


# PROTOCOL FOR QUARANTINE VESSEL WITH CASE CONFIRMED FOR COVID-19



NATIONAL HEALTH SURVEILLANCE AGENCY - ANVISA  
BRASÍLIA - APRIL 2020



**ANVISA**

Agência Nacional de Vigilância Sanitária

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# PROTOCOL FOR QUARANTINE VESSEL WITH CASE CONFIRMED FOR COVID-19

## IDENTIFICATION OF THE SUSPECTED CASE ON BOARD

### 1) The crew must:

- a) Provide the patient with a surgical mask. If he is unable to use it because of breathing difficulties, towels should be provided and asked to cover his nose and mouth when he coughs or sneezes. The towels used must be collected and destined for cleaning and disinfection or placed in a milky white bag for management 2 as group A solid waste, according to the guidelines of RDC 56, of August 6, 2008;
- b) Designate a crew member, using personal protective equipment, to attend to the suspected case;
- c) Position the suspect case in a private cabin;
- d) Do not use the cabin occupied by the suspected case for other passengers or crew members, until the cleaning of that compartment is carried out, according to the procedures described in RDC 56, of August 6, 2008;
- e) If possible, designate a toilet for the exclusive use of the suspected case. If this is not possible, clean the normally touched surfaces of the toilet (s) (faucet, handle, trash can cover, counters) with soap and water or disinfectant, according to the procedures described in RDC 56, of 6 August 2008.

### 2) The master of the vessel, upon learning of the fact, must:

- a) Adopt, on the vessel, the measures provided for in international regulations, especially those related to the following bodies: United Nations Convention on the Law at Sea (CNDUN), International Maritime Organization (IMO), World Customs Organization (OMA) and International Health Regulations (RSI / WHO).
- b) Inform the health authority, immediately, through the maritime authority, the following data:
  - The origin of the suspected case, including its scales;
  - The general status of the suspected case;
  - If the suspect case travels alone or in a group, and in this case the number of people;
  - The total number of people on board;
  - The type of vessel;
  - Estimated time of arrival (ETA) until berth;
  - The autonomy of fuel, water and food.

3) The health authority must communicate to the maritime authority, the shipping agency and the port authority that the vessel must be directed to the designated point, as established in the port's contingency plan, which may be anchored or moored.

4) The maritime authority, depending on the human health risk assessment established by the health authority, will indicate the anchorage point, if necessary.



## EVALUATION OF THE SUSPECTED CASE

- 1) If it is found, by means of a clinical evaluation carried out by the Epidemiological Surveillance team, the framing in the definition of the suspected case and, therefore, the need to remove the suspected case for a land health unit (Reference Hospital), the Sanitary Authority must authorize its disembarkation, by completing the Travel Sanitary Control Term (TCSV).
- 2) The Epidemiological Surveillance, together with the Health Authority, will carry out the identification of the close contacts, defined in Table 1.

**Table 1:** Definition of close contact on vessels. A traveler on board a vessel will be considered a close contact if it meets one of the following criteria:

- Share the same cabin as a suspected or confirmed case of COVID-19;
- Have close contact within 2 meters or have been in a closed environment with a suspected or confirmed case of COVID-19; - For passengers, consider participating in common activities on board the ship, being a member of a group that traveled together or shared a table in a restaurant. - For crew to consider participation in common activities, as well as working in the same area of the ship as the suspected or confirmed case of COVID-19.
- Health worker or person who provided care for a suspected or confirmed COVID-19 case. (adapted from WHO) Note: Examples of close contact with passengers are: passengers who are in the same cabin, family members, travel friends (who share tables in a restaurant, go on trips together).
- Examples of close contacts with crew members are: colleagues who share the cabin, crew members working in the same area and friends.

- 3) Close contacts must remain in isolation until the result of the examination carried out for COVID-19.
- 4) The professionals who make up the onboard health team and performed care for the suspected case are considered to be close contacts and will perform an examination for COVID-19, to decide whether to disembark.

- 5) If the result of the examination carried out in the suspect case is positive for COVID-19, the nearby contacts must disembark and remain isolated for 14 days in a predefined location.

