



## **Marine Notice No. 06 of 2020**

**Amended: 22/03/2020**

*Notice to all Shipowners, Fishing Vessel Owners, Agents, 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.

All queries regarding this Marine Notice can be forwarded to [ehnationaloffice@hse.ie](mailto: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.

22/03/2020

Encl: Annex

For any technical assistance in relation to this Marine Notice, please contact:  
The Marine Survey Office, tel: +353-(0)1-678 3400.  
For general enquiries, please contact the Maritime Safety Policy Division, tel: +353-(0)1-678 3418.  
Written enquiries concerning Marine Notices should be addressed to:  
Dept. of Transport, Tourism and Sport, Maritime Safety Policy Division, Leeson Lane, Dublin 2, D02 TR60, Ireland.  
email: [MarineNotices@dtas.gov.ie](mailto:MarineNotices@dtas.gov.ie) or visit us at: [www.dttas.gov.ie](http://www.dttas.gov.ie)

## **Annex to Marine Notice No. 06 of 2020**



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

22/03/2020

### **FOR THE ATTENTION OF HARBOUR MASTERS, SHIPPING AGENTS, SHIP OWNERS/OPERATORS, INCLUDING FERRY COMPANIES, AND MASTER(S).**

Due to the current Covid-19 (2019-nCoV infection) crisis the following measures are required for ships entering Irish ports.

#### **INSTRUCTIONS TO MASTER**

*For Safe Seas Ireland registered users only - Masters are required to complete and submit:*

- 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).

via [www.safeseasireland.ie](http://www.safeseasireland.ie).

*For non-Safe Seas Ireland users - Masters are required to complete and submit:*

- 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).

via email to [ehnationaloffice@hse.ie](mailto:ehnationaloffice@hse.ie) and the local Harbour Master, if applicable.

**NOTE:** This information is required to be submitted whether or not there is a suspected case on-board.

#### **TIMEFRAME OF SUBMISSION**

The MDoH must be completed and submitted no more than 24 hours<sup>1</sup> 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.

#### **DOCUMENTS TO BE COMPLETED**

- 1) Maritime Declaration of Health – As per International Health Regulations 2005, Annex 8 model<sup>2</sup>.
  - a. MDoH to include Last 30 days Port of call, 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).

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.

#### **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 [ehnationaloffice@hse.ie](mailto:ehnationaloffice@hse.ie) and the local Harbour Master”.

Thank you for your cooperation.

**Health Service Executive**

**Departments of Public Health and the Environmental Health Service**

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<sup>1</sup> 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.

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

## **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:

- 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](http://emed.ie/Administration/MedicoCork/MedicoCork_about.php)

*For events in port: -*

Call HSE National Ambulance Control on 021-4640038 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.

### **PUBLIC HEALTH CONTACT DETAILS – OUT OF HOURS**

To make contact outside of business hours (i.e. Monday-Friday from 17h00-09h00, and on Saturdays, Sundays and Public Holidays), please telephone the Public Health out-of-hours service and ask for the on-call Public Health Specialist. If you do not have the number for the local out-of-hours Public Health Service, please contact your Harbour Master for these details.

**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 No .....arriving from .....sailing 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 an 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) Name .....joined from: (1) .....(2) .....(3) .....

(2) Name .....joined from: (1) .....(2) .....(3) .....

(3) Name .....joined 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 <sup>1</sup>	Drugs, medicines or other treatment given to patient	Comments

<sup>1</sup> 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:

<b>NAME</b>	<b>JOINED FROM</b>		
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Number of crew members on board:

Number of passengers on board: