

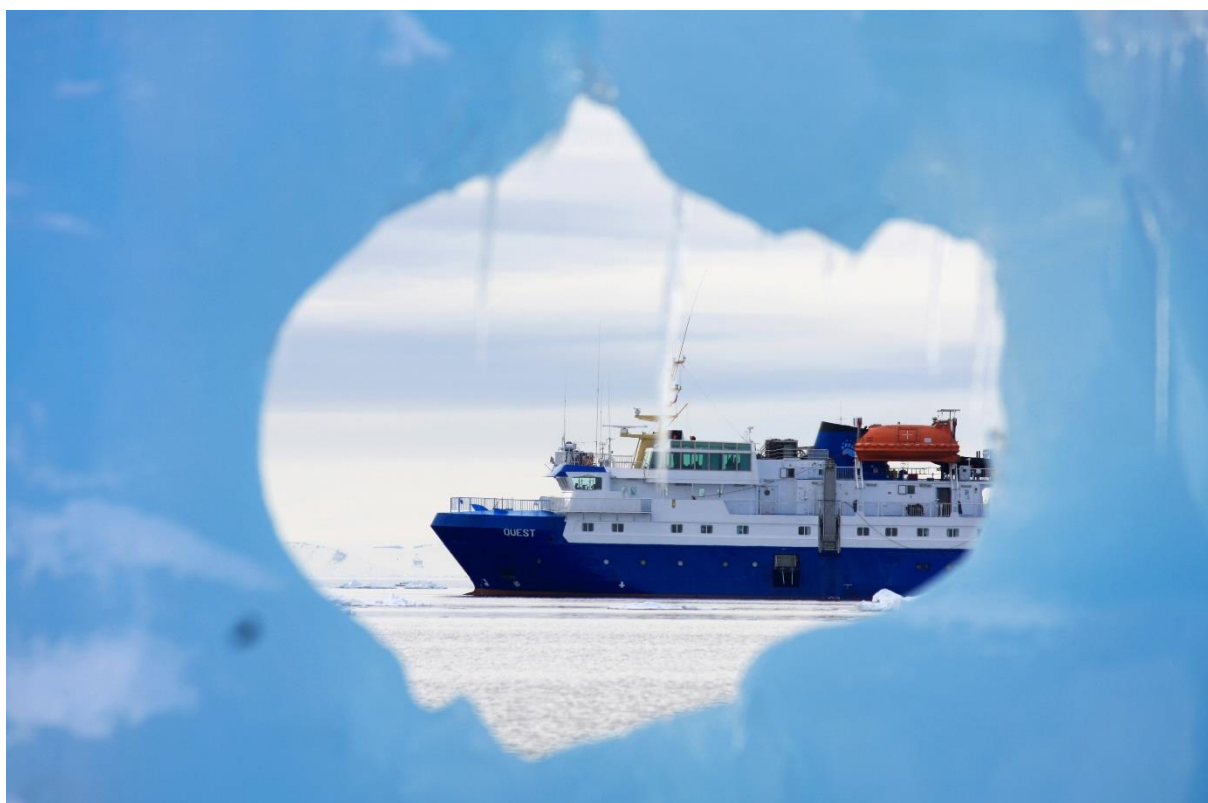
Guideline for expedition cruises (coastal cruises) on and around Svalbard during the Covid-19 Pandemic 2020

Quality assured by the Norwegian Institute of Public Health and the Directorate of Health

Unofficial translation by

AECO

Association of Arctic Expedition Cruise Operators



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Introduction

This guideline provides advice on how businesses can properly implement infection control to prevent accidental exposure to, and the spread of, Covid-19. The aim of the proposed infection control measures is to protect both customers and employees. Although the recommended infection control measures are implemented, cases of Covid-19 may occur. The recommended measures will help limit the spread of infection. This guideline includes operations of expedition cruises (coastal cruises), as well as activities and experiences related to this.

This guideline is based on the national infection control rules, national guideline and the law and regulations on infection control and is based on The Guide for Tourism on Svalbard, prepared by Visit Svalbard, and is quality assured by the Norwegian Institute of Public Health (FHI) and the Directorate of Health, May 2020. In addition, this guideline is based on the standards that already exist in the cruise industry.

Who does this guide apply to and submission of plan to the Governor?

The advice in this guideline elaborates and complements the requirements of the Covid-19 regulations, as well as other legal and regulatory requirements for the industry. The guideline applies to operations with expedition cruise vessels (coastal cruises) in Svalbard, and activities related to this.

Before they can start expedition cruises (coastal cruises) on and around Svalbard, the various operators (businesses) must make their own plans for how to comply with the infection control rules, applicable laws and regulations and *the Guideline for expedition cruises (coastal cruises) on and*

around Svalbard during the Covid-19 outbreak 2020. This shall be presented to the Governor together with the checklist for infection control by the cruise operators (the businesses) (part 3).
PART 3 The infection control list of the cruise operators (businesses) must be filled in and the various routines must be attached.

The governor will, in consultation with Longyearbyen Hospital, review the plans and check that they meet the infection control requirements in law and regulations and *the Guideline for expedition cruises (coastal cruises) on and around Svalbard during the Covid-19 outbreak 2020.*

The governor may, in consultation with Longyearbyen Hospital, impose a ban on expedition cruises (coastal cruises) on and around Svalbard if the requirements of the guideline are not met.

General information about cruise traffic in Svalbard

Cruise traffic in Svalbard is most often divided into three main groups:

Conventional cruise ships (sometimes called overseas cruise ships) are larger cruise vessels, often they have several thousand people on board. These cruises often start in Europe, sail along the Norwegian coast with port calls in several ports, and include Svalbard for two or three days, before returning south again.

Expedition cruise ships (also called coastal cruise ship). These come in many different sizes, usually between 12 and 500 passengers. There are also some vessels that are longer than 24 meters and carry 12 or fewer passengers in this category. Expedition cruise vessels commonly exchange passengers in Longyearbyen (passengers fly to/from Svalbard), but some can also change passengers in e.g. Tromsø or Reykjavik. Cruises in Svalbard have been between 4 and 20 days with an average of between 7 and 10 days. In normal years of operation, many of these vessels sail around Spitsbergen, and some around the whole archipelago. Almost all of these operators are members of AECO.

Small vessels (boats with a length of less than 24 meters leading 12 or fewer passengers). These are often sailing vessels, and some are operated purely commercially, some are private vessels with commercial operations while others are rented out with skipper/crew. During the summer, there may be relatively many such vessels on Svalbard (about 40 in 2019).

Expedition cruise (Costal Cruise)

The phrase "coastal cruise" has its origins in the Governor of Svalbard's statistics for cruise tourism and corresponds to what in most contexts is referred to as expedition cruises. Expedition cruises cannot be defined in few words, but the following can be descriptive:

Expedition cruises often venture off the beaten track and highlight experiences at the destination, including wildlife and other nature experiences. Entertainment and activities on the ship (which is common on conventional cruises) are replaced with lectures, disembarkations, hiking, sightseeing with small boats, kayaks and the like. Small groups led by guides with a high level of knowledge and a lot of information about the destination characterize expedition cruises. There is not a fixed size of expedition cruise vessels, but the average is between 150 and 200 passengers. A few carries fewer than 12 passengers, and as of today there are no operators with ships carrying more than 500 passengers who define themselves as expedition cruises. There are separate market descriptions for this segment <https://www.cruiseindustrynews.com/store/product/digital-reports/2019-expedition-market-report/>

Definition expedition cruise (coastal cruise)

Expedition cruise vessels (also called coastal cruises) are defined in this context as operations with commercial passenger vessels with a maximum capacity of 500 passengers where accommodation on board is included as part of the product and with expedition cruise landings as part of its operation.

About vessels under 24 meters length with 12 or fewer passengers

This guideline includes requirements for vessels to be able to sail to Tromsø with passengers in the event that an infection or illness situation makes this necessary. Vessels under 24 meters carrying 12 or fewer passengers cannot sail with passengers between mainland Norway and Svalbard, according to the Norwegian Maritime Authorities (DMA)

DMA has made the following assessment:

- It is not prudent to require small uncertified vessels to be sent hundreds of miles over the open sea in polar waters, with passengers. There are small vessels of very varying technical standards.
- Most without the possibility of isolating infected people.
- The travel time depends on where the vessel is when the infection is detected. For example, a sailboat will spend about a week from Mofen to Tromsø (approx. 700 nautical miles).
- This cannot be compared to the transport stages where the vessels are moved between the mainland and Svalbard without passengers. Those journeys are carefully planned and are carried out only when there is an appropriate weather window.
- On account of ship safety, we discourage the solution of sending the boats to Tromsø.

Structure of the guide

This guide is divided into five parts.

The first part contains general advice and guideline based on applicable national regulations.

The second part contains some principle assessments made by the relevant authorities.

The third part is a convenient checklist for infection control for use by operators.

The forth part deals with the detailed infection control measures in different parts of the expedition cruise product. Where the topic and activities on ships are the same as for land-based enterprises, this guideline is identical to guidelines from Visit Svalbard. The measures are adapted to local conditions.

The fifth part is a change log, as the infection control guideline will be a dynamic document that is updated in line with applicable regulations.

Based on this guideline, each operator or business shall make its plan for the implementation of activities.

Contributors and auditing

A separate working committee, "Working Committee Coastal Cruises in Svalbard", has been appointed for the work of the guideline. In cooperation with the Polar Affairs Department of the Ministry of Justice and Public Security, the Ministry of Health and Care Services has chaired the committee, while the Governor of Svalbard, in the capacity as head of the Emergency Preparedness Council for Svalbard, has coordinated the work locally. Longyearbyen Hospital, the University

Hospital of Northern Norway, Longyearbyen Local Council, Northern Norway Health Authorities (Helse Nord), Visit Svalbard, Svalbard Business Council and AECO (Association of Arctic Expedition Cruise Operators) have participated in the work.

With this background, AECO, with input from member companies, has prepared the detailed infection control measures for expedition cruises (coastal cruises) in Svalbard.

This guideline may be revised when the Government adopts changes to the national infection control rules and changes to the health authorities' advice and regulations for infection control. The Governor coordinates this in cooperation with the work committee. In the event of change, either by changes in national rules or changes by the operator (business) where there are questions about changing some of the requirements, this shall be submitted to the Ministry of Health and Care Services and the Polar Affairs Department of the Ministry of Justice and Public Security. The Ministry of Health and Care Services clarifies questions with the Institute of Public Health (FHI), the Directorate of Health and Helse Nord.

Changes shall be made in Part 5, Change log.

Government decisions and the Covid-19 Regulations

On Friday 15 May 2020, the health authorities presented updated advice for holiday and leisure trips in Norway. The advice should help ensure that it is safe to go on holiday in Norway this summer. At the same time, the Government opened the way for tourists from the mainland to travel to Svalbard from 1 June 2020. Until May 15, there has been a general entry quarantine for persons coming from the mainland. This was lifted for tourists from mainland Norway on 1 June.

On Friday 12 June 2020, the Government opened the door for coastal and expedition cruises on and around Svalbard. In this phase it opens to vessels that can initially carry up to 500 passengers, but all vessels must limit the number of passengers on board by 50%. The Longyearbyen community is hard hit by the consequences of the pandemic. It is therefore important that the tourism industry in Svalbard can open more, on strict terms. It was referred to a separate guideline for the coastal and expedition cruise industry in and around Svalbard. The operators (businesses) must develop their own plans for how to comply with the infection control rules and this guideline before they can start with cruises.

The rescue and health preparedness on Svalbard and the long evacuation time to mainland Norway set some limits. Because cruises over several days in Svalbard's waters involve particular challenges, the Government decided to consider this in a separate process. This guideline is the result of this process.

The Covid-19 regulation was amended on 29 May 2020 with effect from 1 June, 2020. New section 10a Requirements for the implementation of tourism activities in Svalbard, introduces a requirement that enterprises that offer tourism activities in Svalbard must, before the start of activity, submit a plan that describes how the business shall ensure the implementation of infection control requirements. The Governor, on professional advice from the infection control physician at Longyearbyen Hospital, can impose a ban on certain tourist activities.

On Thursday 2 July 2020, the Government opened the possibility for persons residing in the areas of Schengen and the EEA area for which there is no quarantine obligation from 15 July to travel to Svalbard from 15 July. This applies to such visitors who arrive by scheduled aircraft from the mainland or coastal cruise ships.

Coastal cruise ships with passengers from areas for which Norway has not removed the requirement for entry quarantine and cruise ships with a capacity of more than 500 passengers, entail special challenges for both health and rescue preparedness on Svalbard. It is therefore not desirable for passengers or crew from these ships to land on Svalbard. The Ministry of Health and Care Services has therefore, in consultation with the Ministry of Justice and Emergency Preparedness, made changes to the covid-19 regulations so that a ban on disembarking on Svalbard from cruise ships with a capacity of more than 500 passengers is introduced. Trips with zodiac boats that do not include disembarking will be possible on these cruise ships.

The provision in its entirety reads:

§ 10a Requirements for the implementation of tourism activities in Svalbard

Businesses that operate tourism activities in Svalbard shall present to the Governor of Svalbard, as leader of the Emergency Preparedness Council, a plan that describes how the business shall ensure the implementation of infection control requirements as set out in the current legislation and regulations, national guidelines and guidelines for tourism activity in Svalbard. Tourism activities mentioned above means hotels and accommodations, and the owner of boats or ships to be used in tourism activities.

The Governor, as head of the Emergency Response Council for Svalbard, can, on professional advice from the University Hospital Northern-Norway HF – Longyearbyen Hospital, prohibit the commencement of tourism activities if the business does not present a plan as mentioned in the first subsection, or if the presented plan does not describe well enough how the business can meet infection control requirements.

In order to prevent or limit the spread of SARS CoV-2, and to ensure the maintenance of proper health preparedness, the Governor, as head of the Emergency Management Council, following professional advice from the University Hospital Nord-Norway HF – Longyearbyen Hospital, may prohibit certain tourism activities that cannot be carried out in a professional, contagion secure manner.

Passengers and crew on board cruise ships with a capacity of more than 500 passengers cannot land on Svalbard. Passengers and crew on board cruise ships with a capacity of up to 500 passengers can only land on Svalbard if the crew and passengers consist exclusively of persons who at the time of boarding are not covered by the quarantine obligation pursuant to § 5.

Individual decisions pursuant to the second and third paragraphs can be appealed to the Ministry of Health and Care Services.



Photo credit: Jørn Henriksen

PART 1 General Advice and Guidelines

Introduction

There will always be a risk of infection and a risk that cases of infection may occur even if good infection control is exercised. Infection prevention measures help reduce risk. This guideline shall provide insight into, and advice on, how operations and activities can be organized at the same time as infection control is properly maintained. This guideline is applicable to both managers and employees.

Responsibility

The cruise operators (businesses) are responsible for ensuring that operations take place in accordance with applicable laws and regulations and this guideline for expedition cruises (coastal cruises) on and around Svalbard during the Covid-19 pandemic 2020. Before the start of activity, the cruise operators (the businesses) that offer expedition cruises (coastal cruises) on and around Svalbard shall present a plan that describes how the operator (the business) shall ensure the fulfilment of the requirements of this guideline. The Governor, on professional advice from the infection control physician at Longyearbyen Hospital, may impose a ban on expedition cruises (coastal cruises) if the requirements of this guideline are not met.

Management is responsible for ensuring a proper operation that takes into account infection control and allocating responsibility for various tasks in connection with the infection control advice. Management must provide the necessary training and information to employees and guests. Contagious care plans must be adapted to local conditions according to the advice given by this guideline, and each of the operators/businesses must have company-specific plans. In addition to the infection control measures described below, the requirements and procedures that normally apply to the business shall be followed.

If a guest or employee is diagnosed with Covid-19 in Svalbard after contact with the company, the infectious disease doctor at Longyearbyen Hospital is responsible for follow-up and measures.

Different phases of the pandemic and different spread of infection in the country may require adapted measures.

Information materials and posters about Covid-19 can be found on the Directorate of Health's website:

https://www.helsedirektoratet.no/brosjyrer/vaner-som-forebygger-smitte/Vaner%20som%20forebygger%20smitte%20-%20engelsk.pdf/_attachment/inline/3d2b9cc7-b939-4480-96d3-b67e8d2b0eee:d0b5a7dbd4d2e54cf6707720f3edd14d51378391/Vaner%20som%20forebygger%20smitte%20-%20engelsk.pdf

Everyone should exercise good infection control during the Covid-19 outbreak. This means that the three main principles of infection control as described in this guideline must be observed both inside and outside the tourist service offered. A good collaboration between employees, visitors or others associated with the service must be maintained.

See also the Covid-19 Regulations and related decisions and guidance here:

<https://lovdata.no/dokument/SFE/forskrift/2020-03-27-470>

How does the coronavirus infect?

Covid-19 is primarily transmitted via drops from the respiratory tract of an infected person when talking, coughing or sneezing (droplet infection). Such drops quickly fall to the ground and do not remain in the air.

The virus can also be transmitted by getting viruses on your hands, and transmitting it from there to the mucous membranes of the eyes, nose or mouth (contact infection). At the present time, there is evidence that a person who is infected can infect others from 1-2 days before she or he even develops symptoms. The probability of infecting others is greatest when one has symptoms, especially the first few days. The virus does not tolerate soap and water, nor disinfection with alcohol.

Reference is made to <https://www.fhi.no/en/id/infectious-diseases/coronavirus/> for up-to-date and detailed information about this.

Infection control measures

Many measures are being taken in all parts of society that together limit the spread of infection. It is important to use measures that are adapted to different situations.

The purpose of this advice is to reduce the risk of infection of Covid-19.

The three principles to slow down the spread of the infection:

- **Make sure that sick people are not physically present**
- **Ensure good hygiene**
- **Reduce contact between people**

In addition, the following measures will be central to efforts to curb the spread of infection in Svalbard:

- **Ensure good training in infection control for employees**
- **Provide good information to customers about the infections**
- **Make lists of contact information on all participants/visitors in case infection tracking becomes necessary. The company is responsible for keeping lists with both name, phone number, place of residence and email**

In this context, persons are not considered "present" if they are staying in a cabin. Reduced contact involves, among other things, social distancing, division into smaller groups and measures to help ensure that people are not close together.

The most important infection control measure is that sick people stay at home and do not participate in cruises or other social activities. Cough hygiene and distance are essential to limit droplet infection, while hand hygiene, and especially avoiding touching your face with unclean hands, is important to prevent contact infection. Increased physical distance between people reduces the possibility of transmission, even before symptoms of disease appear. Covid-19 is mainly transmitted via droplet and contact infection. The virus is most widely spread by coughing and sneezing. There is currently no basis for general use of face mask in healthy individuals. Non-medical face masks can be used by people who get sick when it is not possible to keep their distance to others before they can get home.

It has not been shown that the new corona virus is transmitted via food, drink or water.

Despite well-implemented measures, however, cases of Covid-19 and other infections can occur. If infection control measures as proposed here have been implemented, the spread of infection will nevertheless be limited. The measures in the text below are a description of infection control measures that can help reduce infection risk to a minimum.

Division into cohorts

Passengers must be divided into cohorts at meals and all activities to prevent larger group gatherings and to limit the number of people who must be followed up in case someone is infected. The cohort groups must be consistent so that it is the same people who interact with each other during the coastal cruise on and around Svalbard.

The vessel's crew and passengers can only go ashore in Norway if the crew and passengers consist exclusively of persons who at the time of boarding are not covered by the quarantine obligation pursuant to section 5 of the Covid-19 regulations. A routine for good infection control shall be prepared in accordance with national rules for disembarkations, and all must be in permanent cohorts (maximum 45 people in each cohort).

Sick people should not be present

There will be people with symptoms that are most infectious (especially when coughing and sneezing), and the contagion risk is greatest as symptoms occur. Symptoms of Covid-19 can be mild and difficult to distinguish from other respiratory infections. The most frequently described symptoms of Covid-19 are initially sore throat, cold symptoms and a light cough, in addition to malaise, headache and muscle pain. Abdominal pain and diarrhea may also occur. About 8 out of 10 adults have mild symptoms only. In children, the proportion who experience mild symptoms is probably even higher. Against this backdrop, it is important that people with even mild respiratory symptoms do not meet physically at work or in other contexts where they meet others.

In some people with Covid-19, symptoms may develop further after a few days to a week or two, into a cough, fever and shortness of breath, and a few may have severe symptoms and be in need of treatment in hospital. Severe Covid-19 disease is very rare in children.

In case of probable or confirmed Covid-19, apply separate recommendations on isolation for the sick and quarantine for close contacts of the sick person, see <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/social-distance-quarantine-and-isolation/>.

The infection control physician at Longyearbyen Hospital is responsible for follow-up around Covid-19 cases in Svalbard and for determining the necessary measures. The Norwegian Institute of Public Health defines who is a close contact to the sick person and therefore who should be followed up with quarantine or other measures (infection tracking), and whether information is needed for others. The infection control physician will assume that healthcare professionals on board do the practical work of contagion tracking for current close contacts among employees or passengers. The infection control officer at Longyearbyen Hospital may be an adviser in this work.

People who may move freely around the ship:

- People who do not have symptoms of respiratory disease
- In case of respiratory infection for other reasons than Covid-19, employees, users and others may meet when they have been symptom-free for 24 hours

- In the case of the Covid-19, separate advice applies to when isolation can be repealed, indicated by the health service and <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/social-distance-quarantine-and-isolation/>

People with symptoms, in quarantine or isolation

People who have symptoms of respiratory infection should not take part in any activities, even in case of mild symptoms. Persons who are in quarantine and isolation should also not attend the public areas. It is important that the business communicates this to employees and visitors.

In the event of illness while people are present on the ship

Employees and guests who fall ill while at work/present on the ship must go home or be put in isolation as soon as possible. Sick people who need to be picked up by others must wait in a separate room or out where there are no others. Sick people should not take public transport. Sick people should cover their mouth and nose if they cannot keep two meters distance to others, in order to reduce the spread of infection.

The infection control physician at Longyearbyen Hospital is responsible for follow-up around Covid-19 cases in Svalbard and for determining the necessary measures. The Norwegian Institute of Public Health defines who is close to the sick and therefore who should be followed up with quarantine or other measures (infection tracking), and whether information is needed for others. The infection control physician will assume that healthcare professionals on board do the practical work of contagion tracking for current close contacts among employees or passengers. The infection control physician at Longyearbyen Hospital may be an adviser in this work.

General information about good hygiene

Good hand and cough hygiene

Follow hand hygiene, cough hygiene, facemask use, cleaning and laundry procedures as described:

<https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/hand-hygiene-cough-etiquette-face-masks-cleaning-and-laundry>

There you can also find advice on how to avoid dry hands.

Good hand and cough hygiene reduce transmission of all respiratory infections, including infection of Covid-19. These measures reduce infection via objects and hands, as well as infection by cough. Hygiene measures should be carried out frequently by everyone, regardless of knowledge of their own and others' contagion status.

Hand washing with lukewarm water and liquid soap is an effective way to prevent infection. Dirt, bacteria and viruses detach from the skin during washing and rinse away with the water.

Washbasin:

- Wash hands frequently and thoroughly. The actual washing process should take at least 20 seconds. See: <https://www.youtube.com/watch?v=vsFQfZit0KU>

- Wipe your hands with disposable paper towels.
- This should be performed as a minimum on arrival, between different tasks (for example, if you move or change equipment), after toilet visits, and before and after kitchen work and eating.

Alternatives to hand washing:

- The virus is sensitive to alcohol, and alcohol-based disinfection (hand liquor) is an option unless hand washing options are available.
- Hand disinfection is placed in places where there are no hand washing facilities (for example, in cloakrooms, at entrances and by canteens).
- Alcohol-based disinfection is ineffective in case of visibly dirty or wet hands, then hand washing should be carried out.

Other

Shaking hands, squeezing and unnecessary physical contact are avoided to the extent possible.

Avoid touching your face.

Cough in the elbow hook or in a paper tissue which is then thrown away. Wash hands afterwards.

Good cleaning.

The new coronavirus (SARS-CoV-2) is easily removed by manual cleaning with water and regular cleaning agents. The virus can survive on surfaces from hours to days, depending on the type of surface, temperature, sunlight, and other factors. The virus's ability to cause disease probably decreases rapidly on surfaces, depending on the amount of viruses. The risk of indirect contact infection is therefore greatest if a surface is touched immediately after it is contaminated. With the exception of surfaces heavily contaminated with respiratory secretions (saliva, snot and mucus), it is assumed that after a short time (minutes to hours) there is little risk of indirect contact infection via contaminated objects.

Review routines and local cleaning plans, and make adjustments (organization, responsibility and resource needs). Exposed areas (see below) should have reinforced cleaning.

It is not necessary to use disinfectant routinely as soap and water are also good enough. If disinfection is still used, visible dirt must first be wiped away with cloth or paper towels, otherwise the disinfectant does not work. Current disinfectants are alcohol-based disinfection and chlorine.

Reinforced cleaning in exposed areas:

- Toilets and washbasins must be cleaned at least daily during daily use. Dry surfaces such as toilet seat and faucet on the washbasin regularly, depending on how frequent it is in use.
- Disposable paper towels and soap should be available and ensure that rubbish is emptied regularly.
- Pay extra attention to cleaning in the kitchen/dining room. Dining table/kitchen is washed with water and soap after use.
- Door handles, stair rails, chairs, other table surfaces and other items that are often touched are cleaned frequently, as a minimum daily during daily use.
- Equipment used by several people (e.g. working tools, touch screens, keyboards, toys, textiles, equipment for rent, etc.) should be cleaned after every use.

See the FHI's advice on cleaning and disinfection to sectors outside the health service:

<https://www.fhi.no/en/op/novel-coronavirus-facts-advice/advice-and-information-to-other-sectors-and-occupational-groups/cleaning-and-disinfection/>

Reduced contact between people

Contact-reducing measures to prevent the spread of infection are important in all situations and must be maintained at all stages in meetings between guests and employees. It is easiest to forget about these measures in more informal situations, such as during breaks, transport to and from etc.

Contact-reducing measures must be adapted to the individual business. See PART 2.

Expedition/Reception

- Distance between employees in reception and guests should be at least 1 meter, preferably more where possible. Reception users will only stay there for a short time.
- Plexiglass can be considered where reception desk does not already have a glass hatch. The plexiglass should then cover at least 20 cm outside face and chest height in all directions.

Corridors and common areas

- Narrow common areas should not be used for stays. If this cannot be avoided, chairs can be put forward to ensure sufficient distance and limit the number of people using it at the same time.
- People can pass each other and be short-lived in the same area without further infection risk.
- Close face-to-face contact should be avoided if possible.
- If break areas are needed, ensure adaptation to avoid mixing people to the greatest extent possible.
- Priority in Lifts should be given to people with mobility difficulties and goods transport, if it is difficult to keep the recommended distance with the lift.
- Optionally, create markings on the floor to ensure the distance between people in all rooms, changing rooms and other areas where congestion may occur.

Especially for employees

- Common equipment, working tools, computers/keyboards must be washed off after use.
- Pay extra attention to hygiene around the kitchen/dining room.
- Canteens can be operated according to normal kitchen hygiene routines. Have good routines for hand hygiene.
- Advice on distance between people must be observed in canteens and dining rooms.
- Restrict the use of public transport where possible.

Consider different attendance times if possible and appropriate, so that employees, users and others are present at different times and thus can avoid being many overall. Avoid rush hour on public transport.

Lists of contact information

All guests on expedition cruises (coastal cruises) must be registered on contact lists with their name, phone number and email. This is to make infection tracking as accurate as possible if the infection of Covid-19 occurs. The infectious disease doctor at Longyearbyen Hospital and other relevant infectious authorities shall be given access to the lists if necessary. Inform guests that contact information is stored for three weeks after their stay.

Higher Risk Groups

We distinguish between groups with slightly increased risk and people with moderate to elevated risk. For up-to-date information about people who may be at higher risk of Covid-19, see the Norwegian Institute of Public Health's website: <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/risk-groups---advice-and-information/>

In some situations, re-arrangement of work should be considered for people who are at increased risk of severe course of Covid-19. Today, this applies primarily to those who are at moderate/high risk of severe progress. If there is a lot of infection in society, this may also apply to those who are at slightly increased risk. In the event of a lot of contagion in society, sick leave may also be applicable to people at moderate/high risk if re-arrangement is not possible.



Photo Credit: AECO

Current for expedition cruises (coastal cruise):

When booking a trip, a routine must be developed to inform who can travel on an expedition cruise to Svalbard in the summer of 2020, and what documentation of the state of health travelers must provide before the start of the journey, if necessary during the journey, and after the journey. Requirements for handling, storing and shredding the documentation are provided by applicable regulations.

The routine shall contain information that if there is a suspicion of Covid-19, the person cannot travel on an expedition cruise (coastal cruise) to Svalbard in the summer of 2020. The assessment of travel ability will be based on the Institute of Public Health's definition of Covid-19 risk groups

<https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/risk-groups---advice-and-information/>

- Persons in the moderate/high risk group will not be able to cruise in Svalbard.

- Persons in the group lightly increased risk must present a health certificate documenting general good health status prior to departure.
- All persons shall complete and submit a self-declaration (self-monitoring form) related to health and Covid-19 prior to departure. All passengers must also, prior to boarding, complete and submit a new copy of the self-declaration (self-monitoring form) for review by a doctor or nurse. If there is any suspicion of Covid-19, then the passenger shall be transported in a contagiously proper manner to isolation outside the vessel.

Isolation of infected cases

The following shall apply to isolation:

Anyone with acute respiratory infection for reasons other than Covid-19 should be isolated at home until at least one day after symptoms cease. Additionally, people with confirmed or probable Covid-19 must be isolated for at least 3 days after symptoms cease and at least 8 days after onset of symptoms.

Persons confirmed infected by SARS CoV-2 shall reside in isolation, cf Covid-19 regulations, section 11 *Isolation*.

Isolation means that the person is staying in his own home or other suitable place of residence, here in vessels.

The person shall be isolated from other persons, and shall, where possible, not have close contact with persons in the same household, cf. Covid-19 Regulations, § 3 *Close contact*.

Persons covered by the first subsection are obliged to stay in isolation from symptoms occurring. The period of isolation shall be in accordance with the Directorate of Health's recommendations", in Covid-19 Regulations, § 11 *Isolation*. Reference is also made to: Norwegian Directorate of Health's **Coronavirus – decisions and recommendations**

Public Health Institute's advice on **Distance, Quarantine and Isolation**

<https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/social-distance-quarantine-and-isolation/>

Current for expedition cruises (coastal cruise):

Persons with symptoms should be monitored or followed by healthcare professionals on board vessels, and the state of health should be discussed with the infectious disease physician at Longyearbyen Hospital. The use of self-monitoring and temperature measurement shall continue up to 3 days after symptom freedom. The documentation must be kept in accordance with applicable regulations.

The infection control physician at Longyearbyen Hospital determines whether there is a need for a conference with the local medical officer of Tromsø municipality.

The infection control physician at Longyearbyen Hospital decides, in consultation with the local medical officer of Tromsø municipality and the Governor, whether the vessel should be referred to the port in Tromsø, cf. regulations on the notification of and measures in case of serious incidents of importance to international public health etc. (IHR Regulations) (<https://lovdata.no/dokument/SFE/forskrift/2020-03-27-470>.)

Reference is made to letters from the Directorate of Health to county governors and coastal municipalities dated 9 March 2020 (Annex 5):

The Captain of the ship is obliged as soon as possible and at the latest upon arrival at the first port in Norway to notify of the state of health on board, if the conditions mentioned in Section 5 of the IHR Regulations are met.

Designated ports in Norway are Bergen Harbor, Port of Tromsø and Port of Oslo. These are ports that will take care of special tasks, so that they can deal with a serious incident that could have an impact on international public health, such as Covid-19. Such ports can be used in a contingency context when there is a serious incident. Reference is made to Section 19 of the IHR Regulations. There will basically be no opportunity for a designated port to reject a ship.

Such a notice shall be given to the control center, customs, or the Norwegian Coastal Administration, which then notifies the municipal doctor or the Norwegian Institute of Public Health, cf. Section 4 of the IHR Regulations.

The operators (businesses) shall prepare a routine for the implementation of the isolation of crew/passenger in case of suspected or confirmed Covid-19, and practice this regularly.

Quarantine of those in close contact

The following shall apply to the follow-up of close contacts with an infected person:

House-hold members and similar close contacts shall be quarantined, and "other close contacts" who are followed up with tests and advice. See:

<https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/social-distance-quarantine-and-isolation/>

Current for expedition cruises (coastal cruise):

The quarantine site for those who have been in close contact with an infected person, shall, for the crew/passengers, be on board the vessel.

The operators (businesses) shall prepare a routine for the implementation of quarantine in case of close contact by crew/passenger in case of suspicion or confirmed Covid-19, and practice this regularly.

Testing on board vessels

The following shall apply to testing on board vessels:

The Norwegian Institute of Public Health recommends that all people with symptoms of Covid-19 should be tested.

“With symptoms” means acute respiratory infection and one or more of the following symptoms; fever, cough, breathlessness, loss of taste or sense of smell, or assessed by a doctor as suspected of having Covid-19. One might consider testing also people with mild symptoms. This may be assessed by the medical director on board, possibly in contact with the infection control physician at Longyearbyen Hospital.

In some situations, it may be appropriate to test people who are asymptomatic, cf. FHI's advice on **coronavirus test criteria** <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/advice-to-health-personnel/test-criteria-for-coronavirus/>

Current for expedition cruises (coastal cruise)

SARS-CoV-2 is the virus that causes the onset of the disease Covid-19.

The responsible physician for the vessel is responsible for the requisition of a sample for testing of SARS-CoV-2 (Covid-19).

Operator develops and applies procedure for trial with suspicion of Covid-19.

Samples are taken by a nurse or doctor using infectious disease equipment according to procedure. (The procedure can be develop based on Tromsø municipality's Internal Control testing, contact tracking and infection tracking of Covid-19 and/or Covid-19 testing and infection tracking at Longyearbyen Hospital. These will be on the Governor's website).

The procedure should be practiced regularly.

The vessels shall have 10 x test equipment for the SARS-CoV-2. Sampling equipment can be ordered from UNN Sterile supply <https://labhandbok.unn.no/bestill-provetakingsutstyr/category814.html>, optionally by phone: +47 77 62 64 09.

The test is sent for analysis by UNN as ordinary shipment.

When a test has been taken on ships, the Microbiologist at Northern Norway University Hospital shall get information about this so that they are prepared to analyze the sample as soon as practicable. The requisitioner should contact the duty microbiologist on mobile 90 59 28 96 who is serviced 24/7. Any test received by UNN before 17:00 will be answered the same day (priority tests) to the requesting physician. If the samples arrive at the hospital at 17:00 – 20:00 they will be answered the next morning (around 09:00) and if they come after 20:00 they will be answered on the day the next day (around 14:00). This applies on every day of the week.

The vessel does not sail further until the test result is known or the state of health of the person/persons in question deteriorates.

The responsible physician consults with the infection control physician at Longyearbyen Hospital about the health of the person/persons in question, to assess whether the vessel should abort the cruise and return to Tromsø.

The infection control physician at Longyearbyen Hospital decides, in consultation with the local medical officer of Tromsø municipality and the Governor of Svalbard, whether the vessel should be referred to the port in Tromsø, cf. regulations on the notification of and measures in case of serious incidents of importance to international public health etc. (IHR Regulations) (<https://lovdata.no/dokument/SFE/forskrift/2020-03-27-470>).

If the analysis shows that there is no Covid-19, and the health of the person/persons is assessed by a doctor to be satisfactory, then the vessel can continue the cruise.

Passengers with illness conditions compatible with Covid-19 should be monitored using self-monitoring and temperature measurement for three days after the symptoms cease. This is in accordance with the Privacy Policy.

If the analysis shows that there is Covid-19, then the vessel should return to Tromsø.

The infection control physician at Longyearbyen Hospital should be informed.

- Infection control physician at Longyearbyen Hospital **Phone: +47 79 02 42 00**

The municipality physician, Tromsø municipality shall be informed.

- Tromsø harbor, harbor security **Phone: +47 911 07 444**
- Tromsø Customs **Phone: +47 22 86 03 12**
- Municipal Medical Officer, Tromsø Municipality **Phone: +47 777 79 000**
- Community emergency preparedness, Institute of Public Health **Phone: +47 477 81 880**

The operators (businesses) shall prepare a routine for the implementation of crew/passenger testing if Covid-19 is suspected, and practice this regularly.

Restrictions on number of passengers on the vessel

Passenger restrictions applicable to expedition cruise (coastal cruise):

In order to comply with the contagion rules, law and regulations and this *Guideline for expedition cruises (coastal cruises) on and around Svalbard during the Covid-19 pandemic 2020*, the vessels shall utilize a maximum of 50% of their passenger capacity during the Covid-19 situation.

For expedition cruises, the maximum number of passengers is 250.

This applies until other decisions have been made by the authorities.

The authorities will consider increasing occupancy rates if the spread of infection nationally remains low or reduced in line with the Government's decisions, and that the cruise operators (businesses) comply with the national infection control rules, national guidelines and the Law and Regulations on Infection Control and *Guideline for expedition cruises (coastal cruises) on and around Svalbard during the Covid-19 pandemic 2020*.

Reference is made to the previous mention that the guideline may be revised when the Government adopts changes to the national infection control rules and changes to the health authorities' advice and provisions for infection control. The Governor coordinates this in cooperation with the work committee. In the event of change, either by changes in national rules or changes to the operator (business) where there are questions about changing some of the requirements, this shall be submitted to the Ministry of Health and Care Services and the Polar Affairs Department of the Ministry of Justice and Public Safety. The Ministry of Health and Care Services clarifies questions with the Health Care Institute, the Directorate of Health and Helse Nord RHF.

Changes shall be made in Part 5. Changelog.

PART 3 Checklist for infection control by tourism operators

The various cruise operators (businesses) shall fill in notice of the relevant measures before opening for operations using **OK** when the plan has been prepared and implemented, and **work** when work is still in progress. The various operators (businesses) are recommended to fill out the checklist weekly and save. This documentation may be presented upon inspection or if it is noticed that they have not complied with the infection control requirements set out in applicable law and regulations, national guidelines and this Guideline for expedition cruises on and around Svalbard during the Covid-19 pandemic 2020.

Measures	Note
Management's overall responsibility	
Training of employees and others, by being made aware of the content of this guideline	
Information for users about the new routines	
Create a plan for hygiene measures and cleaning	
Consider making plans for alternate meeting time / home office	
Create a dialogue with any employees, users, or others who are at risk and who may need facilitation	
Sick people should not attend the services	
Sick people should stay at home (on vessels isolated), even in case of mild symptoms.	
If possible, the tourist service site should be abandoned if employees or users become ill.	
Good hygiene	
Ensure that there is enough soap and paper towels available at all hand washing stations and toilets	
Hanging posters about hand washing routines and cough hygiene	
Wash hands frequently and thoroughly (use or hand disinfection)	
Cough and sneeze in paper tissue and dispose of it or in the elbow box	
Plan for cleaning including frequency and method	
Reinforce cleaning in exposed areas frequent (door handles, stair rails, table tops etc.	
Place alcohol-based disinfection where no hand washing is available	
Reduced contact between people	
Maintain 2 meters distance between persons. If this is not possible, 1 meter should be observed	
Plan to keep distance in common areas such as changing rooms, waiting rooms, toilets and gangways	

Optionally introduce markings on floors to ensure distance in areas where congestion may occur	
Limit the number of people present to required persons only. Visitors to the ship are to be restricted where possible or appropriate	
Consider the use of rooms in relation to the number of people, use larger premises if possible, different attendance/combination of digital meetings/ home office and physical attendance	
Plan for distance between people and hygiene measures at meals/in the canteen	
Prepare a good infection control plan in line with current national rules, together with local providers of activities and local communities when planning landings in built-up areas. Disembarkation in built-up areas shall be avoided as far as possible.	
Routines	
Prepared information for passengers and routine for informing them about the three principles to slow the spread of infection: <ul style="list-style-type: none"> •Make sure that sick people are not physically present •Ensure good hygiene •Reduce contact between people 	
Prepared routine for checking of self-declaration (self-monitoring forms) before boarding and routine for onshore isolation if there is a suspicion of Covid-19	
Prepared routine for isolation on suspicion of Covid-19 for crew/passenger. This should practiced regularly	
Prepared routine for assistance to persons in isolation and quarantine in case of close contact with infected crew/passengers	
Prepared routine for carrying out self-monitoring and temperature measurement for up to 3 days after symptoms cease	
Prepared routine for quarantine in case of close contact for crew/ passengers. They should be practiced regularly	
Prepared routine for the implementation of the testing of crew/passenger in case of suspected Covid-19. This should practiced regularly.	
10 x test kits for Covid-19 on board.	
Infection control equipment for sampling	
Prepared routine for evacuation of vessels to port on the mainland in accordance with IHR regulations	
Develop a routine for good infection control in line with current national rules on landings, and everyone must be in permanent cohorts (maximum 45 people in each cohort). The vessel's crew and passengers can only go ashore in Norway if the crew and passengers consist exclusively of persons who at the time of boarding are not covered by the quarantine obligation pursuant to section 5 of the Covid-19 regulations.	



Photo Credit: Georg Bangjord

PART 4 Detailed infection control measures

Introduction

This part of the guideline deals with detailed infection control measures in different parts of the expedition cruise product. The measures for relevant activities are taken from Visit Svalbard's guideline for tourism in Svalbard.

Infection control measures for accommodation and dining in Visit Svalbard's guideline to tourism in Svalbard are taken from NHO's (the Confederation of Norwegian Enterprises – Tourism) industry-specific guidelines and already established industry norms.

These are also relevant for parts of the expedition cruise product.

Parts of these are also relevant for parts of the expedition cruise product and therefore included in this guideline.

Infection protection measures for expedition cruises

The three principles to slow down the spread of the infection:

- **Make sure that sick people are not physically present**
- **Ensure good hygiene**
- **Reduce contact between people**

In addition, the following measures will be central to efforts to curb the spread of infection in Svalbard:

- **Ensure good training in infection control for employees**
- **Provide good information to customers about the infections**
- **Make lists of contact information on all participants/visitors in case infection tracking becomes necessary. The company is responsible for keeping lists with both name, phone number, place of residence and email**

The industry standard for accommodations is established by the NHO based on the Institute of Public Health's advice. Industry standards for accommodation are also relevant for ships.

This industry guideline deals with the expedition cruise vessel and the expedition cruise operation. Other industry and/or business guidelines may be relevant to the operation, including various product and service providers, ports, pilot services, etc. Cruise operators will have to meet all relevant requirements as a result of these.

Vessel

AREA	RISK DESCRIPTION	MEASURES
RECEPTION, COMMON AREAS, ELEVATORS, GENERAL	Congestion at entrances, check-in / check-out can entail the risk of direct infection because the guests are too close together.	Make sure that there is no congestion. Consider the need to introduce a queuing system, distance markings on the floor, etc. Consider measures to limit the number of people who come/leave at the same time, for example by giving each person their own check-in/check-out time.
	Risk of indirect contact infection by guests and staff touching on the same surfaces, such as reception counter, check-in tablet, card terminal, pen, lift buttons, etc.	Encourage everyone to wash hands upon arrival. If this is practically difficult to implement, be sure to have hand disinfection available at the entrance. Frequent washing of exposed surfaces, such as reception counter, elevator buttons, equipment used by many etc. Facilitate card payments and other electronic payment solutions. As far as possible, payment should be made contactless. Alternatively, a credit card or cash can be used. Hand hygiene is recommended after such touching.
	The general risk of infection due to the sick persons.	Guests must be informed in advance that they cannot travel on a cruise if they have symptoms of respiratory infection. See the section on the health certificate/self-declaration (self-monitoring form). Information about guests who have been on a cruise is kept for a minimum of 3 weeks for use for any infection tracking. Infection tracking shall be carried out in cooperation with the responsible infection control authority.

CABINS	Risk of indirect contact infection by not cleaning cabins well enough between guests.	<p>Good cleaning routines. Seek any assistance from the supplier of washing equipment. Ordinary detergents can be used. Remember to wash all common touch points, e.g. light switches, door handles, remote control etc. Good routines should be provided for normal hand hygiene performed with soap and water or hand disinfectant when cleaning. Remove decorative pillows in bed and bedspreads that are not washed regularly.</p> <p>In case of confirmed infection, good cleaning of cabins and other areas where the guest is reported to have stayed is carried out. Consult with the supplier of cleaning agents. Read also the FHI's cleaning supervisor: https://www.fhi.no/en/op/novel-coronavirus-facts-advice/advice-and-information-to-other-sectors-and-occupational-groups/cleaning-and-disinfection/</p>
RESTAURANTS		
Arrival guests	Congestion at entrances may result in an increased risk of infection.	Organization of queues. In the event of a tendency to congestion, an employee must be dedicated to keeping track of the queue. Consider marking lines for queues on the ground/floor that maintain appropriate distance.
Serving food indoors	Increased risk of infection if people stay too close together, either by the possibility of congestion at the bar/serving counter, and/or because people are standing/sitting too close together/too many people in the room.	<p>Food and drink serving indoors must at all times follow the current guidelines in the Regulations on infection control measures, etc. at the corona pandemic (covid-19 regulation).</p> <p>There should be at least 1 meter distance between tables, and guests should have the opportunity to keep sufficient distance at the table. Where fixed tables do not allow distance between tables, a 1-metre distance between groups of guests shall be ensured.</p> <p>Consider how many guests the restaurant can accept and still comply with the above measures.</p> <p>Organization of queues at the bar/serving counter, either in the form of a dedicated employee keeping order, or postings and markings on the floor.</p>

		<p>Guests must not stand tightly together in the room, but mainly sit at tables. Limit of 5-6 guests at each table, but the company can make exceptions for large families/groups living together, or by taking compensatory measures in the form of greater distance between guests, greater distance to the next table layout etc.</p>
	<p>The risk of indirect contact infection by several people being in contact with the same items, such as menus, salt cellars, ketchup bottles, water jugs, etc. The same applies to contact surfaces such as bar counter, door handles, table surfaces etc.</p>	<p>Facilitate card payments and other electronic payment solutions. As far as possible, payment should be made contactless. Alternatively, a credit card or cash can be used. Hand hygiene is recommended after such touching.</p> <p>Use a whiteboard, bulletin, or one-time menu, prevent many guests from touching the same menu. When using laminated menus, the menus can be washed/disinfected between each guest. Guests are not allowed to supply themselves with accessories/spices/ketchup/water jugs/coffee jugs etc. Served by employees or using disposable solutions. Frequent washing of bar counters, door handles and other exposed surfaces with ordinary detergents. Table surfaces are washed with ordinary detergents between each guest group. Use disposable wipes or clean wipes that wash after use. Avoid using the same cloth on multiple surfaces/change cloth frequently. Consider wearing gloves when serving. Wearing gloves requires training in proper glove use. Good hand hygiene must be maintained by the staff anyway.</p>
Serving food outdoors on vessels	<p>There is thought to be less risk of infection outdoors, compared to indoor.</p>	<p>Food and drink serving indoors must at all times follow the current guidelines in the Regulations on infection control measures, etc. at the corona pandemic (covid-19 regulation).</p> <p>Feel free to facilitate outdoor dining if possible. Follow the same advice as when serving indoors.</p>

COMMON ROOMS (Lecture Hall, Cinema, Library, Science Rooms, Exhibition Rooms)	Risk of guests transmitting infection upon contact with others, or when using shared objects.	<p>Social distance with min. 1 meter distance applies to common rooms such as library, lecture hall/cinema, science rooms, exhibition rooms and the like.</p> <p>When lending books and magazines, loaned objects should be put back in separate sorting. They should then be wiped off or put away for 24 hours before new lending.</p> <p>Other cleanable common equipment can still be used provided that special cleaning protocols are introduced.</p>
WELLNESS AREA, FITNESS ROOM, POOL, SPA, ETC.	Risk of guests transmitting infection by (direct or indirect) contact with other guests or damp surfaces	<p>From June 15 swimming-pools, spa and gyms have been reopened.</p> <p>The Covid-19 regulation now reads:</p> <p>§ 15b. Requirements for infection control-sound operations at other companies</p> <p>Amusement parks, swimming pools, water parks, spa facilities, hotel pools, fitness centers, bingo halls, gaming halls and the like must, in order to be open, be operated in a professionally sound manner. Properly prudent operation means that the company must ensure that visitors and personnel can keep at least 1 meter away from people who are not in the same household, that the company has prepared routines for good hygiene and good cleaning, and that the routines are complied with. See advice from the Norwegian Institute of Public Health: https://www.fhi.no/en/id/infectious-diseases/coronavirus/</p>

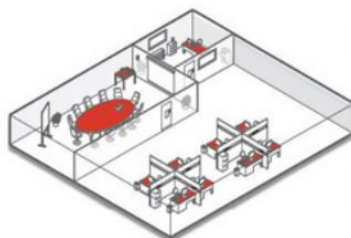
SHOP	Risk of guests transmitting infection upon contact with other persons and items in the store.	Shop staff must ensure that sufficiently recommended distance is maintained between guests in the shop room and dressing room. Consider dividing into several small groups. Hand disinfectant or hand wash facilities with soap and water must be available. Frequently affected contact surfaces are washed or disinfected after using the room with ordinary cleaning agents.
	Further risk of indirect infection in that many people take on the same surfaces.	Table surfaces are washed with ordinary detergents between each guest group. Frequent washing of other exposed surfaces. Use disposable wipes or clean wipes that wash after use. Avoid using the same cloth on multiple surfaces/change cloth frequently.
	Increased risk of direct infection by people staying too close together.	Consider how many guests the place can accept and still comply with the above-mentioned measures. There should be at least 1 meter distance between tables, and guests should have the opportunity to keep sufficient distance between each other.
		Otherwise, all measures under the point above "Serving food indoors" apply.
TOILETS	Increased risk of infection in the event of congestion because many people will use few toilets.	If the premises are so aligned that there may be congestion at the toilets, consider the organization of queues, for example when marking on the floor.
	Risk of indirect contact infection related to surfaces that many touch on.	Make sure there is always enough soap and hand drying paper so guests can wash their hands. Hang up posters where one encourages guests to

		good hand washing and the use of paper towels to close the faucet etc. Frequent and regular cleaning of frequently affected contact surfaces, such as door handles, flushing button, faucet, soap dispenser, toilet paper holder, toilet seat etc. Intervals for cleaning are determined by the individual business depending on the design of the premises and the number of guests.
SUPPLY, BUNKERING, WASTE	Risk of infection of or from ships in connection with supplies, bunkering or disposal of waste	All goods and supplies are delivered to the dock. Packaging is removed or cleaned before supplies are brought on board. When stacking and disposal of ordinary waste, contact between the crew and the receiving device is avoided. Consider whether the use of protective equipment is necessary.
INFECTIOUS WASTE	Risk of infection from infectious waste	Infectious waste is handled and stored in accordance with vessel rules and procedures and is disposed of via an appropriate reception facility.
CLEANING PLAN	Risk of indirect contact infection in case of inadequate cleaning	There should be written cleaning plans with a focus on exposed surfaces, with clear definition of responsible, cleaning zones, frequency and cleaning agents.

NHO Reiseliv The supplier Lilleborg has developed this overview of hygiene measures and important focus areas when cleaning during the corona outbreak

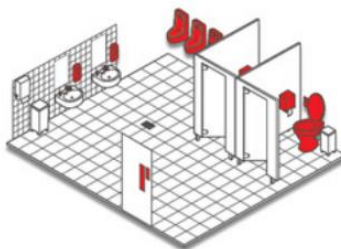
Fokusområder - berøringspunkter

Kontorer og møterom



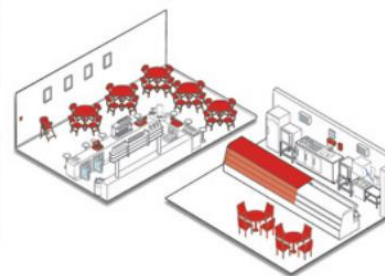
-  telefoner
-  pulter
-  brytere
-  dørhåndtak og området rundt

Toaletter



-  dørhåndtak og området rundt
-  brytere
-  dispensere
-  kraner
-  Toalettsetter/urinaler

Kantiner og fellesarealer



-  stoler
-  bordoverflater
-  glasskille
-  alle håndtak
-  dispensere
-  tablets
-  brytere

 **Lilleborg**
Part of the Orkla Group

Health professionals required

Expedition cruise vessels (coastal cruises) on Svalbard will be staffed with the following health professionals:

1-99 people on board	Minimum 1 nurse on board In addition, the operator/business must have an agreement with a doctor who may be requested to carry out analysis of any test
100-300 people on board	Minimum 1 doctor on board Minimum 1 nurse on board
301-500 people on board	Minimum 2 doctors on board Minimum 2 nurses on board

Infection control measures by seafarers and other employees

The three principles to slow down the spread of the infection:

- **Make sure that sick people are not physically present**
- **Ensure good hygiene**
- **Reduce contact between people**

In addition, the following measures will be central to efforts to curb the spread of infection in Svalbard:

- **Ensure good training in infection control for employees**
- **Provide good information to customers about the infections**
- **Make lists of contact information on all participants/visitors in case infection tracking becomes necessary. The company is responsible for keeping lists with both name, phone number, place of residence and email**

Any business shall draw up plans for people who cannot board due to a health situation or suspected infection, so that these can be followed up in accordance with infectious disease protocols.

Operators shall follow the Institute of Public Health's advice to sectors where workers live on site (including ships) as far as possible:

Workplaces where employees live during periods in barracks or similar homes near each other will be particularly susceptible to transmission of infection. Therefore, it is especially important to intensify hygiene measures and limit contact between employees in these workplaces.

People with symptoms of respiratory infection must not go to work or stay in normal living areas. Workers with light respiratory symptoms is not tested for COVID-19, but should avoid contact with colleagues up to 24 hours after symptoms are gone. See <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/advice-to-health-personnel/test-criteria-for-coronavirus/>

People who have been diagnosed with COVID-19 should be at home isolated. If they cannot return home, a separate area must be set aside for this purpose. There should be a separate bathroom/toilet available. Food should be served in the room. Otherwise, follow the general advice for isolation of the area. Afterwards, the rooms, toilets and other areas where people have been in isolation should be cleaned with normal cleaning products. Medical personnel are responsible for following up COVID-19 cases and for contact tracking in accordance with applicable guidelines.

People identified as close contacts should be quarantined. See <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/social-distance-quarantine-and-isolation/>

If they cannot return home, a separate area must be set aside for this purpose. People in quarantine should not live in common living areas with others. They need to be extra alert for respiratory symptoms that may occur.

Consider reducing the number of employees working at the same time to reduce contact between employees and to reduce the risk of infection at work.

If there is a shared canteen or dining room, you need to limit the number of people eating at the same time, to reduce the contact between employees.

Limit the number of people living in common areas.

Where possible, try to have different teams of workers who are not in contact with each other, and avoid mixing different teams. In this way, infection in one team will not have consequences for the other team

AREA	RISK DESCRIPTION	MEASURES
ORGANISING THE WORK ROTATION	Risk of quarantined many employees if infection is detected.	As far as possible, employees should work in regular "crew" so that they have as few people as possible from their colleagues. In addition to infection control considerations, too many employees could be quarantined at the same time.

ON-SIGNING	Risk of bringing infection on board travelling to vessel and at the time of embarking	Crew members and other employees must complete a self-monitoring form for Covid-19 symptoms. Employees should be instructed in social distancing and personal hygiene during travel to the ship.
TRAINING	Increased risk of infection if employees are not familiar with recommended and implemented infection control measures.	The company must provide training and information on implemented infection control measures for all employees. In addition to training, routines should be hung up in relevant places.
SYMPTOM CONTROL	Risk of employees with symptoms exposing others on board to infection	All employees to be checked for symptoms and the health professional responsible on board assess the need for systematic temperature measurements. Employees with respiratory symptoms or other Covid-19 symptoms are isolated and are supervised by the ship when Longyearbyen or Tromsø.
RESPONSIBILITY	Important to ensure that the company has a conscious attitude towards the implementation of the measures.	The general manager has the overall responsibility for creating a risk assessment and implementing infection control conditions and preparing and implementing routines. The CEO also has the overall responsibility for ensuring that the company complies with the infection control measures. The Safety Representative shall assist in this work.
	This is best secured by using existing systems for HSE work, and leadership.	An infection control officer should be appointed for each ship, who has a special responsibility to ensure that the measures are followed up.

GALLEY	Increased risk of infection if employees work too closely.	Employees shall be able to keep at least 1 meter distance when working. It is allowed to pass each other for short periods of time, one at a time. Avoid close face-to-face contact if possible.
EQUIPMENT, ACCESS	Further risk of indirect contact infection as a result of several people using the same equipment and/or practicing poor hygiene. Inexperienced employees.	Cleaning equipment between each employee who will use it. Consider whether everyone should work with their own equipment. No external ones in the kitchen. Also applies to suppliers. Establish routines for goods to be received outdoors. See also point about employees below. Frequent hand washing.
SHORE LEAVE	Risk of infection ashore or on board from land	<p>The vessel's crew and passengers can only go ashore in Norway if the crew and passengers consist exclusively of persons who at the time of boarding are not covered by the quarantine obligation pursuant to section 5 of the Covid-19 regulations.</p> <p>A routine for good infection control must be prepared in accordance with the national rules in force at any given time when disembarking, and all must be in permanent cohorts (maximum 45 people in each cohort).</p> <p>Employee landing should be limited.</p> <p>Employees are instructed in social distancing, avoiding contact with many people in countries.</p>

Infection control measures guests

The three principles to slow down the spread of the infection:

- **Make sure that sick people are not physically present**
- **Ensure good hygiene**
- **Reduce contact between people**

In addition, the following measures will be central to efforts to curb the spread of infection in Svalbard:

- **Ensure good training in infection control for employees**
- **Provide good information to customers about the infections**
- **Make lists of contact information on all participants/visitors in case infection tracking becomes necessary. The company is responsible for keeping lists with both name, phone number, place of residence and email**

Any business shall draw up plans for people who cannot board due to a health situation or suspected infection, so that these can be followed up in accordance with infectious disease protocols.

The consequences of Covid-19 coming aboard a cruise ship can be huge. Preventive measures must therefore be taken to ensure that infection is not carried on board. In addition, it is important that in the event of an infection, this is not spread to other people on board. Therefore, measures should also be taken aimed at detecting symptoms as early as possible by monitoring for signs of disease on a daily basis.

PREVENTIVE MEASURES

ACTIVITY TYPE/AREA	RISK DESCRIPTION	MEASURES
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Declaration of health/self-declaration		
WHEN ORDERING	The risk of travelers bringing infection on board vessels.	<p>Guest should be informed about who can travel on an expedition cruise to Svalbard in the summer of 2020, and what documentation of health condition is required before, during and if necessary, after the journey. Inform guests that people with symptoms are not allowed on board.</p> <p>Not everyone will be able to travel to Svalbard on expedition cruise and the criteria are based on the FHI's definition of COVID19 risk groups:</p> <p>https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/risk-groups---advice-and-information/</p> <p>The measures for each group are described in the table below.</p>
BEFORE DEPARTURE		<p>Persons in the moderate/high risk group will not be able to cruise in Svalbard.</p> <p>Persons in the lightly increased risk must present a health certificate documenting general good health status.</p> <p>All persons shall complete and submit a self-declaration (self-monitoring form) related to health and Covid-19.</p>
BOARDING		All persons must, upon boarding, complete and submit a self-monitoring form that maps the risk that the guest has been exposed to or infected with Covid-19.

Criteria risk

Based on the Institute of Public Health's criteria for classification into risk groups <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/risk-groups---advice-and-information/>

People in the moderate / high risk group	Will not be able to travel on expedition cruises on Svalbard
People in the slightly increased risk group	Will have to present a health certificate that documents general good health and self-declaration (self-monitoring form) regarding Covid-19 symptoms when booking and boarding
All travellers	Self-declaration (self-monitoring form) when booking and boarding

On-boarding / disembarking

ACTIVITY TYPE/AREA	RISK DESCRIPTION	MEASURES
TRANSPORT FROM AIRPORT	Risk of infection of guests travelling from airport to ship and from ship to airport.	There should be specified agreement with the local carrier on cleaning the bus before and after transport. Guests meeting at the airport are instructed in good hygiene practice and social distance. Upon arrival, there should be a direct transfer from the airport to the ship or hotel. Upon return, there should be a clear agreement with local authorities on the rules for local excursions and shopping.
LUGGAGE	Risk of infection being brought on board with baggage	It should be considered whether the baggage should be cleaned or disinfected before it is brought on board.

During the voyage aboard

AREA	RISK DESCRIPTION	MEASURES
SYMPTOM CONTROL	Risk of guests exposing others on board to infection	<p>All checked for symptoms and the health professional responsible on board considers the need for systematic temperature checks.</p> <p>Logged information about the temperature of guests who have been on a cruise to be kept for a minimum of 3 weeks for use by healthcare professionals in the event of any development of symptoms, and for use for any infection tracking.</p> <p>Guests with respiratory symptoms or other Covid-19 symptoms are isolated and supervised until the vessel reaches Longyearbyen or Tromsø.</p>

Infection control measures for activities outside the vessel

The three principles to slow down the spread of the infection:

- **Make sure that sick people are not physically present**
- **Ensure good hygiene**
- **Reduce contact between people**

In addition, the following measures will be central to efforts to curb the spread of infection in Svalbard:

- **Ensure good training in infection control for employees**
- **Provide good information to customers about the infections**
- **Make lists of contact information on all participants/visitors in case infection tracking becomes necessary. The company is responsible for keeping lists with both name, phone number, place of residence and email**

In connection with expedition cruises, it is common for guests to take part in activities outside the vessel. Guests are divided into smaller groups to be transported by small boats/tender vessels to shore or on sightseeing, and possibly for kayak trips. After disembarking, guests may be invited to participate in hiking, beach cleaning, visits to cultural sites, or the like. Sub-measures apply to all activities.

ACTIVITY TYPE/AREA	RISK DESCRIPTION	MEASURES
BRIEFING ROOM	In briefing rooms sitting persons close together for a long time, touching the same contact surfaces.	Briefing is preferably done out in the wild with a distance between guests, alternatively inside the suitable premises where the guideline provides facilitation for 1 meter distance. In this case, contact surfaces in the briefing room are cleaned with normal cleaning agents and aired if possible after each group.

TRAINING/INFORMATION	Guides/staff and guests are not familiar with infection control measures/applicable regulations and their implementation in practice.	Employees shall be informed about and trained in the implementation of infection control measures for the relevant activity. Guests should be informed of measures and infection protection at briefing/welcome. Guests with visible symptoms are rejected participation in trip/activity.
CHANGING ROOM	In the changing room, persons often stay close together, touching the same contact surfaces.	Guides must ensure that sufficiently recommended distance is maintained between the persons in the changing room. Consider dividing the group into several small groups. Hand disinfectant or hand wash facilities with soap and water must be available. Frequently touched contact surfaces are washed or disinfected after using the room with ordinary cleaning agents. Different groups cannot use the same room at the same time.
EQUIPMENT LOAN	Lending equipment is used by several people over time and can lead to contact infection.	Both the guest and the guide shall have clean hands when handing out and handling lending equipment. Lending equipment is provided by the guide to each individual. The equipment is handled safely after use. It should be washed at the highest possible temperature if washable. Equipment that is not washable should be disinfected. Equipment that is in contact with the face should be washed if possible, and if not possible, disinfected. When putting on a dry suit or other garment that comes close to the mouth and nose, persons should wear their own buff, scarf, Balaklava, or other garment that covers their mouth to prevent contact infection via the collar of the cover suit. See the Institute of Public Health's recommendations on cleaning equipment: https://www.fhi.no/en/op/novel-coronavirus-facts-advice/advice-and-information-to-other-sectors-and-occupational-groups/cleaning-and-disinfection/

VISITS TO SETTLEMENTS	Visits to settlements can bring guests and locals into contact, thereby increasing the risk of contact infection to and from communities	<p>Every visit to local communities must follow national guidelines and the Guide for Expedition Cruises (coastal cruises) on and around Svalbard during the covid-19 epidemic 2020.</p> <p>Contact between guests and locals will take place as desired by and following clear instructions from local communities.</p> <p>Before visits to the settlement, information on good hygiene and social distancing must be reinforced, and everyone must be in cohorts (maximum 45 people in each cohort).</p>
SIGHTSEEING AND TRANSPORT IN TENDER VESSELS AND OTHER SMALL VESSELS.	Sightseeing, and transport with tender vessels and other small vessels to and from ships can result in close contact between guests and guides in the vessel	<p>Guests must sit with one free seat between them and the next person if they do not travel together as family/friends.</p> <p>The vessel is cleaned with regular cleaning agents, especially at touch points. Any cloths are often replaced, and boil washed. Distance between persons should be maintained in the queue. Measures on one free seat between passengers are taken from the infection control guideline for aviation, as well as from the guideline below: https://www.helsedirektoratet.no/english/corona/infection-control-and-prevention-in-aviation-covid-19/Infection%20control%20and%20prevention%20in%20aviation%20(covid-19).pdf/_attachment/inline/cd60bafb-6acc-4f2f-a8ed-326805631dbc:677d86e876c089638b72518ccab803eea0a6ad3b/Infection%20control%20and%20prevention%20in%20aviation%20(covid-19).pdf </p>

CLOSE CONTACT ON TOUR/ ACTIVITY	On a hike you can get sweaty and breathless, which more easily increases the chances of infection by droplet when you are close to others in a group. When a person is close in a group or the group gathers to listen to the guide, there may be a risk of droplet infection.	Guides must ensure that the people keep a minimum of 1 meter distance to each other.

FOOD & DRINK	<p>Joint meals with close contact can increase the risk of infection.</p> <p>During food breaks, there is a risk of contact infection if the guests help themselves to food from the same containers and takes on the same surfaces.</p>	<p>Food and drink serving indoors must at all times follow the current guidelines in the Regulations on infection control measures, etc. at the corona pandemic (covid-19 regulation).</p> <p>Guides must have good hand hygiene when handling food. Guests should eat at a minimum distance of 1 meter. Guides must ensure that there is access to hand disinfectant.</p>
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First aid

First Aid	<p>If there is a need to carry out first aid, then everyone must consider whether there is a risk of infection from person to guide, and vice versa.</p> <p>It is important to make sure that the guidance on life-saving first aid is based on what is good practice at all times and then adapts this to the situation of infection.</p> <p>"Common" time-critical emergency medical conditions are: Heart attack, stroke, cardiac arrest and serious injuries.</p> <p>There is a risk of infection by a lack of infection control or sanitation control.</p>	<p>All guide should have mouth to mouth mask in the pocket of the jacket, or in other easily accessible space.</p> <p>If there is no basis for suspecting infection, life-saving measures can be given in the usual way as the risk of infection is generally low in society.</p> <p>For those who are not a healthcare professional, the 113 dispatcher takes a decision on the likelihood of the patient being infected, and thus decides whether to take infection control measures in the current situation.</p> <p>In any case, medical emergency phone 113 (also in Svalbard) should be contacted for alerting of resources and for guidance on life-saving first aid measures. This is always important and must be prioritized.</p> <p>Guides should wear disposable gloves and have hand disinfectant available.</p> <p>After contact with a possible infect person in connection with first aid and CPR, the first aiders should always perform good hand hygiene, wash their face and, if possible, change clothes.</p> <p>See life-saving first aid attachments</p>
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Measures in case of suspected infection

The three principles to slow down the spread of the infection:

- **Make sure that sick people are not physically present**
- **Ensure good hygiene**
- **Reduce contact between people**

In addition, the following measures will be central to efforts to curb the spread of infection in Svalbard:

- **Ensure good training in infection control for employees**
- **Provide good information to customers about the infections**
- **Make lists of contact information on all participants/visitors in case infection tracking becomes necessary. The company is responsible for keeping lists with both name, phone number, place of residence and email**

If any of the passengers show signs of illness that may cause suspicion of Covid-19, they should be immediately isolated in their own cabin on board, and close contacts, after assessment by a healthcare professional, are quarantined pending investigation and test response, cf. section on isolation and quarantine and <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/advice-to-health-personnel/follow-up-close-contacts/>.

Early implementation of measures in case of suspected infection may help prevent the further spread of COVID19 among guests and crew. Personal protective equipment is an important measure to prevent the spread of infection. To have the desired effect, the right equipment must be used correctly and at the right time

Infection Control Equipment

ACTIVITY TYPE/AREA	RISK DESCRIPTION	MEASURES
EQUIPMENT TO BE AVAILABLE	Prevent spread of infection, protect personnel who are directly in contact with the contagious person(s)	The Institute of of Public Health consider the following: Surgical facemask (type II or IIR), eye protection (goggles or visor), coat with long sleeves and gloves are to be available for all personnel who have tasks in the isolation zone.

USED INFECTION CONTROL EQUIPMENT	Risk of spreading infection.	Infectious waste is handled and stored in accordance with the rules and procedures of vessels, and is disposed of to an appropriate reception facility.

Testing and Isolation

The Norwegian Institute of Public Health recommends that all people with symptoms of Covid-19 be tested.

“With symptoms” means acute respiratory infection and one or more of the following symptoms: Fever, cough, breathlessness, loss of taste or sense of smell, or assessed by a doctor as suspected Covid-19. One might consider testing also people with mild symptoms. This may be assessed by the medical doctor on board, possibly in contact with the infection control physician at Longyearbyen Hospital.

In some situations, it may be appropriate to test people who are asymptomatic, cf. Institute of Public Health s advice on **coronavirus test criteria** <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/advice-to-health-personnel/test-criteria-for-coronavirus/>

ACTIVITY TYPE/AREA	RISK DESCRIPTION	MEASURES
TEST EQUIPMENT	Any infection on board vessels must be detected at the earliest possible time.	The vessels shall have 10 x test equipment Sampling equipment can be ordered from UNN Sterile supply https://labhandbok.unn.no/bestill-provetakingsutstyr/category814.html , or by phone: +47 77 62 64 09.
COMMUNICABLE DISEASES EQUIPMENT	Any infection on board vessels must be detected at the earliest possible time	The vessel shall have infection control equipment x 10
SAMPLING ROUTINE	Any infection on board vessels must be detected at the earliest possible time	The vessels must make their own documented routine for sampling. Tromsø municipalities' routine description (see annex) can be used as a background for this.
EXERCISE ON SAMPLING	You must ensure that samples are taken correctly and do not expose the sampler to the risk of infection.	Practice must be carried out on the procedure for sampling

TESTING	SARS-CoV-2 is the virus that causes the onset of the disease Covid-19	<p>SARS-CoV-2 is the virus that causes the onset of the disease Covid-19.</p> <p>The responsible physician for the vessel is responsible for collecting samples of SARS-CoV-2 (Covid-19).</p> <p>The operator develops and applies a procedure for testing those with suspicion of Covid-19.</p> <p>Samples are taken by a nurse or doctor using infectious disease equipment according to procedure. (The procedure is being developed based on Tromsø municipality's internal control testing, contact tracking and infection tracking at Covid-19). It should be practiced regularly on the procedure.</p> <p>The vessels shall have 10 x test equipment for the SARS-CoV-2. Sampling equipment can be ordered from UNN Sterile supply https://labhandbok.unn.no/bestill-provetakingsutstyr/category814.html, optionally by telephone: +47 77 62 64 09.</p> <p>When a test has been taken on ships, the Microbiologist, Northern Norway University Hospital, shall get information about this so that they are prepared to analyze the sample as soon as practicable. The requester should contact the duty microbiologist on mobile 90 59 28 96 who is serviced 24/7. Any test received by UNN before 17:00 will be answered the same day (priority tests) to the requesting physician. If the samples arrive at UNN at 17:00 – 20:00 they will be answered the next morning (around 09:00) and if they come after 20:00 they will be answered on the day the next day (around 14:00). This applies on every day of the week.</p> <p>The vessel does not sail further until the test result is known or the state of health of the person/persons in question deteriorates.</p>
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		<p>The responsible physician consults with the infection control physician at Longyearbyen Hospital about the health of the person/persons in question, to assess whether the vessel should abort the cruise and return to Tromsø.</p> <p>The infection control physician at Longyearbyen Hospital decides, in consultation with the local medical officer of Tromsø municipality and the Governor, whether the vessel should be referred to the port in Tromsø, cf. regulations on the notification of and measures in case of serious incidents of importance to international public health etc. (IHR Regulations) (https://lovdata.no/dokument/SFE/forskrift/2020-03-27-470).</p> <p>If the analysis shows that there is no Covid-19, and the health of the person/persons is assessed by a doctor to be satisfactory, then the vessel can continue the cruise.</p> <p>Passengers with disease conditions compatible with covid-19 should be followed up using self-monitored temperature measurement for three days after symptoms cease. This is in accordance with the privacy policy.</p> <p>If the analysis shows that there is covid-19, then the vessel shall return to Tromsø.</p> <p>The infection control physician at Longyearbyen hospital should be informed.</p> <p>Tromsø municipality must be informed.</p>

<p>IN CASE OF SUSPECTED OR CONFIRMED INFECTION (ISOLATION)</p>	<p>Prevent infection from spreading</p>	<p>Anyone with acute respiratory infection for reasons other than Covid-19 should be at home isolated until at least one day after symptoms cease. Additionally, people with suspected or probable Covid-19 must be isolated for at least 3 days after symptoms cease and at least 8 days after onset of symptoms. Persons confirmed infected by SARS CoV-2 shall reside in isolation, cf Covid-19 regulations, section 11 <i>Isolation</i>.. Isolation means that the person is staying in his own home or other suitable place of residence, here in vessels. The person shall be isolated from other persons, and shall, where possible, not have close contact with persons in the same household, cf. Covid-19 Regulations, § 3 <i>Close contact</i>. Persons covered by the first section above are obliged to stay in isolation from symptoms occurring. The period of isolation shall be in accordance with the Directorate of Health's recommendations", jf Covid-19-19 regulations, § 11 <i>Isolation</i>. Reference is also made to: Institute of Public Health's advice on Distance, Quarantine and Isolation (https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/social-distance-quarantine-and-isolation/)</p> <p>Persons with symptoms should be monitored / followed up by healthcare professionals on board vessels, and the state of health should be discussed with the infectious disease physician at Longyearbyen Hospital.</p> <p>The infection control team at Longyearbyen Hospital determines whether there is a need for a conference with the medical leader, Tromsø municipality.</p> <p>The infection control physician at Longyearbyen Hospital decides, in consultation with the medical leader, Tromsø municipality and the Governor whether to refer the vessel to</p>
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		<p>the port in Tromsø, cf. regulations on the notification of and measures in case of serious incidents of importance to international public health etc. (IHR-regulations) (https://lovdata.no/dokument/SFE/forskrift/2020-03-27-470.)</p> <p>Reference is made to letters from the Directorate of Health to county governors and coastal municipalities dated 9 May 2020 (Annex 5):</p> <p>The Captain of the ship is obliged as soon as possible and at the latest upon arrival at the first arrival port in Norway to notify of the state of health on board, if the conditions mentioned in Section 5 of the IHR Regulations are met.</p> <p>Designated ports in Norway are Bergen Harbor, Port of Tromsø and Port of Oslo. These are ports that will take care of special tasks, so that they can deal with a serious incident that could have an impact on international public health, such as Covid-19. Such ports can be used in a contingency context when there is a serious incident. Reference is made to Section 19 of the IHR Regulations. There will basically be no opportunity for a designated port to reject a ship.</p> <p>Such a notice shall be given to the control center, customs or the Norwegian Coastal Administration, which then notifies the municipal doctor or the Norwegian Institute of Public Health, cf. Section 4 of the IHR Regulations.</p>
PLACE OF ISOLATION		<p>The infected case is isolated to a cabin in separate zone on board, where there is no passing traffic of anyone other than the crew dealing with suspected infected persons.</p>

QUARANTINE ON BOARD		<p>The following shall apply to the follow-up of close contacts: House-hold members and similar close contacts shall be quarantined, and "other close contacts" who are followed up with tests and advice.</p> <p>https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/social-distance-quarantine-and-isolation/</p> <p>The quarantine site for those crew/passengers who have been in close contact with the infected person, shall be on board the vessel.</p>
CRITICALLY ILL PERSON(S)	Deteriorating condition and risk of death	Consult the responsible infectious disease doctor and follow the instructions. The health professional responsible for vessel consults with the responsible infectious disease physician at Longyearbyen Hospital and follow the instructions.
EVACUATION/MEDEVAC		In case of acute illness/exacerbation, the health professional on board shall consult with the infectious disease physician at Longyearbyen Hospital and follow the instructions.

Serving food to people in isolation

ACTIVITY TYPE/AREA	RISK DESCRIPTION	MEASURES
FOOD SERVICE	Prevent spread of infection, protect personnel who are directly in contact with the contagious person(s)	Serving shall only be done by the dedicated crew dealing with suspected infected persons. Normal cleaning of crockery and cutlery.
WASTE MANAGEMENT	Risk of infection	Infectious waste is handled and stored in accordance with the rules and procedures of vessels and disposed of to appropriate reception facilities.

Part 5 Change Log

This guideline may be revised when the Government adopts changes to the national infection control rules and changes to the health authorities' advice and regulations for infection control. The Governor of Svalbard coordinates this in cooperation with the work committee. In the event of change, either by changes in national rules or changes to the operator (business) where there are questions about changing some of the requirements, this shall be submitted to the Ministry of Health and Care Services and the Polar Affairs Department of the Ministry of Justice and Public Safety. The Ministry of Health and Care Services clarifies questions with the Institute of Public Health, the Directorate of Health and Helse Nord RHF.

Changes should be entered into the change history.

Small changes are made to the change history. This does not change the text of the guideline itself.

In the event of major changes in the infection control rules, the text of this guideline must be revised. It is noted in the change logged that a change has been made to this guideline itself.

The Directorate of Health and the Institute of Public Health have no routine or practice of informing in the event of changes in the national infection control requirements.

The companies must follow the health directorate's and FHI's websites, as well as the Government's press conferences and press releases.

The Directorate of Health recommends keeping an eye on the website of **Koronasjekk.no**. This will include changes directly from the Directorate of Health and the Norwegian Institute of Public Health. This will also come as an app.

14th July 2020

- The Guideline for expedition cruises (coastal cruises) on and around Svalbard during the Covid-19 Pandemic 2020 has been updated and version 2.0 is published 14th July 2020.
- Update of headline: Who does this guide apply to and submission of plan to the Governor
- PART 3: The checklist for infection control must be completed and the routines must be attached in the plan.
- Government decisions and the covid-19 regulations have been updated with additional information.
- New guidelines for dividing passengers into cohorts.
- Food and beverage serving must at all times follow the current guidelines in the covid-19 regulation.
- New regulations related to spas and wellness departments came into force 15th June.
- Updated information on infection control measures for seafarers and other employees
<https://www.fhi.no/nettpub/coronavirus/helsepersonell/testkriterier/?term=&h=1>
- Guidelines for landing and visits to settlements have been updated with additional information.
- The Guideline for expedition cruises (coastal cruises) on and around Svalbard during the Covid-19 Pandemic 2020 is updated accordingly to the new regulations and requirements.

Appendix 1. Overview contact information

By Covid-19

The infection control physician at Longyearbyen Hospital decides, in consultation with the medical leader, Tromsø municipality and the Governor of Svalbrd, whether a vessel should be referred to the port in Tromsø municipality, cf. regulations on the notification of and measures in case of serious incidents of importance to international public health etc. (IHR Regulations) (<https://lovdata.no/dokument/SFE/forskrift/2020-03-27-470> .)

- Infection control physician at Longyearbyen Hospital **Phone: +47 79 02 42 00**
- Chief municipality health officer, Tromsø municipality **Phone: +47 77 77 90 00**
- E-mail address: postmottak@tromso.kommune.no

On notice of infection

The Captain of the ship is obliged as soon as possible and at the latest upon arrival at the first arrival point in Norway to notify of the state of health on board, if the conditions mentioned in Section 5 of the IHR Regulations are met.

Designated ports in Norway are Tromsø harbor, Bergen Port and Port of Oslo. These are ports that will take care of special tasks, so that they can deal with a serious incident that could have an impact on international public health, such as Covid-19. Such ports can be used in a contingency context when there is a serious incident. Reference is made to Section 19 of the IHR Regulations. There will basically be no opportunity for a designated port to reject a ship.

Such a notice shall be given to the control center, customs, or the Norwegian Coastal Administration, which then notifies the municipal doctor or the Norwegian Institute of Public Health, cf. Section 4 of the IHR Regulations.

- | | |
|--|-------------------------------|
| 1. Tromsø harbor, harbor security: | Phone +47 911 07 444 |
| 2. Tromsø Customs Guard: | Phone +47 22 86 03 12 |
| 3. Municipal Medical Officer, Tromsø Municipality: | Phone: +47 77 77 90 00 |
| 4. Public health emergency response: | Phone: +47 477 81 880 |

Testing on board vessels

Sampling equipment can be ordered from UNN Sterile supply <https://labhandbok.unn.no/bestill-provetakingsutstyr/category814.html>, possibly by **phone: +47 77 62 64 09..**

The microbiologist, UNN should be informed about this so that they are prepared to analyze the sample as soon as practicable. The requesting doctor should contact the duty microbiologist on mobile **+47 905 92 896** serviced 24/7.

If first aid is needed – assessment in case of suspected infection

For those who are not a healthcare professional, the **113** center (**+47 79 02 42 00**) takes a decision on the likelihood of the patient being infected, thus taking a position on whether to take infection control measures in the current situation.

In any case, medical emergency call **113 (+47 79 02 42 00)** should be informed for alerting of resources and for guidance on life-saving first aid measures. This is always important and must be prioritized.

Appendix 2 IHR plan for Covid-19 Tromsø havn



IHR-plan for covid-19 - Tromsø havn

Innledning

Tromsø kommune, ved Tromsø havn, er utpekt som «point of entry» i henhold til IHR-reglementet. Dette innebærer at Tromsø kommune har et særskilt ansvar for å kunne ta imot fartøy som bringer med seg smitte eller andre forhold som kan ha betydning for internasjonal folkehelse.

Aktuelle forhold i tillegg til smitte er skadedyr, radioaktivt materiale eller lignende.

Denne planen beskriver hvordan Tromsø kommune skal ivareta sine forpliktelser i henhold til dette regelverket i forbindelse med pandemien med covid-19.

Aktuelt regelverk

[IHR-forskriften](#)

[Smittevernloven](#)

Sentrale aktører

Tromsø havn KF – Eier av Tromsø havn, inkludert havn i Breivika, Sentrum og Grøtsund. Forvalter havneloven.

Tromsø tollsted - Ansvarlig for tollkontroll ved båtanløp fra utlandet.

Legevakta i Tromsø – Tromsø kommunes tjeneste for akutt legehjelp.

Kommuneoverlegen i Tromsø – medisinsk faglig rådgiver, og faglig ansvarlig for beredskapsplanen.

Smittesporingsteamet – team som gjennomfører smittesporing ved påvist covid-19.

Politi – ivaretar sikkerhet

Aktuelt scenario

Varsling

Dersom et skip får påvist eller mistenkt covid-19 om bord, og skipet velger å gå til Tromsø for å sikre medisinsk hjelp vil skipet, ofte gjennom sin agent, kontakte Tromsø Havn KF.

Vedtatt 18.06.2020



Tromsø kommune

Tromsø havn kan da kontakte kommuneoverlegen som organiserer helsehjelp. Dersom skipet kommer fra internasjonalt farvann bør også Tromsø tollstasjon varsles.

Alternative varslingsveier kan være at skipet kontakter kommuneoverlegen direkte, eventuelt Tromsø legevakt direkte.

Uansett hvilken vei varselet går bør det sikres varsling til:

- Tromsø havn KF ved vakttelefon
- Kommuneoverlege i Tromsø
- Tromsø Tollsted

Prosess

Båten vil sannsynligvis legge til ved Breivika havn eller i Tromsø sentrum.

Personell fra Legevakta må da rykke ut og sikre undersøkelse av passasjerer i henhold til egne rutiner. Dette innebærer testing, klinisk undersøkelse og eventuell innleggelse i sykehus.

Ved behov for smittesporing varsles smittesporingsteamet for bistand.

I utgangspunktet gjennomføres arbeidet om bord i skipet. Ved behov kan møtelokaler til Tromsø havn brukes, både i Breivika og i sentrum.

Dersom passasjerer som ikke trenger innleggelse på sykehus men må tilbys husly i Tromsø gjennomføres transport og innkvartering i henhold til kommunens rutiner for slike tilfeller.

Varslingsliste

Kommuneoverlegen i Tromsø

Trond Brattland	99 23 55 34
Kathrine Kristoffersen	41 55 48 34
Inger Hilde Trandem	48 09 95 18

Tromsø Havn KF

Vakttelefon	91 10 74 44
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Tromsø tollsted	91 57 57 50
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Legevakta i Tromsø	116 117
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Smittesporingsteamet	46 90 78 99
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Troms politidistrikt	77 79 60 00
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Vedtatt 18.06.2020

Appendix 3 Information poster from the FHI and the Directorate of Health

Link to information posters in Norwegian and other languages: <https://www.helsedirektoratet.no/brosjyrer/vaner-som-forebygger-smitte>

English:

<https://www.helsedirektoratet.no/brosjyrer/vaner-som-forebygger-smitte/Vaner%20som%20forebygger%20smitte%20-%20engelsk.pdf> /attachment/inline/3d2b9cc7-b939-4480-96d3-b67e8d2b0eee:d0b5a7dbd4d2e54cf6707720f3edd14d51378391/Vaner%20som%20forebygger%20smitte%20-%20engelsk.pdf



Appendix 4 Life-saving first aid

It is important to make sure that the guidance on life-saving first aid is based on what is good practice at all times and then adapts this to the situation of infection.

"Common" time-critical emergency medical conditions are: Heart attack, stroke, cardiac arrest and serious injuries.

Early warning of **medical emergency phone 113** (also in Svalbard) for the alerting of resources and guidance in life-saving first aid measures is always important and must be given priority.

For further description of symptoms and first aid, we have posted readily available information about this on www.113.no see:

Symptoms of myocardial infarction, which often come on suddenly:

- Chest pain that gets worse with activity
- Heavy breath
- Pale, cold and damp skin, cold sweat
- Nausea
- Feeling of fainting

One may experience different symptoms and not necessarily all.

Symptoms of a stroke:

- Impaired consciousness or unconscious
- Sudden confusion
- Suddenly difficult to breathe or very heavy breathing
- Pale, cold and damp skin
- In case of illness or injury sudden chest pain, lasting more than five minutes
- Suddenly unusually severe headache

First aid will be limited to early warning of 113

In case of severe injury/bleeding, the following applies:

1. Ensure free airway in case of unconsciousness
2. Keep the person calm
3. Stop large external bleeding by pressing bandage or clean cloth directly against the bleeding, and press with your fingers against the wound.
4. Try to reduce heat loss (important for the ability of the blood to clot, that is the ability to limit/stop bleeding)

In case of cardiac arrest, the following applies:

1. In case of sudden lifelessness: Call 113 and put your phone on speaker.
2. Ensure free airway and check if the person is breathing normally
3. If it is not or there is abnormal breathing, start cardiac pulmonary rescue (CPR)
4. Give 30 chest compressions at about 100 compressions per minute.
5. Make 2 gentle blow-ins.
6. Connect defibrillator if available

7. Continue with 30 compressions and 2 blow-ins until the paramedics take over or it is considered futile to continue attempts at resuscitation
8. Important to be aware that people who are very refrigerated (e.g. who have fallen in cold water or been buried in avalanches) can survive cardiac arrest even after a long time of CPR.

Adaptations if at risk of Covid-19 infection:

The Norwegian Resuscitation Council, the Norwegian First Aid Council and the Council for *Together save lives* have made the following recommendations on CPR:

For those who are not a healthcare professionals, the **113 dispatcher takes a decision on the likelihood of the patient being infected**, thus considering whether to take infection control measures in the current situation.

If there is no basis for suspecting infection, life-saving measures can be given in the usual way as the risk of infection is generally low in society. Outside hospitals, most lifesavers will be in family or acquaintances of the patient and probably have shared infection already, so in such cases, guidance in CPR can be done in the usual way.

We recommend the following procedure if you come across a lifeless person.

1. Call 113 and put your phone on speaker.
2. 113 will guide you through opening the respiratory tract and assessing whether the patient breathes normally or not. If the patient breathes normally, 113 will guide in placing the person in the recovery position. The assessment of whether breathing is normal occurs by watching, listening and feeling for the patient's breathing, but at the risk of **infection, it is sufficient to assess by seeing if the breast moves normally.**
3. If the patient is not breathing normally, 113 will guidance in CPR.
4. **Defibrillator is connected and used normally.** 113 will guide you to where the nearest defibrillator is located (The Defibrillator Register on the 113.no).
5. If there is a risk of infection during CPR, the following should be done:
 1. **Mouth-to-mouth or mouth-to-mask ventilation should generally not be given (separate recommendations for children). Therefore, chest compressions should only be given until an ambulance arrives.**
 2. If possible, the patient should have his mouth covered with a light piece of cloth to limit the spread of aerosols from the mouth and nose.

After contact with a possible infected people in connection with first aid and CPR, the first aider should always perform good hand hygiene, wash their face and, if possible, change clothes.

Appendix 5 Example Declaration of Health – Self-Monitoring form

Egenerklæring for påstigende gjester og mannskap

Gjester eller mannskap, uansett nasjonalitet, som i løpet av de 14 siste dager før ombordstigning, har hatt nær kontakt med eller hjulpet med å ta vare på personer som mistenkes eller er diagnostisert for å kunne ha Coronavirus (COVID-19), eller som for tiden er underlagt helseovervåking for mulig eksponering for COVID-19, vil bli nektet adgang ombord på skipet.

For å hjelpe oss med å beskytte helse og sikkerheten for passasjerer og mannskap på denne seilingen, krever vi at du svarer på følgende spørsmål:

Navn: _____

Alder: _____ **Nasjonalitet:** _____

Kjønn: _____

Dato ombordstigning: _____ **Signatur:** _____

1. Har du eller noen som er oppført ovenfor, hatt symptomer som kan relateres til COVID19, siden du leverte forrige egenerklæring?

Ja / Nei

- 1.1 Om ja, hvilke symptomer har du hatt? (sett ring rundt symptomene nedenfor)

Hoste – Feber – Sår Hals – Hodepine – Tett eller rennende nese – Muskelsmertesmerter
– ~~Tungpust~~ – Magesmerter/Kvalme/Diare – Tap av smak eller luktesans.

- 1.2 Hvilke dag fikk du symptomer

- 1.3 Hvordan er formen din i dag? (sett ring rundt form forslagene nedenfor)

Som vanlig

Er mer sliten enn vanlig, men er for det meste oppe.

Trenger mye hvile, men er oppe innimellom

2. Har du, eller noen som er oppført ovenfor, hatt nær kontakt med eller hjulpet med å ta vare på noen som er mistenkt eller diagnostisert som COVID-19, eller med noen som for tiden er utsatt for helseovervåking for mulig eksponering for COVID-19 fra du sendte siste egenerklæring?

Ja / Nei

- 2.1 Om ja, hva var siste gang du var i kontakt (Dag/Måned/År) _____

Jeg bekrefter herved at erklæringen ovenfor er sann og korrekt, og at en samlet vurdering av mine svar kan føre til nektet ombordstigning av hensyn til helse og smittevern.

Jeg forstår at uriktige svar kan ha alvorlige folkehelsekonsekvenser.

Signatur: _____

Ansvar:

Informasjonen i dette spørreskjemaet kan rapporteres til relevante offentlige helsemyndigheter. Ilandstigning fra skipet kan skje for enhver person som bevisst og med vilje avgir en falsk, uriktig eller uredelig erklæring.

Appendix 6 Example Health Statement

HELSEERKLÆRING

Kjære gjest,

Tiden for avreise nærmer seg. Det er svært viktig at du er oppmerksom på at tilgangen til avansert medisinsk tilbud i området vi reiser til, er svært begrenset. Selv om vi har kvalifisert helsepersonell som del av mannskapet, og selv om sykestuen om bord har basismedikamenter og -utstyr, er likevel god helse en forutsetning for å delta på denne turen.

Gjester som ikke er i god form og som har helsemessige plager, herunder handikap, hjertesykdom eller andre sykdommer, bes spørre sin fastlege om det er tilrådelig å delta. Noe annet vil være å utsette seg selv for urimelig risiko som også kan redusere reiseopplevelsen for andremedpassasjerer.

Hvis du regelmessig tar medisin, ber vi deg sørge for at du har med tilstrekkelig kvote for hele reisen. Du kan ikke påregne at tilsvarende medisin er tilgjengelig om bord. Du bør ha reiseforsikring som dekker kostnader for deg.

Skipets lege og Kaptein forbeholder seg retten til å nekte gjester ombordstigning dersom de ikke er helsemessig tilstand til å være med.

Vær oppmerksom på at all informasjon i legeattesten er ment som en medisinsk referanse for skipslegen. Attesten vil derfor bli oppbevart av legen under hele reisen.

Takk for samarbeidet.

Er man i gruppen lett økt risiko jfr. definert av FHI må man fylle ut hele skjemaet.
(<https://www.fhi.no/nettpub/coronavirus/fakta/risikogrupper>)

Vennligst fyll ut vedlagte skjema. Legeattesten må sendes inn senest en uke før avreise.

GENERELL FORSIKRINGSINFORMASJON

Medisinsk evakuering, hvis tilgjengelig, er kostbar og vi anbefaler på det sterkeste at du har en reiseforsikring som dekker slike kostnader. Har du tegnet reiseforsikring, i så fall hvilke forsikringsselskap har du?

NAVN:	
SELSKAPETS NØDTELEFON:	
POLICY NUMMER:	

Om jeg ikke tegner reiseforsikring, vil jeg ikke holde (Operatør) ansvarlig for eventuelle tilleggskostnader / tap som følge av avbestilling av denne reisen / ulykke / sykdom / medisinsk evakuering, eller tap eller skade på bagasje som ville ha vært dekket av tilbudtforsikringsbeskyttelse.

DATO:

SIGNATUR:

Medical Certificate

This part of the form must be completed in English or using international medical terms.
Please do not abbreviate any words.

PART I: TRAVELER'S HEALTH STATEMENT

I attest that I am in good general health, and capable of performing normal activities on this expedition. I further attest that I am capable of caring for myself during the expedition, and that I will not impede the progress of the expedition or the enjoyment of others aboard. I understand that this expedition will take me far from the nearest medical facility and that all travelers must be self-sufficient. With that understanding, I certify that I have not been recently treated for, nor am I am aware of, any physical or other condition or disability that would create a hazard to myself or other members of the expedition.

EXPEDITION:	
DEPARTURE DATE:	
NAME:	
DATE:	

SIGNATURE:

PART II: TRAVELER'S MEDICAL INFORMATION

DATE OF BIRTH (DD/MM/YYYY)	
BLOOD TYPE (IF KNOWN):	
HEIGHT:	
WEIGHT:	

EVALUATE YOUR GENERAL HEALTH (PLEASE CHECK THE APPROPRIATE BOX):			
POOR	<input type="checkbox"/>	FAIR	<input type="checkbox"/>
GOOD	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>
EVALUATE YOUR PHYSICAL CONDITION/STAMINA (PLEASE CHECK THE APPROPRIATE BOX):			
POOR	<input type="checkbox"/>	FAIR	<input type="checkbox"/>
GOOD	<input type="checkbox"/>	EXCELLENT	<input type="checkbox"/>

HAVE YOU TAKEN OUT MEDICAL INSURANCE WITH UNLIMITED MEDICAL REPATRIATION (PLEASE CHECK THE APPROPRIATE BOX)?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
DO YOU REQUIRE OXYGEN THERAPY ON A REGULAR BASIS (PLEASE CHECK THE APPROPRIATE BOX)?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
IF YOUR ANSWER IS YES, PLEASE DESCRIBE THE CONDITION:	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

Do you have, or have you had in the past 5 years, any of the conditions listed below? Please check the appropriate box.

CONDITION	YES	NO
High blood pressure		
Cardiac/heart disease: Cardiac valvulopathy , Coronary acute syndrome, Cardiac tamponade or any other		
Heart surgery		
Pulmonary conditions: Asthma/bronchitis, COPD-chronic obstructive pulmonary disease, pulmonary thrombosis		
Blood disorder: hemorrhage (excessive bleeding), clots, anemia or any other		
Diabetes: Type 1 or Type 2		
Digestive disorder: <u>stomach ache</u> , stomach ulcers, heartburn, bleeding, constipation, diarrhea, or any other		
Skin problem: sores, blisters, skin rash, burns, eruptions, itchiness or any other		
Allergies: dust, latex or any other		
Infectious/ contagious diseases		
Severe headaches - migraines		
Ear/nose/throat problems: hearing loss, earache, sinusitis, nosebleeds, or any other		
Restricted mobility/difficulty walking, use crutches, a walking stick or wheelchair		
Amputation		
Do you have a prosthesis or joint replacement?		
Fractures/dislocations		
Stroke		
Eye/vision problems: pain, dryness, redness, glaucoma, blurred vision, double vision or any other		
Autoimmune disorders: Lupus, Psoriasis, Celiac Disease(sprue) or any other		
Are you currently pregnant?		
Thyroid problems such as hypothyroidism /hyperthyroidism or any other		
Psychiatric disorders such as depression, anxiety or any other		
Tumors benign/malign: breast, lungs, intestine or any other		
Urinary system: pain, infections, prostatic hyperplasia (in men), kidney stones, renal failure or any other		
Spinal column and back problems: muscle contracture, herniated disk, sciatic nerve compression, spinal stenosis, scoliosis or any other		
Neurological disorders such as loss of consciousness, loss of memory/ balance problems (Alzheimer/Parkinson), epilepsy/seizures, dizziness/fainting or any other		
Musculoskeletal system: pain in joints, muscle pain, weakness, osteopenia/osteoporosis, swollen ankles/knees or any other		

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE DESCRIBE BELOW:

.....
.....
.....
.....

DO YOU HAVE ANY OTHER MEDICAL CONDITIONS NOT MENTIONED ABOVE? PLEASE DESCRIBE BELOW:

.....
.....

DO YOU HAVE ANY MEDICAL ILLNESSES, DISABILITIES OR INFIRMITIES THAT REQUIRE THE REGULAR CARE OF A DOCTOR?

LIST ALL MEDICATIONS THAT YOU ARE TAKING AT THIS TIME, THE DOSAGES AND THE CONDITION THAT IS BEING TREATED:

MEDICATION	DOSAGE	WHAT ARE YOU TAKING THIS MEDICATION FOR?

HAVE YOU BEEN HOSPITALIZED OR HAD SURGERY IN THE LAST FIVE YEARS? IF YES, WHEN AND WHAT KIND OF SURGERY?

DO YOU HAVE ANY DRUG ALLERGIES? IF YES, WHAT ARE THEY?

DO YOU HAVE ANY DIETARY RESTRICTIONS OR FOOD ALLERGIES? IF YES, WHAT ARE THEY?

DO YOU HAVE ANY OTHER PHYSICAL OR MENTAL LIMITATIONS, OR HANDICAPS NOT MENTIONED ABOVE?

DO YOU HAVE ANY MOBILITY ISSUES THAT WOULD PREVENT YOU FROM CLIMBING IN AND OUT OF A RUBBER INFLATABLE BOAT (RIB), I.E. "ZODIAC" OR A RIGID HULL LANDING CRAFT I.E. POLAR CIRCLE BOAT (PLEASE CHECK THE APPROPRIATE BOX)?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YOU REPLIED YES TO THE PREVIOUS QUESTION, PLEASE CHECK THE FOLLOWING:			
CANE	<input type="checkbox"/>	WALKER	<input type="checkbox"/>
WHEELCHAIR	<input type="checkbox"/>	PROSTHETIC LIMB	<input type="checkbox"/>

EMERGENCY CONTACTS	NAME	RELATIONSHIP	PHONE NUMBER
CONTACT 1:			
CONTACT 2:			

On studying the information, we reserve the right to contact your doctor about health issues that could affect the journey.

☐ Please check the box if you prefer to be contacted first before we contact your doctor.

I agree that xxxxx collects and uses information in this form for my safety during the voyage:

☐ Jeg samtykker i at xxxxxxx samler inn og bruker informasjonen i dette skjemaet for min sikkerhet under reisen.

PART III: MEDICAL ADVISOR'S OPINION

Please give this form along with your itinerary to your personal physician.

Dear Doctor,

Our traveler is planning an expedition cruise to the areas where sophisticated medical facilities are unavailable. Each vessel carries a physician and a small infirmary. While not strenuous, travelers who participate on excursions must negotiate a steep gangway, get in and out of landing boats with assistance and be capable of walking a short distance over uneven and slippery terrain ashore. The areas being travelled in are very remote and where medevacs are possible can take up to 2 days and in some cases (such as South Georgia) medevacs are impossible, as the area is out of the range of helicopters and/or landing strips. References to Expedition Voyages: we ask you to take a quick look at the following links, just to give you an idea what kind of journey this is:

https://www.youtube.com/watch?v=P5JMTtp_6kQ

<https://www.youtube.com/watch?v=ADwZDRriSHs>

According to our regulations, passengers in "poor" health condition are in high risk of complications during the trip and therefore they should not join the voyage. Master and Doctor will deny passengers to come onboard with a medical form incomplete and/or with an unstable physical health condition.

We would like to be sure that each of our passengers is in adequate medical condition for the voyage and that our shipboard physician is fully alerted to any potential health problems.

WE WOULD APPRECIATE YOUR EVALUATION OF THE TRAVELERS' OVERALL PHYSICAL CONDITION (PLEASE CHECK THE APPROPRIATE BOX):										
POOR	<input type="checkbox"/>		FAIR	<input type="checkbox"/>		GOOD	<input type="checkbox"/>		EXCELLENT	<input type="checkbox"/>
THE TRAVELERS' ABILITY TO PARTICIPATE IN THIS EXPEDITION AND EXCURSIONS:										
POOR	<input type="checkbox"/>		FAIR	<input type="checkbox"/>		GOOD	<input type="checkbox"/>		EXCELLENT	<input type="checkbox"/>

PLEASE ELABORATE ON ANY MEDICAL CONDITIONS THAT YOU FEEL OUR SHIPBOARD PHYSICIAN SHOULD BE AWARE OF:
.....
.....
.....

Thank you for your help.

DOCTOR'S NAME (BLOCK LETTERS):			
CODE:		REGISTRY NUMBER:	
TELEPHONE:		E-MAIL:	
CITY, STATE, COUNTRY:			

DATE:

DOCTOR'S SIGNATURE:

The doctor is not responsible for any medical occurrences during the voyage. By signing the medical form, the doctor is merely complying with the requirement that guests are fit for travel on the above-noted date. Legen er ikke ansvarlig for ~~eventuelle~~ medisinske tilfeller som oppstår under reisen. Ved å undertegne det medisinske skjemaet etterkommer legen bare kravet om at gjesten er skikket til å reise på ovennevnte dato.

DOCTOR'S STAMP:

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