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Circular Letter No.4221/Add.10
7 July 2021

To: All IMO Members
Intergovernmental organizations
Non-governmental organizations in consultative status

Subject: **Communication from the Government of the People's Republic of China**

The Government of the People's Republic of China has sent the attached communication, dated 6 July 2021, with the request that it be circulated by the Organization.

中华人民共和国交通运输部

MINISTRY OF TRANSPORT, THE PEOPLE'S REPUBLIC OF CHINA

国际海事组织秘书长

林基泽先生

尊敬的林基泽秘书长，

中方结合全球疫情发展最新形势和对船舶疫情处置的实践经验，更新发布了《船舶船员新冠肺炎疫情防控操作指南(V6.0)》。新版的操作指南加强了船岸界面的管控等内容。

请将该指南散发给 IMO 各成员国、政府间和非政府间组织为荷。

中华人民共和国交通运输部副部长

赵冲久

(赵冲久)

二〇二一年七月六日

Courtesy Translation

H.E. Mr. Kitack Lim
Secretary-General
International Maritime Organization

6 July, 2021

Your Excellency,

In light of the latest development of the global epidemic and practical onboard experience, China has made *Guidance on the Prevention and Control of COVID-19 on Board* (V6.0). The new version has improved precautionary measures for ship-shore interface etc.

I would be grateful if you could kindly circulate this updated Guidance to all Member States, Intergovernmental Organizations and Non-Governmental Organizations.

Yours sincerely,

Zhao Chongjiu
Vice Minister
Ministry of Transport
The People's Republic of China

Guidance on the prevention and control of COVID-19 on board

(Version 6.0)

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This document is developed based on recommendations and guidance issued by the World Health Organization (WHO) and the International Maritime Organization (IMO), based on the principles of prevention first, early detection, swift handling, accurate management and control, and effective treatment, together with the experience gained by shipping companies, on the prevention and control of COVID-19 onboard ships, and on personal protection of crew members.

The Maritime Safety Administration of the People's Republic of China (China MSA) will update this guidance when deemed necessary.

I. Management system

Shipping companies should develop comprehensive contingency plans to fulfil their entity responsibilities to implement prevention and control policies, establish and improve the accountabilities and management system. Furthermore, the prevention and control system should be considered to be incorporated into their companies' safety management systems based on the types of ships, the areas the ships are operating, and the multi-level COVID-19-related requirements in different regions.

1.1 Management plan

Shipping companies should develop management plans to prevent and control COVID-19. The management plan should include an on-board quarantine plan and provide guidance on the establishment of COVID-19 prevention and control task force, with the captain acting as the team leader and the ship's department head as its member. The task force is responsible for detailed measures and their implementation and sees that no loophole is left to secure the delivery of the detailed prevention and control arrangements.

1.2 Management responsibilities

The shipping company should ensure there are proper communications between the company's shore base and the ships. The company should designate the captain or other appropriate personnel as the primary responsible person for the overall epidemic prevention and control measures of the ship. That person should be in charge of the COVID-19 prevention and control on the ship, and oversees the full implementation of these measures so as to strengthen the prevention and control work onboard. Shipping companies engaged in cold chain logistics and the container transportation of imported high-risk non-cold chain goods should also refer to the requirements and guidelines issued by the relevant state departments to improve the relevant epidemic prevention and control mechanisms, and guide and urge ships to take appropriate prevention and control measures during the loading/unloading operations.

1.3 Screening system

The shipping company should instruct the ship on how to prepare their COVID-19 logs for screening all the crew members onboard, keep record of the ones who have stopped in transit the COVID-19 affected countries or areas before boarding, and make sure that the screening and daily prevention and control work leave a paper trail.

1.4 Training system

Shipping companies should provide the ship with training courses on epidemic prevention and control in a timely manner, formulate training plans, teach the crew to identify the symptoms of COVID-19, promptly report the outcome of epidemic prevention and control, and ensure that the newly-embarked crew members have completed their epidemic prevention and control trainings before the ship sails, and regularly organize the crew to take the training on how to use personal protective equipment (PPE) and carry out emergency drills. The company should also train the crew members to deal with scenarios such as onboard

isolation of suspected cases, management on close contacts, transfer of patients of suspected cases, and crowd management. The company can train the crew remotely via internet or video. Training can also be organized on board through various means, from books, videos to leaflets or broadcasting.

1.5 Response drill system

The shipping company should instruct the captain to regularly organize the crew to do emergency response drills simulating an epidemic outbreak. The drill should include operations like communications with the company's shore base, the quarantine/care/nursing and transfer practices of patient(s) of suspected cases, evacuation and crowd management.

1.6 Crew changing system

The shipping company should clearly define the management responsibility on crew changing with the recruitment and placement agency, formulate a crew changing plan, clarify the requirements for epidemic prevention and control during the crew shift, and effectively implement these preventive measures. The shipping company should be aware of the epidemic situations in both the last and the next ports of call, in particular, the epidemic control requirements of the port where the crew change intend to occur. Based on the information of the updated epidemic situations there, the shipping company should carry out risk assessment with a view to minimizing the risk of epidemic transmission. Special personnel should be designated to arrange the necessary prevention and livelihood supply properly, to cooperate with local epidemic control authorities in terms of the required measures to ensure closed-loop operation of crew members' transfer, treatment, isolation and observation. The shipping company should also strengthen communications with the authorities of next port of call to timely address the epidemic prevention problems encountered by both the ship and the crew.

1.7 Material supplying system

The shipping company should know the actual demand on board for the epidemic control materials and set up an inventory list. The necessary preventive and treatment medicines recommended by the updated national guidelines on COVID-19 Diagnosis and Treatment, and other preventive supplies should be replenished for the ship in time.

