INTRODUCTION

Purpose
The purpose of this directive is to publish the Marine Center’s Pandemic Response Plan. This Plan is to be referred to and implemented during any declared pandemic, epidemic, or public emergency (World Health Organization (WHO), Centers for Disease Control (CDC), National Institutes of Health (NIH), Occupational Safety and Health Administration (OSHA), and any other State or Federal Officials, in response to an airborne infectious disease that has an infection rate such that it could affect vessel operations and the health of those onboard. This Plan and associated worksheets, documents, etc. are Administrative Controls for airborne infectious disease, and shall be updated and maintained by the Marine Operations Supervisor, as per CDC and OSHA. Throughout this document, COVID-19 is referred to as the principal risk, but this Plan shall be utilized during any airborne infectious disease event.

Responsibility and Enforcement
1. The Marine Operations Superintendent (MOS), in addition to maintaining this Plan and associated documents, is overall tasked with determining the Level of Risk and communicating with the Chief Scientist and Master regarding appropriate response and plans. Also, the MOS, or designee, is required to communicate with the operating institution and specific funding program of the Level of Risk for a specific cruise, and any decisions regarding whether or not the cruise is to be conducted.
2. The Master is responsible for implementing the Plan, as per the assigned Level of Risk, while the vessel is in pre-cruise planning, underway, and during daily port operations and/or shipyard periods.
3. The Chief Scientist is responsible for taking into consideration the Level of Risk and other UNOLS guidelines, prior to getting underway.
4. Each crew and science party member is responsible for being familiar and complying with this Response Plan and all other associated plans and procedures related to health protection, particularly those related to actions to take if any persons on board display symptoms of the subject virus in order to initiate management of the potential outbreak.
● All crew and science party members shall sign the attached Acknowledgement Form indicating that they have read, understand and agree to comply with this Plan and all associated protocols.

METHODOLOGY

Risk Assessment & Mitigation
The determination of the risks associated with an infectious disease outbreak is to be done during pre-cruise planning, shipyard periods, and for underway operations.

A. Assign Operational Level of Risk based on logistical parameters
B. Conduct Pre-Cruise Planning Risk Assessment
C. Implement Prevention & Mitigation Strategies as appropriate

“Fully Vaccinated” Definition
Organizations such as the CDC, WHO and UNOLS may continuously revise the definition of “fully vaccinated” against any current virus or variant of the virus. As the data regarding vaccinations evolves, the definition includes booster shots. See the Definition of Fully Vaccinated in the following table, heavily subject to change.

<table>
<thead>
<tr>
<th>Date effective</th>
<th>Definition of Fully Vaccinated</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/27/21</td>
<td>A. 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or B. 2 weeks after a single-dose vaccine, such as Johnson &amp; Johnson's Janssen vaccine.</td>
<td></td>
</tr>
<tr>
<td>12/15/21</td>
<td>A. Completed the initial 2-dose series of Pfizer or Moderna more than 14 days ago AND less than 6 months have passed since last dose was administered B. Received 1 dose of Johnson &amp; Johnson (Janssen) more than 14 days ago AND less than 2 months have passed since the dose was administered C. If &gt; 6 months have lapsed since completing 2-dose series of Pfizer or Moderna, OR &gt; 2 months since 1 dose of J&amp;J, must have also received a single (booster) dose with any of the COVID-19 vaccines authorized for use in the U.S.</td>
<td>Essentially, requires boosters if original vaccine is &gt; 6 mos old on date of reporting to the vessel</td>
</tr>
</tbody>
</table>
Operational Level of Risk Assignment

Prior to the Pre-Cruise Planning Risk Assessment, a base Operational Level of Risk shall be assigned to any scheduled cruise based on the following:

Low Risk

a. All crew, technicians and science party members are fully vaccinated.
b. Accurate RT-PCR (or CDC approved & recommended for subject virus) testing regime is available for entire existing and oncoming crew and science party members.
c. Underway science operations are within a 2-day transit back to a U.S. port, ideally from where the cruise originated.
d. Underway science operations originate or make port calls in a geographic area with “Limited Community Transmission”, as identified by the CDC.
e. Crew or science party change will take place in an area that does not restrict crew change for the individuals’ originating location(s).
f. Local / state COVID-19 regulations and guidelines do not prohibit personnel working on the ship, nor the cruise departing the dock.
g. Local crew and science personnel have strictly adhered to local governmental self-isolation guidelines / regulations.
h. Non-local personnel, i.e. crew and science party who have traveled by air to the port have successfully isolated, as per Self-Isolation Guidelines contained herein.
i. The Science party has been reduced to the minimum necessary to carry out the work, as per UNOLS guidelines.

Cruises assessed as Low Risk may be conducted after the considerations and guidelines in this Plan are implemented to the satisfaction of the MOS.

Medium Risk

a. All crew, technicians and science party members are fully vaccinated.
b. Accurate RT-PCR (or CDC approved & recommended for subject virus) testing regime is available for entire existing and oncoming crew and science party members.
c. Underway science operations are within a 5-day transit back to a U.S. port, ideally from where the cruise originated.
d. Underway science operations originate or make port calls in a geographic area with “Limited Community Transmission”, as identified by the CDC.
e. Crew or science party change will take place in an area that does not restrict crew change for the individuals’ originating location(s).
f. Local / state COVID-19 regulations and guidelines do not prohibit personnel working on the ship, nor the cruise departing the dock.

g. Local crew and science personnel have strictly adhered to local governmental self-isolation guidelines / regulations.

h. Non-local personnel, i.e. crew and science party who have traveled by air to the port have successfully isolated, as per Self-Isolation Guidelines, contained herein.

i. The Science party has been reduced to the minimum necessary to carry out the work, as per UNOLS guidelines.

Cruises assessed as Medium Risk may be conducted after the considerations and guidelines in this Plan are implemented to the satisfaction of the MOS.

**High Risk**

a. Not all crew, technicians and science party members are fully vaccinated.

b. Accurate RT-PCR (or CDC approved & recommended for subject virus) testing regime is not available for entire existing and oncoming crew and science party members.

c. Underway science operations are greater than a 5-day transit back to a U.S. port or the schedule includes a non-U.S. port call.

d. Underway science operations originate or call in a geographic area with “Ongoing Community Transmission” or higher, as per the CDC.

e. Crew or science party change will take place in an area that restricts crew change for the individuals’ originating location(s).

f. Local crew and science personnel have not strictly adhered to local governmental self-isolation guidelines / regulations.

g. Non-local personnel, i.e. crew and science party who have traveled by air to the port have not or cannot successfully isolate, as per Self-Isolation Guidelines, contained herein.

Any cruise that is identified as High Risk shall not be conducted until the following information is gathered and criteria has been met:

- The progression of the pandemic is such that there is reasonable certainty that the specific risk to personnel onboard is low.

**Pre-Cruise Planning Risk Assessment**

After the Operational Level of Risk assignment, the MOS and Chief Scientist shall utilize 1MCSP-2.1-16-F3 PRECRUISE PLANNING RISK ASSESSMENT WORKSHEET to assist in pre-cruise planning.

Considerations listed in the 1MCSP-2.1-16-F3 PRECRUISE PLANNING RISK ASSESSMENT WORKSHEET include, but are not limited to:

- Are all crew, technicians and science party members fully vaccinated?
- Is effective virus testing available?
● What is the hospitalization / mortality rate for the current variant(s) upon fully vaccinated communities?
● What are the virus infection rates and epidemic curves at local and planned port call areas?
● Are there any “Shelter In Place” or Quarantine orders active?
● What are current rules (federal, state, local) regarding isolation or quarantine?
● Can Telepresence be used to reduce the number of required onboard participants?

PREVENTION OF SPREAD

Until a pandemic has passed, the MOS effective means of preventing transmission is through self-isolation and social distancing, with possible PPE, as recommended by the CDC.

It will be up to the MOS to determine the appropriate level of isolation, PPE and monitoring required, and those levels will likely change according to the current operations.

A. Pre-Cruise
B. Crew Arrival
C. Underway
D. Port Call
E. Extended Port Operations & Shipyard
   ● Vendors/Contractors

Pre-Cruise

As stated above, preventing the spread of a highly contagious virus may mean self-isolation prior to arrival to the ship. Self-Isolation means staying indoors and completely avoiding contact with other people. Local and Federal guidelines for effective self-isolation times will be pandemic specific and based on known incubation periods.

