

Guidance for Protection against COVID-19
[English Version]

Version 7.0
31 January, 2023

The Japanese Shipowners' Association

Introduction

Importance of preventing the spread of infection in the oceangoing cargo shipping business

According to the decision of Novel Coronavirus Response Headquarters under the Japanese government policy (revised 8th September 2022), shipping operators shall continue providing stable service for keeping their services in aspects of maintaining social stability in Japan.

In this regard, seafarers, who may join the Japanese shipping fleet vessels, shall continuously maintain their best efforts to prevent affection from COVID-19.

About this Guidance

This Guidance outlines recommendations, primarily for oceangoing shipping operators, that operators are recommended to implement for the time being until the global COVID-19 pandemic ends.

From now on, shipping operators should take all possible measures to prevent the spread of infection by promptly and appropriately taking feasible and effective steps in line with the actual situation at each workplace or work site and the risk of infection, using this Guidance as a reference.

This Guidance has been revised based on the latest information available as of September 1, 2021. However, various details relating to COVID-19 are becoming clearer by the day, and this Guidance will be revised as necessary based on infection trends, the findings of experts, and revisions to the Basic Policies on which this Guidance is based.

These guidelines were revised considering the situation as of November 2022. Due to the toxicity of the omicron strain (BA.5 etc.), there have recently been no reports of severe physical conditions and death cases. Under such circumstances, we revised our guidelines in balancing preventive measures and activities of the society and the economy (based in Japan).

This English version is translated from the original Japanese version to disseminate the preventive measures against COVID-19 and variants on board the ship. Due to made initially for the Domestic member companies, you may not retrieve, onboard, some of the references shown in this guidance.

COVID-19 Characteristics and Infection Mechanism

COVID-19, a new coronavirus strain, broke out in Wuhan in Hubei Province in China around December 2019.

COVID-19 has repeatedly transformed, and the Omicron mutant strain (BA.1, Ba.4, BA.5, etc.) is prevalent nowadays.

The Omicron mutant strain is weakened compared to the Delta mutant strain but is easily infected. As mentioned above, the omicron mutant strain is majorly all over the world now, and it is said that the risk for severeness has become low except for persons who may be in underlying conditions. Meanwhile, since it is reported sequelae such as dysosmia and taste disorders may continue for an extended period, we should keep preventive measures continuously.

Information on COVID-19 can be found on the following websites (described in Japanese only):
Ministry of Health, Labour and Welfare Website.

[Symptoms]

Fever (52%), cough, or shortness of breath (29%), feeling of fatigue (14%), headache (8%), digestive symptom (6%), runny nose (4%), taste disorder (3%), dysosmia (3%), joint pain (3%), muscle pain (1%).

Other reported early signs before the onset of COVID-19 include:

- Taste abnormalities (loss of taste of coffee or wine)
- Sore toes
- Tongue discoloration (browning)

An estimated 80% of those infected have relatively mild symptoms. Some people do not show any signs (Breakthrough infection / Silent Positive).

Meanwhile, the following people are thought likely to become severe conditions:

People with COPD (chronic obstructive pulmonary disease), chronic kidney disease, diabetes, heart disease, hypertension, cancer, people who are obese, smokers, and people aged 60 or older (however, there are also cases of infants and young people becoming severe).

[Incubation Period]

In conventional cases, symptoms appear on average 2 - 3 days (seven days maximum) after infection.

It is reported that cases of breakthrough infection (silent positive) are 20% to 40%.

[Infection Mechanism]

Transmission routes are the same as for influenza. There are three main routes:

- Contact (direct and indirect)
- Droplets
- Aerosol (airborne)

Measures to prevent infection include:

- **Avoiding the three C's: Crowded places, Close-contact settings, and Closed spaces (ingenuity is required to avoid each element)**
- Prevent contact infection (direct infection such as droplets, and indirect infection such as contact with doorknobs, etc.)

[Preventative Measures]

Proper consideration should be given to the above-stated infection mechanism when taking preventive measures on ships, and the measures described in the following sections should be thoroughly implemented. The mutant strains are becoming more contagious meaning that preventative measures need to be even more thorough than before.

Contact Infection

In addition to direct person-to-person contact, such as shaking hands, there is also a risk of infection by touching areas that have been touched by an infected person (a person who has tested positive).

- Virus on cardboard boxes: the infectious virus can be detected for up to 24 hours
- Virus on plastic surfaces: the infectious virus can be detected for up to 2-3 days
- Virus on stainless steel surfaces: the infectious virus can be detected for up to 2-3 days
- Spraying in the air with a medical spray: the infectious virus can be detected for up to 3 hours

Some studies show the virus can remain on human skin for about nine (9) hours

- Note that the above-stated estimates are for conventional strains. There is no data for variant strains.

Washing hands properly and using alcohol disinfectants, etc., are effective means of preventing contact infection.

While not covered in the media, etc., there is a possibility that the virus may be able to live on items we frequently touch, such as smartphones. Be sure to disinfect your hands before and

after using such items.

Droplet Infection

There have been cases in which people have been infected when droplets of saliva, etc., are passed on to others when a person coughs, sneezes, or speaks within close range.

It is absolutely essential to avoid close contact. It is not considered to be close contact if masks or other face coverings are worn correctly (by both parties) and a distance of one meter or more is maintained.

If it is challenging to wear a face mask, an adequate physical distance shall be kept.

Wearing masks adequately is an effective means of avoiding infection through droplets. Cough etiquette should always be practiced when sneezing or coughing. At the same time, a social distance (physical distance) should be maintained when talking, etc., to others (If both speakers wear masks, they don't need to keep a 2-meter physical distance).

Outside, such as on deck, the crew may not need to wear masks unless they converse with someone, particularly with stevedores.

Care should be taken to avoid close contact when holding cargo meetings at ports of entry and receiving guidance from a pilot.

Do not talk in a loud voice

Aerosol Infection

When people talk loudly, sneeze, or cough, etc., in poorly ventilated places such as indoors, not only direct droplets but also saliva is dispersed into the air in the form of minute particles which hang in the air.

In such cases, merely wearing a mask is not enough to prevent inhalation of the virus.

Consequently, natural ventilation in a room (if the condition is permitted) is effective in preventing infection.

* The virus will be dispersed outdoors by winds. Cough etiquette should be practiced at all times.

* Constantly or frequently ventilate rooms (at least twice an hour for at least five minutes, or constant ventilation. In cold conditions, keep cabin scuttles open enough to prevent the room temperature from dropping and the like) using air conditioning equipment that complies with laws and regulations. In dry (arid) conditions, rooms should be humidified to at least 40% humidity.

Mask types: while media, etc., reports indicate that non-woven masks are effective, be aware that effectiveness may vary between products.

Note that although effective against droplet infection, masks do not provide adequate protection against aerosol infection (especially inhalation) and that minimizing the gap between the mask and the face is effective in reducing the risk of infection.

Ventilation Guidelines

The risk of aerosol infection is likely to increase when some crew members gather together in a room.

Rooms should ideally be ventilated at all times. Using a commercially available a carbon dioxide monitor is an option when ventilation opportunities are limited. Previous studies have shown that carbon dioxide levels increase when ventilation is poor, and therefore carbon dioxide monitors indicate the risk of aerosol infection.

The concentration of carbon dioxide in the air is said to be about 400 ppm. Ideally, the following standards should be used as a guide for ventilating rooms.

Less than 800ppm:	no need for ventilation
800ppm to 1,000ppm:	no need for ventilation but risk starts to increase
1,000ppm or more:	ventilation required

(There are slight differences between the manuals)

Close Contact

Close contact is a person who has been in close proximity or prolonged contact with a person who has tested positive for COVID-19 and who is therefore highly likely to have been infected. As mentioned above, the key factors in determining close contact are (1) proximity and (2) length of contact. A person is considered to be a close contact if they have touched an infected person with their hands without taking necessary infection prevention measures or been in face-to-face contact at a distance at which they can reach out and touch the other person (about one meter) for more than 15 minutes.

Public health centers investigate the relationship and degree of contact between people who have been in close proximity with an infected person during the period in which there is a possibility of the virus being transmitted (from two days before the onset of symptoms until the day of hospitalization, etc.) (active epidemiological investigation), and determine whether individuals should be classified as close contacts. Contact confirmation app users are notified if there is a possibility that they have spent more than 15 minutes within one meter of a person that has tested

positive. Such notifications lead to rapid testing and treatment. See here for more details. Even if a person has been in close proximity to an infected person for 15 minutes, the possibility of their being infected varies greatly depending on the “3 C’s”, such as whether they were wearing a mask, the kind of contact that occurred, such as whether they were speaking or singing, and whether they were in face-to-face contact. For this reason, whether a person is considered a close contact is ultimately decided by asking specific details about the situation in which the individual came into contact with the infected person.

Measures at Shore Offices

Refer to the Guidelines for Preventing the Spread of Novel Coronavirus Disease (COVID-19) in Offices published by the Japan Business Federation for basic information on the implementation of measures to prevent the spread of COVID-19 at the land-based offices of operators (offices here means workplaces under the Industrial Safety and Health Act, and refers to workplaces where employees perform clerical work and are hereinafter referred to as “offices”).

Preventive Measures Before Boarding

It is best to take a PCR test just before boarding the ship. However, since many countries have lifted their border measures recently, the managers should take action considering the situation of the countries where crew members may pass by or the vessel call.

