AGENDA - AMENDED
Special Bar Harbor Town Council
By Zoom webinar
July 7, 2020

I. CALL TO ORDER – 7:30 P.M.

II. REGULAR BUSINESS

A. Cruise Ship- Possible motion to allow American Cruise Lines visitation to Bar Harbor.

B. COVID Mask Ordinance – Possible motion to prepare ordinance.

III. ADJOURNMENT

To ensure your full participation in this meeting, please inform us of any special requirements you might have due to a disability. Please call 288-4098

Please click the link below to join the webinar:

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COVID-19

Operating Policies and Risk Mitigation Plan
Alaska and Maine

American Cruise Lines, Inc.
COVID-19 Operating Policies and Risk Mitigation Plan
Working Version 3.1

Introduction

American Cruise Lines operates a fleet of 12 US-Flag vessels certificated by the United States Coast Guard to carry less than 250 persons onboard. The ships only dock in the United States of America and are crewed by U.S. citizens. American Cruise Lines has developed specific policies to reduce the risk of COVID-19 infection for passengers and crew through health screening, prevention, health monitoring, medical evaluations, required COVID-19 PCR testing, serology testing, contact tracing, and reporting.

The challenges presented by the COVID-19 pandemic are not unique to the small passenger vessel industry. Effective prevention, surveillance and response require sector-specific measures to mitigate, to the greatest extent possible, the risk of COVID-19 introduction and transmission aboard small passenger vessels with less than 250 passengers and crew. The strategic plan for resuming safe and sanitary operations can be found in *Appendix I*.

American has taken significant steps to ensure the safety of our passengers and crew during all upcoming travel. American has partnered with Vikand Medical Solutions, a leading global expert in maritime medical operations and healthcare. American will have medical professionals joining us onboard the vessels to ensure comfort, safety and wellness. Vikand has and continues to develop specific operating plans for state and local health authorities.

American Cruise Lines operating policy outlines a comprehensive plan to prevent, detect, respond to, and contain COVID-19 through advanced coordination with the communities and states that our ships operate in to protect the health and safety of passengers, crew, and local citizens.

1. Objectives

1.1. Prevent, detect, mitigate, and respond to the introduction and risk of transmission of COVID-19 on board through enhanced cleaning and disinfection and newly improved measures at critical points along the entire cycle of the cruise experience, from booking through the cruise itinerary and the passenger's return home;
1.2. Implement new and enhanced measures to maximize the ability to detect infectious crew and passengers prior to, and during cruise itineraries;
1.3. Provide health screening of crew and passengers prior to boarding and deny possibly infectious crew and passengers from boarding.
1.4. Include measures for swift COVID-19 case detection, isolation, care management and mobilization of response resources, as needed;
1.5. Facilitate the safe and efficient disembarkation and repatriation of passengers and crew, if appropriate, consistent with case management protocols; and
1.6. Implement new measures to help minimize spread of the virus during interface between the ship's crew and shore side services including receiving stores, offloading waste, and embarking contractors, and local/national authorities.

2. Implementation Assumptions

2.1. The risk of introducing COVID-19 to a ship can be mitigated, but cannot be eliminated;
2.2. Some measures implemented under this policy may be temporary and will be re-evaluated over time as more information is available to inform;
2.3. Cruise passenger access to COVID-19 PCR lab testing and certification of results prior to commencing travel to embark for a voyage could be helpful, but not determinate, to reducing the risk of COVID-19 introduction to a ship;
2.4. Testing of all persons prior to boarding, once testing kits and rapid processing are readily available, could be helpful, but not determinate, to maximizing the reduction of risk of COVID-19 introduction to a ship. All passengers are required to complete a PCR test prior to arriving to Alaska, Maine, and other states as required;
2.5. Pre-identified locations along intended cruise itineraries, capable and willing to facilitate the disembarkation of passengers for onward travel based on informed consultation with relevant port and health authorities, will be critical to suspected or confirmed COVID-19 case management.

3. American Cruise Lines Return to American Waterways

3.1. A gradual, paced approach to resuming operations. Ships to begin operating in July 2020. ;
3.2. All ships are U.S. registered with only domestic ports of call;
3.3. All ships are crewed and staffed by U.S. citizens;
3.4. All ships carry fewer than 250 persons;
3.5. All ships are designed and constructed in the U.S.A;
3.6. Passengers are primarily U.S. citizens who reside in the United States

4. Phased Approach for Return to Service

Full resumption of traditional cruise itineraries may be dependent on a variety of factors, including national, state, and/or regional restrictions, the status of community spread of COVID-19 in specific locales, and advancements in detecting, treating and preventing COVID-19. ACL is coordinating directly with ports and destinations along planned itineraries to ensure capability exists to carry out the shore-facing elements of this policy including PCR testing, isolation, and medical evacuation. A phased approach to return of service could include potential consideration of:

4.1. Phased approach to align itineraries with each states re-opening policy;
4.2. Commencement of cruises in some states prior to others based on reduced prevalence of COVID-19, state or local authorities readiness to receive short visits from small passenger ships (fewer than 250 people) among other factors;
4.3. Cruise itineraries with port visits / excursions where precautions for shore side access and excursions provide an appropriate level of protection consistent with guidance from state and local health authorities;
4.4. Operation of ships at reduced passenger capacity to facilitate social distancing when arriving/boarding and onboard. Passenger occupancy onboard is reduced by 50% during initial

COVID-19 return to service plan with phased approach to consider reduction by 25% when appropriate;

Ship	State	Actual 1st Cruise occupancy	Actual 2nd Cruise occupancy	50% occupancy	25% reduction (75% ocpy)	100% occupancy
Constellation	Alaska	73	75	86	129	173
Constitution	Maine, MA, RI	56	58	86	129	173
Independence	Maine	TBD	TBD	48	72	96

4.5. 450 square feet of space per passenger. This is more than double the space provided on other cruise lines at maximum occupancy
4.6. Independent HVAC System in every stateroom and lounge, no shared duct work between rooms and no recirculated air between rooms
4.7. Ultra violet (UV-C) water purification systems use specific wavelengths of UV light to deactivate living organisms, including bacteria and viruses, within the potable water onboard the vessel.

5. Vikand Medical Solutions Provides Professional Medical Services and Outbreak Response

5.1. Vikand is a leading global maritime healthcare best practice partner and solutions provider. Offering a wide range of services and product solutions to help ensure optimal levels of care and comfort for passengers and crew. Vikand will provide reliable services by skilled medical professionals onboard American Cruise Lines' ships with maritime experience supported by the most current technology and medical guidance as related to COVID-19.
5.2. Vikand is aligned with medical and regulatory organizations including the CDC, American College of Emergency Physicians, United States Coast Guard, and others;
5.3. Vikand sources expert Medical Managers, Specialists, and Doctors;
5.4. Vikand will manage the shipboard Medical Facility with a resident nurse and/or EMT onboard each ship;
5.5. Vikand collaborates with multiple agencies on COVID-19 pandemic response including ACEP, CDC, FDA, WHO, and US Coast Guard;
5.6. Vikand experts will coordinate and administer COVID-19 tests to passengers and crew as well as other testing, response, and isolation as necessary to be provided onboard;
5.7. Vikand will assist with pre-arranged and coordinated care with local health authorities for onboard medical evaluations, quarantine, PCR sampling, shore side PCR sample testing, medivac, and evacuation as required;

Appendix 1

DRAFT COVID-19 Operating Policy

(Working version as collaboration with local communities is ongoing and updated COVID-19 information becomes available)

Passengers and Crew Travel Cycle

1. Pre-Cruise Communication for Passengers

1.1. COVID-19 Operating Protocols are available on the American Cruise Lines web page https://www.americancruiselines.com/about-us/covid-19-operating-protocol
1.2. Seven (7) days prior, passengers to self-quarantine and stay at home for 7 days prior to departure. Passengers are advised not to leave their home; Except for seeking medical care if needed.
1.3. General information for passengers on COVID-19 is updated on web page;
1.4. Passengers pre-departure traveler declaration and screening complete
1.5. Three (3) days prior to travel to Maine and Four (4) to Five (5) days before travel to Alaska, Passengers shall take PCR swab test and report results to American Cruise Lines before traveling. Additional testing may be required per each State's guidelines.

[Section under further development as Rapid Antigen Diagnostics becomes available onboard the ship and home testing capabilities become commercially available for required pre-cruise testing.]

1.6. Surplus prescription medication reminders should they get detained beyond their end of cruise date due to isolation or quarantine requirements
1.7. Recommend medical evacuation insurance coverage for travelers
1.8. Advisory to passengers about suspension of physical greetings (i.e. handshakes)
1.9. Provide passengers and crew with a PPE Travel kit (masks, gloves, and hand sanitizer) with instructions for wearing correctly, handwashing, social distancing, and how to travel safely Good handwashing practices with soap and water are essential.
1.10. Require passengers to wear masks and follow social distancing requirement if required to leave their home during their 7 day home self-quarantine period and practice strict healthy hygiene practices
1.11. Require passengers to wear masks while traveling to and from the ship
1.12. Provide information about what to expect when you arrive and what new health and safety measures will be implemented on board

2. Pre-Cruise Testing

2.1. Passengers, crew and Medical Officer shall be required to complete a COVID-19 PCR swab test before traveling per State's guidelines. Test shall be completed by local health authority, state/federal approved testing site, or primary care physician before departure.

2.1.1 Requirements for Alaska and Maine. Passengers and crew arriving to Alaska and Maine airports shall complete COVID-19 PCR test 72 hours before arrival to the State.

2.2.1 All PCR test results are required to be reported to ACL prior to departure via a secure process;

2.2.2 All persons will be required to travel to the ship with documentation indicating test results;

2.3 The passenger and crew will self-quarantine until they have their test results. If the test is positive, they must not travel and will need to follow-up with their local health authority and primary care physician.

- If the test is negative, they will continue self-quarantine until they depart for their cruise. They will be instructed to follow strict, healthy travel instructions which will include wearing a mask, wash their hands frequently, carry hand sanitizer, and practice social distancing wherever possible. Good handwashing practices are essential.

2.4 If obtaining a COVID-19 PCR test at the passenger, crew or Medical Officer's local community is not possible and the person does not have any other COVD-19 symptoms the following two options (cruise departure port PCR Test or Rapid Antigen test) may be considered:

2.5 Local Departure Port PCR Test:

Where possible, ACL to establish an arrangement with the ship's departure port local health authority or lab for the passenger, crew and Medical Officer to receive a COVID-19 PCR test prior to boarding the vessel. Some tests may take up to two days to receive results. A PCR test is the only way to diagnose if someone has an active infection.

- Option 1: Passenger, crew and Medical Officer to arrive at the departure port 2-4 days early and will self-quarantine in a pre-arranged hotel until the PCR results are available.
- Option 2: Passengers and crew without symptoms board the vessel and go directly into quarantine on board the ship until the test results are available. (Follow *Quarantine Plan* outlined below)
- The Medical Officer must comply with Option 1 and obtain a PCR test and test results prior to boarding the vessel, if they are not able to obtain a PCR test at home.

2.6. Rapid Antigen Testing:

- Quidel COVID-19 Rapid Antigen testing is available onboard using Sofia 2 SAR Antigen instrument and test kits
- Prior to boarding the vessel, the ship's Medical Officer will perform a point of care Rapid Antigen test on the passenger or crew who were not able to obtain a PCR test prior to boarding the vessel.
- Results from the test will be available in 30 minutes

3. Pre-boarding Health Questionnaire

3.1 Prior to entering the ship, all persons (crew, visitors, and essential workers) shall complete a pre-boarding health questionnaire.

3.2 Health questionnaires shall be filled out and reviewed on shore or prior to boarding the vessel to maintain screening and social distancing practices.

3.3 All persons boarding the ship will complete an in-person health screening with the medical officer, prior to boarding;

3.4 If any questions on the health questionnaire are answered "Yes", an advanced medical evaluation shall be made in a private area and the Medical Officer will consult with the Captain and Hotel General Manager, before they will be allowed to enter the vessel.
3.5 Completed health questionnaires will be retained on board for a minimum of 90 days and then shredded unless otherwise advised by health authorities.

4. Pre-Boarding Health Surveillance

4.1 All persons prior to entering the ship shall have their temperature and oxygen saturation taken.
4.2 Where practical, temperature checks shall be conducted in the medical evaluation tent located on shore.

5. Deny Boarding for Anyone with the Following:

5.1 Temperature over 100.4°F (38.0°C)
5.2 Oxygen saturation less than 90%
5.3 Any reasonable "YES" to health questionnaire questions (eg. cough, sore throat, travel threat or recent contact with someone who is COVID-19 positive).
5.4 In the event a person is denied boarding, they will be sent to the local health care clinic or hospital for further evaluation and direction. Arrangements for shore side care and isolation are pre-arranged prior to the start of each cruise.

