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| Cruise Ship Operator: |  |
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| NSO Elements | **Cruise Operator Response** |
| 1) The cruise ship operator has developed, implemented, and operationalized, an appropriate, actionable, and robust plan to prevent, mitigate, and respond to the spread of COVID-19 on board cruise ships. |  |
| 2) The cruise ship operator has made the plan available to HHS/CDC and USCG personnel within seven (7) days of the publication of the No Sail Order in the Federal Register. |  |
| An appropriate plan is one that adequately prevents, mitigates, and responds to the spread of COVID-19 on board cruise ships and that, at a minimum, must address the following elements: |
| 3 a) Onboard surveillance of passengers and crew with acute respiratory illnesses, influenza-like illnesses, pneumonia, and COVID-19, including reporting to HHS/CDC on a weekly basis on overall case counts, methods of testing, and number of persons requiring hospitalization or medical evacuation (weekly submission of the Enhanced Data Collection form fulfills this requirement) |  |
| 3 b) Reports on the number of persons onboard the cruise ship and any increase in the numbers of persons with COVID-19 made to HHS/CDC and USCG on a daily basis for as long as the cruise ship is within waters subject to the jurisdiction of the United States (routine ANOA reporting to USCG fulfills this requirement) |  |
| 3 c) Onboard monitoring of passengers and crew through temperature checks and medical screening, including addressing frequency of monitoring and screening |  |
| 3 d) Training of all crew on COVID-19 prevention, mitigation, and response activities |  |
| 3 e) Protocols for any COVID-19 testing that aligns with current CDC recommendations, including details relating to the shore-side transport, administration, and operationalization of laboratory work if onboard laboratory work is not feasible |  |
| 3 f) Onboard isolation, quarantine, and social distancing protocols to minimize the risk of transmission and spread of COVID-19 |  |
| 3 g) Onboard medical staffing, including number and type of staff, and equipment in sufficient quantity to provide a hospital level of care (e.g., ventilators, facemasks, personal protective equipment) for the infected without the need for hospitalization onshore (plan should include an inventory of available resources currently onboard ships and strategies to obtain additional resources) |  |
| 3 h) An outbreak management and response plan to provision and assist an affected cruise ship that relies on industry resources, e.g., mobilization of additional cruise ships or other vessels to act as “hospital” ship for the infected, “quarantine” ship for the exposed, and “residential” ship for those providing care and treatment, including the ability to transport individuals between ships as needed |  |
| 3 i) Categorization of affected individuals into risk categories with clear stepwise approaches for care and management of each category |  |
| 3 j) A medical care plan addressing onboard care versus evacuation to on-shore hospitals for critically ill individuals, specifying how availability of beds for critically ill at local hospitals will be determined in advance and how the cruise ship operator will ensure acceptance at local medical facilities to treat the critically ill in a manner that limits the burden on Federal, State, and local resources and avoids, to the greatest extent possible, medivac situations. If medical evacuation is necessary arrangements for evacuation must be made with commercial resources (e.g., ship tender, chartered standby vessel, chartered airlift) and arrangements made with a designated medical facility that has agreed to accept such evacuees. All medical evacuation plans must be coordinated with the U.S. Coast Guard |  |
| 3 k) Detailed logistical planning for evacuating and repatriating, both U.S. citizens and foreign nationals, to their respective communities and home countries via foreign government or industry-chartered private transport and flights, including the steps the cruise ship operator will take to ensure those involved in the transport are not exposed; (the use of commercial flights to evacuate or repatriate individuals, both within or from the United States, is prohibited). The plan must be consistent with CDC’s [Interim Guidance for the Mitigation of COVID-19 Among Crew During Suspended Cruise Ship Operations](https://www.cdc.gov/quarantine/cruise/management/interim-guidance-no-sail-order.html) |  |
| 3 l) The projected logistical and resource impact on State and local government and public health authorities and steps taken to minimize the impact and engage with these authorities; all plans must provide for industry/cruise line management of suspected or confirmed cases of COVID-19 without resource burden on Federal, State, or local governments |  |
| 3 m) Plan execution in all U.S. geographical areas – all plans must be capable of being executed anywhere in international, interstate, or intrastate waterways subject to the jurisdiction of the United States |  |
| 3 n) Cleaning and disinfection protocols for affected cruise ships |  |
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| 4) The plan minimizes to the greatest extent possible any impact on U.S. government operations or the operations of any State or local government, or the U.S. healthcare system. |  |
| 5) The plan is consistent with the most current CDC recommendations and guidance for any public health actions related to COVID-19, including the [Interim Guidance for the Mitigation of COVID-19 Among Crew During Suspended Cruise Ship Operations](https://www.cdc.gov/quarantine/cruise/management/interim-guidance-no-sail-order.html).  |  |
| Please use the space below for any additional plan elements considered by the cruise line. |
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**TO BE COMPLETED BY CDC**

**Received Date:** Click or tap to enter a date.

**Reviewed Date:**Click or tap to enter a date.

**Final Disposition Date:** Click or tap to enter a date.

**Final Disposition:**