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Circular Number: 02/2020
Issue Date: 25-03-2020

**INSTRUCTIONS TO PORTS AND SHIPS FOR DEALING WITH CORONAVIRUS (COVID-19) PANDEMIC.**

To: Port Authorities, Ship owners, managers, operators, masters, Officers, Crew, agents and the Shipping community,

The spread of the COVID-19 pandemic across large number of nations is an unprecedented situation in recent times. To slow the spread of the disease and mitigate its impacts, travel advisories have been issued by many jurisdictions including Bangladesh. However, shipping services are required to continue to be operational so that vital goods and essential commodities like fuel, medical supplies, food grains etc., are delivered in a way that the economic activity of the nation is not disrupted. It is, therefore, important that the flow of goods by sea should not be needlessly disrupted while also the safety of life and protection of the environment taken care off. In view of the same, it has been decided that for the continued operation of vessels and ports, the following shall be complied with by all stakeholders till further orders.

**FOR SHIPS & PORTS:**

1. This circular brings to the attention of the Port Health Office Chattogram/Mongla/Payra requirements for all vessels arriving Chattogram/Mongla/Payra to submit the Maritime Declaration of Health as per International Health Regulations 2005 and FAL Conventions to the Port Health Office.
2. These requirements are listed as attached in ANNEX A. The Maritime Declaration of Health Form is attached in ANNEX B.

3. The Maritime Declaration of Health shall be forwarded at least 72 hours prior arrival of the vessel at the port. If the voyage duration from last port of departure is less than 72 hours, the Maritime Declaration of Health shall

be informed to the port immediately on departure from the port. In addition, the information required by the local health authorities of the port like temperature chart, individual health declaration etc. shall also be provided by the master as per the directives of the local health authorities of the port.

4. If the master of the vessel ascertains that a person on board the vessel is exhibiting symptoms of COVID-19, the same shall be explicitly mentioned in the Maritime Declaration of Health being forwarded to the health authorities and to the port.

5. If the maritime declaration of health given by the master is found to be incorrect and not reflecting the factual conditions of health of persons on board the vessel, the master is liable to be prosecuted as per applicable laws. All agents of the vessel shall ensure that this information regarding possible prosecution for incorrect declaration is clearly informed to the vessel before its arrival at Bangladeshi ports.

6. In case of any suspected person on board the vessel, the master shall ensure that the suspected person is isolated in the ship's hospital, or other suitable location on the vessel. All other persons who may have come in contact with the suspected person shall also be isolated at appropriate locations as decided by the master. The master shall also ensure that all instructions issued by the Ministry of Health and Family Welfare/Directorate General of Health Services, Govt. of Bangladesh, as well as the guidance issued on dealing with COVID-19 matters by World Health Organization (WHO), International Maritime Organization (IMO) and other applicable trade bodies are complied with at all times.

7. Vessels having persons suspected of COVID-19 will necessarily be required to be monitored by the health authorities and put in quarantine, if necessary. Samples from the suspected person will be taken and tested as per the instructions of the health authorities. If the samples are tested positive, the vessel will remain in quarantine and the infected person(s) will be dealt with as per the procedures laid down by MOH&FW/DGHS, Govt. of Bangladesh. Vessels with infected person shall also be sanitized as per the extant protocols for dealing with COVID-19 pandemic.

8. In case of medical emergency, the health authorities shall supervise transport of the patient to the designated hospital as per the procedures laid down by MOH&FW/DGHS, Govt. of Bangladesh.

9. In the unfortunate incident for a vessel to deal with deceased person suspected of having COVID-19, the guidelines on dead body management issued by MOH&FW/DGHS, Govt. of Bangladesh, will apply.

10. The master of the ship is recommended to implement the following additional precautionary measures:

a. Educate crew/passengers of the symptoms of COVID-19, which are:

i. Fever (i.e. temperature above 37.5 degree Celsius/ 99.5 degree Fahrenheit);
ii. Runny nose;
iii. Cough; and
iv. Shortness of breath

b. Carry out daily temperature checks for all crew/passengers at least twice daily;

c. Isolate unwell crew/passengers when his/her temperature is above 37.5 degree Celsius / 99.5 degree Fahrenheit. The unwell crew/passengers should also wear a mask; and

d. Disinfect common areas and rooms in the vessel before arrival in Bangladesh. The disinfection may be conducted by the ship's crew en-route to Bangladesh. You can refer to the Interim Guidelines for Environmental Cleaning and Disinfection of Areas Exposed to Confirmed Case(s) of COVID-19 in Non-Healthcare Premises for guidance on the disinfection protocols, if needed. See ANNEX C.

11. Instruction for port authorities to deal with ships arriving from infected regions within 14 days are shown in Annex D.

12. All ships and port authorities are instructed to comply with the guidance given in attached Annex E.

Any queries relating to this circular should be directed to the Port Health Office at Chattogram: +88031724998/+8801715487489,
E-mail:cpho@ld.dghs.gov.bd, Mongla: +88041761923/ +8801985404320,
E-mail kpho@ld.dghs.gov.bd, Payra: +8801927030220,
E-mail: sarifur.rahman@ppa.gov.bd

Commodore Syed Ariful Islam, (TAS), ndc, psc, BN
Director General

**ANNEX A**

## COMPULSORY MARITIME HEALTH DECLARATION BY VESSELS

1. In view of the COVID-19 situation, Port Health Chattogram/Mongla/Payra will be implementing additional measures to guard against the virus in Bangladesh.

2. As part of the measures to prevent the spread of the COVID-19 virus, all arriving vessels are required to submit the following documents to the Port Health Chattogram/Mongla/ Payra 72 hours before arrival at Port of Chattogram/Mongla/ Payra:

   a) The Maritime Declaration of Health Form;
   b) Crew list / Passenger list;
   c) Current copy of Ship Sanitation Certificates; and
   d) Last 10 ports of call list
   e) List of all passengers & crew members with temperature above 37.5 degree Celsius

   The stated documents must be submitted regardless whether there are any sick passengers or crew on board.

3. The master of the ship is to conduct temperature checks for all passengers and crew members no earlier than 2 hours before arrival and provide the list of passengers/ crew members with temperature measured above 37.5 degree Celsius to Port Health Office.

4. The Maritime Declaration of Health Form and other documents should be submitted to the Port Health Office via email:

   a) Chattogram: cpho@ld.dghs.gov.bd
   b) Mongla: kpho@ld.dghs.gov.bd
   c) Payra: sarifur.rahman@ppa.gov.bd

ANNEX B

The MDH must be completed and submitted a maximum of 12 hours before arrival, with an update, if the health status of any one on board changes

## MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports. Submitted at the port

of …….. Date……...……

Name of ship or inland navigation vessel…….....Registration/IMO No.....

arriving from ……...…… sailing to .....

(Nationality)(Flag of vessel) …….…… Master's name .....

Gross tonnage (ship) ……..

Tonnage (inland navigation vessel) ……

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes ..... No …..... Issued at …...…..…… date …….....

Re-inspection required? Yes ……. No …….

Has ship/vessel visited an affected area identified by the World Health Organization? Yes ..... No …..

Port and date of visit …….....

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:
.....
.....
.....

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule) (1) Name ……joined from: (1) ……..……...….(2) …...…..……...(3) .....
(2) Name ……joined from: (1) ……..……...….(2) …...…..……...(3) .....
(3) Name ……joined from: (1) ……..……...….(2) …...…..……...(3) .....

Number of crew members on board ……..

Number of passengers on board …….

