shipment to appropriate authorities.

Source: Guidance on Regulations for the Transport of Infectious Substances 2015-2016, http://www.who.int/ihr/publications/who_hse_ihr_2015.2/en/.

2.4.1. Activation of the plan

Criteria for activation of the PHECP: _____

Notes

In this section a set of predetermined criteria that activate the PHECP should be detailed. Based on the initial investigation and the predetermined criteria, the decision makers will initiate the response. These triggers should be formal, quantifiable events or conditions that when reached, certain response measures should be applied.

The level of response that is required for each public health event should be determined based on a risk assessment. Details on the risk assessment can be found in chapter 5 and 6 of the WHO'S Handbook for management of public health events on board ships (2).

WHO example triggers include: communication from the National Focal Point (NFP), relevant central public health authority or WHO about a public health emergency of international concern.

2.4.2. Deactivation of the plan

Criteria for deactivation of the PHECP: _____

Notes

This section includes the triggers for gradual deactivation of the PHECP as appropriate for the public health event. It can also include the specific authority responsible for deactivating the PHECP. Note that the deactivation of the PHECP may be completed in several phases having different triggers, while codes could be given for each phase such as red, orange, green.

2.5. Port operational response sections

In this section the PHECP should describe the operation of the Emergency Operations Centre (EOC) and the different structures involved in the operations.

2.5.1. Emergency Operations Centre (EOC)

Facilities of the EOC: _____

Function of the EOC: _____

Activation of the EOC: _____

Notes

The Emergency Operations Centre (EOC) is the hub of response operations, consisting of both facilities and functions.

Depending on the nature and scale of the emergency, there may be a single local centre (e.g. at a port), or several centres at ports and/or at the local level and/or at the national level.

An EOC is generally a dedicated room or facility where the Incident Commander and response teams are based and operate.

These dedicated rooms are usually secure and purpose built to enable the response management team to operate effectively, efficiently and securely without being interrupted by the public, media or other non-response personnel.

2.5.2. Response operations

Suggested topics/items for the response operations section:

Examples of items in a typical Operations section of a PHECP for a port may include:

- task lists allocated to agencies;
- declaration and/or locator card process;
- entry and exit screening tasks;
- dedicated space for the assessment of travellers
- escort and transport of suspected cases;
- staging area for personal protective equipment;
- rendezvous points for response personnel reporting for work; and
- briefing time and location of the Central Public Health Authority.

Specific operational protocols or SOPs may be included as an annex of the PHECP.

2.5.2.1. Response operations for all types of public health events

Response operations for public health events: _____

Notes

Depending on the event and the risk assessment, a set of measures should be taken. These measures will differ depending on the type of the event:

- Response measures to events of infectious diseases
- Response measures to events related to risks in the environment
- Response measures to events of unknown etiology
- Response measures to chemical or radiological hazards
- Response measures that significantly interfere with international traffic
- Safeguard measures of personnel involved in event management

2.5.2.2. Response operations for public health measures implementation

It is recommended that SOPs are developed describing the procedures for outbreak investigation and implementation of the following public health measures:

Public health measures with respect to persons

The target population for the measures below could be dependent on the public health event: passengers on ships including ferries, cruise ships, others, crew members, port staff, visitors (regular or not), technicians, harbour pilots, staff of authorities, truck drivers etc.

- Review travel history in affected areas

- Review proof of medical examination and any laboratory analysis
- Medical examinations and assessments
- Review of proof of vaccination or other prophylaxis
- Requirement of vaccination or other prophylaxis
- Placement of persons suspected of exposure under public health observation
- Quarantine for travellers suspected of exposure
- Isolation and treatment of affected persons
- Contact tracing of suspected or affected persons
- Restriction/refusal of entry or exit of travellers
- Exit and entry screening at ports

Public health measures with respect to ships and inanimate objects

- Inspections
- Review of manifest and routing
- Review of proof of measures taken on departure or in transit to eliminate infection or contamination
 - Treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs
- Disinfection, decontamination and vector control
- Disinsection and deratting
- Disinfection
- Decontamination
- Specific health measures to ensure the safe handling and transport of human remains
- Isolation and quarantine
- Seizure/destruction of infected or contaminated ships and other inanimate objects
- Supervision of removal and safe disposal of contaminated matter from a ship
- Refuse departure or entry of a ship

Public health measures for affected animals

- Review proof of veterinary examination and any laboratory analysis
- Veterinary examinations
- Review of proof of vaccination or other prophylaxis
- Requirement of vaccination or other prophylaxis
- Placement of animals suspected of exposure under public health observation
- Quarantine for travellers suspected of exposure
- Isolation and treatment of affected animals

Task allocation list

[illegible]

Suggested topics/items in the response logistics section (1):

Current supplies inventory: _____

Surge capacity stockpile: _____

Supply and distribution chains (transport): _____

Facilities list: _____

Communication facilities: _____

Supply process for requesting additional supplies: _____

Tracking system to manage supplies: _____

Staff deployment, security and safety: _____

2.5.4. Response liaison and communication

Communication plan (roles, methods, time considerations): _____

Communication map and liaison information diagram: _____

Media/public information management: _____

Communication assessment and critical communication timelines/events: _____

Updated contact details of agencies/stakeholders to be involved in response operations: _____

Communications infrastructure and assets, e.g. cell phones: _____

Notes

Communication plans should map out the critical roles for communication (who talks to whom) and the method of communication (phone, e-mail, written report, meeting). Alternate forms of communication should also be stated in case the primary method is unavailable, as well as any time considerations, e.g. daily situation briefings at a specific time. The plan must be regularly revisited and tested at regular intervals. Moreover, this section should include a list of updated contact details of all agencies/stakeholders to be involved in response operations.

The communication plan should address:

- Internal communication among the persons working for the port administration
- External communication with IHR NFP, EWRS NFP, central level coordination public health authority, regional level coordination authority, other complement authorities and/or service providers at local, regional or central level (e.g. port state control, customs, first aid stations, local health authorities, Ministry of Health, medical services, hospitals, ambulatory services, veterinary authorities, agricultural authorities, contractors such as contractors responsible for the container loading areas, container consignees and consignors etc.)
- Communication between the port and the ships/shipping companies
- Communication between the ports in the itinerary (inside the country or outside the country). The EU SHIPSAN Information System (SIS) provides a platform to the public health authorities in the EU to share information about public health events that occurred on ships (<https://sis.shipsan.eu/>)
- Communication with travellers (language requirements should be considered, depending on the nationalities of the expected travellers)
- Communication with the general public and the media

2.5.5. Risk communication

Aim of risk communication: _____

Target groups: _____

Communication platforms: _____

Notes

A risk communication strategy should be developed targeting the travelling public and the port staff. Planning for risk communication within and outside the port is imperative and involves local risk communicators from affected stakeholders.

Internal risk communication

The aim of risk communication is to protect life and health, build trust through transparency, and acknowledge uncertainty. Wrongful messages or false promises might impair all further communications.

The risk communication should be easy to understand taking into consideration the target audience (nationalities/languages, age-groups), be published in a timely manner, communicate when, how and where future information will be published, provide regular updates even if no further information is available, engage affected target groups, and facilitate factual information.

Target groups for risk communication may be:

- Ministry of Transport, Ministry of Health, other ports, etc.
- Local health authorities, health care institutions (e.g. hospitals)
- Passengers and crew
- Family, relatives and greeters (“meeters and greeters”)
- Port staff
- Other companies reliant on shipping
- Travellers at port
- Shipping companies
- Media
- The general public including adjacent local communities

Several communication platforms may be used, for example:

- Official website of CPHA
- Official website of the port
- Official website of affected shipping companies
- Social media
- Traditional media
- Monitors at port
- Through port staff
- Speakers at port

2.5.6. Response planning and intelligence

Response planning section (1)

- Planning cycles
- Planning team deliverables and frequency
- Planning assumptions
- Planning information sources

Response intelligence section (1)

- Sources and frequency of information
- Analysis and processing of information
- Reporting and reporting frequency
- Decision support considerations
- Processing ad hoc requests

2.5.7. Response administration and finance

Suggested topics/items in the response administration/finance section (1)

- Existing emergency funds and source of additional emergency funds*
- Process to apply for, release and accrue funding*
- Emergency cost accounting process*
- Post emergency audit and reconciliation process*
- Annex of updated contact details and distribution lists*

2.5.8. Technical advisory teams

This section can include information on individuals identified to provide advice during the response and better inform decision-making. It can also include how advisory teams will be activated (1).

2.6. Supporting information

This section should consist of supporting information to the operation of the PHECP, including detailed protocols and procedure relevant to the PHECP.

Some examples of information to be included in this section are:

- Standard operating procedures (SOPs and/or protocols)*
- Activating and staffing the Emergency Operations Centre (EOC)*
- Reporting and briefing schedules*
- Single inbound vessel*
- Multiple inbound vessels*
- Managing suspected and affected travellers (including the assessment, care and quarantine)*
- Entry and exit screening*
- Boarding of vessels*
- Transportation of suspected or ill passengers*
- Partial or full port closure*
- Communications protocols*
- Alert code or phase change protocols*
- Protocols for disinfection, disinsection, decontamination, etc.*

- Security protocols*
- Other response standard operating procedures*
- Forms and templates*
- Meetings and teleconferencing procedures*
- Sample of emergency meeting agenda*
- Situation report template*
- Other response reporting templates*
- Health declaration, quarantine and other medical forms*
- Alert notices*
- Equipment procurement forms*
- Timesheets and rostering forms for personnel*
- Other administrative forms*
- Forms to make changes or update the PHECP*
- Other linked plans*
- Risk communication including media plans*
- Port/seaport operations plans*
- National emergency response plan (relevant sections)*
- Risk assessment and other technical guidance*
- Risk assessment information*
- Infection prevention and control advice including hand-washing, hygiene and personal protective equipment*
- Specific technical medical or response information*
- Infectious disease-specific information*
- Legal information*

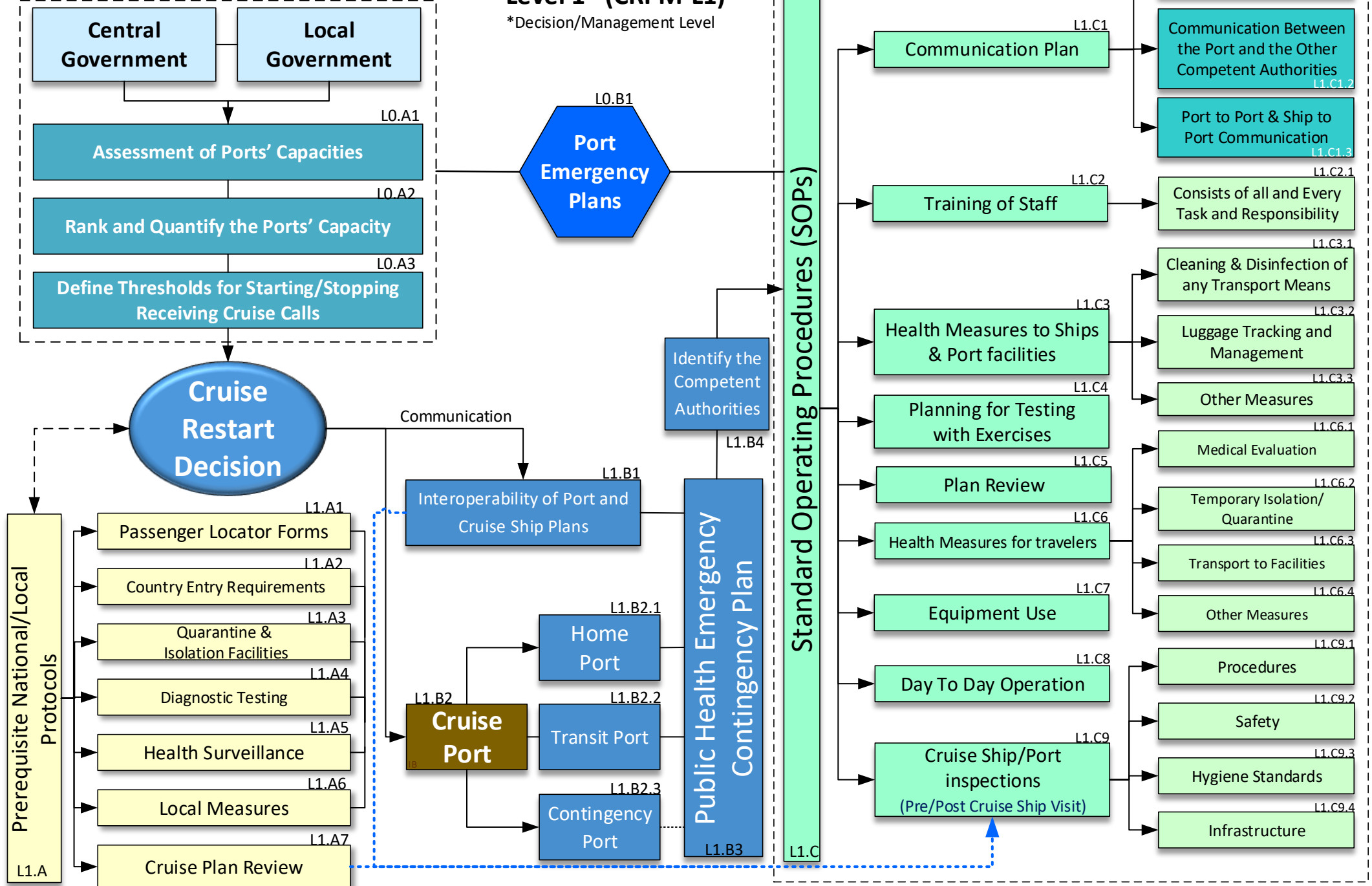
References

1. World Health Organization. International health regulations (2005): a guide for public health emergency contingency planning at designated points of entry. 2012.
2. World Health Organization. Handbook for management of public health events on board ships. 2016.

Cruise Restart Process Map

Level 1* (CRPM-L1)

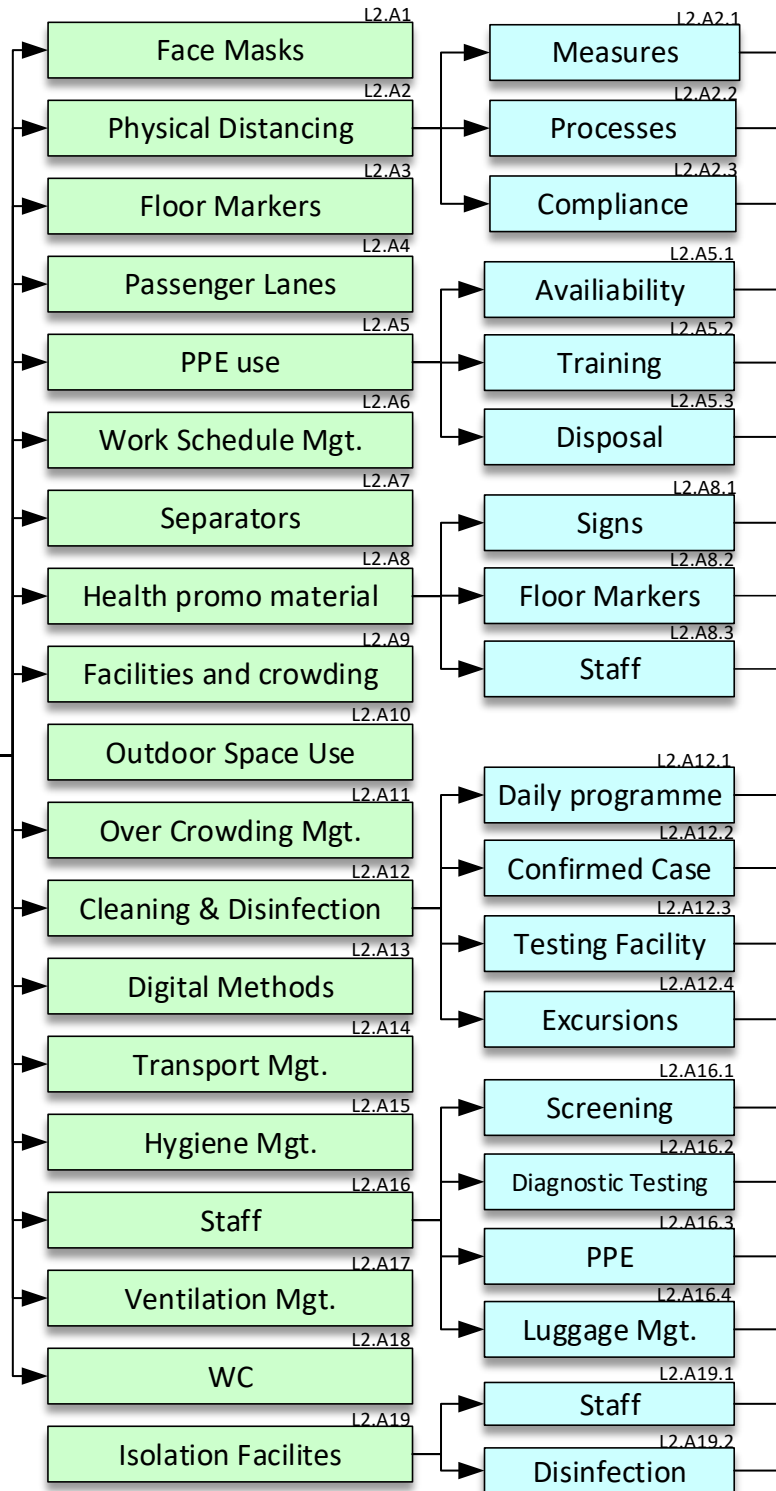
*Decision/Management Level



Cruise Port

Processes – Procedures – Measures

L2.A

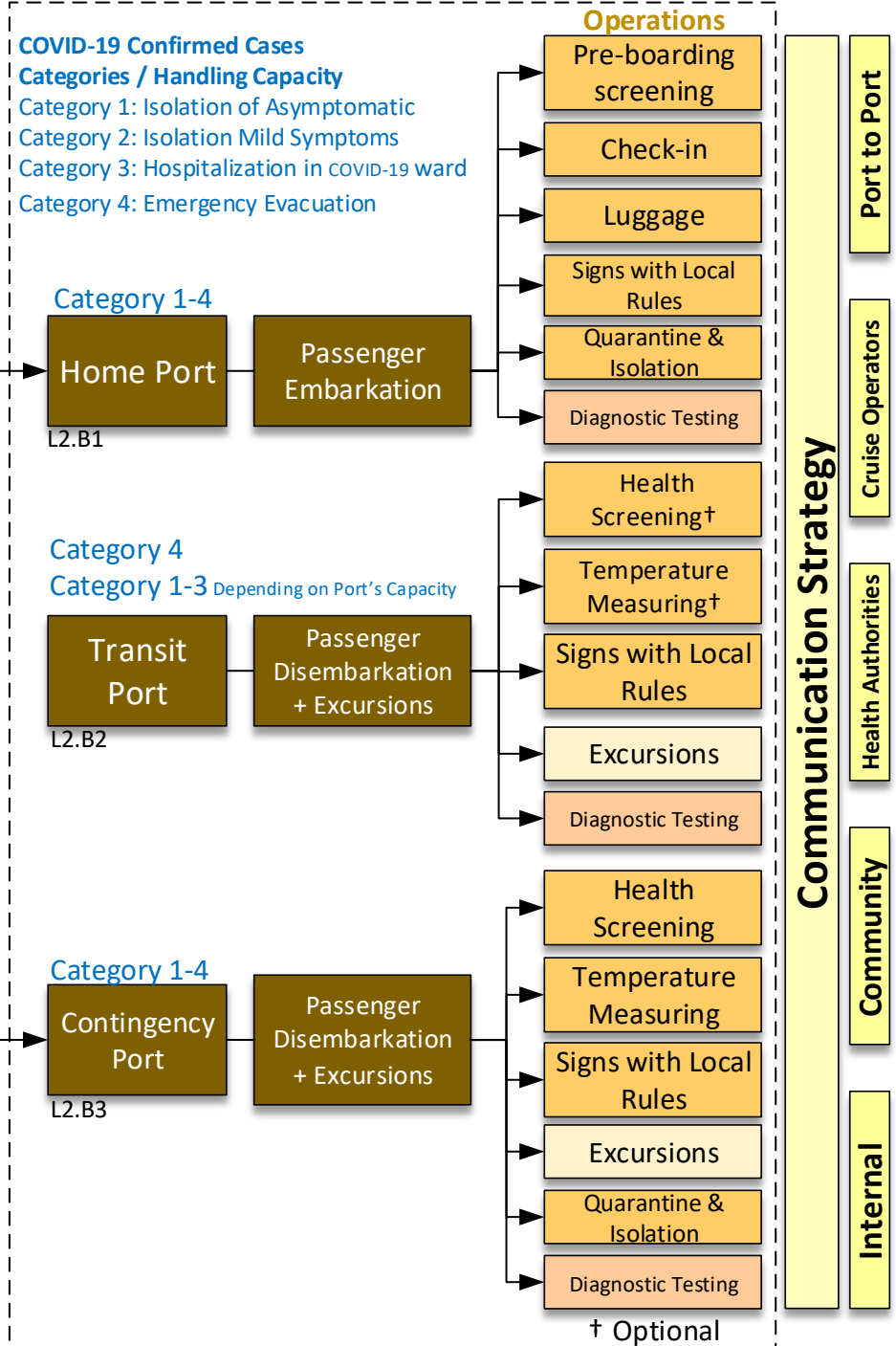


COVID-19 Plan according to Port Category

L2.B

Cruise Restart Process Map - Level 2*(CRPM-L2)

*Operational Level



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

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

1 Introduction

On the 30th 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

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).

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^[1].

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

^[1] 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"> Quantification of the port capacity: Local level competent authorities in cooperation with central level competent authorities Ranking of ports: Central level competent authorities
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"> Preparedness planning team Port administration authority Local public Health authority Cruise plan review committee
L1.B3	Preparedness planning team

Step	Responsible bodies
L1.B4	Preparedness planning team
L1.C1	<ul style="list-style-type: none"> Development of the plan: Preparedness planning team Approval of the plan: All local and central level competent authorities involved
L1.C2	Each authority to be responsible for the training of each staff
L1.C3.1	<ul style="list-style-type: none"> For the ships: Ship operator For the buses: Bus operators For port vehicles: Port administration and/or service provider
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"> Ship operators Implementation: Local public health authorities Supervision: Cruise plan review committee EU level coordination: EU HEALTHY GATEWAYS
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

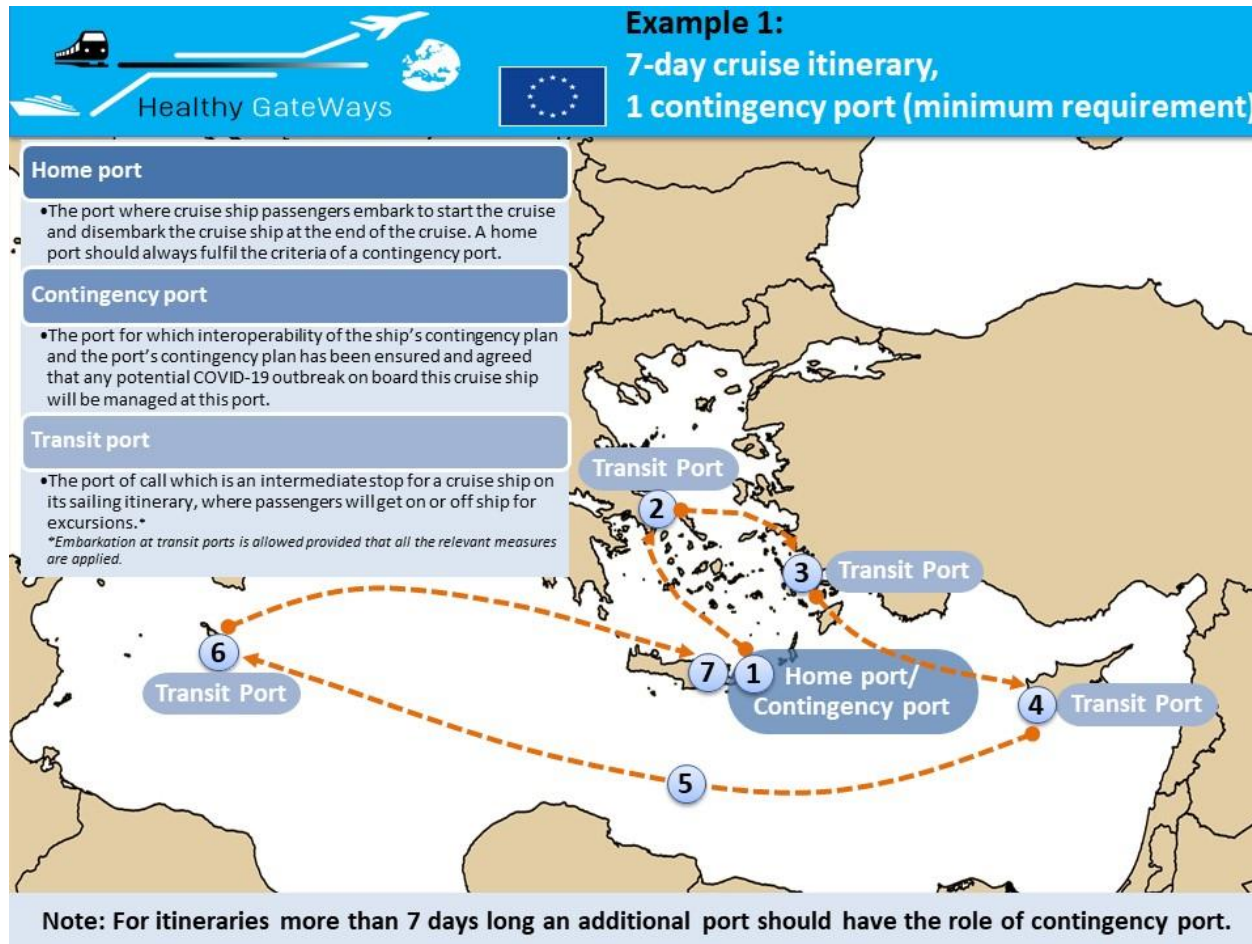
Local level competent authorities

- *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*

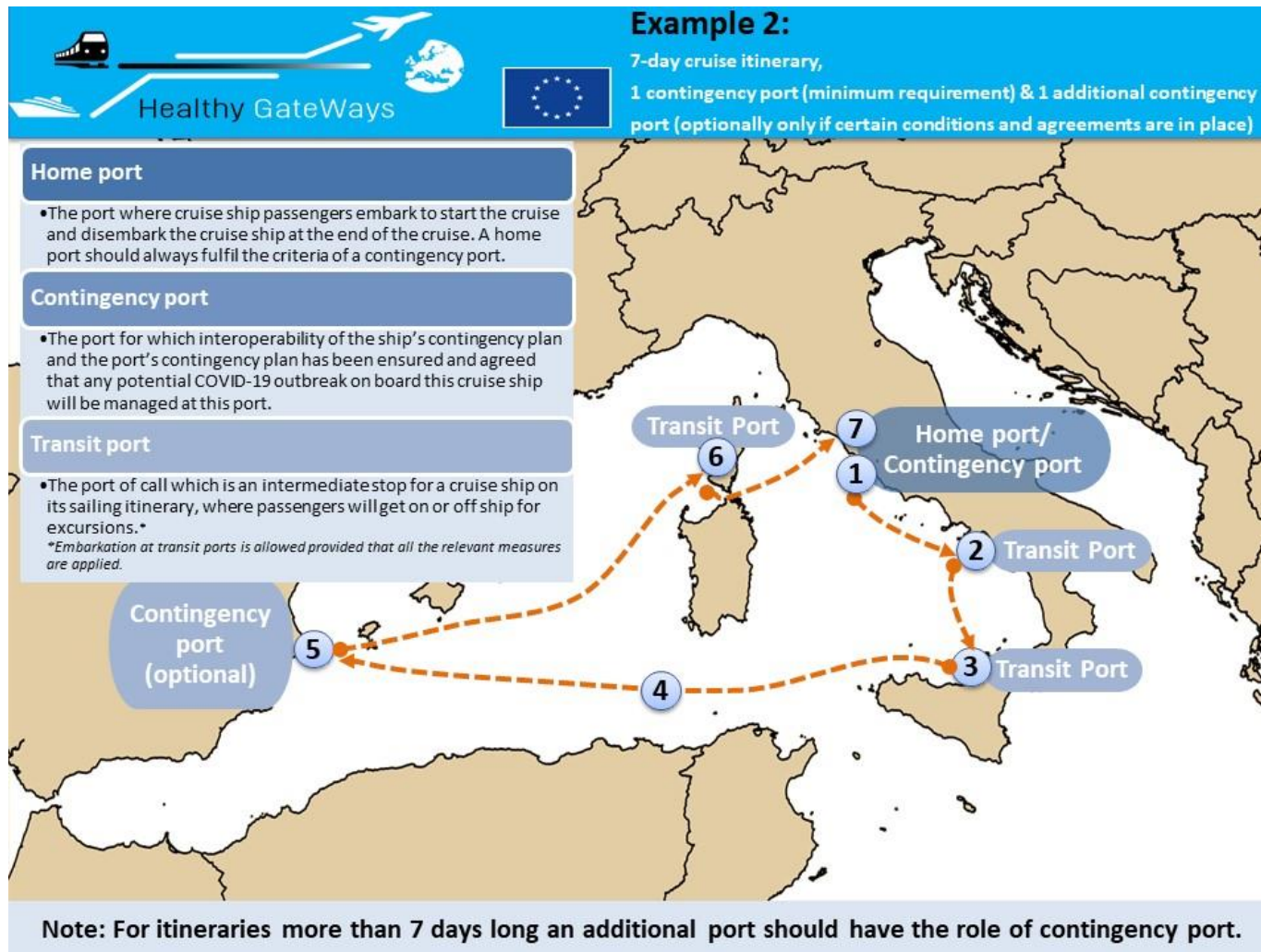
Annex 2

Type of ports on a 7-day cruise ship itinerary

Example 1



Example 2



References

1. EU HEALTHY GATEWAYS JOINT ACTION PREPAREDNESS AND ACTION AT POINTS OF ENTRY (PORTS AIRPORTS AND GROUND CROSSINGS). Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic (Version 1 - 30 June 2020). 2020.
2. European Maritime Safety Agency, European Centre for Disease Prevention and Control. COVID-19: EU Guidance for Cruise Ship Operations. Guidance on the gradual and safe resumption of operations of cruise ships in the European Union in relation to the COVID-19 pandemic (Date: 27 July 2020). 2020.
3. World Health Organization. International Health Regulations (2005), Assessment tool for core capacity requirements at designated airports, ports and ground crossings 2009.
4. World Health Organization. Joint external evaluation tool: International Health Regulations (2005), second edition: Geneva: World Health Organization; 2018.

STRENGTHENING CORE CAPACITIES AT PORTS

TOOL FOR CONTINGENCY PLAN DEVELOPMENT AND ASSESSMENT FOR PORTS

Milestone 7.9 – Deliverable 7.2

Annex 4: Template - Adapted COVID-19-specific public health port emergency contingency plan

Version 1

19 February 2021

This annex provides a recommended structure and instructions for adapting a generic public health port emergency contingency plan (Annex 1) to a specific public health emergency contingency plan for COVID-19, in accordance with the World Health Organization “A guide for public health emergency contingency planning at designated points of entry” 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1).

This annex should be read in conjunction with:

a) EU HEALTHY GATEWAYS Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic (Version 1 - 30 June 2020)(2)

https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-08-131911-653;

b) EMSA-ECDC COVID-19: EU Guidance for Cruise Ship Operations. Guidance on the gradual and safe resumption of operations of cruise ships in the European Union in relation to the COVID-19 pandemic (Date: 27 July 2020)(3) <https://www.ecdc.europa.eu/en/publications-data/COVID-19-cruise-ship-guidance> and

c) WHO Operational considerations for managing COVID-19 cases/ outbreak on board ships (Interim guidance) 25 March 2020(4). <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

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.

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Abbreviations

CPHA	Competent Public Health Authority
CRPM	Cruise Restart Process Map
ECDC	European Centre for Disease Prevention and Control
EOC	Emergency Operations Centre
EU	European Union
EWRS	Early Warning and Response System
ICU	Intensive Care Unit
IHR	International Health Regulations
IMGS	International Medical Guide for Ships
IMO	International Maritime Organization
MDH	Maritime Declaration of Health
MS	Member State
PHECP	Public Health Emergency Contingency Plan
NFP	National Focal Point
POE	Point Of Entry
PPE	Personal Protective Equipment
SOP	Standard Operating Procedure
WHO	World Health Organization

Front page

Name of the sponsoring agency by name (who owns the COVID-19-PHECP): _____

Sponsoring agency logo: _____

Name of the port for which the COVID-19-PHECP has been prepared: _____

Date of COVID-19-PHECP publication: _____

Foreword

Foreword highlighting for example the importance of the COVID-19-PHECP, a summary description of key points, acknowledgments of key contributors, etc.: _____

Notes

A foreword to the COVID-19-PHECP can be included and provided by the highest ranking official responsible for public health in the region or in the country (e.g. Minister of Health).

It is also suggested to have the foreword countersigned by a senior official from the port.

Review history

List with the numbers of versions and the dates each version is published: _____

Notes

After each exercise or emergency event, a formal review and update of the COVID-19-PHECP should be conducted accordingly with the key lessons learnt.

A designated person should always be assigned to maintain the current version of the COVID-19-PHECP.

When a new version is created, all parties should receive the new copy and the old version is archived.

Agencies or service providers using different versions of the COVID-19-PHECP could potentially cause the failure of a response.

1. SECTION 1: Introduction

Introduction: _____

Notes

This section can present the mandate of the COVID-19-PHECP, the authorizing agency/agencies, and the policies, laws and regulations at international, national and local level that were used to develop the COVID-19-PHECP (1).

1.1. Reading the COVID-19-PHECP

Instructions for reading and using the COVID-19-PHECP: _____

Notes

Instructions on how to use the COVID-19-PHECP could be presented in this section, based on the way the COVID-19-PHECP is structured and formatted for the specific port.

1.2. Purpose of the COVID-19-PHECP

Purpose: _____

Specific objectives: _____

Target audience: _____

Specific events that are relevant to the COVID-19-PHECP: _____

Notes

Examples for the content of this paragraph:

The purpose of the COVID-19-PHECP can be to protect the health of the travelling public, staff at the port, ship crews and the receiving population in the country, by properly responding to a potential COVID-19 event.

The objectives of the COVID-19-PHECP can be: a) to describe the agreement of the stakeholders on their roles and responsibilities, as well as the procedures to be implemented when responding to a COVID-19 public health event and b) to inform agency stakeholders and response personnel about actions to take and information to use to achieve a successful response.

The target audience can be any person with responsibility to respond to a public health event of COVID-19 at the port (working at central, regional or local level).

1.3. Entry into force

Date of entry into force of the COVID-19-PHECP: _____

1.4. Legal framework and competencies

Legal framework relevant to the COVID-19-PHECP at the local level (e.g. port, municipality): _____

Legal framework relevant to the COVID-19-PHECP at the regional level (e.g. region, prefecture, federal administration etc.): _____

Legal framework at the national central level: _____

Legal framework at the international level: _____

Competent authorities that are responsible/share a responsibility for the COVID-19-PHECP development and/or implementation, and relevant documents from which this responsibility derives: _____

Notes

This section includes a description of the legislation at international, European and national level (local and central). Moreover, it describes any other document relevant to the port operation and sub-national rules and regulations that the port has to comply with. The name of the competent authorities that are responsible for the COVID-19-PHECP of the port should be listed in this section, and reference to the relevant documents from which this responsibility derives should be included.

Examples of legislation documents are:

- *IHR (2005)*
- *EU Decision 1082/2013 on serious cross-border threats to health*
- *European Commission Recommendations (a list of all recommendations can be found at: <https://www.healthygateways.eu/Novel-coronavirus>)*
- *National legislation on implementing EU Decision 1082/2013 and IHR (2005)*
- *COUNCIL DIRECTIVE 2008/114/EC of 8 December 2008 on the identification and designation of European critical infrastructures and the assessment of the need to improve their protection*

National/local legislation related to COVID-19

- *National/local maritime legislation*
- *National/local crisis legislation*

1.5. Characterization degree of security

Degree of security:

Notes

Suggested elements of the COVID-19-PHECP to be kept public:

- *Executive summary and headings*
- *International, national and local legal frameworks and agreements*
- *IHR (2005)*

A list of links to documents that may be of public interest

- *Regional and national pandemic plans*
- *Information on COVID-19*
- *Other relevant contingency plans*
- *Guidelines from WHO, ECDC, Healthy GateWays and others*
- *Responsibility of each involved stakeholder*
- *Official links to stakeholders*

Suggested elements of the COVID-19-PHECP to be kept confidential:

- *Operational contact lists of stakeholders*
- *Map of port*
- *Operational activities such as Standard Operating Procedures (SOPs), emergency service access ways, dedicated facilities, etc.*

1.6. Relationship with other plans

Competent authority	Title of plan	Contact details of liaison person
Local level		
Regional level		
Central level		

Notes

This section includes information about other plans that this COVID-19-PHECP is linked with.

This COVID-19-PHECP should be integrated into the existing contingency plans of the port and be based on the existing generic public health emergency contingency plan for designated ports. All relevant plans at local or national level that relate to this plan should be identified and presented in a table. The interoperability of these plans should be ensured.

In order to ensure a permanent link between this COVID-19-PHECP and the rest of the plans, any revision of the plan should be shared with the relevant competent authorities responsible for the linked plans.

Examples of plans are:

- *national health and emergency management legislation and policies;*
- *national and local plans for public health emergency response;*
- *civil defence or civil protection legislation and policies;*
- *linked documents from regulatory agencies such as Customs, Biosecurity, Police and Military;*
- *maritime port and industry regulations and plans;*
- *specific port policies, operational plans and emergency plans;*
- *operator security plans in the framework of the Directive 2008/114/EC*
- *port site plans, safety equipment register and map of locations;*
- *specific service provider operational capability documents and contracts;*
- *additional guidance documents on public health, communicable diseases and international travel, ship and ports prepared by WHO, IMO;*
- *previous public health or emergency management plans for the port;*
- *existing “after action” or “post incident” reports or reviews from previous port public health responses;*
- *policies and contingency plans of other points of entry (i.e. nearby airports and ground crossing stations);*
- *cruise ship plans and port agreements for COVID-19 event management.*

This section should reference the agreements between the port and the cruise ships in regard to plans’ interoperability, capacity of cruise ships and the thresholds for starting/stopping cruise ship calls based on epidemiological information.

1.7. Other information

Any other information relating to the document of the COVID-19-PHECP which is not related to the operational response should be included in the paragraph.

In this paragraph, the maximum port public health capacities could be described in regard to COVID-19 event response (capacity for how many confirmed COVID-19 cases can be isolated including both symptomatic and asymptomatic, how many hospitalizations and how many ICU treatments).

Responsibilities and arrangements for health measures can be described in Section 2.

2. SECTION 2: Operational response

The second part of the COVID-19-PHECP should describe the actual operational response. It should describe the structure of the command and control structures, along with the responsibilities of each part involved. Additionally, it should describe the initial actions and protocols as well as the activation and deactivation procedures (1).

A list of authorities than may play a role in the response is provided below:

- *Competent public health authority (CPHA)*
- *Travel medicine service providers including vaccination services*
- *Civil protection*
- *Port risk- and crisis manager, or equivalent*
- *Police authority and security company(ies)*
- *Border control*
- *Customs*
- *Port Authorities*
- *Prefecture and/or municipality representative*
- *Port pilots*
- *Ship operators and/or their agents*
- *Private operators at ports*
- *Port Master, port administration, port officers*
- *Port state control*

- *Border guards*
- *Immigration services*
- *Laboratories (microbiological)*
- *Rescue services*
- *Service providers for waste disposal*
- *Public health surveillance units*
- *Nearby airports and ground crossing stations*
- *Primary health care bodies*
- *Hospitals*
- *Fire departments*
- *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*

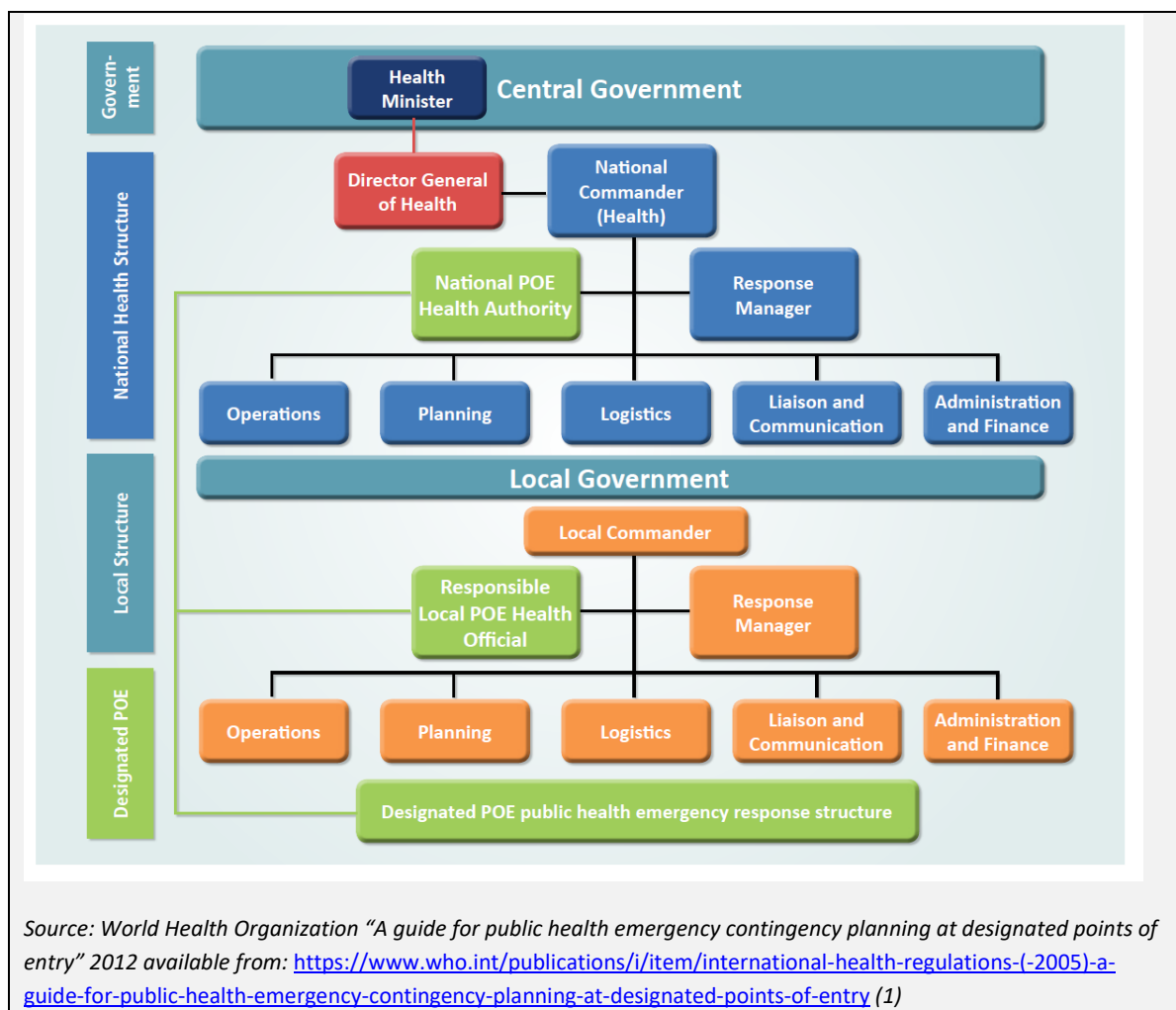
2.1. Command and control structures

A detailed organization chart should be constructed, presenting all the authorities involved at both local and central level. The relationships between all the involved parties should be clear.

2.1.1. Central command and control structure

An organizational chart of the country's central command and control structure can be included here (e.g. showing where the port is positioned related to other local and central structures/functions).

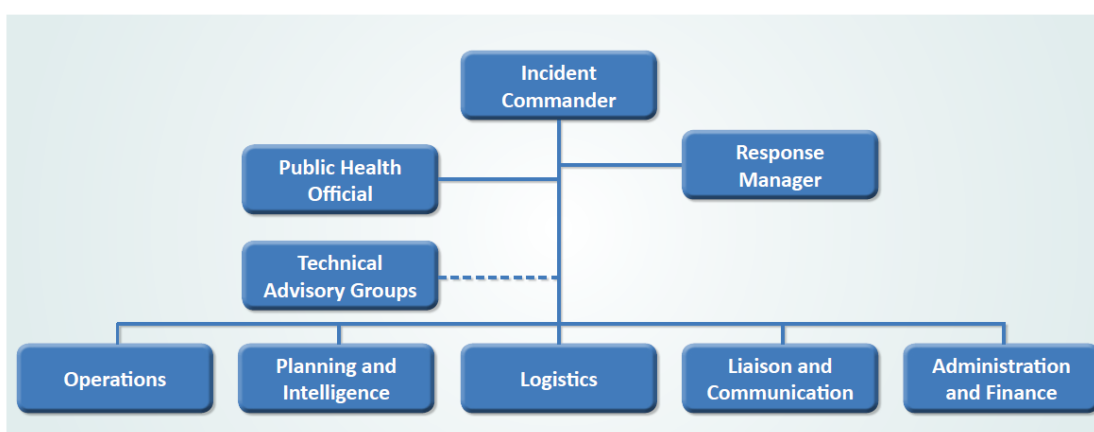
Example extracted from the World Health Organization "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1)



2.1.2. Local (port) command and control structure

This section can include an adapted command and control structure for the port to model the response system used by central authorities. The size of the command and control structure may depend on the capacities of the port, and the number and size of cruise ships visiting the port.

Example extracted from the World Health Organization "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1)



Source: World Health Organization "A guide for public health emergency contingency planning at designated points of entry" 2012 available from: [https://www.who.int/publications/i/item/international-health-regulations-\(-2005\)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry](https://www.who.int/publications/i/item/international-health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at-designated-points-of-entry) (1)

2.2. Roles and responsibilities

Responsibilities are shared among authorities at local, intermediate and central levers, ship staff and ship operators, as well as ports at the same or other countries.

Responsibilities for an outbreak investigation should be defined in the plan including which port will coordinate an outbreak investigation (the home contingency port preferably), where laboratory tests will be conducted, and how results of the outbreak investigation will be shared among the competent authorities in the ports of call.

Responsibilities of ship operators and ship staff should be also defined in the plan and some examples include: surveillance for disease on board the ship, data collection such as symptoms onset, diagnosis results, cabin number, contacts, etc., reporting of public health events, any information needed for outbreak investigation.

The roles and responsibilities of all the bodies involved should be described in detail. The roles and responsibilities can be described in a table format, and for each role there should be details regarding the responsibilities, the decisions and the deliverables of each party involved. It should be well defined regarding who each body must report to. The roles and responsibilities of bodies at central level should also be detailed, in addition to the roles and responsibilities of any other supporting structure or external company (1).

*Examples of response **functions/roles** that could be included for the specific port are:*

Operations team
-Operations manager
-Operations analysts
-Operations support role

Logistics team

- Logistic manager
- Logistics support role
- Procurement manager

Planning and Intelligence team

- Planning manager
- Intelligence manager
- Response planner
- Intelligence analyst
- Planning support
- Intelligence support
- Geospatial information services specialist
- Report writer

Administration and Finance team

- Administration manager
- Resource and personnel rostering
- Administration support
- Finance manager
- Finance support

Examples of measures that **responsibilities** should be defined for and tasks should be allocated to the staff:

COVID-19-PHECP activation and deactivation

Coordination of COVID-19 event management

Decision-making process for health measures (advising, decision and execution roles)

Public health measures with respect to travellers

- Review travel history in affected areas
- Review proof of medical examination and any laboratory analysis
- Medical examinations
- Placement of persons suspected of exposure under public health observation
- Quarantine for travellers suspected of exposure
- Isolation and treatment of affected persons
- Contact tracing of suspected or affected persons
- Restriction/refusal of entry or exit of travellers
- Exit screening at ports
- Entry screening at ports
- Risk communication
- Enforcement of personal protection and hygiene rules, and social distancing

Public health measures with respect to ships and inanimate objects

- Inspections
- Review of manifest and routing
- Review of proof of measures taken on departure or in transit to eliminate infection or contamination
- Disinfection

Specific health measures to ensure the safe handling and transport of human remains

- Isolation and quarantine
- Seizure/destruction of infected or contaminated ships and other inanimate objects
- Supervision of removal and safe disposal of contaminated matter from a ship
- Refuse departure or entry of a ship

2.2.1. Command and control roles for central level

*This section could include a **table** describing roles and responsibilities of the country's central command and control structure.*

Examples of agencies at central level

- Ministry of Health
- IHR National Focal Point
- Ministry of Tourism
- Civil protection
- Ministry of Transport

Who		What			When		How	Communication and reporting	
Agency	Responsible person	Role	Responsibilities	Tasks	Time frequency	Decisions/deliverables	SOPs	Reports to	Receives commands from

2.2.2. Command and control roles for local (port) level

*This section could include a **table** describing the roles and responsibilities of the local (port) level command and control structure.*

Examples of agencies at local port level

- Port police
- Port authority
- Police

-Traffic police
-Customs
-Hospitals
-Shipping companies
-Ship agents

Who		What			When		How	Communication and reporting	
Agency	Responsible person	Role	Responsibilities	Tasks	Time frequency	Decisions/ deliverables	SOPs	Reports to	Receives commands from

2.2.3. Roles and responsibilities of external agencies supporting response operations

This section could include a description of the roles and responsibilities of relevant external agencies. Examples of external agencies could include transport/logistics agencies, contracted services etc.

Who		What			When		How	Communication and reporting	
Agency	Responsible person	Role	Responsibilities	Tasks	Time frequency	Decisions/ deliverables	SOPs	Reports to	Receives commands from

2.3. Formal alert codes/phases

This section (optional) could describe specific conditions/scenarios that align to specific response profiles/actions (e.g. colour coding system representing the condition scenario).

Examples could be:

Green – business as usual (no possible cases) – no COVID-19-PHECP activation needed

Orange – small scale public health risk (e.g. single COVID-19 case) – activation of the COVID-19-PHECP, the event can be managed locally

Red – large scale public health risk (COVID-19 outbreak) – activation of the COVID-19-PHECP, the event cannot be managed locally and support from the central level is needed

2.4. Initial actions and protocols

Description of how a COVID-19 related event is detected: _____

Procedures for verification of an event: _____

Procedures for risk assessment of an event: _____

Immediate actions: _____

Initial communication: _____

Notes

Some common sources of information are:

- From the ship master through the Maritime Declaration of Health (MDH) or other means of communication (IHR articles 28 and 27).*
- Notification from the previous port of call (IHR articles 27, 30, Annexes 3 and 5)*
- Detection during a ship inspection (IHR articles 27, 29 and Annex 3)*
- WHO website for affected areas & recommendations (IHR articles 18, 22, 23, 25, 37 & Annex 5)*
- Through the NFP and other formal channels (IHR article 27, 29 and Annex 3)*
- Through informal channels*

The procedures for verification of an event after its detection should be described in this section as well. Here, the procedures for collecting further information from the ship agent, ship master, other designated crew or the authority that reported the event should be detailed.

Following verification, the competent authorities can make a preliminary assessment based on basic information such as type of event, level of severity, trend and hazard level concerning the public health event, and use that to decide whether or not to activate the contingency plan. The level of response that is required for each public health event should be determined based on a risk assessment. Details on the risk assessment can be found in chapter 5 and 6 of the WHO'S Handbook for management of public health events on board ships (5).

Based on the information collected, the competent authority may need to take some immediate actions (such as transportation of ill travellers to hospitals). The initial communication protocols should also be described in this section. These should include the type of information that may be included in the report and the names of the authorities that need to be notified.

Box 1. Preliminary standard response by the competent authority at port: Indicative options for action

Question	Specific indicative options for action
<ul style="list-style-type: none"> Is a human life in danger (clinical signs and symptoms among travellers and severity)? 	<ul style="list-style-type: none"> Evacuation of ill traveller Medical support Ambulance arrangement Identification of the medical facility to send the patient ashore
<ul style="list-style-type: none"> Has any death been linked with the event? 	<ul style="list-style-type: none"> Investigate cause of death; ensure that autopsy has been arranged, if necessary; ensure IMGS (17) has been followed, and check if contact tracing is needed; ensure that death has been registered
<ul style="list-style-type: none"> Is there a doctor on board? 	<ul style="list-style-type: none"> Ensure access to radio medical support Send doctor to board the ship en route or upon arrival of the ship at the port
<ul style="list-style-type: none"> Is the event an immediate risk to health? Is there a potential for spread on board or ashore or in the environment? 	<ul style="list-style-type: none"> Consider activating the contingency plan at the port if necessary Consider if contact tracing is needed
<ul style="list-style-type: none"> Are special measures needed upon arrival at the port? Does the ship need any supplies? 	<ul style="list-style-type: none"> Arrange delivery of supplies that the ship may need (e.g. PPE, medicines)
<ul style="list-style-type: none"> Are any precautions for disembarkation of ill and healthy travellers needed? 	<ul style="list-style-type: none"> Communicate with the terminal station staff and start preparing arrangements
<ul style="list-style-type: none"> Is the event related to a hazard where other authorities/experts should be involved (clinicians, epidemiologists, environmentalists, experts on responding to chemical or radiological events)? 	<ul style="list-style-type: none"> Communicate with other authorities/experts If appropriate, report the event to the NFP for further assessment and notification to WHO if necessary
<ul style="list-style-type: none"> Is the ship coming from an affected area where WHO has recommended measures in place? 	<ul style="list-style-type: none"> Consult WHO website for recommendations on health measures If appropriate, report the event to the NFP for further assessment and notification to WHO if necessary
<ul style="list-style-type: none"> Have clinical specimens or environmental samples been collected or do officers of the competent authority need to collect them? 	<ul style="list-style-type: none"> Arrange collection of clinical specimens or environmental samples Arrange transport and delivery of clinical specimens to an appropriate laboratory Communicate data related to the sample and its shipment to appropriate authorities.

Source: Guidance on Regulations for the Transport of Infectious Substances 2015-2016, http://www.who.int/ihr/publications/who_hse_ihr_2015.2/en/.

2.4.1. Activation of the plan

Criteria for activation of the COVID-19-PHECP: _____

Notes

In this section a set of predetermined criteria that activate the COVID-19-PHECP should be detailed. Based on the initial investigation and the predetermined criteria, the decision makers will initiate the response. These triggers should be formal, quantifiable events or conditions that when reached, certain response measures should be applied.

Example: The port COVID-19-PHECP should be activated, when a passenger or crew member or visitor or person working for the port who fulfils the criteria of the definition of a possible or confirmed case of COVID-19 is identified.

The level of response that is required for each public health event should be determined based on a risk assessment. Details on the risk assessment can be found in chapter 5 and 6 of the WHO'S Handbook for management of public health events on board ships (5).

An example of a trigger is a positive MDH, which includes one or more persons fulfilling the definition of a possible or confirmed case of COVID-19.

Response measures are described in: EU HEALTHY GATEWAYS Joint Action: Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic (Version 1 - 30 June 2020) (2)

2.4.2. Deactivation of the plan

Criteria for deactivation of the COVID-19-PHECP: _____

Notes

This section includes the triggers for gradual deactivation of the COVID-19-PHECP as appropriate for the public health event. It can also include the specific authority responsible for deactivating the COVID-19-PHECP. Note that the deactivation of the COVID-19-PHECP may be completed in several phases having different triggers, while codes could be given for each phase such as red, orange, green.

2.5. Port operational response sections

This section of the COVID-19-PHECP should describe the operation of the Emergency Operations Centre (EOC) and the different structures involved in the operations.

2.5.1. Emergency Operations Centre (EOC)

Facilities of the EOC: _____

Function of the EOC: _____

Activation of the EOC: _____

Notes

The Emergency Operations Centre (EOC) is the hub of response operations, consisting of both facilities and functions.

Depending on the nature and scale of the emergency, there may be a single local centre (e.g. at a port), or several centres at ports and/or at the local level and/or at the central level.

An EOC is generally a dedicated room or facility where the Incident Commander and response teams are based and operate.

These dedicated rooms are usually secure and purpose built to enable the response management team to operate effectively, efficiently and securely without being interrupted by the public, media or other non-response personnel.

2.5.2. Response operations

Suggested topics/items for the response operations section

Examples of items in a typical Operations section of a PHECP for a port may include:

- task lists allocated to agencies;
- declaration and/or locator card process;
- entry and exit screening tasks;
- dedicated space for the assessment of travellers
- escort and transport of suspected cases;
- staging area for personal protective equipment;
- rendezvous points for response personnel reporting for work; and
- briefing time and location of the National Public Health Authority.

Specific operational protocols or SOPs may be included as an annex of the PHECP.

2.5.2.1. Response operations for public health measures implementation

It is recommended that SOPs are developed describing the procedures for outbreak investigation and implementation of the following public health measures:

Public health measures with respect to persons

The target population for the measures below could be depending on the public health event: passengers on ships including ferries, cruise ships, others, crew members, port staff, visitors (regular or not), technicians, harbour pilots, staff of authorities, truck drivers etc.

- Review travel history in affected areas
- Review proof of medical examination and any laboratory analysis
- Medical examinations and assessments
- Placement of persons suspected of exposure under public health observation

- Quarantine for travellers suspected of exposure
- Isolation and treatment of affected persons
- Contact tracing of suspected or affected persons
- Restriction/refusal of entry or exit of travellers
- Exit and entry screening at ports

Public health measures with respect to ships and inanimate objects

- Inspections
- Review of manifest and routing
- Review of proof of measures taken on departure or in transit to eliminate infection or contamination
- Disinfection
- Specific health measures to ensure the safe handling and transport of human remains
- Isolation and quarantine
- Seizure/destruction of infected or contaminated ships and other inanimate objects
- Supervision of removal and safe disposal of contaminated matter from a ship
- Refuse departure or entry of a ship

Public health measures for affected animals

2.5.2.2. Task allocation

Task allocation list

[illegible]

2.5.3. Response logistics

Suggested topics/items in the response logistics section (1):

Current supplies inventory: _____

Surge capacity stockpile: _____

Supply and distribution chains (transport): _____

Facilities list: _____

Communication facilities: _____

Supply process for requesting additional supplies: _____

Tracking system to manage supplies: _____

Staff deployment, security and safety: _____

2.5.4. Response liaison and communication

Communication plan (roles, methods, time considerations): _____

Communication map and liaison information diagram: _____

Media/public information management: _____

Communication assessment and critical communication timelines/events: _____

Updated contact details of agencies/stakeholders to be involved in response operations: _____

Communications infrastructure and assets, e.g. cell phones: _____

Notes

Communication plans should map out the critical roles for communication (who talks to whom) and the method of communication (phone, e-mail, written report, meeting). Alternate forms of communication should also be stated in case the primary method is unavailable, as well as any time considerations, e.g. daily situation briefings at a specific time. The plan must be regularly revisited and tested at regular intervals. Moreover, this section should include a list of updated contact details of all agencies/stakeholders to be involved in response operations.

The communication plan should address:

- *Internal communication among the persons working for the port administration.*
- *External communication with IHR NFP, EWRS NFP, central level coordination public health authority, regional level coordination authority, other complement authorities and/ or service providers at local, regional or central level (e.g. port state control, customs, first aid stations, local health authorities, Ministry of Health, medical services, hospitals, ambulatory services, veterinary authorities, agricultural authorities, contractors such as contractors responsible for the container loading areas, container consignees and consignors etc.)*

-Communication between the port and the ships/shipping companies

-Communication between the ports in the itinerary (inside the country or outside the country).

The EU SHIPSAN Information System provide a platform to the public health authorities in the EU to share information about any type of public health event that occurred on ships (<https://sis.shipsan.eu/>). Another system that may be used is the SafeSeaNet Incident Report type "Others."(3).

- Communication with travellers (language requirements should be considered, depending on the nationalities of the expected travellers).
- Communication with the general public and the media

2.5.5. Risk communication

Aim of risk communication: _____

Target groups: _____

Communication platforms: _____

Notes

A risk communication strategy should be developed targeting the travelling public, the general public including the adjacent communities and the port staff. Planning for risk communication within and outside the port is imperative and involves local risk communicators from affected stakeholders.

Internal risk communication

The aim of risk communication is to protect life and health, build trust through transparency, and acknowledge uncertainty. Wrongful messages or false promises might impair all further communications.

The risk communication should be easy to understand, taking into consideration the target audience (nationalities/languages, age-groups), be published in a timely manner, communicate when, how and where future information will be published, provide regular updates even if no further information is available, engage affected target groups, and facilitate factual information.

Target groups for risk communication may be:

- Ministry of Transport, Ministry of Health, other ports, etc.
- Local health authorities, health care institutions (e.g. hospitals)
- Passengers and crew
- Family, relatives and greeters ("meeters and greeters")
- Port staff
- Other companies reliant on shipping
- Travellers at port
- Shipping companies
- Media
- The general public
- Adjacent local communities

Several communication platforms may be used, for example:

- Official website of CPHA
- Official website of the port
- Official website of affected shipping companies
- Social media
- Traditional media
- Monitors at port
- Through port staff

-Speakers at port

2.5.6. Response planning and intelligence

Response planning section (1)

- Planning cycles*
- Planning team deliverables and frequency*
- Planning assumptions*
- Planning information sources*

Response intelligence section (1)

- Sources and frequency of information*
- Analysis and processing of information*
- Reporting and reporting frequency*
- Decision support considerations*
- Processing ad hoc requests*

2.5.7. Response administration and finance

Suggested topics/items in the response administration/finance section (1)

- Existing emergency funds and source of additional emergency funds*
- Process to apply for, release and accrue funding*
- Emergency cost accounting process*
- Post emergency audit and reconciliation process*
- Annex of updated contact details and distribution lists*

2.5.8. Technical advisory teams

This section can include information on individuals identified to provide advice during the response and better inform decision-making. It can also include how advisory teams will be activated (1).

2.6. Supporting information

This section should consist of supporting information to the operation of the plan, including detailed protocols and procedures relevant to the plan.