The following measures should be taken to reduce the risk of infection based on the information in the COVID-19 Characteristics and Infection Mechanism section.

Self-Quarantine

Preventive measures are required not to infect other crew members onboard. Isolation is not necessary because vaccination (two times or boosted) are prevailing among seafarers (more than 90%), and death case or aggravation case is rarely reported nowadays.

However, even though vaccinated, people cannot prevent infection entirely. Someone may be positive even if there are no symptoms. Crew members shall take adequate preventive measures when the vessel may call at a port where severe border measures are still taken.

Self-Quarantine Period

Self-quarantine is not required. However, the manager may request their crew members to be isolated in their criteria.

PCR Tests, etc. (Negative Proof)

Under the border measures, countries may request seafarers who may not vaccinated a COVID-

19 certificate (negative certificate).

Vaccinations

If vaccines are available, it is advisable to be vaccinated against COVID-19 (boosted is better) when boarding.

The following should be taken into consideration regarding vaccinations:

General Matters

1. Decisions (intention) on whether to be vaccinated should be left to the sole discretion of the individual.
2. Companies shall not force individuals to be vaccinated.
3. Companies shall not treat unvaccinated crew members at a disadvantage when assigning work, etc.
4. Be aware of the possibility of side reactions when vaccinated. Seafarers should take guidance about the risks of the vaccine that will be administered to individuals who plan to be vaccinated before being vaccinated.
5. Seafarers who may have concerns about being vaccinated should consult with a physician, etc., before the vaccine is administered.
6. Seafarers should get doses of the same vaccine if getting a vaccine that requires several doses.
7. Seafarers should consult with a physician immediately if experiencing an adverse side reaction after being vaccinated.
8. Close attention should be paid to health changes after being vaccinated, and individuals should take measures such as not working or reducing their workload if they feel unwell.
9. Companies should prepare for cases in which employees die or suffer complications (aftereffects) as a result of vaccination.

In Case that Crew Members Are Vaccinated in Their Home Country

1. Receive vaccinations in accordance with instructions (guidance) from the relevant country's government.
2. In the case of two-dose vaccines, give consideration to providing leave or the like so that the vaccine can be administered within an appropriate period.

In Case Vaccinated in a Third Country

1. Be aware of the following if vaccinated in the US or any other third country:
 - In the case of the two-dose vaccines, consider the fact that it may not be possible to get the second dose in the third country due to time constraints. A single-dose vaccine (Johnson & Johnson: Though it is pending regulatory approval in Japan) is also available.

- When getting vaccinated after arriving in a country to replace crew members, etc., ensure crew members have enough time in the country to recover from side reactions before boarding.
 - When getting vaccinated at the time of entry into port while on board, consider adverse reactions, etc., and give more than enough consideration to the impact on work after being vaccinated.
 - When allowing the crew to go ashore to get vaccinated, consider side reactions, etc., and give adequate consideration to the period until boarding.
 - Be aware that if vaccinated in a third country, crew members may not be eligible for compensation from their home country's government if any problems arise as a result of the vaccine. Be sure to obtain consent from the individual planning to be vaccinated. (Note that the Japanese government will not pay compensation in such cases. Companies should take compensation into consideration for the time being when the crew is vaccinated in a third country.)
2. Be aware that if vaccinated in a third country, crew members may not be eligible for compensation from their home country government if any problems arise as a result of the vaccine. Be sure to obtain consent from the individual planning to be vaccinated. (Note that the Japanese government will not pay compensation in such cases. Companies should take compensation into consideration for the time being when crew are vaccinated in a third country.)

There is a risk of infection (breakthrough infection) even after being vaccinated. However, in such cases, symptoms may not appear or may be difficult to recognize. Therefore, the above-stated infection prevention measures (wearing masks, use of disinfection, etc.) should be continued in order to reduce the risk of infecting others.

Traveling to Ships

There is always a risk of being infected before arriving at a ship, even if the border measures are lifted or eased.

Preventing Infection on Board

Preventing Infection on Ships

- Wear masks when seafarers may converse with outside people such as stevedores (within reason, the crew should be instructed on how to wear masks properly) and practice cough etiquette.
- Wash hands (including disinfecting with alcohol) in the recommended manner.
- Create an environment in which hand hygiene can be performed as necessary.

- Check body temperature (disinfect thermometers with alcohol after each use) if necessary.
- Inform the management company if a crew member has a higher than normal temperature or has early symptoms such as abnormal taste and take appropriate measures such as isolating in a cabin.