## Health questions

(1) Has any person died on board during the voyage otherwise than as a result of accident? Yes .... No …...
If yes, state particulars in attached schedule. Total no. of deaths .....

(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes..... No .....If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes .... No …. How many ill persons? .....

(4) Is there any ill person on board now? Yes ..... No ..... If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? Yes ..... No.....If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes ..... No …....
If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes ..... No …...
If yes, specify type, place and date .....

(8) Have any stowaways been found on board? Yes ..... No …... If yes, where did they join the ship (if known)? .....

(9) Is there a sick animal or pet on board? Yes ..... No .....

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:
(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Date ……

Signed …….
Master

Countersigned …….
Ship's Surgeon (if carried)

# ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH

| Name | Class or rating | Age | Sex | Nationality | Port and date joined ship/vessel | Nature of illness | Date of onset of symptoms | Reported to a port medical officer? | Disposal of case* | Drugs medicines or other treatment | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

*State:*
*1) Whether the person recovered, is still ill or died; and*
*2) Whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.*

List of Passengers/ Crew Members with Temperature above 37.5ºC

| S/ No. | Name | Nationality | Temperature | Remarks |
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**ANNEX C**

**Interim Guidelines for Environmental Cleaning and Disinfection of Areas Exposed to Confirmed Case(s) of COVID-19 in Non-Healthcare Premises**

This document provides guidance to assist owners or operators of non-healthcare premises to carry out environmental cleaning, for areas exposed to confirmed case(s) of Coronavirus Diseases (COVID-19) in non-healthcare premises.

**This will apply to premises where a confirmed case has resided or has been present for a substantial period of time.**

**1. Cleaning agents and disinfectants**

a. As the virus can survive on surfaces of different materials for at least 2 to 3 days, surfaces potentially contaminated with novel coronavirus should be sanitized.

b. An appropriate disinfectant with indication of effectiveness against coronaviruses can be used. Disinfectants should be prepared and applied in accordance with the manufacturer's recommendation. Ensure that appropriate contact time is given before removing any disinfected materials. Please refer to the "Interim List of Household Products and Active Ingredients for Disinfection of COVID-19 Virus"[1] for a list of disinfectants that can be used.

c. Bleach can be used as a disinfectant for cleaning and disinfection (dilute 1 part bleach in 49 parts water, 1000 ppm or according to manufacturer's instructions). Bleach solutions should be prepared fresh. Leaving the bleach solution for a contact time of at least 10 minutes is recommended.

d. Alcohol can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metal.

**2. Protective Personal Equipment (PPE) to wear while carrying out cleaning and disinfection works**

a. Wear disposable gloves, disposable long-sleeved gowns, eye goggles or a face shield, and an N95 mask.

b. Avoid touching the nose and mouth (goggles may help as they will prevent hands from touching eyes).

c. Gloves should be removed and discarded if they become soiled or damaged, and a new pair worn.

d. All other disposable PPE should be removed and discarded after cleaning activities

are completed. Eye goggles, if used, should be disinfected after each use, according to the manufacturer's instructions.

e. When in doubt, refer to guidance documents for the proper donning and doffing of PPE.

f. Hands should be washed with soap and water immediately after each piece of PPE is removed, following completion of cleaning.

N.B.: Masks are effective if worn according to instructions and properly fitted. Masks should be discarded and changed if it becomes physically damaged.

**3. Cleaning guidelines for areas exposed to confirmed case(s) of COVID-19 in nonhealthcare premises**

a. Where possible, seal off areas where the confirmed case has visited, before carrying out cleaning and disinfection of the contaminated environmental surfaces. This is to prevent unsuspecting persons from being exposed to those surfaces.

b. When cleaning areas where a confirmed case has been, cleaning crews should be attired in suitable PPE (see Section B above). Gloves should be removed and discarded if they become soiled or damaged, and a new pair worn. All other disposable PPE should be removed and discarded, after cleaning activities are completed. Goggles, if used, should be disinfected after each use, according to manufacturer's instructions. Hands should be washed with soap and water immediately after the PPE is removed.

c. Keep cleaning equipment to a minimum.

d. Keep windows open for ventilation, where workers are using disinfectants.

e. Mop floor with disinfectant or the prepared bleach solution.

f. Wipe all frequently touched areas (e.g. lift buttons, hand rails, doorknobs, arm rests, seat backs, tables, air/ light controls, keyboards, switches, etc.) and toilet surfaces with chemical disinfectants (use according to manufacturer's instructions) and allow to air dry. Bleach solution (dilute 1 part bleach in 49 parts water, 1000 ppm or according to manufacturer's instructions) can be used. Alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used for surfaces, where the use of bleach is not suitable.

g. Clean toilets, including the toilet bowl and accessible surfaces in the toilet with disinfectant or bleach solution.

h. Wipe down all accessible surfaces of walls as well as blinds with disinfectant or bleach solution.

i. Remove curtains/ fabrics/ quilts for washing, preferably using the hot water cycle. For hot-water laundry cycles, wash with detergent or disinfectant in water at 70ºC for at least 25 minutes. If low temperature (i.e. less than 70ºC) laundry cycles are used, choose a chemical that is suitable for low-temperature washing when used at the proper concentration.

j. Arrange for a cleaning contractor to properly disinfect the mattresses, pillows, cushions or carpets that have been used by the person who has been confirmed to have the COVID-19.

k. Repeat mopping the floor with the prepared disinfectant or bleach solution.

l. Discard cleaning equipment made of cloths and absorbent materials, e.g. mop head and wiping cloths, into biohazard bags after cleaning and disinfecting each area. Wear a new pair of gloves and fasten the double-bagged biohazard bag with a cable tie.

m. Disinfect non-porous cleaning equipment used in one room, before using for other rooms. If possible, keep the disinfecting equipment separated from other routine equipment.

n. Disinfect buckets by soaking in disinfectant or bleach solution, or rinse in hot water before filling.

o. Discard equipment made of cloths/ absorbent materials (e.g. mop head and wiping cloths) after cleaning each area, to prevent cross contamination.

p. Disinfectant or bleach solution should be applied to surfaces using a damp cloth. They should not be applied to surfaces using a spray pack, as coverage is uncertain, and spraying may promote the production of aerosols. The creation of aerosols caused by splashing liquid during cleaning should be avoided. A steady sweeping motion should be used when cleaning either floors or horizontal surfaces, to prevent the creation of aerosols or splashing. Cleaning methods that might aerosolize infectious material, such as the use of compressed air, must not be used.

q. Leave the disinfected area and avoid using the area the next day.

r. Biohazard bags should be properly disposed of , upon completion of the disinfection work.

## 4. Precautions to take after completing the clean-up and disinfection of the affected area

a. Cleaning crews should wash their hands with soap and water immediately after removing the PPE, and when cleaning and disinfection work is completed.

b. Discard all used PPE in a double-bagged biohazard bag, which should then be securely sealed and labelled.

c. The crew should be aware of the symptoms and should report to health service if they develop symptoms.

**Annex D**

## ADDITIONAL MEASURES FOR PORT AUTHORITIES TO DEAL WITH SHIPS ARRIVING FROM INFECTED REGIONS WITHIN 14 DAYS

Vessels arriving from ports of infected countries within 14 days of departure from the infected port, or having seafarers embarked on the vessel who have been in infected regions within 14 days of arrival at any Bangladeshi port shall comply with the following additional measures:

1. Health authorities shall grant pratique prior berthing as per necessary health protocols.

2. The mooring ropes and pilot ladders of such vessels shall be sanitized.

3. The pilot shall be provided full body protection suit.

4. Mooring boat and mooring gang to be provided with adequate PPE, if applicable.

5. Gangway to be kept in raised condition at all times.

6. No person to be permitted on board without specific permission from port authorities.

7. All personnel's boarding the vessel for cargo operations shall wear full body protection suit. Also the used PPE shall be disposed off as per the appropriate protocols.