II. Prevention and Control Measures

2.1 Material Dispensing and Using

2.1.1 Adequate masks should be provided and distributed according to the number of crew members on board, including the duty person guarding the gangway entry point, personnel in contact with outsiders and shore-based staff boarding the ship (based upon actual needs on board).

2.1.2 Protective gloves, goggles and gowns should be provided (based upon actual needs on board).

2.1.3 Medical infrared thermometer(s) should be provided.

2.1.4 Hand sanitizer should be provided and ready for use at the gangway entry point and the common area of living quarters.

2.1.5 Disinfectant solution and powder should be provided for disinfection in the kitchen and living quarters.

2.1.6 The shortage or insufficiency of epidemic prevention materials should be reported to the shipping company in time.

2.2 Monitoring of Suspected Symptoms

2.2.1 The captain should assign a dedicated person to take temperatures of crew and passengers;

2.2.2 Temperature measurements, as well as observation and inquiry about related symptoms, should be conducted both in the morning and evening each day. The measurement results and suspected symptoms should be registered in time, and archived for inspection upon the captain's signature.

2.2.3 The temperature tracking and measurement results of crew and passenger should be reported. Under normal circumstances, the results should be reported daily to the shore-based management department of the shipping company at regular hours. Any fever, suspected symptoms or other abnormal conditions of the crew spotted should be immediately reported to the shipping company.

2.3 Control of the Gangway Entry Point

2.3.1 During berthing operation, the captain should urge the person on duty at the gangway to strengthen the control of the entry point and strictly check all boarding personnel's credentials and the wearing of personal protective equipment. Any nonessential or unrelated personnel are prohibited from boarding.

2.3.2 A duty post for temperature measurement and registration of boarding personnel should be set at the gangway entry point. Boarding personnel must first have his/her temperature taken before boarding. Anyone whose temperature exceeds 37.3°C or does not wear personal protective equipment as requested will be prohibited from boarding the ship.

2.3.3 Crew on duty at the gangway entry point should strictly wear masks and protective gloves, and wear protective gowns and goggles when necessary.

2.3.4 In domestic high-risk areas, crew members are not recommended to disembark unless extremely necessary.

2.3.5 Masks used by people who have disembarked are strictly prohibited to be brought into the living quarters, and should all be put into the sealed recycling bin set at the gangway entry point.

2.4 Ship-shore Personnel Exchange

2.4.1 Ships on international voyages intending to enter a port for cargo operation should submit the health information of onboard seafarers to the harbour operator 24 hours prior to the arrival. In case the voyage is less than 24 hours, such information should be submitted upon the departure of the last port.

2.4.2 During the epidemic prevention and control period, ship-shore personnel exchanges should be minimized. No boarding visits and family reunion onboard should be allowed.

2.4.3 Boarding outsiders should be strictly limited within a specified perimeter. A tally room or reception should be set on the main deck. Outsiders including agents, tallymen and suppliers entering the living quarters should be restricted.

2.5 Food safety

2.5.1 Ship food should be purchased from licensed suppliers, avoiding food purchases from ports and places where the epidemic has occurred; food purchases should be registered. In principle, frozen food should not be purchased from high-risk areas. If the procurement of food contains frozen food, the supplier shall be informed that frozen food needs to be stored separately from other foods. When possible, the frozen food should be ordered, delivered and handled separately.

2.5.2 Seafarers should take precautions when moving food supplies on board and wear masks and gloves properly. Goggles and gowns are required when handling food in high latitudes and cold areas or when handling frozen food. Before contacting the frozen food, the outer packaging should be disinfected and all contacted surfaces should be disinfected afterwards.

2.5.3 Food storage on board should be carefully managed, and special attention should be focused on the prevention of contamination of food kept in fridge and freezer. Frozen food should be stored separately as far as possible according to the purchased batch. Cook and catering staff should wear protective gowns, disposable masks and protective gloves all the time when entering the food storage.

2.5.4 Ship's Cook and catering staff should wear PPE properly when unpacking or handling frozen food, including disposable masks, protective gloves, goggles and waterproof aprons. All PPEs used during that process should be sterilized and sealed, stored in a designated place, sent ashore for disposal, and must not be reused;

2.5.5 During the epidemic, the recipes on board should be scientifically formulated, more fresh vegetables and fruits, appropriate amount of protein food such as meat, poultry, and fish should be ensured.

2.5.6 Separate cutting boards and knives for raw foods from those for cooked ones. Avoid raw foods, especially uncooked meat, eggs, and seafood. Utensils such as cutting boards and knives for processing frozen foods should be dedicated and disinfected in time after use;

2.5.7 Meals should be served individually, with all tableware disinfected in advance.

2.6 Ventilating the ship's compartments

2.6.1 It is recommended to ventilate the ship's compartments three

times a day, 20-30 minutes a time. Keep warm in cold areas while ventilating. When ships sailing in the high- temperature environment, electronic fans may be used to enhance air circulation and cool the temperature.

2.6.2 Ships arriving at the ports of epidemic areas should pay attention to the ship's air conditioning and ventilating, and maintain the fresh air supply in living quarters. Recommended ratio is 10%-20% of fresh air and 80%-90% circulating air. Such ration can be adjusted as needed up to the shut down the circulating air.

2.6.3 When the fan coil in the central air-conditioning system is in normal use, disinfect the air inlet and return grilles regularly.

2.6.4 On the condition that the fresh air system of central air conditioning is in normal use, if there is an epidemic outbreak, do not stop the operation of the fan. The correct approach is to close the exhaust branch pipe after the evacuation of personnel, then shut off the fresh air exhaust duct after letting it run for a period of time. After all that being done, disinfection to both should be done at the same time.

2.6.5 For the all-air system that brings back the air, the circulating air vent should be completely closed to ensure the intake of fresh air only;

2.6.6 The isolation space on the ship should be ventilated independently or with the circulating operation for the whole ship stopped to minimize the internal air circulation in the living quarters.

2.7 Cleaning and disinfection

2.7.1 Use disinfection products properly, with correct concentration ratio of disinfectant, alcohol, etc.; Take fire & static precaution measures to prevent deflagration, fire, poisoning and other accidents.

2.7.2 Strengthen the management of disinfection materials with

dedicated staff, special room for storage and professional operations to reduce safety risks and prevent security accidents.

2.7.3 Medical facilities, cabins and quarters occupied by patients, suspected cases and close contacts of COVID-19 should be cleaned and disinfected everyday according to cleaning and disinfection protocols.

2.7.4 Ships engaged in the container transportation of cold chain goods and imported high- risk non-cold chain goods shall be cleaned and regularly disinfected in accordance with the company's requirements. Ships shall, before and after the relevant goods are shipped, organize or cooperate with the disinfection unit to check and disinfect the surfaces that may be touched by the operators and the high-risk environments such as places used for the storage of the above-mentioned goods.

2.8 Ship cargo operations

2.8.1 During the cargo inspection, cabin washing, lashing and loading and unloading operations, as well as the ship's container lashing, inspection, securing, and the inspection or emergency handling of empty container, open-top container, door ajar container, FLAT RACK and REEFER container, etc., especially in high latitudes and cold areas, the work environment should be disinfected, and masks, protective clothing and protective gloves should be worn throughout the process. The work time in the cargo hold or other enclosed areas should be reduced as much as possible. PPEs used during the operation shall not be brought into the living area, and all-round personal disinfection shall be carried out before entering the living area after operation;

2.8.2 Ships engaged in cold chain logistics and the container transportation of imported high-risk non-cold chain goods should have a loading plan in place before loading, and arrange the above- mentioned goods in a well-ventilated area away from the living area as much as possible. The crew responsible for plugging and unplugging the cables connected to the cold chain container refrigeration equipment, as well as the crew responsible for daily temperature monitoring, maintenance and assisting the port authority in collecting relevant samples of cold chain goods or food should wear masks, protective clothing and protective gloves throughout the process, goggles and face shields should be worn, when necessary, and the crew should choose the upwind direction as much as possible

during daily temperature monitoring and keep a proper distance from the air outlet of the cold chain container refrigeration system;

2.8.3 During the transportation of the container, the crew shall neither open the container without authorization, nor open the cargo packaging at will to directly contact the cargo or cold chain product packaging. For the deck with cold chain containers, the condensate water should be treated in time and disinfection should be done afterwards.

2.9 Crew change operations

2.9.1 Crew on domestic ships are suggested to be replaced in low- and medium-risk areas, avoiding high-risk areas if possible. Ships on international voyages are suggested to change the crew in a scientific and reasonable manner on conditions of domestic and overseas epidemic development. The crew should always take corresponding preventive and control measures in accordance with the requirements of the local authorities.

2.9.2 Measures, including PPE (personal protective equipment) wearing and temperature monitoring, should be taken during the whole process of crew changes. In case of abnormal health conditions, the changing operation should be suspended immediately, and the cases shall be handled as required properly.

2.9.3 When joining ships, seafarers should be in healthy condition with a record starting 14 days prior to the embarkation. The seafarers should have their body temperature checked at least twice-a-day, and their health condition records signed and verified by the companies or the agencies. For those in healthy condition, point-to-point transport should be arranged as far as possible to transfer them from the residence to the port. When sending seafarers abroad for the crew change, shipping companies or agencies should arrange nucleic acid tests for them as far as possible and monitor their body temperatures prior to boarding and on route of the flight. All epidemic prevention and protective measures required by the landing site authorities should be followed.

2.9.4 Seafarers to leave ships should have their body temperature checked at least twice-a-day, and their isolation and health condition onboard records signed and verified by their master. Ships engaged in international ships intend to operate in domestic ports should report crew members health condition to the maritime authorities 48 hours prior to arrival. When the voyage is less than 48 hours, such information should be reported immediately after the ship leaves the last port of call.

2.9.5 Seafarers to join or leave ships, when being required to be isolated or under observation, shall strictly abide by the relevant isolation requirements and their health conditions shall be reported daily to the shipping companies or the agencies from the date the quarantine starts to the date it ends.

2.9.6 Seafarers newly joined on board should, as far as possible, to take 14 days self- isolation and follow all prevention and control measures strictly. They should avoid any contact with persons suffering from the ill condition, symptoms of cold or flu, and avoid any unnecessary contact with other crew members and passengers on board and maintain one-meter social distance when working with colleagues. When possible, with the safety condition permitted, the exterior stairways, escape routes or walking passages should be used. Any public space, like canteen, common room, and the laundry room or entertainment area, should be avoided. After the working hours or assigned work finished, they should return to their own cabins as soon as possible and have their meals there as well.

2.10 Precautions against overseas epidemics

2.10.1 Shipping companies should reinforce the training on epidemic prevention and control for seafarers serving ships on international voyages. The training should focus on updated pandemic situation and controlling measures required by local authorities on ports along the planned route, with a view to ensuring the ships' compliance when on route and during berthing and operations.

2.10.2 Consideration should be given to the length of the voyage and accessibility of replenishment along the planned route. Ships engaged in international voyages should have sufficient protective equipment

onboard, including masks, protective gowns, goggles, protective gloves, and drugs for prevention and treatment.

2.10.3 Shipping companies should maintain close communication with the China Shipowners Association for the promotion of vaccination for seafarers serving ships engaged in international voyages. To increase the vaccinated proportion, efforts should be made for all Chinese seafarers joining ships to take their doses.

2.10.4 Ships to berth at overseas ports shall check the international epidemic information and the port control measures provided by their companies, formulate corresponding prevention and control strategy, and comply with the requirements of the port of call for cargo operations, ship repairs, ship replenishment, and crew disembarkation.

2.10.5 After arriving at the quarantine anchorage of a foreign port, the ship shall immediately notify the port sanitary authority through its agent. Before the quarantine procedure is completed, nobody other than quarantine officials are allowed for embarkation/disembarkation.

2.10.6 Ships should do the declaration in advance, keep the communication open, and prepare relevant documents according to the requirements of the sanitary authority at the next port of call, including:

- crew health surveys,
- ship sanitary conditions report
- logbooks,
- crew and passenger lists,
- ship medical records; and

cooperate with the inspection according to the requirements of the port sanitary authority.

2.10.7 The master of the ship should immediately alert the shipping company and the port sanitary authority if anyone on board shows symptoms such as fever, cough, diarrhea, fatigue, shortness of breath, etc. Under the guidance of local sanitary authority, active prevention and control measures shall be taken to reduce the risk of the epidemic spreading on board.

2.10.8 If any confirmed cases, suspected cases, close contacts, or those with fever or/and respiratory symptoms onsets are identified by the port sanitary authority, the ship may be considered as infected. In such case, the ship shall actively cooperate with the sanitary authority.

2.10.9 When berthing at a foreign port where the epidemic situation is severe, the crew on board should protect themselves and reduce their direct contact with shore personnel to the minimum. When direct contact deems unavoidable for working purpose, they should choose outdoor space to do so. The crew shall not be sent ashore unless it is for urgent medical care or essential to the ship's operation.

2.10.10 When a ship is scheduled to cargo operation in a port where the epidemic situation is severe, the ship should, via the agency, communicate with the port for the operation plan and prevention and control measures. Ship-shore interface should be under strict control, following the principle of no disembarkation for seafarers onboard and no embarkation for foreign nationalities unless it's considered necessary. The dockworkers' number should be kept to the minimum. Their movement area on board should be kept under strict control and be disinfected as soon as they left. For seafarers in deck department with high exposure risks, when absolutely in need of contact with persons from shore, shall always maintain at least one-meter social distance, wear their PPE properly, i.e., preventive masks and gloves. When necessary, eye protectors and protective gowns should be worn. Direct contact between crew and dock operators should be avoided as far as practical. In principle, crew entering the dock operating area should be prohibited. When dockworkers are working on board, and in short of PPE, the ship should provide for them as far as possible with the condition of having enough supply for crew members.

2.10.11 The ship shall provide necessary protective gloves, masks and other necessary PPE for pilots and other essential personnel who have to do their jobs in ship's bridge cabin. At the same time, crew members who need to be in contact with such personnel should take protective measures properly. Areas occupied by such personnel and their movement area should be cleaned and disinfected after their disembarking.

2.10.12 Ships should take into account the personal protective measures when rescuing people at sea. After the rescued persons

boarding the ship, their health status should be properly learned. The isolation of such persons should refer to the requirements for suspected cases on the ship. The contact between the crew of the ship and the rescued persons should be strictly controlled.

2.11 Region-specific, multi-level targeted approach on passenger ships

Passenger ships should also implement prevention and control measures in accordance with the recommendation of a region-specific, multi-level targeted approach in the annex to this guide. Measures should be taken to effectively protect the health and safety of crew and passengers and to prevent the spread of epidemics, including:

- Minimizing the risk for introduction of persons through pre-embarking screening;
- Raising crew awareness through training and related drills on epidemic prevention and control knowledge;
- Arranging passenger cabins reasonably;
- Ensuring disinfection and ventilation of the cabins;
- Highlighting personal protection for crew and passengers;
- Reducing the exchange between shipboard and shore personnel; and
- Information about health issues should be provided to passengers and crew onboard.

III. Personal protection of crew members

3.1 Personal hygiene

3.1.1 Wash hands, bathe and change clothes frequently, and wash hands with soap or use hand sanitizer:

3.1.2 Wash hands properly or use hand sanitizer if without access to running water, after coughing or sneezing, before, during and after preparing food, before eating, after going to the toilet, after touching others, after touching animals and after going out.

3.1.3 Keep the clothes worn for working or for outdoors activities in the changing room. Do not take them into cabins. Use disinfectants frequently for the laundry.

3.1.4 Cover mouths and noses with tissue or to their elbows when coughing or sneezing to prevent droplets spraying. Used tissue is recommended to be collected and incinerated.

3.2 Recommended hand washing

Wash hands with soap or sanitizer and running water. It is recommended to use six-step hand washing methods.

Step 1: Rub hands palm to palm; Rub your palms together. (five times);

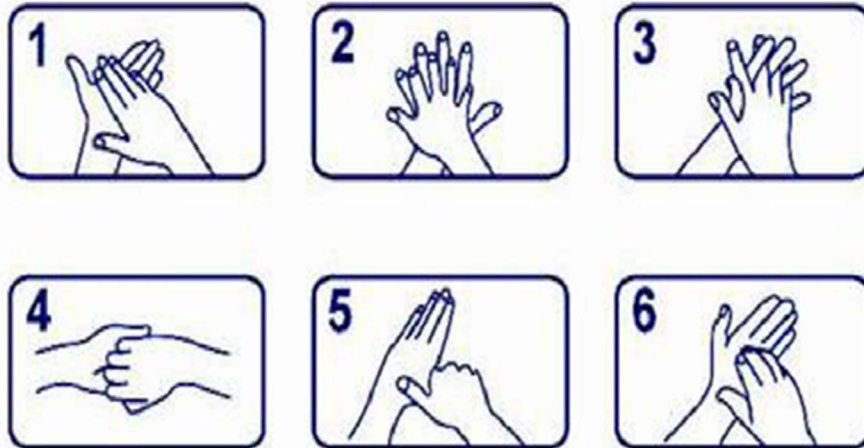
Step 2: Right palm over left dorsum with interlaced fingers and vice versa; Rub the back of each hand (five times)