6. Pre-Boarding

6.1 Discard masks used during travel in the appropriate trash/waste receptacle.
6.2 All staff going shore side must wear PPE and terminals are to be sanitized after embarkation Procedures complete.
6.3 Luggage shall be sanitized and sprayed per ship protocol prior to being delivered on board the ship
6.4 Shore side personnel to distribute a new mask and access to touch free hand sanitizer for each embarking passenger or crew to don prior to boarding
6.4 Assure spacious area for passenger and crew to wait for embarkation to enable 6 feet social distancing

7. Quarantine Boarding Process: (For those who meet the quarantine requirement above)

7.1 Any passenger or crew who are required to go into immediate quarantine based on guidelines above will have no direct contact with other passengers or crew except for designated medical staff or designated crew where medical staff are unavailable.
7.2 Single stateroom assigned for crew.
7.3 Joining passenger or crew member must be escorted straight to stateroom by designated person.
7.4 Passenger or crew member must wear a new mask and gloves upon boarding and in transit to their stateroom.
7.5 Passenger or crew member to change out of travelling clothes, shower, and clothes to be bagged in a specific disposable bag and washed immediately in separate wash

7.6 Cleaning team to sanitize route and high touch areas from entry point on the ship to the designated stateroom.

8. SEE SECTION 15 for Quarantine protocol

9. Shore Excursions and Going Ashore

9.1 Practice proper social distancing and use of PPE on all organized Shore Excursions and when going ashore
9.2 Provide passengers with masks, gloves, hand sanitizer and tissues upon request while on ships excursions or going ashore.
9.3 Limited offerings on shore
9.4 Group sizes on all shore excursions will be reduced by 50% or lower, if required by local mandate
9.5 Dispatch of tours will be conducted from ship, in small groups directed to the gangway by a specifically assigned team member.
9.6 Dispatch of passengers going ashore independently, in small groups directed to the gangway by a specifically assigned team.
9.7 Tour Operators will follow all policies and implement additional safety and sanitation protocols for their operation
9.8 All departures from ship will be staggered to enable additional personal distancing.
9.9 Coaches and private cars to be sanitized before each excursion or transfer.
9.10 Venue screening and reduction to allow for additional distancing ashore.
9.11 Additional sanitizing's stations for our passengers and employees when returning onboard for suite keys and phones.

10. Crew Protocols

10.1 Seven (7) days before travel – Crew member begins 7 day stay at home order to quarantine at home. Crew member continues an additional 7 days of quarantine onboard ship. Total quarantine time period is 14 days. Crew member sent sealed PPE travel kit that includes a mask, gloves and sanitizer with instructions for proper use and travel safe instructions per CDC guidelines.
10.2 One (1) day before travel - COVID fit to travel form completed. This form will be reviewed by medical team and permission to travel is given.
10.3 Eight (8) days before cruise - Crew members travel to the vessel using PPE travel kit per CDC guidelines.
10.4 Four (4) to Five (5) days before travel, crew members take PCR test.
10.5 Crew members are required to follow safe travel guidelines and will have private transportation from the airport to the ship
10.6 Upon arrival at vessel but before boarding - Each crew member will be evaluated by medical officer prior to boarding. This includes completing a medical questionnaire (see *Appendix I*), temperature, pulse, respiration and oxygen saturation. Any potential crew member that does not successfully complete this step will be sent to a shore side hotel and will be required to shelter in place. Hotels will be arranged in the following turn-around ports

- Juneau, AK

- Portland, ME
- Boston, MA
-

10.7 Immediately upon boarding – Crew members will be assigned to their quarters. They will change out of their travel clothes. This clothing will be placed in a plastic bag and sealed. Crew members will shower and change into their work uniform. No tours of the vessel or other functions will take place until they are showered and changed. Clothing worn during travel will be laundered separately from other clothes as soon as possible.

10.8 Seven (7) days before cruise - Crew members begin 7 day onboard quarantine period. They will be monitored daily by the Medical Officer to ensure no symptoms present. If there is a symptomatic crew member they will be immediately isolated in a room designated for that purpose. As soon as possible, that crew member will be sent to the shelter in place hotel. During this 7 day time period crew members will receive extensive training regarding ACL efforts to provide a safe, healthy cruse for passengers.

10.9 Personal Protective Equipment (PPE) information definition - The definition of Personal Protective Equipment As quoted by the Occupational Safety and Health Administration "Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses." In the healthcare setting and during a pandemic like Covid-19, the following PPE is used to prevent contact with the infectious agent and body fluids that may contain the infectious agent. While these forms of PPE are generally used for this purpose in a health care setting, current recommendations do exist for the use in general public.

10.10 Personal Protective Equipment (PPE) information – The American College of Emergency Physicians Health Care Guidelines for Cruise ship Medical Facilities does not currently address the specific minimum requirement of personal protective equipment, needed for regular sailing or a pandemic situation. It stands to reason that ACEP would have no guidelines for small passenger vessels either. The specific medical needs of a small passenger vessel are dependent on variables. These factors will modify the applicability of these guidelines especially with regards to staffing, medical equipment and the ship's formulary.

10.11 Recommended PPE Stockpile Levels - Based on the current guidance the following items of PPE should be maintained, as a minimum, this supply should be separate from regular medical inventory and stored, clearly marked in a secured separate storage space onboard the vessel, with a one step process for immediate shipment. During recent outbreaks, PPE supplies were depleted quickly due to poor control of appropriate PPE. To ensure control and appropriate use of PPE, all items should be clearly marked with purpose of the PPE. On each ship the Hotel General Manager or Mate holds the responsibility to manage, track and distribute the outbreak supplies to the appropriate departments.

- N95 Masks (for authorized personnel)
- Surgical Masks
- Goggles/Face Shields
- Gloves
- Fluid Resistant Gowns/Tyvek Coveralls

10.12 One (1) day before cruise – All crew members will meet with the Medical Officer and go through the medical questionnaire again as a last check before passengers arrive. Cleaning and sanitizing protocols are further defined in the American Cruise Lines' *COVID-19 Shipboard Supplemental Operating Procedures*.

10.13 Standby Crewmembers will be available to relieve shipboard crew. Standby crew will have met the quarantine and testing requirements as described herein.

11. Passenger Protocols

11.1 Seven (7) days before cruise - Pre-screening individual health assessment and travel declaration complete. Authorization that person is fit to travel in the USA

11.2 Four (4) days before cruise - Passengers receive pre-cruise preventative travel care package of PPE including disposable masks, gloves, and hand sanitizer as well as CDC guidelines on traveling safely in USA. Required pre- travel PCR test complete.

11.3 One (1) day before cruise - Passengers travel to turn around ports taking proper travel precautions and make use of PPE provided by ACL. Passengers follow social distancing recommendations of the CDC during travel to the vessel

11.4 Embarkation day of the cruise - Private transportation from hotel or airport directly to ship. Embarkation tents allow screening before boarding adhering to social distancing protocols. Required screening includes pulse, respirations, oxygen, and temperature check. COVID-19 testing is available. Boarding is denied for symptomatic persons. Touch-free boarding process (except as required by medical personnel)

11.5 Medications – Passengers should travel with medication equal to the number of days of their itinerary, as well as an additional 2-week supply of all prescribed and PRN (as needed) medications in the unlikely event they need to quarantined.

12. Identification of Person Under Investigation (PUI) and Testing

12.1 Actions

- Any person exhibiting symptoms related to Covid-19 shall be given a respiratory mask and placed in an isolated examination room for triage. During the triage, the patient is considered a Person Under Investigation (PUI) until confirmed otherwise.
- Isolate persons exhibiting symptoms immediately and quarantine all close contacts as soon as possible according to the Company procedures.
- As long as Personal Protective Equipment (PPE) is available and healthcare resources allow, the Company will apply the same protocols to quarantine as are required for isolation.
- Initiate meeting with Shipboard Management team and Ship's Medical Officer to activate the company's outbreak prevention response plan (OPRP). The officer in charge of the ship will immediately notify Director of Marine Operations. The Director of Marine Operations will notify the Coast Guard Designated station, local health authority at the next port of call,Vikand's VP Medical Operations, and other health authorities as required regarding the suspect case, to determine if the necessary capacity for transportation, isolation, laboratory diagnosis and care of the suspect case/cluster of cases of COVID-19 is available at the port. The ship may be asked to proceed to another port in close proximity if this capacity is not available, or if warranted by the medical status of the suspect case/cluster of cases of

COVID-19. It is important that all arrangements are conducted as quickly as is feasible to minimize the stay of symptomatic suspect case/cases on board the ship.

- Capture special medical and dietary requirements of patients in isolation/quarantine. Within the first 6 hours of identifying a PUI: Distribute an electronic or paper questionnaire to obtain essential information that will help manage extended quarantine support, including:
  - Symptoms
  - Dietary requirements
  - Medicine and special medical requirements
  - Stateroom numbers of family members traveling together
  - Other special requirements such as smoking etc.
  - Travel history for past 15 days
- Provide persons in Isolation & Quarantine disposable thermometers for them to perform their daily temperature checks. Temperature checks of persons in Isolation & Quarantine to be performed two times daily.

12.2 Testing Performed Onboard and Specimen Collecting Onboard

12.2.1 Quidel Rapid Anitgen testing is performed onboard

12.2.1.1 Sofia 2 SARS Antigen FIA is a rapid point of care test for COVID-19 and Flu A and B

12.2.1.2 Rapid antigen testing onboard is to establish baseline for COVID-19 infections for any suspected case of Covid-19 and is used in coordination with shore side PCR testing

12.2.2 FDA approved flocked swabs (or as directed by lab), transport vials, viral transport medium, and requisition forms will be onboard when available.

12.2.2.1 As required and directed by Vikand, medical officer may collect samples onboard using flocked swabs for PCR testing at State approved lab

12.2.2.2 Medical officer and qualified officers may observe passengers administering self-swab for specimen collection

12.3 Disembarkation of Suspected Covid-19 PUI case and COVID positive persons

- The disembarkation and transfer of the suspected PUI and COVID positive persons to an onshore healthcare facility for further assessment and laboratory testing is essential and will be arranged as soon as possible following approval from, and in cooperation with, cognizant health authorities.
- PUI's that require hospital care are transported by Emergency Medical Services
- PUI is required to complete Quidel Antigen testing onboard and flocked swab may be collected if time permits.
- A person meeting only the clinical criteria for a PUI is to be tested for COVID-19 Antigen and Influenza A and B and others as appropriate:

RESULTS	ACTION
Positive for Influenza A or B, or other illnesses causing similar symptoms	Follow normal protocols for treatment and isolation.

Negative for Influenza A or B or other illnesses causing similar symptoms	Isolate and PCR test symptomatic person COVID-19. Release from isolation to be considered if alternative diagnosis is established or laboratory COVID-19 testing is returned negative. This takes into account that COVID-19 PCR testing will be conducted ashore and affirms the person tested will remain in isolation until test results are confirmed.

- Medical officer will collect specimen from immediately identified close contacts using flocked swab and sample will be sent to state approved lab for PCR testing. Close contacts quarantine onboard in quarantine rooms while plans are made to transport close contacts from shore side hotel for 14 days quarantine.
  - If PCR test results for close contacts return positive, they should be treated as a presumptive confirmed case and seek shore side transfer as soon as possible; they will be isolated in specially designated onshore facilities, typically pre-arranged hotel identified for isolation, and following approval of, and in coordination with, cognizant health authorities.
  - If test results are negative for COVID-19, isolation procedures may be discontinued following approval from cognizant health authorities.
  - If the location of the ship is not suitable to manage a potential outbreak, all critical persons will be transported off the ship to the closest most appropriate hospital. The ship will relocate to a major port city. Passengers and crew will remain onboard in quarantine during the repositioning.

12.4 Contact tracing

- Contact tracing will begin immediately after a person under investigation is identified on board, without waiting for testing results.
- All passengers onboard are required to complete the contact tracing form located in their stateroom daily. Contact tracing forms will be collected by Hotel Manager to begin contact tracing protocol
- All travelers who fulfil the definition of a close contact should be asked to complete the Passenger/Crew Locator Form (PLF) and, consistent with available shore side capacity, should remain at a specially designated onshore facility in accordance with instructions received from the port-based health authorities.
- Persons on board should be assessed and classified as close contacts or low risks based on their exposure level and the Passenger/Crew Locator Forms (PLF). All persons who have had high-risk exposures to the patients should undergo self-monitored isolation under the supervision of ship Medical Officer.
- All persons on board are to be assessed for their risk of exposure and classified as high, medium, low or unidentifiable risk of exposure, per CDC risk assessment guidance. Risk assessments will inform decision-making about disembarkation and for use in consultation with cognizant health officials if subsequent tracking is required.
- To protect the patient privacy, contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient who may have exposed them.

- A person is considered to have had a high-risk exposure if they meet one of the following criteria:
  - They stayed in the same stateroom as a suspected or confirmed COVID-19 case.
  - They had close contact (e.g. within 3 to 6 feet) for a prolonged period of time or were in a closed environment with a suspected or confirmed COVID-19 case.
  - For passengers, this may include participating in common activities on board the ship or while ashore, being a member of a group travelling together, or dining at the same table.
  - For crew members, this includes the activities described above, as applicable, as well as working in the same area of the ship as the suspected or confirmed COVID-19 case (e.g., stateroom stewards who cleaned the stateroom, or wait staff at dining locations or those who delivered food to the stateroom, as well as gym staff who provided direct close attention to the suspect case).
  - A healthcare worker or another person who provided care for a suspected or confirmed COVID-19 case while not wearing appropriate PPE.
- Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- Close contacts quarantine onboard until a plan is established to transport close contacts from quarantine onboard to shore side facilities for continued quarantine. Per CDC guidelines close contacts are encouraged to stay in place and maintain social distance from others (at least 6 feet) until 14 days after their last exposure, in case they also become ill. They should monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath. American Cruise Lines will have a qualified person stationed at the hotel to monitor persons to make sure they are self-monitoring and have not developed symptoms, at least twice per day or as the situation requires. To the extent possible, public health staff will be updated by American Cruise Lines as directed. Contacts who develop symptoms should promptly isolate themselves and notify American Cruise Lines and public health staff. They should be promptly evaluated for infection and for the need for medical care.

13. Sanitation

13.1 Ensure ship is fully disinfected and terminal disinfection done in the patients' staterooms and their movement areas. Prepare for full sanitation barrier to be completed after all guests disembark.

13.2 Linens from the staterooms of suspect cases and close contacts are to be washed in dedicated machines at highest temperature settings (i.e., a minimum of 160° F / 71° C), or disposed of in accordance with infection control measures

13.3 Perform full ship sanitation barrier after isolation and/or when PUI is relocated, whichever comes first. Cleaning of the isolated stateroom should be done only 24h after it is empty.

13.4 Considerations for crewmembers:

- Closure of social crew venues or total crew curfew (11 pm – 6am), except for essential crew as identified.
- Temperature checks for all crewmembers, performed by trained supervisors twice daily.
- Pulse oximetry checks for all crewmembers, performed by trained supervisors twice daily.

13.5 Report updates to authorities and corporate support.

13.6 Precautions if there is a suspected PUI

- Continue operations with heightened awareness for a minimum of 72 hours and/or until the suspected PUI, case is defined:
- Allow guests who are not in isolation/quarantine to move freely throughout ship with the following protocols in place:
  - Consider closing public venues, including (but not limited to), gym, theatres, lounges and minimizing large group activities.
  - Discontinue self-service in food venues.
  - Restaurant rooms are to remain open.
  - Consider guest and crewmember restrictions on shore visits
- Report updates to authorities and corporate support.

14. Isolation Protocol

14.1 General procedures

14.2 Isolation is one of the mechanisms that we have in order to prevent individuals from passing a contagious illness to other people on the ship.

14.3 In all cases, isolation means that the individual (PUI) must be in one stateroom alone, in cases where a spouse or partner is required to stay with the isolated person, the Medical Officer will review the need or the request and approve or decline accordingly. Only essential contact with other individuals is allowed and it is limited to the Medical Officer and stateroom steward who will be attending the stateroom, and any other personnel that must interact with the PUI with imperative priority, such as a customs or border patrol agent. The Medical Officer, while caring for the individual in isolation, must wear PPE as described above.

14.4 Personal Protective Equipment (PPE)

- For all purposes, any individual in contact or even attempting to have a conversation with a PUI must wear Personal Protective Equipment (PPE), including medical and non-medical personnel. All persons must be properly trained by the Medical Officer on how to dress, wear, undress and use all the provided equipment. PPE for COVID-19 shall include:
  - N-95 mask
  - Fluid resistant gowns – (Medical Officer)
  - Eye protection (goggles or face shield)
  - Gloves (latex/nitrile)

14.5 Sequence for step by step picture illustration for proper removal of PPE. Sequence for donning and doffing personal protective equipment (PPE):

- Perform hand hygiene
- Put on shoe covers
- Put on gown/coverall
- Put on mask/respirator
- Put on eye protection
- Put on gloves

14.6 When visiting multiple persons in isolation, the Medical Officers should either disinfect or change PPE before entering multiple rooms in order to prevent cross contamination.

14.7 Placing the PUI in isolation

- Isolation and isolation information must be provided after the patient's symptoms have been evaluated by the Medical Officer, the patient has undergone a complete medical history, provided travel history and close contact information in addition to the usual questions addressed in the past medical histories; tests have been performed and the Medical Officer in collaboration with the Vikand Medical Director has confirmation that the patient meets the criteria to be considered a PUI.
- Once the decision is made:
    - Inform about the need for isolation and explain the protocol. Review what the person is allowed and not allowed to do. Note: It is important that the patient understands that any form of in-person social interaction is strictly prohibited.
    - PUI's isolate on board as arrangements are made for transfer to shore side hospital for critical patients or shore side hotel for 14 day isolation period for symptomatic or positive persons.
    - The patient, passenger or crew, must be informed of the disciplinary actions, in case of failure to comply with the isolation policy as follows:
    - Crew faces the possibility of a written warning.
    - Passengers may be debarked and / or placed on no sailing lists.
    - Inform of the estimated isolation end date and hour. Explain the conditions that may affect isolation.
    - Inform about what they can expect in case there is an emergency on the ship while they are isolated. The medical center will be their new muster station. If an evacuation signal is announced, please refer to the emergency plan for isolated patients below.
    - Inform there will be no charge for room service items ordered.
    - Prepare isolation room for PUI with toiletries, amenities, waste bags, extra bed linen, cleaning equipment as applicable.
    - The Captain, Hotel General Manager and Medical Officer must be immediately notified of the PUI isolation and the stateroom number where the person will be isolated.
    - The patient must be taken by the Medical Officer to their isolation stateroom wearing PPE.

14.8 Isolation Maintenance

- Patient must be visited at least twice a day by the designated Medical Officer.
- To minimize the risk of cross contamination, limit the individuals who visit the isolation staterooms, the medical staff will deliver meals while conducting the periodic health check.
- There needs to be at least one phone call a day from the Medical Officer to follow up on the PUI whether crewmember or passenger. There should be at least one call a day from the Reception to follow up on a passenger.
- If there is a PUI who is not willing to follow isolation rules, security will be called, and the situation should be reported to the Staff Captain. A security guard may be left on the outside hallway to guard the isolation stateroom(s).
- PPE must be worn by all individuals visiting these staterooms. The same PPE cannot be worn when visiting other patients.

- If capable, PUI should self-manage cleaning of stateroom and change of linen in order to minimize cross contamination.
- Waste in isolation rooms must be collected in biohazard bags, disposed as medical wastes, which should be incinerated on board if possible; or collected and handed over to shore for special treatment as required by the authority of the next port of call.
- All entries and exits to isolation staterooms must be logged with date, time, and name of person entering and reason for entry.

14.9 Emergency Plan for Isolated Patients

- Since the Medical Officer has already informed the ship leadership about the individuals that are in isolation, it is expected that the evacuation process will consider special measures for these individuals.
- In case of emergency, all isolated patients will remain in their isolated rooms until the Medical Officer provides instructions.
- The muster station for all medically isolated individuals will be the medical triage exam room.
- The Medical Officer will call the pilot house to remind the pilot house team that they have a PUI in isolation.
- The bridge will inform the Medical Officer of the specific Survival Craft that will be used to evacuate the PUI. Family members of PUI may choose to evacuate in the same survival craft. PPE to be provided by the Medical Officer.
- Quarantined patients and those patients who represent no public health risk to others will be handled as regular passengers, via their muster stations and muster station personnel.
- The Medical Officer will be assigned to a survival craft based on the status of the patients being evacuated. This process should be decided by the Master following the overall ship safety management plan.
- The Medical Officer will attempt to collect essential medications for the management of isolated individuals.

14.10 Disembarking Isolated Patients

- The purpose of getting the patients off the ship is to get them from the ship to a medical facility for further care and treatment or to shore side location for isolation. This should be the main objective throughout this process following relevant shore side authority guidelines.
- If in port, ships should contact the local agency or their company representatives to arrange for the patients' disembarkation and medical transportation and ask the company to provide relevant shore-based assistance. Crew members on board should refrain themselves from being involved in the movement and transportation of patients;
- If under way, the ship's Medical Officers shall evaluate the patient's condition. If the condition is stable, the patient can be arranged to the local hospital for examination and treatment after the ship arrives at the port; if the patient's condition is acute, the shore side emergency response 911 system must be activated and the patient should be sent ashore for treatment as fast as possible.

- All the individuals who will be interacting with the patient(s) must wear full body (PPE) which must include disposable coverall, gloves, face shield and an N-95 respirator mask that is well fit. Patient must also be provided with a face mask.
- Person(s) must be informed of where they can obtain the PPE.
- Captain, Hotel General Manager, Medical Officer, and local health authority port services must communicate and coordinate the relocation of an individual with a suspected or confirmed COVID case from the ship. During this meeting, the following must be determined and clearly described:
    - Task and outline how it will be executed, including time and location
    - Designate responsible person(s) for each task
    - Identify materials needed for the task
    - Identify the required documentation
    - Tasks will include (at a minimum):
        - Determination of the port of disembarkation
        - Contact with local authorities to coordinate disembarkation to include:
            1) Point of contact and contact info (i.e. phone number).
            2) Specific pick-up location of the patient(s).
            3) Method of transportation (i.e. wheelchair to ambulance).
            4) Determination of where the patient(s) will be transported.
            5) Confirmation of arrangements in the receiving location.
        - Ensure complete isolation of the pathway where the patient(s) will exit the ship and assignment of crewmembers with PPE. This will limit potential contact with other passengers or crew.
        - Assignment of person(s) to escort/wheel the patient(s) to the point of contact/pick-up location at the terminal.
        - Assignment of a team of crewmembers who will sanitize the pathway where the patient exits the ship, including the terminal. Sanitation must be done using approved chemicals or E.S.S (Electrostatic Sprayer).
        - Determine process for removing close contacts and personal belongings
        - The process must be coordinated in conjunction with the local health authorities
- Once the plan is drafted, a conference call is to be held with the shore side Health Authorities, in order to review and confirm the plan
- Once the process is completed, a confirmation and summary by the Hotel General Manager is to be sent to the Shipboard Management, Medical Officer and Company Leadership.
- A vacated isolation stateroom where a PUI has stayed must be left unattended for 24 hours before cleaning and disinfection is done. This is to allow any remaining droplets to settle.

14.11 Additional considerations

- Corporate communications, passenger experience and marketing teams to be ready to respond to questions, media, etc.
- Protocols for sanitation, if there is suspected case onboard.

- If an individual present with symptoms and/or is suspected to have COVID-19, then all areas where this person has been on the ship need to be cleaned and disinfected.

15. Quarantine Protocol

15.1 General

- Quarantine is a form of separation that applies to those asymptomatic individuals who have a strong travel history or contact history with a known positive case of COVID-19. By separating these individuals from others, we prevent the spread of infection. In general terms, these are not PUI, they are not ill, and they should have no symptoms at all. Their physical examination is well within normal limits.
- Passengers will be instructed to Quarantine onboard the ship when a PUI is identified and American Cruise Lines begins contact tracing and investigation of potential outbreak.
- One person may spread a virus to multiple individuals. For the COVID-19, it is estimated that an average of 3 to 4 people are infected by a single vector or spreader.
- Logically, the number of individuals that may need to be quarantined should be close to 4 individuals depending on the social interactions of the PUI. If we consider 0.5% as the number of staterooms that will be blocked for isolated patients, we may need to quarantine about 2.5% of the ship's population; a generous five times fold. A large ship can expect to have about 50 people quarantined for every ten (10) people isolated.
- Contrary to what occurs in isolation, a quarantined individual may remain in a stateroom with other family or close contacts who share the same exposure history. Therefore, 50 individuals may occupy 25 staterooms. In both cases, only essential contact with other individuals is allowed and it is limited to the Medical Officer, the stateroom host who will be attending the stateroom, and any other 'priority' personnel that must interact with the index case, such as a customs or border patrol agent.

15.2 Personal Protective Equipment (PPE)

- Any individual attempting to have a conversation with a quarantined person must wear protective personal equipment. As emphasized with the isolation protocol, education is essential and must be carried out by medical personnel. Only those individuals who have been properly trained in the use of PPE, will be allowed to serve isolation and quarantine staterooms.
- Medical personnel caring for the individual in quarantine must wear PPE from head to toes. This includes a body disposable suit made of a waterproof material, gloves (latex/nitrile), facial shield or mask N-95 grade.

15.3 Designation of an Individual to be quarantined

- Close contact definitions usually use two dimensions, distance and time. For certain conditions, it is determined that a close contact is someone who interacted with a PUI for a defined period. For example, some conditions require a person to be less than three feet of distance for a period of 5 minutes. For COVID-19, some suggest an interpersonal interaction that lasts at least 15 minutes at less than two meters. Any asymptomatic close contact of a PUI must be quarantined.
- Another factor to take into consideration is travel history. It is very important that in all cases, the Medical Officer performs a very detailed medical history indicating the

relationship to the close contact or travel history. This part of the medical record must include itineraries, airline flight numbers, hotels, and all activities prior to boarding the ship.

- Since we are actively asking individuals to report if they have any symptoms, and to provide their travel history, the clinicians must investigate the way that this person managed to board the ship in order to determine how this occurred so that corrective actions can be taken.

15.4 Quarantine Process

- A complete medical record must be created for each person to be quarantined. This medical history will be characterized by an extensive and detailed travel and close contact history. The physical examination must be complete, and tests can be ordered based on the Medical Officer in collaboration with the Vikand Medical Director decisions.
- Inform the person about the need for quarantine, explaining the protocol and reviewing what actions are allowed and not allowed to perform.
- Inform the estimated quarantine end date and hour. Explain the conditions that may affect the length of the quarantine period (e.g. a runny nose or fever during this period).
- It is important that the person understands that any form of in-person social interaction is not permitted.
- Inform about what can be expected in the event of an emergency on the ship while the person is quarantined. There should be no change to the muster station location and identification if an evacuation signal is announced.
- The quarantined persons should be allowed to order meals from room service menu as needed without charges.
- The Captain and Hotel General Manager must be immediately notified of the person to be quarantined and the stateroom number where the person will be lodged.
- The person must be taken by the Medical Officer to the quarantine stateroom.
- The person needs to be informed that there may be a security camera or a guard watching the door to assure compliance.
- On-demand entertainment for general audiences will be available at no cost to the persons in quarantine.
- The Passenger or Crew in quarantine must be informed of the disciplinary actions that may be taken in case of failure to comply with the quarantine protocol as follows:
  - Crew faces the possibility of a written warning.
  - Passengers may be debarked and / or placed on no-sailing lists.

15.5 Maintenance of Quarantine

- The quarantined person must be visited at least twice by the Medical Officer.
- A note on the medical record must be made, recording the subjective part of the interaction and the subjective findings must include vital signs.
- Food will never be hand delivered to any individuals undergoing isolation or quarantine. Instead, the Food Delivery Team will knock on the door and leave the tray at the entrance. The food will be served in disposable dining-ware. When meal is finished, the isolated or quarantined individuals must place the used disposable items in the red bag and tie a knot and then the bag must be left outside the stateroom when ready to be picked up. The crew will wear PPE to go to the staterooms in the isolation zone or the yellow zone (quarantined individuals) and pick up the trash bags.

- If a person is not willing to follow quarantine rules, security will be called, and the situation reported to the Captain. A watch guard may be posted outside in the hallway to guard the quarantine stateroom(s).
- PPE must be worn by all individuals visiting these staterooms. A new set of PPE must be worn for each patient. The same PPE cannot be shared when visiting other staterooms. This measure may increase risk of contamination if the PPE user does not follow instructions.
- PPE training must be reinforced.

15.6 End of Quarantine

- Quarantine can be ended due to two reasons:
    - The PUI PCR tests being negative to CoVid-19 but positive to some other confirmed illness (e.g. Influenza A or B, Strep Positive) OR
    - The quarantined individual does not present with any signs or symptoms of the illness beyond the determined incubation period.
    - Release from quarantine shall be authorized by the Medical Officer in consultation with Vikand Medical Director.
    - Once a passenger or crew member has completed the required quarantine period whether their PCR test is negative, completed 14 days without any symptoms or have developed IgG antibodies they may be released from quarantine and standard arrangements apply.
    - Stateroom to be deep cleaned post quarantine by trained task force wearing required PPE.

15.7 Emergency Plan for Quarantined Patients

- Quarantined individuals may be distributed throughout the ship. For this reason, it is impractical to expect to summon them to one muster station and evacuate them from the vessel. Instead, during an abandon ship signal these individuals must proceed to their regular muster station and proceed with the emergency instructions being provided by the ship's crew. Quarantined crew do not need to attend any safety drills but are not exempted from their emergency duties.

15.8 Full Ship Quarantine

- Full Ship Quarantine is put into place when the ship requires additional time to determine scope of possible outbreak
- If more the 20% of persons onboard have COVID symptoms or are determined to be close contact the Full Ship Quarantine will remain until lifted by Medical Officer in consultation with the Vikand Medical Director.
- Depending on the scope of the outbreak and as determined by Medical Team, it may be necessary to transport persons off the vessel to a shore side hotel/facility for quarantine. Infected persons may be transported to shore side hospital or hotel/facility for isolation depending on their condition.
- Shore side Disease Committee to immediately deploy key support teams:
    - Provisions as defined by each division's tasks.
    - Consider dispatching additional medical staff.
    - Consider dispatching Hotel Operations shore side personnel to assist.
    - Consider deploying on site teams.
    - Involve Corporate Communications support.

- Shipboard Management to implement centralized on board communication center to coordinate the implementation of quarantine processes and procedures
- Establish communication with shore side Company Leadership Team
- Establish shipboard crisis management team
- Create guest communications team supported by guest experience and corporate communications teams to ensure frequent updates to guests on board
- Organize extra manpower and crew to address operational needs (where applicable)
- Establish internal meeting and communication schedules
- Expand phone operators to handle increase in call volume for medical, room service and general guest services, and communicate extensions to guests
- More administrative staff should be assigned to assist the medical center staff
- Create crew communications team supported by Human Resources to ensure frequent updates to educate crew and manage potential fear
- Maintain enhanced protocols, including frequent sanitation of all crew areas
- Limit social gathering venues for crewmembers/guests

16. Isolation Management

16.1 Once the ship is quarantined, 0.5% of staterooms will be used as designated Isolation staterooms.

16.2 The corridor outside of the RED isolation staterooms will be declared as a Decontamination Corridor.

16.3 Director of Marine Operations will coordinate with Captain to establish a decontamination corridor outside the isolation staterooms.

16.4 Housekeeping:

- On a daily basis, towels and sanitation supplies to be provided to each stateroom
- Collect linen and trash using enhanced protocols
- All trash to be collected in biohazard trash liners for waste preparation from each stateroom collection daily.

16.5 Food and beverage:

- Provide up to three hot meals of choice delivered to stateroom through runners (knock-and-snatch technique) using disposables, such as those used for takeaway meals.
- Adjust to dietary requirements of guests as informed by questionnaire (food allergies, diabetics, kosher, etc.)

16.6 In-room entertainment:

- Provide complimentary internet and increase bandwidth.
- Provide complimentary in-room entertainment, including movies, enhanced TV programming and live channels.
- Consider those guests traveling with children (i.e. toys, snacks, games, etc.)

16.7 Crew preparations:

- Ongoing communication via Public Address system, Company recorded videos and daily announcements.
- Assign specific duties, confirm protocols and distribute all necessary PPE.
- Provide training for specific sanitation and quarantine processes.

16.8 Guest Services communication center guidance:

- A call center should be established with extra lines set up on board. This service should be manned accordingly to assist guests and crew with any questions, concerns and requests.
- This service should be managed by guest services, with additional help from the cruise section if and when needed.

16.9 Guest Services guidance:

- Will ensure that the designated isolation staterooms are ready for any such cases.
- A review of guest stateroom assignments would be carried out and outside staterooms utilized as best possible – limiting the number of inside staterooms being used and maximizing the use of vacant outside staterooms for guests in confinement.

16.10 Public areas and public restrooms guidance:

- In addition to the enhanced protocols, all public areas – including theater, lounges or other location where there have been high traffic or people or congregations are to be fogged using Electrostatic Sprayers. There will be no spraying where guests are present.
- After all guests have been confined to their staterooms, all areas must be isolated and closed/cordoned off.

16.11 Inventory guidance:

- Captain and Hotel General Manager will ensure that the ship has adequate stock of PPE.
- A station should be set up for distributing PPE to the relevant teams.
- Items that are described in this plan and are not available onboard should be sourced as part of the preparation.

16.12 Food and Beverage guidance:

- Full sanitation barrier must be implemented as soon as all persons have been confined to their staterooms, including both guest and crewmember areas.
- Strict enforcement of hand washing and hand sanitizer distribution to be activated for all crew working during this period.
- Food will be delivered to each stateroom as efficiently as possible – deck by deck, taking individual dietary needs and allergies into consideration.
- The delivery team should be primarily made up of dining room crew, each assigned a specific deck/area delivering to the same staterooms on an on-going basis.
- Training should initially take place outlining proper delivery methods.
- Strict adherence to all OPRP sanitation protocols in all galleys, food preparation areas and while food service is taken place.
- Food is to be delivered using designated elevators separated from dirty items.
- Use an alternative designated galley section for the return of used dishes/food waste.
- The culinary team preparing non-cooked items (vegetables, salads etc.) should wear masks.
- Rooms with PUI will be considered for additional precautions (i.e. using disposable items that can be incinerated).
- A team should be assigned for the delivery of food to quarantined crew.
- The crew mess room should be available for crew who remain on duty during this period.

16.13 Personnel (HR) guidance:

- After 48-hours of confinement and with no further cases reported, crew may be allowed to visit the crew areas in staggered groups maintaining a distance of 6 feet from other persons.

16.14 Security guidance:

- Security to prepare for responding to any confirmed cases of guests or crew leaving their rooms.

17. Isolation Protocols and Psychological Assessment

17.1 Medical personnel should determine which person in isolation meets the medical criteria to be confined. People with "psychiatric conditions" should not be confined in a stateroom for a period beyond 24 hours. All individuals need to go out of room once a day.

17.2 Medical staff should be monitoring and pay close attention to the following person in isolation:

Condition	Attention
Insulin and non-insulin diabetics	Are prone to hypoglycemic shock if deprived of timely meal service, which will be very difficult for limited food-service personnel to deliver to guests and crew quarantined in their staterooms.
Smokers	Subject to "Nicotine Withdrawal Syndrome" if they are unable to smoke, with symptoms that range from anxiety to tremors to seizure activity.
Alcohol-dependency	At risk of suffering delirium tremens, including seizures, if deprived of their accommodated alcohol consumption.
Anxiety and/or depression	Likely to experience an exacerbation due to both the act of confinement and deprivation of their medication, since they will be confined to their staterooms and served by an overburdened medical staff with limited supplies
Claustrophobia	Will experience agitation, as they are unaccustomed to confinement.
Acute psychiatric disorders	May exhibit disruptive behavior when subject to confinement.
Persons prone to suicidal ideation or suicidal behavior	May exhibit agitated behavior; resist diagnosis and treatment due to their confinement where they will not be observable by trained medical staff.

17.3 In addition, individuals with the below "medical condition" must be quarantined or isolated by the close supervision of a medical officer.

17.4 Persons with a variety of known medical Conditions requiring proprietary medication, which include such chronic illnesses as hypertension, coronary artery disease, epilepsy, asthma and chronic obstructive pulmonary disease.

17.5 These persons face the risk of medication deprivation and acute life-threatening exacerbation of their conditions due to the inability of the medical staff to provide known proprietary medications, which are unavailable on board.

17.6 In the event of individual-specific medical or social/psychological needs (e.g., alcohol dependency; anxiety), these can be handled on a case-by-case basis to ensure close monitoring and management with support from the Vikand Medical Operations team for any specific resource needs.

18. Summary of Minimum Required Outbreak Supplies On-board

18.1 Supplies must be able to supply full complement of Passengers and Crew for at least 14 days

while ship makes a turn back to nearest port. Re-supply of items must be immediately initiated when plan is activated. [Quantities under development by Vikand]

ITEM	Remarks	QTY	
PPE		SSG/SSQ*	TPA/CT
3-ply Surgical Face Mask	For all crew and guests (if requested)		
N95 Respirator	For staff in contact with infected persons		
Disposable Gloves (Latex)			
Goggle	For medical, maintenance and housekeeping		
Face Shield	For medical, maintenance and housekeeping		
Disposable Gown Size S	Non-surgical fluid resistant		
Disposable Gown Size M	Non-surgical fluid resistant		
Disposable Gown Size L	Non-surgical fluid resistant		
Disposal Apron			
Disposable Coverall Size S	For medical, maintenance and housekeeping		
Disposable Coverall Size M	For medical, maintenance and housekeeping		
Disposable Coverall Size L	For medical, maintenance and housekeeping		
Disposable Head Cover			
Disposable Boot Cover			
EQUIPMENT / CONSUMABLES			
Red Bio Hazard Bags			
Linen Bag Red			
Dissolvable Linen Bag			
Disposable Plastic Bed Linens	Two for each isolation rooms		
Reusable Clean Towels			
Disposable Paper Towels			
Sharps Container	One for each isolation and ward		
Medical Disinfectant (5L)	EPA approved or equivalent		
75% Alcohol Liquid (1L)			
Hand Sanitizer (500ml)			
Alcohol Cotton Ball			
Alcohol Pad			
Cotton Swabs			
TEST KITS			
Influenza A and B			
Covid-19			
Norovirus			

*Items should be adjusted according to ship:

GDR/WDR	EDR	SPC	CY / CS
100%	+35%	-25%	-25%

18. Post Disembarkation Contact Tracing

18.1 When a suspected or confirmed Covid-19 case is identified following the completion of a voyage, whether the person remains onboard or has returned home, it may be necessary to complete contact tracing both onboard and ashore. Follow up of guests and crew with potential exposure as well as reporting to responsible health authorities may be necessary and would remain the responsibility of the cruise operator in conjunction with the designated contact tracing personnel onboard the vessel.

- Once close contacts previously disembarked from the vessel are identified, the cruise operator should notify these exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible.
- To protect patient privacy, contacts should only be informed that they may have been exposed to a patient with the infection. They are not to be told the identity of the patient who may have exposed them.
- Where possible, close contacts should be directed to follow up with their regular doctor to be provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- Additionally, close contacts should be encouraged to report their health status and recent exposure to their local health department.
- Contacts should be encouraged to stay home and maintain social distance from others (at least 6 feet) for 14 days after their last exposure or as otherwise advised by their regular doctor, in case they also become ill.
- They may wish to monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath.
- To the extent possible, the cruise line operator may designate someone to regularly contact affected guests during the 14-day period.
- Contacts who develop symptoms should promptly isolate themselves and notify their doctor who will determine the need for evaluation and further medical care.

If a crew member who is no longer on board be considered a close contact will need to be followed by the cruise line operator as well as their crew manning agency if applicable.

19. Closing

American Cruise Lines is committed to returning to service safely when the time is right with the support of the communities we visit. American Cruise Lines continues to closely monitor COVID-19 scientific and epidemiology updates from the CDC, WHO, and other medical experts.