8. Vessel staff assisting in cargo operations to also wear full body protection suit and maintain safe distance of at least 6 feet.

9. Vessel to sanitize and disinfect after the completion of cargo operations.

**ANNEX E**

# Coronavirus Disease 2019 (COVID-19)

# Instructions for ports & shipping for prevention & managing outbreak of COVID-19

# DISCLAIMER

1. The content provided in this document is for information and educational purposes only and is not a substitute for professional advice or guarantee of outcome. Information is gathered and shared from reputable sources; however, Department of Shipping is not responsible for errors or omissions in reporting or explanation.

2. No individuals, should use the information, resources or tools contained within to self-diagnosis or self-treat any health related condition. Department of Shipping gives no assurance or warrant regarding accuracy, timelines or applicability or the content.

3. All pictures / photos used in the guidance document are taken from the internet.

**The content of this document has been derived and complied from Ministry of Health and Family Welfare (MOH&FW), Ministry of Shipping (MoS), International Maritime Organization (IMO), World Health Organisation (WHO), International Chamber of Shipping (ICS) & Centre of Disease Control (CDC).**

# 1. INTRODUCTION

## 1.1 OVERVIEW

World Health Organization (WHO) China country office on 31.12.2019 has informed of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province of China.

The Chinese authorities identified a new type of coronavirus, which was isolated on 07.01.2020 by laboratory testing. It is a new strain that had not previously been detected in humans before the outbreak was reported in Wuhan, China.

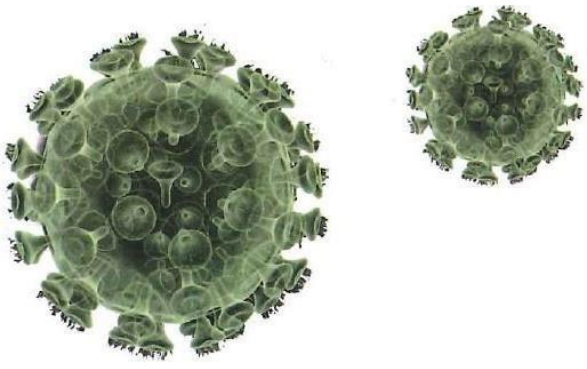
This "novel" coronavirus is now officially named as Coronavirus Disease 2019 (COVID-19). It is from the family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS - CoV) and Severe Acute Respiratory Syndrome (SARS - CoV).

WHO has been assessing this outbreak around the clock. The Novel Coronavirus (COVID-19) cases have been confirmed in large number of countries due to which the World Health Organization (WHO) on 11.03.2020 has characterized COVID-19 as pandemic.

# 2. CORONAVIRUS

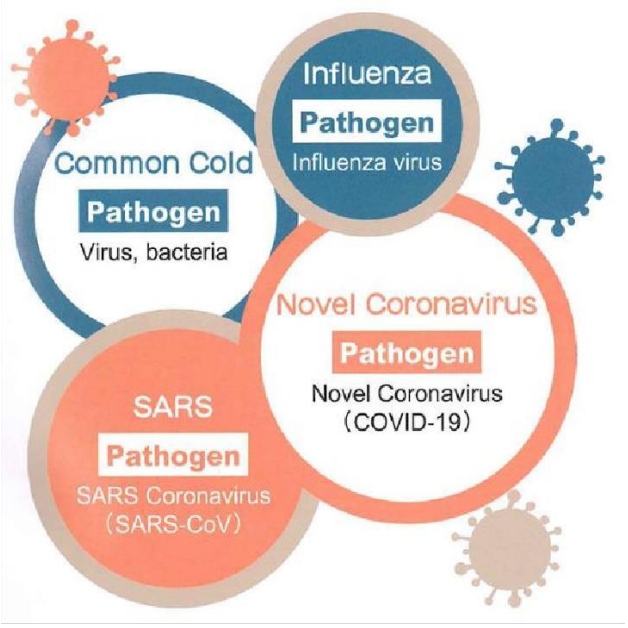
## 2.1 WHAT ARE CORONAVIRUS

Coronaviruses (CoV) derive their name from the fact that under electron microscopic examination, each virion is surrounded by the corona. Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS - CoV) and Severe Acute Respiratory Syndrome (SARS -CoV). So far, seven types of coronavirus are infecting people.



## 2.2 WHAT IS NOVEL CORONAVIRUS

Novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. This "novel" coronavirus is now officially named as Coronavirus Disease 2019 (COVID-19). COVID-19 belongs to the same big family. Evolution analysis shows that they are under different subgroup branches with different genetic sequences.



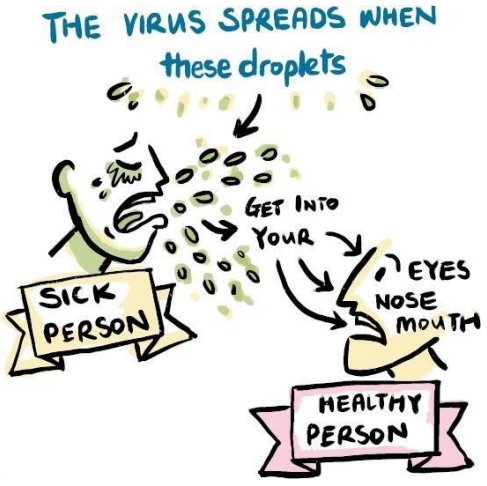

# 3. TRANSMISSION

## 3.1 DIRECT TRANSMISSION

**Person-to-Person**

COVID-19 causes respiratory disease and is mainly transmitted in person-to-person. It can happen in the following circumstances:

- Between people who are in close contact with one another (within about 6 feet)
- Through respiratory droplets produced when an infected person coughs or sneezes
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs



## 3.2 INDIRECT TRANSMISSION

**Contact with Infected Surfaces or Objects**

A person can possibly get COVID-19 by touching a surface or an object (e.g. doorknobs and table) that has the virus on it and then touching his own mouth, nose, or eyes.

## 4. SIGNS & SYMPTOMS

The signs and symptoms of COVID-19 are similar to the symptoms of ordinary flu. A study of where a patient has been or whom the patient has had contact with will give clues as to whether the patient may have been exposed to COVID-19.

## 4.1 PHYSICAL SIGNS & SYMPTOMS FOR COVID-19

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear 2-14 days after exposure:

- Fever
- Cough
- Shortness of breath

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

## 4.2 VULNERABILITY

According to WHO, people of all ages can be infected by COVID-19. The following groups of people appear to be more vulnerable to becoming severely ill with the virus.

The elderly

People with pre-existing medical conditions such as asthma, diabetes and heart disease

## 4.3 PEOPLE AT HIGH RISK

Close Contacts

Health care professional

Close contact is a person who, for example, has stayed in the same cabin, participated in common activities, dined together, a cabin steward, or someone who has a contact within 1 meter or was in the closed environment with the suspect/confirmed COVID-19 case.

## 4.4 INCUBATION PERIOD

Transmission may occur during the incubation period before a person shows signs of sickness. The incubation period of the virus is the time between the exposure and the display of symptoms. Current information suggests that the incubation period ranges from 1 to 12.5 days (with median estimates of 5 to 6 days), but can be as long as 14 days.

## 4.5 SYMPTOMS FOR CORONAVIRUS FAMILY

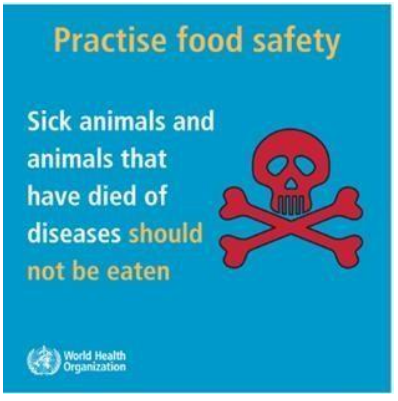
| | COVID-19 | SARS | Influenza | Common Cough |
|---|---|---|---|---|
| **Clinical Manifestations** | Excessive fatigue; coughs; shortness of breaths; coughing up yellow or green mucus; chest X-ray shows scattered opacities in the lung | Coughs; breathing difficulties; fatigue; headache and diarrhea; fever | Running nose; sneezing; coughs; high temperature; muscle pain; diarrhea; vomiting | Nasal congestion; coughs; sore throat; throat discomfort; sneezing |
| **Incubation Period** | 7-14 days | 2-7 days | 1-4 days | 1 day |
| **Ways of Transmission** | Short distance droplets spread; close contact; contacts with animals | Short distance droplets spread; close contact | Coughs; sneezing and droplets spread; contact with secretions of an infected person | Droplets spread; contact with infected nasal secretions |
| **Preventive Measures** | Regular and frequent hand washing; check body temperature; use alcohol-based disinfectant; wear a surgical mask; enhance airflow; avoid contacts with animals or eat game meat | Cover mouth and nose when sneezing and coughing; regular and frequent hand washing; do not touch nose and mouth; wear a surgical mask; enhance airflow | Vaccination (flu shot); keep hands clean; wear a surgical mask; improve airflow | Regular hand wash, wear a surgical mask, boost your immune system |

## 5. PREVENTIVE MEASURES

### 5.1 GENERAL

The best way to prevent illness is to avoid being exposed to it. WHO recommends the following actions to prevent the spread of respiratory diseases:

- Wash hand frequently
- Maintain Social Distance of at least 1 meter (3 feet)distance between yourself and anyone who is coughing or sneezing
- Avoid touching eyes, nose, and mouth
- Practice respiratory hygiene
- Seek medical care early if you have a fever, cough, and difficulty breathing
- Practice food safety




### 5.2 GUIDANCE FOR WASHING HANDS

Hand hygiene is the most important measure of reducing the spread of COVID-19. Crew members should perform hand hygiene properly and frequently, especially before touching eyes, nose, and mouth. When hands are visibly soiled or likely

contaminated with blood and body fluid or after the contact with infected persons, it is advised to clean hands with liquid soap and water.

Follow five easy steps below –

Step 1 – Wet your hands with clean, running water

Step 2 – Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.

Step 3 – Scrub your hands for at least 20 seconds.

Step 4 – Rinse your hands well under clean, running water

Step 5 – Dry your hands using a clean towel.

## 5.3 GUIDANCE FOR SANITIZING HANDS

Hand sanitizer is a liquid generally used to decrease infectious agents on the hands. If hand washing facilities are not available, or when hands are not visibly soiled, perform hand hygiene with 70% to 80% alcohol-based hand sanitizer (e.g., isopropyl alcohol and ethyl alcohol). It is an effective alternative to prevent cross-transmission of infectious diseases via hands.

The hand-rubbing technique of using alcohol-based hand sanitizers is similar to hand washing.

Step 1 – Use a sufficient amount, around 3 to 5 ml of alcohol-based hand sanitizer to cover all surfaces of your hands.

Step 2 – Rub your palms, then back of hands, finger webs, back of fingers, thumbs, fingertips, and then wrists.

Step 3 – Rub for at least 20 seconds until your hands are dry.

Step 4 – Let the alcohol dry on your hands; do not wipe it off with a paper towel.

**Point to note:**

- Check the expiry date of alcohol-based hand sanitizer before using
- Hand sanitizers are flammable

# 6. PERSONAL PROTECTIVE EQUIPMENT

## 6.1 GENERAL

The vessel must maintain below Personal Protective Equipment (PPE) when calling infected areas.

- Disposable surgical masks
- Disposable gloves
- Eye Protection
- Face Shields
- Medical Gown
- Ray Thermometer

## 6.2 DISPOSABLE SURGICAL MASKS

Face mask provides a physical barrier to fluids and large particle droplets. Surgical mask is a type of face mask commonly used. When used properly, surgical masks can prevent infections transmitted by respiratory droplets.

Most surgical masks adopt a three-layer design which includes an outer fluid- repelling layer, a middle layer serves as a barrier to germs, and an inner moisture- absorbing layer. Mask without the above functions is not recommended as it cannot provide adequate protection against infectious diseases transmitted by respiratory droplets.

Crew members should wear surgical masks when they have respiratory infection; when taking care of persons with respiratory infection in order to reduce the spread of infection. Please note the following points when wearing a mask.

- Choose the appropriate mask size
- Perform hand hygiene before putting on a surgical mask
- The surgical mask should fit snugly over the face

## 6.3 DISPOSABLE GLOVES

Disposable safety gloves are worn to prevent cross-contamination between the infected person(s) / object(s) and people who perform cleaning/people who enter the medical care area. Change gloves if they are torn or contaminated.

When finished, place used gloves in a biohazard trash bag. Wash your hands immediately after handling these items.

## 6.4 GOGGLES

Goggles are forms of protective eyewear that usually enclose or protect the area surrounding the eye to prevent particulates, water, or chemicals from striking the eyes.

Disinfect used goggles according to the manufacturer's instructions after use.

This is required when handling sick persons or cleaning where infected people were residing.

## 6.5 FACE SHIELD

Face shield that covers the front and sides of the face provides adequate protection against the droplets

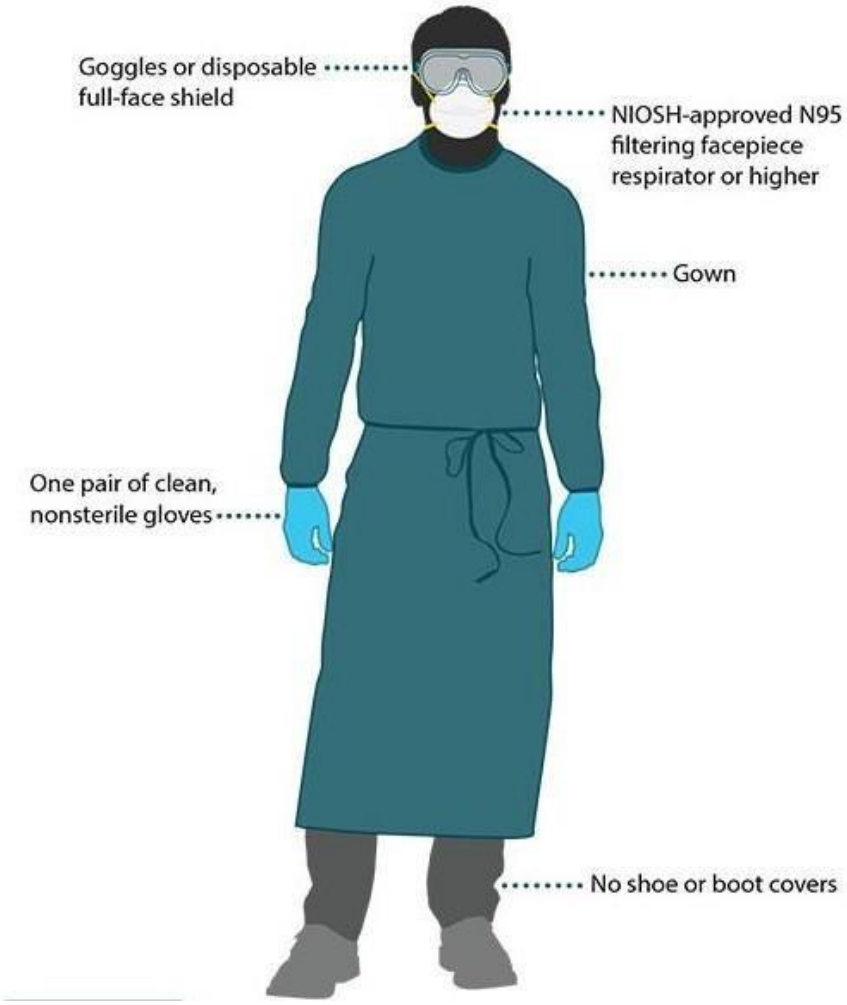
This is required when handling sick persons or cleaning where infected people were residing.

## 6.6 RAY THERMOMETER

An infrared thermometer is a thermometer that infers temperature from a portion of the thermal radiation, sometimes called black-body radiation emitted by the object being measured. This is required to measure the body temperature of the visitors and crew members.

## 6.7 MEDICAL GOWN

Nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by patients and medical care providers with suspected or confirmed COVID-19 cases. For gowns, it is essential to have sufficient overlap of the fabric so that it wraps around the body to cover the back (ensuring that if the wearer squats or sits down, the gown still protects the back area of the body).




**Note: The PPE, as depicted in the picture, is minimum PPE required for health care professionals when handling sick persons or cleaning areas where infected people were residing.**

## 7. CLEANING AGENTS & DISINFECTANTS

### 7.1 GENERAL

- Hand wash
- Hand sanitizers
- Cleaning disinfectant (bleach)
- Rubbing alcohol
- Other disinfectants

### 7.2 HAND WASH

Hand hygiene is the most important measure of reducing the spread of COVID-19. Crew members should perform hand hygiene properly and frequently, especially before touching eyes, nose and mouth. When hands are visibly soiled or likely contaminated with blood and body fluid or after the contact with infected persons, it is advised to clean hands with liquid soap and water.

### 7.3 HAND SANITIZERS

Hand sanitizer is a liquid generally used to decrease infectious agents on the hands. If hand washing facilities are not available, or when hands are not visibly soiled, performing hand hygiene with 70% to 80% alcohol-based hand sanitizer (e.g. isopropyl alcohol and ethyl alcohol) is an effective alternative to prevent cross transmission of infectious diseases via hands.

## 7.4 BLEACH

Bleach is a strong and effective disinfectant. Its active ingredient, sodium hypochlorite, denatures protein in micro-organisms and is therefore effective in killing bacteria, fungi, and viruses.
Household bleach works quickly and is widely available at a low cost. Diluted household bleach is thus recommended for the disinfection of the environment.

**Application**

- Dilute and use bleach in a well-ventilated area.
- Put on appropriate Personal Protective Equipment (e.g., mask, gloves, safety goggles, and plastic apron) when diluting or using bleach as it irritates mucous membranes, the skin, and the airway.
- Mix bleach with cold water as hot water decomposes the active ingredient of bleach and renders it ineffective.
- Bleach containing 5.25% sodium hypochlorite. Properly dilute the bleach to achieve appropriate concentration as follows:
    - 1:99 diluted household bleach (mixing 1 part of 5.25% bleach with 99 pieces of water) is used for general household cleaning and disinfection.
    - 1:49 diluted household bleach (mixing 1 part of 5.25% bleach with 49 parts of water) is used for surfaces or articles contaminated with vomitus, excreta and secretions.
    - 1:4 diluted household bleach (mixing 1 part of 5.25% bleach with 4 parts of water) is used for surfaces or articles contaminated with blood spillage.
- Make adjustments to the amount of bleach added if its concentration of sodium hypochlorite is above or below 5.25%.
    - Calculation: Multiplier of the amount of bleach added = 5.25 concentration of sodium hypochlorite in bleach
    - For example, when diluting a bleach containing only 5% sodium hypochlorite, the multiplier is 5.25 / 5 = 1.05. That means 10ml x 1.05 = 10.5ml of bleach should be used when preparing a bleach solution.
- Use a tablespoon or measuring cup for accurate measurement of the amount of bleach added.
- Clean all surfaces, frequently touched surfaces and floors with bleach.
- Leaving the bleach solution for a contact time of at least 10 minutes is recommended.

**Point to note:**

- Avoid using bleach on metals, wool, nylon, silk, dyed fabric and painted surfaces.
- Avoid touching the eyes. If bleach gets into the eyes, immediately rinse with water for at least 15 minutes and consult a doctor.
- Do not use bleach together with other household detergents as this reduces its effectiveness in disinfection and causes dangerous chemical reactions. For example, a toxic gas is produced when bleach is mixed with acidic detergents such as those used for toilet cleaning. This can result in accidents and injuries. If necessary, use detergents first and rinse thoroughly with water before using bleach for disinfection.
- Undiluted bleach liberates a toxic gas when exposed to sunlight, thus store in a cool, shaded place and out of reach of children.
- Sodium hypochlorite decomposes with time. To ensure its effectiveness, purchase recently produced bleach and avoid over-stocking.
- For effective disinfection, use diluted bleach within 24 hours after preparation as decomposition increases with time if left unused.

## 7.5 RUBBING ALCOHOL

- Alcohol (e.g., isopropyl 70% and ethyl alcohol 60%) can be used to wipe down surfaces where the use of bleach is not suitable e.g. metal.

## 7.6 THE USE OF OTHER DISINFECTANTS

- Check with the manufacturer that they are active against coronaviruses.
- Disinfectants should be prepared and applied in accordance with the manufacturer's guidelines. Ensure that appropriate contact time is given before removing any disinfected materials.

## 7.7 CLEANING GUIDELINES

### BEFORE CLEANING

- Where possible, seal off the areas where the suspected/confirmed case has visited before carrying out cleaning and disinfection of the contaminated environmental surfaces. This is to prevent unsuspecting persons from being exposed to those surfaces
- Keep windows open for ventilation as disinfectants/bleach will be used for cleaning
- Cleaning crew member(s) should be attired in suitable Personal Protective Equipment (PPE)

### DURING CLEANING

- Mop floor with bleach (dilute 1 part bleach in 50 parts water, or 1000 ppm)
- Wipe all frequently touched areas at least daily with chemical disinfectants according to manufacturer's instructions, bleach solution or alcohol (e.g., isopropyl 70% or ethyl alcohol 70%) for areas where the use of bleach is not suitable. Allow air to dry as well
    - Light controls
    - Armrests
    - Doorknobs / handrails
    - Keyboards / lavatory surfaces
    - Lift buttons
    - Seatbacks
    - Tables
- Wipe down walls up to 3 meters in height as well as blinds with bleach
- Remove curtains/fabrics/quilts for washing with the preferably hot water cycle. For hot-water laundry cycles, wash with detergent or disinfectant in the water at 700C for at least 25 minutes. If low-temperature (i.e., < 700C) laundry cycles are used, choose a chemical that is suitable for low-temperature washing when used at the proper concentration
- Disinfectants should be applied to surfaces using a damp cloth. They should not be applied to surfaces using a spray pack, as coverage is uncertain, and spraying may promote the production of aerosols. The creation of aerosols caused by splashing liquid during cleaning should be avoided. A steady sweeping motion should be used when cleaning either floors or horizontal surfaces to prevent the creation of aerosols or splashing. Cleaning methods that might aerosolize infectious material, such as the use of compressed air, must not be used
- Leave the disinfected area and avoid using the area the next day
- Gloves should be removed and discarded if they become soiled or damaged. A new pair of gloves should be worn to continue cleaning.

## AFTER CLEANING

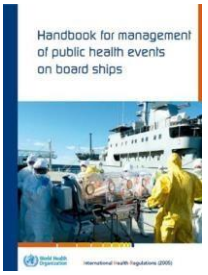
- Disinfect non-porous cleaning equipment used in one room before using for other rooms. If possible, keep the disinfecting equipment separated from other routine equipment
- Disinfect used goggles according to manufacturer's instructions after use
- Disinfect buckets by soaking in bleach (dilute 1 part bleach in 50 parts water, or 1000 ppm, at least 10 minutes), disinfectant solution or rinse in hot water before filling
- Discard equipment made of cloths / absorbent materials into biohazard bags after cleaning each area to prevent cross contamination
    - Mop head
    - Wiping cloths
- Discard all used PPEs in a double-bagged biohazard bag securely sealed and labeled
- Wear a new pair of gloves and fasten the double-bagged biohazard bag with a cable tie
- Wash hands with alcohol-based gels or liquids rather than soap to disinfect the hands immediately

    - Before / after every contact with an infected person
    - After the removal of PPE
    - Upon the completion of cleaning

## 8. GUIDANCE FOR SHIPS

### 8.1 REQUEST FOR INFORMATION PRIOR ARRIVAL

- Request the agents / terminal to get the latest information in port concerning COVID-19
- Ensure a copy of WHO publication - “Handbook for the management of public health events” is available on the vessel




### 8.2 PREPARATION BEFORE ARRIVAL

#### RISK ASSESSMENT

- Carry out a risk assessment to check if any unidentified hazards may occur, and all controls are in place

#### STORES / SPARES / PROVISIONS

- The procurement of stores and provisions in high-risk areas is prohibited. Procure all stores, including the cleaning agents and PPE required for COVID-19 before arriving high-risk areas
- In case of any emergency spares or stores, please liaise with the vessel manager for procurement
- Considering the present situation of the pandemic at high-risk ports, the vessel might have an extended stay. Procure sufficient provisions and freshwater before calling high-risk ports

#### CREW CHANGE

- Crew change is prohibited from infected areas (as per MOH&FW & DGHS advisory on travel restrictions)
- Considering the emergency situation, flag states would issue necessary dispensation for the crew relief

#### SHORE LEAVE

- All seafarers need to avoid availing shore leave in infected regions and consider the risks involved before desiring to go ashore in other regions. Availing shore leave during the pandemic may need to be avoided and used only in exigencies with necessary precautions.

## 8.3 SHIP SHORE INTERFACE

- The crew members must don all PPE as required, including mask before the first interface with the port is made
- Pilot: Check the temperature of the pilot with a ray gun when he boards. If the pilot is not wearing any PPE, offer the same to the pilot. The access to the bridge, if possible, should be provided from outside the accommodation
- Ensure the social distance is maintained from the pilot. In case of any food or beverage is given to pilot, the same should preferably be provided in disposable utensils if feasible
- Establish a sanitation station at the gangway. Provide alternative arrangements for handwash, sanitizers if possible. Check the temperature of all visitors boarding the vessel. In case any visitor shows symptoms of the disease, prohibit boarding
- The vessel can use a Pre-boarding questionnaire for suspected visitors
- Designated one room for ship/shore to interface with agent, authorities, stevedores, or any other shore personnel. Do not allow access to different areas on the vessel
- Clean the above-designated spaces at regular intervals (e.g., every 4 hours) as per the cleaning guidelines
- Do not allow shore personnel to bring food items on board.

## 8.4 GALLEY HYGIENE & SAFETY

- Maintain a high level of cleanliness in the galley
- Increase the frequency of cleaning the galley and stores
- Chief Cook and Messman must not interact with shore personnel unless absolutely necessary
- Do not allow shipboard or shore personnel to enter galley if not required
- Follow hygiene and food safety guidelines in the galley as per health and safety manual
- If possible, keep the utensils for each crew member separate. Do not allow the sharing of food, utensils. In case it is required to provide food for shore personnel, use disposable utensils

## 8.5 GARBAGE AREA

- Ensure all garbage bins in the galley and accommodation area are well covered
- Wear PPE as required when handling garbage
- Clean and disinfect garbage spaces daily

## 8.6 ACCOMMODATION & ENGINE ROOM

- Maintain a log of all crew members on board twice daily as per the below format.

| Record of Symptoms for CORONAVIRUS | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Vessel Name | | | | Date | | | | | |
| S.no | Name | Rank | Body Temperature | Look for below symptoms. If the crew member show any symptoms, write comments , else write no symptoms ) | | | | | |
| | | | | Fever / Headache | Cough / Sore Throat | Runny Nose | Breathing Difficulties | Diarrhoea | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

- Increase the frequency of cleaning in accommodation and engine room
- Disinfect the accommodation as per the cleaning guidelines frequently.
- Do not allow entry of visitors in the engine room
- Do not carry out maintenance on the sewage and grey water system.
- Wear PPE when dosing the sewage treatment plant.

## 8.7 AFTER DEPARTURE

- Carry out a thorough cleaning and disinfection of all areas onboard.
- Continue maintaining the coronavirus symptom log for all crew members for at least 21 days or as per specified by the requirements of next port of call

## 8.8 ACTION TO BE TAKEN IN CASE OF SUSPECTED INFECTION ON BOARD DEPARTURE

Early detection, prevention, and control of COVID-19 on the ship is important to protect the health of other crewmembers and to avoid transmission of the virus. Arrangements must be made to disembark the infected crew member as soon as possible who are suspected of having COVID-19.

Following cases represents a suspect

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), and with no other set of causes that fully explains the clinical presentation and a history of travel to or residence in a country/ area or territory reporting local transmission of (COVID-19) during the 14 days prior to the onset of the symptoms.
Or

A patient with any acute respiratory illness and having been in contact with a confirmed or suspected COVID-19 case during the 14 days before the onset of the symptoms.
Or

A patient with a severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath, and requiring hospitalization and with no other set of causes that fully explain the symptoms.

Once the suspect case has been identified,

- Establish contact with CIRM / Medical Service Provider as soon as possible
- Isolate the crew member in the hospital with possible symptoms of COVID-19 to minimize the transmission of this virus. The sick patient must not leave the hospital or the confined area
- Put air condition on fresh air mode (though it has not been established that COVID-19 can spread through air)
- Ask the sick person to wear a facemask (a surgical mask, not N95) as soon as they are identified
- Maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance
- Keep interactions with sick people as brief as possible. Limit the number of people who interact with sick people. A single person must give care and meals to an infected person
- Respiratory hygiene should be practiced by all, especially ill persons, at all times. Respiratory health refers to covering the mouth and nose during coughing or sneezing using medical masks, cloth masks, tissues, or flexed elbow, followed by hand hygiene. Discard materials used to cover the mouth or nose or clean them appropriately after use (e.g., wash handkerchiefs using regular soap or detergent and water)
- Wear a medical mask fitted tightly to the face when in the same room with the ill person. Do not touch masks during use. If the mask gets wet or dirty with secretions, change it immediately. Discard the mask after use and perform hand hygiene after removal of the mask
- Wear all other PPE when providing care for the sick person or when cleaning the areaswhere the sick person has resided
- Perform hand hygiene following all contact with ill persons or their immediate environment. Hand hygiene should also be performed before and after preparing food, before eating, after

using the toilet, and whenever hands look dirty. If hands are not visibly soiled, alcohol-based hand rub can be used. Perform hand hygiene using soap and water when hands are visibly soiled. Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool. Use disposable gloves to provide oral or respiratory care and when handling stool, urine, and waste

- Avoid other types of possible exposure to ill persons or contaminated items in their immediate environment (e.g., avoid sharing toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths, or bed linen). Eating utensils and meals should be cleaned with either soap or detergent and water after use and may be reused instead of being discarded
- Clean and disinfect bathroom and toilet surfaces at least once daily with a regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water)
- Clean and disinfect frequently touched surfaces such as bedside tables, bed frames, and other bedroom furniture daily with a regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water)
- Clean clothes, bedclothes, bath and hand towels, etc. of ill persons using regular laundry soap and water or machine wash at 60 – 90°C with common household detergent. Dry it thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid direct contact with the skin and clothes with the contaminated materials
- Gloves, tissues, masks, and other waste generated by ill persons or in the care of ill persons should be placed in a lined container in the ill person's room before disposal with other household waste
- All crewmembers should be considered close contact after a case on board. Their health should be monitored for 14 days from the last day of possible contact Seek immediate medical attention if they develop any symptoms, particularly fever, respiratory symptoms such as coughing or shortness of breath, or diarrhea
- During disembarkation, ensure minimize exposure to other crew members
- The vessel must make a detailed report to the competent authority at the next port of call
- The vessel needs to be thoroughly cleaned after the disembarkation of the suspected case

## 9. ROLES AND RESPONSIBILITIES OF PORT STAKEHOLDERS

### 9.1 PORT HEALTH OFFICER (PHO)

1. Pre arrival documents verifications for all foreign vessels calling at port, 72 hours prior to arrival
2. First boarding Authority for ships originating and transiting in and through (infected countries as per the travel advisory issued by DGHS & MOH&FW in the last 14 days
3. Issuing of advisories to coordinating authorities and stake holders
4. Sounding alert to coordinating officers in case of suspected case aboard the vessel
5. Issuing guidelines for and ensuring disinfection of vessel with suspected case to the designated hospitals for provision of medical care & isolation
6. Demonstration of correct use and disposal of Personal Protective Equipment's
7. Shore medical assistance (non-infectious) for the crew members will be notified for issuance of shore pass
8. To assist Deputy Conservator (DC) & Traffic Manager (TM) by way of specific instructions, if any

9. To collect self-reporting form for sign off Bangladeshi crew from Covid-19 affected countries in last 14 days & submit it to district Institute of Epidemiology, Disease Control and Research (IEDCR) for follow up upto 28 days
10. To submit daily reporting to Directorate General Of Health Services (DGHS) & Institute of Epidemiology, Disease Control and Research (IEDCR).
11. To review and update DGHS periodically

## 9.2 CHIEF MEDICAL OFFICER (CMO)

1. To arrange adequate stock of PPE's, hand sanitizers, masks and disinfectants solution for use in the ports
2. To keep the ambulance and team with PPE's ready for transport of sick crew / passengers / any reported sick pilots / port staff to designated referral hospital for treatment
3. To keep a record of the such cases and monitor their status
4. To ensure that the staff of medical department for daily supervision
5. Ensure that the duty roster of the drivers is maintained and communicated to PHO
6. Monitors the ambulance is in good working condition
7. To ensure that the ambulance used for transfer of suspect case is disinfected after each transfer
8. To ensure that as per Bio Medical Waste (BMW) guidelines of the safe disposal of used PPE's is set in place

## 9.3 TRAFFIC MANAGER (TM)

In the event of suspect cases of novel coronavirus (COVID-19) on board, Traffic Manager shall:
1. Ensure that the department staffs have personal protection equipment (PPE's) on them which includes
a) Disposable gowns
b) Gloves
c) Face masks triple layered
2. Discard the used PPE's when done in specially earmarked disposable bags and given to hospital for safe disposal
3. Ensure that the PPE's are made available to all the staffs when they board the ship which has suspect case of novel corona virus (COVID-19) or coming from affected countries
4. Inform PHO if crew member / passengers are showing signs and symptoms of novel corona virus (COVID-19)
5. Co-ordinate with PHO in screening of vessels coming from COVID-19 affected countries

## 9.4 DEPUTY CONSERVATOR (DC) / HARBOUR MASTER (HM)

1. Since pilots are the first person to come in contact with ships while they berth, the Deputy Conservator / Harbour Master should ensure that no pilot shall board the ship without proper PPE's.
2. Pilots to be provided with necessary PPE's such as mask, disposable gloves and hand sanitizer etc.
3. Pilots to be instructed to keep safe distance and stay at least 1 meter away from the ships staff,

avoid close contact with people suffering from acute respiratory infections, frequent hand-washing or use hand sanitizer especially after direct contact with ill people or their environment, practice cough etiquette (maintain distance, cover mouth and sneeze on disposable tissues or clothing, and wash hands)

4. Ensure that Tugboat staffs are not allowed to board the vessel during pilotage operations
5. Maintain record of the names of the pilot and other staff who board the ships coming from affected countries while berthing and sailing out
6. Report to PHO if any suspected crew members are showing COVID-19 disease symptoms
7. Report to PHO if any pilots, port staff are showing COVID-19 disease symptoms
8. Ensure that pilots with COVID-19 disease symptoms are not sent for pilotage operations
9. Ensure sewage and garbage disposals are restricted for the vessels coming from Covid-19 affected countries in last 14 days and allowed only after they are properly dis-infected

## 9.5 SHIP AGENTS

1. Inform the PHO about ships coming from Covid-19 affected countries
2. Following documents should be submitted 72 hours prior to arrival of ships:

a. Maritime declaration of health with attached scheduled showing the health details of the persons on board
b. Port of call list with arrival and departure dates
c. The crew list with port and date of embarkation
d. Medical log copy for the last 1 month
e. Any shore medical visit or Radio medical advice or medical evacuation or sign off done in last 1 month
f. Ship sanitation exemption certificate/medicine chest certificate
g. IHR 2005 Covid-19 form (Annexure-6)

3. To inform master of ship and ensure all shore visits (medical & non medical) except emergency for the crew are to be planned before arrival through email
4. To ensure procedures for sign on, sign off, shore pass & visitors pass for ships are followed
5. Provide all information regarding suspect case of Covid-19 to DC / HM and PHO, so that arrangements can be made for evacuation of the suspected crew to hospital if required
6. To inform master of ship and ensure the availability of adequate number of PPE's on board for all crew and disinfectants, hand sanitizers, if not available, then provisions of the same to be made upon berthing
7. Inform PHO, about any ships visiting minor ports and also submit the documents asked for, clearance at minor ports by customs authorities / port officers of minor ports
8. Provide all logistics support to PHO by way of arrangements of port entry passes to additional staffs and their vehicles.
9. Ensure that field agents are provided with PPE's i.e disposable gowns, gloves, face masks before boarding a suspected ship and disposed off properly as per BMW guidelines
10. Agents to keep safe distance and stay at least 1 meter away from the ships staff, avoid close contact with people suffering from acute respiratory infections, frequent hand-washing or use hand sanitizer especially after direct contact with ill people or their environment, practice cough etiquette

(maintain distance, cover mouth and sneeze on disposable tissues or clothing, and wash hands)

## 9.6 SHIP MASTER

1. To Submit the following documents as per the instructions of PHO and submit by email 3 days before arrival through shipping agents:

a. Maritime Declaration of Health with attached scheduled showing the health details of the persons on board

b. Port of call list with arrival and departure dates

c. The crew list with port and date of Embarkation

d. Medical log copy for the last 1 month

e. Any shore medical visit or Radio-Medical Advice or Medical evacuation or sign off done in last 1 month

f. Ship Sanitation Exemption Certificate / Medicine Chest Certificate

g. IHR-2005 Covid-19 Form

2. All ships calling from affected regions are to maintain temperature chart report as such twice daily 2 days prior to their arrival, on arrival, upon berthing, during ports stay and at the time of sail out through shipping agent to PHO by email

3. All newly joined crew from Covid-19 affected countries are to be monitored on board for 14 days

4. If the crew develop any signs and symptoms of COVID-2019, the crew are to be isolated on board in their cabin and ensure radio medical advice is taken and report to nearest PHO for evacuation, if required

5. Ensure all shore visitors are restricted to ships conference / meeting room only

6. Restrict non-essential visitors to the ship

7. Maintain record of all the visitors and port officials who have boarded the ship

8. The ship must have adequate stock of 3 layered surgical masks, hand sanitizer chemical disinfectants, PPE's kit, Bio hazard bags for safe disposal of masks, PPE's kits and bio-medical wastes

9. All ship staffs to keep safe distance and stay at least 1 meter away from the ships staff, avoid close contact with people suffering from acute respiratory infections, frequent hand-washing or use hand sanitizer especially after direct contact with ill people or their environment, practice cough etiquette (maintain distance, cover mouth and sneeze on disposable tissues or clothing, and wash hands)

## 9.7 CUSTOM OFFICIALS

1. In the event of suspect cases of novel coronavirus (COVID-19) on board, custom officials shall: Ensure that the department staffs have personal protection equipment (PPE's) on them which includes

a) Disposable gowns

b) Gloves

c) Face masks triple layered

2. Discard the used PPE's when done in specially earmarked disposable bags and given to hospital for safe disposal

3. Ensure that the PPE's are made available to all the custom officials / staffs when they board the ship which has suspect case of novel corona virus (COVID-19) or coming from affected countries

4. Inform PHO if crew member / passengers are showing signs and symptoms of novel corona virus (COVID-19)
5. Assist the PHO in clearance crew and the baggage's, if the suspected case is to be quarantined or shifted to the designated hospital
6. At minor ports, the customs officials along with port officer shall clear the ship for berthing based on health clearance message / Email by PHO
7. All custom officials to keep safe distance and stay at least 1 meter away from the ships staff, avoid close contact with people suffering from acute respiratory infections, frequent hand-washing or use hand sanitizer especially after direct contact with ill people or their environment, practice cough etiquette (maintain distance, cover mouth and sneeze on disposable tissues or clothing, and wash hands)

## 9.8 IMMIGRATION

1. In the event of suspect cases of novel coronavirus (COVID-19) on board, immigration officials shall: Ensure that the department staffs have personal protection equipment (PPE's) on them which includes
a) Disposable gowns
b) Gloves
c) Face masks triple layered
2. Discard the used PPE's when done in specially earmarked disposable bags and given to hospital for safe disposal
3. Ensure that the PPE's are made available to all the immigration officials / staffs when they board the ship which has suspect case of novel corona virus (COVID-19) or coming from affected countries
4. Inform PHO if crew member / passengers are showing signs and symptoms of novel corona virus (COVID-19)
5. Sick crew (Non-infectious case) must be cleared for shore treatment after clearance from the PHO
6. Restrict permissions to non-essential visitors
7. For ships coming from affected regions, shore permit shall not be issued
8. Assist the PHO in clearance of the crew if the suspected case is to be quarantined and shifted to designated hospitals
9. All officials / staffs to keep safe distance and stay at least 1 meter away from the ships staff, avoid close contact with people suffering from acute respiratory infections, frequent hand-washing or use hand sanitizer especially after direct contact with ill people or their environment, practice cough etiquette (maintain distance, cover mouth and sneeze on disposable tissues or clothing, and wash hands)

## 9.9 SECURITY AGENCIES

1. In the event of suspect cases of novel coronavirus (COVID-19) on board, security officials shall: Ensure that the department staffs have personal protection equipment (PPE's) on them which includes
a) Disposable gowns
b) Gloves
c) Face masks triple layered
2. Discard the used PPE's when done in specially earmarked disposable bags and given to hospital for safe disposal

3. Ensure that the PPE's are made available to all the immigration officials / staffs when they board the ship which has suspect case of novel corona virus (COVID-19) or coming from affected countries
4. Inform DC / PHO if crew member / passengers are showing signs and symptoms of novel corona virus (COVID-19)
5. Sick crew (Non-infectious case) must be cleared for shore treatment after clearance from the PHO
6. Restrict permissions to non-essential visitors
7. For ships coming from affected regions, shore permit shall not be issued
8. Assist the PHO in clearance of the crew if the suspected case is to be quarantined and shifted to designated hospitals
9. All officials / staffs to keep safe distance and stay at least 1 meter away from the ships staff, avoid close contact with people suffering from acute respiratory infections, frequent hand-washing or use hand sanitizer especially after direct contact with ill people or their environment, practice cough etiquette (maintain distance, cover mouth and sneeze on disposable tissues or clothing, and wash hands)

## 9.10 TERMINAL OPERATORS

1. In the event of suspect cases of novel coronavirus (COVID-19) on board, Terminal officials shall:
Ensure that the department staffs have personal protection equipment (PPE's) on them which includes
a) Disposable gowns
b) Gloves
c) Face masks triple layered
2. Discard the used PPE's when done in specially earmarked disposable bags and given to hospital for safe disposal
3. Ensure that the PPE's are made available to all the immigration officials / staffs when they board the ship which has suspect case of novel corona virus (COVID-19) or coming from affected countries
4. Inform DC / PHO if crew member / passengers are showing signs and symptoms of novel corona virus (COVID-19)
5. All officials / staffs to keep safe distance and stay at least 1 meter away from the ships staff, avoid close contact with people suffering from acute respiratory infections, frequent hand-washing or use hand sanitizer especially after direct contact with ill people or their environment, practice cough etiquette (maintain distance, cover mouth and sneeze on disposable tissues or clothing, and wash hands)

## 9.11 SHIP SUPPLIERS / SHIP CHNDLERS

1. In the event of suspect cases of novel coronavirus (COVID-19) on board, officials shall:
Ensure that the department staffs have personal protection equipment (PPE's) on them which includes
a) Disposable gowns
b) Gloves
c) Face masks triple layered
2. Discard the used PPE's when done in specially earmarked disposable bags and given to hospital for safe disposal
3. Ensure that the PPE's are made available to all the immigration officials / staffs when they board the ship which has suspect case of novel corona virus (COVID-19) or coming from affected countries

4. Inform DC / PHO if crew member / passengers are showing signs and symptoms of novel corona virus (COVID-19)
5. Sick crew (Non-infectious case) must be cleared for shore treatment after clearance from the PHO
6. Restrict and avoid non-essential visitors / shore staffs onboard
7. For ships coming from affected regions, shore permit shall not be issued
8. Assist the PHO in clearance of the crew if the suspected case is to be quarantined and shifted to designated hospitals
9. All officials / staffs to keep safe distance and stay at least 1 meter away from the ships staff, avoid close contact with people suffering from acute respiratory infections, frequent hand-washing or use hand sanitizer especially after direct contact with ill people or their environment, practice cough etiquette (maintain distance, cover mouth and sneeze on disposable tissues or clothing, and wash hands)