



NSO Elements	Cruise Operator Response
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<p>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.</p>	<p>Norwegian Cruise Line Holdings Ltd. (NCLH) NSO Response Plan outlined below.</p>
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<p>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.</p>	<p>In accordance with CDC NSO Response requirements, the NCLH NSO Response Plan was submitted to eocevent349@cdc.gov on April 22, 2020. Revisions and clarifications were provided on May 8, 2020.</p>
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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:

<p>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).</p>	<p>Medical Surveillance</p> <ul style="list-style-type: none"> • When an individual becomes symptomatic with possible COVID-19: <ul style="list-style-type: none"> a. Isolate and immediately place in designated isolation cabin for evaluation. b. Isolate until cleared by a medical representative (MR). • Identify, map interactions, quarantine and screen direct and indirect close contacts. <ul style="list-style-type: none"> a. Screening should at a minimum include a questionnaire to assess risk of exposure. b. Temperature check, and visual check for signs and symptoms per CDC. c. Quarantine until results of medical evaluation shows that the symptomatic individual is either negative for COVID-19 and/or not clinically consistent with COVID-19. d. If result of medical evaluation show that the symptomatic individual is either a confirmed positive and/or clinically diagnosed as COVID-19, quarantine until 14 days has passed since date of last exposure to the symptomatic individual. • Continue to evaluate symptomatic individual and direct close contacts. <ul style="list-style-type: none"> a. Medical personnel shall use PPE. b. Conduct twice daily screening temperature checks & questionnaire. c. Point of care IgG/IgM Testing Rapid Testing. <p>Health Declarations</p> <ul style="list-style-type: none"> • Vessel Health Declarations, including COVID-19 cases, are completed daily. • Weekly submission of CDC’s Enhanced Data Collection form. • Vessels complete and submit Attestation of Hazardous Condition statement to the USCG prior to arrival in US Ports. • All reporting to relevant authorities including, but not limited to, CDC USCG and local authorities, will continue to be conducted as required.
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<p>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)</p>	<p>Health Declarations & Reporting</p> <p>Our enhanced onboard medical reporting system, SeaCare by Tritan Software, includes a Communicable Disease Management module that provides the ability for Public Health personnel, medical teams onboard and shoreside, to manage Communicable Disease (CD) reporting and compliance.</p> <ul style="list-style-type: none"> • The CD Module is used in an active patient encounters to report suspected communicable disease cases. • Captures information related to the case, including temperature, symptoms, and lab results. • The system will analyze the case and provide a recommendation for whether the case is considered an ILI or ARI case. • The physician can also add comments to the case, including COVID-19 related information, such as: <ul style="list-style-type: none"> ○ Suspect or Non-suspect of COVID-19 case ○ Results from COVID-19 testing
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	<ul style="list-style-type: none"> ○ Countries visited by the patient ● Information captured is added to the Reportable Logs that can be provided at any time including during port entry and inspections. <ul style="list-style-type: none"> ○ Reporting to the respective quarantine station, USCG, Department of Health and Human Services will continue via email. ○ Vessels are currently reporting health declarations daily, which includes suspected COVID-19. ● Contact Tracing feature, ensures all close contacts, including cabin-mates of patients, can be tracked for symptoms. ● Vessel Health Declarations, including COVID-19 cases, are completed daily. ● Vessels complete and submit Attestation of Hazardous Condition statement to the USCG prior to arrival in US Ports, along with Advanced Notice of Arrival. <p>Industry-Wide Reporting</p> <ul style="list-style-type: none"> ● SeaCare is also compatible with VSP and Maritime Illness Death Reporting System (MIDRS) reporting requirements. ● This industry-wide standardized reporting could potentially be expanded for use with COVID-19 outbreak reporting. ● Weekly submission of CDC’s Enhanced Data Collection form.
<p>3 c) Onboard monitoring of passengers and crew through temperature checks and medical screening, including addressing frequency of monitoring and screening</p>	<p>Embarkation & Debarkation</p> <p>The initial screening of guests and crew boarding our vessels is the first line of defense to reduce the burden of importing a communicable disease coupled with a staggered embarkation process to maintain social distancing.</p> <p>The introduction of an electronic Pre-Embarkation Public Health Questionnaire replaces the traditional paper version and is required for all guests and crew embarking any NCLH vessel, incorporating additional questions to screen for pre-existing medical conditions that place a person at higher risk for COVID.</p> <p>As FDA and CDC-approved PCR testing becomes more efficient and available to the industry, we will continue to explore implementing these options, as soon as possible.</p> <ul style="list-style-type: none"> ● Embarkation Screening: <ul style="list-style-type: none"> a. Temperature screening shall be conducted for ALL guest and crew embarkation day prior to boarding any vessel. b. Temperatures are checked using IR non-touch thermometers, with the planned addition of electronic devices which will include face recognition the file for each pax or crew will be immediately updated with the information. c. Any individual presenting with a 100.4 F (38 C) temperature or higher, will be denied boarding. d. Possible introduction of pulse oximetry screening to identify potential early onset of symptoms. e. Anyone not embarking (i.e. – Visitors or Officials) shall also go through the temperature screening and health questionnaire process. ● In Voyage Screening: <ul style="list-style-type: none"> a. Temperature screening will be applied at all food venue entrances. b. Any individual presenting with a 100.4 F (38 C) temperature or higher, will be escorted back to their cabin for medical evaluation. ● Debarkation Screening: <ul style="list-style-type: none"> a. Individuals with elevated temperature or are visibly symptomatic upon debarkation shall be referred to the local health authorities or as required by CDC. <p>Crew Member Practices & Standards</p> <ul style="list-style-type: none"> ● Conduct daily self-monitoring for influenza-like illness (ILI). <ul style="list-style-type: none"> a. Crew members are instructed to immediately self-isolate to their respective cabin and call the medical center if they experience any of the symptoms consistent with COVID-19. b. Supervisors shall be trained to recognize and report symptomatic crew. c. Symptoms of Coronavirus - CDC ● All crew members have been instructed that they will have temperature checks completed, at least twice daily (AM/PM). <ul style="list-style-type: none"> a. Currently, temperatures are checked using IR non-touch thermometers prior to meal entry, with electronic mustering, which shall be recorded in Fidelio. <ul style="list-style-type: none"> i. Fidelio allows for real-time recognition of crew members who have not reported. This is the same system that identifies passengers or crew not onboard prior to sailing. b. Crew members who do not attend two or more meals will be called to the Medical Center at the end of the day. c. The Medical Staff is responsible to maintain the temperature screening logs