● All planned crew and science members should be made aware, as early as possible, whether or not the documentation of self-isolation, monitoring of temperature and other symptoms, etc. will be required prior to arrival.
● The Crew-Up Quarantine / Isolation / Declaration of Health requirements Decision Making Matrix in 1MCSP-2.1-16-F3 PRECRUISE PLANNING RISK ASSESSMENT WORKSHEET should be used to determine if an arriving crew or science party member should quarantine, document temperature, etc. prior to arrival to the ship.
### Table 1 – Fully Vaccinated Persons

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 14 days prior to embarkation</td>
<td>Submit COVID-19 Vaccination &amp; Booster Documentation</td>
</tr>
</tbody>
</table>
| At least 7 days prior to embarkation | RT-PCR or Observed Rapid Antigen test  
  - Begin Pre-travel safety measures:  
    • Avoid all crowded public spaces  
    • Mask in all crowded outdoor spaces  
    • Mask in all indoor public spaces  
    • Mask in indoor private spaces (e.g. home) if there are unvaccinated (e.g. young children) and/or immunocompromised persons in the same household  
    - Begin daily symptom tracking  
      • If develop symptoms of possible COVID-19, initiate quarantine and obtain RT-PCR test.                                                                                                                                 |
| 1-3 days prior to embarkation      | Pre-Travel Testing – RT-PCR or observed Ag
  Tests should be as close as possible to travel date.                                                                                                                                                         |
| During Commercial Travel           | Wear an N-95 or KN-95 mask                                                                                                                                                                                  |
| Upon embarkation                   | RT-PCR or observed Ag test on embarkation  
  Tests should be as close as possible to embarkation.                                                                                                                                                         |

### Table 2 – Persons Not Fully Vaccinated

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17 days prior to embarkation</td>
<td>Complete RT-PCR</td>
</tr>
<tr>
<td>14 days prior to embarkation</td>
<td>Submit any COVID-19 vaccination documentation</td>
</tr>
</tbody>
</table>
| 14 days prior to embarkation      | 1. Begin pre-quarantine safety measures:  
  • Avoid crowded indoor public spaces  
  • Mask in all indoor public spaces  
  • Mask in all indoor private spaces (e.g. home) if there are unvaccinated (e.g. young children) and/or immunocompromised persons in the same household  
  2. Begin daily symptom tracking.  
    • If develop symptoms of possible COVID-19, initiate quarantine and obtain RT-PCR test. There should be at least 48 hours between this test and the pre-travel test  
| 7 days before embarkation         | Begin Pre-embarkation quarantine                                                                                                                                                                             |
~2 days prior to embarkation

<table>
<thead>
<tr>
<th>TITLE</th>
<th>PREPARED BY</th>
<th>REVISION NO</th>
<th>PROCEDURE NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PANDEMIC RESPONSE PLAN</td>
<td>J. Russell/ A. Lopez</td>
<td>10</td>
<td>MCSP-2.1-16</td>
</tr>
</tbody>
</table>

APPROVED BY: A. Lopez

DATE: 5/23/2022

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RT-PCR or observed Ag test
Tests should be as close as possible to embarkation date.

Key:

1. Travel begins when a person leaves their last place of residence to join the vessel.
2. Public is defined as an event or space with more than one household
3. Private is defined as occurring in and including only persons from one’s own household
4. CDC COVID-19 symptoms
5. PCR: any CDC recognized Nucleic Acid Amplification Test (NAAT) test. CDC recognized NAAT - Nucleic Acid Amplification Test – see: https://www.cdc.gov/coronavirus/2019ncov/lab/naats.html
6. Ag: any CDC recognized Antigen test.
7. This includes incomplete series (e.g. one vaccine of a 2-shot series, no booster) or vaccination with a vaccine that has not had FDA or WHO approval (EUA/EUL)
8. Quarantine: For purposes of this document, only persons not fully vaccinated against COVID-19 are expected to complete pre-embarkation quarantine (unless quarantine is instituted by another health authority- for e.g. as a result of contact tracing efforts OR the ship operator and chief scientist deem it required for a high-risk cruise). During the quarantine period, persons are expected to establish single-occupancy residence and to take their meals in their residence.
9. If a person has a positive PCR (or any NAAT) or Ag test they will not be allowed to sail or board a vessel. Before being allowed to board, they must be cleared by a physician. Unless they are recently recovered from COVID-19, they will need to complete a period of ISOLATION before they are allowed to sail. The necessity of repeating the testing (for e.g. documenting a negative Ag test) will be left to physician discretion. Currently, documenting a negative PCR test is not considered an alternative to isolation and is not needed to provide clearance once isolation is completed.

Underway

Prior to getting underway, the Master shall ensure that the vessel has adequate medical supplies and equipment.

- PPE including gloves, impermeable long-sleeved gown, goggles or face shields, medical masks and respirators.
- Biohazard bags & Sharps Containers

Once underway, the Master will be in charge of the pandemic response plan and the continued prevention of the spread of a highly contagious virus. This will include:

- Monitoring of crew and science party members
- Implementing additional safety measures to help prevent the spread of a virus
- Ongoing training of all crew and science members of virus prevention, mitigation and
response, which will be recorded on a 1MCSP-2.1-04-F1 ATTENDANCE RECORD.

- Ensure proper disinfection of all work spaces occurs often, especially before, during and after watch change
- Implement isolation and safety measures if a pilot is going to be onboard
- Report any possible cases of the subject virus to the MOS / DP
- Implementing the Outbreak Management Plan should a possible case be discovered onboard

**Monitoring**

Ongoing monitoring of the health of the crew and science party may be required while underway.

- Temperature monitoring of each crew member may be done at a minimum of once daily and logged in 1MCSP-2.1-16-F2 DAILY TEMPERATURE MONITORING RECORD.
- Additional health monitoring may be implemented, based on CDC guidelines.

**Safety Measures**

**General**

The following safety measures may be implemented by the Master to help reduce the spread of any possible virus. The level and extent of implementation will be based on CDC, WHO, or other relevant personal protective health guidelines.

- Wear a N95 face covering when outside of individual cabins when working in close proximity (<6’) of other personnel.
- Avoid sharing personal items such as blankets, laptops, tablets, and video games with other crew members.
- Maintain a distance of at least 6 feet (2 meters) from others when working or moving through the ship.
- Avoid physical contact with other people, including shaking hands, giving hugs, etc.
- Eliminate refills of personal water containers from communal sources to help prevent the spread of the virus.
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Wash hands often with soap and water for at least 20 seconds.
- Use hand sanitizer (containing at least 60% alcohol or Hypochlorous Acid (HOCl)) if soap and water are not available.
- Crew and science party members may be asked to remain in individual staterooms as much as possible during non-working hours.
- Secure doors and hatches in an open position, where safe & appropriate, to reduce touching of knobs and handles.
- For watch-standers, it is especially important that all high-touch areas, such as
equipment, radios, computers, etc. are disinfected often, especially prior to a watch change. It is recommended that both the outgoing watch and then the incoming watch disinfect their work area.

**Consider cohort groups**

The shipboard environment presents a unique challenge to containing highly contagious airborne viruses because of the close quarters and enclosed spaces. For this reason, public health measures must be adapted to the shipboard environment. Small, segregated cohorts decrease the probability of symptomatic cases and spread of the disease. Implementation of the following measures should be considered during underway periods, especially during the first 10 days (or CDC recommended duration) after departure:

- Divide crew and science party members into cohorts or work groups.
- Cohorts should be assigned based on workspace, duties and shifts.
- Cohorts should be as small as possible, but do not all need to be the same size. Size will likely be different depending on the role of the personnel and available berthing.
- Cohorted teams should not mix with other teams, to the maximum extent possible.

