



Marine Notice No. 06 of 2020

Amended: 23/07/2020

Notice to all Harbour Masters, Shipping Agents, Shipowners/operators, including Ferry Companies, Fishing Vessel Owners, Shipmasters, Skippers, Fishers, Yachtsmen and Seafarers

Covid-19 (2019-nCoV) – Maritime Declarations of Health

The Department of Transport, Tourism and Sport has been requested to publicise instructions from the Health Service Executive (HSE) on the submission of Maritime Declarations of Health. Please refer to the attached Annex.

Prior to undertaking a voyage to Ireland you are advised to refer to the [Covid-19 Transport and travel measures - Maritime Sector](#) webpage published by the Department of Transport, Tourism and Sport and to the webpage entitled [Overseas Travel](#) published by the Department of Health to check for any travel restrictions/entry requirements.

All queries relating to the submission of Maritime Declaration of Health to be forwarded to ehnationaloffice@hse.ie.

Additional guidance from the HSE is available at the following website:
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>

Irish Maritime Administration,
Department of Transport, Tourism and Sport,
Leeson Lane, Dublin 2, D02 TR60, Ireland.

23/07/2020

Encl: Annex

Annex to Marine Notice No. 06 of 2020



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service

27/03/2020

1.0 INTRODUCTION

Due to the current Covid-19 (*2019-nCoV infection*) crisis the following measures are required for all vessels, including fishing vessels and pleasure craft, entering Irish ports.

2.0 FOR ALL VESSELS ARRIVING ON VOYAGES FROM PORTS LOCATED OUTSIDE THE ISLAND OF IRELAND

Masters are required to complete:

- a *Maritime Declaration of Health* for all ships arriving in Ireland from outside the Island of Ireland, and
- an updated *Crew List* and *Passenger List* (for passenger ships).

3.0 FOR VESSELS ARRIVING ON VOYAGES FROM PORTS LOCATED ON THE ISLAND OF IRELAND

- No submission of MDoH or crew list is currently required
- Master to follow the 'any voyages' advice below.

4.0 FOR ANY VOYAGE

Where any crew member or passenger, during the course of a voyage, develops a sudden onset of at least one of the following:

- a fever,
- a cough,
- a sore throat,
- shortness of breath requiring hospitalisation,
- a crew member/passenger is identified as a close contact with a confirmed or probable case of Covid-19 (2019-nCoV) infection.

Master(s) shall submit a Maritime Declaration of Health, Crew List and Passenger List in accordance with Section 5.0.

5.0 SUBMISSION OF MARITIME DECLARATION OF HEALTH AND CREW AND PASSENGER LISTS

Where required above this documentation shall be submitted as follows:

- *For Safe Seas Ireland registered users only – submission is via www.safeseasireland.ie*
- *For non-Safe Seas Ireland users – submit to the local Environmental Health Office (see below)*

6.0 CONTACT DETAILS OF THE ENVIRONMENTAL HEALTH OFFICES

The contact details of the local Environmental Health Office to be requested from the Harbour Master. Where the port has no Harbour Master, please request the contact details from the nearest port with a Harbour Master.

NOTE: The master should confirm the relevant contact details for the destination port before the commencement of any voyage.

7.0 TIMEFRAME OF SUBMISSION

The *Maritime Declaration of Health* must be completed and submitted no more than 24 hours¹ before arrival, in the instance where there are zero cases suspected on board.

Where the health status of anyone on-board changes after the submission of a MDoH, an updated MDoH shall be submitted no later than 4 hours before arrival.

¹ For voyages of less than 24 hours duration, the information is to be submitted, at the latest, at the time the ship leaves the previous port.

8.0 DOCUMENTS TO BE COMPLETED

- 1) Maritime Declaration of Health – As per International Health Regulations 2005, Annex 8 model².
 - a. MDoH to include ports of call for last 30 days, and
 - b. MDoH to include list of all crew and passengers having joined since commencement of international voyage. If none joined state “Not applicable”.
- 2) Crew list and Passenger List (for passenger ships).

9.0 INCOMPLETE REPORTING

Masters are advised that your ship will be under enhanced surveillance and the ship entry may be refused in case of incomplete reporting. Please contact your Shipping Agent and the Harbour Masters for further information and all practical purposes.

10.0 INTERRUPTION OF SAFE SEAS IRELAND SERVICE

In the event of a loss of service to Safe Seas Ireland all MDoH to be submitted, via email, to ehnatioaloffice@hse.ie and the local Harbour Master.

Thank you for your cooperation.

Heath Service Executive

Departments of Public Health and the Environmental Health Service

² Where this information cannot be completed on the MDoH, please complete additional sheets.

APPENDIX - WHAT TO DO IN THE EVENT OF A SUSPECTED CASE ON-BOARD

In the case of a passenger/crew member presenting with acute respiratory infection with sudden onset of at least one of the following:

- a fever, cough, sore throat, shortness of breath requiring hospitalisation or not,

AND

- In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:
 - Were in close contact with a confirmed or probable case of Covid-19 (2019-nCoV) infection;
OR
 - Travelled outside the island of Ireland;

OR
 - Worked in or attended a health care facility where patients with Covid-19 (2019-nCoV) infections were being treated.

IMMEDIATE EXPERT MEDICAL OPINION SHOULD BE SOUGHT.

HOW TO SEEK MEDICAL ADVICE

For events at sea in Irish waters: -

Liaise with the National Maritime Telemedical Assistance Service (Medico Cork). Contact via the Irish Coast Guard on telephone 112 or VHF Radio.

http://emed.ie/Administration/MedicoCork/MedicoCork_about.php

For events in port: -

Contact National Emergency Operations Centre (NEOC) (01) 4631380 or (01) 4631384 for case management and Public Health assessment.

Notify the Port Authority of the suspected case as soon as possible and preferably not less than 24 hours before arrival.

ANNEX 8

MODEL OF MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports. Submitted at the port of Date

Name of ship or inland navigation vessel Registration/IMO Noarriving fromsailing to.....

(Nationality)(Flag of vessel) Master's name.....

Gross tonnage (ship)

Tonnage (inland navigation vessel)

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes..... No Issued at date

Re-inspection required? Yes No

Has ship/vessel visited in affected area identified by the World Health Organization? Yes..... No

Port and date of visit

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

.....
.....

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Namejoined from: (1)(2)(3)

.....

(2) Namejoined from: (1)(2)(3)

.....

(3) Namejoined from: (1)(2)(3)

.....

Number of crew members on board

Number of passengers on board

Health questions

(1) Has any person died on board during the voyage otherwise than as a result of accident? Yes.... No

If yes, state particulars in attached schedule. Total no. of deaths.....

(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes..... No..... If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes.... No

How many ill persons?

(4) Is there any ill person on board now? Yes..... No If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? Yes..... No If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes..... No

If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes.....

No

If yes, specify type, place and date.....

(8) Have any stowaways been found on board? Yes..... No If yes, where did they join the ship (if known)?

.....

(9) Is there a sick animal or pet on board? Yes..... No.....

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed

Master

Countersigned

Ship's Surgeon (if carried)

Date

ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case ¹	Drugs, medicines or other treatment given to patient	Comments

¹ State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

1.a (example of Additional schedule for MDoH)

Ports of call

From commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

NAME OF VESSEL:

NAME OF MASTER:

Name of Ship Owners:

DATE:

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.
17.	18.
19.	20.

1.b (example of Additional schedule for MDoH)

-List crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period:

NAME	JOINED FROM		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
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16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Number of crew members on board:

Number of passengers on board: