



Sayı : 38591462-010.07.03-2020-4528

11.12.2020

Konu : ICS COVID-19 Güncel Duyurusu

Sirküler No: 1383

Sayın Üyemiz,

Uluslararası Deniz Ticaret Odası (International Chamber of Shipping-ICS) tarafından gönderilen 30 Kasım 2020 ve 8 Aralık 2020 tarihli yazılarla, Dünya Sağlık Örgütü'nün (World Health Organization-WHO) yayınladığı, bütün ülkelerden bildirilen "Yeni Koronavirüs" (Covid-19) akut solunum yolu hastalık vaka tablosunu içeren güncel istatistiki bilgiler Odamıza iletilmiştir.

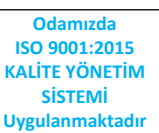
Bahse konu 8 Aralık 2020 tarihli yazıda (Ek-1) Covid-19 vakalarının, hastaneye yatan hasta ve vefat sayılarında Avrupa ve Amerika'da önemli ölçüde artmaya devam ettiği, 7 Aralık 2020 tarihi itibarıyla toplam 66.243.918 adet Covid-19 vakası tespit edildiği, birçok ülkenin halihazırda uygun test ekipmanına sahip olmadığı için tüm vakaların rapor edilemediği ve bu nedenle sayıların artacağı belirtilmekte olup, rapor tarihi itibarıyla en fazla Covid-19 vakası tespit edilen ilk 12 ülke, Covid-19 salgını vaka ve vefat sayılarının olduğu tablo ve ülkeler hakkında güncel bilgiler bulunmaktadır.

Ayrıca yazılarda, Covid-19 salgınıyla mücadele kapsamında ülkeler tarafından sürdürülen aşı programları hakkındaki gelişmelere ait bilgiler ile;

- Uluslararası Denizciler Sosyal Yardımlaşma ve Dayanışma Ağı'nın (International Seafarers' Welfare and Assistance Network – ISWAN) yayınladığı denizcilik ve gemi işletmeleri şirketlerine yönelik "Mental Açından Sağlıklı Gemiler" başlıklı rehber (Ek-3),
- Singapur Denizcilik ve Liman İdaresi'nin (Maritime and Port Authority of Singapore – MPA) küresel paydaşlardan destek alarak hazırladığı Gemi Personeli Güvenliği Denetimi SG-Star Fonu hakkındaki basın bülteni (Ek-4),
- **Gemi Personeli Değişimi ve Denizcilerin Ülkelerine Geri Dönmeleri ile ilgili Ulusal Merkezlerin** bilgilerinin yer aldığı, COVID-19 salgını sırasında gemi personeli değişimi, sağlık hizmetlerine erişim ve denizcilerin seyahatini kolaylaştırmak için önerilen eylemlere ilişkin MSC.473(ES.2) sayılı IMO kararı (Ek-5),
- Yeni Zelanda Denizcilik İdaresi tarafından yayınlanan denizcilik sektörü için hazırlanan COVID-19 rehberi (Ek-6),
- Denizcilere yönelik sürdürülen yardım ve dayanışma çalışmalarına destek olmaya yönelik başlatılan "Seafarers Delivering Christmas Campaign" kampanyasının tanıtım broşürü (Ek-7),
- Gemi personeli değişimine ilişkin Norveç tarafından uygulanan protokoller hakkında bilgi içeren Norveç Denizcilik İdaresi'nin yazısı (Ek-8) yer almaktadır.

Bilgilerinize arz/rica ederim.

Saygılarımla,

İsmet SALİHOĞLU
Genel Sekreter**Bu belge, 5070 sayılı Elektronik İmza Kanuna göre Güvenli Elektronik İmza ile İmzalanmıştır.**

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**Ek:**

- 1- ICS'in 08.12.2020 Tarihli Yazısı (10 sayfa)
- 2- ICS'in 30.11.2020 Tarihli Yazısı (7 sayfa)
- 3- ISWAN'ın Mental Sağlık Rehberi (32 sayfa)
- 4- Singapur MPA'nın Basın Bülteni (7 sayfa)
- 5- IMO'nun MSC.473(ES.2) Sayılı Kararı (8 sayfa)
- 6- Yeni Zelanda Denizcilik İdaresi'nin COVID-19 Rehberi (9 sayfa)
- 7- ICS'in Kampanya Broşürü (3 sayfa)
- 8- Norveç Denizcilik İdaresi'nin Yazısı (9 sayfa)

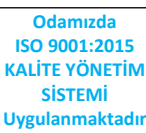
Dağıtım:**Gereği:**

- Tüm Üyeler (WEB sayfası ve e-posta ile)
- İMEAK DTO Şube ve Temsilcilikleri
- Türk Armatörler Birliği
- S.S. Gemi Armatörleri Motorlu Taşıyıcılar Kooperatifi
- GİSBİR (Türkiye Gemi İnşa Sanayicileri Birliği Derneği)
- VDAD (Vapur Donatanları ve Acenteleri Derneği)
- TÜRKLİM (Türkiye Liman İşletmecileri Derneği)
- KOSDER (Koster Armatörleri ve İşletmecileri Derneği)
- Yalova Altınova Tersane Girişimcileri San.ve Tic.A.Ş.
- UTİKAD (Uluslararası Taşımacılık ve Lojistik Hizmet Üretenleri Derneği)
- Türk Uzakyol Gemi Kaptanları Derneği
- GEMİMO (Gemi Makineleri İşletme Mühendisleri Odası)

Bilgi:

- Yönetim Kurulu Başkan ve Üyeleri
- İMEAK DTO Şube YK Başkanları
- İMEAK DTO Meslek Komite Başkanları

Bu belge, 5070 sayılı Elektronik İmza Kanuna göre Güvenli Elektronik İmza ile İmzalanmıştır.



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8 December 2020

COVID19(20)181

**TO: LABOUR AFFAIRS COMMITTEE
ALL MEMBERS & ASSOCIATE MEMBERS
BI WEEKLY MEMBERS MEETING PARTICIPANTS
INTERNATIONAL ASSOCIATION GROUP PARTICIPANTS**

COVID-19 UPDATE AS OF 7 DECEMBER 2020

Action Required: *Members are invited to note:*

- *Information below provided by WHO for 7 December 2020 and general epidemiological information regarding Covid 19 issued by WHO. Covid case numbers, hospital admissions and deaths continue to substantially increase across Europe and the Americas.*
- **66,243,918** confirmed cases of COVID-19 4,048,644 (6.11%) additional cases have been confirmed since last week. There has also been an increase in fatalities over the period with **1,528,984** deaths recorded which is **75,629** additional deaths (4.94%). However, many countries still cannot report all cases due to insufficient testing equipment, so numbers will be considerably higher. There are 220 Countries, areas or territories with cases.
- *Members are encouraged to share the latest ISWAN Guide entitled Mentally Healthy Ships, policy and practice to promote mental health on board. Against the current backdrop, this guidance which provides detailed support for ship operators developing mental health policies for seafarers. The document is attached at **Annex A**.*
- *Singapore MPA has issued a joint media release on the SG-STAR Fund Crew Safe Audit programme and support from more global partners. Attached at **Annex B**. Please also disseminate this to your comms and media contacts.*
- *IMO National Focal Points on Crew Change and Repatriation of Seafarers , The Maritime Safety Committee, at its second extraordinary session, adopted resolution MSC.473(ES.2) on Recommended action to facilitate ship crew change, access to medical care and seafarer travel during the COVID-19 pandemic, whereby it invited Member States and relevant national authorities to designate National Focal Points on Crew Change and Repatriation of Seafarers, to coordinate action at national level; and to inform the Secretary-General so that Member States could be advised for coordination. A copy is attached at **Annex C**.*
- *Members are encouraged to continue to actively promote and get involved with the # Seafarers Delivering Christmas Campaign details can be found at*

[Help us support #seafarersdeliveringchristmas | International Chamber of Shipping \(ics-shipping.org\)](#)

Companies are actively encouraged also to get seafarers families involved in submitting video clips for the 12 days of Christmas tribute outlined in the flyers.

To get specific information for a country please visit the WHO-Covid-19 dashboard. [Link](#).

SITUATION IN NUMBERS BY WHO REGION

Region	Cases	Deaths
Global	66,243,918	1,528,984
Africa	1,547,607	34,486
Americas	28,355,791	750,968
Eastern Mediterranean	4,319,467	107,866
Europe	19,985,154	448,805
South-East Asia	11,114,545	169,070
Western Pacific	920,613	17,776

TOP 12 COUNTRIES WITH CASES AS AT YESTTERDAY (Top first)

	This Week	Last Week	Status
1	USA	USA	The Same
2	India	India	The Same
3	Brazil	Brazil	The Same
4	Russia	Russia	The Same
5	France	France	The Same
6	Italy	Spain	Changed
7	UK	UK	The Same
8	Spain	Italy	Changed
9	Argentina	Argentina	The same
10	Columbia	Columbia	The Same
11	Germany	Mexico	Changed
12	Mexico	Germany	Changed

TOP 12 COUNTRIES

	INCREASED CASES YESTERDAY	HIGH FATALITIES YESTERDAY
1	United States of America	USA
2	Brazil	Brazil
3	India	Mexico
4	Russia	Italy
5	Italy	Russia
6	UK	India
7	Germany	Iran
8	Mexico	UK
9	Iran	Poland
10	France	Turkey
11	Colombia	France

12	Poland	Colombia
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Vaccines

A complete return to normal life after the coronavirus pandemic is years away according to Prof Dale Fisher, chairman of the World Health Organisation's global outbreak and response network. He said: "I think over the next year or two things will loosen up quite a lot. I think we will eventually get back to normal but will that take three years or 10 years, I don't know. "He said there were a number of challenges ahead with the distribution of vaccines, including encouraging people to have them and not get complacent about the risks from the virus as time went on.

Australia

Australia's second-largest city, Melbourne, has welcomed its first international passenger flight since June. Travellers on the flight will stay in the state of Victoria's hotel quarantine system. The country closed its borders to non-residents in March, but repatriation flights in Melbourne were halted a few months later after a Covid outbreak at two hotels where passengers were quarantined.

A new system has been introduced for international arrivals and those arriving from Sri Lanka on Monday cannot leave their hotel rooms during the 14-day quarantine period - except for medical, health or compassionate reasons.

Western Australia is due to end restrictions on travellers from Victoria and New South Wales tomorrow meaning that almost all of the country's internal borders will reopen.

Austria

Austria plans to start vaccinating in January, putting the most vulnerable groups first.

Belgium

Belgium plans to start vaccinating in January, putting the most vulnerable groups first.

Brazil

Brazilian Immigration now require a Seafarer's Identity Document (SID)_for all foreign seafarers travelling to Brazil, effective 01 December 2020.The SID is of the ILO Convention 185 also known as the Seafarer's Identity Documents Convention. Brazilian Immigration authorities no longer accept a Seaman's book to enter/exit Brazil.

You may refer to [Controle migratório de tripulantes marítimos — Português \(Brasil\)](https://www.gov.br/controle-migratorio-de-tripulantes-maritimos) (www.gov.br)

I - INTERNATIONAL MARITIME PORTFOLIO ISSUED PURSUANT IN ACCORDANCE WITH CONVENTION No. 185 OF THE ILO: Recent debates of the National Immigration Council produced in the Normative Resolution 42/2020, which gave new wording to Resolution No. 6/2017, the possibility of adoption of a new interpretation of the provisions of Art. 29 was recognized. It was therefore recognized that only the identity card of a seafarer issued pursuant to ILO Convention No. 185 will be accepted by Federal Police as a travel document and for exemption from a temporary visa.

Currently parties to ILO Convention No 185 are: Albania, Azerbaijan, Bahamas, Bangladesh, Bosnia and Herzegovina, Brazil, Kazakhstan, Congo, Croatia, Spain, Philippines, France, Georgia, Hungary, Yemen, India, Indonesia, Jordan, Kiribati, Lithuania (not in force), Luxembourg, Madagascar, Maldives, Marshall Islands (not in force), Montenegro, Myanmar, Nigeria, Pakistan, Republic of Korea, Republic of Moldova, Russian Federation, Sri Lanka, Tunisia, Turkmenistan, Tanzania, and Vanuatu. The list is on the ILO website: Acceptance of Amendments of 2016 to the Annexes of Convention 185. It should be noted that seaman's book (Seafarer Discharge Book/ Seaman's Service Book) and Seafarer Identity Document (SID) issued pursuant to ILO Convention No. 185 are different documents.

Denmark

From Wednesday, a partial lockdown will be imposed in the main cities – Copenhagen, Aarhus and Odense and dozens of other areas. The government says the infection rate is rising exponentially. Denmark will close eating places, sports, and entertainment facilities until 3 January. Many school pupils will be sent home, to study online.

France

France plans to start vaccinating in January, putting the most vulnerable groups first. The daily infection rate went above 11,000 yesterday well above the target of 5,000 set for a planned easing of the lockdown on 15 December.

A French court has ruled an elderly woman diagnosed with dementia must pay a fine of €166 (£151; \$201) for having put the wrong date on her form for leaving home during lockdown. Her daughter appealed against the fine imposed in a police check in April. In France's coronavirus lockdown, a downloadable form must be completed if a person wants to leave home. France Bleu says the woman, 73, was stopped while out shopping in Luxeuil, eastern France. Since late October France has been in a second lockdown and forms are still necessary. Most shops are open, but tight travel restrictions remain.

Germany

Bavaria will tighten its lockdown light from Wednesday, imposing curfews in hotspot areas and further limiting travel to and from the neighbouring Czech Republic. Many German officials are now expressing concern about easing restrictions over the Christmas holiday.

Greece

Lockdown has been extended until 7 January: schools, restaurants and sports venues are among places remaining shut. Travel between regions is also generally banned.

Italy

Italians knew it would be a matter of time before they hit the day when the country would exceed the highest death toll of the first wave – 969 on 27 March. And now it has happened. With 993 deaths recorded on December 3rd, Italy had its deadliest day of the pandemic. The numbers are hard to fathom.

The infection rate is gradually decreasing. While cases remain high the rate of positive results to number of tests has decreased in the last week from 12.4% to 10.2%. The curve

is flattening. But as in the first wave, it takes time for the death toll to catch up, as many of the fatalities were infected around the peak of the second wave in early November.

After grim figures, Italians are bracing themselves for a miserable Christmas with tightened restrictions. They'll be banned from moving between regions, forced to self-isolate if they come into the country from abroad, ordered to obey night-time curfews around Christmas Day and New Year and told only to celebrate Christmas lunch with close family. Italy has been devastated by the first and now the second wave. It fears a third.

New Zealand

As the pandemic continues, the impacts on our daily lives begin to weigh on New Zealanders. When the pandemic started essential workers and front line workers were viewed with admiration. However, in recent times there has been a shift in how many in the community view those who have increased exposure to the virus, and we are seeing cases where they now encounter discrimination. To find out more please read the COVID-19 Maritime NZ Industry Update 58 attached at **Annex D**.

New Zealanders recognize how lucky they are to live in New Zealand and probably more so now with the global pandemic. Looking around everyone is pretty much going about their normal lives and while COVID-19 is always in the background, for most New Zealanders its current impact is minimal. It is ok to go on holiday, have friends round, to go to a concert or sporting match and to have Christmas! Freedoms much of the world doesn't have now. Which is why it is disappointing to hear of the rising cases of border workers being stigmatised by the general public. Air, maritime and managed isolation workers are running into problems like being told their local school does not want to take their children any more or their local long term GP has asked them to go elsewhere.

New Zealanders have freedom currently due to the great work everyone has done during the lockdowns and alert level changes and the work border workers do to keep borders safe. Additionally, the efforts of the AoG COVID Response team, Maritime NZ staff and our stakeholders in the maritime industry. The work done to educate port workers and provide systems to help the country manage the pandemic, has been world leading.

The economy survives on exports and many clothes worn, cars and foods eaten arrive on ships. To keep these vessels running, people working in the ports are putting themselves at risk of catching COVID-19 every day. They are tested for it every 7 or 14 days and as those that have had the test will agree, it is not pleasant to do once, let alone every week. This includes stevedores; marine pilots, shipping agents, seafarer welfare providers, Maritime NZ Port State Control Officers and Maritime Officers, along with Customs, Immigration and Health staff; and anyone that works at the borders. They are all working to keep our ports and airports open and have beds ready in isolation facilities for New Zealanders to return to. So it is really sad to hear that some of these workers, and in some cases their families, are being stigmatised for doing their jobs. They are keeping New Zealand safe, our economy running and ensuring Christmas purchases get through.

Pakistan

Pakistan is struggling with a second wave of the virus. Six coronavirus patients have died in a northern Pakistan hospital after a shortage of oxygen supplies. Patients' relatives have described how they sought help as panic engulfed the government-run hospital in the city of Peshawar. Over 200 patients were left for hours on reduced oxygen following a delay in deliveries. Hospital officials blamed the shortage on the supply company, but several staff

were suspended. Pakistan is currently fighting a new wave of coronavirus cases, with over 400,000 infections and 8,000 deaths reported since the start of the outbreak.

Palestinian Territory

Strict new closures have been imposed in the Gaza Strip as coronavirus cases surge. The territory will be under total lockdown during the weekends, and a strict curfew has been imposed at night. Concrete blocks have been used for weeks to seal off areas with high infection rates and checkpoints are in place on many roads.

10 more people died yesterday and nearly 500 new cases were recorded almost half of those tested in what doctors say is a worrying trend. At the main hospital treating Covid patients, only 13 beds remain available of the 170 for critical and severe cases.

Gaza's health ministry said on Sunday it had run out of test kits at its central lab. But the WHO said there was still capacity and supplies to do thousands more tests were being delivered. Gaza is blockaded by Israel to stop weapons getting in and is controlled by Hamas. Rounds of conflict with Israel, and Palestinian political divisions, have left its health system fragile and ill-resourced.

Portugal

Restaurants and most shops were ordered to close early today on the eve of a national holiday as the government attempts to curb the spread of the virus over the second long weekend in two weeks. Traders had to close by 15:00 and the government gave employees the day off as well as tomorrow's holiday as last week, on the eve of the 1 December national holiday. A domestic travel ban has operated since 23:00 Friday, and runs to 05:00 Wednesday, with people barred from leaving municipalities of residence except for work emergencies.

Remote working is mandatory where feasible in areas deemed high, very high, or extremely high risk of transmission of the virus - affecting most of Portugal's population. In most areas those deemed at very high or extremely high risk, which include Lisbon and Porto - there is also a 13:00 curfew tomorrow. The restrictions remain under the state of emergency that parliament on Friday renewed until 23 December. Portugal yesterday reported 3,834 new confirmed coronavirus cases lower than the 19 November peak of 6,994 and 87 deaths from Covid. Since the start of the epidemic, the country has reported 322,474 confirmed cases and 4,963 Covid-19 deaths.

Singapore

The World Economic Forum (WEF) - the annual gathering of the world's political, economic and business elite - has been forced to move next year's summit from Switzerland to Singapore because of the pandemic. The event traditionally occurs in Davos in January, but will instead be held from 13 to 16 May. The WEF said it planned to return to Davos in 2022.

The change in location reflects the Forum's priority of safeguarding the health and safety of participants and the host community, the WEF advised. In light of the current situation with regards to Covid-19 cases" and after "careful consideration", Singapore was best placed to hold the "in-person" meeting next year.

South Africa

South Africa's health minister has asked all final-year students who attended parties this weekend to quarantine for 10 days to avoid spreading coronavirus. Zweli Mkhize identified end-of-year gatherings as super-spreader events and said some positive cases were identified among attendees. He also encouraged parents to take their children who have attended rage events for testing as soon as possible. South Africa has recorded 814,565 cases and 22,206 deaths - the highest in Africa. President Ramaphosa last week urged people to follow the guidelines to curb the recent rise in infections.

South Korea

South Korea is raising its Covid-19 alert levels as it battles a rise in infections. Gatherings of over 50 people will be banned in Seoul and surrounding areas from tomorrow, while gyms and karaoke bars will be closed. Yesterday, 631 new infections were reported in one day - the highest daily number in nine months. The country was widely praised for its virus response earlier this year, with aggressive testing and contact tracing. But the authorities have struggled in recent weeks. The number of active cases in South Korea now stands at 7,873, and there are concerns about rising numbers in hospitals. There have been 37,546 confirmed cases in the country, and 545 Covid-related deaths.

Spain

There are some changes in the regulations about COVID-19 summarized below:

Order INT/1119/2020 entered into force on the 28 November extending the validity of the Order INT/657/2020 which exempts seafarers from restrictions regarding denial of entry in Spain to people from third countries or risk countries or areas until the 31 December. Nevertheless, if any third-country national, even belonging to one of the categories exempted from restrictions does not comply with the sanitary control requirements established by the Spanish General Directorate of Public Health, denial of entry is permitted.

Regarding sanitary controls to be conducted at Spanish points of entry, seafarers who arrive returning from their campaign on board a ship or in transit to embark or disembark, may be exempted from the requirement provided for all passengers from risk countries or areas to have a diagnostic test for active infection to SARSCoV-2 with a negative result conducted within seventy-two hours before arrival, justifying their seafarer status and the obstacles that prevented the performance of the test. In such cases, those seafarers coming from a risk country or area must have a diagnostic test for active infection to SARSCoV-2 upon arrival or, alternatively, a PCR in the following 48 h after arrival. The list of third countries and risk countries or areas which must conduct the diagnostic test for active infection to SARSCoV-2 72 h before arrival to Spain is updated every 15 days and can be checked [here](#).

Current third countries are: Germany, Austria, Belgium, Bulgaria, Czech Republic, Cyprus, Croatia, Denmark (except from Faroe Islands and Greenland), Slovakia, Slovenia, Estonia, France, Greece (except from Notio Aigao region) Hungary, Italy, Latvia, Liechtenstein, Lithuania, Luxemburg, Malt, Norway (except from Agder, Innlandet, More og Romsdal, Nordland, Rogaland, Troms og Finnmark, Trondelag and Vestfold og Telemark regions), Netherlands, Poland, Portugal, Romania and Sweden.

Current risk countries/ areas are: Albania, Andorra, Argentina, Armenia, Azerbaijan, Belice, Belarus, Bosnia and Herzegovina, Brazil, Cape Verde, Canada, Colombia, Costa Rica, Curaçao, United Arab Emirates, United States of America, Russian Federation, Georgia, Gibraltar (UK), Guam, Iran, Jordan, Kuwait, Lebanon, Northern Macedonia, Morocco, Moldova, Monaco, Montenegro, Palestine, Panama, French Polynesia, Puerto Rico, United Kingdom, San Marino, Saint Martin (Netherlands), Serbia, Switzerland, Ukraine.

Residents from Australia, Japan, New Zealand, Rwanda, Singapore, South Korea, Thailand, Uruguay, China, Hong Kong, and Macao. The last three subject to reciprocity conditions do not have entry restrictions.

No PCR test is required currently to travel to passengers from Chile, Cuba, Honduras, Peru, the Philippines or El Salvador.

United Kingdom

The Army could help transport further stocks of the Pfizer/BioNTech vaccine from Belgium to the UK. Foreign Office minister James Cleverly said the Covid-19 vaccine was a "top priority product". Asked if the armed forces would be used to help transport the vaccine if needed, He said "Potentially - we are considering non-commercial flight options." In response to concerns of a no-deal Brexit delaying getting the vaccine into the UK, he said: "This is such an important product, perhaps the most important product, so we will look to ensure supplies are available in any circumstance." Vaccinations should start tomorrow.

Shoppers in England flocked back to high streets and malls after stores reopened last week. On average, shopper numbers were 25% below 2019 levels, according to market researcher Springboard. It says across the UK as a whole, footfall was down by 30% compared to the same weekend last year. It comes on the back of a dreadful week for the retail industry with Topshop-owner Arcadia falling into administration and Debenhams saying it would be closing its 124 stores by March after it failed to find a buyer.

Hundreds of thousands of doses of the Pfizer/BioNTech coronavirus vaccine are being distributed around the UK in time to start the immunisation programme tomorrow. Hospitals in all four nations will serve as hubs, but NHS England's medical director warned the process would be a "marathon, not a sprint". Prof Stephen Powis said it would take "many months" to vaccinate everybody needing it.

Frontline health staff, those over 80, and care home workers will first get the vaccine. In England, 50 hospitals will initially act as hubs to administer the vaccine. Scotland, Wales, and Northern Ireland will also start vaccination programmes from hospitals tomorrow.

Ensuring people get a second dose of the Pfizer vaccine will be a "key challenge", according to Helen Donovan, public health professional lead at the Royal College of Nursing. The vaccine is given as two injections, 21 days apart, with the second dose being a booster. Immunity kicks in after the first dose but reaches full effect seven days after the second dose. "The key thing we know from other vaccine programmes is actually ensuring that people return for the second dose,". She said the 21-day gap must be factored into the appointments people are given which is the key challenge.

Rapid coronavirus testing is being made available in care homes in parts of Scotland to allow relatives to visit their loved ones.

Tech firms have offered "virtual nannies" for parents needing childcare in the pandemic.

Welsh School children are home-learning on games consoles and mobile phones, teachers say despite a Welsh Government pledge no one would be "left behind" in the pandemic.

The Lancashire FA has defended its announcement to suspend grassroots football, saying its priority was "to protect the community" over Christmas. An Army veteran who plays the Last Post every night in memory of victims of coronavirus said he will end daily renditions on New Year's Eve.

United States

Rudy Giuliani, former New York City Mayor and personal attorney to Donald Trump is the latest person close to President Trump to be infected being treated in hospital after testing positive according to US media reports. Giuliani has been leading Trump's legal challenges against the results of last month's presidential election. Trump and his team have been criticised for shunning safety guidance during the pandemic. The president wrote. "Get better soon Rudy, we will carry on!" in a tweet on Sunday night. Giuliani later tweeted saying he was "getting great care and feeling good". The 76-year-old has led the legal challenges against the results of November's presidential election, won by Joe Biden.

It is unclear when or how Giuliani contracted Covid-19, but he is the latest person close to the president to test positive for the virus. On Wednesday, he appeared at a hearing in Michigan without wearing a face covering, and asked a witness close to him if she would "be comfortable" taking her mask off to speak.

Around 85% of people living in California face a strict new lockdown, with many businesses closed and people banned from meeting anyone outside their household. The new order, following the US recorded new high of 200,000 daily cases, will last at least three weeks covering the Christmas holiday.

Most parts of California are under a strict new lockdown, as Covid-19 cases surge across the state and the US. The stay-at-home order was introduced after intensive care capacity in the state shrank. Many businesses will be closed, and people will be banned from meeting anyone outside their household.

Around 85% of the state's 40 million residents will be affected by the new rules, which will be in place for at least three weeks and cover the Christmas holiday.

The US has seen an increase in cases and Covid-related deaths in recent weeks partly put down to the Thanksgiving holiday when millions of Americans travelled around the US. North Dakota is the US state with the highest rate of Covid-19 cases per capita since the pandemic began, according to data from the Centers for Disease Control and Prevention but residents remain split on how seriously to take the virus.

Natalie Shaw
Director Employment Affairs



#seafarersdeliveringchristmas

Together we can make Christmas 2020 and other seasonal festivities special!

This Circular and its attachments (if any) are confidential to the intended recipient and may be privileged. If you are not the intended recipient, you should contact ICS and must not make any use of it.

30 November 2020

COVID19(20)180

**TO: LABOUR AFFAIRS COMMITTEE
ALL MEMBERS & ASSOCIATE MEMBERS
BIWEEKLY MEMBERS MEETING PARTICIPANTS
INTERNATIONAL ASSOCIATION GROUP PARTICIPANTS**

COVID-19 UPDATE AS OF 30 NOVEMBER 2020

Action Required: *Members are invited to note:*

- *Information below provided by WHO for 29 November 2020 and general epidemiological information regarding Covid 19 issued by WHO. Covid case numbers, hospital admissions and deaths have substantially increased across Europe and the Americas.*
- **62,195,274** confirmed cases of COVID-19 4313091 (6.93%) additional cases have been confirmed since last week. There has also been an increase in fatalities over the period with 144,380 additional deaths (9.93%). However, many countries still cannot report all cases due to insufficient testing equipment, so numbers will be considerably higher. There are 220 Countries, areas or territories with cases.
- *Members are encouraged to continue to actively promote and get involved with the # Seafarers Delivering Christmas Campaign details can be found at [Help us support #seafarersdeliveringchristmas | International Chamber of Shipping \(ics-shipping.org\)](https://www.ics-shipping.org/help-us-support-seafarers-delivering-christmas) Companies are actively encouraged also to get involved in submitting video clips for the 12 days of Christmas tribute as outlined in the respective flyers.*



To get specific information for a country please visit the WHO-Covid-19 dashboard. [Link](#).

SITUATION IN NUMBERS BY WHO REGION

Region	Cases	Deaths
Global	62,195,274	1,453,355
Africa	1,494,524	33,512
Americas	26,452,055	723,180
Eastern Mediterranean	4,080,243	102,918
Europe	18,498,145	412,268
South-East Asia	10,788,704	164,144
Western Pacific	880,862	17,320

TOP 12 COUNTRIES WITH CASES AS AT 29 NOVEMBER 2020**(Greatest first)**

	This Week	Last week	Status
1	USA	USA	The Same
2	India	India	The Same
3	Brazil	Brazil	The Same
4	Russia	France	Changed
5	France	Russia	Changed
6	Spain	Spain	The Same
7	UK	United Kingdom	The Same
8	Italy	Italy	The Same
9	Argentina	Argentina	The same
10	Columbia	Columbia	Changed
11	Mexico	Mexico	The Same
12	Germany	Peru	Changed

TOP 12 COUNTRIES

	INCREASED CASES YESTERDAY	HIGH FATALITIES YESTERDAY
1	United States of America	USA
2	India	Mexico
3	Brazil	Italy
4	Russia	Poland
5	Italy	Brazil
6	UK	India
7	Poland	Iran
8	Germany	Russia
9	Ukraine	UK
10	Iran	Argentina
11	France	France
12	Mexico	Colombia

Vaccines

Moderna has filed for US regulatory approval of its coronavirus vaccine so that it can be recommended for widespread use.

The FDA will review trial data for the mRNA vaccine and decide if it is safe and effective enough for emergency authorisation. Clinical studies show the jab is more than 94% effective at protecting people from Covid-19 illness. Pfizer, which has a similar jab, has already requested the same US approval. UK regulators are also reviewing data on the Pfizer vaccine, as well as another type of Covid vaccine from Astra Zeneca.

UK Vaccines Minister Nadhim Zahawi told the BBC that the NHS is ready to begin deploying any vaccine "immediately" once it is approved. "We're ready," he said, adding: "the NHS has done tremendous amounts of planning for the different vaccines."

He said the health service has worked to ensure vaccination hubs are able to handle vaccines that require storage at low temperatures - with other plans in place for those that do not. Health and social care workers and care home residents are first in line to receive any vaccine, with the over-80s at the top of the government's priority list. He said the vaccine developed by Pfizer and BioNTech is closest to being approved.

Belgium

Everyone now entering Belgium now requires: a valid negative Covid-19 PCR test of a maximum of 72 hours old before arrival in Belgium, if coming from a red or orange zone. One can check the zones by clicking on the map <https://diplomatie.belgium.be/en>. This website is always up-to-date to the current situation.

Please note that crew changes must be made as quickly as possible to avoid delay of the seagoing vessel and to limit length of stay on Belgian territory. Each crew member who will board in Belgium must, prior to departure, have

- all necessary and valid travel documents;
- a valid negative Covid-19 PCR test of maximum 72 hours old before arrival in Belgium, if coming from a red or orange zone;
- a certificate or a declaration confirming 7 days of quarantine in the home country.

The ship owner or ship agent responsible for the crew change, should send information to saniport.zeehavens@health.fgov.be prior to arrival of the new crew.

- the list of all crew members who will board in Belgium, as well as the means of transport, flight number or other identification of such means of transport used, date of arrival and name of the seagoing vessel;
- declarations on honor or documentary evidence referred to above and necessary guarantees for new crew to immediately go to a ship upon arrival
- indicate a place of residence where the crew members who will be boarding in Belgium will stay if, due to unforeseen circumstances, they cannot immediately proceed to the seagoing vessel.

The period that a crew member who will board in Belgium is staying on Belgian territory, is to be spent in quarantine, with exception for the passage from the airport to the ship. On-signing crewmembers, technicians, superintendents or any other essential visitors travelling to Belgium by air or on land and that will stay more than 48 hours on Belgian

territory will have to complete a PLF (=Passenger Locator Form) via <https://travel.info-coronavirus.be/public-health-passenger-locator-form>.

The certificate or declaration on honor, can be issued by the seamen, ship owner, or crew manager. The protocol will remain in place as long as required during the Covid pandemic.

China

Official figures suggest the country's economy continues to recover relatively quickly, a year after the outbreak began in Wuhan. Manufacturing activity in November grew at its fastest rate for three years.

Two men were detained for 15 days and given a 500 yuan fine (\$76; £57) for assaulting a doctor trying to prevent entry to a hospital without a mask. Dr Ye Mingliang was on duty at the entrance of the hospital in Ziyun county, when he quickly stopped the men and asked them to wear masks. However, they refused to cooperate and chased him pushing him to the ground and scratched his face. Police said an assailant smelt of alcohol. Footage of Dr Ye in a hospital bed has ignited anger across China, and many on the popular Sina Weibo social network say they think a 15-day penalty for the men is "too light". Amid the coronavirus pandemic, many people view Chinese medical workers as "angels without wings". But before the full extent of Covid hit, attacks on medical workers were common. Hospitals in southern China installed metal detectors at entrances at the start of 2020 to prevent visitors bringing knives or weapons inside.

France

With the festive period fast approaching, governments face tough questions about whether to ease restrictions for Christmas. In France, the government has said it will relax national lockdown in phases. Religious services can take place if a 30-person limit is enforced. The country's highest court has ordered a review of the limit, after it was challenged. Religious leaders argued churches and cathedrals were more spacious than most public spaces. Claimants are right to say that the measure is disproportionate," a court statement said. "Thus it is a serious and illegal infringement on freedom of worship. "The government has three days to modify the policy and take proportionate measures.

Germany

Some traditional festive markets are proceeding but with a novel twist. They are opening to drivers rather than visitors on foot with each stall operating as a drive-through service. Most traditional Christmas markets in Germany have been cancelled this year. But one has found an innovative way to get around tough new lockdown restrictions.

Germany wants to delay opening ski resorts until next year. The government has urged other EU member states to hold off from opening ski resorts until infections have gone down. A spokesman for German Chancellor Angela Merkel suggested today that European countries should take a co-ordinated approach to relaxing restrictions. The German government is seeking an agreement with EU countries to keep ski resorts closed until early January. Last week Angela Merkel told parliament efforts were being made to reach a Europe-wide decision, but agreement with Austria is proving difficult. Some early European coronavirus hotspots were at ski resorts, helping spread infections across the continent. Many Germans were infected at the Austrian ski resort of Ischgl in March. Italy and France, two other skiing destinations, have had the highest number of coronavirus infections in Europe as well.

Hong Kong

Hong Kong's leader Carrie Lam said the next two weeks would be "critical" in Hong Kong, where authorities have announced more measures to stop cases spreading. She told reporters today that a new wave had hit the territory "very quickly". Gatherings will now be limited to no more than two people, karaoke lounges will be closed and most civil servants will be asked to work from home, Lam said. The measures come in addition to restrictions announced yesterday, which will close all schools for the rest of 2020. By imposing tough restrictions, the territory of 7.5 million people has managed to avoid large outbreaks seen elsewhere, recording about 6,000 infections and 109 deaths to date. However, in recent days, infections have risen much faster, with Lam reporting 76 new cases today.

Norway

Norwegian protocols regarding crew change on ships for foreign nationals signing on or off in Norway have been produced and are attached for reference at Annex A. The document was prepared by the Norwegian Maritime Authority. Readers should pay attention to the rapidly changing nature of the situation and relevant regulations. Referenced online resources should be consulted for up to date information.

The Norwegian Maritime Authority assesses current regulations to be in line with the *IMO Circular Letter No.4204/Add.14 Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic*

Samoa

New mandates for repatriation flights have been issued by the Samoa government. Cabinet has approved new compulsory regulations for residents returning from overseas on repatriation flights. Effective immediately, it is compulsory for all returning resident to sign a declaration to verify if he or she had contracted the COVID19 or not before they are allowed into the country. Compulsory medical tests and health requirements prescribed by the Travel Advisory are also re-enforced. Also Cabinet approved changes to conditions for passengers to be allowed for the two flights from New Zealand in early December per recent Cabinet Directive. The flights will be restricted only to returning Samoan residents from New Zealand. Also Samoan students from Australia who complete their studies and will transit through Auckland on their way home are included. Transit privilege is for Samoan students from Australia only and does not include Samoans living outside of New Zealand planning to transit home through Auckland. The two flights are scheduled for the 4th and 7th of December. Repatriation flights for Samoans in Fiji are being organized with the Ministry of Foreign Affairs and Trade taking the lead as the implementing agency. Shipping industry representatives attended a special meeting with the PM, MFAT, AIRNZ and Samoa National Emergency Operation Committee to further discuss current positive cases in Samoa and remaining flights from Auckland NZ in December.

As per attached, the conclusion will now put aside all Samoan seafarers booked for remaining flights in December but instead now arrange for the first repatriation flight in January for seafarers only, actual date to be confirmed by the Cabinet tomorrow. there is no replacement flight for the LA flight that was cancelled, the Samoa Government has now said the January special flight just for ALL Samoan seafarers only

South Africa

South Africa has had the highest number of Covid-19 cases in Africa. The backbone of its response has been community health workers tasked to test and identify the infected. Predominately women, these front line workers navigate the inequalities of South Africa to test those in some of the richest neighbourhoods in Africa and people living in poorer townships, where social distancing is hard.

Spain

Health workers have marched in Madrid, in support of Spain's public health system and called for an increase in funding to cope with the pressures of the pandemic

Sri Lanka

A protest over the coronavirus situation in a Sri Lankan prison has led to deadly riots. At least eight prisoners were killed and more than 50 injured in clashes with guards at Mahara prison near Colombo.

A Police spokesman stated guards had used force to control an unruly situation" in the prison. Inmates have held protests in recent weeks, demanding an increase in Covid testing, early release on bail, and new isolation facilities for infected prisoners as cases rise. About 1,000 cases have been reported from the country's overcrowded prisons. Sri Lanka experienced a jump in virus cases last month when two clusters - one at a garment factory and another at a fish market - emerged. 23,484 cases and 116 deaths have been reported in Sri Lanka so far.

Turkey

With record death rates there are concerns infections may overwhelm the health system

United Kingdom

About one in 100 people are estimated to have the virus. With just a couple of days left in England's national lockdown, a major study suggests infections have fallen by about a third. Some of the worst-hit areas saw the biggest improvements during the four-week shutdown, the study found. But cases remain high, with an estimated 72,000 new infections a day compared to 100,000 before lockdown. The Health Secretary said the country cannot "take our foot off the pedal just yet".

The findings come from Imperial College's React-1 study, which gives a current picture of infections. It involved swabbing more than 100,000 people from 13-24 November.

Dave Prowse, Darth Vader in Star Wars, died with Covid aged 85. He was in hospital for two weeks. His daughter said "He might have looked quite scary but as a person he was a sweet, kind and generous man - a gentle giant. And to us he was our dad." "It's horrible that Covid restrictions meant we did not get to see him and say goodbye,":

Welsh First Minister Mark Drakeford said further measures were needed in Wales as coronavirus was "accelerating" following the end of the 17-day firebreak lockdown. He said the Welsh government would provide "the most generous package of financial assistance anywhere in the UK" to those affected by new restrictions. This will include £180m specifically for tourism, leisure and hospitality business in addition to various support schemes available from the UK Government.

Indoor entertainment venues in Wales, including cinemas, bingo halls, bowling alleys, soft play centres and casinos, must close from 18:00 on Friday, First Minister Mark Drakeford has said. Indoor visitor attractions, such as museums, galleries and heritage sites will also have to close. Outdoor visitor attractions will remain open and other coronavirus restrictions in Wales will remain the same.

However, Drakeford said when the English lockdown ends on Wednesday, the Welsh government will review travel restrictions and make a further announcement this week. Pubs, cafes and restaurants in Wales will be banned from selling alcohol and will have to close at 18:00. He said. they will be able to sell takeaway food and alcohol after that time.

The rule starts from Friday at 18:00 and will be reviewed on 17 December. An option considered is the "level three" system in Scotland, where alcohol sales are banned and venues must close at 18:00. Pubs, bars and restaurants reopened in Wales on 9 November after a 17-day lockdown, and currently close at 22:00 GMT.

Memes - most often humorous images and videos - are a major part of how people communicate online. They can also present false and misleading information about Covid-19 vaccines, feeding off concerns about their efficacy or safety.

Sir Philip Green's retail empire Arcadia, which has been hit by the pandemic, could face collapse within hours. The UK based global company which runs, Burton and Dorothy Perkins could enter administration later today, risking 13,000 jobs. Senior company sources have said they do not expect a last-minute rescue deal. The group was hit by increasingly successful digital rivals and closure of non-essential shops during Covid19

United States

More leading disease experts have issued dire warnings about the spread of Covid in the US after millions went home for Thanksgiving, against medical advice. Dr Céline Gounder a coronavirus adviser to President-elect Joe Biden, said she was concerned about pressure on hospitals after the holiday. She said "unfortunately, that means that many people who celebrated with family and friends over Thanksgiving will find themselves in the hospital, in ICUs over Christmas and New Year". She issued the warning on Saturday, a day before data showed US people hospitalised with Covid-19 had reached 93,238.

Emergency medicine physician Dr Megan Ranney, likened the strain coronavirus was placing on hospitals to a natural disaster occurring in all 50 states concurrently

The latest figures in the US show there have been over 13.3 million infections and 266,000 deaths linked to the coronavirus. The highest numbers on both counts of any country.

There was better news, however, as the Health Secretary Alex Azar gave an update on the progress of vaccines developed by American companies. Moderna and Pfizer vaccines could be approved by regulators and made available to Americans before Christmas, Azar suggested. His comments came after Moderna said it was filing for US and European emergency regulatory approval of its vaccine.

Meanwhile in New York, once the epicentre of the US epidemic, the mayor said schools will begin to reopen for in-person learning on 7 December for students whose parents agree to weekly testing. Schools were shut earlier this month after a spike in positive tests

Natalie Shaw
Director Employment Affairs



Mentally Healthy Ships

Policy and Practice to Promote Mental Health on Board

First Edition: November 2020



Dr Pennie Blackburn, Consultant Clinical Psychologist

Published by ISWAN



Acknowledgements:

Special thanks go to the team of SeafarerHelp and ISWAN regional offices who dedicate their lives to supporting seafarers across the globe. Their knowledge and direct experience of the issues that recurrently face seafarers has been fundamental to the thinking which has inspired this publication.

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Reviewed and edited by Amy Liebthal, Chirag Bahri, Caitlin Vaughan, and Roger Harris, ISWAN.

Thank you so much for all your hard work, advice and support to bring this guide to fruition.



**Dr Pennie Blackburn,
Consultant Clinical Psychologist'**

Foreword

At the time of publishing this guide, the maritime industry has been battling the challenges presented by the COVID-19 pandemic for most of 2020.

Seafarers have been badly affected by the pandemic with a crisis in crew changes, long delays to repatriations, loss of work, financial difficulties and increased reporting of related stress and anxiety.

Against this backdrop, it is easy to see the very real need for this guidance which provides detailed support for ship operators in developing mental health policies for seafarers. There is still a great deal of work left to do to increase industry-wide knowledge and awareness of mental health, and to reduce widespread stigma. I hope this guide will be welcomed and implemented by shipping companies.

I would like to thank Dr Pennie Blackburn for her thorough research and extensive work on this valuable resource and to the ITF and Steamship Mutual for their generous funding.



**Roger Harris,
Executive Director**

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shipping companies and the broader maritime industry when considering how to develop good practice and policy for mental health of crew and other staff. However, this is not an exhaustive treatment of the subjects. No liability is assumed for losses or damages due to the content or information provided.

Published by ISWAN



ISWAN is an international charity which is dedicated to the relief of hardship or distress amongst seafarers of all nationalities, races, colours and creeds irrespective of gender.

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Mentally Healthy Ships

Introduction

Mental health is crucial to how well staff are engaged, motivated and able to perform effectively in their role. Staff with good mental health are likely to be more productive, perform better and have fewer accidents. It is in the interests of the employer to implement policies and practices which promote good mental health and mitigate the effects of work-related stressors wherever possible. This guide sets out to provide useful information for shipping and ship management companies on how best to devise and implement mental health policies and practices to promote and protect positive mental health shoreside and on board.

“We all have mental health in the same way that we have physical health.”

What is Mental Health?

Put simply, mental health is how we think, feel, behave and how we cope with the day-to-day pressure of life and work. We all have mental health in the same way that we have physical health. Our mental health fluctuates over time just like our physical health and is a complex interplay of biological, social, and psychological factors. Factors at home, at work and in our environment, all influence our mental health on a day-to-day basis. Mental health is not a static state. Someone who is generally mentally well may experience a period of low mood or depression following a relationship breakdown or a serious illness and likewise someone who struggles with social anxiety may have found effective coping strategies to maintain the strong professional relationships needed to function well at work.

The World Health Organization (WHO) defines mental health as a “state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”[1].

Mental health problems range from common

problems that many of us will experience at some time in our lives, such as anxiety or depression, to more severe and disabling conditions like psychotic disorders that affect less than 1 in 200 people¹. Although we will all experience feelings of low mood or anxiety at times, it is when these become problematic, such as when symptoms are more pronounced or prolonged and interfere in our ability to function at home or at work, that the threshold for diagnosis is reached.

Work-related stress is not typically considered a mental health problem in itself, but can be associated with symptoms like anxiety, distress, feelings of not coping and can contribute to, or precipitate, various physical (such as high blood pressure and gastrointestinal complaints) and mental health problems.

The Business Case for Prioritising Employee Mental Health

As Sanjana Rathi of the London School of Economics says in a blog post on May 4th, 2017 [25]:

“The signs of mental illness can often be noticed in employee behaviour and performance. Some symptoms of mental illness can manifest themselves as poor performance at work, missing deadlines, failing to get work done, disappearing for long periods of time, being prone to sudden outbursts, erratic behaviour, irritation, or attention disorder. However, these are often overlooked either because of lack of knowledge or because of the stigma attached to mental health issues.

The stigma attached to having a psychiatric disorder means that employees may be reluctant to seek treatment, especially in the current economic climate, out of fear that they might jeopardise their jobs.”

1. Severe and enduring mental health problems, or psychiatric conditions such as psychoses (e.g. schizophrenia) and bipolar disorder, are relatively unusual in the general population. Given the ‘healthy worker effect’ it is far less likely to be prevalent on board. However, it is possible that the first episode of psychosis might develop whilst at sea and would require professional intervention. Onset of these disorders is unusual after the age of 35-40.

Psychosis can also be induced by the use of prescription (such as some anti-malarial medications) and non-prescription drugs (such as cannabis, cocaine PCP, LSD, Khat, etc.) and/or excessive use of alcohol. If treated early drug- and alcohol-induced psychoses are often short-term conditions and are unlikely to recur in the absence of continued misuse of substances.

Mental Health at Sea

The Scale of the Problem

Globally, mental health problems affect around one in four people during their lifetime and are estimated to affect around one in six people at any one given time. The data for the seafaring population is inherently difficult to estimate with any accuracy for several reasons [2, 3]. Given the known stressors of a life at sea the figures for prevalence of common mental health problems in the maritime industry would be expected to be at least as high as the general population and there are indications from the literature that mental health problems are significantly higher [4] [see box]. Likewise, the Seafarers International Research Centre's (SIRC) mental health and wellbeing report [2] reviews the limited evidence available and supports the conclusion that there are higher levels of psychiatric disorders in a seafaring occupational group and that these had increased in the years between 2011 and 2016 when comparative studies were completed [5].

Although a cogent case can be made that mental health problems are more common in seafarers, this is not the primary concern. The argument that the concerns about mental health of seafarers are inflated and therefore no policy, prevention or response measures are needed is a false one. Seafaring does not make you physically sick per se (although there may be elements of increased risk of illness or injury), but no shipping company would argue that medical services are unnecessary. Likewise, seafaring does not make you mentally unwell per se, but there are elements of increased risk and – as with physical health – policies, prevention and response measures are required in order to maintain the health and wellbeing of the crew and to have a timely response where needed.

The consequence of not taking mental health seriously is significant. A company with high levels of stress in employees may see an increase in mental health problems, more disappearances at sea, more preventable incidents, work-related injury and accidents, increased bullying and harassment, a less motivated, engaged and loyal workforce, more complaints and potentially legal liability, as well as financial implications of emergency repatriation and compensation. A study of a telemedicine database [6] in which 3,921 seafarers required medical assistance or advice

found that whilst psychiatric conditions accounted for only 0.6% of cases assisted, the number of seafarers repatriated as a result was disproportionately high at 5% of cases. In a recent study [4], strong associations between anxiety, depression and work-related injury and illness were found. Therefore, appropriate prevention and support mechanisms may be highly cost effective.

Key Findings from the ITF Seafarers' Trust & Yale University Seafarer Mental Health Study [3]

28% of 1572 Seafarers screened positive for anxiety or depression (cf. gen population estimates of 6% in German study and 5% in oil and gas workers using the same study methodology)

Seafarers who screened positive for anxiety and depression were twice as likely to have suffered an injury at work the previous year. This is also true of illness.

35% of those with depression asked nobody for help.

Low job control was associated with both depression and with increased injury.

20% of seafarers reported suicidal ideation on several days or more during the two weeks prior to the survey.

The highest statistically significant determinants of depression, anxiety and suicidal ideation were:

- A non-caring company culture
- Violence at work
- Low job satisfaction
- Self-rated health problems

Seafarers who screened positive for depression ranked isolation from family, trouble sleeping, contract length and supervisor demands as the highest contributing factors.

Seafarers from the Pacific region/Philippines (11%), Eastern Europe and India (9%) were four times as likely to report exposure to workplace violence as those from Western Europe.

The Role of the Employer in the Maritime Industry

Employers have an ethical and, in some countries, a legal ‘duty of care’ to employees. This means that an employer should take all reasonably possible steps to ensure the health, safety and wellbeing of their employees. This includes making sure that the work environment is both healthy and safe, protecting staff from discrimination and carrying out risk assessments. From a personal injury perspective, the focus of a legal claim for compensation is likely to fall on whether the harm suffered was reasonably foreseeable and whether the employer took reasonable steps to manage the risk. For example, there is precedence in UK law² in which an employer may be held liable for the death by suicide of an employee (Corr v IBC Vehicles EWCA Civ 601 2007): “Whilst some manifestations of severe depression might be so unusual and unpredictable as to be outside the bounds of what was reasonably foreseeable, suicide could not be so regarded” [7]. Discrimination laws also apply where reasonable adjustments are not made or where the individual is treated unfairly as a result of their current or former physical or mental health.

Title 4 of the Maritime Labour Convention [8]: ‘Health protection, medical care, welfare and social security protection’, contains requirements including the shipowner’s responsibilities with respect to ensuring that a seafarer has a safe and healthy work environment and access to medical care which also applies to mental health.

A review of the provisions of the MLC [8] and their purposes from a mental health perspective may be helpful when thinking about your own company practices.

Title 4 – Maritime Labour Convention

Regulation 4.1 Medical care on board ship and ashore – to protect the health of seafarers and ensure their prompt access to medical care on board ship and ashore

Regulation 4.2 Shipowners’ liability – to ensure that seafarers are protected from the financial consequences of sickness, injury or death occurring in connection with their employment

Regulation 4.3 Health and safety protection and accident prevention – to ensure that seafarers’ work environment on board ships promotes occupational safety and health

Regulation 4.4 Access to shore-based welfare facilities – to ensure that seafarers working on board a ship have access to shore-based facilities and services to secure their health and well-being

Regulation 4.3, Guideline B4.3 also provides that States should take account of the latest version of the Guidance on Eliminating Shipboard Harassment and Bullying, jointly published by the International Chamber of Shipping and the International Transport Workers’ Federation [31], when adopting laws, regulations or guidelines to safeguard occupational safety and health on board ship. The ILO also recommends ‘to take the issue of harassment and bullying into account in the risk evaluations conducted by shipowners and in investigations undertaken by the competent authority into the causes and circumstances of all occupational accidents and occupational injuries and diseases resulting in loss of life or serious personal injury.’ Guideline B4.3.1(2)(o) includes mental effects of fatigue among the matters to be incorporated into the national guidelines for the management of occupational safety and health. Guideline B4.3.1(3) provides that the risk assessment and reduction of exposure on the matters referred to in paragraph 2 of the same guideline should take into account the mental health effects of fatigue. Moreover, the necessary measures should include preventative measures in order to combat risk at the source. Guideline B4.3.6(2)(c) provides that consideration should be given to include psychological problems created by shipboard environment as subject of investigation.

The ILO’s Guidelines for implementing the OSH provisions of the MLC, 2006 [32] include a section on Occupational Mental Health, which calls upon “competent authorities, after consultation with shipowners’ and seafarers’ organizations, to provide shipowners with effective advice on measures to minimize the adverse effects of work-related factors on mental health. These may include steps to identify and reduce workplace stressors; increasing awareness of the signs of early mental distress to enable an early response to be made; access to recreational and welfare facilities (MLC, 2006, Regulations 3.1 and 4.4), and organizational arrangements that enable seafarers to raise issues about mental stressors and secure remedies for them.”

2. This is just one example and other national laws vary. Further useful information about mental health, work and good practices including reference to law see https://www.who.int/mental_health/media/en/712.pdf

As international awareness of mental health and wellbeing grows, it is becoming increasingly important that maritime companies develop mental health policies which include processes and procedures to identify and minimise risks to mental health, implement practices and procedures that promote mental health, and ensure that appropriate mechanisms of response are in place. By contrast, The Seafarers' Mental Health and Wellbeing Report published by Cardiff University in 2019 [2] found that almost three quarters of the employer stakeholders it interviewed said that over the last 10 years mental health had not been identified as an issue or priority, whilst more than 90% of those had not introduced any policies or practices to address mental health; more than 50% of all the stakeholders interviewed said that they had not introduced any practices or policies relating to seafarers, mental health over the same time period. As risks to mental health in the maritime sector are becoming better understood, such a position becomes increasingly untenable.

As WHO [9] points out, some mental health problems can be prevented and most mental

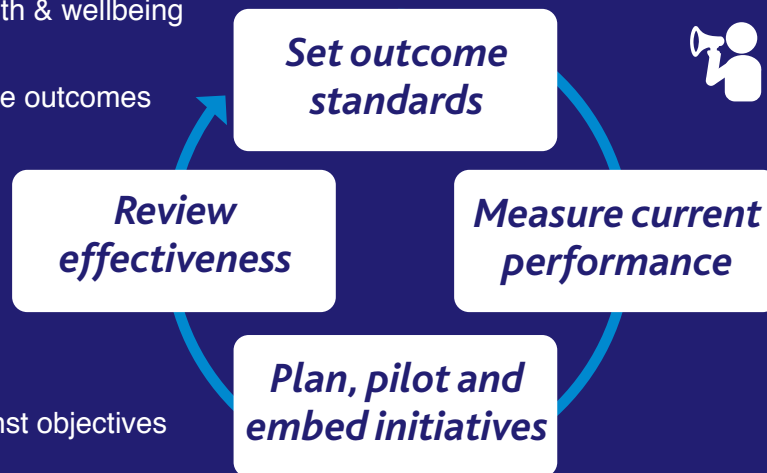
health problems can be successfully treated. "As an employer, you can help manage and prevent stress by improving conditions at work. [But] you also have a role in making adjustments and helping someone manage a mental health problem at work" [10].

The International Seafarers' Welfare and Assistance Network's (ISWAN) series of Good Mental Health Guides [11] aims to offer seafarers evidence-based information about what they themselves can do to protect and promote their own mental health at sea. These guides were designed to adapt the evidence base to the seafaring population by carefully considering ways in which strategies to maintain good mental health and promote wellbeing could be practised whilst on board. However, some of this advice, such as exercising regularly, is only possible if the facilities are made available to the crew. Therefore, employers have a critical role to play in executing their duty of care, through mitigating known risks where possible, and ensuring that systems procedures and structures are in place to create a mentally healthy environment on board.



Mentally Healthy Ships: Steps to Good Policy and Practice

- STEP 1 Engage commitment to mental health & wellbeing
- STEP 2 Define objectives
- STEP 3 Translate objectives into measurable outcomes
- STEP 4 Measure current performance against objectives
- STEP 5 Identify initiatives which contribute to objectives
- STEP 6 Pilot initiatives and evaluate (review impact against outcomes)
- STEP 7 Modify / embed implementation
- STEP 8 Measure current performance against objectives
- STEP 9 Strive for continuous improvement



Mental Health Policy Development

The development of a policy for mental health helps to focus the organisational approach to mental health and its commitment to staff and crew wellbeing. It is particularly important in the area of mental health where little attention has been placed in the past [12]. A specific mental health policy will allow the organisation to build awareness of mental health across the board, demonstrate a commitment to crew wellbeing, identify the gaps in existing policies and procedures, and develop strategies of action for mental health and wellbeing. For all these reasons the mental health policy will require high level organisational support (the senior management, executive and board level) for it to be meaningful, for resources to be allocated (in time and funds) and for change to be implemented effectively across the organisation. Commitment to action across the organisation is essential.