Step 3: Palm to palm with fingers interlaced; Rub both your hands while interlocking your fingers (five times)

Step 4: Backs of fingers to opposing palms with fingers interlocked; - Rub the back of your fingers (five times)

Step 5: Rotational rubbing of left thumb clasped in right palm and vice versa; Rub your thumbs (five times)

Step 6: Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa. Rub the tips of your fingers (five times)



3.3 Raise awareness

3.3.1 Minimize contact with other crew members onboard and avoid unnecessary contact with outsiders and keep at least one-meter social distance;

3.3.2 All the outsiders including pilots should wear facial masks onboard;

3.3.3 After their disembarkation, ventilate and disinfect anywhere the outsiders appear onboard;

3.3.4 Seafarers should wear facial masks and protective gloves when touching documents, receipts and other items and have them disinfected if needed.

3.4 Self-protection

3.4.1 Wear personal protective equipment properly; when working in summer or high temperature environment and wearing protective gowns, seafarers on duty should take shifts as much as possible and keep hydrated to avoid heatstroke;

3.4.2 At the port, wear masks and protective gloves when leaving the living quarters to work on deck area; avoid close contact with anyone with cold or flu-like symptoms; stay away from public area, livestock or wild animals;

3.4.3 Take sufficient sleep. The reason is insufficient sleep does harm to the human brain's nerve system, brings about unstable emotions, results in low work efficiency and diminish the immunity function and eventually make people vulnerable to COVID-19; and

3.4.4 Maintain workout routine; keep adequate body weight and keep fit.

3.5 Medical Masks

The types of masks that can effectively prevent infection of COVID-19 include: single-use medical masks, medical surgical masks (including ear-mounted and lace type, Standard YY0469-2010/ YY0469-2011, printed on the package), and particulate respirator and surgical mask (GB19083-2020, KN95, N95-3M1860/1870+, FFP2-UVEX) and so on.

3.5.1 Single-use medical mask is recommended to be worn by the crew members in a non-crowded public place;

3.5.2 Medical surgical mask is recommended to be worn by crew members who have suspected infection symptoms or have to keep in touch with other people frequently when on duty;

3.5.3 The protective effect of particulate respirator and surgical mask (KN95 / N95 and above particle protective masks) is better than that of medical surgical masks and single-use medical masks, which are mainly used by medical personnel. It can also be worn by crew members in highly crowded places or in closed public places;

3.5.4 Particulate respirator and surgical mask are recommended to be worn when patients with confirmed diagnosis are transferred.



Ear-Mounted Type Medical Surgical Mask Lace Type Medical Surgical Mask Particulate Respirator and Surgical Mask

3.6 How to wear a mask correctly

Select different types of masks according to different operating requirements. Wash hands or disinfect hands with a quick hand sanitizer before wearing a mask. Check the validity and completeness of the mask, apply it when they are normal.

3.6.1 Masks are required in crowded or closed public places onboard;

3.6.2 If any crew member is suspected of being infected, they should wear a particulate respirator and surgical mask or a medical surgical mask, which should be replaced by a new one every four hours and be replaced in time when damaged, damped or contaminated by the patient's blood or body fluids;

3.6.3 Crew members with respiratory diseases must use protective masks under the doctor's instruction.

3.6.4 Proper wearing medical surgical mask

3.6.4.1 Spread the mouth flat layer with the darker color facing outwards and the metal nose clip facing upwards;

3.6.4.2 Put the mask on the nose, mouth, and chin. Ear-mounting type: ear straps on both sides are hung on both ears; Lace type: lace up the lower straps at the back of neck and the upper ones on the top of head;

3.6.4.3 Put two fingers on the nose clip, press your finger inward starting from the middle position, and gradually move to both sides to shape the nose clip according to the shape of the nose;

3.6.4.4 Lace type: Adjust the tightness of the lace.

3.6.5 How to remove the mask?

3.6.5.1 Do not touch the front of the mask (the contaminated surface);

3.6.5.2 Ear-mounted medical surgical masks: lift the double-handed ear straps on both sides;

3.6.5.3 Lace medical surgical masks: unfasten the lower strap firstly and then the upper strap;

3.6.5.4 Particulate respirator and surgical mask: pull the lower headband of the neck from the back of head, and pull headband over head to remove the mask;

3.6.5.5 Hold the mask straps with your hands and discard it.

3.7 Disposal of used masks

3.7.1 The discarded masks on board should be classified;

3.7.2 The masks worn by healthy crew members should be replaced when deformed, dampened, soiled, or the poor protective performance is found. Masks used by healthy people should be disposed of in accordance with the requirements of domestic waste classification;

3.7.3 Masks worn by suspected or confirmed patients or patients with respiratory diseases or people who were in close contact with them should not be discarded randomly but should be regarded as medical waste and collected in the yellow medical waste bin. Then sprinkle the 5% chlorine disinfectant at the concentration ratio of 1:99 onto the mask, and use 75% alcohol or chlorine disinfectant to disinfect the trash bin twice a day.

IV Emergency response when suspected COVID-19 case(s) identified

When a suspected case is identified, the outbreak prevention and control management plan should be activated. Procedures to isolate, prevent and control should be followed.

4.1 At port

4.1.1 The patients should be immediately isolated, and all crew members should take protective measures;

4.1.2 Ships should report the case(s) to their companies and port authorities, and accept telemedicine instructions;

4.1.3 Ships should contact with the local agency or their company representatives to arrange for the patients' disembarkation and medical transportation and ask the company to provide relevant shore-based assistance. Crew members on board should refrain themselves from being involved in the movement and transportation of patients;

4.1.4 Contact tracing should begin immediately after a suspected case has been identified on board.

4.1.5 The ships should be fully disinfected, and terminal disinfection be done in the patients' cabins and their movement areas.

4.1.6 Close contacts to patients should be isolated and placed under medical observation in their cabins.

4.1.7 Adequate crew for watchkeeping shall be ensured for ships' safety. When in shortage, crew changing shall be properly and timely arranged to make the necessary complements.

4.2 Underway

4.2.1 The patients should be immediately isolated, and all persons on board should take protective measures;

4.2.2 Ships should report to their companies and request telemedicine help from the nearest port authorities and follow their instructions;

4.2.3 The shore-based and ship's medical staff jointly evaluate the patient's condition. If the condition is stable, the patient can be arranged to the local hospital for examination and treatment after the ship arrives at the port; if the patient's condition is acute, emergency response should be kicked in and patients should be sent ashore for treatment as fast as possible;

4.2.4 Ships should activate procedures for emergency crew replacement. Close contacts to patients should be isolated and placed under medical observation in their cabins;

4.2.5 The ship(s) should be fully disinfected, and terminal disinfection be done in the patient(s)' cabins and their movement areas.

4.3 On cargo ships

4.3.1 The ship's air conditioning system should be shut down;

4.3.2 The ventilators of the crews' cabins and public areas should be closed to block the internal air circulation between the crews' cabins;

4.3.3 The patients should be arranged for isolation in the sickbay or their own cabins with natural ventilation;

4.3.4 Suspected patients should be arranged in the same area and in private rooms with doors closed.

4.4 On passenger ships

4.4.1 The patients should be quarantined in the cabins with portholes. The ventilators in their cabins should be closed to block the internal air circulation with others, only naturally ventilation allowed.

4.4.2 The ventilators and return air of the public areas should be closed. The ventilators of the cabins with portholes should also be closed, letting fresh air in;

4.4.3 The air conditioning system only supplies air to rooms without portholes and should be adjusted to fresh air mode;

4.4.4 Return air should be closed to prevent virus spreading;

4.4.5 If possible, ultraviolet sterilizers can be installed in the air-conditioned rooms. According to the requirements of the disinfection duration of the ultraviolet sterilizer, the air conditioner should be started briefly after the disinfection is completed, and intermittent air supply should be applied to ensure sufficient oxygen content in the cabins without portholes.

4.5 Communicating with patients

The broadcasting system and intercoms on board should be used for communicating with patients to reduce the opportunities of direct contact. Food supply and other matters should be provided one after the other at intervals to decrease the possibility of cross-infection.

4.6 Attending patients isolated in the cabins

4.6.1 Patients should wear a mask and be isolated in separate cabins. They should have their meals alone in their own cabins and not be allowed to participate in group activities on board to avoid close contact with other crew members.

4.6.2 The isolation room should be well ventilated or using exhaust fans if necessary. Keep the rooms tidy and clean.

4.6.3 Gloves, tissues, masks and other wastes used by the patients

should be placed in a special disposable bag and labelled as pollutants.

4.6.4 Limit the number of caregivers and try to arrange individuals in good health and without any chronic diseases to take care of the patient. Caregivers should take personal protective measures, such as wearing masks, eye shields and gowns. Protective equipment should be disinfected or disposed after used. Refuse all visits.

4.7 Managing close contacts

All persons on board should be assessed and classified as close contacts or low risks based on their exposure level and the Passenger/Crew Locator Forms (PLF) .Contact tracing should begin immediately after a suspected case has been identified on board. All passengers, medical staff and crew members who have had high-risk exposures to the patients should undergo self-monitored isolation under the supervision of ship medical staff or telemedicine providers for 14 days starting from the last possible exposure.

4.8 Transferring suspected patients

During the disembarkation, other persons on board should avoid contacting the patients. The patients should be limited within a specified perimeter.

In principle, the patients should be transferred by professional medical staff ashore. When circumstances require other crew members' involvement in the transfer of patients, they should perform hand hygiene and wear medical mask, goggles, gowns and gloves.

4.9 Disposal of the medical waste

All wastes in cabins or isolation rooms must be disposed as medical wastes, which should be incinerated on board if possible; or collected and handed over to shore for special treatment as required by the authority of the next port of call.

v Reporting suspected case(s)

5.1 Reporting time

Ships should immediately report any death on board or illness (including fever, cough or short of breath) of the crew member or passenger that has traveled to epidemic areas within the past 28 days to the nearest port or health authority or inspection and quarantine agency ashore and inform the maritime administration.

5.2 Reporting the following information:

5.2.1 Ship's name, type, flag state, port of registry, IMO number or distinctive number or letters, number of crew members and passengers on board;

5.2.2 Ship's ports of call during the last 28 days, including the list of ports of call where the suspected case disembarked;

5.2.3 Suspected cases' onset dates, time and location of the ship;

5.2.4 Patients' information including name, gender, position, birth date, nationality and embarkation date;

5.2.5 The patients record of measured temperature, signs and symptoms (including the time when each symptom appears), the number

of deaths (if any), possible causes, measures taken and the growth of the disease.

For ships on international voyages, if a suspected case occurred on board, complete the Maritime Declaration of Health and send to the competent authority, according to the 2005 International Health Regulations and the national laws and regulations of the country of disembarkation.