## **GUIDELINES ON SANITARY MEASURES FOR MONITORING SHIP WITH A SUSPECTED CASE**

### **1) The following guidelines should be continuously reinforced to the crew:**

- a) Importance of frequent hand hygiene with water and liquid soap or alcoholic preparation;
- b) If you cough or sneeze, cover your nose and mouth with a bent elbow or tissue. If using tissue paper, discard immediately after use and perform hand hygiene;
- c) Use disposable tissue for nasal hygiene (discard immediately after use and perform hand hygiene);
- d) Avoid touching mucous membranes of the eyes, nose and mouth;
- e) Do not share items / materials with other travelers such as glasses, cutlery, pens, phones, etc;
- f) Observe the scale to exit the cabin, using a surgical mask; (advise on the use of masks and exchange);
- g) Observe a distance of 2 meters between crew members from different cabins;
- h) Report to the medical team, in case of signs and symptoms.

### **2) Sound warnings should be carried out systematically with the information described above.**

### **3) Monitoring the health status of the crew:**

- a) Twice a day, a designated crew member will inquire about the presence of signs and symptoms in each cabin, by telephone contact (cabin extension). It is not necessary to physically approach the interviewed passengers and crew;
- b) An extension must be made available for contact of the traveler who wishes to inform the beginning of signs and symptoms;
- c) If any traveler answers in the affirmative, they must be referred to the medical service, wearing a surgical mask, for evaluation;
- d) The attendance must be registered and reported to the Sanitary Authority, which will inform the Epidemiological Surveillance for joint assessment as to the framing in the definition of a suspected case;
- e) If the qualification is confirmed, the suspected case must be removed for examination, following the provisions in the item "Assessment of the suspected case";
- f) After daily verification of the presence of signs and symptoms of COVID-19, even if symptomatic travelers and crew are not identified, the vessel must report the updated situation to the Health Authority

(Negative notification) according to the procedure already adopted in the Sanitary Guide for Cruise Ships;

- g) Assess the feasibility of distributing a thermometer per cabin for self-monitoring of the temperature at least twice a day during the entire monitoring period.

#### 4) Meal Guidelines:

- a) All meals must be taken in the respective booths;
- b) At the end of meals, the utensils must be placed outside the cabin (in the corridor, next to the door) so that they can be collected;
- c) To clean utensils used in food, it is recommended to use water, liquid detergent and for disinfection, 70% alcohol, sodium hypochlorite or other sanitizing agent registered by Anvisa must be used for this purpose. Use must follow the manufacturer's guidelines.
- d) For the collection, washing and disinfection of utensils used in food and food scraps, professionals must follow the provisions of the Sanitary Guide for Cruise Ships.

#### 5) Guidelines for cleaning and disinfecting surfaces (bedrooms, bathrooms and common areas):

- a) A pre-defined schedule must be established for cleaning and disinfecting the rooms in order to organize the travelers' routine.
- b) The schedule for cleaning and disinfecting common areas must observe the flow of use of collective spaces by travelers according to the pre-established scales (cleaning and disinfection between group intervals);
- c) Cleaning and disinfection must consider the disease transmissibility profile, especially by contact or droplets, and be carried out in accordance with Resolution-RDC No. 56, of August 6, 2008, as shown in Table 2;
- d) Those responsible for the procedures defined in the Cleaning and Disinfection Plan - PLD must use the Personal Protection Equipment - EPI as established in RDC 56/2008;
- e) Include in the cleaning and disinfection, the most touched areas, such as door handles, television control, stair railing, elevator buttons, etc. 60 to 80% alcohol can be used.

**Table 2:** Cleaning and disinfection procedures as provided in Resolution RDC 56, of August 6, 2008. ANNEX I Cleaning and Disinfection Plan – PLD

A)	METHODS
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**METHOD I: Cleaning**

- Collect and store solid waste (garbage);
- Rub cloth or brush soaked with water and detergent products, soap or general purpose cleaners on the surfaces, removing the residue left after operation;
- Rinse with clean water and or wipe with a damp cloth, until all residues are removed;
- Dry with a clean cloth;
- Promote the disposal of the cloths used in the operation in accordance with group A solid waste management or, when reusable, store them in containers or packaging bags, for later cleaning and disinfection.

**METHOD II: Disinfection**

- Perform the procedures described in Method I;
- Apply the disinfection product to the affected area, respecting the recommended concentration for disinfection, as well as the validity of the product;
- Wait for action time, as indicated by the manufacturer;
- Rinse with clean water and or wipe with a damp cloth, until all residues are removed; • Dry with a clean cloth;
- Promote the disposal of the cloths used in the operation, according to group A solid waste management or, when reusable, store them in containers or packaging bags, for later cleaning and disinfection.

**METHOD III: High-level disinfection**

This procedure should be performed in situations where blood, feces, urine, vomiting or other organic fluids are found to be contaminated. Before starting the procedure, the suspect area must be banned and isolated.

- Carry out a thorough cleaning according to method I above, and the equipment and cloths used must be discarded after the operation.
- Apply sanitizing products to the affected area, respecting the concentrations and validity shown on its labeling;
- Wait for action time, as indicated by the manufacturer;
- Rinse with clean water and or wipe with a damp cloth, until all residues are removed;
- Dry with a clean cloth;
- Promote the disposal of the cloths used in the operation;
- Discard equipment and PPE that cannot be safely disinfected.


Obs .: The election of the products to be used in the operationalization of the PLD, will be under the responsibility of the team that executes the action. The use of products registered in Brazil is recommended. The dilution of products, when necessary, must be performed by a trained person and supervised by a technically qualified professional. The cleaning equipment (brooms, brushes, squeegees, etc.) must undergo disinfection by immersion with the indicated solutions, after each procedure.

Note: 1. Whenever contamination is suspected due to contact with infectious material, PPE must be replaced immediately and sent for cleaning and hygiene.

**6) Detailing of bedding removal and washing activity:**

- a) The crew member assigned to carry out the procedure must wear the following Personal Protective Equipment: procedure gloves, gown and surgical mask. If fluids are present, also use goggles;
- b) Preferably the change of bed linen must be carried out by each crew member;



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- c) The laundry must collect and change dirty clothes (bedding and personal use) at least twice a week;
  - d) When removing bedding, there should be a minimum of agitation and handling;
  - e) The washing machine must be programmed to use the hot water wash cycle and the dryer at the highest setting. The use of chlorine or alcohol based disinfectant is recommended;
  - f) The trolleys or equipment used to transport dirty laundry to the laundry must be cleaned and disinfected after each use;
  - and
  - g) The vessel must wash the crew's clothes.

**7) Considering that it is transmission by contact and droplets, there is no specific indication for changing filters in the air conditioning system. The exchange routine must be maintained, according to preventive maintenance and other related procedures.**

#### **8) Waste**

- a) The waste classified as group A, based on Resolution RDC nº 56, of 2008, must be packed in milky white bags, waterproof, of material resistant to rupture and leakage contained inside, respecting their weight limits.
- b) Wastes classified as type A are those generated:
  - by symptomatic passengers or crew;
  - medical care services;
  - For cleaning and disinfecting procedures on board toilets;
  - By cleaning and disinfecting procedures on surfaces exposed to human organic fluids, secretions and excretions.
    - a) The bags must remain, during all the management steps, identified and inside sealed packaging containers.
    - b) The residues cannot be disposed of in the environment without previous treatment that ensures the elimination of the hazardous characteristics of the residue, the preservation of natural resources; and, compliance with environmental quality and public health standards;
    - c) The final treatment and disposal must be carried out in places licensed by Organs environmental agencies. A method of incinerating waste on board vessels may be used, observing environmental standards;
    - d) After treatment, group A solid waste will be considered group D waste, for final disposal purposes;
    - e) Group A solid waste cannot be recycled, reused or reused;
    - f) The classification and management of other waste must follow the provisions of RDC 56/2008, as well as the use of PPE in carrying out the related procedures.