	<p>i. Retained onboard for 6 months and are to be available for review during inspections and audits.</p>
<p>3 d) Training of all crew on COVID-19 prevention, mitigation, and response activities</p>	<p>Crew Member Practices & Standards Our continual public health training includes summits, which feature representatives from various vendors and government agencies. We have created an interactive public health training platform that will teach crew members what to look for in order to maintain a strong public health culture. We also implemented one of the most stringent water safety programs in the industry and are constantly evaluating our programs through outside independent laboratories.</p> <ul style="list-style-type: none"> • Standard practices and trainings at our Company including, but not limited to: <ul style="list-style-type: none"> a. Center of Disease Control and Prevention’s Vessel Sanitation Program hosted Annual Public Health Training seminars. <ul style="list-style-type: none"> i. Our Senior Officers and key personnel are assigned 10 seats at each of the 6 seminars held annually. b. Annual Public Health Summit <ul style="list-style-type: none"> i. The Public Health Summit is conducted in collaboration with: <ol style="list-style-type: none"> 1. Center of Disease Control and Prevention’s Vessel Sanitation Program <ul style="list-style-type: none"> a. Epidemiology, Construction, Operations, Outbreak Prevention and Response 2. Center of Disease Control and Prevention’s Division of Global Migration and Quarantine Maritime Activity 3. Center of Disease Control and Prevention’s Legionella branch 4. Pathcon Laboratories, Environmental Legionella Isolation Techniques Evaluation (CDC ELITE) Program 5. Culligan Water c. Annual Medical Summit <ul style="list-style-type: none"> i. The Medical Summit is hosted at the Miami Headquarters, with presentations and training sessions from internal and external topic experts, including a day at the Cleveland Clinic in South Florida. ii. Attendees include vessel Sr. Doctors, Doctors and Nurses (20 in 2019) and Summit topics include: <ol style="list-style-type: none"> 1. Onboard Routine & Emergency Care, Crew Medical & Pre-Employment Medical, Onboard Equipment & Maintenance, Public Health, Evacuations & Shoreside Referrals, Crime Prevention & Assault, and Leadership d. Monthly Public Health Webinars <ul style="list-style-type: none"> i. Topics include proper sanitation techniques, chemical usage, personal protective equipment, and decontamination of cabins and clothing. e. World Health Organization’s Coronavirus Disease (COVID-19) Online Training <ul style="list-style-type: none"> i. The WHO developed guides and trainings covering introduction to emerging respiratory viruses, PPE, Severe Acute Respiratory Infection (SARI) Treatment Facility Design, Clinical Care SARI, Operational Planning Guidelines, Infection Prevention and Control (IPC), WHO-ICRC Basic Emergency Care, and Resuscitation Area Designation Tool. • Introduction of COVID-19 Outbreak Prevention and Response Training. <ul style="list-style-type: none"> a. COVID-19 Symptom Recognition & Treatment for Medical Staff. b. Updates and educational material sent to the vessels, as it becomes available. c. Access to WHO and CDC materials and trainings provided. • Contract consultants, retired CDC/ VSP inspectors to conduct unannounced onboard inspections. <ul style="list-style-type: none"> a. Training and construction reviews. • Due to the nature of COVID-19 and the strict elimination of group gatherings (including training) crew members were provided training information individually that include: <ul style="list-style-type: none"> a. Communication Resources available from the CDC <ul style="list-style-type: none"> i. <i>What you should know about COVID-19 to protect yourself and others</i> ii. <i>Stop the Spread of Germs Poster</i> b. Crew newsletters covering seasonal viruses, handwashing, and protecting oneself. c. Public health training at regular intervals covering CDC VSP topics, including OPRP Outbreak Prevention and Response procedures. • All crewmembers signing on to an NCLH vessel will complete the below training within one week of joining: <ul style="list-style-type: none"> a. Public Health – Personal Health b. Public Health – Outbreak Prevention c. Public Health & Medical – COVID-19 Aerosol Transmission & Respiratory Protection

	<ul style="list-style-type: none"> d. Be Confident Protecting Yourself during this COVID-19 Pandemic e. Webcast (recorded) f. Position-specific training, including Personal Protective Equipment and Fit Testing, as applicable. <p>Manning</p> <ul style="list-style-type: none"> • Eventual increases to vessel manning: <ul style="list-style-type: none"> a. Increase overall manning to accommodate additional cleaning, sanitation, and food service. b. Increase the number of Medical Staff onboard; 1 – 2 additional assistant nurses. c. Development of Public Health Compliance Officer position in charge of: <ul style="list-style-type: none"> i. Overseeing sanitation and disinfection procedures (routine and additional), ii. Working closely with Medical operations, iii. Responsible for implementation and oversight of the Outbreak Prevention Response Plan, onboard the vessel, and iv. Conduct public health familiarization training for all crew members with the vessel’s Doctor. d. Dedicated Task Force, reporting to an onboard Public Health Officer, with primary focus on sanitation and disinfection under the guidance of Senior Officer. <p>Training Development:</p> <ul style="list-style-type: none"> • We are currently working with the Cleveland Clinic to further develop specific trainings and supplemental information for our vessels, related to the Treatment, Testing and Protocols surrounding COVID-19 response. <ul style="list-style-type: none"> a. Cleveland Clinic will conduct the first webinar for fleet Medical Team on May 13th and content will be made available to the vessels afterwards.
<p>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</p>	<p>Onboard Testing & Treatment</p> <ul style="list-style-type: none"> • In order to more easily facilitate testing opportunities, with the assistance of UNIMED, we are planning the introduction of PCR testing using Abbott ID Now systems <ul style="list-style-type: none"> a. Orders have been placed for each vessel to receive an Abbott ID Now test system b. Standby systems will be held at the Corporate Office c. Individuals demonstrating symptoms consistent with COVID-19 will be tested. d. However, we are looking into scaling up this operation in order to test asymptomatic individuals prior to joining the vessel. e. Symptoms of Coronavirus - CDC • In the interim and until the onboard testing systems are delivered, we have arranged for COVID-19 testing to be collected and analyzed by Quest Diagnostics. <ul style="list-style-type: none"> a. When a possible case (PUI) is identified, an anterior nares specimen will be collected by the vessel’s Doctor, while the PUI is in isolation. b. A single foam swab is used for collecting specimens from both nares of a symptomatic patient and inserted into an acceptable viral transport medium, as defined by Quest Diagnostics. c. Specimens are to be packed with cold packs or pouches for transport. d. Quest Diagnostics will coordinate the pick-up of samples from the vessel, using an approved transportation company, and ensure they are delivered to the appropriate testing facility. e. Sample results are available within 1-2 days and the PUI will be kept in isolation until a negative test result is received. f. Our vessels will be able to access the results using Quest Diagnostics electronic reporting website, Quanum.
<p>3 f) Onboard isolation, quarantine, and social distancing protocols to minimize the risk of transmission and spread of COVID-19</p>	<p>Vessel Operations</p> <ul style="list-style-type: none"> • Current Status of Crew Berthing: <ul style="list-style-type: none"> a. Whenever possible, every effort shall be made to accommodate crew members to a single cabin so that no one is sharing a bathroom. <ul style="list-style-type: none"> i. One member should be moved out, so that bathroom sharing is eliminated. b. Stop non-essential movement and gatherings onboard. <ul style="list-style-type: none"> i. “Stay in Your Cabin” protocol, where only essential movement to and from a location is allowed for a crewmember’s position. c. Relocation of cabins for essential personnel. <ul style="list-style-type: none"> i. Assignment of cabins done strategically to minimize extended movement around the vessel ii. E.g. Bridge Officers near the bridge, medical team near the medical center, etc. • Vessel Capacity – Return to Normal Operations:

- a. Establish an inventory of empty cabins in one specific zone to be used for quarantine.
 - i. Depending on fleet and vessel capacity, a certain percentage of cabins will be removed from inventory and designated as isolation cabins.
 - ii. Cabins will have a maximum of double occupancy, excluding families with children under 18.
- Visitor Policy:
 - a. Non-essential Visitors are prohibited.
 - i. Essential Visitors to the operation include Contractors, Pilots, Regulatory Authorities, Port Agents and Stevedores.
 - b. Shoreside Employees and approved Visitors will be screened prior to boarding.
- Vessel will maintain adequate oxygen tanks, as outlined in SMS/DEH/P027
 - a. An Oxygen cylinder inventory shall be maintained to ensure that there will always be at least 3 full spare "H" cylinders on board/per 1000 souls onboard.

Active Isolation Policy

- AGE cases shall be isolated for (72) hours post cessation of symptoms.
- Respiratory cases POSITIVE for Influenza A/B shall be isolated no less than (72) hrs. post cessation of symptoms.
- Respiratory cases NEGATIVE for influenza A/B shall be isolated no less than (14) days or until further notice by the Corporate Office on a case by case basis.

Onboard Isolation

- Isolation aboard a ship, COVID-19 patients will be monitored and assessed by medical at least twice daily, or more frequently, as deem appropriate by a Medical Representative.
 - a. The mainstay of treatment for COVID-19 patients is supportive care.
 - b. Majority of patients will have mild symptoms and can be treated with self-care.
 - c. Isolated or quarantined crew members should have no direct contact with other crew except for designated medical staff.
 - d. Most patients will have mild symptoms and can remain on ship, in isolation, and be monitored until they are symptom free for 14 days.
- Ensure Patients have:
 - a. Appropriate counseling on appropriate self-care,
 - b. Ability to quickly access medical if symptoms worsen,
 - c. Access to resources such as food and other necessities of daily living, and
 - d. Provide hygiene supplies, tissues, and clinical waste disposal bags.
- Decontaminate areas suspected of exposure.
- Communication, Care and Training Measures:
 - a. Food, medical, and mental health professional visits provided to all quarantined and isolated personnel.
 - b. Maximize availability of onboard counseling resources, mental health specialists, resiliency support.

Designated Isolation Areas

- Isolation zone identified for each vessel, according to which, the re-circulation of air can be eliminated, and the direct fresh air supply can be provided to the selected zone.
 - a. Depending on fleet and vessel capacity, a certain percentage of cabins will be removed from inventory and designated as isolation cabins.
- Reduce over pressure of cabins in the quarantine section(s).
- Increase direct external extraction of HVAC.
- Entrance and exit through established decontamination points ONLY.

Discontinuation of Isolation & Quarantine

- Isolation may be discontinued for symptomatic crew with suspected or confirmed COVID-19, or asymptomatic crew with laboratory-confirmed COVID-19, once criteria outlined in CDC's guidance for [Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#) are met.
- Quarantine may be discontinued for asymptomatic crew who have had close contact with suspected or confirmed COVID-19 cases under the following conditions:
 - a. 14 days has passed since last exposure to a suspected or confirmed case (considering the last exposure date to case as Day 0); and
 - b. the exposed crew member has remained afebrile; and
 - c. the exposed crew member has not developed acute respiratory symptoms'.

Social Distancing: Current Status of Crew Areas

- Designated dining areas for each department (as during dry dock)
 - a. To be determined by the vessel’s management based on restaurant locations and efficiency.
 - b. Temperature check and mandatory handwashing at each location prior to entry.
 - i. Can be done by a responsible officer, with medical overseeing the process.
- Eliminate self-serve dining options at buffets.
 - a. Vessels operating with manning constraints may operate self-service buffets, provided that they have not had a COVID-19 case within the last 14 days.
 - b. Serving utensils must be changed out every (15-20) minutes.
- Seating sanitized between occupancy.
- As much as possible, direct flow of people through separate entrance and exit points.
- Dining venues to be cleaned, sanitized and fogged after each meal.
- Daily touchpoint sanitation.
 - a. Offices and places of work.
 - b. Crew common areas.
 - c. Handrails along transit routes and stairwells.
- Public Restrooms doors propped open; cleaned and sanitized hourly.
- Fogging of Crew and Guest corridors to take place after each meal period for each corridor leading to the food service areas and corridors where Crew are housed.
- Due to the risk level it presents, haircuts are prohibited at this time, as per CDC Interim Guidance for Mitigation of COVID-19 Among Cruise Ship Crew During the Period of the No Sail Order.

Social Distancing: Public Areas

- Staggered embarkation and debarkation, as well as expanding our current remote embarkation process.
- Multiple tour dispatch locations for shore excursions to mitigate large gatherings, minimize lines and reduce guest interaction with crew, and introduction of temperature screenings before boarding any coaches.
- Guest capacity reduced in theaters and multiple shows offered with sufficient time in between to carry out proper sanitation and fogging.
- Operating Culinary Center, Art classes etc. at half capacity or less.
 - a. Temperature Detection and Health Questionnaire at entrance for participants.
- Posted signs about social distancing in elevators and reduced maximum occupancy.
- Within the Casino, every other slot machine will be turned off to maintain distancing.

Social Distancing: Food Hygiene Practices & Standards

- Guest seating reduced in restaurants and bars to maintain distancing.
 - a. Crew will monitor the Guests count and offer alternative dining options to Guests when capacity is reached.
- Guests are encouraged to wash hands frequently during the day and prior to meals.
 - a. Crew assigned at entrances of F&B venues to assist and monitor Guests’ hand sanitation.
- Self-service for Guests is suspended in all restaurants and satellite Food & Beverage stations.
- Extended meal hours for Crew to allow for social distancing, with no more than 4 persons per table.
- Increase personal protective equipment (PPE) stock and usage for front line crew members.
- Increase overall manning to accommodate additional cleaning, sanitation, and food service.
 - a. Additional personnel assigned for continuous sanitation in Galleys during operational hours.

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)

Medical Staff

- Medical Staffing onboard is dependent on the fleet and vessel capacity.
 - a. Oceania and Regent Seven Seas vessels are staffed with either:
 - i. 1 Doctor, 1 Nurse
 - ii. 1 Doctor, 2 Nurses
 - b. Norwegian Cruise Line vessels are staffed with either:

- i. 1 Doctor, 2 Nurses, 1 Medical Secretary
- ii. 2 Doctors and 3 Nurses
- iii. 3 Doctors, 3 Nurses, 1 Medical Secretary

- We are adjusting manning of Medical Staff in proportion to the number of crew who remain onboard, and utilizing the position of Assistant Nurse, when applicable.

Medical Equipment & Supplies – General

- Our Procurement Team is continuing the process of securing supplies to ensure a 6-month rotating inventory is constantly available to the vessels.
 - a. The 6-month supply is the base PAR level to be maintained.
 - b. The vessels will be able to order from this supply, as needed.
- Common Colds: The vessel has a fully stocked pharmacy with several types of antibiotics, decongestants and cough suppressants.
- Influenza like Illness: The vessel pharmacy has several types of antibiotics, decongestants and cough suppressants.
 - a. Influenza A & B: vessel has Tamiflu (anti-viral selective for Influenza) for treatment of active cases and close contacts.
- Possible COVID-19 cases we can treat with antibiotics, decongestants and cough suppressants for non-complicated cases.
- For complicated cases with mild pneumonia, we can offer nebulization's, oxygen therapy, IV treatment and supportive measures.
- Onboard Testing & Medication:
 - a. Limited availability (depending on the vessel) for point of care IgG/IgM Testing Rapid Testing.
 - b. In order to facilitate testing opportunities, with the assistance of UNIMED, we are planning the introduction of PCR testing using Abbott ID Now systems.
 - i. Orders have been placed for each vessel to receive an Abbott ID Now test system.
 - ii. Standby systems will be held at the Corporate Office.
- Medical inventory is maintained through the SeaCare system onboard. If a supply falls below an established threshold, a notification will be received to order more.
 - a. Stocks of antibiotics, anti-viral, respiratory medication and antipyretics has been increased by 150%.
 - b. Additional stock of Pneumovax 23 vaccines has been ordered for the fleet.
 - c. This applies for all Medical inventory.
- OPRP Locker Par Levels

EQUIPMENT DESCRIPTION	UNIT	Vessels with Pax Capacity of 400 - 1000	Vessels with Pax Capacity of >1000 - <2000	Vessels with Pax Capacity of >1000 - <3000	Vessels with Pax Capacity of > 3000
Filter Face Masks (N-95)	EA	100	100	150	200
Safety Goggles (Chemical Splash)	EA	50	50	100	150
Gloves - Vinyl Blue (Medium)	PAIRS	2000	2000	2500	2500
Gloves - Vinyl Blue (Large)	PAIRS	2000	2000	2500	2500
Tyvek Disposable Suits	EA	100	100	100	100

a.

Intensive Care Units

- Our vessel's intensive care units (ICU) are equipped with infusion pumps, IV treatments, cardiac monitors, defibrillators, cardiac pacemakers, suction machines and ventilators.

	<ul style="list-style-type: none"> a. Additional ventilators were ordered for the vessels, prior to the COVID-19 crisis. These will be placed on the vessels once available. b. Double par level for medical oxygen onboard and at our private destinations. <ul style="list-style-type: none"> i. Vessel will maintain adequate oxygen tanks, as outlined in SMS/DEH/P027, and an oxygen refill station. ii. An Oxygen cylinder inventory shall be maintained to ensure that there will always be at least 3 full spare "H" cylinders on board/per 1000 souls onboard. • We can intubate patients onboard and place them in respirators including CPAP, if needed. • We have capabilities to perform Chest X-Rays (CXR) onboard. • Vessels are equipped with an onboard laboratory, which can do Complete Blood Counts (CBC), Blood Chemistry, Coagulation tests, Influenza test and some other rapid tests. • Additional stock of medication to treat COVID-19 has been ordered, including: <ul style="list-style-type: none"> a. Azithromycin (Z-Pack), Ceftriaxone, Hydroxy Chloroquine, Tamiflu, Lovenox
<p>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</p>	<p>Outbreak Prevention & Response Plan</p> <ul style="list-style-type: none"> • Our Outbreak Prevention and Response Plan (OPRP) is designed to mitigate and help prevent the spread of communicable diseases, such as norovirus, COVID-19 and influenza, while maintaining the ability to adjust and respond to new and emerging health issues on our ships and at our private destinations. • Vessel Medical Staff onboard align with the operational guidelines published by the American College of Emergency Physicians (ACEP). • An addendum, specific to our vessels while they are in the Layup Period, was added to the OPRP and is attached to this NSO Response submission • The Code Red Level 3 procedures for when vessels are back in service is currently being finalized. <p>Response to Mass Casualties</p> <ul style="list-style-type: none"> • Company procedure, SMS/EMERGENCY/P019, is in place to provide guidance for dealing quickly and effectively with mass casualty situations. • A mass casualty situation exists when a sufficient number of persons are ill/injured to challenge the capabilities of onboard response personnel, particularly medical staff. • A Medical Casualty Response Team (MCRT) is composed of the following Officers who will act as coordinators and assign further personnel as demanded by the situation. <ul style="list-style-type: none"> a. Ship's Medical Staff b. Staff Captain c. General Manager d. Security Officer • Mass casualty exercises will be conducted every 6 (six) months. <ul style="list-style-type: none"> a. Lessons learned should be communicated to the Fleet Compliance Team for use in improving the plan. A report, including an account of the exercise and the summary of the de-briefing, shall be forwarded to the Fleet Compliance Team. • COVID-19 Emergency Response Kits to be created and maintained within Secondary Medical Space, and will include PPE, medications, temperature scanners, bio-hazard suits and personal powered air purifying respirator. • Development of a Fast Response Protocol with Sabre Oxidation to sterilize a ship quickly, anywhere in the world. This response protocol may include the utilization of other Company assets (i.e. vessels, tenders, ferries or private destinations) depending on situational needs. <p>Private Destinations</p> <ul style="list-style-type: none"> • NCLH operates two private destinations: Harvest Caye (Belize) and Great Stirrup Caye (Bahamas). • Various vessels have been positioned off of Great Stirrup Caye, Bahamas to assist with transfer of confirmed asymptomatic crew members to vessels for repatriation. • Crew members are to be transferred directly between vessels via tenders (operating at reduced capacity) and do not go ashore. • Seating areas are to be sanitized between transfers. • Vessel transfer procedures: <ul style="list-style-type: none"> a. No crew members are to be transferred to or from a vessel with active cases of COVID-19. b. Crew members are to be medically screened (temperature and pulse oximetry) prior to disembarking their vessel. c. Crew members are to be provided with a mask and gloves during the transfer. d. Install a foot bath with HOCL (100ppm), crew members step into the foot bath to decontaminate shoes. e. Mask and gloves are to be removed and discarded in waste container. f. Crewmembers will then be instructed to wash hands with soap and water.

	<ul style="list-style-type: none"> g. If hand washing facilities are not immediately available setup multiple buckets of HOCL (100ppm) for crew to sanitize hands. h. Crewmembers proceed to cabins to change clothes and shower. <p>Disembarkation of Asymptomatic Crew</p> <ul style="list-style-type: none"> • Disembarkation of Asymptomatic Crew to be conducted as per Interim Guidance for Mitigation of COVID-19 Among Cruise Ship Crew During the Period of the No Sail Order. • Discussed in section 3k. <p>Additional Resources</p> <ul style="list-style-type: none"> • Additional information and resources can be found on the CDC’s COVID-19 website Information Healthcare Professionals. <ul style="list-style-type: none"> a. Infection Control Guidance b. Clinical Care Guidance c. Clinical Specimen Collection d. Evaluation & Testing e. Potential Exposure & Risk Assessment f. Discontinuation of Quarantine <ul style="list-style-type: none"> i. Quarantine may be discontinued for asymptomatic crew who have had close contact with suspected or confirmed COVID-19 cases under the following conditions: <ol style="list-style-type: none"> 1. 14 days has passed since last exposure to a suspected or confirmed case (considering the last exposure date to case as Day 0); and 2. the exposed crew member has remained afebrile; and 3. the exposed crew member has not developed acute respiratory symptoms’
<p>3 i) Categorization of affected individuals into risk categories with clear stepwise approaches for care and management of each category</p>	<p>Risk Categories</p> <ul style="list-style-type: none"> • Quarantine of Direct Contacts – High Risk <ul style="list-style-type: none"> a. Person staying within same cabin, b. Cabin Steward, c. Person with face to face or was in closed environment, d. Persons travelling within same group, or e. Persons participating in common activities with symptomatic case. • Consider Isolation of Indirect Contacts – Low Risk <ul style="list-style-type: none"> a. Persons with casual contacts or b. Those who do not fulfill close contact criteria. <p>Isolation Policy</p> <ul style="list-style-type: none"> • Symptomatic individuals and Direct Close Contacts maximize use of staterooms that can have 100% fresh air. • Isolation cabins are segregated by deck and fire zone to maximize quarantine effectiveness. • Individuals identified as having confirmed or probable COVID-19 will be placed under isolation. <ul style="list-style-type: none"> a. Most patients will have mild symptoms and can remain on ship, in isolation, and be monitored until they are symptom free for 14 days. <p>Isolation Checklist</p> <ul style="list-style-type: none"> • Maximize use of individual isolation spaces/ staterooms. • Place signs on isolation areas to ensure they are clearly marked. <ul style="list-style-type: none"> a. Display CDC posters to increase awareness: <ul style="list-style-type: none"> i. <i>What you should know about COVID-19 to protect yourself and others</i> ii. <i>Stop the Spread of Germs Poster</i> • Provide facemasks for PUI with respiratory symptoms. • Give PUI information on constraints around isolation including meal protocol.

	<ul style="list-style-type: none"> • Provide PUI with direct medical contact information. • Explain emergency protocols. • Ensure supply of PPE and hand sanitizer is available for staff managing the case. • Ensure supply of soap, alcohol gel and tissues for patient. • Provide isolation area a dedicated mop, bucket, cloths, for decontamination using HOCL (100ppm) disinfectant. • Ensure clinical waste bags are available to dispose of PPE. • Ensure that all cutlery and plates are submerged in HOCl (100 ppm) for five minutes then washed in a designated pantry dishwasher. • Any persons attending quarantine guests must done appropriate PPE.
<p>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</p>	<p>Medical Care Plan</p> <ul style="list-style-type: none"> • Our contract with Equian provides assurance that patients will be seen at a local public or private hospital, dependent on the vessels’ position or port of call. <ul style="list-style-type: none"> a. Prior to movement in any US geographic area, a Coordination of Care Letter is provided to the USCG, outlining that Equian is responsible for and will coordinate patient needs with appropriate care, authorize care pursuant to our Company protocols, coordinate transportation, handle medical case management issues, provide a network for medical treatment and diagnostic services for our crew, assist with the placement of guarantees for payment for such medical services, and will work with local port agency regarding transportation and immigration issues for crew. • We have also contracted with the national ambulatory service company, <i>AMR</i>, for private ambulatory services. • All transports and evacuation are coordinated with USCG, HHS/ CDC, CBP and applicable authorities. <ul style="list-style-type: none"> a. For crew who need emergency medical attention that cannot be provided on board the ship, we shall coordinate with our medical care provider (Equian), shoreside healthcare facility, the CDC Quarantine Station having jurisdiction for the port, U.S. Coast Guard, the state and local health departments, and other government officials. • Vessels complete and submit Attestation of Hazardous Condition statement to the USCG prior to arrival in US Ports. <p>Medical Evacuation</p> <ul style="list-style-type: none"> • Medical Staff triage ill or exposed crew while the crew member is in isolation. Triage includes temperature check, pulse oximetry and Medical exam, including CXR and testing results from relevant laboratories. • Treatment of patients are done onboard, however at times if a situation is beyond the medical capabilities of the vessel, they will be referred shoreside and SMS/DEH/P038 GL1 – COVID-19 Evacuation Protocols will be followed. • Any critical cases that overwhelm our medical capabilities will be referred shoreside for expert medical care. • Disembarkation to be done in accordance with CDC Guidance for Disembarking Crew Members to Obtain Medical Care • Equian will arrange transportation in the form of a pre-approved vessel or chartered airlift to transport the patient to the hospital directly or to an ambulance. <ul style="list-style-type: none"> a. The ship’s tenders may be used to bring the patient to a private ambulance. • Individuals diagnosed with COVID-19 who leave the ship will not be allowed to return until meeting current CDC criteria for clearance and CBP/ USCG approval.
<p>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</p>	<p>Company Policy</p> <ul style="list-style-type: none"> • Our current policy, SMS/DEH/P038 GL1 – COVID-19 Evacuation Protocols, is directed towards crew, as we do not have passengers onboard. However, these procedures will be actively updated and modified based on future operations. • All movements to be done in accordance with the CDC’s Interim Guidance for Mitigation of COVID-19 Among Cruise Ship Crew During the Period of the No Sail Order. • All transportation logistics are to be done in accordance with established regulations, in cooperation and with the approval of USCG. <p>Repatriation & Travel Logistics</p> <ul style="list-style-type: none"> • Transportation and travel logistics for repatriation is dependent on regulatory requirements, guidance, vessel position and availability: <ul style="list-style-type: none"> a. For vessels defined as having an outbreak of COVID-19, commercial flights and public transportation shall not be considered for travel or repatriation. This also applies to the following voyage. <ul style="list-style-type: none"> i. Disembarkation Method of Asymptomatic Crew for Transfer or Repatriation to be completed in accordance with CDC’s Interim Guidance for Mitigation of COVID-19 Among Cruise Ship Crew During the Period of the No Sail Order <ol style="list-style-type: none"> 1. NCLH will give 72-hour advance notice to authorities of the port of disembarkation and the state/ county of residence for US-based crew.

2. NCLH will notify the respective national public health authorities for any repatriated crew.
 3. Onboard Medical Staff will medically screen disembarking crew for fever, cough, shortness of breath or [other symptoms](#) compatible with COVID-19.
 4. Crew members with known exposures to COVID-19 are to be transported separately from those with no known exposure.
 5. PPE will be provided to those who are disembarking a vessel, and face coverings are to be worn by asymptomatic crew during disembarkation and transportation.
 6. Crew members are to be instructed to stay home for 14 days and practice social distancing after reaching their destination.
 7. Crew members will not:
 - a. Stay overnight at a hotel at any point between disembarking and their final destination,
 - b. Use public transportation,
 - c. Enter the public airport terminal,
 - d. Take any commercial flight after the initial charter flight,
 - e. Have a layover that exceeds 8 hours and
 - f. Will have no interaction with the public during travel home.
- b. Additionally, for vessels defined as not being affected by COVID-19, transportation options may include chartered flights, commercial airlines, and ground transportation, with prior CDC approval.
 - c. Use of commercial transportation for crew members who are determined to have fully recovered from COVID-19, based on CDC criteria, and do not present a public health risk may occur as follows:
 - i. NCLH Medical Staff to provide the crew member with a medical certificate stating that the crew member has recovered and meets the CDC's criteria for discontinuing isolation.
 - ii. Medical certificate must also meet the requirements of the Dept. of Transportation [regulations](#).
 - d. On certain occasions, in order to repatriate crew, Embassy-provided charters may be available for nationals of that country. In these situations, all established company procedures will apply, and we will work with CDC in order to provide safe transportation means for all parties.
- We are working in cooperation with airlines in order to ensure compliance with established guidelines and protocols.
 - Private transportation (ex. Chartered buses) is provided for crew members disembarking a vessel with a defined outbreak.
 - Face coverings and gloves will be provided to those who are disembarking a vessel with a defined outbreak. PPE will also be provided for those disembarking the following voyage.
 - a. Face coverings are to be worn by asymptomatic crew during disembarkation and transportation.
 - Transportation partners varies depending on location and availability.
 - All chartered buses shall be cleaned and sanitized prior to re-use
 - Those disembarking a vessel defined as having a COVID-19 outbreak will be provided with the standardized CDC Letter concerning self-isolation and reporting upon returning home.
 - Those disembarking a vessel defined as having a COVID-19 outbreak will complete the Public Health Passenger Locator Form prior to debarkation, and are to be provided to Authorities, as requested.
 - Our company is in constant communication and cooperation with various Embassies, in order to ensure isolation facilities are secured which are approved by local health ministries or Embassy.
- Health Screening & Clearing Process**
- All staff will be wearing protective gear.
 - Hand sanitizing stations will be placed throughout the terminal.
 - The Medical Doctor will meet the CBP officers at the gangway.
 - The Ship's Medical staff will screen each crewmember prior to disembarking to ensure there are no visible symptoms of COVID19.
 - Anyone who shows symptoms will be removed from the cue and immediately isolated back onboard the vessel.
 - Crew members will be interviewed on their health status by the ship's medical team as well.

	<ul style="list-style-type: none"> • When needed, crew members will be given a fit to travel document signed by the Doctor. • Protective Protection Equipment (PPE) which includes gloves, goggles, and mask will be available to CBP, escort personnel and/or clearing officials if needed. • Six (6) feet of distance will be established from the CBP Officers and the crew; tape should be marked the floor where individuals must stop before coming forward and placing their documents on the table for review. • While documents are being reviewed everyone will be asked to step behind the tape again, in order to create special distancing and a controlled process. • Once crew clear CBP they will debark from the vessel and proceed to the terminal. <p>Crew Immigration Inspection</p> <ul style="list-style-type: none"> • Provide PPE to crewmembers interacting with CBP: <ol style="list-style-type: none"> a. Face Shield (surgical mask, etc.) b. Disposable gloves • Passport and other documents are to be held in front of crewmembers, and not placed in their pockets or bags. • Crewmembers are to be reminded to avoid touching face, even with gloves on. • All crewmembers advised to refrain from touching walls and doors unless necessary. • Crewmembers are to be advised to maintain appropriate distancing between themselves and the officials. <p>Crew Transferring Between or Returning to a Vessel</p> <ul style="list-style-type: none"> • Install a foot bath with HOCL (100ppm), crew members step into the foot bath to decontaminate shoes. • Mask and gloves are to be removed and discarded in waste container. • Crewmembers will then be instructed to wash hands with soap and water. <ol style="list-style-type: none"> a. If hand washing facilities are not immediately available setup multiple buckets of HOCL (100ppm) for crew to sanitize hands. • Crewmembers proceed to cabins to change clothes and shower. <p>Crew Referred to Shoreside Facilities</p> <ul style="list-style-type: none"> • Depending on the severity of the patient, once a case goes shoreside for medical attention, ideally, they are not brought back onboard. • The individual will go into isolation at a hotel with surveillance until they are approved for repatriation. • However, depending on recovery period and repatriation timeline, some cases may be allowed back onboard after a full recovery, are asymptomatic and receive a negative COVID-19 test.
<p>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</p>	<p>Company Policy</p> <ul style="list-style-type: none"> • Our COVID-19 Guidelines and procedures, in conjunction with our partnership with Equian, will minimize impact on State and local government, and remove burden on Federal, State or local governments resources. <ol style="list-style-type: none"> a. Prior to movement in any US geographic area, a Coordination of Care Letter is provided to the USCG, outlining that Equian is responsible for and will coordinate patient needs with appropriate care, authorize care pursuant to our Company protocols, coordinate transportation, handle medical case management issues, provide a network for medical treatment and diagnostic services for NCL crew, assist with the placement of guarantees for payment for such medical services, and will work with local port agency regarding transportation and immigration issues for crew. b. We have also contracted with the national ambulatory service company, AMR, for private ambulatory services.
<p>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</p>	<p>Company Policy</p> <ul style="list-style-type: none"> • Our COVID-19 Guidelines and procedures, in conjunction with our partnership with Equian, allows for our treatment and evacuation plans to be executable in all US geographical areas. <ol style="list-style-type: none"> a. Prior to movement in any US geographic area, a Coordination of Care Letter is provided to the USCG, outlining that <i>Equian</i> is responsible for and will coordinate patient needs with appropriate care, authorize care pursuant to our Company protocols, coordinate transportation, handle medical case management issues, provide a network for medical treatment and diagnostic services for NCL crew, assist with the placement of guarantees for payment for such medical services, and will work with local port agency regarding transportation and immigration issues for crew. b. We have also contracted with the national ambulatory service company, AMR, for private ambulatory services.

3 n) Cleaning and disinfection protocols for affected cruise ships

Vessel Decontamination & Certification

- Establish a working partnership with Sabre Oxidation for sanitation, continual improvement initiatives & future regulatory guidance.
 - a. Decontamination of Vessels prior to initial return to service with Guests and COVID-19 free certification prior to re-opening.
 - i. Sterilization of the entire ship interior - All ducting and interstitial spaces treated, water or wastewater tanks treated, and all refrigeration or freezer spaces treated
 - ii. Issuance of consensus opinion letter from an Independent Technical Advisory Committee stating that pervasive sterilization was achieved throughout the ship and is safe for crew and passenger use.
 - b. Options for COVID-19 free re-certification following cruises with suspected cases.

Onboard Sanitation

- We partnered with [EcoloxTech](#), a Miami-based company to provide our ships with equipment on board to generate Electrolyzed Oxidizing Water, hypochlorous acid (HOCl), a powerful oxidant that kills bacteria, bacterial spores, and viruses including enveloped virus such as nCOV-19. The system produces a disinfectant made from salt, water and electricity that is all-natural, pH neutral, non-toxic and non-hazardous.
- This is an all-natural, eco-friendly and FDA and USDA Organic safe alternative, further reducing our reliance on the standard toxic chemicals. In 2019, the FDA approved a food contact sanitizer that is generated on board and we have expanded the usage of this product aboard ships to include the sanitation of fruits and vegetables, OPRP response and general daily sanitation. Another added benefit is the reduction in accidents by limiting risks associated with the transportation, handling and manual mixing of chemicals.

Guest Accommodations & Public Areas

- Replacement of existing filters, vessel-wide, with Hospital Grade HEPA 13 filters.
- All suites and staterooms sanitized (wiped down) and fogged each service.
- Provide mask and gloves for each occupant.
- Increased frequency of sanitation in Guest corridors.
 - a. Nightly fogging of all Guest corridors with HOCl, 100 ppm.
- Reduced collateral in cabins and remove reusable items such as books etc.
- Stateroom bathrooms cleaned, disinfected and fogged each service.
- Procedures already established for the timely removal of food items from cabins to prevent spoilage and cultivation of microorganisms and bacteria.
- All public areas will be cleaned, sanitized and fogged between cruises.
- Onboard venue cleaning frequencies:
 - a. Elevators - every 30mins
 - b. Public spaces - 1hr in low times; continuous sanitation during peak hours
- Hand sanitizers installed on all Elevator landings along with signs inviting Guests to use.
- Sanitizer dispensers available at various public areas and crew members stationed at key onboard venues to monitor and guide Guests to sanitize hands.
- Theaters will be fogged after each show and kept closed when not in use.
- Cleaning and disinfection of all toys, games and Kids' Club facilities twice daily and/or after every use.
- All duty-free shops and entertainment venues will be disinfected twice daily before and after service.
- All recreational equipment will be disinfected every 2 hours before guest usage.
- Sanitizer dispensers available at entrances and Hosts are available to guide Guests to sanitize hands.
- Robust sanitation and disinfection at the gangways.
 - a. Additional hand sanitizers available in areas where handwashing options are not available (ex. Gangways).

Food Hygiene Practices & Standards

- Strict monitoring of the current practice of clean-as-you-go and sanitation between each task.
- Additional personnel assigned for continuous sanitation in Galleys during operational hours.
- Guests are encouraged to wash hands frequently during the day and prior to meals.
- Crew assigned at entrances of F&B venues to assist and monitor Guests' hand sanitation.

- Guest seating reduced to provide additional space.
- Crew will monitor the Guests count and offer alternative dining options to Guests when capacity is reached.
- Self-service for Guests is suspended in all restaurants and satellite F&B stations (coffee stations, beverage stations etc.)
- Mandatory frequent handwashing in accordance with Company standards.

Medical Center

- Maintenance, disposal and disinfection of medical center and equipment as per Company policies.

Additional information and guidance can be found at:

- <https://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html>
- <https://www.cdc.gov/quarantine/cruise/management/interim-guidance-no-sail-order.html>

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.

We have designed our COVID-19 Guidelines and procedures, in conjunction with our strategic partnerships, to minimize the impact on and remove burden on Federal, State or local governments resources, and the US 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](#).

Our plan is consistent with, and will remain in alignment with, the most current CDC recommendations and guidance for any public health actions related to COVID-19. In addition, we will liaise with relevant CLIA working groups and the CDC's Cruise Ship Task Force, directly, for further updates, guidelines or recommendations.

Please use the space below for any additional plan elements considered by the cruise line.

Looking Ahead:

With policies and procedures set for the short-term, we can begin evaluating new technologies and programs for potential piloting, deployment or implementation which may have a longer timeline.

- Consideration for terminal access through de-contamination tunnels or Archway Walk-Thru UVC Portal Sanitizer, similar to technologies being used at the White House.
- Exploring the option for two types of temperature sensing: Individual and Group Monitoring.
 - a. Individual Sensing:
 - i. Temperature Detection in front of large venues (restaurants, theaters etc.)
 - ii. Portable and can be placed around the vessel, as needed
 - iii. Possible accessory for pulse oximetry
 - b. Group Monitoring & Sensing:
 - i. Temperature Detection screening technology at gangways.
 - ii. Temperature screen along with Archway metal detection.
 - iii. Additional feature to Security/ Surveillance facial recognition technology.
- Fresh Air Ventilation Systems to eliminate recirculation and use all fresh air onboard
 - a. Consider installation of Hydroxyl System which cleans air handling units, pushes hydroxyl clean air into the cabins for continual sanitation of the air and cabin surfaces, fights and eliminates odor, and pushes UV light through aligned crystals.
- Continual enhancements to onboard Medical Centers and isolation cabins may include installation of Air Sanitizing Troffers (UV).
- Consideration for UVC down lighting installation in bathrooms, elevators and reception desks.
- Consideration for monthly treatment of all touch points in Public Areas and Guest accommodations with residual anti-microbial agent.
- Option for on-site and regular cleaning verification through ATP Testing.
- Potential development of Stateroom E-Concierge platform that would allow for real-time health diagnostics of occupant.

Service Partners:

In order to develop a robust management plan and ensure continued successful operations for our vessels, we have developed partnerships with several industry-leading service providers.

- **Cleveland Clinic - Florida**
 - A valued partner for over a decade, Cleveland Clinic is globally recognized and consistently one of the Nation's Top Ranked healthcare systems.
 - A 24/7 Remote ER Telemedicine access for all our vessels in the event of an emergency and for general patient second opinion and support.
 - Additionally, supporting the ships with various forms of educational engagement through our Corporate Medical Summit, Training Material and Webinar series.
- **Tritan Software**

- Tritan SeaCare® Onboard provides the ability for Public Health personnel, including medical teams onboard and shoreside, to manage their Communicable Disease (CD) reporting, as well as their Public Health monitoring, management, and compliance.
- **Sabre Oxidation**
 - Sabre Oxidation is a privately held bio-protection technology company, which has over two decades of experience in developing and deploying bio-response, hazardous materials sterilization and large-scale remediation. Sabre is recognized by regulatory and industry leaders as an authority on biodefense and science-based solutions to complex biological and chemical problems. Sabre’s services provide a comprehensive approach, encompassing prevention, protection, and response.
 - Starting with the US Capitol Anthrax Response in 2001, Sabre has provided technology and expertise to help prepare for, prevent and efficiently remediate biological and chemical contamination events – ranging from naturally-occurring pathogens (e.g., avian influenza; murine minute virus; listeria; salmonella; clostridium species; toxic mold) to bioterrorism (e.g., anthrax; classified bioweapons at domestic and foreign locations including the bioweapons facilities in the former Soviet Union).
 - Under US federal law, Sabre has the only legal technology and process for the sterilization of any structures (mobile or fixed) from any and all microorganisms, including a virus such as COVID-19.
- **Equian**
 - Equian is our medical services provider, responsible for and will coordinate patient needs with appropriate care, authorize care pursuant to NCLB protocol, coordinate transportation, handle medical case management issues, provide a network for medical treatment and diagnostic services for our crew, assist with the placement of guarantees for payment for such medical services.
- **UNIMED**
 - A leading global provider of medical supplies, equipment, and services to remote industries for over 40 years.

Attachments:

- **Company Policy – Outbreak Prevention & Response Plan for Interim Period**

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: