COVID-19 Operating Protocols for the Fishing Sector in the Pacific

(December 2021)

Minimising the risk of transmitting COVID-19 in the fisheries sector at sea and in ports in the Pacific

Version History

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These protocols were developed by the Fisheries COVID-19 Protocols Steering Committee, led by Australia's Office of the Pacific (OTP), DFAT, and including the Office of the Parties to the Nauru Agreement (PNAO), the Forum Fisheries Agency (FFA), the Pacific Community (SPC), the Indo-Pacific Centre for Health Security, and MRAG Asia Pacific. These protocols represent a collaborative effort informed by technical experts from regional agencies, FFA Members and the Pacific fishing industry. The Fisheries COVID-19 Protocols Steering Committee acknowledges the close cooperation and commitment by all involved amidst these challenging times to ensure minimise the risk of infection and the resilience of the Pacific fishing sector during the COVID-19 pandemic.

COVID-19 Operating Protocols for the Fishing Sector in the Pacific

Minimising the risk of transmitting COVID-19 in the fisheries sector at sea and in ports

The following protocols have been developed to assist and guide the fishing sector, flag States, coastal and island State governments manage the health and economic impacts of COVID-19 on the fishing industry and peoples of the Pacific islands region. These protocols seek to guide practices that prevent the transmission of COVID-19 on and between fishing vessels and at port, and offer protection for both the ships' crew and local populations at port.

These protocols are drawn from guidance provided by international organisations, including recommendations from the World Health Organization (WHO), the International Maritime Organization (IMO), The Pacific Community (SPC) and the Pacific Islands Forum. With technical support from PNAO, FFA, DFAT and industry partners

The protocols have been divided into two different categories:

1. General COVID-19 Risk Mitigation Protocols that all involved in vessel operations (including vessel crew, stevedores, authorities, technicians etc.) should practise each day (e.g. appropriate hand hygiene and correct sneeze/cough etiquette) for all activities; and

2. Activity-specific COVID-19 Risk Mitigation and Control Protocols that should be implemented in the course of routine fishing operations, annexed to this document

These protocols are designed as an overarching guide to health and safety, and presented as minimum operating standards to guide national laws as relevant to fishing sector operations in the Pacific. The guidelines are regularly reviewed and updated to remain current, as the pandemic evolves. These protocols may be used by industry operators, and flag or coastal states that operate in the FFA region as a guide to development of company policy as well as national orders related to the fisheries sector under State of emergency legislation or policy related to the COVID-19 pandemic.

In the event of any differences, national regulations and directions take precedence over the protocols described in this document. All fishing operations must comply with terms of licence and national regulations. Operations must also follow directions provided by national authorities in zone, or by flag states and Regional Fisheries Management Organisations (RFMO) in high seas.

Protocols Review Process: these Protocols are considered a live document and will be monitored continuously by the Fisheries COVID-19 Protocols Steering Committee (jointly led by the FFA and PNAO) and updated as circumstances change. If not updated sooner, the Steering committee will continue to look to review the protocols at least every six months. The final draft following each review will be circulated to stakeholders including the FFA

members (through the FFA), industry (through the PNA) and health practitioners (through SPC) for a final review prior to finalising.

The second scheduled review of the protocols was completed in December 2021 and includes additional guidance on COVID-19 testing and vaccination and the opening of borders. These will continue to be monitored and updated as the availability of vaccines and associated advice is updated.

Vaccination Update

Industry feedback received in this review suggests very high levels of vaccination of crews on locally based foreign purse seine and long line fleets, this is regardless of vessel flag. Some domestic ventures are implementing "no jab, no job" policies for crews, often in line with government policy. Vaccination of citizens within our region obviously takes priority in nations with limited vaccine supply. WHO data indicates that by early December 2021, national full vaccination rates varied significantly throughout the region; from just over 2% to almost 90% of the total population. Continued adherence to strict COVID protocols is essential for the foreseeable future.

Full vaccination and vaccine passports are increasingly becoming a necessity for international travel, and industry is looking at sourcing vaccinated crews from crewing states, typically in SE Asia to avoid the risk of the virus entering the fishery and impacting company operations. The work by the Pacific Humanitarian Pathway on COVID19 Committee on a regional vaccination certificate will be closely followed by the Sub Committee.

Broad industry support remains evident to have crews on all vessels vaccinated in the region, as returning to home ports is often not practical unless for refit. Otherwise the region's purse seine and longline sectors, whilst incurring increased costs and some significant operational restructure, mostly remain typically operational. Shore services sectors, fresh exports, placement of crews and observers remain largely suspended and a priority to see safe resumption.

With the emergence of new variants which are potentially more transmissible, virulent and/or against which current vaccines are less effective, the application of these protocols and especially the basic compliance with masks and hand washing / sanitation will continue to be critical.

Opening up Borders - The Cost to the Community and Economy

Uninfected communities [islands and vessels] have to date had no increased care issues in community or hospitalization otherwise. This is largely the result of rigid lock down and strict protocols at ports. Rigid quarantine protocols, e.g. 14 days since last potential contact, have to date kept the virus out of many Pacific island communities by catching it at borders

/ quarantine hotels, or stopping the spread [lockdowns] where it has entered. To date this has generally been a success, but at some economic cost to island nations and the fishing industry.

Full vaccination and adherence to strict protocols reduces the risks of infection, transmission, severity of infection and death with respect to currently circulating variants.

Unvaccinated or partially vaccinated individuals and communities [islands / vessels] are particularly vulnerable, although this may vary with the new variants emerging and the level of health care available.

As borders open up with the 70-80% vaccination targets met and a "sense of security" emerging, the levels of virus circulating in the community [island / vessel] is likely to rise significantly once it enters. This has been the trend globally e.g. UK, Singapore, Israel, etc.

Whilst those fully vaccinated may experience more minor symptoms, those unvaccinated will face a higher risk of severe symptoms and fatality.

This may place a very high load on island health services and stress their capacity to manage serious cases from the ports and community. To date, rigid protocols have shielded many islands and vessels from handling COVID -19 infected cases.

Further, should the virus enter unvaccinated fishing fleets at sea, other oceans have seen up to 50% of the fishing effort suspended, which will see an equally significant drop in island government revenues and GDP as a result, this resulting in a potential economic collapse. An efficient vaccination passport may be mandatory for all seeking employment or travel internationally as well as rapid testing at borders moving forward.

In conclusion, vaccines need to be used alongside mask wearing, social distancing and hygiene to minimise the risk of transmission and protect island communities.

Contents

General COVID-19 Risk Mitigation Protocols

All vessel operators and crew have the responsibility to practise the following protocols routinely **at all times** to mitigate the spread of COVID-19.

Mitigation Principles	Protocols
1: Maintain good personal hygiene[1]	**Avoid touching your face** (especially eyes, nose and mouth) at all times, and wash hands thoroughly with soap and water after doing so. **When coughing and sneezing, cover your nose and mouth with a tissue or do so into your elbow.** Throw tissues into a closed bin immediately after use, wash your hands with soap and water for at least 20 seconds, then dry thoroughly. **Regularly clean your hands thoroughly with soap and water** or, alternatively, with an alcohol-based hand rub (> 60% ethanol) for at least 20 seconds, then dry them thoroughly: - after coughing or sneezing - before and after caring for a sick crew member - before, during and after preparing food - before eating - after toilet use - after touching common surfaces, e.g. door handles, tables, railings, navigation panels, etc. - After taking out the garbage or collecting empty garbage bins - After getting off public transport and upon entering vessel - Place posters around handwashing facilities, to show how to correctly wash and dry hands. - Ensure that there is adequate liquid soap and paper towels for drying hands, by each communal handwashing facility. If hands are not dried completely, good hygiene will not be achieved, and the hand washing will be ineffective.

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[1] International Chamber of Shipping, Guidance for Ship Operators for the Protection of the Health of Seafarers, https://www.ics-shipping.org/docs/default-source/resources/covid-19-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers-v2.pdf?sfvrsn=4

2: Practise physical distancing and masking on board vessel[2]	● **Physical distancing measures (keeping at least 1 metre apart) should be maintained at all times,** where possible, avoiding direct contact with other people.
	
	● **Appropriate personal protective equipment (PPE) should be worn** (see Annex 12A for further guidance), including:
	  - Face mask at all times when in communal areas
	  - Disposable gloves when handling tools and equipment
	
	● **Masking is an important measure to provide additional protection in contexts where there is a risk of COVID-19 and physical distancing is not possible or difficult to maintain.**
	  - Wearing a mask protects others if you are unknowingly infected by reducing the risk of you passing the virus on to others.
	  - Well fitted and high quality masks can provide additional protection to the wearer (refer Appendix 2).
	
	● Ensure daily work and tasks are assigned to the crew to minimise contact and proximity with other crew to the extent possible.
	
	● Spend time outside on deck when possible, with face mask on, maintaining recommended > 1 m physical distance from other crew.
	
	● Self-isolate if unwell, and seek medical advice.

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[2] Communicable Diseases Network Australia, Coronavirus Disease 2019 (COVID-19) National Guidelines for Public Health Units (v 3.5, last updated 24 July 2020): https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/$File/COVID-19-SoNG-v3.5.pdf

3: Maintaining, cleaning and disinfecting surfaces on the vessel[3]	● Ensure cabin/personal living areas, common room tables, tools and equipment and commonly touched surfaces (e.g. door handles, taps, light switches) **are wiped down at least once a day, with an appropriate disinfectant,** as the virus can survive on different surfaces between 3 – 72 hours.[4]
	
	  - See Annex 12C for guidance on disinfectant equipment standards.
	
	  - Surfaces should always be cleaned with soap and water or a detergent to remove organic matter first, followed by disinfection.
	
	● **Cleaners should wear adequate PPE** (see Annex 12A for further guidance) and be trained to use it safely, including proper disposal in a closed lined waste bin, followed immediately by washing hands thoroughly with soap and water for at least 20 seconds and drying hands completely.
	
	  - Appropriate PPE should be worn during the cleaning process.
	
	  - All reusable cleaning cloths should be washed immediately in hot soapy water, before drying.
	
	Port states may require a deep clean as part of their COVID19 management regimes. **'Deep clean'** refers to a cleaning and sanitising regime that is more thorough and extensive than current procedures with a focus on surfaces that may have been exposed to the COVID-19 virus.[5] See Appendix 1 for further details, and Appendix 2 for guidance on disinfectant equipment standards.

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[3] WHO Guide to Ship Sanitation, 3rd Ed. 2011

[4] Up to three hours on aerosols, up to four hours on copper, up to 24 hours on cardboard and up to 72 hours on plastic and stainless steel. Source: New England Journal of Medicine

[5] Australian Joint Food Regulation System (2020) 'Additional Cleaning and Sanitising for Food Businesses in Response to COVID-19 Exposure' (accessed 5 August 2020, available here).

4: Regular health checks	● **All vessel personnel should be informed of common symptoms of COVID-19** (fever, cough, sore throat, shortness of breath, loss of smell, loss of taste—see Annex 10 for further details) and asked to monitor and report any of these symptoms immediately to the Captain.
	- Any crew member with a fever and/or respiratory symptoms should be isolated immediately, and managed as a suspected COVID-19 case.
	- The Captain or vessel owner should be advised immediately of any cases of illness exhibited by crew.
	● **In the first instance, Captains or vessel owners should report any COVID-19 symptoms on board to relevant flag, coastal, and port State health authorities** (see Appendix 3 for contact details for Pacific island countries), and seek further guidance. Relevant fisheries authorities, as contacted during routine fishing operations, should also be advised. Relevant authorities are:
	- Authorities of the port state the vessel is intending to travel to; and
	- Authorities of the country that the vessel is currently in (if in a country's exclusive economic zone).
	● **The Captain or vessel owner should ensure sufficient quantity of non-contact infrared thermometers or thermal scanners on board.** See Annex 12B for further guidance on medical equipment standards.
	● **All crew should have their temperature taken at consistent 24-hour intervals** (by designated on board medical officer): [6]
	- On board medical officer should be wearing appropriate PPE (including a medical face mask and gloves; see Annex 12A for further guidance);
	- If crew have a high temperature (≥ 37.5°C), re-take temperature 1 hour later to confirm.
	- If a high temperature is confirmed, proceed with isolation measures described in Annex 10.
	● The Captain or vessel owner should maintain a securely stored **confidential logbook** recording temperature readings and any symptoms of COVID-19 against each crew member's name.[7]
	The Captain or vessel owner should provide information to health authorities at the next port of destination before arrival[8]

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[6] THE PNA FIMS app provides a tool to monitor crew lists and daily temperatures with the ability to send alerts to authorities and the company for out of range temperatures.

5: Monitoring vessel contact	● **Generally, vessels having no contact with another vessel, and being symptom-free, for at least 14 days before interacting with other vessels or with other fishing operations:**
	- For example, before entering port, or prior to transhipment or bunkering.
	- Exceptions may apply (see Annex 1: Vessel entering port).
	Vessels to maintain details of contact with other vessels while at sea (e.g. for transhipment or bunkering). [9]

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[7] Date and time of test should be recorded for all crew members by most senior crew-member, and provided to Captain for secure storage

[8] World Health Organization, International Health Regulations 2005, Handbook for management of public health events on board ships.

[9] The PNA FIMS app provides port states a tool to monitor all vessel proximity interactions prior to port entry including options on prior 14 days +/- and distance between poll on VMS e.g. 1000m

6: COVID-19 Testing and Vaccination	• **As testing is now widely available, vessel operators should ensure that crew provide proof of a negative COVID-19 Polymerase Chain Reaction (PCR)* test result from a laboratory prior to embarking the vessel.**
	
	  - This test must be conducted 72 hours or less prior to the scheduled departure.
	
	  - Prospective crew members should remain in self-quarantine away from the vessel between taking the test, receiving the test result and embarking the vessel (subject to the negative PCR test result).[10]
	
	  - Proof of PCR testing should include:
	    o name as it appears in the individual's passport
	    o either date of birth or passport number
	    o the test result (such as 'negative' or 'not detected')
	    o the test method used, for example, COVID-19 (or SARS-CoV-2) PCR test
	    o the date of collection for the COVID-19 PCR test.
	
	• Rapid antigen tests should not be accepted as proof of negative COVID-19 status prior to embarking the vessel.
	
	  - Rapid antigen tests (also known as rapid tests or point-of-care tests) can be used to diagnose active COVID-19 infection, but they are generally less sensitive than PCR tests. In an environment where the prevalence of COVID-19 disease is low, this may result in some false positive and false negative results.[11]
	  - Vessel operators may wish to consider carrying a stock of rapid antigen tests on board to verify COVID-19 infection in the event that a crew member experiences COVID-19 symptoms. Protocols for use of rapid antigen tests, and the specific scenarios when rapid test results require confirmation with PCR tests, should be discussed with operator medical personnel.
	  - Antigen testing can be used to support decision making on how to handle suspected cases on board and for selecting appropriate interventions. However, rapid testing should not substitute for other protection measures (such as isolation, physical distancing, masking, and maintaining hygiene measures).
	  - There are a large number of rapid antigen tests available on the market, which vary in quality. Consider procuring only those tests which have received WHO Emergency Use Listing or approval from a Stringent Regulatory Authority (such as Australia's Therapeutic Goods Administration or the US Food and Drug Administration).[12]

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[10] Under these protocols, only PCR based tests are recognised as valid for assessing COVID-19 status prior to embarking on a vessel.

- **Vessel operators should ensure all crew receive a completed course of a COVID-19 vaccine which has received WHO Emergency Use Listing (EUL)[13] prior to embarking on the vessel.**
  - Refer to Appendix 6 for a list of WHO EUL COVID-19 vaccines.
  - Where feasible, to maximise the protective effect, crew should have completed their vaccination course 14 days prior to embarking on the vessel.
  - The aim of COVID-19 vaccination is to not only to reduce the risk of infection; but also to reduce cases of severe illness if infected; and reduce disease transmission
  - However, current COVID-19 vaccines do not completely block transmission or eliminate the risk of disease. As such, even high rates of vaccination does not replace the need to maintain other preventative measures (such as hand hygiene, masking, and physical distancing).

- **Vessel operators should require all crew to provide an official COVID-19 vaccination certificate as proof of vaccination**

  At a minimum, vaccination certificates should be:

  - Issued by a national or state/provincial-level authority or an accredited vaccination provider
  - Written in English or accompanied by a certified translation
  - Containing at a minimum:
    - name as it appears in the individual's passport
    - either date of birth or passport number
    - the vaccine brand name, and

[11] TGA (7 Sept 2021). https://www.tga.gov.au/resource/covid-19-rapid-antigen-tests-guidance-and-checklist-businesses.

[12] Rapid diagnostic tests which have received WHO Emergency Use Listing can be found here: https://extranet.who.int/pqweb/vitro-diagnostics/coronavirus-disease-covid-19-pandemic-%E2%80%94-emergency-use-listing-procedure-eul-open. Rapid tests approved for distribution in Australia can be found here: https://www.tga.gov.au/covid-19-test-kits-included-artg-legal-supply-australia and in the United States here: https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2.

[13] WHO Emergency Use Listing (EUL) is a procedure for rapidly assessing the quality, safety and efficacy of vaccines, diagnostics and other medical products during public health emergencies. The list of COVID-19 vaccines which have received WHO EUL can be found here: https://www.who.int/teams/regulation-prequalification/eul/covid-19. The International Chamber of Shipping also recommends the use of vaccines with WHO EUL: https://www.ics-shipping.org/publication/coronavirus-covid-19-vaccination-for-seafarers-and-shipping-companies-a-practical-guide-second-edition/

	- the date of each dose or the date on which a full course of immunisation was completed.[14] - If a crew member is not able to receive vaccination for medical reasons, they should also provide written evidence of this (e.g., medical certificate/doctor's note). ● **Vessels using the Industry based FIMS Android app should ensure they complete the COVID-19 check and COVID-19 vaccination data fields and send the data daily to PNA FIMS as required.[15]** *Only PCR based tests are recognised as valid under these protocols.

[14] These vaccine certificate details are based on the Australian Passport Office guidance:
https://www.passports.gov.au/guidance-foreign-vaccination-certificates
[15] This App compliments the Crew temperature app also on Industry FIMS.

Activity-specific COVID-19 Mitigation Protocols

Annexed to this document are detailed COVID-19 Mitigation Protocols to be implemented in the course of routine fishing vessel operations. Below is a list of activities for which protocols have been provided.

Annex	Fishing activity
1	*Vessel entering port*
2	*Vessel compliance inspections in port and sea*
3	*Transhipping catch in port, territorial or high seas*
4	*Bunkering*
5	*Unloading and containerisation of catch in port*
6	*Joining and boarding a vessel*
7	*Disembarking a vessel*
8	*Onshore repair/maintenance*
9	*Reprovisioning*
10	*Management of COVID-19 cases on board fishing vessels*

FLOW CHART - AT SEA [PORT TO PORT] WITH PROTOCOL ANNEX REFERENCES

DEPART PORT

AT SEA BOARDING AND INSPECTION BY AUTHORITIES. SEE ANNEX 2

MEET ANOTHER VESSEL AT SEA - BUNKERING, PROVISIONS, CREW CHANGE, FISHING GEAR, BAIT, COMPLIANCE INSPECTION AT SEA, ETC. SEE ANNEX 2, 3,4,6,9

14 DAYS WITHOUT CONTACT

14 DAYS WITHOUT CONTACT

Maintain a record of crew COVID 19 testing and records of COVID 19 vaccinations. [Industry FIMS / PNA FIMS have a APP to monitor this]

MAINTAIN CREW LIST AND DAILY TEMPERATURE RECORDS FOR LAST 14 DAYS [APP ON IFIMS OR OTHER REPORTING REQUIREMENTS]

ARE ANY READINGS AT OR ABOVE 37.5C OR SHOWING OTHER COVID SYMPTOMS ?

YES

RETEST AFTER 1 HOUR, - **IS IT AT OR ABOVE 37.5C**

YES

REPORT TO HEALTH AUTHORITY OF PORT, FLAG AND COASTAL STATES FOR MEDICAL GUIDANCE. SEE APPENDIX 3

NO

NO

Request port entry

PROVIDE 72 HOUR [OR AS AGREED] PRIOR NOTICE, AND PROVISION OF 14 DAY TEMPERATURE RECORDS AND OTHER REQUIREMENTS TO THE PORT AUTHORITY. SEE ANNEX 1

GRANTED PORT ENTRY ?

NO

DENIED PORT ENTRY -HEAD FOR ANOTHER PORT OR TO OFFSHORE QUARANTINE STATION AND SEEK MEDICAL SUPPORT

YES

PILOTAGE TO ENTER PORT, SEE ANNEX 2

OFFSHORE QUARANTINE STATION

ENTER PORT OR TRANSSHIPPING STATION, SUBJECT TO PORT QUARANTINE REQUIREMENTS

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FLOW CHART - IN PORT WITH PROTOCOL ANNEX REFERENCES

APPROVED ENTRY TO   PORT / TRANSSHIPMENT AREA –

GRANTED SUBJECT TO 72 HOUR [OR AS AGREED] PRIOR NOTICE, AND PROVISION OF 14 DAY TEMPERATURE RECORDS AND OTHER REQUIREMENTS AS REQUIRED BY THE PORT AUTHORITY. AND SUBJECT TO **MAINTAINING 500 M COVID EXCLUSION ZONES IN ALL PORT AREAS .   SEE ANNEX 1**

PILOTAGE INTO AND WITHIN PORT AREAS, ANNEX 2

CUSTOMS, HEALTH, FISHERIES CLEARANCE - IF NOT ELECTRONIC , ANNEX 2

IF ANY HEALTH CONCERN

HEALTH AUTHORITY

QUARANTINE STATION ANNEX 10

ANCHORAGE

WHARF

TRANSSHIPMENT.- AVOID DIRECT CONTACT MAINTAIN CREW SEPARATION - ANNEX 3

SECURITY AND HEALTH CHECKS ON WORKERS, CREW, OBSERVERS AND TECHNICIANS INTO AND OUT OF PORT AREAS AND VESSELS. MINIMIZING CONTACT AND FOLLOW PROTOCOLS ANNEX 6.7

RETURN TO SEA , [SUBJECT TO CLEARANCES AND PILOT]

REPAIR AND MAINTENANCE
MAINTAIN SHORE / VESSEL CREW SEPARATION

ANNEX 6 , 7, 8

CONTAINERIZED CATCH / DISCHARGE.

MAINTAIN SHORE / VESSEL CREW SEPARATION ANNEX 5

PROVISIONING
MAINTAIN SHORE / VESSEL CREW SEPARATION

ANNEX 9

NET REPAIR
MAINTAIN SHORE / VESSEL CREW SEPARATION

ANNEX 6 , 7

BUNKERING
MAINTAIN SHORE / VESSEL CREW SEPARATION ANNEX 4

ANNEX 1: VESSEL ENTERING PORT

All persons involved in a vessel's entry into port need to practise the *General COVID-19 Mitigation Protocols* (see above) in addition to any port State requirements. However, there are minimum standards that all vessels should practise.[16]

BEFORE ENTERING PORT

All vessels arriving at a port must provide all documentation—including a notice of intent to enter port (details below) —required by the port State's local authorities at least 72 hours before intended arrival, or as per the national prescribed timeline requirement. Documents should ideally be provided to the relevant port State authorities electronically as required during routine fishing operations. Documents include:

- The captain and crew list of the arriving vessel
- A declaration that no contact with other vessels or ports have occurred within the last 14 days, including:
    - A statement on the last Port of Call:
        - If coming from a foreign port State or has interacted with another vessel, the vessel should demonstrate at least 14 days at sea with no COVID-19 symptoms and with no contact with another vessel prior to entering port.
        - Dispensation at national level may be considered for vessels operating from and returning to the same home port with a domestic licence, where it has not bunkered, transhipped or otherwise interacted with other vessels at sea, e.g. fresh longline vessels.
    - If applicable, details of any proximity contact with other vessels at sea (including the name, date, location, and activity) The FIMS proximity app can independently validate this.
- *Crew Health Self-Declaration Forms* (Appendix 4) for the vessel's entire crew, completed for the day of port entry. The FIMS crew list and 14-day temperature records and COVID 19 vaccination records can be provided via the Industry FIMS app
- If applicable, report any exchange of crew members whilst vessel at sea (supported through FIMS app).
- A confidential record of all crew members' temperature and symptom checks at sea for at least the last 14 days, or for the period of duration at sea, and up to the date of port entry. This may be stored and transmitted to authorities electronically.
- If applicable, a statement of any suspected or confirmed COVID-19 cases on board.
- Other documentation prescribed by the port's state of emergency orders, including data and information from the vessel that may support a Port Entry Risk Assessment.

Failure to provide may result in denial of port entry and access to port services or require alternative mitigation measures to be decided by port State.

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[16] Procedures drawn from sources including: ABF: Restrictions on commercial maritime vessels and crew; ICS: Guidance for ship operators for the protection of the health of seafarers; COVID-19 information for the marine industry (Australian Government Department of Health)

WHEN ENTERING PORT

To mitigate risk of COVID-19 transmission on board, the following protocols should be applied to any shore-based person (non-crew) wishing to embark the vessel entering port—including ships pilot, fishery inspectors, and workers in customs, immigration and health:

- Effective vessel security should be maintained at all times to prevent unauthorised personnel boarding or disembarking the vessel.
- Consider protocols to screen non-crew boarding the vessel (e.g. biosecurity officers, immigration, customs, fisheries or marine pilots) by requiring them to complete a screening questionnaire (*Crew Health Self-Declaration Forms*—Appendix 4) or to undergo body temperature measurement at the time of embarkation (most relevant in countries where there are confirmed, probable or suspected COVID-19 cases).
- On-board handwashing facilities with soap should be provided by the vessel and made available to those required to board the vessel. Alcohol-based hand sanitiser may need to be carried by those required to board the vessel.
- Crew should restrict their interaction with non-crew members to those that are critical to the safe operation.
- Crew and non-crew must also use PPE (including face masks) in public spaces on board the vessel. For further details on PPE, see the *General COVID-19 Mitigation Protocols*, above, and Annex 12A for PPE standards.

Refer to all other annexes for specific protocols on fishing activities that may take place in port:

- **Annex 2:** Vessel compliance inspections in port
- **Annex 3:** Transhipping catch in port
- **Annex 4:** Bunkering in port
- **Annex 5:** Unloading and containerisation of catch in port
- **Annex 6:** Joining and boarding a vessel
- **Annex 7:** Disembarking a vessel
- **Annex 8:** Onshore repair/maintenance
- **Annex 9:** Reprovisioning

In the event there is illness or suspected COVID-19 cases on board,

- **Annex 10:** Management of COVID-19 on board fishing vessels.

ANNEX 2: VESSEL COMPLIANCE INSPECTIONS IN PORT AND SEA

All persons involved in compliance/enforcement inspections in port and at sea (both crew and inspection teams) need to be fully vaccinated and practise the *General COVID-19 Mitigation Protocols* (see above) in addition to any port State or authorised inspection vessel requirements. Before boarding, inspection teams should review the subject vessel's port entry documentation to familiarise themselves with the vessel including any COVID-19 related risks. All persons involved in compliance checks of vessels in port and at sea should practise the following protocols.

BEFORE THE VESSEL COMPLIANCE INSPECTION

Documents need to be prepared for inspection:

- Annex 1 suggests the minimum documentation that a vessel intending to **enter port** may be required to provide to the authorities of a port State—ideally electronically, and no less than 72 hours or subject to port State requirement for COVID-19.
- For **at sea** boarding and inspections, the authorised vessel and Inspector are expected to collect information on fishing vessel activities in the region through the use of patrol planning information on all vessels of interest. Pre-boarding questions via radio, and visual observation of vessel activity shall also be used when in contact with a vessel at sea.

