

COVID-19 pandemic: **Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020** (Version 3.1)

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Introduction

This guide provides advice on how businesses can carry out appropriate infection control measures and prevent accidental COVID-19 exposure and spreading. The aim of the proposed infection control measures is to protect both passengers and crew on board cruise vessels along the Norwegian coast. Cases of COVID-19 may still occur even if the recommended infection control measures are implemented. The recommended measures will help to limit the spread of infection. The guide covers operations of coastal cruises along the Norwegian coast, as well as associated activities and experiences.

The guide is based on the national infection control rules, national guides, the laws and regulations concerning infection control and the *Guide for expedition cruises (coastal cruises) on and around Svalbard during the COVID-19 pandemic 2020*. The guide has undergone quality assurance by the Norwegian Institute of Public Health (FHI) and the Directorate of Health.

Target group for the guide and applications to the Directorate of Health

The *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020* applies to coastal cruises along the Norwegian coastline and associated activities. The advice given in the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020* elaborates and complements the requirements of the COVID-19 Regulation, as well as other legal and regulatory requirements applicable to the industry.

Before they can begin operating coastal cruises along the Norwegian coast, operators (businesses) must draw up specific plans for the way in which they will comply with the infection control rules in accordance with applicable laws and regulations and the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020*. These plans must be sent to the Directorate of Health together with the checklist for infection control measures for cruise operators (businesses) (Part 3). PART 3 Checklist for infection control measures for cruise operators (businesses) must be completed and the various procedures must be attached as evidence of the procedures.

The Directorate of Health will review and approve the plans and verify that they comply with the infection control requirements laid down in applicable laws and regulations and the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020*.

The Directorate of Health may impose a ban on coastal cruises along the Norwegian coast if the requirements stipulated in the guide are not met.

Definition of coastal cruise

'Coastal cruise' means travel on a passenger ship which has cabin capacity for all passengers, which sails according to a specific tour programme, which follows a route involving at least one overnight sailing and which is of at least 24 hours' duration.

The definition of coastal cruises does not include ships which carry passengers and cargo on a fixed route or training ships, etc. which are being used to train crew members and other sailors.

Hurtigruten's regular scheduled sailings and other scheduled sailings (such as the ferry sailings between Norway and abroad) are not considered to be coastal cruises, although the term "cruise" is often used to refer to such sailings.

Cruise operations are part of the tourism industry, but operate (and are operated) differently to some extent compared with other activities in the tourism industry. They should therefore be regarded as a separate industry, although of course there are important links to other parts of the tourism sector.

Changes to the guide

The guide may be revised when the Government adopts changes to the national infection control rules and in the event of changes to the health authorities' advice and regulations concerning infection control. Any change which is the result of changes to the national rules or changes amongst operators (businesses) involving amendments to the requirements must be submitted to the Directorate of Health before the operator (business) concerned may implement the change in its plan for compliance with the infection control rules, applicable laws and regulations and the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020*.

Changes must be recorded in the change log (Part 5).

Political decisions and the COVID-19 Regulation

On 15 May 2020, the health authorities announced updated advice concerning holiday and leisure travel in Norway. This advice is intended to help ensure that it will be safe to travel on holiday in Norway this summer. The Government also paved the way for tourists from the mainland to travel to Svalbard from 1 June. Until 15 May, there had been a general requirement for persons arriving from the mainland to go into quarantine. This was lifted for tourists from the mainland with effect from 1 June.

On 12 June 2020, the Government paved the way for coastal and expedition cruises to operate on and around Svalbard for vessels.

On 18 June 2020, the Minister of Health and Care Services and the Minister of Trade and Industry decided to permit coastal cruises to operate along the Norwegian coastline.

The COVID-19 Regulation was amended on 21 June 2020. A new Section 10b *Requirements for the operation of coastal cruises along the Norwegian coast*, introduces a requirement according to which, before they commence any operations, operators (businesses) offering coastal cruises along the Norwegian coastline must submit a plan to the Directorate of Health which describes how the operator will ensure compliance with infection control requirements. The Directorate of Health may impose a ban on specific tourist activities.

On 25 June 2020, the Government decided that "it is aiming to permit entry for persons resident in the Schengen area and the EEA from 15 July – if the pandemic situation permits. With effect from the same date, the requirement to go into quarantine will be lifted for persons arriving from countries and regions with a satisfactory infection status".

On 9 July 2020, the Government decided to permit persons resident in countries in the EEA/Schengen area which have a satisfactory infection situation to enter Norway from 15 July. The

requirement for persons arriving from these countries to go into quarantine was lifted at the same time. The Government also approved the amendment of Section 10b of the COVID-19 Regulation so that "the vessel's crew members and passengers may only disembark in Norway if the none of the crew and passengers were covered by the quarantine obligation under Section 5 at the time of boarding".

On 3 August 2020, the Government temporarily introduced tighter restrictions on cruise traffic in order to stop and prevent the further spreading of COVID-19. The tighter restrictions meant that ships with a total of more than 100 persons on board would not be approved by the Directorate of Health.

On 25 August 2020, the Government decided that the restrictions on the right to operate coastal cruises along the Norwegian coastline should continue to apply. The tighter restrictions which were adopted on 3 August 2020 were abolished and replaced by new restrictions. The rules mean that Norwegian and foreign ships can operate coastal cruises along the Norwegian coastline with a maximum of 50 percent passenger capacity, limited to a maximum of 200 persons on board (including both crew and passengers).

The current arrangement, which entails an obligation for operators (businesses) to draw up an infection control plan and associated procedures and obtain the approval of the Directorate of Health before they commence operations, is continued.

PART 1 General advice and guidelines

Introduction

There will always be a risk of infection and infection cases can arise even if good infection control practice is followed. Infection prevention measures help reduce the risk. This guide is intended to provide insight into, and advice on, how operations and activities can be organised, while at the same time ensuring that appropriate infection control measures are in place. The guide is aimed at both managers and employees.

Responsibility

The cruise operators (businesses) are responsible for ensuring that operations are carried out in accordance with applicable laws and regulations and the *Guide for coastal cruises along the Norwegian coastline*.

The management of the coastal cruise vessel is responsible for ensuring that the vessel's operations address the need to implement appropriate infection control measures and delegate allocate responsibility for various tasks linked to the infection control advice. The management must provide the necessary training and information to employees and guests. Infection control plans must be adapted to local conditions according to the advice given in this guide, and 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 must also be followed.

If a passenger or crew member is diagnosed with COVID-19, the vessel's medical officer will be responsible for follow-up and action.

Different phases of the pandemic and different infection rates in the country may require the measures to be adapted.

Everyone should practise good infection control measures during the COVID-19 pandemic. This means that the three key principles of infection control as described in this guide must be followed, both inside and outside the cruise vessel. A mutually beneficial collaboration between employees, visitors and others associated with the operation must be maintained.

Information and posters about COVID-19 can be found on the [Directorate of Health's website](#). See also the [COVID-19 Regulation](#) and associated decisions and guidance on the [Directorate of Health's website](#).

About the coronavirus

COVID-19 is caused by the virus SARS-CoV-2 and is mainly transmitted via droplets from the respiratory tract of an infected person when they talk, cough or sneeze (droplet infection). Most droplets rapidly fall to the floor under gravity, normally within 1 metre of the person, but they can also be spread further through coughing or sneezing. The virus can also be transmitted by getting it on your hands. From there, it can be transmitted to the mucosa of the eyes, nose or mouth (contact infection). The SARS-CoV-2 has not been shown to be transmitted via food, drink or water. The virus is killed by soap and water, or alcohol-based disinfectant.

Persons with symptoms are the most contagious, particularly when they cough or sneeze, and the risk of infection is highest while the person's symptoms are developing. Symptoms of COVID-19 can

be mild and difficult to distinguish from other respiratory infections. The most frequently described early symptoms of COVID-19 are a sore throat, cold and mild cough, as well as general malaise, headache and muscle pain. Abdominal pain and diarrhoea may also occur. Approximately 8 out of 10 adult adults only experience mild symptoms. In children, the proportion experiencing mild symptoms is probably even higher. It is therefore important that even those with mild respiratory symptoms do not physically go to work or end up in other situations where they meet other people.

In some people with COVID-19, the symptoms can develop into a cough, fever and shortness of breath within a few days to a week or two. Some people can develop a severe course that require treatment in hospital. Severe COVID-19 disease are very rare in children.

See <https://www.fhi.no/en/> for updated and supplementary information about COVID-19.

Infection prevention measures

Many measures are being implemented throughout society which are collectively limiting the spread of infection. It is important to use measures which are appropriate for the situation concerned.

The aim of the advice is to reduce the risk of people becoming infected by COVID-19.

The three principles for slowing the spread of infection are:

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

The following measures will also be key to efforts to curb the spread of infection:

- **Ensure that employees receive good training regarding infection control**
- **Provide good information to passengers about the infection control measures.**
- **Draw up lists of contact details for all participants/visitors in case contact tracing becomes necessary.**

Sick people must not be present

The most important infection control measure is for sick people to stay at home and not participate in cruises or other social activities. Good cough etiquette and social distancing are essential for limiting droplet infection. Good hand hygiene, particularly avoiding touching your face with dirty hands, is important for preventing contact infection. Maintaining a greater physical distance between people reduces the risk of infection, even before symptoms develop. People who fall ill can wear a face mask/cloth mask if they are unable to maintain a safe distance from other people before they get home.

Persons who may be present:

- Persons who have no symptoms of respiratory infection
- Employees, users and others who have had a respiratory infection for reasons other than COVID-19 may attend once they have become symptom-free.

People with symptoms in quarantine or isolation

People with symptoms of respiratory infection must not attend, even if their symptoms are mild. People who are experiencing symptoms should go into isolation and be tested. They should remain in isolation until the test result is clear. People who are in quarantine or isolation must remain in their own cabin or another suitable place, and must not meet in communal areas. It is important that the business communicates this to employees and visitors.

Sick people who have to be collected by someone else must wait in a separate room or outside where there are no other people present. Sick people should cover their mouth and nose if they are unable to keep 2 metres away from other people in order to reduce the spread of infection.

Practise good hygiene

Good hand and respiratory hygiene

Follow the advice concerning hand hygiene, cough etiquette, wearing of a facemask, cleaning and laundry as described in the Corona guide on [the Norwegian Institute of Public Health's website](#).

On this website, you will also find advice on how to avoid chapped hands.

Good hand hygiene and cough etiquette reduce infection in connection with all respiratory infections, including COVID-19 infection. These measures reduce infection both via objects and hands and via coughing. Hygiene measures must be carried out frequently by everyone, regardless of what they know about their infection status or that of other people around them.

Hand washing with lukewarm water and liquid soap is an effective way of preventing infection. Dirt, bacteria and viruses become detached from the skin during washing and are rinsed off by the water.

Hand washing:

- Wash hands frequently and thoroughly. The actual washing process should take at least 20 seconds. See: <https://www.youtube.com/watch?v=vsFQfZit0KU>
- Dry your hands with a disposable paper towel.
- Hand washing should be carried out at least upon arrival, between tasks (e.g. moving or replacing equipment), after visits to the toilet, and before and after kitchen tasks and eating.

Alternatives to hand washing:

- The virus is sensitive to alcohol, and alcohol-based disinfectants (hand sanitisers) are an option if no hand washing facilities are available.
- Hand sanitisers should be placed in locations where there are no hand washing facilities (e.g. in changing rooms, at entrances and in canteens).
- Alcohol-based disinfectants are ineffective on visibly dirty or wet hands. Hand washing should therefore be carried out in such cases.

Other

- Shaking hands, hugging and unnecessary physical contact must be avoided.
- Avoid touching your face.

- Cough into your elbow, or a paper towel which is then discarded. Wash your hands afterwards.

Extra cleaning

SARS-CoV-2 is easily removed by manual cleaning using water and ordinary detergents. The virus can survive on surfaces for anything between a few hours and a few days, depending on the type of surface, temperature, sunlight and other factors. The ability of the virus to cause illness probably decreases rapidly on surfaces, depending on the quantity of virus present. The risk of indirect contact infection is therefore greatest if you touch a surface immediately after it becomes contaminated. With the exception of surfaces which are heavily contaminated with respiratory secretions (saliva and nasal and other mucus), it is believed that the risk of contact infection via contaminated objects falls sharply within a short period of time (minutes to hours). Review procedures and cleaning plans, and make adjustments as necessary (organisation, responsibility and resource requirements). Exposed areas (see below) should be subject to extra cleaning.

It is not necessary to use disinfectants routinely, as soap and water are also effective. However, if disinfectants are used, visible dirt must first be wiped off using a cloth or paper towel; otherwise, the disinfectant will be ineffective. Alcohol- and chlorine-based disinfectants may be used.

Extra cleaning in exposed areas:

- Toilets and washbasins must be cleaned at least once a day when in daily use. Regularly wipe down surfaces such as toilet seats and taps on washbasins, depending on how frequently they are used.
- Disposable paper towels and liquid soap should be provided, and
- refuse bins must be emptied regularly.
- Pay extra attention to cleaning in kitchens/dining rooms. Dining tables/kitchens must be cleaned after use using water and soap.
- Door handles, stair banisters, chairs, other table surfaces and other objects that are touched often must be cleaned frequently, at least once a day in the case of daily use.
- Equipment which is used by several people (e.g. tools, touchscreens, keyboards, toys, textiles, rental equipment, etc.) must be cleaned after use.

See [the Norwegian Institute of Public Health's advice concerning cleaning and disinfection](#).

Reduce contact between people

Contact-reducing measures to prevent the spread of infection are important in all situations and must be maintained throughout all stages of meetings between guests and employees. Experience suggests it is easy to forget these measures in less formal situations, such as during breaks, travel to and from places, etc.

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

Division into cohorts

In connection with meals and all activities, passengers must be divided into cohorts, with a maximum of 45 people in each cohort, in order to prevent large gatherings and limit the number of people who must be contacted if someone becomes infected. These cohorts must not mix, and must remain in

place at all times, so that people remain with the same group throughout their cruise along the Norwegian coastline.

Reception

- A distance of at least 1 metre must be maintained between employees in reception and guests, preferably more where possible. Reception users will only be present for a short period of time.
- The use of plexiglass can be considered where a service desk does not already have a glass window. Where it is used, plexiglass should extend to a distance of at least 20 cm outside face and chest height in all directions.

Corridors and communal areas

- Confined communal areas should not be used for extended periods of time. If this is not possible, chairs can be put out to ensure that sufficient distance is maintained and to limit the number of people using the area at the same time.
- People can pass each other and remain in the same area for limited periods of time without being exposed to additional infection risk.
- Close face-to-face contact should be avoided where possible.
- If specific areas must be set aside for breaks, make sure that arrangements are made to minimise the mixing of people.
- Lifts should give priority to people with reduced mobility and for the transport of goods if it is difficult to maintain the recommended distance.
- Alternatively, apply markings to the floor to ensure that a safe distance is maintained between people in all rooms, changing rooms and other areas which can become congested.

For employees

- Shared equipment, tools, computers/keyboards must be cleaned after use.
- Pay particular attention to hygiene around kitchens/canteens.
- Canteens can be operated according to normal kitchen hygiene procedures. Establish good hand hygiene procedures. See [the Norwegian Food Safety Authority's website](#).
- The advice concerning distances between people must be followed in canteens and dining rooms.

Risk groups

The Norwegian Institute of Public Health distinguishes between groups of people at slightly higher risk and people at moderate to high risk.

For updated information on people who may be at higher risk of COVID-19 infection, see the [Norwegian Institute of Public Health's website](#).

In some situations, consideration should be given to adapting the duties of employees who are at greater risk of developing severe COVID-19 symptoms. This currently primarily applies to those at moderate/high risk of developing severe symptoms. If the general infection rate amongst the population is high, this may also apply to those at slightly higher risk. In the event of a high infection rate amongst the population, it may also be appropriate to place people at moderate/high risk on sick leave if it is not possible to adapt their duties.

PART 2 Fundamental issues for coastal cruises along the Norwegian coastline during the COVID-19 pandemic

The Regulation on infection control measures, etc. in connection with the coronavirus pandemic (the COVID-19 Regulation), decisions, advice and recommendations adopted by the Directorate of Health and the Norwegian Institute of Public Health (FHI) form the basis for what is to apply as regards self-certification (self-monitoring), isolation, quarantine of close contacts, testing and capacity for coastal cruises along the Norwegian coastline during the COVID-19 pandemic.

See the [Directorate of Health's website: Coronavirus – decisions and recommendations](#) and the [Norwegian Institute of Public Health's website](#).

General procedures

Restrictions on the number of people on board the vessel

In order to comply with the infection control rules, applicable laws and regulations and the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020*, vessels operating on coastal cruises along the Norwegian coastline must have **no more than 50% passenger capacity utilisation** during the COVID-19 pandemic. There must also be no more than 200 people on board the vessel at any one time. Both passengers and crew are included in this figure of 200.

This applies until determined otherwise by the Norwegian authorities.

The authorities will consider increasing the occupancy percentage and the restriction on the number of people on board if the national infection rate remains low or falls in line with the Government's decisions, and the cruise operators (businesses) comply with the national infection control rules, national guides and applicable laws and regulations concerning infection control and the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020*.

See the previous reference to the fact that the guide may be revised when the Government adopts changes to the national infection control rules or in the event of changes to the health authorities' advice and regulations concerning infection control. Any change which is the result of changes to the national rules or changes amongst operators (businesses) involving amendments to the requirements must be submitted to the Directorate of Health before the operator (business) concerned may implement the change in its plan for compliance with the infection control rules, applicable laws and regulations and the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020*.

Lists of contact details

All guests on coastal cruises along the Norwegian coastline must be registered on a contact list with their name, telephone number and e-mail address. This rule is intended to make contact tracing as effective as possible in the event of COVID-19 infection. The medical officer on board the vessel and the municipal medical officer must be given access to these lists if necessary. Guests must be informed that their contact details will be retained for three weeks after the end of the cruise.

Information and self-certification (self-monitoring)

All passengers must be informed that no one with suspected COVID-19 infection will be permitted to sail on a coastal cruise along the Norwegian coastline.

All passengers and crew should also be encouraged to familiarise themselves with the [Norwegian Institute of Public Health's information concerning people in risk groups](#), including in particular the fact that some groups may develop severe symptoms if they become infected with SARS-CoV-2.

Prior to departure, all passengers and crew must be informed of the infection control measures that have been implemented on the coastal cruise and what they need to do if they develop symptoms of acute respiratory infection during the voyage. This includes information indicating that, if they develop such symptoms, they should go into isolation in their own cabin and contact a healthcare professional on board the vessel by telephone for a medical assessment. The telephone number to be used to contact the healthcare professional on board the vessel must be provided.

Everyone must be asked to complete and submit a self-certification form (self-monitoring form), see Appendix 1, or alternatively **Koronasjekk.no**, which assesses the risk of the guest having been exposed to or infected with COVID-19 prior to boarding. The self-certification form must be checked by a medical professional on board. Any passenger suspected of being infected with COVID-19 must be placed in isolation off the vessel in an appropriate manner from an infection control perspective. Requirements regarding the handling, storage and shredding of documentation are set out in the applicable regulations.

Information and posters about COVID-19 can be found on the [Directorate of Health's website](#).

Personnel/crew training

The operator (business) is responsible for training crew members/employees regarding applicable infection control measures. All crew members who may become involved in dealing with or serving persons in isolation or quarantine must be given training regarding the correct use of personal protective equipment. The operator (business) must also ensure that all healthcare professionals responsible for the medical monitoring of passengers and crew members on board are familiar with the Norwegian guidelines for the follow-up and handling of suspected and confirmed cases of COVID-19 infection.

Disembarkation

Crew members and passengers on coastal cruises originating at a mainland port in Norway which only call at other mainland ports in Norway may disembark in Norway during the cruise. Crew and passengers may not disembark abroad. A procedure must be established for appropriate infection control measures in line with the applicable national rules in force at any one time to be implemented upon disembarkation. All persons must be placed in fixed cohorts (maximum of 45 persons in each cohort).

Crew members and passengers on coastal cruises originating at a foreign port or calling at a foreign port may not disembark in Norway during the cruise. However, crew members may still disembark or board the ship at a mainland port in Norway or abroad in connection with crew changes in accordance with Section 11b of the COVID-19 Regulation.

Management and follow-up of foreign crew prior to sailing

The following measures are recommended to reduce the risk of the spreading of infection in connection with foreign crews coming to Norway in order to muster on ships in Norwegian ports:

1. It is recommended that these persons be tested for COVID-19 when they arrive in Norway or when they reach the location where quarantine upon entry into Norway is to be carried out.
2. Persons with symptoms of infection must be placed in isolation and not permitted to travel onwards in Norway until they are symptom-free
3. Travel from a point of entry in Norway to the place of quarantine should preferably take place by a specific car or bus. If travel is to take place by public transport (train, bus, boat or aircraft), the persons concerned must wear a face mask and maintain a safe distance from others (at least 1 metre). Insofar as is possible, pre-booked/registered seats should be used on public transport.
4. If a person has to stay overnight during the journey, this should take place in pre-booked accommodation and be arranged in consultation with the relevant municipal medical officer and in accordance with the requirements and recommendations that apply to quarantine. It must be made clear that the persons involved are in quarantine following entry into Norway and that overnight stays must therefore be carried out in accordance with the requirements applicable to quarantine.
5. When the persons arrive at their destination, they must complete their entry quarantine in a location which is suitable for quarantine and in accordance with the requirements stipulated in the COVID-19 Regulation and the recommendations given in the [Norwegian Institute of Public Health's Corona guide](#). Persons in quarantine should not come into contact with each other in order to reduce the risk of spreading infection between them. Crew members who are to muster on a ship which is operating on a coastal cruise must complete their quarantine following entry into Norway on land prior to mustering.

In case of suspected or confirmed COVID-19 infection on board the vessel

Testing on board vessels

The Norwegian Institute of Public Health recommends that anyone experiencing COVID-19 symptoms is tested. These symptoms include acute respiratory infection and one or more of the following symptoms: fever, cough, difficulty breathing or shortness of breath, loss of taste or sense of smell, or other symptoms considered by a doctor to be indicative of suspected COVID-19 infection. Even those with mild symptoms should be tested where possible. This must be assessed by the medical officer on board, if appropriate in consultation with the municipal medical officer. In some situations, it may be appropriate to test asymptomatic persons; see the Norwegian Institute of Public Health's advice concerning the [Test criteria for coronavirus](#).

Operators (businesses) must draw up a procedure for the performance of tests on crew members/passengers in the event of suspected COVID-19 infection. This procedure must be made known to the responsible healthcare professional on board. Coastal cruise vessels must have ten sets of test equipment for SARS-CoV-2 on board.

Samples must be taken by a nurse or doctor using infection protection equipment in accordance with the relevant procedure. The vessel's medical officer is responsible for the requisitioning of samples. It

must be clarified with the municipal medical officer in the nearest municipality as to how and where the sample should be sent for analysis. The vessel may continue its voyage pending the test result if this is considered to be medically justifiable.

Isolation

Any person who develops symptoms of infection should initially be dealt with as a possible COVID-19 case (see the symptoms of COVID-19). Thus, any passengers or crew members who develop symptoms should go into isolation in their own cabins, and not come into close contact with other persons. The healthcare professional on board the vessel must consider whether COVID-19 infection is suspected and whether clinical examination, sampling with regard to COVID-19 or other follow-up is necessary.

Anyone with an acute respiratory infection for reasons other than COVID-19 should be placed in isolation in a cabin or other suitable place until they are symptom-free. The person concerned must be isolated from other persons, and must not come into close contact with other persons in the same family/other travelling companions insofar as is possible.

The medical officer on the vessel must consult with the municipal medical officer if the health of a person who is in isolation deteriorates, in order to assess whether the vessel should abort its voyage and return to the boarding port abroad or an appropriate port in Norway. In the case of acute illness where hospitalisation is necessary, the vessel's medical officer must clarify this with the medical officer in the nearest municipality and the nearest health trust. The vessel may continue its voyage if the result of the COVID-19 test is negative and the health of the person who was sampled is considered to be satisfactory. If the result of the COVID-19 test is positive, the vessel must return to the boarding port abroad or an appropriate port in Norway. The medical officer in charge of municipal infection control/municipal medical officer at the port of call must be informed in accordance with Section 2-3 of the Infection Control Act. See also the section below on the duty of notification in the event of COVID-19 infection.

The operator (business) must prepare a procedure for the placing of crew members/passengers in isolation in the event of suspected or confirmed COVID-19 infection. This procedure should be made known to the crew. The description of the procedure should include a detailed explanation of where people in isolation (including both passengers and crew members) are to be placed. Crew members who will be responsible for dealing with/serving persons who are in isolation must be specified, and a plan for the performance of practical tasks to be carried out by such crew members must be described. A plan should be drawn up for the medical follow-up of persons in isolation.

Guidelines for the ending of isolation for persons with confirmed or probable COVID-19 infection are described in the [Corona guide on the Norwegian Institute of Public Health's website](#).

Quarantine for close contacts

Persons who have been in close contact with another person within less than 48 hours before they experienced the first symptoms of infection and who have since been confirmed as being infected by SARS CoV-2 must remain in quarantine for ten days after the contact. 'Close contact' means contact with another person within a distance of 2 metres for more than 15 minutes, direct physical contact or direct contact with secretions from another person.

The medical officer on board the vessel is responsible for determining who is defined as a close contact for a particular confirmed case, and for further follow-up of these persons while the vessel is still at sea.

Persons who are in quarantine because they are defined as a close contact of a confirmed case and who develop acute respiratory infection and fever, cough or difficulty breathing or who are considered by a doctor to be a suspected COVID-19 case, must be placed in isolation and should be tested for COVID-19. If the COVID-19 test comes back negative, the person must remain in quarantine for the remaining days of the ten-day quarantine period.

The quarantine location for crew members/passengers defined as close contacts for a confirmed COVID-19 case must be a separate cabin or another suitable location while the voyage is still in progress. It is important to ensure that those in quarantine do not come into contact with each other. In practice, this means that persons in quarantine must have their own room with a private bathroom and toilet. Persons in quarantine may leave the room, but they must be careful to keep a safe distance from others. The reason for this is that contact between those in quarantine, or sharing rooms and facilities, allows for the spread of infection during the quarantine period and may cause some people to become infected and become infectious after the quarantine has ended.

Operators (businesses) must prepare a procedure for the implementation of quarantine for passengers/crew members who are defined as close contacts and ensure that this procedure is made known to the crew. The description of the procedure should include a detailed description of where persons in quarantine (including both passengers and crew members) are to be placed. The crew members who will be responsible for dealing with/serving persons who are in quarantine must be specified, and a plan for the performance of practical tasks to be carried out by such crew members must be described. A plan should be drawn up for the medical follow-up of persons who are in quarantine.

Duty of notification in the event of COVID-19 infection

Coastal cruises originating at a foreign port

Coastal cruises which originated at a foreign port or which call at a foreign port during the voyage must return to a port in the country of boarding in the event of confirmed SARS-CoV-2 infection on board the vessel; see Section 11 fourth paragraph of the COVID-19 Regulation.

Ships arriving from abroad with a suspected or confirmed case of COVID-19 infection on board are obliged to notify the Norwegian authorities pursuant to the provisions of Section 5 of the Norwegian Regulation on International Health Regulations (IHR-forskriften). **The captain of the vessel must then notify the Norwegian Coastal Administration's maritime traffic control centre in Vardø by telephone on +47 78 98 98 98.** An electronic message must also be entered in the notification of arrival in SafeSeaNet Norway.

The Norwegian Coastal Administration can assist the ship in notifying the municipal medical officer in the relevant municipality if it is deemed necessary, as well as in contacting the municipal medical officer if the ship needs assistance regarding the analysis of samples.

Under the IHR Regulation, the captain of a ship on an international voyage is obliged to report the state of health of those on board as soon as possible and no later than upon arrival at the first port of

call, if the conditions in Section 5 of the IHR Regulation are met; see the [Regulation on the notification of and measures in case of serious incidents of importance to international public health, etc. \(the IHR Regulation\)](#). The duty of notification pursuant to Section 5 is aimed at vessels from abroad *upon arrival at the first port of call in Norway*.

Coastal cruises originating from a mainland port in Norway

Coastal cruises which originate from a mainland port in Norway and only call at other mainland ports in Norway are not obliged to report in accordance with the provisions of Section 5 of the IHR Regulation, but are requested to follow the same procedure. **The captain of the vessel must then notify the Norwegian Coastal Administration's maritime traffic control centre in Vardø by telephone on +47 78 98 98 98.** An electronic message must also be entered in the notification of arrival in SafeSeaNet Norway.

In the event of a report from a ship of a confirmed or suspected case of infection, the Norwegian Coastal Administration shall notify the municipal medical officer in the municipality in which the port of call is located. The municipal medical officer's duty to contact the Norwegian Institute of Public Health is stipulated in Section 4 of the IHR Regulation.

Any doctor, nurse, etc. on a ship located within the baseline who suspects and confirms a case of illness or injury which could be of importance to international public health has a duty to report the state of health on board if the conditions in Section 4 of the IHR Regulation are met; see the [Regulation on the notification of and measures in case of serious incidents of importance to international public health, etc. \(the IHR Regulation\)](#)

Notification pursuant to Section 4 of the IHR Regulation must be sent to the municipal medical officer at the port where the ship will call. If it is not possible to notify the municipal medical officer, the infection protection desk at the Norwegian Institute of Public Health must be notified directly (see 'Emergency telephone numbers' at www.fhi.no). The municipal medical officer must notify the Norwegian Institute of Public Health (and the County Governor). It is important that the Norwegian Institute of Public Health is notified immediately, either by telephone or as stated on the Institute's website. The municipal medical officer can be notified via the Norwegian Coastal Administration's maritime traffic control centre in Vardø on telephone +47 78 98 98 98.

Ports with the capability of handling COVID-19 outbreaks

In the event of a confirmed or suspected case of infection on board a coastal cruise which originated at a mainland port in Norway and which only calls at other mainland ports in Norway, the ship should as a general rule continue its voyage and seek the necessary medical assistance to deal with the suspected or confirmed COVID-19 outbreak at the port where the ship calls.

In the event of a major outbreak of COVID-19 which could impact on the operation of the vessel, it may be appropriate for the Directorate of Health/Norwegian Coastal Administration to recommend a port for the ship to sail to. This must also take place in consultation with the local health and care services in the municipality, represented by the municipal medical officer.

If a ship is relatively close to a designated port, it may be appropriate depending on the circumstances for the vessel to sail to a designated port (designated point of entry); see Section 19 of the IHR Regulation. The municipality must ensure that designated ports have access to the necessary

facilities, personnel and equipment during the COVID-19 outbreak. The three designated ports are the ports of Oslo, Bergen and Tromsø. If a ship is to sail to a port other than its planned port of call, the municipal medical officers in the two municipalities concerned should agree on how the situation should be managed. If necessary, the Directorate of Health may be contacted.

Management of suspected cases of the ongoing spreading of infection amongst crew members and/or passengers

If it is believed that a confirmed case (passenger or crew member) could have become infected on board the ship, the ship should sail to a suitable port and be followed up by the local health authorities, in consultation with the Norwegian Institute of Public Health. The ship should not be permitted to travel onwards, and persons (passengers and crew members) should not disembark without the approval of the local health authorities. Each situation must be assessed on an individual basis as regards recommended infection control measures and as regards restrictions or requirements which the municipality should issue pursuant to the Infection Control Act. This should be coordinated with the Norwegian Institute of Public Health and the Directorate of Health.

In the event of a confirmed case of infection on board, coastal cruises which originated at a foreign port must return to the port of embarkation abroad.

Procedure at the destination port

The operator (shipowner) should prepare a plan for caring for persons who are in isolation or quarantine upon arrival at the port of call. The plan should describe how persons in isolation and quarantine should be transported by the vessel, accommodation for passengers/crew members in isolation and quarantine off the vessel, and procedures for information flow and communication in such a situation. The operator (business) should consider whether there is a need to draw up a plan or enter into an agreement with ports of call/relevant municipal medical officers along the route of the cruise in advance of the voyage.

PART 3 Checklist for infection control measures for cruise operators (businesses)

Cruise operators (businesses) must fill in remarks concerning the relevant measures before operations may be commenced by using **OK** when the plan has been prepared and implemented, and **In progress** when work is still in progress. It is recommended that operators (businesses) complete and save the checklist on a weekly basis. This documentation may be presented in the event of an inspection or if the operator (business) receives notice that they have not complied with the infection control requirements stipulated in relevant legislation and regulations, national guides and the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020*.

Measures	Remarks
The management's overriding responsibilities	
Training of staff and other persons regarding infection control measures by familiarising them with the information given in this guide	
Disseminate information to users concerning new procedures	
Draw up a plan for hygiene measures and cleaning	
Establish a dialogue with any staff, users or others who are in a risk group and who may need to have their duties adapted	
Sick persons must not report for work	
Sick persons must stay at home (isolate if on the vessel), even in the case of mild symptoms.	
Where possible, the place of service should be evacuated if employees or users fall ill.	
Practise good hygiene	
Make sure sufficient soap and paper towels are available at all handwashing stations and toilets	
Put up posters about handwashing procedures and cough etiquette	
Wash your hands frequently and thoroughly (use hand sanitiser if appropriate)	
Cough and sneeze into a paper handkerchief or elbow	
Cleaning plan, including frequency and method	
Extra cleaning in exposed areas which are touched frequently (door handles, handrails, table tops etc.	
Provide alcohol-based sanitisers where no handwashing facilities are available	
Follow social distancing rules	

Strive to maintain a distance of 1 metre between people.	
Plan for maintaining distances in communal areas such as changing rooms, waiting rooms, toilets and on the way in and out of premises	
If appropriate, apply markings to floors to ensure safe distances are maintained in areas where congestion may occur	
Consider the use of rooms in relation to the number of people, so that everyone can keep at least 1 metre away from other people	
Plan for social distancing between people and hygiene measures during mealtimes/in canteens	
Draw up an appropriate infection control plan in accordance with current national rules, in consultation with local providers of activities and local communities when planning disembarkations in built-up areas. Disembarkation in built-up areas should be avoided wherever possible.	
Procedures	
Prepared information for passengers and a procedure for the provision of information about the three principles for slowing the spreading of infection: <ul style="list-style-type: none"> • Make sure sick people are not physically present. • Ensure good hygiene • Follow social distancing rules 	
Prepared procedure for checking of self-certifications (self-monitoring form) prior to boarding and procedure for isolation onshore in the event of suspected COVID-19 infection.	
Prepared procedure for isolation in the event of suspected COVID-19 infection for crew members/passengers. Regular drills should be carried out to practise this procedure.	
Prepared procedure for follow-up of passengers/crew members in isolation, including the performance of self-monitoring and temperature measurements up to three days after the persons concerned become symptom-free. Regular drills should be carried out to practise this procedure.	
Prepared procedure for the follow-up of passengers/crew members who are in quarantine. Regular drills should be carried out to practise this procedure.	
Prepared procedure for implementation of testing of crew members/passengers in the event of suspected COVID-19 infection. Regular drills should be carried out to practise this procedure.	
Ten sets of test equipment for COVID-19 tests	
Sufficient infection control equipment for sampling and follow-up of persons with suspected/confirmed COVID-19 infection.	
Prepared procedure for evacuation of vessel to the port of embarkation abroad or an appropriate port in Norway.	

Develop procedure for appropriate infection control measures as necessary in connection with supply, anchoring and/or waste. Regular drills should be carried out to practise this procedure.	
Prepare a procedure for appropriate infection control measures in accordance with the applicable national rules in force at any one time, to be implemented in connection with disembarkation. All persons must be placed in fixed cohorts (maximum of 45 persons in each cohort).	

PART 4 Detailed infection control measures

General

This part of the guide deals with detailed infection control measures in different parts of the coastal cruise's tour programme.

See the three principles for limiting infection:

- Make sure sick people are not physically present
- Ensure good hygiene
- Follow social distancing rules

The following measures will also be key to efforts to curb the spread of infection:

- Ensure that employees receive good training regarding infection control
- Provide customers with appropriate information concerning the infection control measures.
- Draw up lists of contact details for all participants/visitors in case contact tracing becomes necessary. The business is responsible for keeping lists with names, telephone numbers, home addresses and e-mail addresses

Infection control measures for coastal cruises

The industry standard for accommodation providers has been established by the Confederation of Norwegian Enterprise (NHO) based on the Norwegian Institute of Public Health's advice. Industry standards for accommodation are also relevant for ships.

See also [NHO's industry standard for accommodation](#).

This industry guide covers the expedition cruise vessel and the expedition cruise operation. Other industry and/or business guides may be relevant to the operation, including product and service providers, ports, pilot services, etc. Cruise operators will have to fulfil all relevant requirements arising from these.

Vessel

AREA	DESCRIPTION OF RISK	MEASURES
RECEPTION, COMMUNAL AREAS, LIFTS, GENERAL	Congestion around entrances, check-in/check-out can lead to a risk of direct infection because people are standing too close together.	Ensure that no congestion occurs. Consider the need to introduce a queuing system, distance markings on the floor, etc. Consider measures to limit the number of people arriving/leaving at the same time, for example by giving each person their own check-in/check-out time.
	Risk of indirect contact infection through guests and staff touching the same surfaces, such as reception counters, check-in tablets, card terminals, pens, lift buttons, etc.	Encourage everyone to wash their hands upon arrival. If this is impractical, ensure that hand sanitisers are available at entrances. Frequent washing of exposed surfaces, such as reception counters, lift buttons, equipment which is used by many different people, etc. Facilitate card payments and other electronic payment solutions. Wherever possible, payment should be made contactless. Alternatively, debit/credit cards or cash may be used. Hand hygiene is recommended after touching any objects in connection with such payments.

	General risk of infection due to sick people.	<p>Guests must be advised in advance that they will not be able to join the cruise if they have symptoms of respiratory infection. See the section on medical certificates/self-certification (self-monitoring form).</p> <p>The details of guests who have been on a cruise must be retained for at least three weeks for use in the event of contact tracing. Contact tracing must be carried out in cooperation with the responsible infection control authority.</p>
CABINS	Risk of indirect contact infection as a result of cabins not being adequately cleaned between guests.	<p>Cleaning in accordance with the cleaning plan. If necessary, seek assistance from a cleaning equipment supplier.</p> <p>Ordinary detergents can be used. Remember to wash all surfaces which are touched frequently, e.g. light switches, door handles, remote controls, etc. Appropriate procedures should be in place for ordinary hand hygiene practised using soap and water or hand sanitiser in connection with cleaning.</p> <p>Remove decorative pillows on beds and bedspreads which are not washed regularly.</p> <p>In the event of confirmed infection, cabins and others areas where the guests stay they have been must be cleaned thoroughly. Consult with the cleaning product supplier. See also the Norwegian Institute of Public Health's cleaning guide.</p>
RESTAURANTS/CAFES, ETC.		
Arrival of guests	Congestion around entrances may result in an increase in the risk of infection.	<p>Organisation of queues. If congestion occurs frequently, a member of staff must be assigned to manage the queue. Consider marking out lines for queues on the ground/floor in order to maintain appropriate distances.</p>
Serving of food indoors	There is an increased risk of infection if people remain close together, either as a result of congestion at a bar/serving counter, and/or because people stand or sit too close together or there are too many people in the room/premises.	<p>Guests must be able to keep at least 1 metre apart when sitting at a table. Tables must be at least 1 metre apart. Where fixed tables do not permit this distance to be maintained, it must be ensured that groups of guests remain 1 metre apart.</p> <p>Consider how many guests the restaurant can accept and still comply with the above measures.</p>

		<p>Organisation of queues at the bar/serving counter, either in the form of a dedicated member of staff to maintain order, or notices and floor markings.</p> <p>Guests must not be permitted to stand together in the premises, and should mainly sit at tables. Limit of 5-6 guests at each table, but the business may make exceptions for large families/groups who live together, or by implementing compensatory measures in the form of greater distances between guests, greater distances to adjacent tables, etc.</p> <p>The serving of food and drinks indoors must at all times comply with the applicable guidelines in Section 14a of the Regulation on infection control measures, etc. in connection with the coronavirus pandemic (the COVID-19 Regulation).</p>
	<p>The risk of indirect contact infection as a result of several people coming into contact with the same objects, such as menus, salt shakers, ketchup bottles, water jugs, etc. The same applies to contact surfaces such as bar counters, door handles, table surfaces etc.</p>	<p>Facilitate card payments and other electronic payment solutions. Wherever possible, payment should be made contactless. Alternatively, debit/credit cards or cash may be used. Hand hygiene is recommended after touching any objects in connection with such payments.</p> <p>Use a whiteboard, noticeboard or disposable menus, avoid having many guests touching the same menu. If laminated menus are used, they can be cleaned/disinfected between each guest.</p> <p>Buffets may be served</p> <p>Frequent cleaning of bar counters, door handles and other exposed surfaces with ordinary detergents.</p> <p>Table surfaces must be cleaned using ordinary detergents between each group of guests.</p> <p>Use disposable wipes or clean cloths which are washed after use. Avoid using the same cloth on multiple surfaces/change the cloth frequently.</p> <p>Consider wearing gloves when serving. Wearing gloves requires training in their proper use. Good hand hygiene must be maintained by the staff under all circumstances.</p>

Serving of food outdoors on vessels	There is believed to be less risk of infection outdoors, compared with indoors.	It can be a good idea to serve food and drink outdoors where possible. Follow the same advice as for the serving of food indoors. The serving of food and drinks outdoors must at all times comply with the applicable guidelines in the Regulation on infection control measures, etc. in connection with the coronavirus pandemic (the COVID-19 Regulation)
COMMUNAL ROOMS (lecture halls, cinemas, libraries, science rooms, exhibition rooms)	Risk of guests transmitting infection through contact with others or when using shared objects.	Social distancing with at least 1 metre distance between people applies to communal rooms such as libraries, lecture halls/cinemas, science rooms, exhibition rooms, etc. When lending books and magazines, loaned objects should be kept separate upon return. They must then be wiped down or put away for 24 hours before they are loaned out again. Other shared equipment which can be cleaned may continue to be used provided that special cleaning protocols are introduced.
WELLNESS AREAS, FITNESS ROOMS, POOLS, SPAS, ETC.	Risk of guests transmitting infection by contact with others directly or indirectly through damp surfaces	See the advice from the Norwegian Institute of Public Health regarding swimming pools, fitness rooms and saunas . Spa activities such as skincare and wellness may involve treatments which require one-to-one contact between the treatment provider and the customer. Such activities must comply with the requirements of Section 15 of the COVID-19 Regulation and the Guide to infection control measures for businesses with one-to-one contact: https://www.helsedirektoratet.no/tema/beredskap-og-krisehandtering/koronavirus/smittevern-i-virksomheter-og-helsevirksomheter-med-en-til-en-kontakt
SHOPS	Risk of guests transmitting infection through contact with others or objects in the store.	Store staff must ensure that the recommended distance is maintained between guests in the shop premises and changing rooms. Consider dividing the store into a number of small groups. Hand sanitiser or hand washing facilities with soap and water must be provided. Frequently touched contact surfaces must be cleaned or disinfected using ordinary cleaning agents after a room has been used.

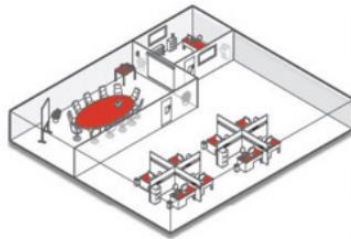
	There is also a risk of indirect infection through many people touching the same surfaces.	Table surfaces must be cleaned using ordinary detergents between each group of guests. Frequent washing of other exposed surfaces. Use disposable wipes or clean cloths which are washed after use. Avoid using the same cloth on multiple surfaces/change the cloth frequently.
	Increased risk of direct infection through people staying too close together.	Consider how many guests the store can accept and still comply with the above measures. Customers and staff must be able to keep at least 1 metre apart. Set out markings to indicate the number of customers that can be inside the store at the same time.
TOILETS	Increased risk of infection in the event of congestion because many people want to use a limited number of toilets.	If the premises are arranged so that congestion can occur around the toilets, consider organising queues, e.g. through floor markings.
	Risk of indirect contact infection linked to surfaces that many people touch.	Make sure there is always enough soap and paper towels available to enable guests to wash their hands. Put up posters asking guests to practise good hand washing and use paper towels to turn off taps, etc. Frequent and regular cleaning of frequently touched surfaces, such as door handles, toilet flush buttons, taps, soap dispensers, toilet papers holder, toilet seats, etc. Intervals for cleaning must be determined by the individual business, depending on the layout 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	Crew members and passengers on coastal cruises originating at a mainland port in Norway which only call at other mainland ports in Norway may go ashore in connection with bunkering, in order to take supplies on board or to dispose of waste. Crew members and passengers on coastal cruises originating at a foreign port or calling at a foreign port during the voyage may not disembark in Norway. Ships are only permitted to call at a port for essential bunkering or to take supplies on board.

		<p>The following guidelines apply to both types of coastal cruise: All goods and supplies must be delivered to the pier. Packaging must be removed or cleaned before supplies are taken on board. In the case of bunkering or disposal of ordinary waste, contact between crew and reception equipment must be avoided.</p> <p>The actual handling of goods requires both the reception equipment and the crew to come into contact with goods, etc. within a short period of time. Procedures should be established regarding the use of protective equipment:</p> <ul style="list-style-type: none"> • Masks and disposable gloves must be worn when crew members and reception equipment handle the same goods or objects at a good distance. The reception equipment is on the pier/supply boat and the crew member is on board the ship separated by a minimum distance of 3-5 metres during handling. • Masks, overalls and disposable gloves must be worn if, for practical reasons, the crew and supply equipment must handle the same goods or objects together for a short period of time.
INFECTIOUS WASTE	Risk of infection from infectious waste	Infectious waste must be handled and stored in accordance with the applicable rules and procedures for the vessel, and disposed of at approved reception facility.
CLEANING PLAN	Risk of indirect contact infection as a result of inadequate cleaning	Written cleaning plans should be prepared with a focus on exposed areas, with clearly defined responsibility, cleaning zones, frequency and detergents.

The Norwegian Hospitality Association Procurement chain's supplier Lilleborg has developed this overview of hygiene measures and key focus areas in connection with cleaning during the coronavirus pandemic

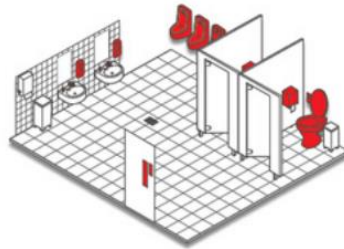
Fokusområder - berøringspunkter

Kontorer og møterom



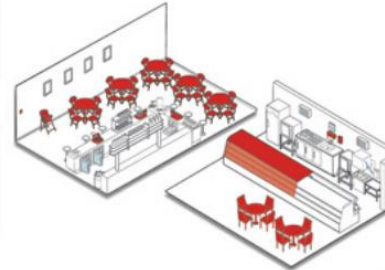
-  telefoner
-  pulter
-  brytere
-  dørhåndtak og området rundt

Toaletter



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

Kantiner og fellesarealer



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



Health professionals

During the COVID-19 pandemic, cruise vessels must be staffed by the following healthcare professionals:

1-99 people on board	Minimum of 1 nurse on board
100-200 people on board	Minimum of 1 doctor on board Minimum of 1 nurse on board

Infection control measures by sailors and other staff

All businesses must draw up plans for persons who are unable to embark due to their health situation or suspected infection, so that they can be cared for in an appropriate manner from an infection control perspective.

Operators must follow the Norwegian Institute of Public Health's advice for sectors where workers live on site (including ships) insofar as is possible:

Crew members arriving in Norway from abroad in order to muster on a ship which offers coastal cruises must have completed quarantine in accordance with Section 4 of the COVID-19 Regulation or be covered by one of the quarantine exemptions before they muster on the ship. Crews who muster on the ship from a foreign port must also have completed quarantine in accordance with Section 4 prior to boarding. This means that crew members who muster on a ship from a foreign port must have remained in an area which is exempt from the quarantine obligation (yellow area) during the ten days immediately prior to boarding, or be covered by one of the other exceptions to the entry quarantine in order to be able to muster on the ship.

Workplaces where employees stay for periods of time and are in close proximity to each other will be particularly susceptible to the transmission of infection. It is therefore especially important to step up hygiene measures and limit contact between employees in these workplaces.

Persons with symptoms of respiratory infection should be placed in isolation in cabins or another suitable location until they are symptom-free. Persons with symptoms of respiratory infection must not go to work or stay in normal living areas, and must avoid contact with colleagues for up to 24 hours after their symptoms have disappeared. See the [Norwegian Institute of Public Health's website](#).

Persons confirmed as having COVID-19 should be placed in isolation, e.g. in their own cabin. If they are unable to use their own cabin for any reason, a separate area must be set aside for this purpose. A separate bathroom/toilet must be made available. Food must be served in the cabin or designated area.

The general advice for isolation of the area should otherwise be followed. After use, the cabin, designated area or other areas where persons have been in isolation must be cleaned using ordinary cleaning products. Medical personnel are responsible for following up COVID-19 cases and for contact tracing in accordance with the applicable guidelines.

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

Consideration should be given to reducing the number of employees working at the same time, in order to reduce contact between employees and thereby reduce the risk of infection to employees.

If there is a shared canteen or dining room, the number of people eating at the same time must be limited in order to reduce contact between employees.

Limit the number of people present in communal areas. Where possible, it is wise to have a number of teams of workers who do not come into contact with other people outside the team, and to avoid mixing different teams. This will ensure that infection in one team will not have any consequences for the other teams.

AREA	DESCRIPTION OF RISK	MEASURES
DIVISION INTO WORK TEAMS	Risk of having to place many people in quarantine if infection is confirmed.	As far as possible, employees should work in fixed "crews", so that they come into contact with as few of their colleagues as possible. In addition to addressing the need for infection control, this approach also avoids having to place many employees in quarantine at the same time.
MUSTERING	Risk of crew members and guides bringing infection on board upon mustering	From signing of the contract until departure from home, crew members and other employees must complete a self-certification form (self-monitoring form) concerning COVID-19 symptoms. Employees should be given instruction regarding social distancing and personal hygiene while travelling to the ship. Crew members arriving in Norway from abroad in order to muster on a ship which offers coastal cruises must have completed entry quarantine in accordance with

		Section 4 of the COVID-19 Regulation or be covered by one of the entry quarantine exemptions before they muster on the ship. Crews who muster on the ship from a foreign port must also have completed quarantine in accordance with Section 4 prior to boarding. This means that crew members who muster on a ship from a foreign port must have remained in an area which is exempt from the quarantine obligation (yellow area) during the ten days immediately prior to boarding, or be covered by one of the other exceptions to the entry quarantine in order to be able to muster on the ship.
TRAINING	Increased risk of infection if employees are not familiar with recommended and implemented infection control measures.	The business must provide training and information on implemented infection control measures for all employees. In addition to training, notices concerning procedures must be put up in relevant locations.
SYMPTOM MONITORING	Risk of employees with symptoms exposing others on board to infection	Everyone must be checked for symptoms and the responsible health professional on board must assess the need for systematic temperature measurements. Employees with respiratory symptoms or other COVID-19 symptoms must be placed in isolation and kept under supervision until the ship reaches port if hospitalisation is not necessary.
INFECTION CONTROL OFFICER	Important to ensure that the business has a conscious attitude towards the implementation of the measures.	The general manager has overall responsibility for carrying out a risk assessment of the infection control conditions and for preparing and implementing procedures. The general manager also has overall responsibility for ensuring that the business complies with the relevant infection control measures. The safety representative must assist in this task.
	This is best ensured by using existing systems for HSE and leadership.	An infection control officer should be appointed for each shift, who has special responsibility for ensuring that the measures are followed up.
GALLEY	Increased risk of infection if employees work too closely to each other.	Over time, employees must be able to keep at least 1 metre apart when working. Employees may pass each other for short periods at a time. Close face-to-face contact should be avoided wherever possible.
EQUIPMENT, ACCESS	Further risk of indirect contact infection as a result of several people using the same equipment	Cleaning of equipment before another employee uses it. Consider whether everyone should use their own equipment. No external persons in the kitchen. Also applies to suppliers.

	and/or practising inadequate hygiene. Inexperienced employees.	Establish routines for goods to mainly be received outdoors. See also the point about employees below. Frequent hand washing.
LANDINGS	Risk of bringing infection ashore or on board from the shore	<p>A procedure must be established for appropriate infection control measures in line with the applicable national rules in force at any one time to be implemented upon disembarkation. All persons must be placed in fixed cohorts (maximum of 45 persons in each cohort).</p> <p>Crew on coastal cruises originating at a foreign port or calling at a foreign port during the voyage may not disembark at a port in Norway, except in order to change crew.</p> <p>Crew on coastal cruises originating at a mainland port in Norway which only call at other mainland ports in Norway may disembark in Norway, although disembarkation should be limited.</p> <p>The crew must be instructed in social distancing and avoiding contact with large numbers of people ashore.</p>

Infection control measures for guests

All businesses must prepare plans for persons who are unable to embark due to suspected infection, so that they can be cared for in an appropriate manner from an infection control perspective.

The consequences of COVID-19 coming aboard a cruise ship can be severe. Preventive measures must therefore be implemented to prevent infection from being brought on board. In addition, it is important that any infection which does occur does not spread to other people on board. Measures must therefore also be implemented to detect symptoms as soon as possible by monitoring signs of infection on a daily basis.

Preventive measures

TYPE OF ACTIVITY/AREA	DESCRIPTION OF RISK	MEASURES
<p>INFORMATION AND SELF-MONITORING</p> <p>When booking/prior to departure</p>	<p>Risk of passengers bringing infection on board vessels.</p>	<p>All passengers must be informed that no one with suspected COVID-19 infection will be permitted to sail on a coastal cruise along the Norwegian coastline.</p> <p>Prior to departure, all passengers and crew must be informed of the infection control measures that have been implemented on the coastal cruise and what they need to do if they develop symptoms of acute respiratory infection during the voyage.</p>
<p>Boarding</p>		<p>Everyone must be asked to complete and submit a self-certification form (self-monitoring form) which assesses the risk of the guest having been exposed to or infected with COVID-19 at the time of boarding.</p> <p>Passengers on coastal cruises originating at a mainland port in Norway which only call at other mainland ports in Norway may not be subject to a quarantine obligation under Section 4 of the COVID-19 Regulation at the time of departure of the cruise.</p>

On boarding/disembarking

TYPE OF ACTIVITY/AREA	DESCRIPTION OF RISK	MEASURES
TRANSFER FROM AIRPORT	Risk of infection of guests from airport to ship and from ship to airport	A detailed agreement should be established with a local transport company concerning the cleaning of buses before and after use. Guests must meet at the airport and be instructed in good hygiene practices and social distancing. Upon arrival, they should be taken directly from the airport to the ship or hotel. Upon return, there should be a clear agreement with the local authorities concerning the rules for local excursions and shopping.
LUGGAGE	Risk of infection being brought on board with luggage	Consideration should be given to whether luggage should be cleaned or disinfected before it is brought on board.

During the voyage on board

AREA	DESCRIPTION OF RISK	MEASURES
SYMPTOM MONITORING	Risk of guests exposing others on board to infection	Everyone must be checked for symptoms and the responsible health professional on board must assess the need for systematic temperature measurements. Logged information concerning the temperature of guests who have been on a cruise must be retained a minimum of 3 weeks for use by healthcare professionals in the event of symptoms developing and for use in contact tracing.

		Guests with respiratory symptoms or other COVID-19 symptoms must be placed in isolation and kept under supervision until the ship reaches port if hospitalisation is not necessary.
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Infection control measures for activities away from the vessel

In connection with coastal cruises, it is common for guests to take part in activities away from the vessel. Guests must be divided into small groups (max. 45 people) to be transported in small boats/tender vessels to the shore or on sightseeing trips, e.g. to the starting point for a kayaking trip. After disembarking, guests may be invited to participate in hiking, trips beach clean-ups, visits to cultural heritage sites, etc. The measures below apply to all activities.

Only passengers on a coastal cruise which originated at a mainland port in Norway and only calls at other mainland ports in Norway may disembark in Norway during the cruise. Passengers on coastal cruises originating at a foreign port or calling at a foreign port during the voyage may not disembark in Norway.

TYPE OF ACTIVITY/AREA	DESCRIPTION OF RISK	MEASURES
BRIEFING ROOMS	In briefing rooms, people often sit close together for long periods of time and touch the same surfaces. People also touch many of the same surfaces in toilets.	Briefings should preferably be carried out outdoors with sufficient distance between guests, or alternatively inside suitable premises where the guide ensures that people can remain at least 1 metre apart. In this case, contact surfaces in the briefing room must be cleaned using normal detergents and aired if possible between groups.
TRAINING/INFORMATION	Guides/staff and guests are not familiar with infection control measures/applicable regulations and their practical implementation.	Employees must be informed about and trained in the implementation of infection control measures for the relevant activity. Guests must be informed of measures and infection protection measures at briefings/welcome meetings. Guests with visible symptoms are not permitted to take part in tours/activities. In the case of COVID-19 symptoms, procedures for testing and isolation should be implemented and followed.

CHANGING ROOMS	In changing rooms, people often sit or stand close together and touch the same surfaces.	The guide must ensure that the recommended distance is maintained between people in the changing room. Consider dividing the group into a number of smaller groups. Hand sanitiser or hand washing facilities with soap and water must be provided. Frequently touched contact surfaces must be cleaned or disinfected using ordinary cleaning agents after a room has been used. Different groups cannot use the same room at the same time.
LOAN EQUIPMENT	Loan equipment is used by many people over time and can lead to contact infection.	<p>Both persons and the guide must have clean hands when distributing and handling loan equipment. Loan equipment is distributed by the guide to each individual. The equipment is handled safely after use. If washable, it must be washed at the highest possible temperature. Equipment that is not washable must be disinfected.</p> <p>Equipment that comes into contact with the face must be cleaned after each user or left unused for 24 hours. People should wear their own buff, scarf, balaclava or other garment which covers the mouth to prevent contact infection via the collar of the overall.</p> <p>See also the Norwegian Institute of Public Health's recommendation concerning the cleaning of equipment: https://www.fhi.no/nettpub/coronavirus/rad-og-informasjon-til-andre-sektoerer-og-yrkesgrupper/rengjoring-og-desinfeksjon-ved-covid-19-til-sektoerer-utenfor-helsetjenesten/</p>

<p>SIGHTSEEING AND TRANSPORT ON TENDER VESSELS AND OTHER SMALL VESSELS.</p>	<p>Sightseeing and transport by tender vessels and other small vessels to and from ships. Guests and guides can often end up close together on the vessel.</p>	<p>Guests must sit with one vacant seat between themselves and the next person if they are not travelling together as family/friends. The vessel must be cleaned using ordinary detergents, particularly areas which are touched frequently. Any cloths must be replaced frequently and washed in boiling water. Distances between persons must be ensured when queues form.</p>
<p>VISITS TO SETTLEMENTS</p>	<p>Visits to settlements can bring guests and local residents into contact with each other, thereby increasing the risk of contact infection to and from communities</p>	<p>All visits to local communities must follow national and local guidelines.</p> <p>Contact between guests and the local population must take place as desired and in accordance with clear instructions from the community concerned.</p> <p>Prior to visits to settlements, information on good hygiene and social distancing should be reinforced, and everyone should be placed in a cohort (maximum of 45 persons per cohort).</p>
<p>CLOSE CONTACT DURING TOURS/ACTIVITIES</p>	<p>During excursions on foot, guests can become sweaty and have to breathe harder, increasing the risk of droplet infection when they are close together in a group. There may be a risk of droplet infection when people walk close together in a group or gather together to listen to the guide.</p>	<p>The guide must ensure that people remain at least 1 metre apart from each other.</p>
<p>FOOD AND DRINK</p>	<p>Communal meals involving close contact can increase the risk of infection. During meal breaks, there is a risk of contact infection as a result of people taking food from the same containers and touching the same surfaces.</p>	<p>When food/drinks/snacks are served, the guide must ensure that food is served in an appropriate manner as regards infection control in terms of distance, cleaning and the protection of food; see Section 14a of the COVID-19 Regulation. The guide must practise good hand hygiene when handling</p>

		food. Persons must remain at least 1 metre apart while eating. The guide must ensure that there is access to hand sanitiser.
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First aid