Inclusion of onshore and off shore employees, as well as union representatives, at all stages of policy development and implementation planning is good practice to ensure that the issues being considered and addressed are relevant and inclusive. The mental health recovery movement has adopted the saying “nothing about us without us” which is a useful principle to ensure that policy and practice decisions are made with the participation of those people most affected by them. It will also have the benefit of engaging staff, raising awareness from early stages and building a sense of inclusion and ownership which will enhance the chances of successful implementation. Your company might choose to identify someone with overall responsibility for Mental Health Policy and Practice, create a steering group and implement accountability procedures such as regular reporting to the executive or board and in reporting mechanisms.

The Mental Health Policy should:

- State the company vision for mental health and the overarching purpose in devising a policy
- Define the objectives of the policy
- Set the direction for a strategic implementation plan which defines the steps for implementation of policy objectives and the evaluation of the outcomes



Policy Objectives

Policy objectives should be tangible statements of the aims of the policy and should be drawn up within the unique context of the company. A crewing agency, a cruise company and a tanker operator, as examples, will have different operating procedures, different demands, different makeup of staff in diversity and role profiles and operate across different geographical regions. Policy objectives should reflect this unique context of operation.

The Mental Health Policy may have a number of objectives such as:

- To establish a company-wide commitment to the mental health and wellbeing of all staff, shoreside and at sea
- To raise knowledge and awareness of mental health and psychological wellbeing across the company.
- To promote positive mental health and address risks to mental health and wellbeing
- To build and maintain systems, structures and processes which create optimal conditions in the environment and culture for staff to thrive
- To reduce stigma and remove barriers to disclosure and access to support for mental health and wellbeing
- To engage employees in active participation of initiatives to promote mental health and wellbeing
- To demonstrate a commitment to making reasonable adjustments, provide access to appropriate treatment and support, and assurance of fair treatment for those with mental health concerns

When devising objectives, consider what the desired outcome of the objective is. A meaningful objective should make a tangible impact on crew (and other staff). If this is not apparent, there is a danger that either the objective is not particularly worthwhile, or it has become a perfunctory exercise.

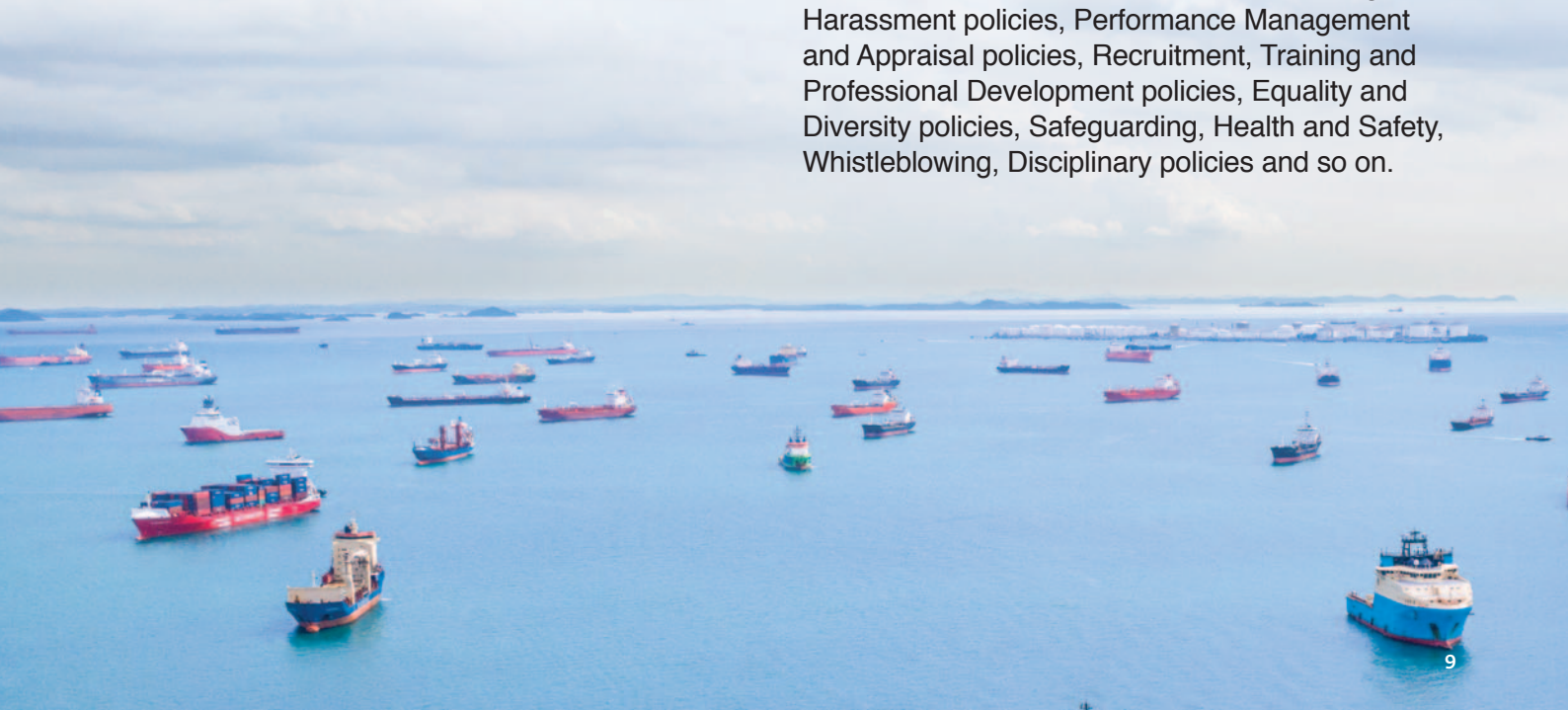
Policy objectives should be translatable into outcome standards which are specific, measurable, achievable, and realistic within an identified timeframe (SMART) and provide the foundation for strategies for action and implementation against which progress and impact can be measured.

Thriving at Work Core Standards [13]

- Produce, implement and communicate a mental health at work plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling
- Provide your employees with good working conditions
- Promote effective people management
- Routinely monitor employee mental health and wellbeing.

Compatible Company Policies

As with any new policy implementation there will be points of connection and areas of overlap with existing policies. A consistent approach across policies is required and links between policies should be updated as needed. Such policies may include Absence or Sickness policies, Bullying and Harassment policies, Performance Management and Appraisal policies, Recruitment, Training and Professional Development policies, Equality and Diversity policies, Safeguarding, Health and Safety, Whistleblowing, Disciplinary policies and so on.



Mental Health Strategic Implementation Plan

The Strategic Implementation Plan, or Mental Health Action Plan, should follow directly from the objectives set out in the policy.

If mental health is a new area of consideration for the company, the objectives may be aspirational ones, which can be realised through shorter term, smaller, more concrete and achievable objectives set out in the strategic implementation plan.

The implementation plan details the methods and actions that will be taken in order to realise the objectives and desired outcomes set out in the policy. For example, if you adopt an objective aligned with the Thriving at Work core standard two [13], i.e. develop mental health awareness among employees, you may translate this into a SMART goal that 100% of seagoing staff will attend mental health awareness training by 2022. Your action plan will then need to include who has responsibility to identify appropriate training and how this will be implemented, recorded and

evaluated. Alternatively, you may decide your objective is better served by disseminating information through articles in the company magazine or intranet, running a social media campaign, and/or by disseminating tools and resources, or posters and infographics. Factors including anticipated impact of successful implementation, i.e. which options are likely to have the most significant impact on the most people or the most vulnerable people, the resource requirements and the feasibility of the proposed initiatives can be weighed up.

Evaluation and monitoring of the action plan should be built into planning from the beginning so that it is possible to review the initiatives effectively and ensure the policy is achieving the expected outcomes. The next steps in the action plan can be modified accordingly or as the needs of the company evolve and other strategies for action become more viable.

Key Elements of Mental Health Action Planning

Initiatives within the implementation plan are likely to include a number of key elements such as:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Manage the threats to mental health<ol style="list-style-type: none">1. Identify the risks to mental health2. Implement risk mitigation strategies | <ul style="list-style-type: none">• Promote mental health and wellbeing<ol style="list-style-type: none">1. Raise awareness of mental health2. Reduce stigma and negative consequences of help seeking3. Promote mentally health lifestyles | <ul style="list-style-type: none">• Establish effective support and response mechanisms |
|--|--|--|

The specific actions a company takes will depend on various factors including what is already in place and will be unique to each; however, issues for consideration within the action plan under each of the elements are outlined below.

1. Manage Risks to Mental Health

Identify Risks and Protective factors

Identifying and mitigating against the foreseeable workplace stressors are a key part of fulfilling duty of care. Protective factors are also worth investigating; they can advance the thinking in risk mitigation concurrently and help the company identify what is already working well.

Literature Review: *What are the known stressors for those working in the maritime industry?* There is limited research available, however many risks are discussed in the grey literature. Further research is certainly needed but the knowledge that does exist to date can form a good starting point to consider what risks and protective factors may be relevant for the company [Appendix B].

Company Risk Assessment: *What are the specific stressors and risk factors for mental health in the company and the context in which the company operates?* There may be some risks in common for superyacht crew and merchant seafarers but they will also have different factors to consider. There is no one-size-fits-all; however useful lessons may be learned from the approach of other sectors³ or companies. Risk assessments might be included in the development and implementation of safety management systems.

Company Data Sources: *What Indicators of mental health already exist within the company data set?* Existing HR, occupational health records of sick leave/time off, breaches of hours of rest and work, performance appraisal records, incident and accident reports, complaints, grievances, reports of violence, aggression, bullying and harassment can all be useful sources of information to identify causes and isolate trends around work-related stress and mental health and can also be used for monitoring purposes. Some small additions to existing record-keeping may yield useful results.

Record any suspected or actual cases of suicide, cases of work-related stress or mental health problems and review lessons learned. Additional records such as telemedical assistance requests and EAP/helpline data can provide supplementary information.

Staff Surveys: *What are the key issues for staff?* Try not to assume the risks to mental health are already well known to you and be open to hearing the perspective of staff and crew. In the early stages of strategic development it is good practice to use open-ended questions, consult with staff teams or carry out focus group discussions with representative members of the staff group and potentially other 'key informants', i.e. people who have insight into staff needs, which might include crewing agents, ship managers, union representatives, EAP providers or others. Be aware that people of different ranks, roles, gender and nationalities and so on may be exposed in different ways to different risks⁴ and therefore it is important to ensure that representative views are heard, either in separate groups or in other ways.

Once the relevant issues are known, staff surveys can be designed to analyse the relative importance of different factors. This will help to decide what your priorities for action are. The staff survey can also provide data identifying the state of mental health and wellbeing of staff and crew, which can be used as a benchmark for the monitoring and evaluation of any changes or interventions made.

Staff surveys may be a combination of qualitative responses, quantitative measures and/or semi-structured interviews. The UK's government agency the Health and Safety Executive (HSE) has developed a 'talking toolkit' [12] which is a good example of a structured discussion of key issues which are common causes of work-related stress, which could be effectively adapted to include some open questions and ensure the factors are relevant for the industry. The Mission to Seafarers Happiness Index [14] is a good example of the kind of written survey which can be used and is based on the topics that are relevant to seafarers.

Whatever methodology is chosen, staff surveys must be carried out in such a way that ensures confidentiality and that individuals cannot be identified through their responses, in order to create sufficient trust in the process to get honest feedback. One way to achieve this might be to use an independent third party to carry out research that could assure anonymity and confidentiality. Stigma is currently very high and the fear of negative consequences of reporting concerns of any nature on future employability is common. Therefore no useful information will be gleaned without complete assurance of confidentiality.

Staff surveys can then be carried out at regular, perhaps annual, intervals to monitor wellbeing and measure the impact of initiatives being taken. The timing of such surveys is also important to consider, to ensure that they fall where possible during 'normal' operational periods rather than major festivals or unusual periods of time.

3. E.g. The UK government Health and Safety Executive (HSE) has some useful information and resources for carrying out stress risk assessments: <https://www.hse.gov.uk/simple-health-safety/risk/index.htm#safety/risk/index.htm>

4. One example of this, is recent research [4] that found that seafarers from the Philippines, Eastern Europe and India, were four times more likely to report exposure to workplace violence than seafarers from Western Europe.



Spotlight on stigma

Stigma in mental health is a real and present problem. It obscures the visibility of mental health problems, it hampers the research into the prevalence and types of problems which exist, it prevents us all talking about our mental health and so obstructs measures to prevent mental health problems and to promote good mental health and wellbeing. It keeps mental health hidden and perpetuates myths, misunderstandings, and lack of knowledge. Stigma also stops action being taken to provide help to those who may benefit from it and it stops people from accessing support at an early stage, when difficulties are often much more manageable. The effects of stigma can be seen in the development of physical health problems associated with stress, more serious levels of depression and anxiety, loss of work, impact on relationships, financial implications, and suicide.

Negative consequences of disclosing a mental health problem are both real and perceived. A seafarer, yachting or cruise worker on a brief or 'voyage-only contract' is unlikely to disclose a problem with work-related stress, anxiety or depression as a result of excessive work demands, bullying or sexual harassment from a senior officer, yacht owner or passenger, because they will fear that they will not be offered another contract, particularly if they have a family to support or other personal responsibilities.

Understandings of the aetiology of mental health problems vary across the world and consequently stigma may be more prominent in some cultures. The way different cultures interrelate what is considered acceptable to talk about, how they manage problems and the coping mechanisms they employ may all have an impact. There are also age and gender differences. Societal and social pressures on men in particular, to behave in certain ways and display certain attributes such as stoicism, independence and control, may prevent them from seeking help or expressing distress when things become difficult or overwhelming and expectations to support the immediate and extended family may stop people from confiding in loved ones. Women are not immune to these pressures in majority male environments and may also feel the pressure not to be seen as unable to cope. As a result, it may be considered more or less appropriate to express emotion, discuss 'personal' issues or seek help according to culture, gender, rank and responsibility on board.

Measures to tackle stigma, open the conversation about mental health and raise awareness in ways that are not threatening are all critical in the promotion of good mental health and prevention of mental health problems. The development of a mental health policy itself is an implicit demonstration of the recognition mental health and psychological wellbeing. The purpose and values outlined in the policy will communicate a commitment to the wellbeing of staff. Campaigns around mental health promotion, a commitment to provide access to support for mental health and to provide reasonable work adjustments as well as assurance against negative repercussions of help-seeking, such as job security, will all increase confidence to disclose and ask for timely help.



Risk Mitigation

Once the risks are known, strategies to mitigate, eliminate or manage the risks become possible. Some risks are, of course, inherent and cannot be modified. However, it may be possible to consider ways to limit the impact of inherent risks, e.g. long periods away at sea are unavoidable – this is the job, but facilitating access to free or at least low-cost WiFi which enables crew to maintain close contact with their friends and family may be part of a risk mitigation strategy.

Risk mitigation strategies will often be unique to the company. Decisions should be reached around what issues to prioritise for action. This may be influenced by factors such as viability, costs, the degree of risk identified, degree of impact of the measures and the likelihood of effectiveness. The results of these measures should be evaluated, and measures modified as needed. There should be a commitment to continuous improvement; as some measures take effect, other measures may become more feasible.

The ITF Seafarers' Trust Mental Health Report [4] identified the four most statistically significant factors associated with anxiety, depression and suicidal ideation amongst seafarers [see box, p.3]. The factor most associated with rates of depression and anxiety was a non-caring company culture. Seafarers often feel they are 'out of sight out of mind', 'hidden' or 'the forgotten key workers'. At times, the perception of the priority placed on keeping vessels running renders the humans on board feeling like they are commodities. During the COVID-19 pandemic when crew changes were impossible due to port, airport, border, hotel, transport closures and quarantine measures, some companies failed to communicate the major efforts they were making to try and facilitate crew changes. As a result, their crew felt abandoned, frustrated and angry, in addition to the stress, uncertainty, fear and sheer mental and physical exhaustion induced by voyage extensions and the pandemic itself.

Risk mitigation strategies in relation a caring company culture might include a variety of measures to demonstrate the value that the company places on crew and shoreside staff; such as good communication routinely and specifically during challenging times or times of change, awards for dedicated service, improvements to facilities and living conditions, a welfare fund or provision of special treats at ports of call.

Examples of risk mitigation strategies that might be undertaken include (but are not limited to):

Risk Identified	Risk Mitigation Strategy
Caring company culture [4] Poor management	Demonstrate the value that the company places on crew and shoreside staff; such as good communication, awards for dedicated service, improvements to facilities and living conditions, a welfare fund or provision of special treats at ports of call, positive feedback, continuity of employment, investment in skills development.
practices (including poor relationships with senior officers, being wrongly blamed, being shouted at) [2] [4]	<ul style="list-style-type: none"> • Ensure officers and senior staff demonstrate positive leadership: e.g. skills training to promote positive performance management, teamwork, communication, demonstration of respect, fairness, appreciation, etc. • Consider avenues for identifying gaps in skills or knowledge, further training needs and management accountability (e.g. 180° or 360° feedback or appraisals, anonymous or confidential complaints procedures, end of voyage surveys)
Violence, bullying and harassment, discrimination	<ul style="list-style-type: none"> • Introduce and publicise zero tolerance towards harassment⁵, violence and threats of violence including sexual violence • Review policies for Bullying and Harassment, Grievance, Whistleblowing, Safeguarding, etc. to ensure staff confidence to use them including protection from negative consequences on complainants, effectiveness of investigation and response procedures
Low job satisfaction	<ul style="list-style-type: none"> • Opportunities for career advancement and professional development tied to awards for accomplishment and improvements in pay and conditions • Empowerment of crew to influence their work / have a greater degree of control over how they complete their work • Variety in roles or tasks
Self-rated health problems	Accessible routine primary health care services – e.g. provide information about seafarer centres where routine healthcare services are available.
Social isolation	<ul style="list-style-type: none"> • Consider stable crewing [15]. If fluid crewing is unavoidable consider measures to welcome and integrate new crew on board to enhance a sense of team • Take steps to increase crew connection⁶ – e.g. identify a social hub on board to coordinate and schedule events (karaoke, multiplayer computer games, barbeques, pre-dinner non- or low-alcohol drinks, inter-ship competitions, celebrations of significant personal, national, international or religious events. • Offer a welfare fund for social events • Comfortable crew mess with facilities (e.g. regularly refreshed box sets and films, multi-player computer games, live stream or recorded sports events, musical instruments) • Provide free WIFI to ensure connection with home life and confidential support is available to all seafarers • Whole crew dining facilities • Facilitate access to port welfare including seafarers' centres and ship visitors • Facilitate and encourage access to shore leave for all crew

5. Harassment refers to offensive behaviour that demeans an individual or causes mental and emotional suffering. Repeated harassment may be considered bullying and/or discrimination and can relate to any personal characteristics of an individual including disability, race, religion or belief, gender and sexual orientation. For more information see Guidance on Eliminating Shipboard Harassment and Bullying [31]

6. See ISWAN Connecting Crew campaign for more ideas

Risk Identified	Risk Mitigation Strategy
Identify those at greater risk of isolation and/or discrimination due to personal or role characteristics ⁷	<ul style="list-style-type: none"> • Extend targeted support from shore or crewmates through regular check-ins • Wherever possible have two or more cadets on board rather than one, avoid single representatives of any language or diversity⁸ group • Implement mentoring [16], buddying and/or peer support mechanisms (e.g. peer-only WhatsApp or other social media groups between vessels for potentially isolated individuals; women seafarers, masters; cadets and so on)
Crew Conflict	<ul style="list-style-type: none"> • Mindful Crewing – Intergroup dynamics arise between distinct groups of people who identify with each other over the whole group and can commonly lead to tensions, mistrust, miscommunication, and a sense of injustice. Try to avoid distinct groups within crewing particularly where these coincide with hierarchy or departments. • Address crew conflict early – through conflict management and mediation • Support Senior Officers to anticipate and recognise signs of rising tensions and stress, due to adverse conditions or unavoidable circumstances early and take appropriate action • Effective incident reporting, monitoring and investigation may help to identify trends and prevent re-occurrence • Implement measures to facilitate crew cohesion through leadership and positive management practices
Fatigue [17, 18]	<ul style="list-style-type: none"> • Ensure compliance with the minimum hours of rest and recuperation • Expand minimum safe manning where rest hours are non-compliant • Consider implementing IMO's guidelines on fatigue mitigation and management [17] • Ensure optimal shift lengths and rotation patterns for rest and recuperation • Promote positive sleep hygiene practices • Ensure cabins are optimised for rest and sleep (see ISWAN Managing Stress and Sleeping Well at Sea guide [11]) • Encourage healthy work practices – not overworking, taking time off, shore leave, etc.
Concerns about family Concerns about job security /stability of income	<ul style="list-style-type: none"> • Family health insurance • Adjust terms and conditions to remove impact of short term and 'voyage-only' contracts on disclosure and increase contract security
Lack of help seeking/ under-reporting	<ul style="list-style-type: none"> • Stigma reduction initiatives • Increase mental health awareness through training of crew, mental health campaigns, shared information such as self-help guides and infographics⁹ • Adjust terms and conditions to remove impact of short term and 'voyage-only' contracts on disclosure • Ensure seafarers have access to a wide range of confidential, impartial mental health services such as those provided by ITF affiliated trade unions NUSI and AMOSUP and maritime charities such as ISWAN SeafarerHelp & Yacht Crew Help and Hunterlink Global

7. The weight of responsibility may fall disproportionately on certain roles that hold responsibilities that no-one else shares e.g. the Master. Others may be at greater risk of isolation due to lack of experience such as cadets and others through personal characteristics such as gender, ethnicity, language, and sexual orientation.

8. Diversity in this context refers to gender, ethnicity, language, and sexual orientation

9. ISWAN's series of Good Mental Health Guides (Psychological Wellbeing at Sea, Managing Stress and Sleeping well at Sea and Positive Steps to Mental Health) can be viewed or downloaded online www.seafarerswelfare.org/seafarer-health-information-programme/good-mental-health – hard copies can be bought and distributed to crew, infographics can be printed and displayed.

2. Mental Health Promotion

Mental health promotion refers to two related sets of initiatives. Those that:

- Enable people to cultivate strategies that enhance psychological wellbeing by providing knowledge and tools. For ease, these are referred to below as direct mental health promotion.
- Create the environment in which wellbeing can flourish

The company action plan for mental health should focus on both areas. We are more likely to adopt a healthy lifestyle if we know what this means, and we are equipped with the good information about the tactics we can use. Likewise, even if you have the knowledge it won't be possible to implement a healthy lifestyle if your environment prevents it.

Direct Mental Health Promotion:

Direct mental health promotion aims to provide people with information about good mental health and the measures we can take to protect and promote our mental health and psychological wellbeing. Ideas for direct mental health promotion include:

Building Mental Health Awareness and Reducing Stigma: Company campaigns, articles on company intranet and magazines, conversations about mental health and wellbeing, promoting stories and initiatives on key calendar dates such as World Mental Health Day on 10th October and World Suicide Prevention Day on 10th September.

Educational resources on mentally healthy lifestyles: Distribution of self-help guides, posters, infographics, websites, apps and so on.

- Knowledge and Skills Development and Training:
- Psychological wellbeing at sea including mentally healthy lifestyles and strategies to enhance wellbeing
- Managing the known stressors of working at sea such as working within a multicultural environment, stress management
- Preparatory training for cadets to establish knowledge and good habits from the beginning
- Senior officer training in mental health awareness, creating conditions for good mental health on board, positive leadership and building functional teams on board, recognising the signs and symptoms and first response.
- Dissemination of information on accessing support and help

Creating a Mentally Healthy Environment on Board

Seafarers both live and work on board, often for prolonged periods of time. This means that the work-life balance that we all crave on shore is much more difficult to achieve on board. Seafarers will be on duty for specific periods of time but are never completely off duty; they cannot leave work behind and go home to their friends and family at the end of the day to unwind and forget about the stresses of the job. Creating a mentally healthy environment on board means:

- Creating the conditions which enable crew to adopt and maintain mental healthy lifestyles
- Implementing strategies which support wellbeing and
- Mitigating as far as possible the known stressors of a life at sea which pose a risk to wellbeing.

Company policy can ensure that the means to achieve wellbeing are available to crew.

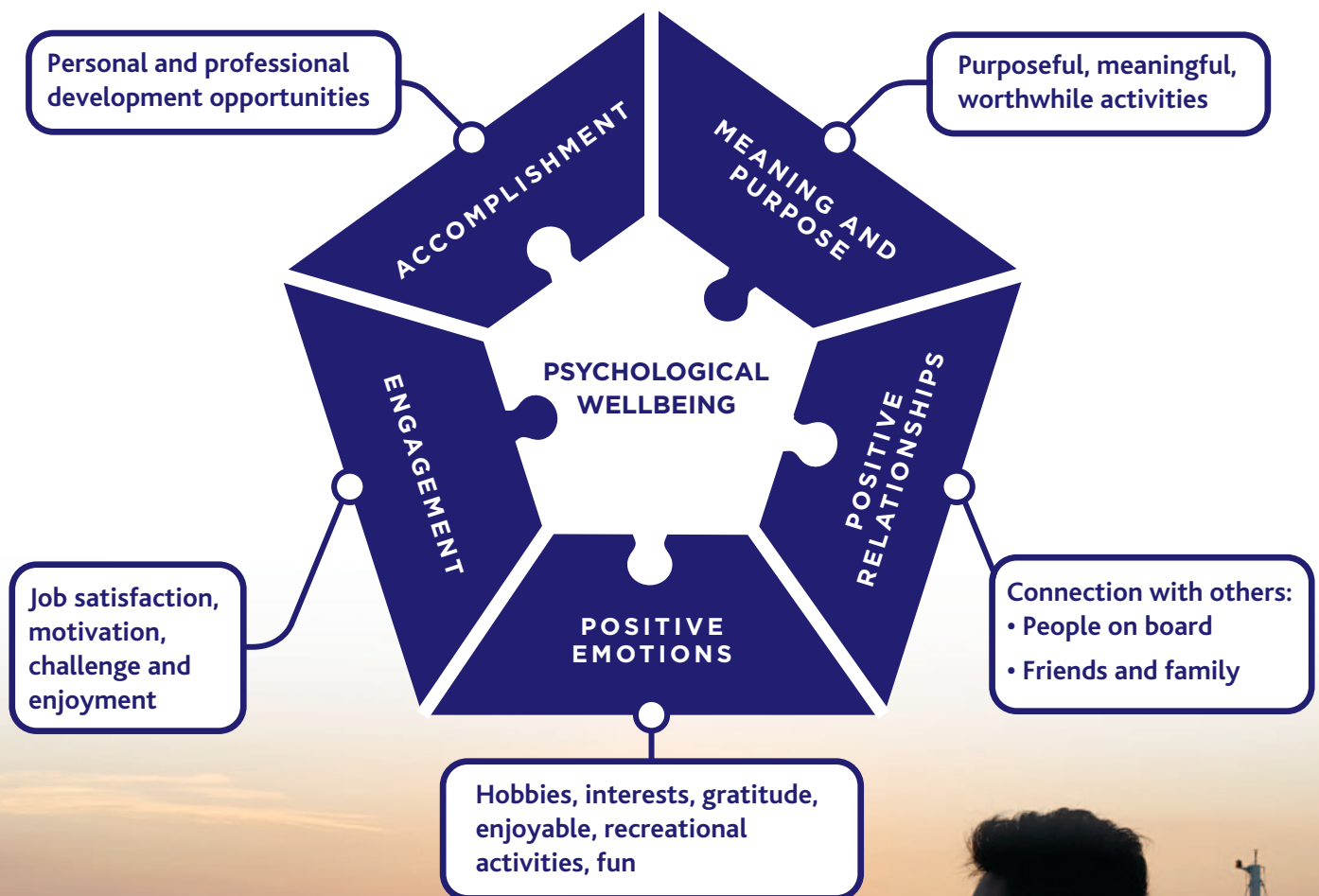
The figure below depicts dimensions of wellbeing. Each of us is different; some factors may play a more significant role in some people's lives than others; and this may also be influenced by our culture, age and gender. For some people, a sense of purpose may be much more important than our financial stability. But for all of us, knowing we can meet our basic needs and those of our family are essential¹⁰. Basic needs are the needs we have for food, security, shelter etc., without which we cannot survive. Psychologically these needs take precedence, they must be fulfilled before we can aspire any further. Having a foreseeable stable income that comes with job security would speak to this level of basic need.



10. The concept of basic needs comes from Maslow's hierarchy of needs [28]

We know, for example, that physical and mental health are inextricably linked. Good physical health, diet and exercise are very important for mental health and vice versa and this is borne out by the evidence at sea on the links between accidents, injuries, illness and mental health [4]. Provision of healthy, tasty and nutritious food, optimal shift patterns, hours of work and rest and comfortable cabin facilities that enable good sleep, the provision of sports and exercise facilities and access to primary healthcare are all ways in which companies can provide the conditions for seafarers to maintain physically and mentally healthy lifestyles.

Evidence from the field of Positive Psychology, which was used to underpin the ISWAN Good Mental Health Guides [11], shows that 15-20% of people are ‘flourishing’ according to measures of mental health. The PERMA model below [19] shows five core elements that characterise flourishers and the kind of strategies that, when adopted, can have significant and lasting effects on wellbeing. The Good Mental Health Guides promote a wide range of strategies based on the evidence that crew can adopt themselves, but many of which also require the conditions and the means to be available to them on board.



Positive Relationships on Board: an example

One of the most important factors known to influence wellbeing is connection with others, i.e. having positive relationships. The company has a role here to create the conditions for healthy and functional working relationships on board.

This might begin with a mindful approach to crewing.

- The size of the crew and the diversity of cultures, language and gender will impact on crew dynamics. Multicultural crews are commonplace and can work extremely well; however, power imbalances between groups, together with language barriers and different cultural ways of behaving, thinking and expression, as well as intercultural misunderstandings, can lead to tension and even conflict. Consider the differences you might expect if a ship was crewed entirely by Filipino seafarers, then imagine what difference it might make to introduce one Ukrainian seafarer into that ship – what would be the impact on that individual? What effect might it have on the whole crew? Would the impact be different if he/she was the cook? Or the Captain?
- Similarly, gender balance can be important. A single female crew member might be easily isolated, receive unwanted male attention, or if she is in a position of seniority might face different reactions from crew than her male counterpart. A gender-balanced ship might be the optimum to aim for; whilst ensuring that at least two women are on board any vessel rather than one is a good first step. Additional support for women through mentoring and peer support can also be helpful.

- Recent research [15] suggests that stable crewing strategies can have a positive influence on working relationships and trust, increasing productivity, reducing handover times, building a sense of team and ownership amongst the crew which in turn increases retention and achieves better safety outcomes including vessel maintenance through familiarity with specific equipment on board and lower training and recruitment costs. It also benefits crew in anticipating stability in their income. However, there may be fewer opportunities for promotion in a stable crewing strategy and flexibility in expansion or reduction of crew size might be reduced with less. A combination of a core stable crew and additional fluid crewing in both officer and rating ranks could be considered. Further information can be found in the study.

Measures to facilitate social interaction on board are extremely important [20] and can include everything from ensuring a comfortable crew mess with a good stock of recent box sets, live streaming sports events, holding competitions between vessels, providing a welfare fund and so on.

Actively promoting a positive team culture amongst crew through:

- Positive leadership and direct engagement with the crew, supported by shoreside personnel and an ongoing programme of training and development
- Anticipating and managing interpersonal tensions and conflict effectively
- Valuing the contribution of every crew member to the smooth running of the vessel, through expression of a job well done, gratitude and informal/formal employee benefits and appraisals.
- On-board mentoring and learning opportunities

11. Dynamics in this context refers to the ways in which people in a group interact with each other and ways in which this affects the individuals and the whole group.





Spotlight on social isolation

It is well known that social isolation contributes to poor mental health and that social connection is key to positive mental health. Reduced numbers of crew on board and the increase of fluid and multicultural crewing, longer voyages or time spent at sea and the loss of the crew bar, swimming pools and other facilities, all contribute to a greater risk of social isolation. As a result, special attention is needed to create and facilitate opportunities for social interaction [24] on board.

- Consider stable crewing models [15]
- Avoid single numbers of any one social group on board (e.g. one woman, a single cadet, a single person from a language or cultural group)
- Create opportunities for mentoring, particularly for those groups who may be at risk of social isolation (such as cadets and women seafarers) and may benefit from a mentoring relationship [16]
- Create and facilitate opportunities for peer support, e.g. through virtual chat groups. Crew of various ranks may find this beneficial, e.g. masters are isolated in their role on board with enormous responsibility; the opportunity to catch up with other Masters on other vessels may provide a useful supportive space to offload or problem-solve with respected colleagues. For some staff, such as senior officers, Masters, Chief Engineers, etc., it may be as simple as communicating that this kind of activity is permissible and ensuring the platforms are available to enable those who want to, to create closed chat rooms or video calling groups. For other staff, such as those in minority groups and less empowered positions including cadets, newly qualified crew or women seafarers a more active approach may be required to create connection opportunities for peer support.
- Ensure internet access to facilitate crew to maintain their relationships with friends and family ashore
- Ensure access to facilities which enable and provide motivation for social interaction on board. Imagination, encouragement and perhaps an identified crew member to act as the social ambassador and a small budget may be all that is needed to increase social interaction on board.

On Board with Mental Health

Company Cares

- Train senior officers in positive leadership, feedback, performance management processes, procedures, and skills
- Effective communication: shore to vessel and on board
- Clear, effective, safe to use, Bullying, Harassment, Discrimination, Safeguarding and Grievance Policies and procedures
- Provide high quality living conditions, recreational and exercise facilities
- Invest in professional development of staff
- Offer bespoke helplines for employee assistance
- Offer comprehensive health insurance for crew that includes mental health support
- Extend health insurance to family of crew
- Consider stable crewing strategies
- Reward company experience or good performance with recurring contracts
- Offer perks and benefits¹²
- Engage with crew on a personal level, express gratitude, and appreciation from the company
- Create peer support mechanisms for potentially isolated or vulnerable groups including social network peer support groups mentoring or buddy schemes

Work Practices

- Ensure adequate training for all work tasks and responsibilities
- Measures for optimising job satisfaction:
 - Increased control over how work tasks are completed, influence over decisions relating to work
 - Professional development opportunities
- Constructive/supportive performance management procedures
- Work/life balance
 - Avoid voyage extensions wherever possible
 - Avoid voyage-only contracts; offer contractual security wherever possible
 - Consider work and leave balance in contractual arrangements
 - Advocate on behalf of crew to overcome restrictions on shore leave
- Enhance opportunities for an increased sense of accomplishment:
 - Facilitate/support CPD programmes,
 - Informal support for learning new skills (e.g. language study groups, mentoring opportunities for specific skills development)
 - Recognition for good performance
 - Reward schemes
- Comply with MLC limits on hours of work and rest (ensure an effective monitoring process is in place and take breaches of these guidelines seriously)
 - Consider implementing a Fatigue Risk Management System [17]
 - Support an optimal shift rotation pattern that advances with time wherever possible

On Board with Mental Health

Culture on Board

- Employ a mindful approach to crewing
- Actively promote positive on-board team culture
- Provide guidelines for officers to promote a mentally healthy environment on board
- Ensure crew joining the vessel are welcomed, introduced, and shown around the vessel
- Facilitate communication with home (free or low-cost WiFi)
- Reduce the factors which contribute to social isolation – see Spotlight on Social Isolation (p.19)
- Provide and encourage use of facilities which enable social interaction
- Provide high quality recreational facilities
- Offer a welfare fund
- Identify a ‘social hub’ to coordinate a schedule for group recreational activities
- Celebrate personal, national and international events
- Take part in company-wide charity fundraising challenges
- Practice gratitude and appreciation for hard work
- Encourage healthy working practices, through:
 - optimal shift patterns
 - discouraging overworking
 - ensuring breaks and time off, and modelling this behaviour
- Actively encourage and facilitate crew to leave the vessel when in port
- Facilitate access for ship welfare visitors and visits to seafarer centres

Living Conditions

- Ensure access to facilities for exercise, e.g.
 - Good quality gym and sports equipment for individual exercise
 - Facilities for team exercise
 - Outdoor exercise; basketball, squash or swimming, table tennis
- Ensure access to a tasty, nutritious, and varied diet
 - Ensure access to good meals and refreshments are available to those on shifts
- Provide comfortable living spaces that facilitate rest and relaxation
 - Comfortable bed space, space to sit and read or write
 - Blackout blinds and daylight bulbs to support good sleep hygiene
 - Manage noise, vibration and temperature in cabins as far as possible
 - Introduce quiet areas outside cabins for those on shift at antisocial hours
- Provide pleasant and comfortable communal spaces for crew mess and dining areas
- Refurbish cabins and communal living spaces as needed
- Provide facilities for interactive recreational activities in communal spaces, e.g. music, darts, bingo, karaoke, card and board games, multiplayer computer games consoles, regularly refreshed live stream, satellite or recorded TV box sets, films, news and sports events

3. Support and Response Mechanisms

Systems, structures and processes should be in place to ensure that appropriate mental health support is available if or when it is needed. As a rule; equitable operational procedures for assessment, management, treatment and transfer of care of physical health problems should also be in place for mental health problems.

Research into a telemedical database of 3,921 [6] requests for assistance showed that whilst psychiatric conditions only accounted for 0.6% of requests; repatriation as a result was disproportionately high at 5%. This suggests that the severity of the cases that are recognised has reached a stage where repatriation has become required. This indicates a need for earlier and better detection, improved access to support where needed and prevention of deterioration to the level where unplanned repatriation is necessitated. Early intervention and case management would therefore be highly cost effective. Companies should be proactive in putting into place response mechanisms to provide timely intervention, prevent problems deteriorating and avoid delay in the event of an emergency.

It is important to ensure that professional technical support is available where needed for clinical supervision or case consultation, e.g. in diagnosis or risk assessment and management, treatment advice, and access to psychological therapies and counselling.

Management of Mental Health Problems on Board

Common Mental Health Problems (anxiety and depression) and work-related stress should be possible to manage on board. All crew should have a basic understanding of mental health and how to look after their mental health at sea. Officers and those in positions of responsibility should in addition be equipped with skills to:

- Recognise signs of someone who may be struggling
- Know how to have a confidential conversation with the person concerned
- Provide early intervention response, including:
 - making reasonable adjustments to work
 - facilitating access to confidential support
 - facilitating access to information or advice
 - facilitating support to address practical problems
- Monitor the case through ongoing follow-up



Reasonable Adjustments to Work

A 'reasonable adjustment' means making changes to work practices or the environment which are effective for the individual, enabling them to manage their mental health and continue working whilst being practicable to provide. There is no set definition of what is reasonable, but essentially it is a consideration of issues that may be contributing to the current problem which could be changed or adjusted **without major disruption to others** or the work at hand, and will of course be different according to the individual's role on board. Changes could be temporary to relieve pressure in the short term or permanent. Examples include:

Hours of work:

- Manageable changes to start and finish times
- Managing overworking, e.g. ensuring rest days / times and encourage shore leave
- Temporary or permanent changes to shift patterns
- Temporary reduced hours (gradually building back up)
- Adjusting break times (e.g. equal amount of break time, but in shorter, more frequent chunks)

Workload:

- Temporary reallocation/delegation of some duties (be aware of impact on others)
- Extra training, or coaching, mentoring for the role responsibilities
- Increased help, support or supervision of work tasks
- Short-term support with managing or prioritising workload
- Adjusting deadlines where possible

Mediation and conflict resolution:

- Addressing bullying and harassment
- Relationships with supervisor or crew mates

Physical environment:

- Minimise exposure to noise, provide adequate PPE
- Ensure physically safe working practices
- Provide a quiet space for breaks (away from workstation) and rest hours

Designated Mental Health Officer

Just as the medical officer on board would normally carry responsibility for medical care and first aid, similar arrangements should be in place for mental health care. The medical officer is not required to be a doctor but does require sufficient training to be able to provide first aid and basic medical treatment where appropriate, triage a case and take appropriate action to access professional medical advice and ensure that further treatment is facilitated when it is required.

These same principles should apply to mental health. Where mental health problems do arise, the seafarer designated responsible for mental health is not required to be a Psychiatrist¹³ or Clinical Psychologist¹⁴, but should be sufficiently skilled to recognise symptoms, provide initial case management and support, triage, access professional advice, case consultation and further treatment as needed. Skills training is required and designated mental health officers will require clinical supervision/access to technical case consultation for their role in mental health support.

Telemedical Services

These are generally able to offer a primary care level mental health service, the details of which may vary. Some telemedical services do have specialist mental health professionals (such as Psychiatry, Clinical Psychology, Counselling Psychology, Mental Health Social Work, Mental Health Nursing and supportive counselling) equipped to offer mental health support; this may include case consultation, psychotropic medical management advice, risk assessment and risk management guidance, psychological therapies and counselling support. However, this is by no means universal. Some companies may be able to offer some aspects of these services but not all. Companies should specifically enquire about the specialist mental health provision available through their telemedical service provider.

Occupational Health

Some companies may choose to integrate mental health support into their occupational health department. There can be advantages to in-house mental health or psychological expertise, but confidentiality and fear of the impact on current and future contracts of employment may present a barrier to access.

13. A psychiatrist is a qualified medical doctor with additional specialist training in mental health. They can diagnose mental illness, carry out assessments and treat mental health problems. Psychiatrists tend to understand mental health through a medical model and are qualified to prescribe medication for mental health problems. Some psychiatrists also have further training in psychological therapies, but this is not a requirement for training.

14. A Clinical Psychologist holds a degree in psychology and a doctorate in Clinical Psychology. Clinical psychology aims to reduce psychological distress and to enhance the promotion of psychological well-being. Clinical Psychologists are trained in diagnosis, assessment, research, clinical consultation skills and talking therapies. Psychologists tend to understand mental health through the biopsychosocial model and use formulation skills to understand the influence of a range of factors on an individual's psychological wellbeing.

Remote Psychological Support

The company may retain the services of a specialist in Psychological Therapy such as a Clinical or Counselling Psychologist or secure contracted services for a number of sessions through online psychological therapy service providers. It is essential that when securing psychological therapy services, the practitioners are appropriately qualified and licensed to practice in their country¹⁵. It would be good practice to make this freely available to all crew whilst at home or at sea and shoreside staff and could also be extended to family support.

Confidential Access to Support and Self-Help

As with physical health concerns less severe mental health issues are more common. Seafarers may manage their primary care physical health needs without the intervention of the medical officer and in a similar way, seafarers are likely to manage stress and mild to moderate anxiety and depression without seeking help. Information about the available support services and the kind of support they offer should be made widely and readily available to all crew and staff through the company intranet/social media platforms, physical posters, and other communication mechanisms.

Given the stigma against mental health [see Spotlight on Stigma, p.12] crew may be reluctant to ask for help early and consequently the problems might worsen and even reach critical levels before help is sought or given. Cultural and hierarchical differences can also increase a reluctance for crew to disclose personal concerns to a more senior officer. Seafarers may also be concerned that there will be negative consequences on their contract or future employment if they request support. For all these reasons, *the provision of confidential routes of access to support* are extremely important. Examples include:

- **Port Welfare:** Many seafarers make use of support offered by port welfare services. It is important that companies facilitate access to shore-based services, either through ship visits or facilitating shore leave.

- **Not-for-Profit-Run Helplines**, such as the global helplines SeafarerHelp and Yacht Crew Help offered by ISWAN, are a valuable form of support to seafarers and their families; these typically offer emotional support, information, and advice through a range of means such as telephone and internet communication.
- **Union-Led Services:** Seafarers may prefer to access confidential mental health services provided by their union such as the 24/7 psychological support offered through NUSI Sahara, AMOSUP and NUSS
- **Dedicated Company Helplines** offer similar services but can provide company specific information, advice and support and offer the company insight into common issues of concern and enable them to gather non-confidential data.
- **Employee Assistance Programmes (EAPs)** may offer advice information and support including a number of counselling¹⁶ support sessions within the service contract.
- **Remote Psychological Support** may be available by referral through the company health insurance (if it covers mental health), helplines or Employee Assistance Programmes (EAPs) and some telemedical services may offer access to psychological therapy.
- **Self-Help Guides and Apps**
- **Peer Supporters** or mental health champions may be able to provide less threatening support by providing a cultural and hierarchical bridge, which may serve a very useful adjunct to the more formalised support an officer on board would provide. Peer supporters require training to be able to notice signs of a crewmate who was struggling, offer initial support and advice to access further support as needed. Peer supporters also need access to support/supervision mechanism.

Consideration should also be given to any **barriers to access** for confidential support. It should be possible for all crew to access the support they may need in a confidential manner without having to disclose a concern to others, which can be enough to stop them from seeking help. Barriers may include:

15. In the UK, any practitioner psychologist must be registered with the HCPC to practice. Psychotherapists are registered with the UKCP, Cognitive Behavioural Therapists (CBT) are registered with BACP and Counsellors with BABCP. Similar regulatory bodies around the world exist to keep the public safe by assuring appropriate training and qualifications, standards of continuing professional development and code of practice are adhered to.

16. A counsellor is trained in skills to help people talk about problems and feelings, reflect on their situation, choices, or their behaviour, and make positive changes in their lives in a confidential forum. Counsellors are not trained in diagnostic skills.

- Knowledge of what services exist and what support they can provide – which can be addressed through dissemination of information infographics, posters and so on and may include specific contact information and information about the port services at the upcoming destinations
- Means of communication and contact with remote providers – high cost WiFi and low bandwidth might prevent access to remote support, which could be a vital lifeline
- Lack of private space onboard where seafarers can confidentially discuss their mental wellbeing with remote providers
- Visa and other restrictions on shore leave and limited access to ship visitors can prevent access to port welfare

Urgent Response: Mental Health Emergencies

A mental health emergency would normally be an acute disturbance of behaviour, thought or mood,

and if left untreated could lead to harm, either to the individual themselves or in some cases to others in the environment. Mental health emergencies may include:

- Intoxication, confusion, unusual behaviour, aggression, and violence
- Self-harm and suicide

A mental health emergency may co-occur with the onset of an acute severe mental illness, but they are not necessarily the same. Although severe mental illness is relatively infrequent, there are cases in which a crew member would need timely intervention; this might include drug- (prescribed or non-prescribed) or alcohol-induced psychosis, a first episode of psychosis, bipolar disorder, major depressive disorder and suicidal ideation or acute stress disorder following a traumatic event.

The seafarer designated responsible for mental health should be competent to carry out an initial suicide risk assessment, establish a safety plan where needed and access professional case consultation and further treatment.

Spotlight on suicide

The risk factors associated with suicide are well known through global and country data records. Suicide is the second leading cause of death in the 15-34 age group worldwide. Suicide is twice as common in men as it is in women.

The WHO report *Preventing suicide: a global imperative (2014)* [9] [Appendix A] sets out the key risk factors associated with suicide and measures which may be taken in a suicide prevention strategy. The report is designed for country level interventions to mitigate known risks, but the data is also relevant for population groups, such as seafarers. The 18 Risk factors listed include eight individual factors; such as family history, individual mental health problems, substance misuse and others. Also among the 18 most significant risk factors associated with suicide are another eight factors which arguably are more prevalent for those who work at sea:

- Barriers to access to health systems
- Access to available means of suicide
- Stigma associated with help-seeking
- Stresses of acculturation and dislocation
- Discrimination
- Trauma or abuse
- Sense of isolation
- Lack of social support

It is very well documented that the access to available means of suicide is a highly significant predicting factor amongst people who may be contemplating suicide. It is one that is routinely used by mental health professionals during suicide risk assessment and where it is possible to restrict access to means, doing so, often forms a key part of a safety plan. For people who live on shore, the access to an available means of suicide is often limited. This is shown in the data, e.g. in countries where firearms are more readily accessible, suicide rates are higher. It is a short logical step to conclude that the readily available means of climbing overboard might be associated with an increased prevalence of suicide amongst people who may be otherwise at risk. The restriction of access to available means works as a suicide prevention strategy, but this could be difficult on many vessels and impossible if the problem has gone unrecognised.

Emergency Response: Major Incident Response

Standard operating procedures for major incident response should include a mental health component for crew (and, where needed, their families). Psychologically informed major incident response may help to support the crew through a period of acute stress, enable crew to understand the emotional responses they may suffer, facilitate positive coping and recovery, ensure access to further support is available if required and practical needs are met. Major incident response may be required following major accidents or injuries, fatalities, suicide, piracy, fire or other critical incidents. It is good practice to be prepared for emergency response in advance to avoid delay in the event that it is required. Psychologically Informed major incident response may include:

- Psychoeducation – information about the common responses to major incidents, coping following a major incident and self-care and where to seek further help
 - Psychological First Aid (PFA) [21]
- PFA is a simple framework for support following a major incident that can be implemented by the shoreside staff and key representatives on board that are most likely to be involved in managing a critical incident. Internally trained staff with skills in PFA can provide assistance without delay and in the context of the wider response. Psychological First Aid includes the assessment of immediate needs and support to access practical help and support. Professional support for supervision and consultation during emergency response is recommended, as is a referral network for any individuals requiring more intensive psychological support over time.
- Independent psychological crisis assistance – ensure the provider offers an evidence-based model of intervention¹⁷, such as Psychological First Aid [22] or Screen and Treat model [23]
 - Family liaison
 - Clear and transparent information and communication

Implementing Appropriate Support and Response Mechanisms

- Operational procedures and guidance for officers on managing mental health and creating a mentally healthy environment
- Training for first responders (mental health peer supporters, Mental Health Officer, Officers)
- Ensure appropriate clinical supervision and professional support available for MH respondents
- Provide confidential access to emotional support (EAPs / helplines / Port Welfare) and referral route or access to professional therapeutic support
- Major Incident Response Procedures
- Suicide Prevention and Response
- Repatriation procedures

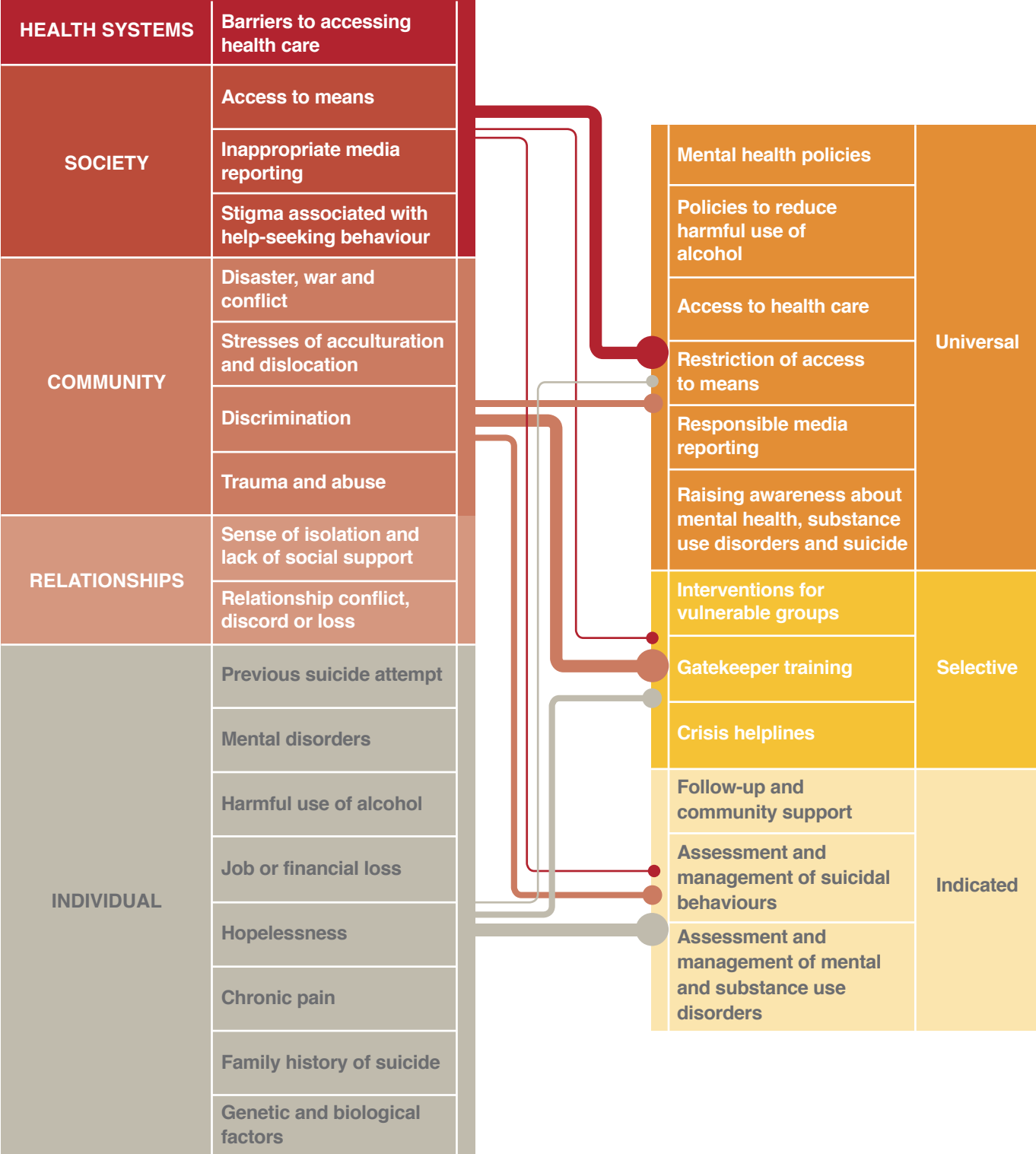
17. Single session Critical Incident Stress (Psychological) Debriefing may be harmful and is not recommended.

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Appendix A – World Health Organization (WHO) Suicide Prevention Strategy Risk Factors and Interventions

Figure depicting Key risk factors for suicide aligned with relevant interventions (Lines reflect the relative importance of interventions at different levels for different areas of risk factors)



Data from the World Health Organization

Appendix B – Risks to Mental Health for Seafarers

Interpersonal Factors

- Isolation [3]
- Loneliness [2]
- Separation from and missing family (80% [2]) [4]
- Receiving bad news from home (69%) [2]
- Bereavement or sickness at home [2]
- Personal relationship problems [2]
- Absence from key life events in family / friends
- Inability to communicate effectively with friends and family at home

Contractual Issues

- Short term or voyage only contracts
- Financial concerns
- Insecurity of Contracts
- Contract length [4]
- Voyage Extension [4]

Interpersonal Factors on Board

- Uncaring work environment/lack of caring company culture [4]
- Bullying and harassment
- Exposure to threats and violence [4]
- Physical assault (15%) [2]
- Sexual harassment (5%) [2]
- Sexual assault (4%) [2]
- Language and cultural communication barriers
- Small crew
- Falling out with colleagues (38%) [2]
- Living and working in close proximity in a confined space with the same people for long periods

Management Problems

- Supervisor demands [4]
- Being blamed for things that were not my fault (72% had experienced this and 77% of those said it made them feel down) [2]
- Being shouted at (48%) [2]
- Discrimination (60% had experienced, 72% of those said it had made them feel down) [2]
- Falling out with superiors (40%) [2]

Isolation on board

- Being the only woman on board (47% of women [2])
- Being the only person from my country on board (44%) [2]
- Too much time alone (35%) [2]
- Lone working (27% of 55% who had experienced it) [2]
- Not being able to make friends (20%) [2]
- Not being able to fit in (19%) [2]

Work Demands

- Lack of control over work, pace of work and decisions relating to work [4]
- Lack of adequate training [4]
- Low job satisfaction [4]
- High number of calls at port (46%) [2]
- Fear of criminalisation
- Fear of job loss
- Periods of intense activity and periods of boredom
- Increasing bureaucratisation
- Excessive or unmanageable workloads or deadlines (60%) [2]
- Low levels of time off [2]
- Role responsibilities (e.g. Master's responsibility for crew, health and safety and smooth operation of the vessel)

Occupational Exposure

- Noise, vibration, heat, tight working spaces (particularly engine room)¹⁸
- Occupational exposures: Working alone, heavy lifting, dust smoke, chemical and sharp objects
- Being afraid due to bad weather (46%) [2]
- Risk of piracy
- Adverse weather conditions
- Customer / Owner demands (cruise and superyacht crew in particular)
- Exposure to drugs & alcohol (particularly superyacht crew)

Hours of Work and Rest

- Shift work
- Long working hours
- Low levels of time off (mean working days of 6.5 a week)
- Lack of shore leave/ None or very limited shore leave/ being prevented from taking shore leave (52%) [2]
- Fatigue (61%) [2]

Living Conditions

- Poor living conditions on board
- Shared cabin spaces
- Sleep problems [4]
- Quality of sleep and rest facilities Co-existing Medical & physical health problems [4]
- Lack of access to primary healthcare [4]
- Injuries and Illness [4]
- Seasickness (42%) [2]
- Feeling trapped (42%) [2]
- Lack of options and facilities for recreation, leisure, and physical exercise
- Poor food (60% 69/88), [2] lack of preferred food and limited food options, quality and quantity [4]
- Poor internet access (higher frequency of email and internet access related to lower risk of depression and suicidal ideation) [4]
- Lack of access to coping strategies available on shore

18. Exposure to noise, has the same physiological effects as stress and has been implicated noise-induced stress has been implicated in the development of disorders of the cardiovascular system, sleep, learning, memory, motivation, problem-solving, aggression, and irritability.

Appendix C – Training Recommendations¹⁹

All crew may benefit from a basic understanding of mental health and psychological wellbeing at sea; which supports the reduction of stigma and increases the possibility that individual may seek help if / when they need it. We all benefit from knowing about tools, techniques, and strategies to maintain psychologically healthy lifestyles and manage the stressors of daily life. Suggested topics include:

- Mental Health Awareness in a Seafaring Context
 - Understanding mental health and psychological wellbeing
 - Effects of Stigma
 - Common Mental Health problems and their causes.
 - Mental Health at Sea: Risks and Stressors
 - Psychological Wellbeing at Sea
 - Lifestyle Strategies to promote good mental health at sea
 - Managing Work Related Stressors
 - Noticing signs in ourselves and others
 - Accessing Support
- Senior Officers* are in a unique position to influence the culture on board and have a responsibility for the vessel and its crew. They may benefit from training in supplementary psychologically informed skills such as:
- Positive Leadership Skills
 - Good communication
 - Building cohesive well-functioning teams
 - Staff involvement, empowerment, and engagement
 - Demonstrating respect and appreciation
 - Fair treatment
 - Constructive performance management
- Leadership in Psychological Wellbeing on Board
 - The Role of Senior Staff in Managing Mental Health on Board
 - Facilitating Social Cohesion on Board
 - Integration of Psychological Wellbeing into regular meetings
 - Awareness skills of potentially vulnerable individuals and implementation of prevention strategies
 - Recognising, preventing, and managing work related stress in self and the crew
 - Creating a mentally health environment on board
 - Eliminating Bullying and Harassment
 - Recognising, preventing, and managing tension and conflict
 - Conflict resolution & Mediation Skills
 - Implementing company policy and procedures
 - Mental Health Awareness in a Seafaring Context (as above)
 - Response Skills and Procedures including
 - Recognising Signs of common mental health problems
 - First Response Skills (managing conversations, supportive action, accessing further help)
 - Company operational guidelines
- Those with a designated responsibility for mental health* support on board and/or shoreside may require further skills training including:
- Suicide Prevention - including risk assessment and safety planning
- Severe Acute or Enduring Mental Health Problems (Recognising signs and symptoms, providing initial response and support, Accessing professional guidance)

19. The recommendations listed here are suggestions to stimulate further deliberation. They are not intended to be prescriptive and should not be taken as a comprehensive list of training requirements. The industry does not, as yet, have any requirements for mental health training or response standards. Over time we hope these will come to fruition. .



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JOINT MEDIA RELEASE

Singapore, 2 December 2020 | For Immediate Release

SG-STAR Fund Taskforce Develops CrewSafe Audit Programme and Attracts more Global Partners

IMEC-ITF Quarantine Project in Manila Declared as CrewSafe

The Singapore Shipping Tripartite Alliance Resilience (SG-STAR) Fund is the first global ground-up tripartite initiative with international partners including the International Transport Workers' Federation (ITF), the International Maritime Employers' Council (IMEC) and the International Chamber of Shipping, to work with stakeholders in seafaring nations on concrete solutions for safe crew changes, starting with the Philippines.

2. The SG-STAR Fund is recently joined with support from more international organisations - Global Maritime Forum Maritime Industry Crew Change Taskforce, INTERTANKO, Norwegian Shipowners' Association, and World Shipping Council, as well as seven port authorities from Abu Dhabi, Antwerp, Barcelona, Hamburg, Rotterdam, Sines, and Vancouver.

3. The SG-STAR Fund Taskforce (SFTF), led by the Singapore Shipping Association (SSA), with members from the Maritime and Port Authority of Singapore (MPA), Singapore Maritime Officer's Union and Singapore Organisation of Seamen, has developed a CrewSafe audit programme based on Singapore's crew change model, to establish safe and scalable 'corridors' for crew change. This will help ensure quality checks on quarantine/holding, medical and swabbing facilities in crew-supplying countries. Please refer to [Annex A](#) for more details.

4. The SFTF has appointed auditors to conduct assessments at the recently inaugurated IMEC-ITF safe quarantine processes and facilities in Manila, Philippines, namely St. Giles Hotel and Marriot Hotel, as well as the safe quarantine processes by the Norwegian Shipowners' Association at Marriot Hotel and the AMOSUP Seamen's

Hospital Molecular & PCR Laboratory. SFTF expressed satisfaction that these facilities fulfil the CrewSafe criteria, complying with the following Safe Management Measures, among other requirements. Please refer to [Annex B](#) for the listing of these four facilities.

5. SFTF is looking at further enhancements of the CrewSafe audit programme, which could include the use of electronic tamper-proof smart wearable devices while the crew are in quarantine, as well as secure document processing for onboarding crew.

6. Given the endorsement by the auditors, MPA will streamline application procedures for sign-on crew from these accredited facilities boarding ships in Singapore, in line with the objective of facilitating crew change in a safe and responsible manner.

7. “Singapore takes our responsibility to facilitate safe crew change seriously. We are pleased to work with our global tripartite partners to accelerate the development of practical solutions for crew change amid the pandemic. We are also pleased to have the support of ports from Abu Dhabi, Antwerp, Barcelona, Hamburg, Rotterdam, Sines, and Vancouver, as well as international maritime organisations such as the Global Maritime Forum Maritime Industry Crew Change Taskforce, INTERTANKO, Norwegian Shipowners’ Association, and World Shipping Council to recognise the CrewSafe and other programmes by the SG-STAR Fund as a global initiative to facilitate safe crew change. We look forward to welcoming more like-minded partners to join us in this global alliance,” said Ms Quah Ley Hoon, Chief Executive of MPA.

8. “The SFTF aims to have a gradual global recognition of the CrewSafe process that identifies the safe and secure facilities. Such acknowledgements by national governments and international organisations will ensure greater participation and bring a long-term solution to crew movement across national borders,” said Mr Nitin Mathur, SSA Council Member and Chair of the SFTF.

<End of release>

About the Singapore Shipping Tripartite Alliance Resilience Fund

The Singapore Shipping Tripartite Alliance Resilience (SG-STAR) Fund is the first global ground-up tripartite initiative to bring like-minded international partners from the industry, unions and government to work with stakeholders in seafaring nations on concrete solutions for safe crew changes, such as initiatives on best practices for crew holding facilities and COVID-19 Polymerase Chain Reaction PCR Testing. It was first established by the Singapore Shipping Association (SSA), the Maritime and Port Authority of Singapore (MPA), Singapore Maritime Officer’s Union (SMOU) and the Singapore Organisation of Seamen (SOS), and later joined by the International Transport Workers’ Federation (ITF), the International Maritime Employers’ Council (IMEC) and the International Chamber of Shipping (ICS). The SG-STAR Fund Taskforce, led by SSA with members from SMOU, SOS and MPA will lead various

initiatives to achieve the goals of the SG-STAR Fund. The fund, based in Singapore, will be disbursed for use upstream in seafaring crew nations. We continue to welcome like-minded partners to join us in this global alliance.

About the Maritime and Port Authority of Singapore (MPA)

The Maritime and Port Authority of Singapore (MPA) was established on 2 February 1996, with the mission to develop Singapore as a premier global hub port and international maritime centre (IMC), and to advance and safeguard Singapore's strategic maritime interests. MPA is the driving force behind Singapore's port and maritime development, taking on the roles of Port Authority, Port Regulator, Port Planner, IMC Champion, and National Maritime Representative. MPA partners the industry and other agencies to enhance safety, security and environmental protection in our port waters, facilitate port operations and growth, expand the cluster of maritime ancillary services, and promote maritime R&D and manpower development.

About Singapore Shipping Association (SSA)

The Singapore Shipping Association (SSA) represents a wide spectrum of shipping companies and other businesses allied to the shipping industry. It is a national trade association formed in 1985 to serve and promote the interests of its members and to enhance the competitiveness of Singapore as an International Maritime Centre. The SSA is a trusted advisor and partner in the local and international shipping community and collaborates with relevant maritime stakeholders to protect the marine environment as well as promote freedom and safety at sea. Despite being a not-for-profit organisation SSA, on behalf of its members, strives to give back generously to the community through Corporate Social Responsibilities activities. Currently, the SSA represents over 460 member companies; comprising ship owners and operators, ship managers, ship agents and other ancillary companies such as shipbrokers, classification societies, marine insurers, bunker suppliers, maritime lawyers, shipping bankers and technology start-ups amongst others.

About the Singapore Maritime Officers' Union (SMOU)

The Singapore Maritime Officers' Union was established in 1951 to safeguard the interest and well-being of seafaring officers. The primary role of the organisation is to promote good industrial relations between members and their employers, improve the working conditions of members in the maritime industry through the terms and conditions of collective bargaining agreements negotiated on behalf of members and signed with shipping companies which employ them and to advance the cultural, recreational and educational aspirations of its members.

About the Singapore Organisation of Seamen (SOS)

The Singapore Organisation of Seamen (SOS) is a global maritime trade union commissioned by the National Trades Union Congress (NTUC) to promote positive industrial relations between seafarers and their employers, shipping companies. Since 1971, SOS has been representing ratings and helping them receive their dues through Collective Bargaining Agreements with shipping companies. SOS also works actively with tripartite partners to improve the working and living conditions of seafarers and helps members acquire and upgrade skills that meet the demands of the industry.

SOS is affiliated to the International Transport Workers' Federation (ITF) and the Nautilus Federation.

About the International Transport Workers' Federation (ITF)

The International Transport Workers' Federation (ITF) is a democratic, affiliate-led union federation recognised as the world's leading transport authority. We fight passionately to improve working lives; connecting trade unions from 147 countries to secure rights, equality and justice for their members. We are the voice for nearly 20 million working women and men in the transport industry across the world, including over a million seafarers.

About the International Maritime Employers' Council (IMEC)

The International Maritime Employers' Council (IMEC) is the only international employers' organisation dedicated to maritime industrial relations. Established over fifty years ago, we operate from offices in Hampshire, UK and Manila in the Philippines and represent over 250 shipping companies located all over the world.

IMEC is run by and exists for the benefit of its members, who enjoy exclusive privileges including the benefits of IBF agreements, access to funds to support the welfare and employment of seafarers and advice and guidance from the dedicated Secretariat team.

IMEC's Recruitment and Training Committee is engaged in career development programs for Officers, Ratings and Cadets. IMEC provides assistance to its members to maintain and upgrade training facilities. Working together with universities and global training providers, IMEC contributes to seafarers' training at all levels.

About the International Chamber of Shipping (ICS)

International Chamber of Shipping (ICS) is the principal international trade association for merchant shipowners and operators, representing all sectors and trades and over 80% of the world merchant fleet.

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CrewSafe Audit Programme

The CrewSafe audit programme is similar to a quality system audit, based on the 'Plan-Do-Check-Act' methodology whereby facility operators will need to ensure that the processes and hygiene practices at quarantine/holding and medical/testing facilities shall be held to a standard to afford a certain level of assurance to all stakeholders via:

- i. Enhanced check-in/check-out procedures, baggage management and isolation of the group-check in of seafarers.
- ii. Enhanced house-keeping procedures for laundry, waste-handling, cleaning of rooms and common areas after crew's departure.
- iii. Catering procedures and delivery of meals to seafarers.
- iv. Procedures for the extraction of suspected/infected/confirmed cases in infection from hotel premises.
- v. Procedures for the transfer of seafarers to air/sea port.

List of Accredited Facilities

The accredited facilities in Manila are listed below. Audits will be conducted periodically to ensure these facilities are maintained at the standards required under the CrewSafe audit programme.

- i. ITF/IMEC-Manila Marriott Hotel
2 Resorts Drive, Manila,
1309 Metro Manila, Philippines
- ii. ITF/IMEC-St. Giles Makati Hotel
Makati Avenue, Corner Kalayaan Ave, Makati,
1209 Metro Manila, Philippines
- iii. Norwegian Shipowners' Association (NSA) / Norwegian Training Centre (NTC)
– Manila Marriott Hotel
2 Resorts Drive, Manila,
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- iv. AMOSUP Seamen's Hospital Molecular & PCR Laboratory
746 General Luna Street,
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MSC.7/Circ.1/Rev.15
3 December 2020

**RESOLUTION MSC.473(ES.2) – RECOMMENDED ACTION TO FACILITATE
SHIP CREW CHANGE, ACCESS TO MEDICAL CARE AND SEAFARER TRAVEL
DURING THE COVID-19 PANDEMIC**

National Focal Points on Crew Change and Repatriation of Seafarers

1 On 21 September 2020, the Maritime Safety Committee, at its second extraordinary session, adopted resolution MSC.473(ES.2) on *Recommended action to facilitate ship crew change, access to medical care and seafarer travel during the COVID-19 pandemic*, whereby, inter alia, it invited Member States and relevant national authorities to designate National Focal Points on Crew Change and Repatriation of Seafarers, to coordinate action at national level; and to inform the Secretary-General accordingly so that Member States could be advised for the purpose of coordination.

2 In this regard, the Secretariat has received notifications on the designation of a National Focal Point on Crew Change and Repatriation of Seafarers from the Governments of Antigua and Barbuda, Bangladesh, Brazil, Cook Islands, Cyprus, France, Greece, India, Indonesia, Israel, Italy, Jamaica, Marshall Islands, Mexico, Montenegro, Myanmar, New Zealand, Panama, Philippines, Poland, Saint Kitts and Nevis, Spain, Sri Lanka, Tunisia, Turkey, United Arab Emirates and Vanuatu, as attached.

3 Member States are invited to note the annexed information and bring it to the attention of all parties concerned. In addition, Member States are invited to inform the Secretary-General about the designation of National Focal Points on Crew Change and Repatriation of Seafarers as provided in resolution MSC.473(ES.2).

ANNEX

NATIONAL FOCAL POINTS ON CREW CHANGE AND REPATRIATION OF SEAFARERS

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COVID-19 Maritime Industry Update 58

4 December 2020

This guideline is for the maritime industry and port supply chain



COVID-19 Maritime Industry Update 58

Last updated: 4 December 2020

This document is uncontrolled if printed. Please refer to the Maritime New Zealand website for the latest version.

In this guide

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1. A message from Paul Craven, Maritime NZ's COVID Recovery Team Leader

As the pandemic continues, the impacts on our daily lives begin to weigh on New Zealanders. When the pandemic began we looked upon essential workers and those on the front line with admiration. However, in recent times there has been a shift in how many in the community view those who have increased exposure to the virus, and we are seeing cases where they now encounter discrimination. Paul Craven addressed this in an internal Maritime NZ article earlier in the week.

Say thanks to a border worker

We all know how lucky we are to live in New Zealand and probably more so now with the global pandemic.

I contemplated this today (last Friday) while having lunch in the sun in the park across the road from work. Looking around everyone is pretty much going about their normal lives and while COVID-19 is always in the background, for most New Zealanders its impact at the moment is minimal. It's ok to go on holiday, it's ok to have friends round, it's ok to go to a concert or sporting match, it's ok to have Christmas! Freedoms much of the world doesn't have at the moment.

Which is why I have been very disappointed to hear over the last few days of the rising cases of border workers being stigmatised by the general public. Air, maritime and managed isolation workers are running into problems like being told their local school doesn't want to take their children any more or their local long term GP has asked them to go somewhere else.

The reason we New Zealanders have as much freedom as we do at the moment is firstly due to the great work everyone has done during the lockdowns and alert level changes as well as all the tremendous work the border workers are doing to keep our borders safe. Add to this, the efforts of the AoG COVID Response team, Maritime NZ staff and our stakeholders in the maritime industry. The work they have done to educate port workers and provide systems to help the country manage the pandemic, has been world leading.

Our economy survives on our exports and many of the clothes you wear, the car you drive and the foods you eat, arrive on ships. To keep these vessels running, people who work in the port environments are putting themselves at risk of catching COVID-19 every day. They are tested for it every 7 or 14 days and I'm sure those that have had this test will agree, it's not pleasant to do once, let alone every week.

We are not just talking about stevedores; there's marine pilots, shipping agents, seafarer welfare providers, our own Maritime NZ Port State Control Officers and Maritime Officers, along with Customs, Immigration and Health staff; anyone that works at the borders really. They're all working to keep our ports and airports open and have beds ready in isolation facilities for New Zealanders to come home to.

So it's really sad to hear that some of these workers, and in some cases their families, are being stigmatised for the jobs they do. They are keeping New Zealand safe, our economy running and making sure our Christmas Amazon purchases are getting through. And they are going to great lengths to ensure that they are not bringing COVID-19 back into the community. So in my view there is only one thing these people deserve and that's our thanks.

1. A message from Paul Craven (continued)

So if you know a Stevedore, a Pilot, a Maritime NZ PSCO/MO, a managed isolation worker, a Customs worker or anyone working at our borders, can I please ask that you give them your thanks. Send them an email, shake their hand, shout them a beer or just say thank you!

They deserve it.

The Maritime Industry Update is issued weekly, usually in the second half of the week. However, publication days might change when there is a need to provide a quick update.

If you have any questions about updates, or suggestions for what you would like included, please contact Maritime NZ by emailing MNZCovid-19@maritimenz.govt.nz.

2. Stakeholder contribution – Shipping Agent

Effective crew changes in NZ under COVID-19 Regulations

The following was written by Keith Thompson, President, Shipping New Zealand.

Last week I wrote about the need for crew changes and the importance of seafarer welfare. This week I will talk through the process for managing a crew change bearing in mind that the process is always being fine-tuned and subject to change.

It is important to note that as agents we do take a proactive approach with owners by actively advising them that we have facilities in NZ to manage crew changes. Once we have been advised by the vessel's owners or the manning company of the need to make a crew change here in NZ, we take the following steps.

- Under the Essential Workers guidelines an application is made for an Exemption to Travel to NZ.
- Once the Exemption has been approved an invitation to apply (ITA) is given so the crew members can then apply for an NZ Entry Visa (even in the case of visa waiver countries).
- Vessel arrival times must be worked through with the port so that airfares can be purchased to line up with the vessel's arrival.
- An application is made for an "Accommodation Voucher" via an MIQ for a bed in a MIF (Managed Isolation Facility). Without this voucher the Crew member will not be permitted to board the plane for NZ.
- MIQ needs to be kept advised at all times of the full list of crew to be changed with continual updates as changes occur with flight times, vessel arrival times and port delays that affect the ship schedules.
- An application is then made for an approved MIQ Transport plan from airport to ship and vice versa. This plan describes who will be transporting the crew, the safety precautions taken in line with MOH guidelines on the wearing of PPE and distancing onboard the transport, (driver and crew), time for collection and arrival at destination, along with the route being taken by the transport operator.
- The next step is requesting approval from the local PHU (Port Health Unit) for the crew movements to take place. This includes sign off of crew by seeking an updated MDOH (Maritime Declaration of Health) from the Master along with the completion of individual crew medical assessments for each crew member departing the vessel and personal temperature logs.
- Advising all concerned stakeholders of the pending crew exchange including, PHU, Customs NZ, MPI, Port Security, Stevedores working the Vessel and Port Operations (for Pilot awareness).

2. Stakeholder contribution – Shipping agent (continued)

Changes are constant and continuous management is needed to keep crew changes on track. Flight cancellations and restricted flight availability for both arriving and departing crew is one of the many challenges faced along with the need for Australian transit visas which are often required. Some airlines and destinations require a negative COVID test result that is no older than 92 hours while some ports are now requiring crew to complete 14 Days isolation in MIF prior to boarding at their respective Ports which can be difficult to enforce.

Port schedule changes due to congestion, delays affecting the crew change vessel, and weather delays can all affect the vessel's port call timings. Changes to the availability of beds at MIF's can be a factor which subsequently alters the transport plan.

One thing that is certain in the Shipping World is change and whilst all planning starts with the best intentions based on information available at the time, it usually ends up with a number of changes that need to be worked through.

Cooperation and understanding from all parties involved is crucial to ensuring crew exchanges can go ahead with minimal disruption without any contact with the community. Being able to manage crew changes is a critical component of the maritime system and key to ensuring the supply chain continues uninterrupted.

3. Crew change update

Maritime NZ along with other government partners are working together to design and implement a standardised national process for crew changes to replace the existing 'case-by-case' approach.

The aim of the crew change process is to keep NZ safe from COVID-19 and minimise the impact of the pandemic on the supply chain and maritime sector. A formalised process will also give certainty and clarity to everyone involved.

Health, Maritime NZ, MIQ and MoT are actively working on the end-to-end process to facilitate crew change in key international ports. The process is informed by two principles: keep New Zealand safe, and keep the ports and the flow of goods functioning. End-to-end means from planning for a crew change, to the moment a crew member (on-signer) arrives in New Zealand and undergoes testing, through to the pilot disembarking from the vessel after finishing pilotage. The process will also include steps for both off-signers and shore leave.

Once the process is agreed, MNZ will check this with the sector, including shipping company representation, to ensure that it is robust from the maritime sector's point of view. The Ministry of Health will similarly verify it against the requirements of DHBs and PHUs.

4. Answering your questions

There are a huge number of stakeholders in the maritime industry and ports' supply chain, and all of you are affected in different ways by COVID-19 and New Zealand's response to it.

If you have questions you would like answered, please email MNZCovid-19@maritimenz.govt.nz by 5pm, Friday each week.

5. Key sources of information

The following links provide you with key sources of information.

- For all your questions, and to provide information and make suggestions – Maritime NZ
MNZCovid-19@maritimenz.govt.nz
- Port and maritime guidelines and other information
www.maritimenz.govt.nz – click on the COVID-19 banner on the home page
- Official health advice, including PPE guidance – Ministry of Health
www.health.govt.nz/
- Up-to-date information across the transport sector (land, sea and air) – Ministry of Transport
www.transport.govt.nz/about/covid-19/
- All New Zealand COVID-19 legislation
www.pco.govt.nz/covid-19-legislation/
- New Zealand’s campaign to stamp out COVID-19
www.covid19.govt.nz
- Information for businesses operating under alert levels
www.business.govt.nz/covid-19/operating-at-alert-levels/
- Wage Subsidy Scheme information
www.workandincome.govt.nz/covid-19/resurgence-wage-subsidy/index.html
- Managed Isolation and Quarantine
www.miq.govt.nz/

Stamp it out



Practise good hygiene →

Wash your hands with soap. Cough or sneeze into your elbow. Clean surfaces.



Keep track of where you've been →

If COVID-19 reappears, help our health services reach people quickly to stop any further spread.



Stay home if you're sick →

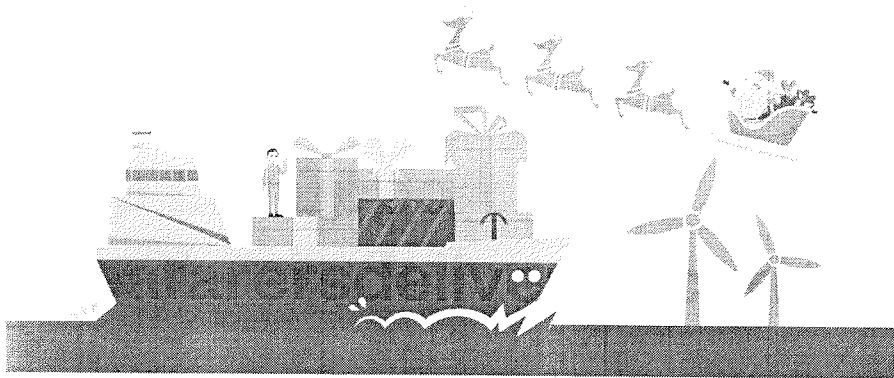
If you have cold or flu symptoms, you should stay home and call your doctor or Healthline.

NEWS

News

Help us support #seafarersdeliveringchristmas

16 November 2020



ICS is delighted to support the #seafarersdeliveringchristmas campaign 2020.

During the current pandemic the seafarer welfare organisations have worked incredibly hard to support our seafarers. This has caused an extra financial burden and depleted stocks of goods normally distributed over the festive period. No matter if you are a company, family, friend or union – seafarers need your help, for example

- donating potential gifts or money,
- providing 10 minute free phone calls,
- organising festive activities and more.

Please share the flyer and promote the initiative on social media to support our seafarers.

You are welcome to use the initiative's logos and banners to promote the campaign with your contacts.

Downloads

Christmas newsletter supporters

↓ PDF (772 KB)

Christmas graphic

↓ JPG (155 KB)

Christmas graphic

Contact

↓ PNG (284 KB)

Christmas banner

↓ Natalie Shaw

Supporting seafarers during the pandemic

Guidelines

**Coronavirus (COVID-19)
Guidance v3**

September 2020

Press Release

**Industry and unions set out
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governments to free
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lockdown**

6 May 2020

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COVID-19 - Norwegian protocols regarding crew change on ships

This document outlines Norwegian protocols regarding crew change on ships for foreign nationals signing on or off in Norway.

The document was prepared by the Norwegian Maritime Authority.

The reader should pay attention to the rapidly changing nature of the situation and relevant regulations. Referenced online resources in the document should be consulted for up to date information.

The Norwegian Maritime Authority assesses current regulations to be in line with the *IMO Circular Letter No.4204/Add.14 Recommended framework of protocols for ensuring safe ship crew changes and travel during the coronavirus (COVID-19) pandemic*

Yours faithfully,

Lars Alvestad
Acting director of shipping

Håvard Gåseidnes
Acting head of department



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Revision	Published	Changes
1	15.6.2020	
2	08.10.2020	Update after changes in national legislation (covid-19-regulation) in effect 14.9.2020.
3	30.10.2020	Update after changes in national legislation (covid-19-regulation) in effect 27.10.20 and 30.10.20.
4	19.11.2020	Update after changes in national legislation (covid-19-regulation) in effect 14.11.2020.

1 Quarantine requirements

The Norwegian quarantine regulations differ between quarantine after international travel and quarantine after close contact/proximity of a confirmed case.

You can find information about rules and advice from the Norwegian Government regarding international travels (In English) here: <https://www.helsenorge.no/en/coronavirus/international-travels/>

Regulations described below regarding quarantine are applicable to seafarers signing on/off via mainland Norway. There are separate regulations for the Svalbard and Jan Mayen islands.

The general rule is that all persons not residing in Norway that enter the country from an area (“red area”) subject to quarantine should undergo 10 days of quarantine. Quarantine must be completed at a dedicated quarantine hotel or, in the case of work travellers, an employer or client may arrange suitable accommodation in a single room or single cabin. See paragraph 2.2 in this document.

A complete list of areas that are subject to quarantine is available in appendix A to the COVID-19-regulations: <https://lovdata.no/dokument/SF/forskrift/2020-03-27-470/> (only available in Norwegian).

NIPH Map of Nordic region/Europe with status for entry quarantine (In English):

<https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/travel-advice-COVID19/>

Any period spent outside areas subject to quarantine immediately before entering Norway may be subtracted from the quarantine period.

All persons that have been in *close contact* with a person with confirmed SARS-CoV-2 must be in quarantine for 10 days. More information on requirements and protocols is available at helsenorge.no/coronavirus/quarantine-and-isolation.

Exemption from quarantine after *close contact* may only be granted to safeguard life and health and is generally not applicable to seafarers.

Legal references (in Norwegian):

- <https://lovdata.no/forskrift/2020-03-27-470/§4>
- <https://lovdata.no/forskrift/2020-03-27-470/§5>
- <https://lovdata.no/forskrift/2020-03-27-470/§6e>.

1.1 Signing on in Norway after international trip - Entry restrictions - visa

Seafarers joining or leaving a vessel and holding seaman’s identity card issued in accordance with ILO Convention No. 108 or ILO Convention No. 185, are exempt from visa requirements and entry restrictions. In addition, there is a bilateral agreement for Philippine nationals.

Up to 15 days of transit is accepted (awaiting vessel or transport).

Legal references (mostly in Norwegian):

- Regulation entry restriction for foreign nationals out of concern for public health, Section 3 j)
- [Interim Act relating to entry restrictions for foreign nationals out of concern for public health](#)
- https://www.udiregelverk.no/rettskilder/udi-retningslinjer/udi-2020-009/#2.4.2.4_Sj%C3%B8folk

1.2 Certificate of negative COVID-19 test

Foreign nationals arriving in Norway from a region subject to a quarantine obligation (red countries) must, with certain exceptions, present a certificate confirming that they have had a COVID-19 test (taken with approved test method PCR or the antigen test) with a negative result. The test must have been taken less than 72 hours before entry. The certificate must be written in Norwegian, Swedish, Danish, English, French or German.

Seafarers mentioned in [Regulations](#) related to entry restriction for foreign nationals out of concern for public health, Section 3 letter j), are exempted from the requirement of presenting a negative COVID-19 test before entering Norway.

Legal reference (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§4a>

1.3 Exemptions from quarantine

Persons who are exempt from quarantine should, as far as possible, avoid close contact with others during what would have been a quarantine period.

Any exemption from quarantine is not applicable if the seafarer develops symptoms of acute respiratory infection such as a fever, a cough, breathing difficulties, or is assessed by a doctor to be infected by SARS-CoV-2.

Legal reference (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§6>

Alternative 1: Exemption for employees that arrive in Norway to sign on ships in Norwegian ports (§ 6h.) (New)

Persons who arrive in Norway to sign on ships in Norwegian ports should undergo 10 days of travel quarantine during working hours and leisure time until they:

- a. have tested negative for SARS-CoV-2 on a test taken during the first 24 hours after arrival in Norway and
- b. have tested negative for SARS-CoV-2 on a test taken no earlier than three days after arrival in Norway.

When the tests in letter a and b above are negative, the seafarer can start to work on board. Quarantine on leisure time must be maintained for the quarantine period. Quarantine on board must be carried out in one-man cabins.

The employer shall organise and cover cost of testing.

The requirement in letter b above does not apply to a seafarer on his way to a vessel which is to leave the Norwegian port within three days after the seafarer's arrival in Norway, and which is not to call a Norwegian port within 10 days after departure.

This alternative may not be used for seafarers joining coastal cruises, ships engaged in passenger traffic or ships laid up in Norway.

Legal reference (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§6h>

Alternative 2: Exemption from quarantine for seafarers from EEA/Switzerland by testing (§ 6c.)

Legal reference (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§6c>

A seafarer with place of residence in EEA or Switzerland may be exempted from quarantine for work on board when:

- A negative COVID-19 test is taken after arrival in Norway.
- Further testing is done every third day for the first 10 days after arrival in Norway
- The seafarer is placed in a single dorm cabin throughout the quarantine period
- The seafarer in the previous 10 days have not been residing in areas listed in appendix B of the covid-19-regulations: <https://lovdata.no/dokument/SF/forskrift/2020-03-27-470> (in Norwegian).

Quarantine on leisure time on board must be maintained for the quarantine period.

If any of the tests are positive, the person must go into isolation and the employer must immediately notify local health authorities. The employer shall organise and cover cost of testing.

Legal reference (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§6c>

Alternative 3: Exemption from quarantine essential to maintain critical functions in society (§6e.)

When arriving from areas that are subject to quarantine, seafarers that are essential to maintain critical functions in society may be exempted from travel quarantine when traveling to and from work and during work.

The transport of goods and passengers is identified as a critical function for society:

<https://www.regjeringen.no/no/tema/samfunnssikkerhet-og-beredskap/innsikt/liste-over-kritiske-samfunnsfunksjoner>.

This exemption may only be used if the personnel is essential and there is not enough time to wait for a negative SARS-CoV-2 test or to use the other exemptions. Vessel operators shall, as far as possible, plan operations to allow crew change under alternative 1.

If the exemption in this alternative shall be used, the seafarer must be tested for SARS-CoV-2 as soon as possible.

NMA withholds that all crew necessary to maintain the requirements set out in the vessels minimum safe manning certificate are essential in order to operate ships. Any deviation from this must be approved by vessels flag state.

Depending on operational requirements owners may assess that further personnel is essential. Such persons should carry a statement from the owner confirming that such an assessment has been made.

This exemption is only valid for work, and the seafarer must quarantine on board outside of working hours for 10 days after signing on.

Legal reference (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§6e>

Alternative 4: Exemptions for seafarers on vessels returning to Norway (§ 6a.)

Seafarers that have signed on in Norway are exempt from quarantine when the vessels return to Norway as long as no crew or passengers have been ashore, and no new crew or passengers have joined the vessel. Trailer drivers following cargo from foreign port may embark if owner has established procedures to avoid close contact with passengers and crew.

Both the crew and passengers may disembark the vessel in foreign port.

Vessels may carry out ordinary cargo operations in port. Close contact must be avoided.

Legal reference (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§6a>

Alternative 5: Exemption for frequent work-related travel between Norway and certain areas in Sweden and Finland (§ 6b.)

Seafarers with place of domicile in areas in Sweden and Finland subject to quarantine that frequently travel to Norway are exempt from quarantine during working hours and for work related travel after a negative COVID-19 test every seventh day.

The test must be taken in Norway. The employer shall organise and cover cost of testing.

Legal reference (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§6b>

1.4 Quarantine after close contact with confirmed case

Persons who have had close contact with a person that has been confirmed infected with SARS-CoV-2 less than 48 hours before the infected person got symptoms, must undergo quarantine for 10 days after close contact.

Legal references (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§4>

1.5 Signing off in Norway

Persons signing off will be subject to travel quarantine if the vessel has visited an area subject to quarantine (cf. paragraph 1 in this document) during the last 10 days.

However, there is a general exemption allowing persons subject to travel quarantine to leave the country during quarantine. Norwegian protocols regarding travel during quarantine must be followed (see paragraph 1.6 below).

1.6 Travel to/from the vessel

Seafarers that are subject to travel quarantine, regardless of exemption, may use public transportation to/from vessel and place of departure.

A face mask must be used when travelling and in public spaces. General advice to the public regarding social distancing etc. should be followed.

Seafarers that are subject to quarantine after close contact may only use public transportation in exceptional cases and after consulting with local health authorities.

Legal reference (in Norwegian):

- <https://lovdata.no/forskrift/2020-03-27-470/§5>
- <https://lovdata.no/forskrift/2020-03-27-470/§5a>

2 Protocols on board

The Norwegian Maritime Authority has published a general guide on “Risk assessment and emergency preparedness in the context of the COVID-19 pandemic”. This is applicable to Norwegian ships, and it builds on the general framework in regulations on Working environment, health and safety of persons working on board ship. It includes provisions on risk assessment related to the safety or health of persons working on board.

The guidelines establish COVID-19 virus as a biological agent under the regulation and gives advice on practical measures on board. Full text available in English here: <https://www.sdir.no/en/news/news-from-the-nma/risk-assessment-and-emergency-preparedness-in-the-context-of-the-covid-19-pandemic/>.

Further guidance may be found in industry guidelines such as ICS Coronavirus (COVID-19) Guidance for Ship Operators for the Protection of the Health of Seafarers: <https://www.ics-shipping.org/docs/default-source/resources/covid19-guidance-for-ship-operators-for-the-protection-of-the-health-of-seafarers-v3.pdf?sfvrsn=4>.

Legal reference: <https://www.sdir.no/en/shipping/legislation/regulations/working-environment-health-and-safety-of-persons-working-on-board-ship/>

2.1 Routines on board when exempted from quarantine

Seafarers that have joined the vessel and are exempted from travel quarantine during work should, as far as possible, avoid close contact with other persons. In order to minimise risk, special consideration should be given to mealtimes and other situations where social distancing is challenging. The employer must ensure that it is possible to maintain social distancing when seafarers are undergoing quarantine during leisure time.

Quarantine during leisure time must be maintained for 10 days.

No exemptions from quarantine are applicable if the seafarer develops symptoms of acute respiratory infection such as a fever, a cough, breathing difficulties, or is assessed by a doctor to be infected by SARS-CoV-2.

2.2 Routines on board when subject to quarantine

Seafarers that are subject to quarantine and not exempted must be quarantined for 10 days in a suitable location.

Depending on vessel type and facilities a merchant ship may be a suitable location if it is possible to accommodate the seafarer in a one-man cabin.

Owners must assess whether the facilities on the relevant ship are suitable and if routines may be established on board to maintain the quarantine.

If it is not possible to establish a suitable location on board, the seafarer must undergo quarantine on a quarantine hotel before joining the ship.

Note that a seafarer may only commence work during quarantine if he or she is covered by one of the exemptions to quarantine outlined in paragraph 1.3.

Further note that quarantine on board is not allowed on vessels on coastal cruise in Norway, cf. paragraph 4 below.

Legal references (in Norwegian): <https://lovdata.no/forskrift/2020-03-27-470/§5>

3 Notification in case of suspected or confirmed cases of COVID-19

Vessels arriving from abroad or trading in Norwegian waters that suspect or have confirmed cases of COVID-19 should notify Norwegian authorities as soon as possible.

Notification should be by phone to Vardø Traffic on telephone +47 78 98 98 98. In addition, information should be given electronically in SafeSeaNet Norway. Vardø traffic will notify local health authorities at the vessel's destination port and support the vessel further as needed.

It should be noted that health personnel on board Norwegian vessels and foreign vessels in Norwegian waters have a separate obligation to notify health authorities.

Legal reference (in Norwegian):

- <https://lovdata.no/forskrift/2007-12-21-1573/§5>
- <https://lovdata.no/forskrift/2007-12-21-1573/§4>

4 Coastal cruise

Legal reference (in Norwegian): [https://lovdata.no/forskrift/2020-03-27-470 § 11- 11b](https://lovdata.no/forskrift/2020-03-27-470%20%24%2011-11b)

Norway has established rules and guidelines to allow cruise ships to resume operations along the Norwegian coast. Requirements and guidelines are described in [Guide for coastal cruises along the Norwegian coastline during the Covid-19 pandemic 2020](#).

The guide to coastal cruises along the Norwegian coastline provides advice on how cruise businesses can operate to protect infection and prevent accidental exposure to, and the spread of, covid-19, and advice for managing infection and suspected infection on board.

Before they can start coastal cruises along the Norwegian coast, the various operators must make their own plans for how to comply with the infection control rules in accordance with applicable laws and regulations and national guidelines. The Directorate of Health will review and approve the plans and check that they meet the infection control requirements.

Contact information to the Directorate of Health:

E-mail: postmottak@helsedir.no

Mail: Helsedirektoratet, postboks 220, Skøyen, 0213 Oslo

Website: <https://www.helsedirektoratet.no/english/corona>
