Harbour Circular No.1/2014

To
All the Shipping Agents

Sirs,

Sub: Procedure to follow and precaution if any Crew or passenger on board vessel calling PSQ is suspected with Ebola Virus Disease (EVD)

In reference to our meetings held on 17th & 21st September 2014 between Ministry of Health, Shipping Agents, ROP officials and PSC, the minutes of the meetings have been distributed to all the concerned members & officials pertaining to the above subject matter. We have now reached to a final stage to conclude the following important points for implementation by the concerned as and when it is essentially necessary:

- All declaration to reach Harbour Department including the details of vessel.
- The Maritime Declaration and notification of illness if any to be submitted to Harbour Master in minimum 24 hours.
- In case of any vessel arriving PSQ with infected crew or passenger, the vessel will be dealt with by Harbour Master directly and will be kept at anchorage(with exception of tourist vessel) will come alongside berth.
- The patient will be isolated at anchorage by the RTT after boarding the vessel at anchorage or alongside the berth for tourists.
- ROP – Customs & Immigration will board the vessel after Rapid Response Team (RRT) clears it.
- PSQ will deal with the vessel after the clearance from RRT.
- All the Ships agents are required to submit the crew and passenger lists to the concerned authorities as presently done.
- Harbour Master to notify ROP and RRT of any incident as soon as the information is received.
- In case of any vessel comes with a sick patient on board, RRT will provide Ambulance. In the meantime Ship Agents should privately arrange their ambulance from the nearby hospital with all the necessary equipments available.
- The patient will be dealt as per the rules and regulations from MOH.
- The contact number of National Emergency Operations Centre – Hotline 98530960 – to be noted.
Contd..... Harbour Circular No.1/2014
16.10.2014

The above will apply for all vessels calling at PSQ including Fishing boats, Dhows/launches and also the private yachts that report to Port Control.

Attached are the following forms for the Shipping Agents /Shipping Lines/Principals & Master of the vessel to abide and implement:

1. A Final Versions of the Seaports procedures to abide by International vessels calling PSQ.
2. Form No.2 (Notification of illness onboard maritime vessels arriving to the Sultanate).
3. Reconnaissance Sanitaire/Arraisonnement Sanitaire Form by Quarantine Section.

The Shipping Agents should have it placed on their Website and the copies to be sent to their Principals/Lines in advance by email.

Regards

CAPT. TALIB AL WAMAIBI
GENERAL MANAGER - HARBOUR & MARINE

cc: Director General of DCDSC – MOH
cc: Director and Team Leader – MOH
All Task Force Team Members
Officer In Charge – Royal Oman Police, Coast Guard, Directorate of Customs, Immigration & Quarantine Section.
cc: Chief Executive Officer – Port Services Corporation SAOG
   Assistant CEO – Operations - PSC
   HODs – PSC
Ebola Virus Disease (EVD)
PoE surveillance: All Seaports in Oman

Any passenger or ship crew on board fulfilling following criteria
✓ In the past one month (30 days) visited or transited through countries – Liberia Sierra Leone, Guinea OR
✓ Came in contact with suspect or case of Ebola Virus Disease (EVD) in other countries AND
✓ Presently suffering from any of the symptoms e.g. Fever, weakness, muscle pain, headache, sore throat, vomiting, diarrhea, rash or bleeding

Ship crew informs Captain
Captain sends advance information to the Control Tower at the Port.
Forms:
1. Maritime Declaration Form
2. Notification of Illness onboard

On Ship
✓ Apply infection prevention precautions
✓ Isolate immediately
✓ Follow IMO* guidelines

Port Control
✓ Post the incident
✓ Inform Harbour Master
✓ Inform Ship Agent
✓ Inform Customs/Immigration authority
✓ Inform Port Security
✓ Inform Port Health authority
✓ Coordinate communication

Harbour Master
✓ Activate Emergency Response Plan (ERP)
✓ Coordinate actions with all partners
✓ Permit berthing of the vessel at the port after situation assessment
✓ Ship sanitation: Coordinate disinfection of ship after disembarkation of suspect case (IMO* guidelines)

Rapid Response Team (RRT)
✓ The RRT from Governorate approaches the vessel
✓ Apply infection prevention precautions (full gear)
✓ Assess compatibility of the case on board
✓ Shift to hospital if indicated
✓ Inform and coordinate with focal point in the designated hospital

Directorate General of Health Services, Governorate
✓ Inform and coordinate with focal point in Directorate General of Health Services in the Governorate:
Emergency Telephone #: xxxx xxxx
✓ Inform the Regional RRT to investigate and advise on appropriate response
✓ Public Health Response Team to coordinate contact management and case follow-up

Ambulance/Escort staff
(Use full gear + Hand Hygiene)

Transfer to Designated Hospital in Governorate

National Emergency Operations Centre (EOC)
Hotline: 9853 0960

*International Maritime Organization (IMO)
Circular # 3484 Dated 02 Sep 2014
Ebola Virus Disease (EVD)
PoE surveillance: All Seaports in Oman

Any passenger or ship crew on board fulfilling following criteria
✓ In the past one month (30 days) visited or transited through countries – Liberia Sierra Leone, Guinea OR
✓ Came in contact with suspect or case of Ebola Virus Disease (EVD) in other countries AND
✓ Presently suffering from any of the symptoms e.g. Fever, weakness, muscle pain, headache, sore throat, vomiting, diarrhea, rash or bleeding

Ship crew informs Captain
Captain sends advance information to the Control Tower at the Port. Forms:
1. Maritime Declaration Form
2. Notification of Illness onboard

On Ship
✓ Apply infection prevention precautions
✓ Isolate immediately
✓ Follow IMO* guidelines

Harbour Master
✓ Activate Emergency Response Plan (ERP)
✓ Coordinate actions with all partners
✓ Permit berthing of the vessel at the port after situation assessment
✓ Ship sanitation: Coordinate disinfection of ship after disembarkation of suspect case (IMO* guidelines)

Rapid Response Team (RRT)
✓ The RRT from Governorate approaches the vessel
✓ Apply infection prevention precautions (full gear)
✓ Assess compatibility of the case on board
✓ Shift to hospital if indicated
✓ Inform and coordinate with focal point in the designated hospital

Directorate General of Health Services, Governorate
✓ Inform and coordinate with focal point in Directorate General of Health Services in the Governorate
Emergency Telephone #: xxxx xxxx
✓ Inform the Regional RRT to investigate and advise on appropriate response
✓ Public Health Response Team to coordinate contact management and case follow-up

Inform immediately

National Emergency Operations Centre (EOC)
Hotline: 9853 0960

*International Maritime Organization (IMO) Circular # 3484 Dated 02 Sep 2014

© Ministry of Health, 2014
No. of Arrival ................................................................. رقم الوصول (مسلس)

Time of arrival of vessel ..................................................... وقت وصول السفينة

Time of Port Health Officer's arrival on board ........................... وقت صعود المسؤول الصحي إلى السفينة

Time of granting Free Pratique ............................................. وقت منح حرية الاتصال

State the name of the last infected port and duration of voyage since leaving it.

Nature of Vessel: (Cargo, Passenger, Sail, Tanker) 

 نوع السفينة: (عابضة، راكب، صهريج)

الإجراءات والإجراءات التي اتخذتها السلطات الصحية بالميناء

Investigations and Measures taken by the Port Health Authority

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

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

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

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

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

Date .................................................................

التوقيع: .................................................................

Signature of Port Health Authority
Maritime Declaration of Health

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of .................................................. Date ........................................
الميناء ........................................ التاريخ ........................................

اسم السفينة أو المركز المحلي الداخلي ........................................ رقم التسجيل لدى المنظمة البحرية الدولية ........................................
Who is your agent in this port? ........................................ من هو وكيلكم في هذا الميناء؟ ........................................

Name of ship or inland navigation vessel ........................................ Registration/IMO No ........................................
الميناء ........................................ التعرض ........................................

Number of Crew ........................................ عدد السفينة ........................................
Number of passengers landing? ........................................ عدد الركاب الذين وصلوا في هذا اليوم؟ ........................................

Valid Sanitation Control Exemption/Control Certificate carried on board?  
Yes ............ No ............ issued at ........................................ date ........................................
هل إصدار التفتيش مدونة؟ نعم ........................................ من هو وكيلكم في هذا الميناء؟ ........................................

Re-inspection required? Yes ............ No ............  
 هل إعادة التفتيش مطلوبة؟ نعم ........................................ من هو وكيلكم في هذا الميناء؟ ........................................

Has ship/vessel visited an affected area identified by the World Health Organization? Yes ............ No ............
هل زارت السفينة/ قارب المركز منطقة موبوءة قررتها منظمة عالمية على متن السفينة؟ نعم ........................................ من هو وكيلهم في هذا الميناء؟ ........................................

Port and date of visit ........................................ ميناء وتاريخ الرحلة

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

<table>
<thead>
<tr>
<th>(1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) joined from:</td>
</tr>
<tr>
<td>(3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) joined from:</td>
</tr>
<tr>
<td>(3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) joined from:</td>
</tr>
<tr>
<td>(3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(1) Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) joined from:</td>
</tr>
<tr>
<td>(3)</td>
</tr>
</tbody>
</table>
HEALTH QUESTIONS

1. Has any person died on board during the voyage otherwise than as a result of accident? Yes No
   If yes, state particulars in attached schedule. Total no. of deaths

2. Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes No
   If yes, state particulars in attached schedule.

3. Has the total number of ill passengers during the voyage been greater than normal/expected? Yes No
   How many ill persons?

4. Is there any ill person on board now? Yes No
   If yes, state particulars in attached schedule.

5. Was a medical practitioner consulted? Yes No
   If yes, state particulars of medical advice or treatment provided in attached schedule.

6. Are you aware of any condition on board which may lead to infection or spread of disease? Yes No
   If yes, state particulars in attached schedule.

7. Has any sanitary measure (e.g., quarantine, isolation, disinfection or decontamination) been applied on board? Yes No
   If yes, specify type, place and date.

8. Have any stowaways been found on board? Yes No
   If yes, where did they join the ship (if known)?

9. Is there a sick animal or pet on board? Yes No

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glancing swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed
Master

Countersigned
Ship's Surgeon (if carried)

Date

التوقيع
الرقم
التصديق
طبب السفينة (إن وجد)
التاريخ
<table>
<thead>
<tr>
<th>Name</th>
<th>Class or Rating</th>
<th>Age</th>
<th>Sex</th>
<th>Nationality</th>
<th>Port, date joined ship / vessel</th>
<th>Date of Onset of Symptoms</th>
<th>Nature of Illness</th>
<th>Reported to a port medical office?</th>
<th>Disposal of Case*</th>
<th>Drugs medicines or other treatment given to patient</th>
<th>Comments</th>
</tr>
</thead>
</table>

*State: (1) whether the person recovered, is still ill or dead; and (2) whether the person is still on board, was evacuated (including the name of port or airport), or was buried at sea.
Sultanate of Oman
Ministry of Health

Form # 2: Notification of illness onboard maritime vessels arriving to the Sultanate

The information on this form to be filled by the Ship's agent:

<table>
<thead>
<tr>
<th>Date: .......... / .......... / 20</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Age: ..........</th>
<th>Patient’s name: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nationality: ..........</th>
<th>Sex: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Arriving from: ..........</th>
<th>Passport #: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Remarks: ..........</th>
<th>Date of Onset: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Countries visited by the patient in the past (30) thirty days from the date of symptom onset:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. .......... 1</td>
</tr>
<tr>
<td>2. .......... 2</td>
</tr>
<tr>
<td>3. .......... 3</td>
</tr>
<tr>
<td>4. .......... 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vessel’s Name: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of arrival of the vessel: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agent’s Name: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Officer’s name accompanying the patient: ..........</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hospital where patient was transferred: ..........</th>
</tr>
</thead>
</table>

I hereby declare that the particulars and answers to the question giving in this form (including the attached list) are true and correct to the best of my knowledge and belief.

Signature: .......... |

Company seal
Form # 2: Notification of illness onboard maritime vessels arriving to the Sultanate

The information on this form to be filled by the Ship’s Agent:

Date: ............ / ............ / 20 ........... 20...

Age: .................. Patient’s name: ..................

Nationality: ............ الجنسية: .................... الجنس: ..................

Arriving from: .................. رقم الجواز: ..................

Signs & Symptoms: .................. الاعراض: ..................

Remarks: .................. ملاحظات: .................. Date of Onset: ..................

<table>
<thead>
<tr>
<th>Countries visited by the patient</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>in the past (30) thirty days from the date of symptom onset:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vessel’s Name: ..................

Date of arrival of the vessel: ..................

Agent’s Name: ..................

Telephone Number: ..................

Officer’s name accompanying the patient: ..................

Hospital where patient was transferred: ..................

I hereby declare that the particulars and answers to the question giving in this form (including the attached list) are true and correct to the best of my knowledge and belief.

Signature: ..................

Company seal: ..................