Conveyances Travelling to Caribbean Countries during the COVID-19 Pandemic

Suggested Citation:
Overview

This document provides interim guidelines for response to the COVID-19 at ports of Entry in the Caribbean. This information is based on currently available scientific evidence and expert opinion and is subject to change as any new information becomes available. It should be read in conjunction with relevant national public health legislation, port health, maritime and quarantine regulations, and requirements for International Health Regulations (IHR), 2005 capacities at Points of Entry. The information in this document has been adapted for the Caribbean situation, and therefore may differ from guidance developed by other international agencies. This guidance will be updated as more information becomes available on the outbreak.

Background

On 11 March 2020, the Director-General of the World Health Organization (WHO) declared the outbreak of a novel coronavirus, COVID-19 as a pandemic. The majority of Caribbean countries have reported at least one confirmed case of COVID-19. CARPHA has assessed the risk of continued transmission in and to the Caribbean Region as Very High. The aim for all countries now, is to stop transmission and prevent the spread of the virus. Most countries in the region have implemented significant and effective measures in this regard. Border closures, implementation of social distancing norms, and the restriction of movement to essential personnel have helped to slow the spread of the virus. Notwithstanding, CARPHA urges continued efforts which will keep the region safe.

What is the coronavirus disease (COVID-19)?

COVID-19 is the disease caused by the virus SARS-CoV-2. The virus belongs in the same family of coronaviruses as Severe Acute Respiratory Syndrome (SARS), 2002/03 outbreak (Reuters, CDC) and Middle East Respiratory Syndrome (MERS-CoV), 2012 outbreak. The COVID-19 virus is a new strain of coronavirus not previously identified in humans.

What are common signs and symptoms of infection?

A person infected may have the following symptoms:

- Fever AND Cough
2. Guidance for Airlines and crew coming to the Caribbean
Since most passengers use commercial airlines to fly to a port of departure to and from the Caribbean, airline staff need to be prepared in the event of a suspected case among travellers and or crew. CARPHA has adapted Recommendations for Airline Crew published by the US CDC and the ECDC below. These recommendations will be updated as more information becomes available.

Several Caribbean nations have issued travel advisories (either non-essential travel/denied entry to persons who have travelled to countries with local/community transmission in the preceding 14 days (and 20 days for Bahamas). See attached (March 9th). Persons arriving with a history of travel to countries with travel restrictions within the preceding 14 days will be may not be allowed to enter the country /quarantined. Countries decisions has been based on assessment of the risk level as well as their capacity to manage confirmed COVID-19 cases. In specific passengers may not be allowed to disembark or the whole plane might be diverted or sent to another airport.

2.1. Pre-boarding Screening
Exit screening or pre-boarding screening may be beneficial at international airports and ports in the affected areas, with the aim of early detection of symptomatic travellers for further evaluation and treatment, and thus prevent exportation of the disease, while minimizing interference with international traffic.

2.2. Managing a suspected case onboard

- Report to local Ministries of Health any traveller or crew member with symptoms compatible with COVID-19 AND reports either a travel history to an affected area with person-to-person spread of the virus or close contact with a person diagnosed with COVID-19, carryout an initial assessment and manage the case.
- In all cases, the pilot should notify air traffic control, of any suspected cases of communicable disease or evidence of a public health risk on board.6
- The airplane might be diverted to another airport if the destination country decides they are not able to deal with the risk of accepting ill passengers.
- Cabin crew may seek advice from the Port Health officials at the arrival airport or, if unavailable, a ground-based medical service provider or the assistance of a medically trained passenger on board. Report passengers with the following:
  - fever (person feels warm to the touch, gives a history of feeling feverish, or has an actual measured temperature of 100.4°F [38° C] or higher) AND persistent cough or difficulty breathing.
  OR
  - Appears obviously unwell

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6 Handbook for the Management of Public Health Events in Air Transport
Plus
- Shortness of breath or breathing difficulties
- Other flu like symptoms
- more severe cases: pneumonia, severe acute respiratory syndrome, kidney failure and even death

**How is it transmitted?**

The source of the outbreak is yet to be identified. Person-to-person transmission has been demonstrated in many countries. Precautions must therefore be taken to prevent human-to-human transmission of the disease. Currently, COVID-19 has been shown to spread by:

- Large respiratory droplets often produced by coughing or sneezing which land on a person or surface and transferred to the mouth or nose
- Direct or indirect contact with infected secretions
- Body fluids (e.g., blood, sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea)
- Increasing evidence has led the WHO to indicate recently that airborne transmission cannot be ruled out at this point.¹
- The COVID-19 may be spread by individuals that exhibit no symptoms
- **There is no evidence that COVID-19 is spread by water, mosquitoes or food.**

1. **Guidance for Vessels docking and disembarking in the Caribbean**

Passengers exposed to the disease while travelling to affected areas may join a cruise destined for a Caribbean port, while they are still in the incubation period (estimated to be up to 14 days), from a port outside the region. The following information provides guidance for all types of ships on how to prepare for a case of COVID-19 as well as what to do when a suspected case is identified on board. The information can also be adapted for persons travelling on yachts from areas outside the Caribbean. Refer to Appendix B for a list of supporting resources and useful information for cruise ships coming to the Caribbean and Appendix C for useful infographics on the key points for COVID-19 prevention.

Countries throughout the region have released travel restrictions based on the spread of COVID-19. Person’s that have been to countries with travel restrictions within the last 14 days may not be allowed to disembark from the vessel or have other requirements placed on them.

1.1. **Ship preparedness**

- Ensure all medical, public health, cleaning and housekeeping staff on board are fully informed about COVID-19 and what to do if a case is suspected on board.
- Ensure all medical staff on board have access to enough quantities of personal protective equipment (PPE).

• Ensure all medical staff on board are trained in the appropriate use of PPE.
• Ensure cleaning and housekeeping staff are aware of infection prevention and control measures and follow them.

1.2. Ship response

1.2.1. Pre-boarding Screening
The WHO does not recommend additional pre-boarding screening of passengers or crew, as it may have a limited effect in reducing international spread. However, some countries in the region have closed their boarders to any passengers with a recent travel history to countries with community transmission of COVID-19, regardless of symptoms (see Appendix A). These passengers would not be able to disembark in those ports of call. Additional questions should be asked about travel to an area with person-to-person spread of the virus in the past 14 days and, if a passenger has a recent travel history, questions on current symptoms.

Cruises Lines International Association (CLIA) recommends the following screening procedures:

• Conduct temperature screening, at initial embarkation for all persons boarding. Any individual with a temperature detected at or above 100.4° F / 38° C is to receive secondary screening to include a medical assessment.
• Conduct illness screening for all persons who have travelled from, visited or transited via airports in any destinations listed on the U.S. CDC “Coronavirus Disease 2019 Information for Travel” page within 14 days before embarkation. Illness screening includes symptom history checks for fever, cough and difficulty breathing in the 14 days before embarkation and taking of temperature or have had close contact with a person diagnosed with COVID-19 or

Depending on the results of further screening, denial of boarding is recommended for persons who have travelled to any of the areas identified by the CDC within 14 days or anyone who has had contact with, or helped care for, anyone suspected or diagnosed as having COVID-19, or who are currently subject to health monitoring for possible exposure to COVID-19.

1.3. What to do if a Case of COVID-19 is Suspected Onboard
If a crew member or passenger onboard develops symptoms compatible with COVID-19 AND reports either a travel history to the affected areas with person-to-person spread of the virus or close contact with a person diagnosed with COVID-19, carryout an initial assessment and manage the case

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Initial assessment and reporting

- Immediate expert medical opinion should be sought, and the event should be reported as soon as possible to the next port of call by the appropriate onboard authority.
- Depending on the situation, the competent authority at the relevant port of entry may need to arrange medical evacuation or special arrangements for disembarkation, hospitalization of the patient, and laboratory diagnosis.
- Countries may require arriving ships to complete and deliver the Maritime Declaration of Health (International Health Regulations (IHR) Annex 8). Measures taken on board should also be noted on the IHR Ship sanitation control certificate (IHR Annex 3).

Case management

- The person should be isolated as best as possible.
  - An isolation room on a ship is recommended. If one is not available ask the person to remain self-isolated within their cabin and the doors kept closed.
  - Arrange for meals to be served to the person in their cabin, preferably by a single designated person.
  - Limit visitors to only essential persons.
- Assign one person who is in good health without additional health risk conditions to care for the person.
- Family members (of passengers) should stay in a different room or, where this is not possible, a distance of at least 1 -2 metres from the ill person should be maintained (e.g. sleep in a separate bed)³.

1.3.1. Infection prevention and control onboard ships

- Provide information about the risk of COVID-19 transmission and appropriate PPE to persons who will take care of the patient or enter their cabin or isolation room.
- Anyone providing care to the person should assess the risk and select the appropriate PPE.
- Maintain a log of all people caring for the sick person or entering the cabin or isolation area, all of whom should be considered contacts until a diagnostic test is reported as negative or the 14-day incubation period has passed.
- Ensure that anyone who enters the isolation area / cabin to provide care to or serve the affected person or to clean the cabin uses personal protective equipment as follows:
  - Non-sterile examination gloves or surgical gloves
  - A well fitted medical mask.
  - Before exiting the cabin or isolation room personal protective equipment should be removed in such a way as to avoid contact with the soiled items and any area of the face.

³ An exception may be considered for a breastfeeding mother. Considering the benefits of breastfeeding and insignificant role of the breast milk in transmission of other respiratory viruses, the mother could continue breastfeeding. The mother should wear a medical mask when she is near her baby and perform careful hand hygiene before and after close contact with the baby. She would need also to apply the other hygienic measures described in this document.
• Staff caring for the person should perform hand hygiene by hand-rubbing with an alcohol-based hand-rub solution containing between 60% and 80% ethanol or isopropanol for about 20 seconds or hand-washing with soap and water for about 20 seconds if hands are visibly dirty, before putting on gloves, after any direct contact with the affected passenger or with his/her personal belongings or any objects/surface potentially contaminated with body fluids and after removing personal protective equipment.

• Limit the movement and transport of the affected person from the cabin or isolation room to essential purposes only. If transport is necessary, the affected person should wear a medical mask and disembark in such a way as to avoid any contact with other persons on board the vessel.

• Should a suspect case be identified, staff should feel safe to clean the environment as basic cleaning agents will sufficiently kill the virus. Staff should wear gloves and a face only during the cleaning process or when in the same room with the sick person.

• It is important to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Thoroughly clean high-touch surfaces with water and detergent; applying commonly used disinfectants (such as bleach) is effective.

• Medical devices and equipment, laundry, food service utensils and medical waste should be managed in accordance with safe routine cleaning and disinfection procedures.

• Used linen, cloths, eating utensils, laundry and any other item in contact with a patient’s body fluids should be collected separately and disinfected in such a way as to avoid any contact with persons or contamination of the environment.

• Surfaces or objects contaminated with respiratory droplets, other body fluids, secretions or excretions should be cleaned and disinfected as soon as possible using standard detergents/disinfectants.

• All waste produced in the cabin or isolation room should be handled according to the protocol of the ship for clinical infectious waste.

• Work with local Public Health Authorities to ensure contact tracing can begin immediately.  

• Personal protective equipment is not necessary when interviewing asymptomatic individuals, when 2 metres distance is maintained.
  
  o Close contacts of the affected persons (e.g. passengers, crew members or cleaning staff) should be identified, assessed for their specific level of exposure and asked to do self-monitoring of symptoms for 14 days.

• In addition to the above, cabin crews on long voyages with mild illness can be managed in keeping with WHO recommendations on public health measures and the safe home care for patients with suspected coronavirus disease (COVID-19) infection presenting with mild symptoms.  

4 See CARPHA Algorithm for Contact Tracing for cruise and airline passengers.

2.3. **Case Management on Arrival**
CARPHA’s guidance for the management of suspected cases of COVID-19 at ports of entry in Member States should be used to guide public health actions on the ground.

In summary, on arrival, the local Quarantine staff will conduct a health assessment of the sick traveller’s symptoms and possible exposures. If necessary, Public Health staff will coordinate transport to a health care facility for medical evaluation and testing. Local Public Health staff can update the airline about the results of the testing and liaise with the airline if it is necessary for follow-up of exposed crew members or passengers, as per local protocols.

- Work with local Public Health Authorities to ensure contact tracing can begin immediately.7
- Personal protective equipment is not necessary when interviewing asymptomatic individuals, when 2 metres distance is maintained.
  - Close contacts of the affected persons (e.g. passengers, crew members or cleaning staff) should be identified, assessed for their specific level of exposure and asked to do self-monitoring of symptoms for 14 days.
  - Local public health authorities should monitor through household or virtual visits or by telephone to check for symptoms.
  - Any contacts who develop symptoms will need to have their own contact follow-up done.

2.4. **Infection Control Guidelines for Cabin Crew**

WHO recommends that companies review and update, as needed, their personal protection policies and communicate and train employees on how to manage sick travellers.

- When the history suggests the person recently traveled to an area with person-to-person spread of the virus or was exposed to a confirmed case of COVID-19, AND has fever, persistent cough, or difficulty breathing, follow universal precautions and use the contents of the IATA Universal Precautions Kit8
- Provide information about the risk of COVID-19 transmission and appropriate PPE to persons who will take care of the patient or enter their cabin or isolation room.

**WHO recommends the following measures for cabin crew to protect themselves, manage a sick traveller, clean contaminated areas, and take actions after a flight.**

- Identify sick travellers who with specific symptoms consistent with COVID-19, and:
  - Offer a facemask, if available and if the sick person can tolerate it. If a facemask is not available or cannot be tolerated, ask the sick person to cover their mouth and nose with tissues when coughing or sneezing.