Some examples of information to be included in this section are:

-Capacity of port to manage possible/confirmed cases and close contacts

-Minimum conditions to receive cruise ships

-Cruise ship authorization procedure

-Free pratique protocol

-Instructions to be given to the ship in case of possible/confirmed case on board

- Health Gateways, Advice for reducing droplet transmission of COVID-19 on board conveyances by using face masks,
https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Travellers_17_04_2020_F.pdf?ver=2020-04-23-140238-597
- Health Gateways, Advice for health authorities and ship operators who have decided to suspend sailings and for the long-term docking of ships at the ports of EU/EEA MS during COVID-19 pandemic,
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_Stationed_ships_18_3_2020_F.pdf?ver=2020-03-20-183254-500
- Health Gateways, Suggested procedures for cleaning and disinfection of ships during the COVID-19 pandemic,
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_Cleaning_Disinfection_ships_21_4_2020_F.pdf?ver=2020-05-07-113209-250
- Health Gateways, Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic,
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-08-131911-653
- Health Gateways, Interim advice for preparedness and response to cases of COVID-19 on board ferries after lifting restrictive measures in response to the COVID-19 pandemic,
https://www.healthygateways.eu/Portals/0/plcdocs/Advice_Passenger_Ferry.pdf?ver=2020-06-25-091223-253
- Health Gateways, Advice for ship operators for preparedness and response to the outbreak of COVID-19,
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_MARITIME_20_2_2020_FINAL.pdf?ver=2020-02-21-123842-480
- World Health Organization, Operational considerations for managing COVID-19 cases or outbreaks on board ships: interim guidance, <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-or-outbreaks-on-board-ships-interim-guidance>
- World Health Organization, Handbook for the management of public health events on board ships, <https://www.who.int/publications/i/item/handbook-for-the-management-of-public-health-events-on-board-ships>
- ECDC, COVID-19: EU guidance for cruise ship operations,
<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-cruise-guidance-27-07-2020.pdf>

-Alternative ports with the capacity to deal with the outbreak

- ECDC, COVID-19: EU guidance for cruise ship operations,
<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-cruise-guidance-27-07-2020.pdf>

-Health assurance communication as part of clearance

- ECDC, COVID-19: EU guidance for cruise ship operations,
<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-cruise-guidance-27-07-2020.pdf>

-Protection of local communities

- ECDC, COVID-19: EU guidance for cruise ship operations,
<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-cruise-guidance-27-07-2020.pdf>

-Algorithm for decision making in response to an event of a suspect case of COVID-19 on board ships.

- https://www.healthygateways.eu/Portals/0/plcdocs/Flow_chart_Ships_18_12_2020_v2.pdf

-Activating and staffing the Emergency Operations Centre

-Reporting and briefing schedules

-Single inbound vessel

-Multiple inbound vessels

-Managing possible and confirmed cases (including the assessment, care, isolation, quarantine and repatriation)

- ECDC, COVID-19: EU guidance for cruise ship operations,
<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-cruise-guidance-27-07-2020.pdf>
- ECDC, Considerations for travel-related measures to reduce spread of COVID-19 in the EU/EEA,
<https://www.ecdc.europa.eu/sites/default/files/documents/Considerations-related-to-measures-for-travellers-reduce-spread-COVID-19-in-EUEEA.pdf>
- ECDC, Guidance for discharge and ending isolation in the context of widespread community transmission of COVID-19 – first update, <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-guidance-discharge-and-ending-isolation-first%20update.pdf>
- Health Gateways, Public health measures at points of entry,
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_EUMS_20_2_2020_FINAL.pdf?ver=2020-02-21-123658-243
- Health Gateways, General guidance for restarting transportation activities to serve tourism after lifting restrictive measures in response to the COVID-19 pandemic,
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_TRAVEL_SECTOR.pdf?ver=2020-05-16-081554-080
- Health Gateways, Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic,
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-08-131911-653
- Health Gateways, Interim advice for preparedness and response to cases of COVID-19 on board ferries after lifting restrictive measures in response to the COVID-19 pandemic,
https://www.healthygateways.eu/Portals/0/plcdocs/Advice_Passenger_Ferry.pdf?ver=2020-06-25-091223-253
- World Health Organization, Considerations for quarantine of contacts of COVID-19 cases,
[https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

- World Health Organization, Handbook for the management of public health events on board ships, <https://www.who.int/publications/i/item/handbook-for-the-management-of-public-health-events-on-board-ships>
- World Health Organization, Management of ill travellers at points of entry – international airports, seaports and ground crossings – in the context of COVID -19 outbreak, <https://www.who.int/publications/i/item/10665-331512>

-Temporary isolation spaces

- Health Gateways, Public health measures at points of entry, https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_EUMS_20_2_2020_FINAL.pdf?ver=2020-02-21-123658-243
- Health Gateways, General guidance for restarting transportation activities to serve tourism after lifting restrictive measures in response to the COVID-19 pandemic, https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_TRAVEL_SECTOR.pdf?ver=2020-05-16-081554-080
- Health Gateways, Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic, https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-08-131911-653
- World Health Organization, Management of ill travellers at points of entry – international airports, seaports and ground crossings – in the context of COVID -19 outbreak, <https://www.who.int/publications/i/item/10665-331512>
- World Health Organization, Handbook for the management of public health events on board ships, <https://www.who.int/publications/i/item/handbook-for-the-management-of-public-health-events-on-board-ships>

-Contact tracing procedures

- Health Gateways, Public health measures at points of entry, https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_EUMS_20_2_2020_FINAL.pdf?ver=2020-02-21-123658-243
- Health Gateways, General guidance for restarting transportation activities to serve tourism after lifting restrictive measures in response to the COVID-19 pandemic, https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_TRAVEL_SECTOR.pdf?ver=2020-05-16-081554-080
- World Health Organization, Contact tracing in the context of COVID-19, <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19>
- World Health Organization, Management of ill travellers at points of entry – international airports, seaports and ground crossings – in the context of COVID -19 outbreak, <https://www.who.int/publications/i/item/10665-331512>
- World Health Organization, Handbook for the management of public health events on board ships, <https://www.who.int/publications/i/item/handbook-for-the-management-of-public-health-events-on-board-ships>
- ECDC, COVID-19: EU guidance for cruise ship operations, <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-cruise-guidance-27-07-2020.pdf>
- ECDC, Contact tracing for COVID-19: current evidence, options for scale-up and an assessment of resources needed, <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-Contract-tracing-scale-up.pdf>

-SOPs for the management of luggage, cargo, containers, conveyances, goods, postal parcels or human remains

- *Health Gateways, Interim advice for restarting cruise ship operations after lifting restrictive measures in response to the COVID-19 pandemic,*
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_RESTARTING_CRUISES.pdf?ver=2020-07-08-131911-653
- *World Health Organization, Handbook for the management of public health events on board ships,*
<https://www.who.int/publications/i/item/handbook-for-the-management-of-public-health-events-on-board-ships>

-Entry and exit screening

- *Health Gateways, Public health measures at points of entry,*
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_EUMS_20_2_2020_FINAL.pdf?ver=2020-02-21-123658-243
- *Health Gateways, Exit and entry screening at points of entry,*
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_2019_nCoV_EUMS_E-E_screening_6_2_2020_V1b.pdf?ver=2020-02-11-094124-737
- *Health Gateways, General guidance for restarting transportation activities to serve tourism after lifting restrictive measures in response to the COVID-19 pandemic,*
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_TRAVEL_SECTOR.pdf?ver=2020-05-16-081554-080
- *World Health Organization, Management of ill travellers at points of entry – international airports, seaports and ground crossings – in the context of COVID -19 outbreak,*
<https://www.who.int/publications/i/item/10665-331512>
- *World Health Organization, Handbook for the management of public health events on board ships,*
<https://www.who.int/publications/i/item/handbook-for-the-management-of-public-health-events-on-board-ships>
- *ECDC, COVID-19: EU guidance for cruise ship operations,*
<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-cruise-guidance-27-07-2020.pdf>
- *ECDC, Considerations relating to passenger locator data, entry and exit screening and health declarations in the context of COVID-19 in the EU/EEA and the UK,*
https://www.ecdc.europa.eu/sites/default/files/documents/ECDC-one-page_EntryScreening_Passenger-Locator-and-Health-Declarations.pdf
- *ECDC, Considerations for travel-related measures to reduce spread of COVID-19 in the EU/EEA,*
<https://www.ecdc.europa.eu/sites/default/files/documents/Considerations-related-to-measures-for-travellers-reduce-spread-COVID-19-in-EUEEA.pdf>

-Boarding of vessels

- *Health Gateways, Public health measures at points of entry,*
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_EUMS_20_2_2020_FINAL.pdf?ver=2020-02-21-123658-243
- *Health Gateways, Advice for health authorities and ship operators who have decided to suspend sailings and for the long-term docking of ships at the ports of EU/EEA MS during COVID-19 pandemic,*
https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_Stationed_ships_18_3_2020_F.pdf?ver=2020-03-20-183254-500
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-Capacity of hospitals in the vicinity

- *ECDC, COVID-19: EU guidance for cruise ship operations,*
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-Inspection programme for the point of entry facilities

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-Instructions for use of technical equipment

- *World Health Organization, Handbook for the management of public health events on board ships,*
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-Partial or full port closure

-Communications protocols

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-Alert code or phase change protocols

-Protocols for disinfection of port facilities

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- Protocols for disinfection of ships

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-Infectious waste management procedures

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-Security protocols

-Other response standard operating procedures

-Forms and templates

-Meetings and teleconferencing procedures

-Sample of emergency meeting agenda

-Situation report template

-Other response reporting templates

-Health declaration, quarantine and other medical forms

-Alert notices

-Equipment procurement forms

- Timesheets and rostering forms for personnel
- Other administrative forms
- Forms to make changes or update the PHECP
- Other linked plans
- Risk communication including media plans
- Port/seaport operations plans
- National emergency response plan (relevant sections)
- Risk assessment and other technical guidance
- Risk assessment information
- Infection prevention and control advice including hand-washing, hygiene and personal protective equipment
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- Specific technical medical or response information
- Legal information

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