Version two of this Guidance (not released in English) stated, “Inform the management company if a crew member has a higher than normal body temperature (37.5°C according to the Ministry of Health, Labor and Welfare, but at the discretion of each company) for several days and there are suspicious symptoms”. However, waiting this long is risky, and so we recommend informing the management company if a crew member has any initial symptoms before the fever mentioned above or a higher than normal body temperature (we cannot specify how high, but if it is close to 37°C, you may need to treat it as being suspicious) just to be on the safe side.

If necessary, use a saliva test kit (antigen test kit) (Such test kits should be proper management and usage guidance should be provided).

- Regularly disinfect the inside of the ship. Regularly disinfect doorknobs, PC keyboards, onboard telephones (push buttons and handset), cabinets, handrails, touch panels, and other areas that are frequently touched by people (the Ministry of Health, Labor and Welfare, the Ministry of Economy, Trade, and Industry, and from manufacturers have indicated that sodium hypochlorite solution can be made using commercially available bleach if there is not enough alcohol disinfectant available. However, such disinfectant solution should not be used to disinfect hands)
- Toilets, showers, and other facilities used by multiple people have confined spaces in which it is easy to become distracted. Since this can increase the risk of infection, such spaces should be thoroughly disinfected, and measures should be taken to prevent people from staying there too long. Hands should be washed, and facilities should be disinfected frequently after use (be aware that the virus may accumulate on shower room floors). Often wash the ship crew’s uniforms and clothes.
- In common toilets on-board, seafarers must wash hands well and prohibit sharing cotton towels (it is highly recommended to use paper towels instead).
- Regularly ventilate rooms on board. Ventilation is also an effective means of preventing infection.
- We recommend eating in silence during mealtimes whenever possible (if distance is not enough).
- Use disinfectant sprays to disinfect handrails and fixtures, etc. (do not use disinfectant sprays intended for spraying on clothes to disinfect hands).
- Karaoke is an effective way to relieve crew members’ stress. However, it may result in a 3C situation and so should be avoided in principle. Refer to the Guidelines for Karaoke Studios

(if available), etc. if karaoke is unavoidable. Ventilate rooms wherever possible at appropriate times (we also strongly recommend using carbon dioxide monitors).

The above is a list of points to prevent infection on board ships. There is, however, no need to be more nervous than necessary. Suspicion on board a ship affects the safe operation of the ship, and sufficient care should be taken to avoid such situations (however, thorough preventive measures should be maintained as variant strains are becoming prevalent). The above is a list of points to prevent infection on board ships. There is however no need to be more nervous than necessary. Suspicion on board a ship affects the safe operation of the ship, and sufficient care should be taken to avoid such situations (however, thorough preventive measures should be maintained as variant strains are becoming prevalent).

Preventing Infection during Loading and Unloading

Refer to the JSA Member Notification No. 126/Shipowner Company No. 24, dated May 1, 2020, Recommendations for Preventing the Spread of COVID-19 During On-Board Cargo Handling on Oceangoing Ships and JSA Member Notification No. 136/Shipowners No. 48, dated May 12, 2020, IMO Protocols on Safe Contact Between Ship Crews and Shore-Based Workers, regarding contact with shore-based workers during loading and unloading (Those circulars are available in Japanese only.)

Measures When a Crew Member Develops COVID-19

Notify the Port State

The Master shall not report falsely.

A quarantine notification should be made to the port State and instructions sought from the authorities of that country, in accordance with the requirements in quarantine laws of that country.

Envisaged response:

- Quarantine at a quarantine anchorage (or follow the instructions by a quarantine authority);
- Take the crew member to a shore medical facility if seriously ill; and
- Continue to anchor at the anchorage for at least 14 days (no land or sea transportation permitted as a rule); Need to replenish food, drinking water, medicine, etc.

Landing in Infected Regions

In principle, care should be taken to avoid landing unnecessarily in infected countries (regions). Please refer to the list of infected countries and infected people provided by the Association

regarding countries.

Please also refer to the Ministry of Foreign Affairs' Travel Advice and Warning on Infectious Diseases.

- Level 4: Evacuate and avoid all travel

Japanese nationals are urged to evacuate immediately from the country/area to a safe country/area and should avoid all subsequent travel to the country/area regardless of the purpose.

- Level 3: Avoid all travel

Japanese nationals are urged to avoid all travel to the country/area regardless of the purpose.

- Level 2: Avoid non-essential travel

Japanese nationals are advised to avoid non-essential travel to the country/area and to stay alert to the situation, and take appropriate safety measures should they decide to travel.

- Level 1: Exercise caution

Japanese nationals traveling to and residing in the country/area are advised to stay alert to the situation.

When changing crews overseas, take the risk of infection into account in areas at risk of infection, even in those countries and regions in which crew changes are possible.

As of October 2022, all countries are designated as Level 1 (in Japan).

end