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7 See CARPHA Algorithm for Contact Tracing for cruise and airline passengers
[http://carpha.org/Portals/0/Documents/nCoV_Algorithm-ContactTracing.pdf](http://carpha.org/Portals/0/Documents/nCoV_Algorithm-ContactTracing.pdf)

8 IATA 2017. Universal Precaution Kit
• Minimize contact between passengers and cabin crew and the sick person. If possible, separate the sick person from others (2 meters or 6 feet is ideal) and designate one crew member to serve the sick person.
• Designate one cabin crew member to look after the ill traveller, preferably the one that has already been dealing with this traveller.
• Practice routine hand hygiene with soap and water or alcohol-based hand sanitizer (containing between 60% and 80% ethanol or isopropanol) if soap and water are not available.
• Treat all body fluids (such as respiratory secretions, diarrhoea, vomit, or blood) as if they are infectious.
  • Wear disposable gloves when tending to a sick traveller or touching body fluids or potentially contaminated surfaces. Remove gloves carefully to avoid contaminating yourself, then wash hands.9
  • Properly dispose of gloves and other disposable items that came in contact with the sick person or body fluids in biohazard bag or a secured plastic bag labeled as “biohazard.”
• Clean and disinfect contaminated surfaces according to airline protocol.

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9 How to remove gloves: https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf
Appendix A

For the Most recent Travel Advisories go to the CARPHA Website:
https://www.carpha.org/What-We-Do/Public-Health/Novel-Coronavirus/Prevention-Measures-Travel-Advisories-and-Reopening-Plan

Appendix B

Additional resources

WHO has also published guidelines on “Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected”.¹⁰

Detailed information is available to guide “Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected”.¹¹ General environmental infection control for health care settings¹² and various other guidelines for managing different groups of individuals¹³ are also available from the USA CDC.

The following are a list of resources that provide additional information that may be useful for cruise ships and airlines coming to the Caribbean.

- World Health Organization - Guidelines and advice for travellers going to and from areas affected by 2019-nCoV and for healthcare providers: https://www.who.int/health-topics/coronavirus
- Centres for Disease Control – Guidance Airline Crew:
- Centres for Disease Control - Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with 2019-novel coronavirus:

¹² Guidelines for Environmental Infection Control in Health-Care Facilities
Appendix C

The following infographics from CARPHA illustrate, some important messages for travellers and anybody using and Port of Entry.

![Infographic 1]

**2019 Novel Coronavirus**

CARPHA recommends:

Cover your mouth and nose with a tissue when you sneeze or cough, then dispose of it

**2019 Novel Coronavirus**

Soap and water not available?

Clean your hands with an alcohol-based hand sanitiser that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry

![Infographic 2]

Cough or sneeze into your elbow not in your hands, if no tissue is available
How to hand rub with alcohol-based sanitiser

*Use sanitiser with 60-80% alcohol content (ethanol or isopropanol)

1. Apply a palmful of the product in a cupped hand and cover all surfaces
2. Rub hands palm to palm
3. Right palm over left dorsum with interlaced fingers and vice versa
4. Palm to palm with fingers interlaced
5. Backs of fingers to opposing palms with fingers interlocked
6. Rotational rubbing of left thumb clasped in right palm and vice versa
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
8. Once dry, your hands are safe.
How to hand wash with soap and water

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm

4. Right palm over left dorsum with interlaced fingers and vice versa
5. Palm to palm with fingers interlaced
6. Backs of fingers to opposing palms with fingers interlocked
7. Rotational rubbing of left thumb clasped in right palm and vice versa

8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
9. Rinse with water
10. Dry thoroughly with single use towel
11. Use towel to turn off pipe

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Updated: June 30, 2020
HOW TO PUT ON, USE AND TAKE OFF A FACE MASK
Coronavirus (COVID-19)

Perform hand hygiene using either soap and water or an alcohol-based hand rub.
This must be done before putting on the face mask and after removing it.

Hold the face mask by the straps ONLY. Place loops over each ear. Do not touch the inside of the mask.
Make sure the mask completely covers your nose and mouth.

The face mask should fit from the bridge of your nose down till your chin.
Make sure that there are no gaps between your face and the mask.

Only wear the mask for tasks/activities which require its use.
Do not touch your face or your mask. If you touch your mask accidentally, perform hand hygiene.

Hold the face mask by the straps and remove the mask by pulling it away from your face.
Do not touch the front of the mask.

For a single-use mask, carefully dispose of the mask by placing it into a closed bin.
Do not reuse a single use mask. Perform hand hygiene after removing the face mask.

After using a cloth mask, place it in a resealable plastic bag.
Perform hand hygiene after removing the face mask.

Wash cloth masks immediately after use with detergent at 60°C.
Keep clean cloth masks in one bag and used ones in another bag.

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