**Food Handling**

Any or all of the following additional food safety measures may be implemented by the Master:

- Galley crewmembers are to use a barrier such as tongs, gloves, or other utensil to prevent direct hand contact with food.
- There should be no buffet / self-service style food options, and galley crew should dish and serve food on the line for each individual as they arrive to the mess area.
- All food contact surfaces such as utensils, cutting boards, and serving ware are to be washed, rinsed, and sanitized at an increased frequency.
- All nonfood contact surfaces, such as equipment, counters, booths, doorknobs, tables, chairs, doors, etc. will be cleaned of spills as needed and sanitized before, between and after each meal shift.
- There should be a separate wiping cloth and sanitizing solution for sanitizing the mess area vs the galley area.
- Any decorative / not easily cleanable objects should be removed from counters and booth tops to allow for thorough sanitization of unobstructed surfaces.
- Condiment containers and other items should be sanitized before, between and after each meal shift.
- Only crew members are allowed to access the galley in port. No visitors including scientists, vendors, contractors, are allowed in the galley even during loading and unloading of science expeditions. are allowed in the galley. At the Master’s discretion box lunches can be provided to non-crew members if available.
Pilot Onboard

The following measures shall be implemented during heightened response to a pandemic if the vessel must take a pilot onboard:

- The head on the bridge shall be disinfected and labeled for Pilot Use Only.
- All equipment, radars, radios, binoculars, laminated Pilot Card, horizontal surfaces, etc. should be thoroughly disinfected just prior to the Pilot boarding.
- The bridge shall be manned by essential watchkeepers only. A reduction in prescribed Watchkeeping Level shall NOT be an option, rather, keep non-essential people out of the pilothouse during the Pilot’s time onboard.
- The pilot should be escorted to the bridge via an external route.
- Refer to current CDC guidelines for PPE, but generally:
  - If the Pilot is wearing a facemask, then watchkeepers do not need to wear one, or vice versa.
  - Offer the Pilot clean gloves, disinfectant wipes and hand sanitizer.
  - Do NOT fill any Pilot owned water bottle, mug, etc., as it has not been disinfected.
- Watchkeepers shall use equipment separate from the Pilot. If the Pilot needs assistance with operating a piece of equipment, ensure the person helping either vocally describes the operation, or don gloves to manipulate the equipment, then immediately discards those gloves and uses hand sanitizer to avoid contaminating their own equipment.
- Immediately disinfect all bridge equipment, surfaces, the bridge head, etc. when the Pilot leaves the bridge to disembark.

The Pilot should be escorted to the ladder via an external route.

Ongoing Training

Once underway, the Chief Mate should provide ongoing training regarding the virus during one of the weekly SOLAS training sessions. Training, which should be recorded on a 1MCSP-2.1-04-F1 ATTENDANCE RECORD, should include at a minimum the following topics:

- Signs and symptoms of the subject virus
- The importance of reporting any influenza like symptoms immediately
- How to don and correctly wear any required PPE
- The plan and procedures to follow during the monitoring phase
- The plan and procedures to follow should an outbreak occur

Port Call

Safety Measures

During the Pre-Cruise Planning Risk Assessment, the MOS and Chief Scientist will identify any increased risk associated with a planned port call. That level of risk, and
associated mitigation measures may change, based on the epidemiological curve and local regulations at the subject port. These measures may include, but are not limited to:

- Required PPE when interacting with anyone from the port, i.e. contractors, customs, ship agent, longshoremen, etc.
- Visitation policies for any of the above, including their required PPE, restricted access, i.e. closed mess deck for outside visitors, etc.
- The loading of stores and gear may be subject to decontamination procedures, as per current CDC guidelines.

**Personnel Change**

Any new crew or science party members must be vetted by the MOS and Chief Scientist as per the 1MCSP-2.1-16-F3 PRECRUISE PLANNING RISK ASSESSMENT WORKSHEET.

**Extended Port Operations & Shipyard**

**General**

Any extended port operations or shipyard period plan must take into account the same variable as an underway operation, with the added complexity of increased risk of exposure from external vectors.

**Safety Measures**

The MOS and Master should implement appropriate safety measures, as promulgated in any CDC and local authority guidance. These measures should take into account:

- Ratio of vaccinated to unvaccinated personnel
- PPE recommendations
- Amount of PPE available
- Location of housing for crew, whether in hotel or onboard
- Ability to feed crew onboard, or if delivery option is available
- If social distancing is required by local authorities, has the crew been living together long enough to constitute a “household”?
- What are the pandemic responses / guidelines implemented by the shipyard or local port authorities?
- What are the health monitoring guidelines for the subject virus?
- Clear signage at the gangway indicating “no boarding without prior approval from the Master or MOS”.

Any guidance and policy that is implemented by the MOS and Master should be addressed and documented in a Safety Meeting.
Contractors/Vendors

There will be times that contractors and or vendors will need to board the vessel to perform repairs. Ideally, any deliveries could be made without a vendor boarding a vessel.

In the event that a contractor or vendor must board a vessel, they must undergo the same screening as a crewmember boarding a vessel and be denied boarding if fever, respiratory issues or other symptoms are present, OR they have a high-risk COVID-19 exposure in the prior 10 days.

During the implementation of the Pandemic Response Plan, **no vendor is allowed to board the vessel without explicit prior approval from the Master or MOS.** The MOS will ensure that the contractor or vendor has followed the Pandemic Response Plan requirements prior to arrival to the vessel. If the contractor or vendor has not followed requirements and presents an unacceptable risk to the vessel and crew, the MOS will notify the Master and instruct them to deny permission to board. Contractors or Vendors should be scheduled in only one area of the vessel at a time. Limit the number of contractors and vendors accessing the vessel at the same time. All shore side personnel to include contractors, vendors, scientists, and shore side staff will require permission to access the vessel.

The Master must still carefully control the ingress and egress of approved all contractors or vendors from the vessel. Contractors or vendors should minimize the number of trips they must make – bringing tools and equipment as necessary. Any time a contractor or vendor enters or leaves a vessel, hand hygiene protocols must be followed. Gloves are a potential source of infection and should be removed after egress and hands washed or sanitized. Gloves should then be discarded or washed. While onboard, they shall wear the same PPE as required by the crew while onboard, at a minimum a facemask and face shield, and shall wash their hands or use hand sanitizer prior to boarding and after leaving.

Contractors and vendors and crew shall practice social distancing and remain 6 feet apart if possible. If working in a loud environment, find an alternate communication method to yelling. Yelling across a loud engine room is a dangerous practice that could spread a virus. Consider using radios. If working in an engine room, keep ventilation fans running for circulation, even at the dock. Try to allow contractors and vendors to work alone and use only the absolute minimum required number of workers in a space. Contractors and vendors should bring their own tools and not use onboard tools. If they must use onboard tools they must be disinfected prior to and after use.

If onboard for more than a few hours, contractors or vendors may wish to bring food on board rather than leave the vessel to eat. Remind contractors and vendors that they are not permitted in the Mess/Galley area and must eat either in an open space on deck or in a science bay if the weather is inclement.

After a contractor or vendor leaves, the ship should be disinfected with HOCL and all crew should wash hands.

Any runners, or those delivering supplies to a vessel, should be educated on social distancing and hand and cough hygiene protocols. If a delivery is made to the vessel, the
contents should be disinfected with HOCL if possible before bringing on board.

OUTBREAK MANAGEMENT PLAN

Underway Measures
If there are any suspected cases of the virus onboard, the Master shall immediately isolate the patient and notify the MOS and/or DP.

Protective Measures
The following PPE should be used when evaluating, or potentially exposed to, patients at risk for the pandemic virus:

- Gown
  - Don a clean isolation gown before entry into the patient room or area; change or discard the gown if it becomes soiled.
  - Remove and discard the gown into a dedicated waste or linen container before leaving the patient room or care area.
  - Disposable gowns should be discarded after use; cloth gowns should be laundered after each use.

- Respiratory Protection
  - When evaluating patients at risk for the subject virus, use respiratory protection, at minimum a surgical mask. If training has been provided and fit testing completed, use a NIOSH-certified, disposable N95 filtering facemask respirator, or other CDC, OSHA, or WHO approved respirator or mask.
  - Don the respirator before entry into the patient room or care area.
  - Doff (remove) the respirator after exiting the patient’s room or care area and closing the door.
  - Do not touch the front of the respirator when doffing; perform hand hygiene immediately after removal.
  - Disposable respirators should be discarded in a designated receptacle.

- Eye Protection
  - Splash-proof goggles, or disposable face shields that cover the front and sides of the face should be utilized whenever evaluating a suspected patient.
  - Don eye protection before entering the patient exam room or care area.
  - Doff eye protection before leaving the exam room or care area.
  - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded in a designated receptacle after use.
• Gloves
  ○ Perform hand hygiene, then don clean, non-sterile gloves before entry into the exam room or care area.
  ○ Change gloves if they become torn or heavily contaminated.
  ○ Remove and discard gloves before leaving the exam room or care area, and immediately perform hand hygiene.

Additionally, the Master shall immediately implement the following measures:
• Move the patient to a single occupancy stateroom
  ○ The patient should be classified as High Risk of having the subject virus, until either medical evacuation is possible, or a test can rule it out.
  ○ Have only a single caretaker in contact with the patient and that caretaker should be wearing PPE and decontaminating, all as per guidelines above, or as per CDC Health Care Professionals guidelines.
  ○ The patient’s previous stateroom (if moved) should be completely disinfected.
  ○ The patient’s current isolation stateroom should be cleaned and disinfected daily by a crewmember wearing CDC recommended PPE.
• Isolate, if possible, in a separate single stateroom, any person onboard that is in the High Risk category:
  ○ Berthed in the same stateroom with a suspect/confirmed case
  ○ Has had close contact within 6 feet or was in a closed environment with a suspect/confirmed case
  ○ Participated in common, close quarters activities on board, i.e., lab work, ate meals at the same booth, etc.

**Prevent Further Spread**
• Immediately notify all persons onboard that the Outbreak Response Plan is in effect
• Instruct crew and science party members to remain in staterooms as much as possible during non-working hours
• Cancel all face-to-face employee meetings, group events (such as employee trainings), or social gatherings
• Close any crew gathering areas, such as the crew lounge, gym, etc.
• Implement social distancing of crew and science party members when working or moving through the ship (maintaining at least 6 feet [2 meters] from others)
• Modify meal service to facilitate social distancing (e.g., stagger mealtimes and limit the number allowed to one per booth)
• Eliminate self-serve dining options
• If appropriate the Master may close all mess areas and have one crewmember deliver box lunches to the outside of crew and science party stateroom doors.
• Promote respiratory and hand hygiene and cough etiquette
• Place hand sanitizer (containing at least 60% alcohol or Hypochlorous Acid
(HOCl)) in multiple locations and in sufficient quantities to encourage hand hygiene
- Ensure handwashing facilities are well-stocked with soap and paper towels
- Complete vessel sanitization rounds should occur at a minimum of every 6 hours:
  - Sanitizing crew should wear appropriate PPE to avoid possible contact with trace virus
  - Hypochlorous Acid (HOCl) 200ppm solution should be used
  - Sanitization should include all “high touch” areas such as handrails, countertops, tabletops in labs, common use tools or equipment
- Watchkeeping areas, such as the bridge, laboratory, engine workspaces should be sanitized at a minimum of every watch change.

Medical Evacuation
The MOS and/or DP will facilitate the medical evacuation of the patient, in accordance with USCG, local governing authorities and under the advice of the incumbent Medical Advisor. This may be at sea, or the vessel may transit to port.

Disinfection Guidance
As soon as the suspect case had been removed from the ship, disinfection procedures should begin.
- Cleaning crew should be trained to clean surfaces contaminated with infectious agents using PPE.
- Laundry, food service utensils and waste from the stateroom of suspect cases and contacts should be handled as infectious.

The following disinfection guidance can be used for MOS coronavirus type disinfection, (but CDC specific sanitation guidelines should be consulted):

1. Disinfection/Decontamination: Recommendations for shipboard disinfection are to use hypochlorous acid (HOCL)².
   - Although HOCL is non-toxic and non-hazardous, the Decontamination Team should be wearing PPE to avoid contact with trace subject viruses.
   - HOCL can be used as a liquid surface cleaner or fog for large-scale interior space disinfection
     - Use 200 ppm solution for both fog and liquid applications
     - Fog interior spaces (staterooms, labs, etc.) and let stand for a minimum of 10 minutes prior to re-entry
     - Use liquid solution for contact surfaces

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¹https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html
- Containers should be clearly labeled with the solution, date, and time of preparation.
  - HOCL shelf-life can be 3-6 months if stored in a closed container protected from the oxygen in the air.
  - Containers that block out UV light may have a small effect on extending shelf-life.

If there is any concern for active transmission of COVID-19 or other persistent virus/subsequent disease aboard ship, disinfection utilizing the above methods should be immediately conducted in all high-traffic and/or high-volume areas (e.g., berthing, heads, galleys, passageways, high-volume work spaces, etc.).

Disinfection should be conducted, at a minimum, daily (or more frequently as directed by current CDC guidelines) to minimize the persistence of any viral particles. Regular cleaning and disinfection should continue until all concern for transmission of the virus is over, per the advice of GWU Maritime Medical, or local governing/health authorities.

The vessel may be required to remain in port until health authorities release it. No crew or science party members should be allowed to depart the vessel until specific permission from USCG, CDC, local health department, etc. has been received.

**In-Port Measures**

Should there be a suspected case of the subject virus during port operations, the local medical authorities shall be immediately contacted and told of the suspected infection.

All in-port activities will be suspended until such time that the Master, MOS and any local governing bodies can ascertain the risk of further outbreak.

Once the decision has been made to continue in-port operations, at a minimum, the Master shall implement the same safety and sanitization measures as above.

Any guidance and policy that is implemented by the MOS and Master should be addressed and documented in a Safety Meeting.

**Reporting**

Per 33 CFR 160.216, the Master, operator or person in charge must immediately report persons who present signs/symptoms consistent with a pandemic declared virus/disease, i.e., COVID-19, to the United States Coast Guard (USCG) and the Centers for Disease Control and Prevention (CDC).
42 CFR 71.1 defines an ill person onboard a vessel as one that has:

A. Fever (has a measured temperature of 100.4 °F [38 °C] or greater, or feels warm to the touch, or gives a history of feeling feverish) accompanied by one or more of the following:
   - skin rash,
   - difficulty breathing or suspected or confirmed pneumonia,
   - persistent cough or cough with bloody sputum,
   - decreased consciousness or confusion of recent onset,
   - new unexplained bruising or bleeding (without previous injury),
   - persistent vomiting (other than sea sickness)
   - headache with stiff neck;

B. Fever that has persisted for more than 48 hours;

C. Acute gastroenteritis, which means either:
   - diarrhea, defined as three or more episodes of loose stools in a 24-hour period or what is above normal for the individual, or
   - vomiting accompanied by one or more of the following: one or more episodes of loose stools in a 24-hour period, abdominal cramps, headache, muscle aches, or fever (temperature of 100.4 °F [38 °C] or greater);

**USCG**

Notify the nearest Coast Guard Captain of the Port (COTP). Initial reporting can be done via landline contact with COTP. Utilize Form 2692-

**CDC**

Notify the CDC via the Maritime Conveyance Illness or Death Investigation Form⁴.

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³[https://www.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=729d008770244f96b12fa5f6f339e62e&layerId=0](https://www.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=729d008770244f96b12fa5f6f339e62e&layerId=0)

⁴[https://www.cdc.gov/quarantine/maritime/explanation-key-fields-maritime-conveyance-illness-death-investigation-form.html](https://www.cdc.gov/quarantine/maritime/explanation-key-fields-maritime-conveyance-illness-death-investigation-form.html)
ACKNOWLEDGEMENT FORM

In addition to the guidance promulgated in the PANDEMIC RESPONSE PLAN, all crew and science party members must follow the Safety Management System requirements related to the use of personal protective equipment, including the use of gloves, eye and face protection, and respiratory protection.

If you have any questions about the Safety Management System or the use of personal protective equipment, please contact the Marine Operations Superintendent or the vessel Master.

By signing this form, I acknowledge that I have read the PANDEMIC RESPONSE PLAN and that I understood it and agree to comply with it. This PLAN is not promissory and does not set terms or conditions of employment or create an employment contract.

I further acknowledge that I have been reminded of the safety policies included in the Safety Management System and understand that it is my responsibility to be familiar with it and abide by their terms.

Signature:

Printed Name:

Date: