

GUIDELINES FOR CORONAVIRUS DISEASE (COVID-19) INFECTION CONTROL

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GUIDELINES FOR CORONAVIRUS DISEASE (COVID-19) **INFECTION CONTROL**

In principle, the main purpose of countermeasures is for the ship to prevent bringing the virus onboard. We are asking all concerned to thoroughly implement the following precautionary measures.

1) BASIC KNOWLEDGE FOR CORONAVIRUS DISEASE (COVID-19)

What is the new Coronavirus?

- ① Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.
- ② Fever, sore throat, cough, chest pain, taste abnormalities (loss of taste of coffee or wine), sore toes, tongue discoloration (browning) and breathing difficulties are reported as the main symptoms.
- ③ The disease appears to be mild in many cases, but severe cases has been reported, with some fatalities. In conventional cases, symptoms appear on average 2 to 3 days after infection. ~~However, observation for about two weeks is necessary. Furthermore, it takes nine days (median) after confirmation of infection for an infected person without symptoms to test negative. In some cases, it takes more than 14 days to test negative.~~
- ④ The novel coronavirus is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment. Antibiotics do not work against viruses they only work on bacterial infections. Cases have been reported in which antibodies do not fully form or disappear even after infection, meaning that there is an undeniable risk of re-infection.
- ⑤ As with colds and influenza in general, according to experts, transmission occurs via respiratory fluids produced when an infected person coughs or sneezes or via direct contact.
- ⑥ Vulnerable patients: People with COPD (chronic obstructive pulmonary disease), chronic kidney disease, diabetes, heart disease, hypertension, cancer, people who are obese, smokers, and people aged 60 or older (however, there are also cases of infants and young people becoming severe).

(A) Droplet Transmission

Virus comes along with droplets when an infected person sneezes and coughs, talk loudly in poorly ventilated places such as indoors, not only direct droplets but also saliva is dispersed into the air in form of minute particles which hangs in the air, therefore can be inhaled through nose or orally by the recipient. Consequently, natural ventilation in a room (if the condition is permitted) is effective in preventing infection.

※Main infection areas: Schools, theaters, crowded trains, and other places where many people gather.

(B) Contact Transmission

It is when an infected person covered his/her mouth by hand when he/she sneezes and coughs, and then offers gestures like shaking hands and/or touches surfaces/object nearby. When a would-be recipient came into-contact with the same surface/object and uses his/her hands to touch the mouth and nose which is contaminated from the respiratory fluids by an infected person.

※Main infection areas: Train and bus straps, doorknobs, switches, etc.

※Virus on cardboard boxes: the infectious virus can be detected for up to 24 hours

※Virus on plastic surfaces: the infectious virus can be detected for up to 2-3 days

※Virus on stainless steel surfaces: the infectious virus can be detected for up to 2-3 days

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

2) HEALTH MANAGEMENT AND PREVENTIVE MEASURES ONBOARD

2.1 Preparation for Protective Equipment

Check inventory and sufficiency of stocks onboard (Hereinafter, referred to as “K”LINE in-house vessels - standard stocks onboard).

<KL standard stocks onboard> *Applicable to KLINE in-house vessels only*

- | | |
|---|------------------------------------|
| ① Gargle: | 250ml x 5 bottles |
| ② Surgical / Medical Mask: | 60pcs per crew |
| ③ Fabric Mask | 5 pcs per crew |
| ④ Disinfectant alcohol spray: | 1L x 5 bottles |
| ⑤ Disinfectant alcohol liquid: | 1L x 5 bottles |
| ⑥ Disposable Rubber Gloves: | 100pcs. x 1 box |
| ⑦ Hand Soap: | 1 bottle (500ml) per crew |
| ⑧ Shoe-sole disinfect mat: | 1 Sheet |
| ⑨ Disinfectant for Mat (Benzalkonium Chloride): | 500ml x 1 bottle (for above item7) |
| ⑩ Protective Clothing – | 30 Sets |
| ⑪ Non-contact Thermometer – | 2 Pieces |
| ⑫ Antigen Self-Test Kits – | for 50 tests |
| ⑬ Pulse Oximeter – | 2 Pieces |
| ⑭ High Concentration Oxygen Server – | 1 unit |

Kindly store the medical goods altogether in a cool and dry place, should be treated as a normal medical supply.

2.2 Basic Protective Measures Against Covid-19

- ① Frequent hand washing by crew using soap and water or alcohol-based hand rub for 20 seconds;
- ② Frequent gargling using antiseptic mouthwash;
- ③ Avoidance of touching the face including mouth, nose and eyes with unwashed hands (in case hands have touched surfaces contaminated with the virus);
- ④ Seafarers should cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose, then dispose of the used tissue immediately;
- ⑤ If a tissue is not available, crew should cover their nose and mouth and cough or sneeze into a bent elbow;
- ⑥ All used tissues should be disposed of promptly into a waste bin;
- ⑦ Meat, milk or animal products should always be handled with care, to avoid cross-contamination with uncooked foods, consistent with good food safety practices;
- ⑧ The consumption of raw or undercooked animal products should be avoided;
- ⑨ A medical log should be maintained. The Master and Medical Officer shall continuously monitor the health condition of the crew for **3 days** after sailing the port;
- ⑩ Regularly disinfect commonly touched areas such as doors and windows and their handles, kitchen and food preparation areas, countertops, bathroom surfaces, toilets and taps, touchscreen personal devices, keyboards on personal computers and work surfaces. The disinfectant and its concentration should be carefully selected to avoid damaging surfaces and to avoid or minimize toxic effects;
- ⑪ Maintain general hygiene in the ship, by cleaning and mopping with sanitizing solution;
- ⑫ Mealtime or schedule must be well followed, unattended food should not be left in the mess room and galley beyond the stipulated time. Highly recommended to serve food individually rather than in buffet
- ⑬ Avoiding the three Cs: Crowded Places, Close-contact settings, and Closed spaces.

2.3 Shipboard Social Distancing

Crew members must remain **at least 1 m** apart from one another. If there is space in the crew mess or other communal areas, seats and workstations should be arranged so that crew members are at least 1 m apart.

In situations in which physical distancing of at least 1 m cannot be implemented in full, the Master should consider whether that activity needs to continue, and if it does, take all mitigating actions possible to reduce the risk of transmission; for example, by staggering times for activities, minimizing face-to-face interactions or use a fabric mask, placing crew side by side to work or having them work facing away from one another rather than face to face.

2.4 Guidance on the Use of Masks

General Tips:

- ① Make sure to clean hands before touching the mask;
- ② Do not share a mask with other seafarers;
- ③ Resist the temptation to pull down the mask to the chin or take it off when speaking to other people, coughing or sneezing; and
- ④ Do not store the mask around the arm or wrist or pull it down to rest around the chin or neck. Instead, store it in a clean plastic bag.

How to put on and take off a medical mask:

- ① Before touching the mask, clean hands with an alcohol-based hand rub or soap and water;
- ② Inspect the mask for tears or holes; do not use a mask that has previously been worn or is damaged;
- ③ Check which side is the top, usually where the metal strip is;
- ④ Identify the inside of the mask, usually the white side;
- ⑤ Place the mask on the face covering the nose, mouth and chin, making sure that there are no gaps between the face and the mask. Place the straps behind the head or ears. Do not cross the straps because this can cause gaps on the side of the mask;
- ⑥ Pinch the metal strip so it molds to the shape of the nose; and
- ⑦ Remember, do not touch the front of the mask while using it to avoid contamination; if this happens, clean hands immediately

How to take off a medical mask:

- ① Before touching the mask, clean hands with an alcohol-based hand rub or soap and water;
- ② Remove the straps from behind the head or ears, without touching the front of the mask;
- ③ Lean forward and pull the mask away from the face to remove it;
- ④ Medical masks are for single use only; discard the mask immediately, preferably into a closed bin;
- ⑤ Clean hands after touching the mask; and
- ⑥ Be aware of the condition of the mask; replace it if it gets soiled or damp.

How to put on and wear a fabric mask:

- ① Before touching a mask, clean hands with an alcohol-based hand rub or soap and water;
- ② Inspect the mask for tears or holes, do not use a mask that is damaged;
- ③ Adjust the mask to cover the mouth, nose, and chin, leaving no gaps on the sides;
- ④ Place the straps behind the head or ears. Do not cross the straps because this can cause gaps on the side of your face;

- ⑤ Avoid touching the mask while wearing it. If this happens, clean hands immediately; and
- ⑥ Change the mask if it gets dirty or wet.

How to take off and store a fabric mask:

- ① Clean hands before taking off the mask;
- ② Take off the mask by removing it from the ear loops, without touching the front of it;
- ③ If the fabric mask is not dirty or wet and it is to be used again, put it in a clean plastic, resealable bag. When it is used again, hold the mask at the elastic loops when removing it from the bag;
- ④ Clean the mask once a day; and
- ⑤ Clean hands after removing the mask.
- ⑥ Wash fabric masks in soap or detergent and preferably hot water (at least 60 degrees Centigrade/140 degrees Fahrenheit) at least once a day.
- ⑦ If it is not possible to wash the mask in hot water, then wash it in soap/detergent and room temperature water, followed by boiling the mask for one minute.

Paragraph 4.B of Outbreak Management Plan describes when and where personal protective masks are recommended for use by the ship's crew and shore personnel in different working zones on the ship.

2.5 Guidance on the Use of Antigen Self-Test Kits

General Tips:

- ① The antigen test is particularly accurate in determining a positive result, and early isolation of crew members who test positive will prevent the spread of the disease on board. Furthermore, it has the advantage that it is relatively easy to use and store, and the result can be judged in a short time by self-test.
- ② This test kit should always be used under the direction of the ship management company, and possible use cases are as follows;
 - a) for crew members with corona symptoms such as fever.
 - b) for crew members when required by external parties.
- ③ For actual usage, refer carefully to the manufacturer's instructions to be supplied.

2.6 Guidance on the Use of Pulse Oximeter

General Tips:

- ① Oxygen saturation, which can be easily determined with a pulse oximeter, is an index that is also evaluated by medical personnel, and it is useful as an objective data to help determine if a crew member is suspected of being infected, and to communicate the symptoms to shore during radio medical assistance.
- ② For actual usage, refer carefully to the manufacturer's instructions to be supplied.

2.7 Guidance on the Use of High Concentration Oxygen Server

General Tips:

- ① Since it may take several weeks to start treatment on shore after the suspected case is found, and since respiratory symptoms (especially dyspnea) are common in severe cases, the use of this equipment is effective in avoiding such severe case.
The equipment classified as medical equipment should not be supplied since it may need to be operated by medical personnel (especially on Japanese Flag Ship) due to legal restriction, however, supply the equipment with equivalent performance as much as possible.
- ② This equipment should always be used under the direction of the ship management company.
- ③ For actual usage, refer carefully to the manufacturer's instructions to be supplied.

3) PRECAUTIONS WHEN PILOT ONBOARD

In the hour prior to Pilot boarding, wipe down the entire bridge with disinfectant (chart table, instruments, chairs, helm, entire console, windows, etc.). The cleaning should be repeated after the departure of the Pilot.

Have disposable gloves readily available in order to supply the Pilot (if required) after their embarkation, which he should wear until their disembarkation. Remote temperature gauging of the Pilot (using a non-contact thermometer) should be undertaken and boarding should not be allowed if the readings are above 37.5 degrees Celsius.

Any crew member entering the bridge including the Pilot should thoroughly wash their hands prior to entering the bridge. To facilitate this, the toilet located next to the bridge should have all necessary sanitizing materials. Pilots may bring their own sanitizing materials, but these should also be provided by the ship and made available for all bridge team members to use frequently.

Throughout the transit, all personnel on the bridge including the Pilots are encouraged to regularly wipe down any surface and equipment they come into contact with, such as pens/pencils, binoculars, radar control panels, Electronic Chart Display and Information System (ECDIS) control panels, Portable Pilot Units (PPUs), VHF radios, chairs, handrails, etc.

Only essential personnel should be allowed in the wheelhouse.

4) PREVENTIVE MEASURES WHEN IN PORT

4.1 Prior Calling Port

Prior to calling any port of an affected country, the Master should ensure accurate port info and vessel ETA is sent to the office. To gather adequate information and update

on the Covid-19 from all concerned parties to mitigate the risk, take appropriate precautions and comply with local requirements, which may include the use of additional PPE.