VI Prevention and Control under Epidemic Normalcy

6.1 Ships engaged in domestic voyages

6.1.1 During the epidemic normalcy, control measures for seafarers on domestic ships should follow the corresponding requirements under chapters II, III, IV and V regarding the Material Dispensing and Using materials, Monitoring of Suspected Symptoms, Food safety, Cleaning and disinfection, Personal protection of crew members, Emergency response when suspected COVID-19 case(s) identified and Reporting suspected case(s). For things not specified, ships may practice as follows:

6.1.1.1 It is recommended to ventilate sleeping rooms and living quarters at least once per day for 20 to 30 minutes each time.

6.1.1.2 When berthing at the port, seafarers may not be required to wear masks and gloves when working on deck away from their living quarters.

6.1.1.3 It is recommended to make reasonable arrangements to control the number and the frequency of visits of people onboard the ship, including their family members. All ship visits should be limited within a certain area.

6.1.1.4 Seafarers tested normal temperature may go shore under the

condition that they have met the local prevention and control requirements, but still, need to avoid lingering on the crowded space. The ship should record crew's shore visits.

6.1.2 If seafarers on domestic ships had direct contact with persons on international ships on ship-to-ship operations, and the international ships docked in ports with the severe epidemic situation during the past 28 days or had confirmed/suspected/close contact COVID-19 cases or persons been running fever and unable to rule out COVID-related reasons, then the domestic ships should follow the requirements and control measures laid down in chapters II, III, IV and V.

6.2 Ships engaged in international voyages

When ships engaged in international voyages (including ships operating for both domestic and foreign trade) should follow the requirements and control measures laid down in chapters II, III, IV and V when sailing and operating in Chinese waters. Ships may adjust their prevention and control measures dynamically according to the epidemic situation in ports and regions outside China. Nonetheless, remote control and monitoring measures should be reinforced in line with relevant requirements and measures of imported cases should be in place.

VII Adjusting Crew Members' Mental Health during the Epidemic period

The captain should organize the psychological intervention and health adjustment for the crew. During the epidemic period, with the impact of epidemic situation and prevention and control measures onshore, crew change on schedule may be difficult. The normal work arrangement on the ship may be suspended due to the COVID-19 development onshore. Frequent overtime work and without leave, plus insufficient information may result in crew members' negative emotions, such as anxiety, paranoia, irritability, depression, sadness, fear, blind optimism, loneliness, impulsiveness, which should be addressed and get help in a timely manner.

7.1 Psychological intervention to seafarers facing crew change difficulties

7.1.1 Diagnosis of the excessive stress response

7.1.1.1 Sleep disturbances for three consecutive days or longer, such as having difficulty in falling asleep, dreaminess, nightmares, early waking, etc.; presenting obvious physical discomfort, mainly manifested as physical tension, having difficulty in relaxing, poor appetite, frequent urination, micturition, palpitation, restless, sweaty, and fear of cold, etc.;

7.1.1.2 Recalling the news, video or related words about the COVID-19 repeatedly;

7.1.1.3 Easy to be frightened, or afraid to read information related to COVID-19;

7.1.1.4 Seeing or hearing the news of other crew members' leaving the ship or taking shore leaves, they are irritable and uneasy;

7.1.1.5 Recalling the painful experience of a certain stage in the past repeatedly;

7.1.1.6 Obvious emotional instability, nervousness and fear, sadness and depression, or easy to lose temper;

7.1.1.7 Impulsive, offensive, or using aggressive languages or behaving provocatively;

7.1.1.8 When necessary, online guidance and intervention to crew's physical and mental health should be referred.

7.1.2 Acknowledging the risks of stress overreaction

7.1.2.1 Affect mood and behavior;

7.1.2.2 Affect cognitive functions, including attention, judgment, and executive ability;

7.1.2.3 Impaired health condition, such as the exacerbation of the underlying disease, or induce diseases such as high blood pressure, high blood sugar, gout, peptic ulcers;

7.1.2.4 Affect social interaction, work status and family relations.

7.1.3 Psychological intervention

7.1.3.1 Encourage expression and communication

It is difficult for the crew on board to confide to relatives and friends like on land, so as to release or relieve psychological pressure. Therefore, the crew is encouraged to express emotions and sorrows and relax their minds. The crew can actively communicate and share feelings with colleagues in good relations. Organizing group communication activities on board are also recommended;

7.1.3.2 Encourage to keep a diary and record their experiences

A relatively changeless lifestyle on board for a long time tends to weaken people's motivation to think. Seafarers are encouraged to record daily lives and work in a diary to reflect and analyze their emotions, which can help to improve the ability of observation and empathy. Such a method is helpful for redirecting the attention and enhancing the mutual understanding among colleagues. It is also recommended to write letters to family members, though they may not be sent for the time being. In the

future, when reunited, letters can be quietly put under their family members' pillows to express their feelings;

7.1.3.3 Encourage and guide positive thinking.

During the epidemic period, the crew played a significant role in ensuring the smooth running of the international logistics supply chain and the transportation of important epidemic prevention materials. Seafarers are encouraged to acknowledge their contribution to the country and their family. The crew should be aware of their responsibilities in the prevention and control of the epidemic and enhance the sense of national pride and collective honor, while acknowledging their sense of self-worthiness and professional pride;

7.1.3.4 Encourage the team on board to help each other psychologically

The ship's outgoing and the positive-minded crew can be appointed or recommended as the team's psychological mutual assistance team leader. The crew is encouraged to reflect their own stress response and excessive emotions in a timely manner, and to share and ease fluctuating emotions, and maintain a good physical condition and sound mental state;

7.1.3.5 Encourage music, dancing or sports activities

The ship can organize collective activities like music, dancing or sports games according to on board entertainment equipment availability, especially music-related activities. Due to the limited space on the ship and the hull swing, the choice of sports activities should consider safety factors. It is recommended to choose fitness Qigong such as Tai Chi, yoga, Baduanjin (eight-sectioned exercise), Wu Qin Xi (five-animal exercises), or broadcast gymnastics, aerobics, martial arts, etc. which can not only improve the mood of the crew but also enriches life on board and enhances mutual trust and friendship through cooperation and frequent interaction.

7.2 Methods recommended for personal psychological adjustment

7.2.1 Breathing relaxation

Inhale, hold the breath for five seconds, then exhale. Inhale through the nasal cavity slowly and fully to the deepest part of the abdomen, exhale through the nasal cavity or mouth slowly. Allow two normal breaths, then repeat the inhale-hold-exhale for 3-5 minutes.

7.2.2 Muscle relaxation

Lie low or sit upright, relax the muscle from top to bottom, head to toe, and vice versa.

7.2.3 Butterfly pattern patting

With eyes full or partially closed, arms across chest, patting alternately on your shoulders while taking slow and deep breaths. Repeat several times.

7.2.4 Safe-deposit box pattern sealing method

A technique for processing negative emotions by the mean of meditation. Pack and seal the negative emotions accumulated consciously so that the self can be liberated from the negative emotions and ideas in a short time.

VIII. Information and inquires

To consult the Chinese Center for Disease Control and Prevention (CCDC) about the latest information related to COVID-19, please dial CCDC hotline of 12320 or visit <http://www.chinacdc.cn>.

ANNEX: Recommendation on region-specific, multi-level approach to prevention and control of COVID-19 for passenger ships

ANNEX: Recommendation on region-specific, multi-level approach to prevention and control of COVID-19 for passenger ships

Prevention and Protective Measures			High-risk Region	Moderate-risk Region	Low-risk Region
Screening	Passenger ship	screening travelling track within the past 14 days of crew	Before departure	Before departure	Before departure
Training	Passenger ship	Knowledge training on prevention and control COVID-19 among crew members after embarking	Before departure	Before departure	Within 24 hours after departure
		Training on personal protective equipment (PPE) and emergency drill for all crew members; training for relevant crew members on attending patients isolated in the cabins, managing close contacts, transferring suspected patients, crowd management.	weekly	weekly	monthly
Drill	Passenger ship	Simulating an emergency drill during an outbreak, including contacting with the company's shore-based staff, attending patients isolated in the cabins, managing close contacts, transferring suspected patients, crowd management.	weekly	weekly	monthly
Disinfection	Passenger ship	Seat, armrest, railing, floor, bridge, luggage rack, worn life jacket, cabin bed, toilet, etc.	Before departure	Before departure	Before departure

		Hand sanitizer should be provided at the gangway entry point and public areas of living quarters, and areas with toilet or hand sink as well.	Provided	Provided	Provided
Ventilation	Passenger ship (closed-type)	Natural ventilation	With fans and ventilators full-on	With fans and ventilators full-on	Depending on the weather and temperature
		central air-conditioning system (internal-circulation)	Shutdown	shutdown	Use at discretion
	Passenger ship (with seats on open deck)		Seats on deck preferred for passengers	Seats on deck preferred for passengers	—
Transportation	Passenger ship	Seating capacity	≤50%	≤70%	≤90% (except for ships with quarantine space for passengers with fever)
		Cabin arrangement	Single rooms	≤3 persons per cabin	As scattered as possible
		Embarkation and disembarkation of passengers	Embarkation and disembarkation in batches and reducing cluster		
Prevention and protection	Passenger ship	Crew members and passengers should wear masks	100%		
		Crew members should wear goggles and protective gloves	100% wear protective gloves (wear goggles as appropriate)	—	
		Catering, retail and entertainment facilities on board	Retail facilities are available		Catering and retail facilities are available.

		<p>Body temperatures monitoring frequency (international voyages, to-and-from HK & Macau SAR included)</p>	<p>Body temperature monitored normal at boarding terminal or at gangway entry point; Take temperatures daily on-board at every morning, noon and evening after departure.</p>	<p>Body temperature monitored normal at boarding terminal or at gangway entry point; Take temperatures daily on-board in the morning and afternoon after departure.</p>	<p>Body temperature monitored normal at boarding terminal or at gangway entry point; Take temperature on-board once a day.</p>
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		Body temperatures monitoring frequency (domestic voyage longer than 2-hour)	Body temperature monitored normal at boarding terminal or at gangway entry point; Take temperature twice a day (morning and evening for night voyages), and every two hours in the day time (for daytime voyages).	Body temperature monitored normal at boarding terminal or at gangway entry point; Take temperature twice a day (morning and evening for night voyages), and every five hours in the day time (for daytime voyages).	Body temperature monitored normal at boarding terminal or at gangway entry point;	
		Body temperatures monitoring frequency (national voyage shorter than 2-hour)	Body temperature monitored normal at boarding terminal or at gangway entry point;			
		Isolation area for passengers with fever	10% of rated capacity	5% of rated capacity	At the ships' discretion	
		Information registry of passengers with fever	100%	100%	100%	
		Garbage disposal on board	Each voyage	Each voyage	Each voyage	
Ship-shore personnel exchange		Crew	Minimize disembarkation and suspend crew replacement	Suspended crew with necessary exceptions	—	

		Boarding requests of Company's shore-based staff and service-suppliers	forbidden (Except for emergency or essentials)	Restrict service-suppliers (Except for emergency or essentials)	—
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Onboard broadcasting	Passenger ship	Information on hygiene and prevention and protection shall be provided via broadcast or video.	Required	Required	Required
Ferries operating in rural areas should follow the above recommendations as practical as possible.					