Before undertaking the inspection activity, authorised inspectors should carry out compliance checks and a pre-boarding risk assessment (using documentation listed above—see Annex 1). Inspectors should evaluate the level of inspection, identify compliance areas of interest and identify potential physical and health risks to inspectors using the SMEAC[17] planning tool.

FFA Operation COVID (OPCOVID) provides support for the use of fisheries data to support risk assessments of vessel movements (as required by State of Emergency requirements). Listed below are key MCS tools and reports available that Inspectors can use to verify information and conduct a risk assessment of the vessel for a particular fishing trip:

- FFA Vessel Register[18] , PNA vessel register [OVR][19] and the WCPFC Record of Fishing Vessel[20]
- National and regional fishing license information
- MCS tools, systems and reports (e.g. FFA VMS, Regional Surveillance Picture, RIMF2, PNA-FIMS and weekly VMS reports)
- Vessel report requirements (e.g. zone entry/exit, port entry etc.)

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[17] SMEAC - Recognised planning tool in a Compliance environment, document orders and instructions for field operations (Situation, Mission, Execution, Administration, Command)

[18] FFA Vessel Register (Public Access): http://rimf2.ffa.int/public/goodstanding/list

[19] PNA vessel register is available through PNA FIMS portal, and purse seine list https://www.pnatuna.com/Register-Vessels

[20] WCPFC Record of Fishing Vessels is available at https://www.wcpfc.int/record-fishing-vessel-database

- FFA OPCOVID RFSC[21] COVID-19 Vessel Movement Analysis, High risk 3nm VOI Report and Vessel Contact tracing tool available on RIMF.
- PNA FIMS proximity and other tools
- Aerial Surveillance Products

Immediately before embarking the vessel for inspection, Inspectors should follow the general pre-boarding protocols (Annex 6), and additionally:

- Boarding inspectors wear PPE [mask and gloves] as a minimum (see Annex 12A for PPE standards).
- Comply with health requirements before embarking a vessel. Inspectors involved in compliance inspection must provide a *Health Self-Declaration Form* (Appendix 4) and/or proof of vaccination if required
- Use the above fisheries occupational health and safety (OHS) risk assessments to develop a search plan for areas of the vessel requiring visual inspections. The search plan shall consider heightened COVID-19 risks in confined spaces such as the accommodation, fishing gear, fish holds, store rooms, kitchen, hidden compartments and Captain's cabin.
- When in port, ensure health authorities have undertaken clearance of the vessel or provided appropriate management direction.
- Ensure any information required to support the inspection is obtained from the vessel or the operator electronically prior to actual boarding and inspection to save time, and ensure safety and security of Inspectors and the crew.
- Follow health protocols required by the relevant port State, sanitation process (see *General COVID-19 Mitigation Protocols*, above, complete a screening questionnaire (*Crew Health Self-Declaration Forms*—Appendix 4) and have temperature checked prior to boarding the vessel.[22]

A vessel of high risk or suspected or confirmed COVID-19 case on board will not be inspected for fisheries compliance purposes until health authorities provide clearance or appropriate management guidance. Inspectors will, where possible, instead establish radio communication to obtain required information.

WHEN UNDERTAKING THE VESSEL COMPLIANCE INSPECTION

Inspectors should:

- Present themselves to the vessel Master, provide relevant health declaration as the Inspection party and request for and examine vessel documentations.
- Carry alcohol-based hand sanitiser and/or wash hands when in contact with any frequently touched surfaces (including door handles and walls), unless wearing gloves.

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[21] Regional Fisheries Surveillance Centre OPCOVID: rfsc@ffa.int RIMF COVID-19 MCS Tool at https://rimf.ffa.int/vms .

[22] As applicable evidence of COVID19 vaccination / PCR testing

- Use camera technology to collect coverage of inspection and evidence in all required areas of the vessels, in particular confined high risk areas that require restricted contact and movement.

All Inspectors and crew are required to wear protective clothing and PPE as per the *General COVID-19 Mitigation Protocols* (see also Annex 12A for PPE standards), and inspectors must wear face masks and gloves. All crew must remain on-board at a designated location on the vessel while the vessel is inspected.

AFTER THE VESSEL COMPLIANCE INSPECTION

Inspectors should follow the general disembarking protocols (Annex 7), and additionally:

- All equipment used during an inspection should be disinfected after each inspection.
- All personnel handling vessel original documentation (e.g. vessel log sheets) are required to wear disposable gloves and face masks.
- All PPE should be disposed of in a designated medical waste location immediately upon disembarkation (see further, Annex 12A).

ADDITIONAL STEPS WHERE A VESSEL IS DETAINED IN PORT

Additional COVID-19 mitigation measures and safety precautions need to be considered if it is determined that a vessel needs to be detained following a compliance inspection. Options for detaining the vessel for further investigation shall be considered in conjunction with local COVID-19 Quarantine and Management for incoming crew. Inspectors shall also consider:

- Designating a quarantined dock at port, securely fenced with appropriate security (Annex 5)
- Informing local health authorities of the detention of the vessel and the health of the crew.
- Applying quarantine arrangements on the seized vessel, which may include a quarantine period.
- Prioritising health and quarantine measures before further investigation of crew and evidence collection from the vessel for fisheries offences.

In the event there is illness or suspected or confirmed COVID-19 cases on board, refer to Annex 10 for *Management of COVID-19 on board fishing vessels.*

ANNEX 3: TRANSHIPPING CATCH

These protocols apply to the transhipment of any catch either in port or at sea.

All persons involved in transhipment must practise the *General COVID-19 Mitigation Protocols* (see above) in addition to the measures described below:

BEFORE TRANSHIPPING CATCH

The vessel should:

- Demonstrate at least 14 days at sea with no one on-board having COVID-19 symptoms if the vessel is coming from a foreign port State, or has interacted with another vessel whilst at sea.
- (If possible) implement technological solutions that reduce the need for face-to-face interaction and that collects information or data for reporting (e.g. using camera/video recorders) to replace and/or reduce personnel physical interaction when transhipping.

WHEN TRANSHIPPING CATCH

Generally, crews should:

- Sanitise their hands before and after any involvement in the transfer of catch between vessels. If possible, use personal gloves when handling catch and do not share gloves.
- Sanitise any items handled without protective equipment (i.e. pens, folders, etc.) before and after use.

Crew should minimise face-to-face contact by:

- Prohibiting interaction between the two vessels' crew where possible.
  - o Where interaction between crew and non-crew is required (e.g. when passing loading papers), both should wear PPE (including gloves and face masks; see Annex 12A for PPE standards) and maintain 1 m distance as far as possible.
- Maintaining a strict exclusion zone of 500 m around all vessel operations whether in port or at sea to avoid contamination to/from other vessels and coastal communities. This includes a total ban on bartering/trade of supplies and services.
  - o When at port, this strict exclusion zone should be maintained 500 m seaward of the wharf area boundary.

When you are bunkering in port or at sea, all persons need to practise the *General COVID-19 Mitigation Protocols* (see above) in addition to the measures described below. These bunkering protocols also supplement routine bunkering industry standard operating procedures.

Where relevant, bunkering staff must also generally follow protocols for:

- Joining and boarding a vessel (**Annex 6**)
- Disembarking a vessel (**Annex 7**)

If bunkering in port, vessels will already be subject to port entry requirements (Annex 1).

Best-practice industry guidance for fuel tankers and fishing vessels recommends no physical contact during bunkering. However, these protocols include a more precautionary provision in the case that physical contact is required and where available industry guidelines are not followed rigidly.

BEFORE BUNKERING

Both vessels should:

- Ensure that the tanker vessel has been at sea for 14 days (without anyone having COVID-19 symptoms) prior to the first bunker.
- Ensure that all other vessels with whom the vessel bunkers should have been at sea for 14 days without anyone having COVID-19 symptoms.[23]
- Communicate all administrative matters through electronic means (email, phone, internet etc.).
- Disinfect the bunker station beforehand (including the flanges, ends of bunker hoses, valve handles, handrails, slings and platforms) along with drip sample equipment.
- Ensure that the receiving vessel should provide their hose sling for the hoisting of hoses and disinfect them.
- Ensure that non-crew members involved in bunkering are restricted to designated areas under hygienic control and with PPE.
    - Vessel crew not involved in bunkering isolate themselves if non-crew members are on-board. Clear marking and tagging should be put in place as physical barriers to maintain isolation distances for non-bunker staff from bunker persons
- Clean and disinfect gangways, handrails and access areas.
    Design bunkering operation without person-to-person physical contact, where possible.

WHEN BUNKERING

Vessel crew involved in all bunkering operations should:[24]

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[23] Exceptions may be granted under domestic policy for domestic vessels departing from and returning to the same COVID19 free port

[24] Safety4Sea Website (2020), 'Safe bunkering operations during COVID-19' (accessed 23 July 2020, see here).

- Where possible, bunker operation vessels with safety distances of 60 m minimum.
- As much as possible, use vessel derricks to hoist hoses and samples etc. to avoid use of gang ways.
- Disinfect ends of bunker hoses and flanges, slings as soon as hoses are swung aboard.
- Use electronic communications when bunkering and in reporting sample testing results:
  - Results should be communicated to the vessel by tanker or shore facility electronically (email, phone etc.).
- Disinfect filled sample bottles before they are handed over, and wear PPE (including masks, goggles and gloves) when handing over.
- Disinfect the hose sling upon completion of cargo discharge and lowering of the hose.
  - For cargo discharge operations on shore, the hose should be disinfected by vessel crew and lowered to the dock apron. Hose should be placed on hose trolleys, and the vessel crew should disinfect the operational hose/hoses handled by ship staff.
- Wear PPE if physical contact is required (including face masks, goggles, and gloves, disposal coverall from head to toe; see Annex 12A for PPE standards).
- Manage administrative processes electronically where possible.
  - If print copies needs to be physically exchanged, crew should sanitise hands and wear appropriate PPE prior to handling.[25]
  - Bunker delivery receipts may be delivered by plastic sealed bags by roping between tankers and fishing vessels.

After bunkering, crew members who bunkered should:
- Launder coveralls.
- Disinfect the bunker station.

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[25] Australian Government Pacific Corridor, Protocols for Mitigating the Spread of COVID-19 Through Goods

ANNEX 5: UNLOADING AND CONTAINERISATION OF CATCH AT PORT

When you are unloading and/or containerising catch at port, all persons need to practise the *General COVID-19 Mitigation Protocols* (see above) **and** follow protocols for *Vessel Entering Port* (Annex 1) in addition to the measures described below:

BEFORE UNLOADING AND CONTAINERISING CATCH AT PORT

Port managers should:

- Designate a quarantined dock at port, securely fenced with appropriate security (e.g. CCTV, security guards) to ensure no unauthorised entry or exit.
- Secure the unloading/containerisation area 24 hours prior to vessel arrival.[26]
- Sign stevedores onto the wharf and take temperature records along with contact details for each worker, upon entry.
- Inform local health authorities of any worker denied access on grounds of ill health.

Port managers and the shore side operation should set up suitable processing lines for sorting catch during containerising operations and off-loading to minimise the risk of COVID-19 spread.

Sorting lines should:

- Keep workers > 1 m apart in all directions, reducing density of people in the workplace (suggested 1 person per every 4 m^2);
- Have markings and signs to remind workers to maintain their location at their station away from each other and practice social distancing on breaks;
- Have physical barriers to separate workers from each other where possible;
- Have adequate ventilation to reduce workers' potential exposures;[27]
- Have access to soap and water or hand sanitisation liquids; and
- Have access to PPE (including face masks and gloves; see *General COVID-19 Mitigation Protocols*, above and Annex 12A for PPE standards), and facilities to dispose of PPE.

An ideal setup to containerise and unload catch is shown in Appendix 5F[28]

Vessel operators should:

- Communicate their requirements and expectations to all anticipated shore-based entities or personnel through the port agent.[29]

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[26] Australian Government Pacific Corridor, Protocols for Mitigating the Spread of COVID-19 Through Goods

[27] US Government Center for Disease Control, Protecting Seafood Processing Workers from COVID-19.

[28] https://www.cdc.gov/coronavirus/2019-ncov/images/community/seafood-processing-workstation-alignments.png

[29] International Chamber of Shipping, Guidance for Ship Operators for the Protection of the Health of Seafarers, https://www.ics-shipping.org/docs/default-source/resources/covid-19-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers-v2.pdf?sfvrsn=4

All personnel, including vessel crews and stevedores/wharf-side, should:

- Where possible, use machinery/mechanical loading when unloading catch from vessel to container (e.g. by conveyer). Crew may swing fish to shore to minimise contact between shore and boat crew.
- Prohibit stevedores from boarding the vessel or crew leaving the vessel and keep the gangplank/gangway on board.
- Sanitise high-contact areas, e.g. door handles, railing, gangway, as appropriate etc.
- Manage administrative processes electronically where possible. If paper needs to be physically exchanged, crews should sanitise hands prior to handling or wear disposable gloves.[30]

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[30] Australian Government Pacific Corridor, Protocols for Mitigating the Spread of COVID-19 Through Goods

ANNEX 6: BOARDING A VESSEL

Do NOT board the vessel if…

- You are experiencing any signs of illness, you should seek medical assistance and report to authorities.[31]
- You have been exposed to COVID-19 unless you are fully vaccinated or recovered from COVID-19 in the past 90 days.
- You tested positive for COVID-19 and haven't ended isolation (even if you are fully vaccinated).
- You are waiting for the results of a COVID-19 test. If your test comes back positive while you are at your destination, you will need to isolate and postpone your return until it's safe for you to end isolation. Your travel companions may need to self-quarantine.

All persons involved in crew changes , technician and observer placements in port need to practise the *General COVID-19 Mitigation Protocols* (see above) in addition to any port State requirements and the protocols below, where they do not conflict with port State requirements.[32]

BEFORE JOINING OR BOARDING A VESSEL

Generally, personnel should:

- Where possible, maintain temperature and COVID-19 symptom daily records 72 hours prior to the day of embarkation.
- As applicable, provide evidence of COVID19 vaccination and negative PCR test result within 72 hours prior to boarding having self-isolated post-test.
- Avoid close contact and non-essential interaction with other personnel (including other seafarers) at all times during the transit from home to the vessel.
- When travelling from home to embarkation, wear PPE (including face masks and gloves; see Annex 12A for PPE standards) as instructed.
- Carry and handle own luggage or ensure luggage is disinfected in a designated area prior to embarking.
- Follow orders of local authorities to comply with any COVID-19 testing required and/or movement through any special zones for transfer to the port.
  - Agents should time transfers for direct boarding in port.
- Keep all relevant documents required for the travel in a bag or compartment that can be easily accessed and disinfected later.
- Seek or be provided with appropriate transport to move from home to the vessel, consistent with local authorities' requirements.

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[31] Australian Government Department of Health, COVID-19 Information for the Marine Industry

[32] Procedures drawn from sources including: IMO Circular Letter No. 4204/Add. 14; ABF: Restrictions on commercial maritime vessels and crew; ICS: Guidance for ship operators for the protection of the health of seafarers; COVID-19 information for the marine industry (Australian Government Department of Health)

- o In some cases, this may involve several countries and protocols—for example, for transfer by air.
- o Where possible avoid public transport, including buses, trains, planes and ferries by using transport arranged by local authorities or using private transfers.
- o With limited air services, chartered flights should be preferable and for fleets to coordinate transfers.
- o Depending on local authorities' quarantine arrangements, try to avoid hotel accommodation in transit.
- o If practical, use the ships' helicopter to transfer between the airport runway and the vessel to avoid travel through public areas.

If spending time at airport(s) and on aircraft (whether on domestic or international flights) beforehand, personnel should:

Depart with sufficient PPE to last for the duration of transportation—do not depend on PPE to be available in transit.

- Comply with any local quarantine arrangements for transiting passengers.
  - o This may include a period of quarantine at a designated facility upon arrival at each stage.
- Comply with any infection control measures as required by local authorities, airport staff and airlines/cabin crew in each country.
  - o This may include the wearing of PPE (e.g. masks at the airport and in flight).
- Comply with any special measures for security, customs, immigration and border controls applicable to transiting, including any designated areas/floor markings at the airport.

If transferring from another vessel at sea, personnel should:

- Ensure the vessel delivering crew has been at sea without other contacts for at least 14 days.
- Receive temperature and symptom records for at least the previous 14 days showing no COVID-19 symptoms from the other vessels' crew.
- Ensure there are no suspected, probable or confirmed COVID-19 cases on board.
- Provide evidence of COVID-19 vaccination and PCR testing completed prior to the initial boarding.
- Follow the same boarding protocols as below.

WHEN JOINING OR BOARDING A VESSEL

Generally, personnel should:

- Report if contact has been made with any known COVID-19 cases and any domestic or international travel to countries reporting community transmission of cases in preceding 14 days.
- Inform relevant local personnel if they are experiencing any symptoms of COVID-19 or suspected illness.

- Launder clothing worn during transit and clothing to be worn on board.
- Maintain at least 1 m from other persons to the extent possible during embarkation.
- Ensure PPE is appropriately disposed of immediately after embarkation (see Annex 12A) followed by thorough handwashing and drying.

In the case of an observer being placed by the Port Placement officer, the placement officer should follow the same boarding protocols.

In the case of Authorised Inspectors inspecting the vessel, officers should follow the same boarding protocols along with additional protocols in Annex 2 (vessel compliance inspections in port and sea).

ANNEX 7: DISEMBARKING A VESSEL

All persons involved in crew and observer exchanges in port need to practise the *General COVID-19 Mitigation Protocols* (see above) in addition to any port State requirements and the protocols below, where they do not conflict with port State requirements.[33]

Though applicable to other personnel, Annex 7 protocols apply in particular to:

- Observers
- Crew
- Disembarking observer placement officers
- Technicians who board a vessel in port for specific functions and then leave

When transferring to another vessel at sea, the receiving vessel should treat the joining crew/personnel as per Annex 6, and the supplying vessel apply these protocols (Annex 7).

BEFORE DISEMBARKING A VESSEL

Generally, personnel should:

- Provide documentation to local authorities if required (electronically where possible).
- Receive information from local authorities, airlines, airports and seaports with regard to any COVID-19 Mitigation Protocols.
  - this may include information about special entrances, areas or zones to be used at the seaport, airport, use of PPE.
- Demonstrate at least 14 days at sea with no persons on board showing symptoms of COVID-19:
  - Observer placement officers, fishery inspectors and technicians who boarded in the same port are exempted from the 14-day clauses.
  - For unforeseen repairs required onshore, an exemption of the 14-day clause may also apply and due consideration of appropriate management arrangements should be given subject to local health authority advice.
- Have their temperature and symptoms checked once daily and keep records for at least 14 days before disembarkation.
- Be healthy before disembarkation from the vessel. Crew are to inform the responsible officer if they show any COVID-19 symptoms.
- Where possible have a PCR negative result within 72 hours disembarkation.
- Where applicable, provide evidence of valid COVID-19 vaccination.

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[33] Procedures drawn from sources including: IMO Circular Letter No. 4204/Add. 14; ABF: Restrictions on commercial maritime vessels and crew; ICS: Guidance for ship operators for the protection of the health of seafarers; COVID-19 information for the marine industry (Australian Government Department of Health)

WHEN DISEMBARKING A VESSEL

Generally, personnel should:

- Avoid close contact and non-essential interaction with other personnel (including other seafarers) during disembarkation, ideally maintaining a distance of at least 1 m from other persons.
- Wear PPE as instructed, and ensure proper disposal after disembarking (see Annex 12A), followed immediately by thorough handwashing and drying.
- Carry and handle their own luggage or ensure luggage is disinfected in a designated area immediately upon disembarking, including tools for technicians and observers.
- Keep all relevant documents required for the travel to the country and place of ordinary residence in a plastic, zip-lock bag or compartment that can be easily accessed and disinfected later.
- Practise *General COVID-19 Mitigation Protocols*, and especially avoid close contact and non-essential interactions with port personnel and other crew.
- Present for screening in accordance with any vessel protocols to verify they are ready for disembarkation and travel, such as having temperature taken and recorded immediately prior to disembarking.
- Follow orders of local authorities to comply with any COVID-19 testing required and/or movement through any special zones for departure from the port.
- Launder clothing worn during transit since disembarking on arriving at the final destination.

AFTER DISEMBARKING A VESSEL

When in port, personnel should:

- Be provided with appropriate means of transport to move from vessel to port to next destination, consistent with local authorities' requirements.
  - This may include avoiding public transport; using transport arranged by local authorities or using private transfers.
- Stay on board the vessel if possible to connect directly with any flights to avoid hotel accommodation, depending on local authorities' quarantine arrangements.
- Comply with local COVID-19 management requirements, including where crew disembarks at the home port and where a self-quarantine period of 14 days is required—even though the crew have been at sea 14 days since last contact.

When time is spent at airport(s) and on-board aircraft (whether on domestic or international flights), personnel should:

- Comply with any local quarantine arrangements for transiting passengers.
  - This may include a period of quarantine at a designated facility upon arrival at each stage.
- Comply with any infection control measures as required by local authorities, airport staff and airlines/cabin crew in each country.
  - This may include the wearing of PPE (e.g. masks at the airport and in flight).

- Comply with any special measures for security, customs, immigration and border controls applicable to transiting.
  - This may include using designated areas/floor markings at the airport.

Generally, for travel from airport to place of ordinary residence, personnel should:

- Be provided with appropriate means of transport to crew to facilitate arrival at place of ordinary residence, consistent with local authorities' requirements.
  - This may include avoiding public transport, using transport arranged by local authorities, or using private transfers.
- Avoid close contact and non-essential interaction with other people (including other seafarers), ideally maintaining a distance of at least 1 m from other persons
- Carry and handle their own luggage.
- Keep all required documents for the travel to the country and place of ordinary residence in a bag or compartment that can be easily accessed and disinfected later.
- Provide all required documentation for verification and inspection if requested.
- Launder all clothes and wash thoroughly with soap upon arrival at residence.

For time spent at place of ordinary residence immediately after repatriation, <u>crew</u> should:

- Comply with any local quarantine arrangements, which may include a quarantine period at a designated facility.
- Maintain temperature and symptom checks every 24 hours.
- Inform relevant local authorities, port authorities, and vessel if they are experiencing any symptoms of COVID-19.

ANNEX 8: ONSHORE REPAIR/MAINTENANCE

All persons involved in a vessel's onshore repair/maintenance need to practise the *General COVID-19 Mitigation Protocols* (see above) in addition to any port State requirements. However, there are minimum standards that all vessels should practice when involved in onshore repair/maintenance, **and Annex 8 applies in particular when on the wharf:** [34]

- These Annex 8 protocols complement protocols for unloading (Annex 5) and provisioning (Annex 9).
- On board, apply Annex 6 (Joining and boarding a vessel) and Annex 7 (Disembarking a vessel).
- Port State requirements also apply to crew that disembark and non-crew marine industry staff required for completing the repairs and maintenance.

WHEN UNDERTAKING ONSHORE REPAIR/MAINTENANCE

Crew must take the following steps to minimise the risk of spreading COVID-19:

- Remain as close to the vessel as reasonably possible.
- Maintain physical distancing, to the extent possible, from others not from the ship
- Wear appropriate PPE (including face masks and gloves; see Annex 12A for PPE standards).
- Practice appropriate cough etiquette and respiratory hygiene (see above, *General COVID-19 Risk Mitigation Protocols*)
- Practice a good standard of general hygiene including routine cleaning of frequently touched hard surfaces with detergent/disinfectant solution/wipe (see Annex 12C for guidance on appropriate disinfectants).
- Follow directions of port enforcement officer.
- Return to ship after essential tasks completed.

Non-crew marine industry staff interacting wharf-side with crew from a vessel should stay at least 1 metre away from crew.

At the dock, no shore crew can enter the port area unless the port is securely fenced with security to ensure no unauthorised entry or exit. For further details on minimising risk of COVID-19 transmission at the dock, see Annex 5 (unloading).

In the event there is illness or suspected or confirmed COVID-19 cases on board, refer to Annex 10 for *Management of COVID-19 on board fishing vessels.*

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[34] Procedures drawn from sources including: ABF: Restrictions on commercial maritime vessels and crew; ICS: Guidance for ship operators for the protection of the health of seafarers; COVID-19 information for the marine industry (Australian Government Department of Health); COVID-19 information for marine pilots (Australian Government Department of Health), Information about routine environmental cleaning and disinfection in the community (Australian Government Department of Health), Interim guidance: Quarantine/isolation process at the maritime border (New Zealand Government Ministry of Health)

ANNEX 9: REPROVISIONING

All persons involved in a vessel's reprovisioning need to practise the *General COVID-19 Mitigation Protocols* (see above) in addition to any port State requirements. However, there are minimum standards that all vessels should practice when involved in receiving provisions or transfer of supplies whether at sea or in port. [35]

WHEN REPROVISIONING

- Effective vessel security should be maintained at all times to prevent unauthorised personnel boarding the vessel.
- Where possible, contact with other vessel or shore-based persons should be avoided.
- All arriving provisions and cargo should be treated as potentially COVID-19 infected, noting the virus can survive on surfaces up to 72 hours.
- Crew should wear appropriate PPE (including face masks and gloves; see Annex 12A for PPE standards).
- Practice good hygiene and wear gloves when handling cargo.
- Immediately return to ship after tasks of receiving stores/provisions are completed. If possible have supplies delivered by cargo net to the deck to avoid direct personal contact.
- Have all provisions sanitised before storage on board, noting extended exposure to sun light will sanitise non-perishable goods.
- Wash hands for at least 20 seconds with soap and water and dry thoroughly after removing masks/gloves.
- Generally, minimise or eliminate the need for face-to-face contact when reprovisioning.
- Ensure the vessel's PPE, medical equipment, and disinfectant equipment supplies meet standards outlined in Annex 12.

In the event there is illness or suspected or confirmed COVID-19 cases on board, refer to Annex 10 for Management of COVID-19 on board fishing vessels.

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[35] Procedures drawn from sources including: ABF: Restrictions on commercial maritime vessels and crew; ICS: Guidance for ship operators for the protection of the health of seafarers; COVID-19 information for the marine industry (Australian Government Department of Health), Australian Government Protocols for mitigating the spread of COVID-19 through goods.

ANNEX 10: MANAGEMENT OF COVID-19 CASES ON BOARD FISHING VESSELS

Identifying and immediately isolating persons with suspected COVID-19 is essential to minimise transmission of the virus. Monitor for common signs and symptoms of COVID-19, including fever (daily temperature checks with a confidential and secure record/monitoring logbook), cough, sore throat, shortness of breath, loss of smell or loss of taste. Establish a plan for isolation of any suspected COVID-19 cases in advance.

These protocols outline the minimum standards that all vessels should practice when there is a suspected or confirmed COVID-19 case on board.[36]

IDENTIFYING A SUSPECTED CASE OF COVID-19

A person who meets the following clinical **and** epidemiological criteria is a suspect case of COVID-19: [37]

Clinical criteria:

- Fever (≥ 37.5°C), or history of fever (e.g., night sweats, chills), or
- Acute respiratory infection (e.g., cough, shortness of breath, sore throat), or
- Loss of smell or loss of taste.

Epidemiological criteria—in the 14 days prior to illness onset:

- Close contact with a confirmed case, or
- International travel, or
- Workers supporting designated COVID-19 quarantine and isolation services, or
- International air, maritime and border staff, or
- Health care workers with potential COVID-19 patient contact, or
- People who have been in areas with COVID-19 community transmission

Note that other reported symptoms of COVID-19 include: fatigue, headache, runny nose, acute blocked nose (congestion), muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite. Clinical and public health judgement should be used to determine if individuals with sudden and unexplained onset of one or more of these other symptoms should be considered suspect cases

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[36] Procedures drawn from sources including: https://www.ics-shipping.org/docs/default-source/resources/covid-19-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers-v2.pdf?sfvrsn=4; https://www.health.gov.au/sites/default/files/documents/2020/05/coronavirus-covid-19-information-for-the-marine-industry_0.pdf https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-or-outbreaks-on-board-ships-interim-guidance

[37] Suspected cases of infection are defined under the Communicable Diseases Network Australia, Coronavirus Disease 2019 (COVID-19) National Guidelines for Public Health Units (v 6.1, last updated 15 November 2021): https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/$File/COVID-19-SoNG%20v6.1.pdf. See also World Health Organisation, Public Health Surveillance for COVID-19: Interim Guidance (updated 16 December 2020): https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.8

ON IDENTIFYING A SUSPECTED CASE OF COVID-19

If a suspected case of COVID-19 is identified on board, the vessel must report the suspected case immediately to the intended port state health authorities as well as other relevant flag state and coastal state authorities and seek guidance on a suitable destination port where COVID-19 cases can be managed.

Following the *General COVID-19 Mitigation Protocols*, the Captain **must** report the suspected COVID-19 case to relevant flag, coastal, and port State health authorities (see Appendix 3 for contact details across Pacific island countries) and seek further guidance. Relevant fisheries authorities, as contacted during routine fishing operations, should also be advised. Relevant authorities are:

- Authorities of the port state that the vessel is intending to travel to; and
- Authorities of the country that the vessel is currently in (if in a country's EEZ).

To manage suspected or confirmed cases of COVID-19 on board[38]

- Persons with symptoms of COVID-19 should be treated as a suspected COVID-19 case, isolated in a separate cabin immediately and provided with a medical face mask that must be worn at all times. **Public health authorities at the nearest port should be notified.**
- If available, a PCR test or rapid antigen test may be conducted. Interpretation of results and need for confirmatory testing should be discussed with operator medical personnel and/or local health authorities.
- Depending on the person's condition, medical advice may need to be sought.
- Any persons in isolation should be checked-in on a regular basis, with updates on their physical condition documented by medical personnel.
- Contact with the suspected COVID-19 case should be limited as much as possible. Any crew members needing to enter the cabin should use appropriate PPE (medical face mask, apron and gloves) when entering the person's cabin. They should remove and dispose their PPE immediately after leaving the cabin, taking care when removing masks; then washing hands for at least 20 seconds with soap and water, and drying them thoroughly. Sanitise any equipment used.
  - See Annex 12A for PPE standards, along with further guidance on correctly disposing of PPE.
- The suspected COVID-19 case should use a separate bathroom and toilet from the rest of the crew. If not possible, they should have access to a bathroom at a different time to other crew members, and the bathroom area (including door handles, floors, taps and basins) should be thoroughly disinfected after each use, by a separate crew member wearing appropriate PPE.
- If there is a need to leave the cabin, the suspected COVID-19 case must wear a medical face mask and avoid close contact with other persons.

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[38] Could potentially include ICS Poster on *Shipboard care for people with suspected or confirmed COVID-19* (Annex A, Poster A6, see here: https://www.ics-shipping.org/docs/default-source/resources/covid-19-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers-v2.pdf?sfvrsn=4)

- All dirty laundry should be put in a plastic bag, tied up and placed outside the cabin door and collected by a crew member wearing gloves, mask, gloves and an apron. Laundry should be placed straight into a separate machine (without shaking clothes) and washed in hot water with soap/washing detergent. The bag should be discarded after use.
- The suspected COVID-19 case should also use separate eating utensils, which should be collected by another crew member after each meal (wearing gloves and face masks) and placed straight into the dishwasher (if available) after use, and washed with hot, soapy water.

Management of all other crew

All vessel crew should practice the *General COVID-19 Mitigation Protocols*.

If there is a suspected case of COVID-19 on board, all vessel crew should maintain rigorous infection prevention and control measures, which include:

- Avoid close contact with anyone on board. Adopt strict physical distancing and keep a minimum 1 metre distance apart at all times.
- Wear a face mask at all times, particularly while in communal areas.
- Avoid touching the front of face masks and ensure proper disposal (Annex 12A).
- Practice good cough/sneeze etiquette.
- Wash hands often for a minimum of 20 seconds with soap and water and dry thoroughly, especially after sneezing/coughing, contact with others or frequently touched surfaces. Use an alcohol-based hand sanitizer (minimum 60% alcohol content) where soap and water are not available.
- Monitor daily for common COVID-19 symptoms (i.e. fever, sore throat, cough, shortness of breath, loss of smell or loss of taste). Any symptomatic crew should be isolated immediately in their cabins or another suitable location, and treated as suspected COVID-19 cases.
- **Report all additional suspected COVID-19 cases to local public health authorities immediately.**

Measures on board the ship

- Undertake a deep clean of the vessel as soon as possible (see Annex 11 for further details).
- The general level of hygiene should be increased, with more frequent cleaning and disinfection of frequently touched surfaces, such as tables, benchtops, door handles, railings, tap handles, toilet flush buttons, radios, valves, switches, navigation panels etc.
- When applying to go to port, remember to inform the port authorities that you have a suspected COVID-19 case on board and ask for instructions before entering port.
- A full record of the medical assessment and care given should be kept in an appropriate, confidential log book, ideally stored and communicated electronically.
- Complete Maritime Declaration of Health and/or other health documents as required, including electronic transmission of records.

- Have a backup plan if denied port entry.

Seeking further medical advice

The Master or person(s) responsible for medical care on board should seek additional help in managing the case from the port health authority.[39]

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RELEASE FROM QUARANTINE/ISOLATION

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All persons who are assessed to be a close contact of a suspected or confirmed case of a COVID-19 will have to undertake quarantine as advised by local health authorities. Close contact includes:

- Face-to-face contact within 1 metre for more than 15 minutes; or
- Direct physical contact with a probable or confirmed case; or
- Direct care for a patient with probable or confirmed COVID-19 disease without the use of proper PPE (see Annex 12A for PPE standards).

In general, the period for quarantine is considered to be 14 days after the last exposure to a suspected or confirmed COVID-19 case.

Official release from quarantine is the decision of local public health authorities and may be discontinued for close contacts of suspected or confirmed COVID-19 cases under the following conditions:

- At least 14 days have passed since their last exposure to a suspected or confirmed case (considering the last exposure date to case as Day 0); and
- the exposed person has not since developed signs or symptoms of COVID-19.

A person should <u>only</u> be released from quarantine or isolation following official approval to do so by the relevant public health authorities.

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[39] Including PCR based COVID-19 testing of crew as soon as possible.

APPENDIX 1: <u>DEEP CLEANING A VESSEL</u>

Where there is a suspected case of COVID-19 on board a vessel, a deep clean must be undertaken as soon as possible. A deep clean refers to a cleaning and sanitising regime that is more thorough and extensive than current procedures with a focus on surfaces that may have been exposed to the COVID-19 virus.

BEFORE THE DEEP CLEAN

Personnel in charge and involved in the deep clean should:[40]

- Undertake general procedures for boarding a vessel (Annex 6).
- Engage with cleaning personnel to reinforce the importance of limiting where they need to go on the vessel and where possible develop a means of recording where they have been.
- Document a procedure to be followed in the case of a COVID-19 detection and nominate one or two people who will be responsible for oversight of the process and record-keeping.
- Ensure there are adequate supplies of liquid soap and warm running water, PPE (face masks, gloves as a minimum), alcohol-based hand sanitiser, cleaning and disinfection chemicals, disposable paper towel etc. See Annex 12 for PPE and disinfectant equipment standards.
- The cleaning and sanitising agents used in your usual cleaning regime will be suitable for deep cleaning.

COMPLETING A DEEP CLEAN

No personnel, except those involved in the cleaning will be permitted in the affected area until the clean is complete.

Complete the following procedures according to the surface type (see table), generally following the two-step process described below:[41]

1. Thoroughly clean all hard surfaces and frequently touched surfaces with a solution of water and normal neutral detergent. Allow to air-dry completely. Follow facility procedures on cleaning.
2. Disinfect all cleaned surfaces with a household bleach solution, 0.5% chlorine solution, or 70% alcohol.

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[40] Australian Joint Food Regulation System (2020) 'Additional Cleaning and Sanitising for Food Businesses in Response to COVID-19 Exposure' (accessed 5 August 2020, available <u>here</u>).
[41] Safe Work Australia (2020) 'How to clean and disinfect your workplace—COVID-19' (updated 12 April 2021, available <u>here</u>).

Surface	
Soft plastics	Detergent + Disinfectant
Hard plastics	Detergent + Disinfectant
Metal surfaces (stainless steel, uncoated steel, zinc coated steel, aluminium)	Detergent + Disinfectant* *uncoated steel is more susceptible to rust when disinfected. Disinfect only when necessary, and treat for rust as appropriate
Painted metal surfaces	Detergent + Disinfectant
Deliberately Greased or Oiled metal surfaces	Clean according to manufacturer's recommendations
Wood	Detergent + Disinfectant
Laminate	Detergent + Disinfectant
Glass	Detergent + Disinfectant
Concrete (polished)	Detergent + Disinfectant
Concrete (rough)	Detergent + Disinfectant
Leather	Clean and disinfect according to manufacturer's recommendations
Fabric	Detergent + Steam clean If launderable, wash on warmest possible setting according to manufacturer's recommendations with laundry detergent
Paper	Not suitable for cleaning. Dispose of in the bin (double-bagged), or leave undisturbed for a minimum of 72 hours, longer if possible.

AFTER THE DEEP CLEAN

Double bag and dispose of waste using PPE and cleaning standards (see Annex 12), and follow the general disembarking procedure. Ensure PPE are removed of correctly, disposed in a closed waste bin and followed immediately by washing hands thoroughly with soap and water for at least 20 seconds and drying hands completely (see Annex 7).

APPENDIX 2: STANDARDS FOR PPE, MEDICAL EQUIPMENT, AND DISINFECTANTS

The **amount** of PPE, medical equipment, and disinfectant equipment for vessels' stocks will depend on various factors, including (but not limited) to the below list, which should be considered when stocking your vessels' supplies:

- The type of fishing operations—for example, whether you anticipate frequent transhipping of catch
- The length of your fishing activity
- The remoteness of your fishing activity, away from on shore port facilities
- The size of your vessel crew
- The size of your vessel, and the ability of your crew to maintain physical distancing recommendations

The captain is responsible for ensuring minimum standards are met. These standards are targeted at preventing transmission of COVID-19, and are separate to standards for the management of COVID-19 cases.

Any case of COVID-19 (suspected or confirmed) should be managed according to Annex 10 (Management of COVID-19 outbreaks on board fishing vessels) and Annex 11 (Deep cleaning a vessel). Further advice should be sought from relevant health authorities (see *General COVID-19 Risk Mitigation Protocols*; see Appendix 3 for list of relevant contacts).

A: PPE STANDARDS

For the purpose of managing any suspected/confirmed COVID-19 cases on board a ship, and assuming that no aerosol-generating medical procedures will be undertaken on board, the following PPE should be used:

- Disposable gloves for crew managing suspected/confirmed COVID19 cases
- Long-sleeved gown or apron
- Surgical masks (also known as medical masks)
- Goggles/safety glasses or face shields
- Cleaning gloves (only for cleaners).

Further details on PPE when managing suspected/confirmed COVID-19 cases on board are as below (adapted from the International Chamber of Shipping COVID-19 Guidance for Ship Operators, Annex D)[42]:

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[42] International Chamber of Shipping, Guidance for Ship Operators for the Protection of the Health of Seafarers, https://www.ics-shipping.org/docs/default-source/resources/covid-19-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers-v2.pdf?sfvrsn=4. See also Australian Government Therapeutic Goods Administration, Regulation of Personal Protective Equipment and COVID-19, https://www.tga.gov.au/behind-news/regulation-personal-protective-equipment-and-covid-19

PPE	Specifications	Carried on board?
Examination Gloves	Nitrile, powder-free, non-sterile. Cuff length preferably reaching above the wrist (e.g. minimum 230mm total length. Sizes, S, M, L). Plentiful supplies required. **Standards:** EU MDD directive 93/42/EEC Category III, EU PPE Regulation 2016/425 Category III, EN 455, EN 374, ANSI/ISEA 105, ASTM D6319, or equivalent	**Yes***
Gloves, cleaning	Outer glove should have long cuffs, reaching well above the wrist, ideally to mid-forearm. Cuff length preferably reach mid-forearm (e.g. minimum 280mm total length. Sizes, S, M, L), reusable, puncture resistant, FDA compliant.	Yes*
Impermeable gowns single use	Disposable, length mid-calf. - EU PPE Regulation 2016/425 and EU MDD directive 93/42/EEC. FDA class I or II medical device, or equivalent, EN 13795 any performance level, or AAMI PB70 all levels acceptable, or equivalent.	Yes*
Aprons	Heavy duty, straight apron with bib. Fabric: 100% polyester with PVC coating, or 100% PVC, or 100% rubber, or other fluid resistant coated material, Waterproof, sewn strap for neck and back fastening. Minimum basis weight: 300g/m2covering size: 70-90 cm (width) X 120-150cm (height). Reusable (if decontamination arrangements exist) EN ISO 13688, EN 14126-B and partial body protection (EN 13034 or EN 14605), EN 343 for water and breathability or equivalent.	Yes*
Goggles, protective	A personal protective device in the form of eyewear/glasses with clear lenses intended to be used to shield the eyes of healthcare staff from blood and other body fluid splashes while performing a clinical or laboratory procedure. It is designed as uncorrected (non-prescription) or corrected (prescription) goggles or spectacles with lenses and side shields. The lenses and side shields offer additional physical barrier protection. **Standards:** EU PPE Regulation 2016/425, EN 166, ANSI/ISEA Z87.1, or equivalent	Yes*
Surgical masks	A fluid-resistant, disposable device intended to be placed over the nose and mouth of medical personnel or patients who are infected or displaying symptoms, to create a physical barrier between the mouth and nose of the wearer and prevent the transmission of airborne organisms during surgery or patient examination. Surgical masks are graded as level 1, 2 or 3 based on the level of protection provided, or fluid resistance. Generally, requires good breathability, clear internal and external faces. EU MDD directive 93/42/ EEC Category III, or equivalent, EN 14683 Type II, IR, IIR **Standards:** ASTM F2100 minimum level 1 or equivalent	Yes*
Face shield	A transparent personal protective device intended to shield the face and eyes of a healthcare worker from unnecessary exposure from blood and other body fluid splashes while performing a clinical or laboratory procedure. Visors are suitable for use with prescription lenses and protective masks. Should be provided and use managed by Port Health Authority EN 166 (if reusable), ANSI/ISEA Z87.1 (if reusable), or alternative equivalent set of standards	(Optional)

* This equipment is currently in short supply. If you cannot procure the specifications suggested, please speak to your company doctor to see what suitable alternative products are available locally.

In the absence of any suspected or confirmed COVID-19 cases on board, all crew who feel well should instead wear fabric (cloth) face masks to preserve supplies of surgical masks. The table below provides more details about the types of masks appropriate for use in different settings (adapted from Australian Government Department of Health guidance[43]).

Types of mask	Example	Protection	Type and level of protection offered	Used by
Particulate filter respirators	P2 or equivalent (N95/KN95)	Airborne transmission protection	Protection against infection for the wearer: Good Prevention of transmission from an infected person: Not recommended	Health care workers only, mainly recommended for use during aerosol generating procedures
Medical grade masks	Surgical masks (Levels 1, 2, 3)	Droplet protection	Protection against infection for the wearer (in health care setting): Reasonable Prevention of transmission from an infected person: Good	Health care workers who are not performing an aerosol generating procedure or involved in other risk-assessed procedure or situation requiring airborne precautions
Manufactured non-medical grade face coverings, including handmade (sewn) coverings	Fabric face masks, e.g., multi-layered cloth coverings made from fabric and/or reusable woven shopping bags. Note cleaning advice below.	Limited evidence for protection	Protection against infection for the wearer: Possible Prevention of transmission from an infected person: Possible	Public use where physical distancing cannot be maintained, and there is a risk of community transmission
Non-manufactured non-medical grade face coverings	Handkerchief, scarf, bandana	No evidence for protection	Protection against infection for the wearer: Unknown Prevention of transmission from an infected person: Unknown	Public use when a manufactured non-medical grade face covering is not available, and there is a risk of community transmission

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[43] Australian Department of Health. https://www.health.gov.au/resources/publications/face-masks-how-they-protect-you

Cleaning fabric (or cloth) face masks:

If your fabric mask becomes damp you should remove it, put on a fresh one, and put the used one in a plastic bag for washing.

Fabric masks can be washed in a washing machine with other clothes, or hand-washed using soap and the warmest appropriate water setting for the cloth.

Dry the fabric mask in a clothes dryer or in fresh air before re-using it.

Clean your hands with soap and water or alcohol-based hand rub (made up of over 60% alcohol or 70% isopropanol) after handling used face masks.

DISPOSING OF PPE

Immediately after use, all PPE should be removed and disposed of:

- In a closed lined bin, and
- In a designated medical waste location isolated from the remainder of the vessel

Wash hands immediately afterwards with soap and water for at least 20 seconds, and dry thoroughly.

Vessels should incinerate medical waste on board, or arrange appropriate handling on shore.

B: MEDICAL EQUIPMENT STANDARDS

Equipment	Specifications	Carried on board?
Thermometer	Thermometer should be a non-contact infrared thermometer or a thermal scanner. Vessels should carry a spare thermometer excess to minimum requirements. Vessels should also carry extra batteries/rechargeable batteries that last at least one year. Thermal scanners should meet general legal requirements of medical devices: for example, see Australian Government Therapeutic Goods Administration Regulation of thermometers and other temperature measuring medical devices and products for COVID-19: https://www.tga.gov.au/behind-news/regulation-thermometers-and-other-temperature-measuring-medical-devices-and-products-covid-19	**Yes**
Pulse Oximeter	Compact portable device measures arterial blood oxygen saturation (SpO2), heart rate and signal strength. Measuring range: SpO2 30 - 100% (minimum graduation 1%), Heart rate 20 - 250 bpm (minimum graduation 1bpm). Line powered, or extra batteries/rechargeable batteries that last at least one year. ISO 80601-2-61:2011 or equivalent.	**Yes**

C: DISINFECTANT STANDARDS

A suitable disinfectant for disinfecting a vessel includes:

- Household bleach solution (containing 0.1% bleach), or
- 0.5% sodium hydrochlorite solution, or
- 70% alcohol solution

There are other alternative disinfectants for use against COVID-19:

- The full list of disinfectants for legal use in Australia from the Australian Government Therapeutic Goods Administration is here: https://www.tga.gov.au/disinfectants-use-against-covid-19-artg-legal-supply-australia.
- The full list of disinfectants for legal use in the United States from the US Environmental Protection Agency is here: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19

Hospital grade disinfectants are only recommended in healthcare settings, and are not included in these protocols.

Disinfecting (as opposed to routine cleaning) a vessel involves:

1. Preparing a disinfectant solution:
   a. Prepare in a well-ventilated area.
   b. Resource limitations permitting, where disinfectants are being prepared and used, the minimum recommended PPE is rubber gloves, impermeable aprons and closed shoes. Medical masks should be used if cleaning an area impacted by a suspected or confirmed COVID-19 case. Eye protection may also be needed to protect against chemicals in use or if there is a risk of splashing.
2. Thoroughly clean all hard surfaces and frequently touched areas with a solution of water and normal neutral detergent, and following routine facility procedures on cleaning. Allow to air-dry completely.
   Disinfect all cleaned surfaces with a suitable disinfectant, as above.

Note: Sodium Hypochlorite solution is available in concentrations from 3-5% and must be diluted. The formula for mixing sodium hypochlorite:

- E.g. disinfectant concentration 0.5% (5000ppm) [% chlorine in liquid sodium hypochlorite ∕ % chlorine desired] - 1 = Total parts of water for each part sodium hypochlorite.
- E.g.: [5% in liquid sodium hypochlorite/ 0.5% chlorine desired] -1 = 9 parts of water for each part sodium hypochlorite
- E.g.: To make a 0.5% chlorine solution from 3.5% bleach 3.5/0.5 -1 = 7 - 1 = 6 parts water for each part bleach

APPENDIX 3: LIST OF HEALTH CONTACTS FOR PACIFIC ISLAND COUNTRIES AND REGIONAL AGENCY CONTACTS

LIST OF CONTACTS HEALTH CONTACTS (Updated July 2020)

If there is a suspected COVID-19 case on board the vessel, use the following list to identify the relevant health authorities in the first instance, along with relevant fishing contacts as required during routine fishing operations. Relevant health authorities are:

1. Authorities of the port state that the vessel is intending to travel to; and
2. Authorities of the country that the vessel is currently in (if in a country's EEZ).

AUSTRALIA

Rhonda OWEN Assistant Secretary National Incident Room and Health Emergency Management Branch Department of Health	Tel: +61 2 6289 8813 +61 419 683 633 Email: rhonda.owen@health.gov.au

COOK ISLANDS

Dr Josephine Aumea HERMAN Secretary of Health Ministry of Health P.O Box 109 Rarotonga	Tel: +682 29664 Fax: +692 55346 Email: josephine.herman@cookislands.gov.ck Web: www.health.gov.ck
Dr Yin May Director of Hospital Health Services Ministry of Health	Tel: +682 22664 Email: yin.may@cookislands.gov.ck
Dr Tereapii Uka Director of Public Health Ministry of Health	Tel: +682 29110 Email: t.uka@cookislands.gov.ck
Dr Teariki Faireka Director of Primary Care Ministry of Health	Tel.: +682 29664 Fax: +682 23 109 Email: t.faireka@cookislands.gov.ck

FISHERIES

Pamela Maru Secretary Ministry of Marine Resources P.O. Box 85 Rarotonga	Tel: +682 28721 Email: p.maru@mmr.gov.ck

FEDERATED STATES OF MICRONESIA

POHNPEI STATE

Mr Wincener J. DAVID Director Department of Health Services Pohnpei State Government	Tel: +691 320 3805/ 2216/2215 Email: wdavid@fsmhealth.fm

PO Box 189
Kolonia, Pohnpei 96941

CHUUK STATE

Mr Julio MARAR
Director
Department of Health Services
Chuuk State Government
PO Box 400
Weno, Chuuk, FSM 96942

Tel: +691 330 2210
Fax: +691 330 5893
Cell: +691 931 2339
Email: jmarar@fsmhealth.fm

KOSRAE STATE

Mr Bob SKILLING
Director
Department of Health Services
Kosrae State Government
PO Box 127
Kosrae, FSM 96944

Tel: +691 320 2619/ 2872/ 2643
Fax: +691 370-3073

Email: bhskilling@fsmhealth.fm

YAP STATE

Ms Aileen TAREG
Director
Department of Health Services
Yap State Government
PO Box 148
Colonia YAP, FSM 96943

Tel: +691 350 2110/ 2115/ 8799
Fax: +691 350 3444
Email: atereg@fsmhealth.fm

FIJI

Dr James FONG
Acting Permanent Secretary
Ministry of Health and Medical Services
Level 3 Dinem House
88 Amy Street, Toorak
Box 2223 Government Buildings Suva

Tel: +679 321 5732
Cell: +679 990 4664 / 321 5704
Fax: +679 330 6163
Email: pshealthfj@gmail.com
        info@health.gov.fr
        james.fong@health.gov.fj

KIRIBATI

Mrs Eretii TIMEON
Director, Public Health Services
Ministry of Health and Medical Services
P.O. Box 268n Bikenibeu
Tarawa

Tel: +686 28100
Fax: +686 28 512
Email: eretii1979@gmail.com

MARSHALL ISLANDS (RMI)

Dr Aina GARSTANG
Public Health Director
Ministry of Health
PO Box 16
Majuro 96960

Tel: +692 625 3355
        +692 625 3399 Ext 2166
Email: aina.garstang@gmail.com

NAURU

Ms Chanda GARABWAN
Acting Secretary for Health and Medical Services
Ministry of Health and Medical Services
Republic of Nauru Hospital
Yaren District
Nauru

Tel: +674 557 3074
Email: garabwanc@gmail.com

NEW ZEALAND

For information about entry restrictions and COVID-19 in New Zealand:
https://covid19.govt.nz/travel-and-the-border/border-restrictions/

To report COVID-19 symptoms, call the New Zealand COVID-19 Healthline: +649 358 5453

NIUE

Dr Edgar AKAU'OLA
Acting Director of Health
Department of Health
Government of Niue
P.O. Box 33 – Alofi

Tel: +683 4100 Ext 103
Mob: +683
Fax: +683 4265
Email: Malolotino.Health@mail.gov.nu
niuedoh@mail.gov.nu

PALAU

Ms Darnelle WORSWICK
Director of Health Administration and Support Services
Ministry of Health
Koror

Tel: + 680 488 2552 Ext 418
Email:
darnelle.worswick@palauhealth.org

PAPUA NEW GUINEA

Mr Pascoe KASE
Secretary for Health
Department of Health
P.O. Box 807
WAIGANI, National Capital District
PNG

Tel: +675 301 3602
Mob: +675 739 5544
Fax: +675 325 1825
Email: pascoe_kase@health.gov.pg
pascoe@gmail.com

SAMOA

Leausa Dr Take NASERI
Director-General of Health
Chief Executive Officer
Ministry of Health,
Motootua, Private Bag
Apia

Tel: +685 23 332
Mob: 685 752 3332
Fax: +685 26 553
Email: ceo@health.gov.ws
taken@health.gov.ws
malonaseri@gmail.com

SOLOMON ISLANDS

Ms Pauline BOSETO McNEIL
Permanent Secretary of Health,
Ministry of Health and Medical Services
PO Box 349, Honiara

Tel: +677 20806
Fax: +677 28 610
Email: pmcneil@moh.gov.sb

TOKELAU

Dr Silivia TAVITE
Director of Health
Department of Health, Head Office
Nukunonu

Tel: +690 24211 / 24212 (Tokelau)
+685 20 822 (Apia)
Mob: +685 77 66 000
Fax: +685 29 143
Email: stdrtavite@gmail.com /
doh@lesamoa.net

TONGA

Dr Siale 'AKAU'OLA
Chief Executive Officer
Ministry of Health
Vaiola Hospital
P.O. Box 59
Nuku'alofa

Tel: +676 28 233
Mob: +676 774 2209
Fax: +676 24 291
Email: sakauola@health.gov.to
sialeakauola@yahoo.com.au

TUVALU

Mr Nikolasi APINELU
Chief Executive Officer
Ministry of Health
Funafuti

Tel: +688 20 416
Mob: +688 900 467
Email: tksiose@gmail.com
ksiose@gov.tv

VANUATU

Mr Reginald Len TARIVONDA
Director
Department of Public Health
Ministry of Health
Private Mail Bag 9009
Port Vila

Tel: +678 22512
Mob: +678 765 4903
Email: ltarivonda@vanuatu.gov.vu

REGIONAL AGENCIES AND ORGANISATIONS CONTACTS

You can contact the following organisations if you have further questions or uncertainties about these protocols.

FFA

- Covid Protocols team (Fisheries Operations Division): covidprotocols@ffa.int
- Regional Fisheries Surveillance Centre: rfsc@ffa.int

SPC

- Dr Jojo Merilles, Team Leader of the Surveillance, Preparedness and Response Programme, Public Health Division, jojom@spc.int

PNA Office

- Sangaa Clark, CEO, sangaa@pnatuna.com
- Maurice Brownjohn, Commercial Manager, maurice@pnatuna.com

PNA Observer Agency

- David Byrom, FSMA Observer coordinator, dbyrom@mragasiapacific.com.au

FIMS Inc

- David Wilkinson, General Manager FIMS Inc , david.wilkinson@ifims.com
- Andrew Trendell, Fisheries and Industry Support FIMS Inc   andrew@ifims.com

APPENDIX 4: CREW HEALTH SELF-DECLARATION FORM[44]

Taken from International Chamber of Shipping COVID-19 Guidance for Ship Operators, Annex C

This form should be completed by all persons prior to, or at the time of, embarkation on to the ship. It is intended to screen persons for COVID-19 infection and collect other relevant information. *[Insert reference or link to relevant data protection/privacy policy.]*

Date:

Full Name (as found on passport or other ID):

Last (Family) Name:

First (Given) Name:

Name of Ship:

1. Have you received information and guidance on the coronavirus (COVID-19), including about standard health protection measures and precautions?
   Yes / No

2. Do you understand and comply with applicable standard health protection measures and precautions to prevent the spread of the coronavirus (COVID-19), such as proper hand washing, coughing etiquette, appropriate social distancing?
   Yes / No

During the last 14 days, have you:

3. Tested positive for being infected with the coronavirus (COVID-19)?
   Yes / No
   If "Yes", please provide date of test and name of test:

4. Tested positive for the antibodies for the coronavirus (COVID-19)?
   Yes / No
   If "Yes", please provide date of test and name of test:

5. Shown any symptoms associated with the coronavirus (COVID-19), specifically,
   A fever: Yes / No
   A dry cough: Yes / No
   Tiredness: Yes / No
   Shortness of breath: Yes / No
   Aches and pains: Yes / No
   Sore throat: Yes / No
   Diarrhoea: Yes / No
   Nausea: Yes / No
   Loss or change in taste/smell: Yes / No

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[44] The temperature profiles of crews and vaccination records can be accessed through PNA FIMS.

Rash: Yes / No

6. Completed a period of self-isolation related to the coronavirus (COVID-19)?
   Yes / No
   If "Yes", please explain the circumstances and the length of self-isolation:

7. Had close contact with anyone that has tested positive for coronavirus (COVID 19)?
   ("Close contact" means being at a distance of less than one metre for more than 15 minutes.)
   Yes / No

8. Had close contact with anyone with symptoms of the coronavirus (COVID-19)?
   ("Close contact" means being at a distance of less than one metre for more than 15 minutes.)
   Yes / No

9. Maintained good personal hygiene and complied with applicable health protection measures and precautions?
   Yes / No

I confirm that the information provided above is correct to the best of my knowledge.

Signature:

Date:

APPENDIX 5: SUPPLEMENTARY POSTERS

Posters have been developed to support implementation of these protocols and may be used workplaces, including on board vessels, to support practises that mitigate COVID-19 transmission through the Pacific fishing sector.

These posters provide guidelines on the following activities:

- 5A Protecting yourself and others from getting sick
- 5B Practise food safety
- 5C Shipboard care for people with suspected or confirmed COVID-19
- 5D Protecting everyone during ship visits
- 5E How to deal with laundry
- 5F Set-up guidelines for unloading and containerising catch at port
- 5G Completing a deep clean
- 5H WHO poster: how to handwash
- 5I WHO poster: how to handrub

APPENDIX 5A - <u>PROTECT YOURSELF AND OTHERS FROM GETTING SICK</u>

When coughing and sneezing, cover your nose and mouth with a tissue or a flexed elbow

Throw the tissue into a closed bin immediately after use

Clean your hands with an alcohol-based hand rub or with soap and water for at least 20 seconds:

- After coughing or sneezing
- When caring for the sick
- Before, during and after preparing food
- Before eating
- After toilet use
- When hands are visibly dirty

Avoid touching eyes, nose and mouth

Adapted from International Chamber of Shipping, COVID-19 Guidance for Ship Operators for the Protection of the Health of Seafarers.

Meat products can be safely consumed if they are cooked thoroughly and properly handled during food preparation

Do not eat sick or diseased animals

Use different chopping boards and knives for raw meat and cooked foods

Wash your hands with soap and water for at least 20 seconds between handling raw and cooked food
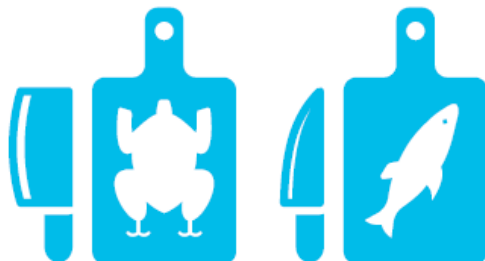
Adapted from International Chamber of Shipping, COVID-19 Guidance for Ship Operators for the Protection of the Health of Seafarers.

Report immediately to intended port state health authorities and other relevant flag state and coastal state authorities.

Seek guidance on a suitable destination port where COVID-19 cases can be managed.

For ill crew members

Clean hands frequently with soap and water or with alcohol-based hand rub (> 60% ethanol).

Stay in your cabin and do not attend work. Rest, drink plenty of fluids and eat healthy food. Wear a face mask at all times.

Stay in a separate cabin from other people. If this is not possible, wear a mask and keep a distance of at least 1m away. Keep the cabin well-ventilated and if possible use a dedicated bathroom.

When coughing or sneezing, cover your mouth and nose with flexed elbow or use disposable tissue and discard after use. If you experience difficulty breathing, contact radio medical.

For caregivers

Clean hands frequently with soap and water or with alcohol-based hand rub (> 60% ethanol).

Wear a medical mask and an apron when in the same cabin with an ill person. Do not touch your face during use and discard it afterward.

Use dedicated dishes, cups, eating utensils, towels and bed linen for the ill person. Wash everything used by the ill person with soap and water.

Identify surfaces frequently touched by the ill person and clean and disinfect them daily.

Place dirty laundry should in a plastic bag, tied up and placed outside the cabin door, and handled by a crew member wearing gloves, mask, gloves and an apron. Laundry should be placed straight into a separate machine and washed.

For all crew members

Clean hands frequently with soap and water or with alcohol-based and rub (> 60% ethanol).

Avoid unnecessary exposure to the ill crew member and avoid sharing items, such as eating utensils, dishes, drinks and towels.

When coughing or sneezing, cover your mouth and nose with flexed elbow or use disposable tissue and discard after use.

Monitor everyone's health for symptoms such as fever or a cough. Report all additional suspected COVID-19 cases to local public health authorities immediately.

Adapted from International Chamber of Shipping, COVID-19 Guidance for Ship Operators for the Protection of the Health of Seafarers.

APPENDIX 5D - PROTECTING EVERYONE DURING SHIP VISITS

Before visits, personnel should send temperature and health records for at least the previous 14 days showing no COVID-19 symptoms. **During ship visits:**

Protect through social distancing and good hygiene

- Keep a minimum of 1–2 metres distance.
- No handshakes or physical contact.
- Wash hands frequently and thoroughly, keeping contact surfaces clean, and touch your face less.
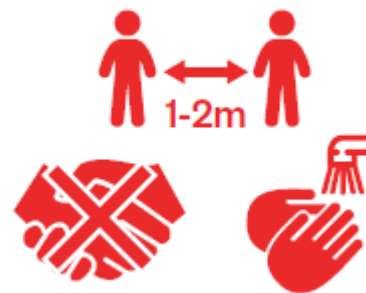
Prepare for visitors

- Wipe down areas and objects visitors are likely to touch with an appropriate disinfectant.
- Restrict access into the ship's accommodation – keeps doors locked and post 'no entry' signs. Provide alcohol hand gel (> 60% ethanol) ready for use upon entry onto ship and around the ship.
- Have designated toilet and handwashing facilities for visitors, which are well-stocked with soap.
- Try to prepare and complete documents digitally – avoid handling paper and laminated documents.
- Have PPE, such as disposable gloves, ready to use in unavoidable close contact situations.

Keep your guard up

- Maintain effective ship and gangway security and prevent unauthorised personnel boarding the ship.
- If someone trying to board the ship exhibits symptoms – refuse access and report it.
- Continue to sanitise contact areas throughout the ship's stay in port.

Take it outside

- Where possible, hold conversations and meetings with visitors on the open deck or open bridge wings.
- If visitors must be inside, limit the number of crew nearby to the absolute minimum.

Adapted from International Chamber of Shipping, COVID-19 Guidance for Ship Operators for the Protection of the Health of Seafarers.

How to wash and dry clothes, towels and bed linen if a crew member is a suspected COVID-19 patient

- Wash the patient's clothes, towels and bed linen separately.
- If possible, wear heavy-duty gloves before handling them.
- Never carry soiled linen near your body; place soiled linen in a clearly labelled, leak-proof container (e.g. bag, bucket).
- Scrape off solid excrement (e.g. faeces or vomit) with a flat, firm object and place it in the patient's toilet before putting linen in the designated container. Place the excrement in a covered bucket to dispose of in a toilet if this is not in the patient's cabin.
- Wash and disinfect linen: machine wash at 60–90ºC with laundry detergent. Alternatively, soak linen in hot water and soap in a large drum, using a stick to stir, avoid splashing. If hot water is not available, soak linen in 0.05% chlorine for approximately 30 minutes. Rinse with clean water and let linen dry in sunlight.
- Do not forget to wash hands at the end of the process.
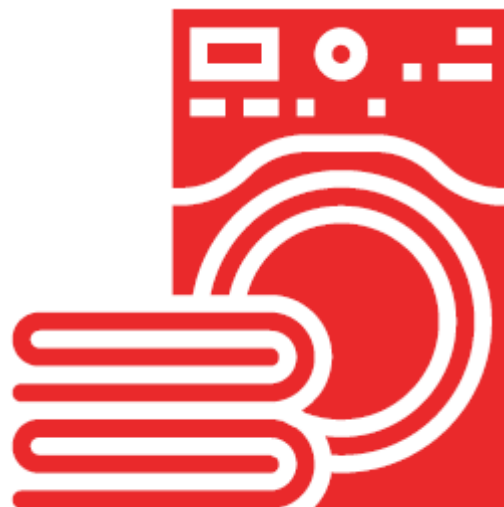
Do I need to use a washing machine and drier to wash and dry clothes, towels and bed linen if no one in the crew is a suspected COVID-19 patient?

- No need to use a washing machine or drier, nor extremely hot water.
- Do laundry as normal using detergent or soap.
- Once dry, clean your hands before handling and storing clothes, towels and bed linen.

Adapted from International Chamber of Shipping, COVID-19 Guidance for Ship Operators for the Protection of the Health of Seafarers.

APPENDIX 5F - SET-UP GUIDELINES FOR UNLOADING AND CONTAINERISING CATCH AT PORT

Bad:
Workers are within six feet of one another, including at side-by-side or facing workstations.
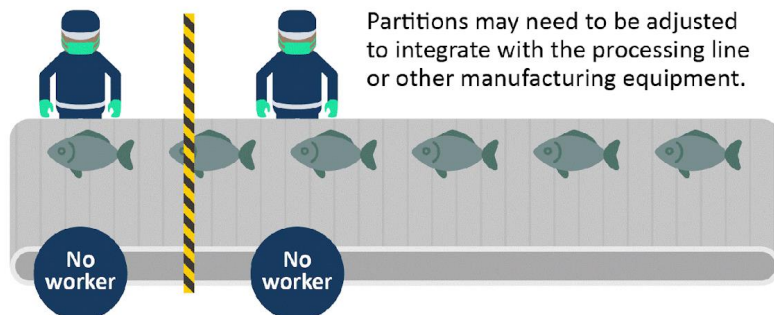
Less than 6 feet

Less than 6 feet
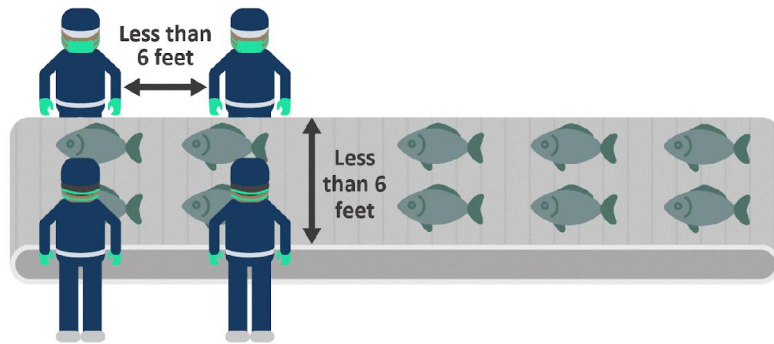
Good:
Workers are spaced at least six feet apart, not facing one another. Other configurations may be used to achieve similar distancing between workers.
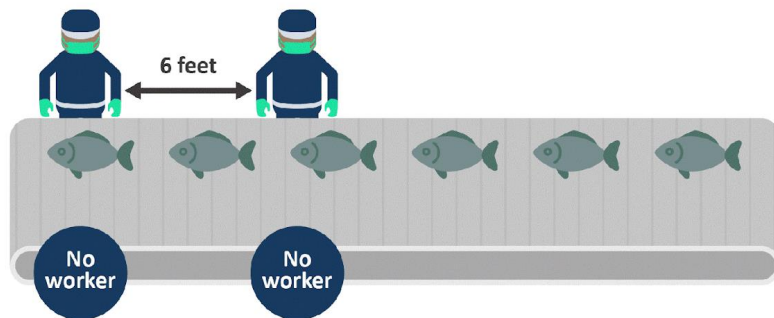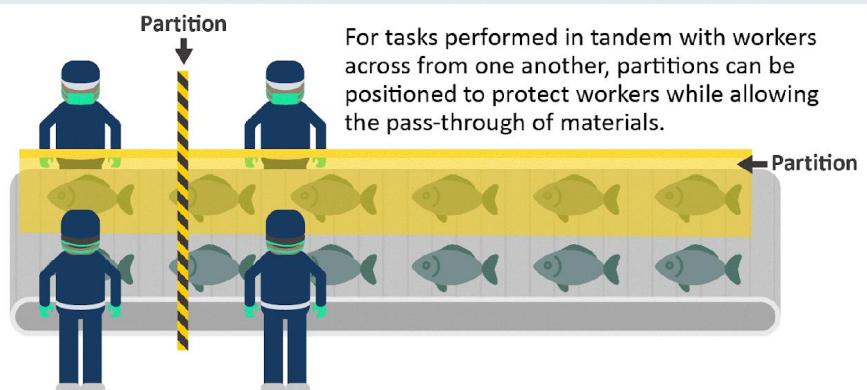
6 feet

No worker

No worker

Good:
Physical barriers, such as partitions, separate workers from each other.

Partitions may need to be adjusted to integrate with the processing line or other manufacturing equipment.

No worker

No worker

Good:
Physical barriers, such as partitions, separate workers from each other, including where workers need to perform tasks in tandem across from one another.

Partition

For tasks performed in tandem with workers across from one another, partitions can be positioned to protect workers while allowing the pass-through of materials.

Partition

Adapted from US Government Center for Disease Control, Protecting Seafood Processing Workers from COVID-19.

APPENDIX 5G - COMPLETING A DEEP CLEAN

No personnel, except those involved in the cleaning, should be permitted in the target area until the clean is complete. Follow this two-step process according to the surface type (see table):

1. Thoroughly clean with a solution of water and normal neutral detergent. Allow to air-dry completely.
2. Disinfect all cleaned surfaces with a household bleach solution, 0.5% chlorine solution, or 70% alcohol.

Surface	Cleaning method
Soft plastics	Detergent + Disinfectant
Hard plastics	Detergent + Disinfectant
Metal surfaces (stainless steel, uncoated steel, zinc coated steel, aluminium)	Detergent + Disinfectant. Uncoated steel is more susceptible to rust when disinfected. Disinfect only when necessary, and treat for rust as appropriate.
Painted metal surfaces	Detergent + Disinfectant
Deliberately Greased or Oiled metal surfaces	Clean according to manufacturer's recommendations.
Wood	Detergent + Disinfectant
Laminate	Detergent + Disinfectant
Glass	Detergent + Disinfectant
Concrete (polished)	Detergent + Disinfectant
Concrete (rough)	Detergent + Disinfectant
Leather	Clean and disinfect according to manufacturer's recommendations
Fabric	Detergent + Steam clean: If launderable, wash on warmest possible setting according to manufacturer's recommendations with laundry detergent.
Paper	Not suitable for cleaning. Dispose of in the bin (double-bagged), or leave undisturbed for a minimum of 72 hours, longer if possible.

Make sure to double bag and dispose of waste using PPE and appropriate cleaning standards.

Adapted from Safe Work Australia, 'How to clean and disinfect your workplace—COVID-19'.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds
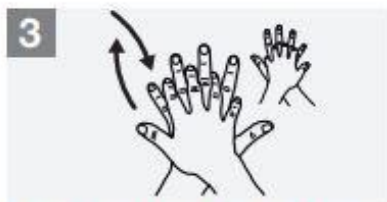
0 Wet hands with water;

1 Apply enough soap to cover all hand surfaces;

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;

10 Use towel to turn off faucet;
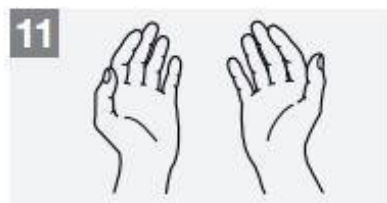
11 Your hands are now safe.

World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

How to Handrub?

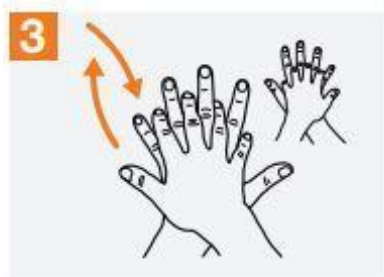**RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED**

Duration of the entire procedure: 20-30 seconds

1a **1b**

Apply a palmful of the product in a cupped hand, covering all surfaces;

2

Rub hands palm to palm;

3

Right palm over left dorsum with interlaced fingers and vice versa;

4

Palm to palm with fingers interlaced;

5

Backs of fingers to opposing palms with fingers interlocked;

6

Rotational rubbing of left thumb clasped in right palm and vice versa;

7

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

Once dry, your hands are safe.

World Health Organization | **Patient Safety** A World Alliance for Safer Health Care | **SAVE LIVES** Clean **Your** Hands

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May 2009

APPENDIX 6 - VALID COVID-19 VACCINES AND TESTS

COVID-19 Vaccines

The following vaccines have WHO Emergency Use Listing (EUL) **as of 2 December 2021**. Note that this list is subject to change; a current list can be found here: https://www.who.int/teams/regulation-prequalification/eul/covid-19

Vaccine manufacturer / WHO EUL holder	Name of vaccine	Vaccine type
Pfizer/BioNTech	BNT162b2/COMIRNATY Tozinameran (INN)	mRNA vaccine
AstraZeneca	AZD1222 Vaxzevria	Adenovirus vaccine
Serum Institute of India	Covishield (ChAdOx1_nCoV-19)	Adenovirus vaccine
Janssen-Cilag International NV (Johnson & Johnson)	Ad26.COV2.S	Adenovirus vaccine
Moderna Biotech	mRNA-1273	mRNA vaccine
Sinopharm / BIBP (Beijing Institute of Biological Products Co., Ltd.)	SARS-CoV-2 Vaccine (Vero Cell), Inactivated (InCoV)	Inactivated vaccine
Sinovac Life Sciences Co., Ltd.	COVID-19 Vaccine (Vero Cell), Inactivated / Coronavac	Inactivated vaccine
Bharat Biotech, India	SARS-CoV-2 Vaccine, Inactivated (Vero Cell) / COVAXIN	Inactivated vaccine

COVID-19 Tests

Note only results from RT-PCR tests are considered valid under this protocol to provide evidence of COVID-19 negative status prior to embarking due to the higher reliability of results from these tests compared to rapid antigen tests.

In the event of a positive antigen test a RT-PCR test may be used to confirm the result, where available. However, the use of rapid antigen tests, and the specific scenarios when rapid test results require confirmation with PCR tests, should be discussed with operator medical personnel.

Indo-Pacific Centre for Health Security Technical Brief: testing options for COVID-19 (updated 3 Dec 2021)

Test type	Rapid antigen tests	Serology point of care testing (finger prick)	"Closed" PCR (nasal, throat swabs)	"Open" PCR (nasal or throat swabs)
			GeneXpert machine + cartridge (blue)	Eg. Thermofisher qPCR purchased for Solomon Islands
Description	A nasopharyngeal swab to detect the presence of the SARS-CoV-2 virus antigens, within the early stages of acute infection.	A finger prick test to detect antibodies in blood which develop as a result of infection with SARS-COV-2 In early phase of an outbreak these tests may be useful in patients who present with symptoms which have been present for more than a week because a negative result might exclude COVID-19 and the patient can be reassured or further investigated if symptoms are severe. However they remain susceptible to infection with SARS-COV-2 infection.	An automated portable point of care test, from nasal or throat swabs collected from patient, that is as accurate as a pathology test conducted in a laboratory. Enables single test to be performed by non-specialist pathologist to detect COVID-19 from the date of infection. Fully automated, small and portable testing system. Can be run 24 hours and deliver fast, reliable and accurate results.	A reverse transcription nucleic acid amplification test (RT-PCR) based on specific detection of SARS-CoV-2 nucleic acid from nasal or throat swabs and lower respiratory tract specimens collect from patients. Performed in pathology laboratory. Involves the extraction and purification of genetic material from a swab or other specimen and then the detection of the viral nucleic acid. using a commercial test kit or in house methodology. Options for fully automated high-volume systems that combine the extraction and purification of genetic material and the detection of the viral nucleic acid in single step

Limitations	Antigen-detection tests for COVID-19 are less sensitive than PCR. The optimal time to test is within the first 5-7 days following onset of symptoms. In some circumstances – testing of asymptomatic individuals or if turnaround times are prolonged - healthcare providers may consider the using COVID-19 Rapid Antigen Tests even if they are not specifically authorised for this use (commonly referred to as "off label use").	Serological tests for coronaviruses are prone to cross-reaction to antibodies produced against circulating seasonal human coronavirus infections which cause a common cold illness. This can result in false positive results and the patient remains susceptible to SARS-CoV-2 infection. If the patient is tested early in the infection before antibodies develop, a false negative result can end in an infected patient being excluded or not further investigated. Confirmatory testing by qPCR will still be required for patients presenting with symptoms 5-7 days following onset of symptoms and a negative result as well as patients who present with symptoms for less than a week and a positive result.	Low throughput Relatively more expensive per test Requires supervision from a laboratory scientist from an accredited medical testing laboratory regardless of where performed.	Must be performed in accredited medical testing laboratory Takes several hours to generate results Requires complex equipment and highly trained laboratory technicians to run
Time to result	15-30 minutes	15 minutes	45 minutes	5+ hours
Number of tests per day	1 test per device	1 test per device	Depends on number of modules, commonly 4 or 16 which can run simultaneous, and could run 4-16 tests per test cycle can be run on a single module instrument	200-1200 tests per system per day Varies by system and by HR capacity

Setting	Health professionals. Note that some countries (e.g., Australia) have approved self-testing using rapid antigen tests.	Primarily research and surveillance uses, not diagnostic.	National laboratories in Pacific Island countries; provincial and field laboratories.	Accredited laboratories.
IVDs listed on the Australian Register of Therapeutic Goods (ARTG) [Check the TGA website for the latest lists of approved tests]	Two COVID-19 Ag-RDT that meet the WHO Emergency Use Listing (EUL) are the SD Biosensor Standard Q COVID-19 Ag Test and the Abbott BinaxNOW COVID-19 Ag test. Point-of-care lateral flow devices listed on ARTG in Australia include those with WHO EUL and a range of others.	Point of care lateral flow devices listed on ARTG in Australia include: - AM diagnostics 2019-n-CoV - APAC Security COVID-19 - MD solutions Onsite COVID-19 - Wondfo Promedical - VivaDiag (Endo X Pty Ltd)	Point of care "closed" RT-PCR e.g. - Cepheid GeneXpert SARS-CoV-2 and multiples - Biofire respiratory panel	Commercial and in-house tests that are approved in Australia e.g. - Thermofisher (China, USA, Europe) - Roche (Switzerland, Germany) - AusDiagnostics (Australia)

APPENDIX 7 - WHY USE A FACE COVERING/MASK?

Evidence suggests transmission of COVID-19 mainly happens indoors where people are close together.

Face coverings worn over the nose and mouth reduce the spread of coronavirus droplets from coughs, sneezes and while speaking.

The main purpose of wearing a face covering is to protect others although there is some **evidence they offer protection to wearers.**

Masks can also help reduce virus spread from contagious people with no symptoms.

What sort of face covering is best?

It should:

- have a nose wire
- have at least two/three layers of material
- fit snugly over mouth, nose and chin

The highest level of protection is provided by FFP3 (or similar) masks worn by healthcare workers in high risk settings. A recent study found **FFP3 masks could provide up to 100% protection against Covid**.

Hospital staff wearing standard surgical masks were much more likely to catch the virus as compared to those wearing FFP3 masks.

Members of the public can buy FFP3 masks, but they won't provide the highest protection unless fitted correctly.

Face masks compared

FFP3 respirator mask
Reduces exposure to airborne particles

Highest level of protection available

Must be tightly fitted to the face

Surgical mask
Fluid resistant, protects wearer against large droplets

Does not protect against smaller airborne particles

Loose fitting - allows leakage around the edges

BASICS COVID -19 SAFETY ON BOARD FISHING VESSELS

1. REGULARLY CLEAN HANDS WITH SOAP AND WATER FOR >20 SECONDS , OR USE HAND SANITIZER.

2. STAY 1M TO 2M APART, AND STAY OUTSIDE WHEN POSSIBLE.

3. AVOID TOUCHING YOUR EYES, NOSE AND MOUTH .

4. REGULARLY SANITIZE AREAS OF HIGH CONTACT ON THE VESSEL.

5. WEAR A MASK WHEN IN CLOSE CONTACT WITH UNWELL CREW, JOINING CREW, SHORE STAFF OR OTHER CREWS EG TRANSSHIPPING.

6. WEAR A MASK CORRECTLY AND AVOID TOUCHING THE FRONT OF MASK.

7. COVER MOUTH IF YOU COUGH OR SNEEZE; SAFELY DISPOSE OF TISSUE AND WASH HANDS IMMEDIATELY.

8. MAINTAIN DAILY TEMPERATURE AND HEALTH CHECKS ON CREWS.

9. MONITOR ALL CREW- COMMON SYMPTOMS OF COVID-19 (FEVER, COUGH, SORE THROAT, SHORTNESS OF BREATH, LOSS OF SMELL, LOSS OF TASTE)

10. IF UNWELL IMMEDIATELY ISOLATE, WEAR A MASK, INFORM CAPTAIN AND SEEK MEDICAL ADVICE

11. URGENTLY GET A FULL COURSE OF COVID-19 VACCINES INCLUDING BOOSTERS.

12. MAINTAIN A RECORD OF ALL VACCINATIONS RECEIVED AND DATES.

Australian Government · FFA · PNA · FIMS · Pacific Community Communauté du Pacifique · MRAG asia pacific

How NOT to wear your face covering or mask

DO NOT leave your nose uncovered

DO NOT wear on your forehead

DO NOT wear it around your chin

DO NOT wear loose-fitting masks

DO NOT touch front of mask

DO NOT share your mask