In many countries, local authorities are requiring all vessels to report the temperature and condition of a vessel's crew before entry into the port.

4.2 Infection Prevention

- ① While the vessel is in port, disinfectant alcohol should be available at gangway and public space such as Bridge, ECR, CCR, Ship's office and Mess Room.
- ② Have a dedicated space and /or toilet for the use of shore personnel, which should be cleaned and disinfected afterwards upon vessel departure.
- ③ Shore embarkation ladders/gangways: It is recommended that no crew member should come in direct contact with any shore equipment including shore gangways and ladders.
- ④ Any produced garbage/litter originated from shore should be disposed of in a dedicated drum and landed prior to departure, if allowed, by shore. Otherwise it should be kept isolated.
- ⑤ Similar precautionary measures as mentioned above for bridge procedures shall be exercised in all common / controlled areas such as Cargo Control Room, Meeting Room and Mess Room.

4.3 Thorough Wearing of Masks and Social Distancing

- ① Ensure that all crew members wear surgical / medical masks while in port, regardless of port call.
- ② Even if the ship is not alongside; if a shore person (pilot boarding, etc.) comes onboard, make sure that the crewmembers wear surgical / medical mask. Kindly ask the **visitors** to wear one, wash their hands and disinfect their shoe soles.
- ③ Same measures should be taken during bunkering and other STS operations.
- ④ Make sure to practice social distancing and to maintain a distance of at least 2 meters to visitors and shore personnel.
- ⑤ No handshaking nor any physical contact.

4.4 Activities between Ship and Shore

- ① Reduce ship-shore activities by reducing ship-shore exchanges, boarding inspections, internal audits, external audits, maintenance and other activities. As much as possible, exchange documents via e-mail.
- ② Unnecessary boarding visits should be prohibited.

- ③ Encourage the terminal to use all available electronic and radio-controlled devices (Phone, VHF, email) for ship-shore interface.
- ④ Food must not be brought on board by shore personnel. Shore personnel should not, where possible, eat on board.
- ⑤ If any shore person exhibits a fever or flu-like symptoms, then they need to depart the vessel at the earliest possible time.

4.5 Access Control at Gangway

Strengthen gangway control by implementing stricter ISPS procedures in order to prevent the infection and spread for the crewmember. It would include enhancing the access control, checking the credentials of all personnel boarding the ship.

In addition, take measurements.

- ① The body temperature for all visitors must be checked at entry point.
- ② If their body temperature is 37.5 degrees Celsius or more and showing symptoms of respiratory illness like cough and difficulty in breathing, deny their entry onboard.

4.6 Restriction on Entry into Accommodation Spaces

Entry of ship agents, stevedores, chandlers, marine suppliers and other shore visitors should be limited to ship's office only and prohibit access to other accommodation spaces. Ship's office should be cleaned and sanitized as frequent as possible. Shore personnel should use outer walkways rather than gaining access through the crew's quarters.

Where possible, hold conversations and meetings with visitors on the open deck or open bridge wings.

If visitors must be inside, limit the number of crew nearby to the absolute minimum.

If shore personnel do need to enter the accommodation, then they should be escorted throughout, maintain social distancing and wash their hands frequently.

4.7 Shore Leave

Refer to [Guidelines for Shore Leave at Ports of Call.](#)

4.8 Special Measures by Port Authorities

If port authorities or terminals require special infection control measures, comply with them.

4.9 Food, drinking water, marine supplies and spare parts arrangements

In principle, loading of provisions, drinking water, marine supplies and spare parts in highly affected areas are as much as possible is discouraged, unless urgent and absolute necessity.

5) PRECAUTIONS WITH PRIVATE MARITIME SECURITY GUARDS OR SHIP TO SHIP PERSONNEL ONBOARD

Management companies should undertake due diligence and ascertain the steps taken by the PMSC or STS provider to ensure their personnel are free of the virus, which may include a negative PCR test or quarantine records.

The vessel should follow the same precautions as for Pilots boarding the ship. However, as the personnel will be sailing with the vessel, social distancing and cleanliness will be key. After the personnel have disembarked, their accommodation should be thoroughly cleaned.

The company must inform the PMSC or STS provider if any seafarer falls ill with a fever, flu-like symptoms or tests positive for Covid-19 within two weeks of the departure of their personnel. Similarly, the PMSC or STS provider must inform the company if any of their personnel fall ill with a fever, flu-like symptoms or test positive for Covid-19 within two weeks of departing the ship.

6) PRECAUTIONARY MEASURES FOR CREW CHANGE OVERS

① Temperature Measurement and Monitoring:

Instruct new joiners to monitor and record temperature on a-daily basis at least **3 days** before boarding and submit the readings to respective manning agencies by e-mail or other means before the final briefing.

Manning agencies should necessarily provide contact details of the PIC to all concerned crew.

- ② If the following abnormalities are found before boarding, contact your respective manning agencies immediately:
 - Symptoms of colds and fever higher than 37.5°C for at least 1 day or more.
 - Those with symptoms of strong drowsiness and shortness of breath.
 - Those who has been in close contact with people who has been infected with COVID-19 or those who are suspected of it (for example, those who went to areas with high infection).
- ※ Close contact generally refers to living together, touching, talking face-to-face at a distance of about 2m or less, and talking for more than 15 minutes.
- ③ Risk assessment should be carried out to each port to confirm the safety for crew change and eliminate the risk of infection within each port and so to prevent carrying COVID-19 onboard.
- ④ During embarkation and disembarkation, crew are required to wear medical / surgical mask at-all-times except on their own cabins at safe accommodation during voyage.
- ⑤ When at the airport or stations, or when travelling by aircraft, railways or any other means of transportation, where there are high risk of infection, take extreme precautionary measures and refrain going to crowded places at all times.
- ⑥ Observe social distancing to all persons including the joining crew.

Crew Change Protocols and Guidelines

In addition to above items, when conducting crew changes, refer to *KLINe's Crew Change Protocols and Guidelines*.

7) REQUEST TO PROVIDE INFORMATION AND CONTACT WHEN RECEIVING SPECIAL INSTRUCTIONS IN SPECIFIC COUNTRIES / PORTS.

In the event that the authorities give special instructions to the crew during port call on either infected or non-infected countries regarding the infectious disease, or if the ship management company instruct crew to take additional measures, share the information to Marine Safety Team (MST) and Marine Human Resources Group (MHRG) accordingly. For chartered vessels, contact the operator in charge.

8) COUNTERMEASURES IN CASE AN INFECTED PERSON OR SUSPECTED PERSON IS DISCOVERED ON BOARD

At first, immediately isolate the crew and contact the relevant departments (department in-charge of ship management company, etc.) and take the following actions below.

- ① The infected person(s) should be isolated and sent to a medical institution as soon as possible.

- ※ The vessel must restrict shore visitors from going onboard, except the Quarantine Officers and Medical Personnel until the infected person(s) is/are transferred to health facilities.
- ② Keep the patient's cabin doors closed, if not placed in a medical isolation room on board.
- ③ Anyone who enters the cabin to provide care to the person in isolation or to clean the cabin must wear appropriate PPE. A surgical protection mask is particularly important. To prevent infection, hand wash and gargle should be practiced.
- ④ Limit the movement and transport of the patient from the cabin for essential purposes only. If transport is necessary, the patient should wear a surgical mask.
- ⑤ Start case investigation immediately. Wear appropriate PPE when interviewing the patient.
- ⑥ Identify the patient's close contacts and ask them to do passive self-monitoring of any symptoms.

9) COVID-19 OUTBREAK MANAGEMENT PLAN

In addition to above item No.8) of our guidelines, if suspected case meets below definition, immediately activate our company's COVID-19 Outbreak Management Plan.

Definition of Suspected Case of Infection

- ① A patient with acute respiratory illness (fever (37.5 degrees Celsius or more) and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), and with no other set of causes that fully explains the clinical presentation and a history of travel to or residence in a country/ area or territory reporting local transmission of (COVID-19) during the **3 days** prior to the onset of the symptoms; or
- ② A patient with any acute respiratory illness and having been in contact with a confirmed or suspected COVID-19 case during the **3 days** prior to the onset of the symptoms; or
- ③ A patient with severe acute respiratory infection (fever (37.5 degrees Celsius or more) and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath and requiring hospitalization) and with no other set of causes that fully explain the symptoms.

10) OTHER MEDICAL ISSUES TO CONSIDER

10.1 Mental Health Guidance for Seafarers

The circumstances associated with the ongoing COVID-19 outbreak may pose unique challenges to seafarers and their families. Seafarers may become bored, frustrated or lonely, and their families may also be experiencing difficulties. Everyone reacts differently to events, and changes in thoughts, feelings and behaviour vary between people and over time. Seafarers must nurture their mind as well as their body and seek further support if required. The following are key points in coping with stress during COVID-19

- ① Feeling sad, stressed, confused, scared or angry during a crisis is normal. Talking to people you trust can help. Talk to your colleagues and contact friends and family.
- ② When on board, maintain a healthy lifestyle – including proper diet, sleep, exercise and social interaction with other crew members and by e-mail, phone and other means for family and friends.
- ③ Don't use smoking, alcohol or other drugs to manage emotions. When overwhelmed, talk to a colleague. Have a plan, where to go to and how to seek help for physical and mental health needs if required.
- ④ Get the facts. Gather information to accurately determine risks and take reasonable precautions. Use a trusted credible source such as WHO or government agency website.
- ⑤ Reduce time spent watching, reading or listening to upsetting media coverage to limit worry and agitation.
- ⑥ Draw on past skills which helped you manage previous difficult situations to help handle your emotions at this time

10.2 Managing Physical Symptoms Triggered by Stress and Anxiety

The following short-lived symptoms may arise for people with a low mood or anxiety:

- Faster, irregular or more noticeable heartbeat;
- Feeling lightheaded and dizzy;
- Headaches; and
- Chest pains or loss of appetite.

It can be difficult to know what causes these symptoms, but they are often experienced due to stress, anxiety or low mood and may worsen when people focus on them. Crew who are concerned about physical symptoms should speak to the Master or person(s) responsible for on board medical care and if necessary, the Master should seek advice from the company and telemedical services.

11) VACCINATION

11.1 General Matters

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

The following should be taken into consideration regarding vaccinations:

- ① Decisions (intention) on whether to be vaccinated should be left to the sole discretion of crew members.
- ② Crew members will not be forced to be vaccinated.

- ③ Unvaccinated crew members will not be treated at a disadvantage when assigned to work, etc.
- ④ Be aware of the possibility of side reactions when vaccinated. Crew members who plan to be vaccinated should be given the guidance about the risks of the vaccine before being vaccinated.
- ⑤ Crew members who may have concerns about being vaccinated should consult with a physician, etc., before the vaccine is administered.
- ⑥ Crew members should get doses of the same vaccine if getting a vaccine that requires several doses.
- ⑦ Crew members should consult with a physician immediately if experiencing an adverse side reaction after being vaccinated.
- ⑧ Close attention should be paid to health changes after being vaccinated, and crew members should take measures such as not working or reduced workload if they feel unwell.
- ⑨ Ship management companies should prepare for cases in which crew members die or suffer complications (aftereffects) as a result of vaccination.

11.2 In Case that Crew Members are Vaccinated in Their Home Country

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

11.3 In Case Vaccinated in a Third Country

- ① Be aware of the following if vaccinated in the US or any other third country:
 - ※ In the case of the two-dose vaccines, consider the fact that it may not be possible to get the second dose in the third country due to time constraints. A single-dose vaccine (Johnson & Johnson: Though it is pending regulatory approval in Japan) is also available.
 - ※ When getting vaccinated after arriving in a country to replace crew members, etc., crew members should have enough time in the country to recover from side reactions before boarding.
 - ※ When getting vaccinated at the time of entry into port while on board, consider adverse reactions, etc., and crew members be given more than enough consideration to the impact on work after being vaccinated.
 - ※ When crew members are allowed to go ashore to get vaccinated, consider side reactions, etc., and give adequate consideration to the period until boarding.
- ② Be aware that if vaccinated in a third country, crew members may not be eligible for compensation from their home country government if any problems arise as a result of the vaccine. Proper Consent should be taken from crew members

planning to be vaccinated. (Note that the Japanese government will not pay compensation in such cases. Ship Management companies should take compensation into consideration for the time being when crew members are vaccinated in a third country.)

-End-

This circular remains in force until next announcement