	reciprocamente concordati e compresi da tutte le parti prima dell'intervento a bordo della nave	• Se i requisiti non sono compresi e o allineati, misure di controllo possono essere implementate chiarendo i requisiti e/o concordando requisiti reciprocamente accettabili? • Quali misure di protezione sono in atto a bordo e per il personale che sale? • Sono accettabili misure alternative, ad es. fornitura della nave di DPI al personale di terra? • È possibile mantenere il distanziamento sociale? • L'ingresso nelle zone alloggio dell'equipaggio può essere evitato/minimizzato? Una volta che i requisiti che differiscono dalla normale pratica per ciascuna delle parti sono concordati da parte di tutte le parti interessate, gli stessi dovrebbero essere comunicati in modo chiaro a tutte le parti coinvolte, vale a dire a tutto l'equipaggio e tutti i partecipanti di terra.
5 DPI	Comprendere quali DPI sono richiesti e che dovrebbero essere utilizzati dall'equipaggio e dal personale di terra durante le presenze a bordo ed in quali orari.	Oltre a comprendere le aspettative sui DPI reciprocamente concordate sia dall'equipaggio della nave che del personale di terra, dovrebbe essere valutato quanto segue: • I DPI concordati sono disponibili per entrambe le parti? In caso contrario, può essere fornito dall'altra parte, se necessario, prima o al momento dell'imbarco? • I DPI disponibili sono conformi alle specifiche raccomandate ed appropriate nonché compatibili con gli altri DPI e le attrezzature da indossare durante l'intervento. I DPI forniti consentono l'esecuzione efficace dei lavori previsti? • Il DPI è sterile, laddove applicabile? • L'utente è stato istruito su come ispezionare, indossare, utilizzare e smaltire i DPI?

1 Eliminate	Elimination of the hazard is the most effective measure to reduce risks. Work onboard should not be conducted if there is a safer method to undertake the task, such as not going to a ship. In a number of instances e.g. conducting audit, surveys, inspections and training remote possibilities exist which may eliminate the need to go onboard or reduce the numbers of personnel needing to attend.	• Is attendance on board necessary at this time? • Can the work be undertaken remotely? • Can the work be postponed? If attendance on board cannot be eliminated, then can the risk be **reduced**? For example, can numbers attending be reduced and/or can part of the work normally conducted onboard be reduced e.g. can documentary review and interviews etc. be conducted remotely?
2 Reduce	Can attendance on board be reduced? Where it is not possible to fully eliminate the hazards, the risk could be reduced by minimizing the onboard element of the work.	• Can numbers of persons attending onboard be reduced and/or duration of time spent onboard be reduced? • Can part of the work be undertaken remotely e.g. visual inspections, witnessing drills, interviews? • Is it necessary to attend on board in person or can meetings be set up remotely to reduce numbers attending and reduce duration? • Can information be provided for remote review to reduce shipboard attendance? Once attendance onboard has been reduced as far as possible, then consideration should be given to how to **control** the remaining risk.
3 Communicate	If onboard attendance of shore-based personnel cannot be eliminated, communicate and understand participant requirements. Ensure requirements of each party, the ship and the shore-based organization have been communicated in good time to each other and are assessed and understood. If there are differences in requirements **control** measures should be agreed and understood by all parties prior to the shipboard intervention taking place.	• Have the ship's and shore-based organizations requirements related to risk management and control of COVID-19 been communicated in good time to all parties prior to arrival? It is envisaged that the ship's agent will need to play an important role in this regard. • Are the requirements of each party understood by the other parties? • Are requirements aligned e.g. requirements for the use of PPE? If risk management and requirements of any party are not aligned or not understood, then additional administrative **control** measures may be necessary.

4 Control	If the requirements of each party, the ship and the shore-based organization have been communicated to each other and assessed, and are either not understood or there are differences then administrative control measures need to be taken so that all requirements are understood and so that requirements can be mutually agreed and understood by all parties prior to the shipboard intervention taking place.	If the control measures of the ship and the shore-based organization are not initially aligned or not fully understood identify actions required to rectify the situation. Considerations should include: • Does additional explanation of requirements need to be provided? • If requirements are not understood and or aligned, can control measures be implemented through clarifying requirements and or agreeing mutually acceptable requirements? • What protective measures are in place on board and for the attending personnel? • Are alternative measures acceptable e.g. ship's provision of PPE to shore-based personnel? • Can social distancing be maintained? • Can entry into crew accommodation spaces be avoided/minimized? Once mutually acceptable requirements that differ to normal practice for either party are agreed the requirements concerned should be clearly communicated and agreed by all parties impacted i.e. all ships' crew and all shore-based participants.
5 Personal Protective Equipment (PPE)	Understand what PPE is required and expected to be used by crew and shore-based personnel during attendance onboard and at what times.	In addition to understanding mutually agreed PPE expectations of both the ship's crew and shore-based staff the following should be assessed: • Is the agreed PPE available to both parties? If not, can it be provided by the other party if necessary, either prior to or at the time of boarding? • Does available PPE comply with appropriate recommended specifications and is it compatible with the other PPE and equipment to be worn during the intervention. Does the provided PPE allow for the intended work to be carried out effectively? • Is the PPE sterile, where applicable? • Has the user been instructed how to inspect, wear, use and dispose of the PPE?

Allegato 8
Annex 8

Allegato 9
Annex 9

COVID-19 **A7**

Protecting everyone during ship visits

COVID-19 is spread through small droplets from the nose or mouth of an infected person which may be inhaled or land on objects and surfaces other people touch, after which they then touch their eyes, nose or mouth.

Protect through social distancing and good hygiene

Keep a minimum of 1–2 metres distance.

No handshakes or physical contact.

Wash hands frequently and thoroughly, keeping contact surfaces clean, and touch your face less.

Prepare for visitors

Wipe down areas and objects visitors are likely to touch with an anti-bacterial solution.

Restrict access into the ship's accommodation – keeps doors locked and post 'no entry' signs.

Provide alcohol hand gel ready for use upon entry onto the ship and around the ship.

Have designated toilet and handwashing facilities for visitors, which are well-stocked with soap.

Try to prepare and complete documents digitally – avoid handling paper and laminated documents.

Have PPE, such as disposable gloves, ready to use in unavoidable close contact situations.

Keep your guard up

Maintain effective ship and gangway security and prevent unauthorised personnel boarding the ship.

If someone trying to board the ship exhibits symptoms – refuse access and report it.

Continue to sanitise contact areas throughout the ship's stay in port.

Take it outside

Where possible, hold conversations and meetings with visitors on the open deck or open bridge wings.

If visitors must be inside, limit the number of crew nearby to the absolute minimum.

Based on information kindly provided by the North of England P & I Club

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For more information, go to
ics-shipping.org/covid19

Allegato 10
Annex 10

COVID-19 A6

Shipboard care for people with suspected or confirmed COVID-19

For ill crew members

Clean hands frequently with soap and water or with alcohol-based hand rub.

Stay in your cabin and do not attend work. Rest, drink plenty of fluids and eat healthy food.

Stay in a separate cabin from other people. If this is not possible, wear a mask and keep a distance of at least 1m away. Keep the cabin well-ventilated and if possible use a dedicated bathroom.

When coughing or sneezing, cover your mouth and nose with flexed elbow or use disposable tissue and discard after use. If you experience difficulty breathing, contact radio medical.

For caregivers

Clean hands frequently with soap and water or with alcohol-based hand rub.

Wear a medical mask when in the same cabin with an ill person. Do not touch your face during use and discard it afterward.

Use dedicated dishes, cups, eating utensils, towels and bed linen for the ill person. Wash everything used by the ill person with soap and water.

Identify surfaces frequently touched by the ill person and clean and disinfect them daily.

Contact radio medical immediately if the ill person worsens or experiences difficulty breathing.

For all crew members

Clean hands frequently with soap and water or with alcohol-based hand rub.

Avoid unnecessary exposure to the ill crew member and avoid sharing items, such as eating utensils, dishes, drinks and towels.

When coughing or sneezing, cover your mouth and nose with flexed elbow or use disposable tissue and discard after use.

Monitor everyone's health for symptoms such as fever or a cough. If anyone has difficulty breathing, contact radio medical immediately.

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ics-shipping.org/covid19

Allegato 11
Annex 11

COVID-19 **A9**

How to deal with laundry

How to wash and dry clothes, towels and bed linen if a crew member is a suspected COVID-19 patient

Wash the patient's clothes, towels and bed linen separately.

If possible, wear heavy-duty gloves before handling them.

Never carry soiled linen near your body; place soiled linen in a clearly labelled, leak-proof container (e.g. bag, bucket).

Scrape off solid excrement (e.g. faeces or vomit) with a flat, firm object and place it in the patient's toilet before putting linen in the designated container. Place the excrement in a covered bucket to dispose of in a toilet if this is not in the patient's cabin.

Wash and disinfect linen: machine wash at 60–90°C with laundry detergent. Alternatively, soak linen in hot water and soap in a large drum, using a stick to stir, avoid splashing. If hot water is not available, soak linen in 0.05% chlorine for approximately 30 minutes. Rinse with clean water and let linen dry in sunlight.

Do not forget to wash hands at the end of the process.

Do I need to use a washing machine and drier to wash and dry clothes, towels and bed linen if no one in the crew is a suspected COVID-19 patient?

No need to use a washing machine or drier, nor extremely hot water.

Do laundry as normal using detergent or soap.

Once dry, clean your hands before handling and storing clothes, towels and bed linen.

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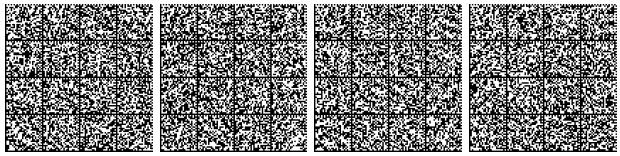
ics-shipping.org/covid19

Allegato 12
Annex 12

Measures to Enhance Mental Health and Wellbeing	General Wellbeing	Those with general mental health issues	Obsessive compulsive disorder (OCD)	Learning Disability	Autism	Older people
Consider how to connect with others and help and support them						
Contacting trusted friends, family and colleagues is key to mental wellbeing.	✓	✓	✓	✓	✓	✓
Make regular contact via telephone, video calls or social media instead of meeting up.	✓	✓	✓	✓	✓	✓
Identify how to provide help and support to others. Message a friend or family member nearby. Join community groups to support family while at sea.	✓	✓				
Try to accept other people's concerns, worries or behaviours.	✓	✓	✓	✓	✓	✓
Maintain daily physical wellbeing						
Physical health impacts on emotional and mental feelings. At difficult times, it can be easy to adopt unhealthy behaviours which can make things worse. Eat healthy, well-balanced meals, drink enough water, exercise where possible, and avoid smoking and alcohol.	✓	✓				✓
Life is changing for everyone. Staying on board or social distancing will cause disruption to the normal routine. Review how to adapt and create positive new routines, engage in useful activities (e.g. cleaning or exercise) or meaningful ones (e.g. reading or calling a friend). It may be helpful to write a daily plan.	✓	✓				✓
Manage panic and anxiety						
When having panic attacks or flashbacks plan a 'safe space' to go to.	✓	✓	✓	✓	✓	✓
If spending more time on board, seafarers may feel trapped or claustrophobic and should try if possible to go outside daily. Open windows if possible to let in fresh air, and sit with an external view. Change rooms visited (if possible) to give a sense of space.	✓	✓	✓	✓	✓	✓
Manage worry and stress and seek help when struggling						
The COVID-19 outbreak may be stressful and cause worry about changes that occur because of it, including having to stay on board.	✓	✓		✓	✓	
Do not forget about other health conditions and take any medication prescribed.	✓	✓		✓		
Share feelings and coping strategies with family and friends, or contact ISWAN SeafarerHelp or a Seafarers' Mission to help.	✓	✓	✓	✓	✓	✓
If needing medical treatment, share medical information or diagnosis with medical staff.	✓	✓	✓	✓	✓	✓
Request help for example with shopping or running errands and let those around you know what they can do or contact Seafarers help or the local port welfare provider.	✓	✓				✓
Manage difficult feelings						
Seafarers should focus on things they can control by acquiring information and better preparation. Worries outside personal control and repetitive thoughts are unhelpful.	✓	✓				
OCD can make it hard to absorb advice due to problematic washing or hygiene behaviours .			✓			
Avoid re-reading advice about Covid-19 if this is unhelpful	✓	✓	✓	✓	✓	✓
Advise others when struggling, for example, ask them not to discuss the news	✓	✓	✓	✓	✓	✓
Set limits	✓	✓	✓	✓	✓	✓

Measures to Enhance Mental Health and Wellbeing	General Wellbeing	Those with general mental health issues	Obsessive compulsive disorder (OCD)	Learning Disability	Autism	Older people
Plan something to do to change focus	✓	✓	✓	✓	✓	✓
Contact the mental health team						
Contact the mental health team to discuss continuing care and to update medical plans.		✓	✓	✓	✓	✓
Improve sleep						
Anxiety or worries can make it harder to get a good night's sleep. Good quality sleep enhances mental and physical wellbeing. Maintain regular sleeping patterns and good practices, avoid screens before bed, reduce caffeine and create a restful environment.	✓	✓				✓
Manage personal media and information intake						
24-hour news and constant social media updates can increase worry. Limit time to a maximum of twice daily checks to watch, read, or listen to media coverage.	✓	✓	✓	✓	✓	✓
Gather information from this guidance document to accurately determine risks of contracting COVID-19 to take reasonable precautions. Inaccurate information can also negatively affect others so do not share information without fact-checking sources.	✓	✓	✓	✓	✓	✓
Set goals and plan to keep mentally well						
Setting goals and achievement gives a sense of control and purpose so identify things to do on board. Watch a film, read a book or learn something online.	✓	✓	✓	✓	✓	✓
Exercise on board and download 10 minute work outs or other exercise videos.	✓	✓				
Continue normal activities to keep well. If support is available from others, plan how to remain well and relaxed with them.	✓	✓			✓	
Keep a diary	✓	✓			✓	
View Brain in Hand https://www.autism.org.uk/services/education/brain-in-hand.aspx					✓	
Use strategies that have helped previously.	✓	✓				
Do enjoyable things and keep an active mind						
People may do enjoyable things less often, or not at all when anxious, lonely or low. Pursuing a favourite hobby, learning something new or taking time to relax indoors should provide relief from anxiety and can enhance mood.	✓	✓	✓	✓	✓	✓
If unable to do activities due to staying on board, adapt them, or try something new.	✓	✓	✓	✓	✓	✓
Read, write, play games, do crossword puzzles, sudokus, jigsaws or drawing and painting. Many free tutorials and courses are available online and people are producing innovative online solutions like online pub quizzes and streamed live music concerts.	✓	✓	✓	✓	✓	✓
Relax and focus on the present						
This can help with difficult emotions, worries about the future and improve wellbeing. Relaxation techniques can also help some people manage feelings of anxiety.	✓	✓	✓	✓	✓	✓
Spend time outside, or bring nature in						
Social distancing guidelines enable seafarers to exercise outside daily to enhance wellbeing. If unable to get outside there can be positive effects by opening windows (if possible) to provide fresh air, arrange space to sit for a nice view and get some natural sunlight.	✓	✓	✓	✓	✓	✓
If walking outside follow the recommended social distancing guidance.	✓	✓	✓	✓	✓	✓
With increased risk of severe illness and need to stringently follow social distancing measures when onboard, some older people, particularly those with pre-existing medical conditions, may be concerned or affected by changes required to daily life.	✓	✓				✓
Alcohol reduction						
It can be dangerous to stop quickly without support. If physical withdrawal symptoms occur (like shaking, sweating or anxiety until having the first daily drink), seek medical advice.	✓	✓	✓	✓	✓	✓



Allegato 13
Annex 13

COVID-19 **A10**

Coping with stress during COVID-19

Feeling sad, stressed, confused, scared or angry during a crisis is normal. Talking to people you trust can help. Talk to your colleagues and contact friends and family.

When on board, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with other crew members and by email, social media and phone for family and friends.

Don't use smoking, alcohol or other drugs to manage emotions. When overwhelmed, talk to a colleague or contact SeafarerHelp. Have a plan, where to go to and how to seek help for physical and mental health needs if required.

Get the facts. Gather information to accurately determine risks and take reasonable precautions. Use a trusted credible source such as WHO or government agency website.

Reduce time spent watching, reading or listening to upsetting media coverage to limit worry and agitation.

Draw on past skills which helped you manage previous difficult situations to help handle your emotions at this time.

Contact **SeafarerHelp**, the free, confidential, multilingual 24 hour helpline for seafarers and their families, open 365 days a year for advice if necessary.

Dial **+44 20 7323 2737** or email **help@seafarerhelp.org**

SeafarerHelp

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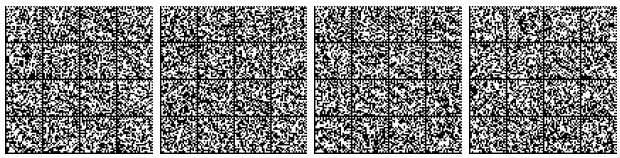
Allegato 14
Annex 14

Country	Notes
Algeria	Electronic prescriptions for life saving or recurrent medicines for foreign seafarers are accepted, except narcotic medicines which require the presence of a doctor on board the vessel.
Australia	No problem, ring a doctor's surgery and book a phone discussion with a doctor for a prescription. The Shipping Agent could organise this and the Seafarer would only need to provide an electronic or paper copy of a prescription from a previous doctor to access relevant medication. There will be complications if the vessel has not served 14 day isolation.
Belgium	Need to have a prescription from a Doctor. Cannot issue electronic prescriptions for people not registered in their health system but in every port pharmacists and doctors are collaborating to deliver necessary medicines on board for seafarers.
Brazil	There is no need for prescriptions to buy the medicine. If seafarers have a previous medical prescription, it helps to renew but even without a prescription, at the seafarer's request through the Master, request the representative agent in the port, who will provide and send medicine on board without problems.
Bulgaria	Depends on the internal rules for each pharmacy. Special medicines are under restriction but in general should not be a problem to access for a life threatening condition.
Canada	Seafarers' prescriptions that expire during the voyage will be renewed. Some prescriptions can be rolled over, others may require an exam. Diabetes for example is one they want to be careful with. Prescriptions are prepared by the Mariners Clinic and can be delivered to ships. Video conferencing is available with seafarers to reduce visits to the doctors.
Chile	Must have a medic/doctor's prescription. Some medications don't need a prescription in Chile, such as medicine for high pressure, blood sugar, etc, which can be bought in any pharmacy. The local agent takes the patient to a doctor to prescribe the medication to buy. If documents are from somewhere else they must be stamped and signed by a doctor to be accepted.
China	The seafarer should ask the labour supply country to liaise with the Chinese authorities to assist with the provision of medication.
Colombia	If a crew member needs recurrent medicines it should not be a problem but it is a priority to receive electronic prescriptions in advance for the procedures required by the Port Health before arrival of the vessel.
Cyprus	Prescription renewals are covered under the current protocol/policy covering Medical Emergencies. The company or agent must advise the authorities (Cyprus Ports Authority and Public Health Services) in order to arrange for safe transportation of the seafarer, from the ship to the doctor and vice versa, applying all health and safety protocols currently in force. Similar requests can be made through the Cyprus Search and Rescue Co-ordination Centre.
Denmark	Must have a doctor´s prescription, Danish seafarers doctor can prescribe electronically to delivery at any pharmacy in Denmark. www.medicaloffice.dk can assist.
Finland	Electronic prescriptions for life saving or recurrent medicines for foreign seafarers who arrive in the ports are accepted and seafarers can visit a pharmacy or see a doctor.
France	Electronic prescription can be made only within the EU and European Economic Area for EU citizens. Seafarers from other countries will not have electronic prescriptions recognised and will need to have a medical appointment, during their stop or call in France, to get a new prescription. This could be by teleconsultation. In all cases, seafarers shall provide a recent prescription to the Doctor. Seafarers can also ask their embassy's or Consulate's doctor to issue a new prescription, by teleconsulation.
Germany	If a pharmacy refuses, the Port medical service or Port doctor must be contacted, translate the prescription and sign it to obtain medicines. In such cases Port agents and seamen's missions are all able and ready to assist. There is no problem to help any seafarer in such a situation.
Great Britain (East Coast)	Agents use normal channels and seek a doctor's appointment for a seafarer. However, it is currently a video or telephone conference established between the doctor and seafarer seeking renewal of the prescription. Unfortunately it is currently more difficult to speak to a doctor but this is determined on a case by case basis.
Scotland	Agent can arrange a video appointment with a UK doctor who should be able to issue a prescription
Greece	Electronic prescriptions are available for all Greeks and foreigners, who are covered by the Greek Medical System. Foreign seafarers arriving at Greek ports must declare the quantity of medicines required to the agent, who can buy them from any pharmacy and provide these to them.
India	Electronic prescriptions are accepted.
Israel	For ordering medicines with electronic prescription, a chemist supplies ZIM regularly. Send the ship agent the prescription and they will contact the chemist that can supply on board. Ship Inspectors can act as a broker if an agent cannot help or assistance is needed.
Italy	National Health Service electronic prescriptions can be used with a dedicated APP. Seafarers in need of specific medicine could obtain them through the local National Health Service and agents will provide them on board.

Country	Notes
Kenya	Vessel agents are able to procure any medications required.
Korea	Electronic prescriptions cannot be issued as medicines are registered and controlled by a central government body. The crew member should visit hospital and get a prescription from a local doctor. For shore leave, crew should have mobile phone, install gps control - coronavirus application upon mandatory request by government quarantine office and check fever.
Liberia	"1. The Master must make declaration of all expired prescriptions to Port Health at the time of Boarding Party formalities. 2. Thereafter, the Master through the agent should make a request to Port Health on the prescription they intend to replenish. 3. Port Health reviews the replenishment list along with the declaration of expired prescription and approved the list. 4. The vessel agent through authorized ship Chandler procures the prescriptions on the replenishment or renewal list from only authorized pharmacy licensed by the Pharmacy Board of Liberia. 5. All procured prescriptions are taken back to Port Health to verify compliance with the renewal list and procured licensed pharmacy."
Mexico	Cross-check with company doctor and the local agent. The company doctor should contact a local practitioner to make a new prescription to be supplied before or on the day that the ship is in port.
Montenegro	No problem to provide medical assistance to foreign crew members on board ships. When medicine is required the ship's agent is obliged to announce it to the National coordinate body and to follow instructions given.
Morocco	No problem managing at the Moroccan ports with a certain flexibility of the port authorities and the support of the Morrocan union UMT.
Norway	The agent can arrange for a consultation with a Doctor rather than 'visit' a Doctor given the current restrictions.
Phillipines	Prescriptions of physicians not falling under the definition of Philippine law may not be recognized under the context of prescriptions, electronic or otherwise.
Poland	Any medical documentation from the country of origin is accepted proving the need. In such cases a Polish physician would issue a Polish e-prescription giving on the form a seafarer passport number instead of Polish PIN, which is accepted by a pharmacist. If the prescription is on a special cross-border form (it's not normally electronic) it is recognized in Poland and would be executed. If it's not, validation of a Polish physician would be required.
Portugal	Electronic prescriptions could be accepted. If not the seafarer needs to have documents from a doctor to by the necessary medication
Puerto Rico	A doctor cannot send electronic prescription and to know the pharmacy to send it to. There is a Walgreens and CVS near the Port of San Juan.
Romania	It is possible to get medicines with electronic prescriptions for foreign seafarers. All prescriptions are transmitted electronically to a nearest pharmacy or indicated pharmacy. All medicine is available except psychotropic drugs.
Russia	For foreign seafarers who arrive in ports a prescription will be needed only to identify the drug and the electronic prescriptions for life saving or recurrent medicines for foreign seafarers would be accepted at the pharmacy. But there are some categories of patients who are supposed to take the medicine for free. In this case, they need a prescription from their doctor. For example, insulin-dependent patients. As well as those patients who are treated for cancer, AIDS and some other most serious diseases.
Singapore	Prescriptions must be authorized or re-written by a Singaporean registered practitioner before being presented as hospitals and medical centres do not accept foreign prescriptions.
Sweden	Seafarer needs a paper prescription issued by a doctor from the EU. However it may be possible to arrange for them to see a Doctor.
Ukraine	Most medications in Ukrainian pharmacies are sold to anybody without any prescription. The crew are unlikely to face any problems if the list of medications is submitted to company/local agent in advance to purchase the required medications.
United Kingdom	MCA reported that seafarers were having online consultations with doctors and any prescriptions were being issued that way. No details were given about the logistical issue of getting the requisite medications to the seafarer, but presumably the necessary information is communicated to a pharmacy local to the port where the seafarer's ship is, or is heading to. The supplies are taken by courier to the ship, if the seafarer is not able to leave the ship and collect them.
United States of America	Seafarer would have to see a doctor somewhere within the U.S. who could accept a foreign prescription and then issue a U.S. prescription that would be good anywhere within the U.S.
United States of America (Florida)	All crew have to do is let the medical staff on board know what meds they need and they will get it, either from ship's medical stores or if they don't have it on board they will get in touch with shore side medical staff, who will get the prescription filled.
United States of America (Gulf Coast)	As long as the seafarer has their prescription or the bottle in which the meds came, it is in most cases not a problem to get a refill
United States of America (Portland)	Teleconferencing with patients on board and crews can go to a pharmacy for medication renewal. This is usually arranged by the vessel agent.
United States of America (Texas)	If the seafarer's family can send the medicine by postal service on time (depending on the country) to the agent or nearest seafarer's center or to an Inspector, they can bring it to the ship. If agent and owner agreed to send the patient to the doctor, the patient will get the prescription from the doctor for medicines required.



Allegato 18

Linee guida concernenti la completa ripresa delle ordinarie attività nelle istituzioni della formazione superiore per l'anno accademico 2020/21

Le presenti linee guida, predisposte sulla base delle prime indicazioni fornite con nota ministeriale del 4 maggio 2020 e delle proposte della CRUI del 26 giugno 2020 e del 22 luglio 2020 sulle modalità di erogazione della didattica, accolte dal Comitato tecnico scientifico del Dipartimento della protezione civile il 24 luglio 2020, riguardano le modalità di svolgimento delle attività nel sistema universitario, per il primo semestre dell'anno accademico 2020/2021, individuando le principali misure per l'erogazione della didattica nelle aule universitarie in condizioni di sicurezza.
Le azioni delineate nelle presenti linee guida si basano su uno scenario plausibile per il primo semestre del prossimo anno accademico, presupponendo il protrarsi della pandemia a livello globale e nuovi episodi di contagio a livello locale in autunno-inverno. Si escludono quindi sia scenari più positivi, con la scomparsa della pandemia a livello globale, per i quali sarebbe agevole ripristinare le prassi finora in uso, sia scenari più negativi, con la riproposizione del *lockdown* di marzo-maggio, che implicherebbero il blocco dei flussi in ingresso, rendendo vana qualsiasi azione da parte degli attori coinvolti nelle procedure di accoglienza.

Premessa
Il periodo di emergenza sanitaria connessa alla pandemia da SARS-CoV-2 ha portato alla necessità di adottare importanti azioni contenitive che hanno richiesto la sospensione temporanea di numerose attività. Tra i primi interventi adottati, con il d.P.C.M. del 4 marzo 2020, recante ulteriori disposizioni attuative del decreto-legge 23 febbraio 2020, n. 6 "*Misure urgenti in materia di contenimento e gestione dell'emergenza epidemiologica da COVID-19*", applicabili sull'intero territorio nazionale, sono stati sospesi i servizi educativi per l'infanzia di cui all'art. 2 del d.l.gs. 13 aprile 2017, n. 65, e le attività didattiche nelle scuole di ogni ordine e grado, nonché la frequenza delle attività scolastiche e di formazione superiore, ferma in ogni caso la possibilità di svolgimento di attività formative a distanza.
Le università hanno prontamente reagito con forza straordinaria al periodo di *lockdown* attivandosi tempestivamente a erogare lezioni, esami e sessioni di laurea in modalità telematica. Si è trattato di una risposta immediata che ha richiesto agli atenei uno sforzo incredibile di riorganizzazione dell'intera didattica. In tutto il territorio nazionale migliaia di insegnamenti del secondo semestre sono stati erogati in modalità telematica, permettendo agli studenti di procedere con i propri studi e di non rallentare le loro carriere. L'università non si è, di fatto, mai fermata: non solo le lezioni *online*, ma anche gli esami sono stati erogati in modalità telematica, così come le sessioni di laurea. Dal computer di casa in questi mesi, gli studenti hanno "frequentato le lezioni", sostenuto esami e si sono laureati.
Dal 23 marzo 2020 il sistema di sorveglianza integrato COVID-19 coordinato dall'Istituto superiore di sanità (ISS) ha iniziato a registrare dapprima una stabilizzazione e in seguito una diminuzione dei nuovi casi di COVID-19 diagnosticati in coerenza con quanto registrato dal sistema di sorveglianza aggregato coordinato dal Ministero della salute e dalla Protezione civile.

In vista della completa ripresa delle ordinarie attività, che deve connotare la c.d. fase 3, le istituzioni della formazione superiore sono ora chiamate ad adeguare la propria programmazione, al fine di coniugare lo svolgimento delle attività di ricerca e di didattica, garantendo tutti i servizi agli studenti, con la sicurezza delle persone, nel rispetto delle disposizioni dei protocolli approvati.
Ove possibile, la didattica verrà erogata contemporaneamente sia *in presenza* sia *online*, delineando una didattica mista che possa essere fruita nelle aule universitarie ma al contempo anche a distanza. È una scelta che non solo denota l'impegno alla *riapertura* volta a sottolineare l'importanza dell'università come luogo di ricerca, di scambio e di arricchimento culturale, ma al contempo ne salvaguarda *l'inclusione.*
Tutti gli studenti e le studentesse avranno la possibilità di seguire le lezioni anche se non potranno essere presenti fisicamente negli atenei, ad esempio i numerosi studenti internazionali che per motivi di mobilità non riusciranno ad arrivare per l'inizio del semestre, così come i tanti studenti extraregionali e gli studenti con particolari patologie per i quali si sconsiglia la ripresa delle attività in presenza. La modalità *online* permetterà inoltre di ridurre la numerosità degli studenti e delle studentesse presenti nelle aule in modo da salvaguardare il distanziamento di sicurezza imposto dalle norme sanitarie. Gli studenti potranno seguire i corsi interamente online o in presenza, e nel caso di classi numerose in modalità mista si potranno organizzare sistemi di turnazione.
Le università potranno organizzarsi al fine di garantire in presenza tutte le attività laboratoriali, le esercitazioni e le attività esperienziali, parte integrante e imprescindibile di una formazione di qualità, nel pieno rispetto delle norme di sicurezza.
Le università potranno provvedere all'adeguamento di tutte le strutture tecnologiche delle aule al fine di permettere una didattica online di qualità, utilizzando le risorse assegnate dal Ministero a valere sul Fondo per le esigenze emergenziali del sistema dell'università, delle istituzioni di alta formazione artistica, musicale e coreutica e degli enti di ricerca.

Rimodulazione delle misure contenitive nell'università
Anche per le attività universitarie, pur in presenza di specificità di contesto, restano validi i principi cardine che hanno caratterizzato le scelte e gli indirizzi tecnici quali:

1. **distanziamento sociale**;
2. **rigorosa igiene delle mani, personale e degli ambienti**;
3. **capacità di controllo e risposta dei servizi sanitari della sanità pubblica territoriale e ospedalier**a.

È necessario quindi prevedere specifiche misure di sistema, organizzative, di prevenzione e protezione, igieniche e comunicative declinate nello specifico contesto delle università, tenendo presente i criteri già individuati dal CTS per i protocolli di settore, anche facendo riferimento ai documenti di indirizzo prodotti da ISS e INAIL, ovvero:
1. Il rischio di aggregazione e affollamento e la possibilità di prevenirlo in maniera efficace nelle singole realtà e nell'accesso a queste;
2. La prossimità delle persone (es. studenti, docenti, personale ecc.) rispetto a contesti statici (es. persone tutte ferme in postazioni fisse), dinamici (persone in movimento) o misti (contemporanea presenza di persone in posizioni fisse e di altre in movimento);

3. Raccomandazione di mantenere l'uso della mascherina
4. Il rischio connesso alle principali vie di trasmissione (*droplet* e contatto) in particolare alle contaminazioni da *droplet* in relazione alle superfici di contatto;
5. La concreta possibilità di accedere alla frequente ed efficace igiene delle mani;
6. L'adeguata aerazione negli ambienti al chiuso;
7. L'adeguata pulizia ed igienizzazione degli ambienti e delle superfici;
8. La disponibilità di una efficace informazione e comunicazione;
9. La capacità di promuovere, monitorare e controllare l'adozione delle misure definendo i conseguenti ruoli.

Misure organizzative di prevenzione e di protezione per l'esercizio dell'attività didattica in presenza
1. AULE. Le aule universitarie, di molteplici tipologie, sono in molti casi a postazioni fisse, organizzate in file distanziate di 75-85 cm.
Fermo restando **l'uso obbligatorio delle mascherine** per tutto il tempo di permanenza nelle strutture didattiche, nelle aule con posizionamento libero delle sedute degli studenti, le postazioni devono essere collocate alla **distanza minima di 1 m**. Nelle aule con postazioni fisse è opportuno prevedere l'occupazione di postazioni alternate "a scacchiera", nel rispetto del distanziamento minimo di 1 metro, con un margine della misura di +/- 10%, in considerazione delle caratteristiche antropometriche degli studenti, nonché della dinamicità della postura.

Alle aule e agli spazi universitari aperti agli studenti devono essere applicate **procedure di sanificazione quotidiane**, secondo le indicazioni dell'ISS previste nella Circolare del Ministero della salute "Indicazioni per l'attuazione di misure contenitive del contagio da SARS-CoV-2 attraverso procedure di sanificazione di strutture non sanitarie (superfici, ambienti interni) e abbigliamento", in particolare nella sezione *Attività di sanificazione in ambiente chiuso*. Nelle aule deve essere inoltre previsto **frequente ricambio d'aria** (ad esempio prevendendo apertura delle finestre ad ogni cambio di lezione e comunque non meno di 2 volte al giorno). In ogni aula, e negli spazi comuni, deve essere disponibile un **dispensatore di soluzione igienizzante** idroalcolica per permettere l'igiene delle mani all'ingresso in aula, favorendo comunque in via prioritaria il lavaggio delle mani con acqua e sapone neutro.

Spazi comuni e flussi. Per ogni complesso didattico devono essere valutati i **flussi di entrata e di uscita**, gli spostamenti interni, le caratteristiche degli spazi comuni, ecc. e devono essere messe in atto le misure più efficaci per **prevenire assembramenti** al di fuori delle lezioni in aula. In particolare, è necessario programmare flussi ordinati di studenti, attraverso la predisposizione di vie di ingresso e di uscita definite e indicate attraverso esplicita cartellonistica, definire capienza e modalità di utilizzo di aree e servizi comuni e, qualora necessario, predisporre orari di inizio delle lezioni non simultanei per permettere flussi di studenti sfalsati temporalmente.

Misure specifiche per i lavoratori (docenti, personale tecnico, amministrativo e di ricerca)
Per quanto concerne il personale, a seguito dell'approvazione della legge 17 luglio 2020, n. 77, di conversione, con modificazioni, del decreto-legge 19 maggio 2020, n. 34, con circolare del Ministro

della pubblica amministrazione n. 3 del 24 luglio 2020, recante il "*Protocollo quadro per la prevenzione e la sicurezza dei dipendenti pubblici sui luoghi di lavoro in ordine all'emergenza sanitaria da "Covid-19*", sono state fornite indicazioni per il rientro in sicurezza dei dipendenti pubblici, ponendo l'accento sugli elementi di maggior rilievo della norma, quali la presenza del personale nei luoghi di lavoro non più correlata alle attività ritenute indifferibili e urgenti; la disposizione in esame consente quindi alle amministrazioni di prevedere il rientro in servizio anche del personale fino a oggi non adibito a queste ultime. Le università definiranno le modalità per garantire al meglio la piena ripresa di tutte le attività coinvolgendo, nell'ambito delle ordinarie relazioni, le Organizzazioni sindacali per l'ambito di competenza, come già anticipato con nota del Ministro dell'università e della ricerca del 30 luglio u.s., prot. n. 2833.
Si fa quindi rinvio, per le misure di *s*orveglianza sanitaria e l'organizzazione del lavoro, alle disposizioni di cui agli artt. 83 e 263 del citato d.l. 34/2020 e alla predetta circolare del Ministro della pubblica amministrazione n. 3/2020.

Indicazioni di informazione e comunicazione
È necessario predisporre iniziative di informazione sulle misure di prevenzione e protezione adottate: le università assicureranno **adeguata comunicazione** agli studenti, al personale docente e al personale tecnico amministrativo in modalità telematica (siti web, comunicazioni via mail, webinar dedicati, ecc.), anche attraverso una **cartellonistica**, chiara e ben visibile che aiuti nella gestione dei flussi in entrata e in uscita e renda evidenti le misura di sicurezza necessarie.

Le cinque regole per il rientro nelle aule universitarie in sicurezza
1. Se hai sintomi di infezioni respiratorie acute (febbre, tosse, raffreddore), **NON** venire all'università. All'ingresso dell'università NON è necessaria la rilevazione della temperatura corporea. Pertanto, si rimanda alla responsabilità individuale rispetto al proprio stato di salute.
2. Quando sei negli spazi comuni universitari (aule, laboratori, spazi comuni ecc.) **indossa sempre una mascherina** per la protezione del naso e della bocca.
3. Segui le indicazioni riportate sulla **cartellonistica**.
4. Nelle aule siediti solo nelle ***sedute permesse*** (saranno **evidenziate da appositi segnali**), evita gli assembramenti (soprattutto in entrata e uscita) e il contatto fisico.
5. **Lava frequentemente le mani** o usa gli appositi **dispenser di soluzioni igienizzanti** per tenerle pulite; evita di toccarti il viso e la mascherina.

Allegato 19

Misure igienico-sanitarie

1. lavarsi spesso le mani. Si raccomanda di mettere a disposizione in tutti i locali pubblici, palestre, supermercati, farmacie e altri luoghi di aggregazione, soluzioni idroalcoliche per il lavaggio delle mani;
2. evitare il contatto ravvicinato con persone che soffrono di infezioni respiratorie acute;
3. evitare abbracci e strette di mano;
4. mantenere, nei contatti sociali, una distanza interpersonale di almeno un metro;
5. praticare l'igiene respiratoria (starnutire e/o tossire in un fazzoletto evitando il contatto delle mani con le secrezioni respiratorie);
6. evitare l'uso promiscuo di bottiglie e bicchieri, in particolare durante l'attività sportiva;
7. non toccarsi occhi, naso e bocca con le mani;
8. coprirsi bocca e naso se si starnutisce o tossisce;
9. non prendere farmaci antivirali e antibiotici, a meno che siano prescritti dal medico;
10. pulire le superfici con disinfettanti a base di cloro o alcol;
11. è fortemente raccomandato in tutti i contatti sociali, utilizzare protezioni delle vie respiratorie come misura aggiuntiva alle altre misure di protezione individuale igienico-sanitarie.

Allegato 20

Spostamenti da e per l'estero

Elenco A

Repubblica di San Marino, Stato della Città del Vaticano

Elenco B

Austria, Belgio, Cipro, Croazia, Danimarca, Estonia, Finlandia, Francia, Germania, Grecia, Irlanda, Lettonia, Lituania, Lussemburgo, Malta, Paesi Bassi, Polonia, Portogallo, Repubblica Ceca, Slovacchia, Slovenia, Spagna, Svezia, Ungheria, Islanda, Liechtenstein, Norvegia, Svizzera, Regno Unito di Gran Bretagna e Irlanda del nord, Andorra, Principato di Monaco

Elenco C

Bulgaria, Romania

Elenco D

Australia, Canada, Georgia, Giappone, Nuova Zelanda, Ruanda, Repubblica di Corea, Tailandia, Tunisia, Uruguay

Elenco E

Tutti gli Stati e territori non espressamente indicati in altro elenco

Elenco F

A decorrere dal 9 luglio 2020: Armenia, Bahrein, Bangladesh, Bosnia Erzegovina, Brasile, Cile, Kuwait, Macedonia del nord, Moldova, Oman, Panama, Perù, Repubblica dominicana

A decorrere dal 16 luglio 2020: Kosovo, Montenegro e Serbia

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