FIRST AID	<p>If first aid must be provided, everyone must consider whether there is a risk of infection from person to guide, and vice versa.</p> <p>It is important to ensure that the guidance on life-saving first aid is based on what is considered to be good practice at all times and then adapted to the relevant infection situation. "Common" time-critical emergency medical conditions are: heart attack, stroke, cardiac arrest and serious injuries.</p> <p>There is a risk of infection in the event of a lack of infection protection equipment or sanitary equipment.</p>	<p>All guides must have a face mask in their jacket pocket or other readily accessible place.</p> <p>If there is no reason to suspect infection, life-saving first aid can be administered in the normal way, as the risk of infection is generally low amongst the general population.</p> <p>For non-healthcare professionals, the emergency medical centre (call number 113) will be able to determine the likelihood of the patient being infected, and thus whether infection control measures should be implemented in the situation concerned.</p> <p>In any case, the medical emergency number 113 must be called to summon resources and obtain guidance on life-saving first aid measures. This is important under any circumstances and must be given priority.</p> <p>The guide must wear disposable gloves and have hand sanitiser available.</p> <p>Following contact with a potentially infected person as a result of administering first aid and/or CPR, the assistant must always practise good hand hygiene, wash their face and change their clothing if possible.</p>
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Measures in the event of suspected infection

If a passenger is experiencing signs of illness which could give rise to suspicions concerning COVID-19 infection, they must be immediately be placed in isolation in their own cabin on board. Persons who, after assessment by a healthcare professional, are defined as close contacts must be placed in quarantine pending further investigation and test results. If a person in quarantine due to close contact to an infected person, must be placed in isolation and should be tested for COVID-19. If the COVID-19 test comes back negative, the person must remain in quarantine for the remaining days of the ten-day quarantine period. See the section on isolation and quarantine and <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/testing-and-follow-up/follow-up-close-contacts/>

Early implementation of measures in the event of suspected infection can help to prevent the further spreading of COVID19 among guests and crew members. The use of personal protective equipment is an important measure to prevent the spreading of infection. In order to have the intended effect, the right equipment must be used correctly and at the right time. The operator (business) is responsible for ensuring that employees who may care for or serve passengers/crew members in quarantine or isolation have received the necessary training regarding the correct use of personal protective equipment.

Infection protection equipment

TYPE OF ACTIVITY/AREA	DESCRIPTION OF RISK	MEASURES
EQUIPMENT WHICH MUST BE AVAILABLE	Prevent the spreading of infection, protect personnel who come into direct contact with infected person(s)	A surgical face mask (type II or IIR), eye protection (protective glasses or visor), a long-sleeved coat and gloves are available for all personnel who perform tasks in the isolation zone.
USED INFECTION PROTECTION EQUIPMENT	Risk of spreading of infection.	Infectious waste must be handled and stored in accordance with the applicable rules and procedures for the vessel, and disposed of at approved reception facility.

Testing and isolation

The Norwegian Institute of Public Health recommends that anyone experiencing COVID-19 symptoms is tested.

These symptoms include acute respiratory infection and one or more of the following symptoms: fever, cough, difficulty breathing or shortness of breath, loss of taste or sense of smell, or other symptoms considered by a doctor to be indicative of suspected COVID-19 infection. Consideration can also be given to testing people with mild symptoms. This must be assessed by the medical officer on board, if appropriate in consultation with the municipal medical officer.

In some situations, it may be appropriate to test asymptomatic individuals; see the [Norwegian Institute of Public Health’s advice concerning the Test criteria for coronavirus](#)

See also: [The Directorate of Health’s Coronavirus – decisions and recommendations](#)

TYPE OF ACTIVITY/AREA	DESCRIPTION OF RISK	MEASURES
TEST EQUIPMENT	Any cases of infection on board the vessel must be detected as soon as possible.	Vessels must have ten sets of test equipment on board. Sampling equipment may be ordered by agreement with health trusts in Norway.
INFECTION PROTECTION EQUIPMENT	Any cases of infection on board the vessel must be detected as soon as possible	The vessel must have adequate infection control equipment
PROCEDURE FOR TAKING SAMPLES	Any cases of infection on board the vessel must be detected as soon as possible	Vessels must draw up their own procedure description for the collection of samples.
PRACTISE SAMPLING	It must be ensured that samples are taken correctly and that the person taking the sample is not exposed to any infection risk.	The sampling procedure must be practised.
TESTING	SARS-CoV-2 is the virus which is causing the outbreak of the disease COVID19.	See the information on procedures for testing on board vessels in PART 2.
IN THE EVENT OF SUSPECTED OR CONFIRMED INFECTION (ISOLATION)	Prevent the infection from spreading	See the information on procedures in the event of suspected or confirmed infection on board in PART 2
PLACE OF ISOLATION		The person must be placed in isolation in a separate zone on board, where there is no passing traffic other than crew

		members who are caring for suspected infected persons or in a defined area.
QUARANTINE ON BOARD		<p>Persons who have been in close contact with another person within less than 48 hours before they experienced the first symptoms of infection and who have since been confirmed as being infected by SARS CoV-2 must remain in quarantine for ten days after the contact. 'Close contact' means contact with another person within a distance of 2 metres for more than 15 minutes, direct physical contact or direct contact with secretions from another person.</p> <p>See: https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/social-distance-quarantine-and-isolation/See also: The Directorate of Health's Coronavirus – decisions and recommendations (https://www.helsedirektoratet.no/veiledere/koronavirus)</p> <p>The quarantine facility following close contact for crew members/pasengers must be located on board the vessel in a separate cabin or defined area.</p>
CRITICALLY ILL PERSON(S)	Deteriorating condition and risk of death	The health professional responsible for the vessel must consult and cooperate with the nearest municipal medical officer and the nearest health trust.
EVACUATION/MEDEVAC		In the event of acute illness/deterioration, the health professional responsible on board must consult the nearest municipal medical officer concerning possible hospitalisation.

Serving of food to people in isolation

TYPE OF ACTIVITY/AREA	DESCRIPTION OF RISK	MEASURES
FOOD SERVICE	Prevent the spreading of infection, protect personnel who come into direct contact with infected person(s)	Food must only be served by the dedicated crew members who are caring for suspected infected persons. Normal cleaning of crockery and cutlery.
WASTE MANAGEMENT	Risk of infection.	Infectious waste must be handled and stored in accordance with the applicable rules and procedures for the vessel, and disposed of at approved reception facility.

PART 5 Change log

The guide may be revised when the Government adopts changes to the national infection control rules and in the event of changes to the health authorities' advice and regulations concerning infection control. Any change which is the result of changes to the national rules or changes amongst operators (businesses) involving amendments to the requirements must be submitted to the Directorate of Health before the operator (business) concerned may implement the change in its plan for compliance with the infection control rules, applicable laws and regulations and the *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020*.

Changes must be entered in the change log.

2020.07.12 Amendment of the COVID-19 Regulation

On 9 July 2020, the Government decided to permit persons resident in countries in the EEA/Schengen area which have a satisfactory infection situation to enter Norway with effect from 15 July 2020. The requirement for persons arriving from these countries to go into quarantine was lifted at the same time. The Government also approved the amendment of Section 10b of the COVID-19 Regulation so that "the vessel's crew members and passengers may only disembark in Norway if the none of the crew and passengers were covered by the quarantine obligation under Section 5 at the time of boarding". *Guide for coastal cruises along the Norwegian coastline during the COVID-19 pandemic 2020* is amended where appropriate.

The Government also decided to lift the ban on the serving of buffets in connection with food service in the COVID-19 Regulation.

2020.09.17 Structural changes and amendments to the COVID-19 Regulation

The guide has been updated to conform to amendments to the COVID-19 Regulation which came into force on 25 August 2020 and 14 September 2020. The changes mean that Norwegian and foreign ships can now operate coastal cruises along the Norwegian coastline with a maximum of 50 percent passenger capacity, limited to a maximum of 200 people on board (including both crew and passengers). Only passengers and crew members on coastal cruises originating at a mainland port in Norway which only call at other mainland ports in Norway can disembark in Norway during the cruise or at the end of the cruise.

The guide has been updated with new procedures for reporting infections on board. A number of structural changes have also been made to make the content more accessible.

The requirement to submit a medical certificate has been removed from the guide and replaced with a request for passengers to familiarise themselves with the Norwegian Institute of Public Health's guidelines for people in risk groups.

2020.10.30 Update on rules regarding isolation

The guide has been updated to comply with the changes in the COVID-19 Regulations § 7, which states that persons defined as a close contact to an infected person must be isolated if they develop symptoms of

COVID-19. If a COVID-19 test comes back negative, the person must remain in quarantine for the remaining days of the ten-day quarantine period.

Appendix 1 Example Self-Declaration – 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?

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

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.

Finn