

**EMERGENCY STATE
RESPONSE PLAN IN THE EVENT OF CONTAGIOUS COVID-19 CASES
TRANSMITTED BY CRUISE SHIPS AT THE PORT OF PATRAS**



Document Composition

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1. Introduction

The purpose of the present Emergency State Response Plan is to define the procedures that must be followed by every party involved, in cases where suspected, probable or confirmed SARS CoV-2 cases-transmitted by passengers and cabin crew of cruise ships -are detected at Patras Port Authority S.A.

The present rescue plan will be activated when passengers or crew members falling under the definition criteria of suspected or confirmed cases of the new coronavirus strain are detected.

The Plan is amended immediately, whenever the guidelines/recommendations of the competent national authorities regarding the progress of the pandemic are revised.

2. Maximum number of cruise ships and passengers

Patras Port Authority S.A can accommodate a certain number of cruise ships and passengers per day and for the entire duration of the touristic season in order to ensure the effective management of suspected or confirmed COVID-19 cases.

These number limitations are communicated to the General Directorate of Shipping and Island Policy, the Regional Tourism Services, the General Secretariat for Civil Protection and to the competent local health and coast authorities.

Depending on the epidemiological data and other evidence, these limitations can be modified, when necessary.

3. Definitions

“Contingency port”: a port ensuring the emergency plans’ interoperability of ports and ships, between of which there is an agreement for the management COVID-19 outbreak, including the complete evacuation of ships and the quarantine and isolation procedures of the contacts/cases when needed. Transit port.

“Transit port”: a port serving as an interim terminal to a vessel’s route, where passengers embark for excursions.

“Home port”: a port where passengers embark at the beginning of a cruise and disembark at the end. Home port must always meet the conditions of a contingency port.

4. Roles and Duties

4.1 Crisis Management Team

Crisis Management Team is responsible for updating, supervising, implementing, coordinating and assessing the implementation of the Response Plan.

Crisis Management Team activates the response plan depending on the spread of the disease and in accordance with the guidelines of the Ministry of Health. It is also responsible for updating the public (press conferences, press releases) in collaboration with the bodies involved.

Crisis Management Team is comprised of the following bodies:

- a) Western Greece District (General Directorate of Public Health and Social Welfare of Western Greece District)
- b) Patras Coast Guard Headquarters
- c) Patras Port Authority S.A (OLPA)
- d) National Public Health Organisation (EODY)
- e) General Secretariat for Civil Protection
- στ) Police
- ζ) National Emergency Aid Centre (EKAB)

Coordinating Organisation of the Crisis Management Team is the Directorate of Public Health and Social Welfare of Western Greece District

4.2 Patras Port Authority S.A.(OLPA)

Patras Port Authority as the managing body of the Port of Patras provides the premises and facilities which will be used for the implementation of the present Plan. The Port of Patras has been designated as a Contingency port, while also acting as an interim terminal of cruise ships (Transit port).

Determines the maximum possible number of cruise ships and passengers that can visit the port of Patras either as contingency or transit port whether daily or for the entire duration of the touristic season.

Acts according to the decisions and the directives designated by the competent Authorities/Agencies regarding the cases response.

Implements the measures for the prevention of coronavirus spread within its area of responsibility.

Provides the competent Authorities/Agencies the necessary premises for the quarantine of passengers and crew members -by fulfilling its role and within its capacity- for the initial management of the emergency state.

Takes the necessary precautions against the virus spread.

Provides and distributes adequate PPE to its staff for their protection against the virus.

Trains the staff involved on the implementation requirements of the present Plan.

4.3 Coast Guard

Gives instructions ensuring the arrival of the cruise ship at the correct spot-position at the port or the correct mooring dock in consultation with the competent body administering and operating at the port.

Takes all the appropriate order measures ensuring the free passage of ambulances or other vehicles of the competent Services (Regional Health Services, National Public Health Organisation etc.) inside the port premises.

Notifies Patras Port Authority S.A about the necessary equipment (portable railings, marking tape) for the appropriate spatial arrangements provisioned by the present plan.

Allocates the proper number of executives and operational means for the implementation of the present plan within its capacity.

4.4 Police

Contributes by providing -within its area of responsibility- equipment, means and staff required for the implementation of the present Plan.

4.5 National Public Health Organisation (EODY)

In collaboration with the General Secretariat for Civil Protection assesses every Maritime Declaration of Health found positive to COVID handed in by the cruise ships and suggests which additional measures should be implemented by the cruise ship and Patras Port Authority S.A as host port.

Provides equipment, means and staff for the conduction of SARS CoV-2 tests and for the relevant health checkups to passengers and crew members of the cruise ship.

Carries out the necessary contact tracing of 2019-nCoV cases.

4.6 Directorate of Public Health and Social Welfare of Western Greece District

Is responsible for the implementation of the International Health Regulations (IHR).

Is responsible for the ship's free pratique and for providing guidelines on how to manage COVID cases and their contacts.

Gives its consent for the departure of the ships.

4.7 Cruise ships and Shipping Companies

They comply with all the necessary measures determined by health protocols regarding their activities (under reference number Δ1β/ General Register off.32418/25-5-2021, Online Publication Number: 6X0Λ465ΦΥΟ-089).

They determine, implement, update, and control the response plan on board in order to manage the outbreak COVID 19 cases of the cruise ship.

They cooperate fully with the competent authorities for the emergency state management.

4.8 General Secretariat for Civil Protection

Is notified by the National Public Health Organisation about the incident and receives all the necessary information.

Assesses the information and the data received and suggests which additional measures should be followed by the ship, Patras Port Authority S.A and the rest of the Bodies/Agencies.

Provides-if necessary- equipment, means and staff for the implementation of the present Plan.

4.9 National Emergency Aid Centre (EKAB)

Provides means and staff for the conveyance of patients from Patras Port to their receiving points.

Provides -if necessary- any other assistance for the implementation of the present Plan.

4.10 Ship Suppliers

They comply with the requirements of the pre-boarding health check.

They comply with all the necessary measures determined by health protocols relative to their activities.

4.11 Users of Passenger Terminal Facilities- Passengers

They take all the necessary measures and follow the protection rules limiting the spread of SARS-CoV-2.

They comply with all the necessary measures regarding temperature screening and the availability of all the necessary documents.

4.12 Travel Agencies cooperating with Cruise Ships and Cruise Management Companies

Train the tour and shore excursions personnel on how to handle suspected or confirmed COVID 19 cases.

They comply with all the necessary measures determined by health protocols relevant to their activities in order to limit the spread of SARS-CoV-2

They cooperate with travel agents for the management of passengers on matters regarding social distancing regulations and separation from other passengers.

5. Covid Cases Management.

5.1 Definitions COVID -19 suspected and confirmed cases and of COVID-19 “contacts”

Clinical Criteria

A Patient with at least one of the following symptoms [1]:

- cough
- fever
- shortness of breath
- sudden onset of anosmia, ageusia or dysgeusia

Diagnostic imaging criteria

Radiological evidence showing results compatible with COVID-19

Laboratory criteria

Detection of SARS-CoV-2 nucleic acid in a clinical specimen

Epidemiological criteria

At least one of the following two epidemiological criteria:

- close contact [2] with a confirmed COVID-19 case in the 14 days prior to onset of symptoms
- having been a resident or a staff member in a residential institution for vulnerable people where ongoing COVID-19 transmission has been confirmed.

Case classification

Possible case: Any person meeting the clinical criteria.

Probable case: Any person meeting the clinical criteria with an epidemiological link

OR

Any person meeting the diagnostic imaging criteria.

Confirmed case:

Any person meeting the laboratory criteria.

[1] Additional less specific symptoms may include headache, chills, muscle pain, fatigue, vomiting and/or diarrhoea.

[2] A “contact” of a COVID-19 case is any person who has had contact with a COVID-19 case within a timeframe ranging from 48 hours before the onset of symptoms of the case to 14 days after the onset of symptoms. If the case had no symptoms when diagnosed, a “contact” person is defined as someone who has had contact with the case within a timeframe ranging from 48 hours before the sample which led to confirmation was taken, to 14 days after the sample was taken. The associated risk of infection depends on the level of exposure, which will, in turn, determine the type of management and monitoring.

Based on level of exposure, contacts can be classified into:

Close Contacts (high-risk exposure)

Close contact of confirmed COVID-19 case is a person:

- having had face-to-face contact with a COVID-19 case at a distance within <2 metres for ≥15 minutes
- having had physical contact with a COVID-19 case
- having unprotected direct contact with infectious secretions of a COVID-19
- who was in a closed environment (e.g., household, classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for more than 15 minutes
- who was a fellow-passenger in the same aircraft, sitting at a distance within two seats (in any direction) of the COVID-19 case. A travel companion or a person providing care, and crew members serving in the section of the aircraft where the patient was seated (if severity of symptoms or movement of the patient in the aircraft indicates more extensive exposure, passengers seated in the same entire section of the aircraft or all passengers on the aircraft may be considered close contacts).

- who is a healthcare worker or other person providing care to a COVID-19 case or laboratory workers handling specimens from a COVID-19 case, without recommended personal protective equipment or with a possible breach of the personal protective equipment.

Contacts (low-risk exposure)

A contact of confirmed COVID-19 case is a person:

- having had face-to-face contact with a COVID-19 case within 2 metres for <15 minutes
- who was in a closed environment with a COVID-19 case for < 15 minutes
- travelling together with a COVID-19 case in any mode of transportation (except if travelling by aircraft as specified above in the point referring to close contacts-high risk of exposure)
- A healthcare worker or other person providing direct care to a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case, wearing the recommended personal protective equipment

Longer duration of contact is assumed to increase the risk of transmission. The 15-minute limit is arbitrarily selected for practical purposes. Public health authorities may consider extending the limit and trace contacts including people who had a shorter duration of contact with the COVID-19 case, based on individual risk assessments.

6 Arrivals at the Port of Patras

6.1 Report on suspected and/or confirmed COVID 19 cases by the cruise ships prior to their arrival

Once a probable case is detected on board, the risk of the incident should be assessed (in collaboration with the Competent Port Health Authority and the ship officers) during the trip and until the arrival at Patras Port in order to be determined how the case should be handled.

The person in charge of the cruise ship notifies immediately with Health Authorities about the probable or confirmed case so as to specify whether the necessary resources for the transportation, the isolation, the laboratory diagnosis and medical care of the probable or confirmed COVID 19 case are available at the port. The ship may be called to arrive at a different port in close proximity to its programmed destination, if the resources are not available and if the health state of the probable or confirmed COVID 19 case allows it.

It is important that arrangements are made as soon as possible in order to minimize the stay of the probable cases on the cruise ship. After the risk assessment, the competent Health Authorities decide on the necessary measures to be taken on board. Health Authorities may decide in consultation with the ship operator to terminate the cruise in order to limit the spread

of the virus on board. For instance, the detection of three or more confirmed cases staying at two -or more- different cabins and not traveling together (with the exception of the cases detected during the health screening on the day of embarkation) could be considered as possible ongoing transmission on board. In addition, the termination of the cruise while the passengers are still onboard may be considered if the measures -including contacts management- cannot be fully implemented.

In the cases that mooring at Patras Port is decided, the General Directorate of Public Health and Social Welfare of Western Greece District points out the Hospitals where the cases in need of medical attention will be transported depending on the Hospitals capacity and their availability at that moment and on the number of cases in need of medical attention.

In cases when it is required for the passengers and crew members of the cruise ship to be quarantined, the transportation procedures of the individuals placed on quarantine will be implemented as outlined in the emergency state plan of the ship.

In cases when a passenger or a crew member with COVID 19 symptoms is detected, then the algorithm of Appendix B (B1 B2) of the General Directorate for Public Health and Life Quality with ref. no Δ1α/ General Register off. 28690 / 10-5-2021 provisioning for the isolation of the passenger and the tracing and management of their contacts will be followed. Furthermore, the contact management of suspected or confirmed COVID 19 cases is carried out according to the algorithm in Appendix C of the document of the General Directorate for Public Health and Life Quality with ref.no Δ1α/ General Register off. 28690 / 10-5-2021 (See Appendix I and II of the present document).

The repatriation of the cruise ship's crew members is carried out in accordance with the current legislation and falls on the responsibility of the shipping company.

If required, the isolation area of Patras Port Authority located at the Northern port of Patras may be used in accordance with the instructions of Patras Port Health Authorities (See Appendix III of the present document).

6.2 Detection of suspected cases during the disembarkation of passengers and crew members of the cruise ship

The disembarkation of passengers and crew members takes place at the passenger terminal at the Northern Port of Patras so that the checking of the required documents (when required) and

the health screening assessing the symptoms of COVID-19 or other respiratory diseases and the contactless temperature screening will be conducted

Increased temperature over 38 ° and /or common symptoms of the disease and / or the positive result to health screening may lead to further examination of the individual by healthcare workers that will take place at the designated isolation area (See Appendix III of the present document).

Probable cases must wear a surgical face mask, once detected, and be transported to the appropriate isolation area for the probable COVID-19 cases located at the Northern Port of Patras. In the isolation area operating under the supervision and responsibility of the Port Health Authority, the following have been provisioned:

- Ensuring the necessary infrastructures for hand hygiene.
- Ensuring adequate equipment required for the cleaning or disinfection within the isolation area and ensuring the daily deep cleaning of the isolation area.
- Placing suitable pedal-operated refuse bags in the bin.
- Ensuring that used bins remain inside the isolation rooms.
- Placing of a sharps' disposal container in the isolation area.
- Setting up a trolley outside the door for the PPE.
- Placing an appropriate container with a lid outside the door for equipment that requires disinfection or sterilization.
- Stocking of PPE supplies, disposable napkins, and paper rolls for examination tables outside the isolation area.
- Ensuring adequate room ventilation.
- Removing all non-essential furniture and items and ensuring that the remaining furniture and items are easy to clean.
- Posting signs on the door indicating that the space is an isolation area.
- Ensuring the availability of a telephone line or other method of communication in the isolation area.
- Keeping a record of all staff working in the isolation area, for possible contact tracing.
- Ensuring that visitors consult with the healthcare worker in charge before being allowed into isolation areas. The healthcare worker in charge is also responsible for keeping a visitors' record.
- Keeping the patients' personal belongings to a minimum.
- Keeping water cups, tissues and all items necessary for attending to personal hygiene, within the patients' reach.

The isolation area is located inside the Northern Port of Patras (See Appendix III of the present document) and has a separate entrance, through which passengers suspected of COVID-19 are transported, in order to prevent the transmission of the disease to other people.

If a passenger or a crew member with COVID 19 symptoms is detected, the algorithm in Appendix B (B1 B2) of the document of the General Directorate of Public Health and Life Quality with Ref. No. Δ1α/General Register.off 28690 / 10-5-2021 must be followed along with immediate isolation of the patient, investigation, and management of their contacts. Furthermore, the management of possible or confirmed COVID 19 cases is carried out according to the algorithm in Appendix C of the document of the General Directorate for Public Health and Life Quality with Ref. No. Δ1α/General Register.off 28690 / 10-5-2021 (See Appendices I and II of the present document).

7. Departures from Patras Port

Those entering the passenger terminal of the Northern Port of Patras (passengers, visitors, store personnel, ship crew, supplier's staff) are subjected to contactless temperature screening in the presence of an executive from the National Public Health Organisation or from the Directorate for Public Health and Social Welfare of Western Greece District.

In cases when a person with fever or with other common symptoms of COVID-19 is detected, they should not be allowed to enter the passenger terminal or the ship. These specific individuals and their close contacts are transported to an appropriate place in order to be checked by an executive of the National Public Health Organisation or of the Directorate of Public Health and Social Welfare of Western Greece District and for the required actions taken to be decided upon (ban on entering the building, SAR -CoV-2 examination, transportation to Hospital).

In cases when a passenger or a crew member with COVID 19 symptoms is detected, the algorithm in Appendix B (B1 B2) of the document of the General Directorate for Public Health and Life Quality with Ref. No. Δ1α/General Register.off 28690 / 10-5-2021 must be followed along with the immediate isolation of the patient, investigation, and management of their contacts. Furthermore, the management of possible or confirmed COVID 19 cases is carried out according to the algorithm in Appendix C of the document of the General Directorate for Public Health and Life Quality with Ref. No. Δ1α/General Register.off 28690 / 10-5-2021. (See Appendices I and II of the present document).

If the conveyance and transportation of a passenger or crew member to the Hospital is deemed necessary, then the National Emergency Aid Centre (EKAB) is notified about the need to convey and transport the person to an appropriate Hospital. The person transported to the Hospital by an ambulance of the National Emergency Aid Centre remains at the Isolation Area of the Northern Port of Patras (See Appendix III of the present document) until they are conveyed by the ambulance.

8. Safe passenger flow during embarkation and disembarkation from the cruise ship

For the safe flow of passengers while embarking and disembarking, the proper signposting, personnel, and/or physical indicators including the following shall be used:

- Indicating one way to follow / the passengers flow as they enter the passenger terminal, pass through the checkpoints, embark on the ship, or get on the transport buses.
- Using physical indicators such as floor stickers at the passenger terminal to direct the passengers.
- Removing any unnecessary seats and obstacles from the passenger terminal

9. Maintaining and supporting physical distancing at the passenger terminal of Patras

Northern Port

- The physical distancing of at least 1.5 meters is maintained along with the use of a face mask in all interior and exterior spaces of the passenger terminal.
- Only passengers, crews, and other shore/passenger terminal personnel, working staff, and contractors are allowed to enter the passenger terminal's interior facilities, in order to avoid congestion and to maintain physical distancing measures.
- Contactless temperature screening is carried out at the entrance to the passenger terminal
- The number of arrivals of the cruise ships and the duration of their stay at the Port of Patras ensures that passengers traveling on different ships do not come in contact at the same place and at the same time.
- Posters containing public health information for the prevention of the spread of pathogenic agents to passengers and employees of the passenger terminal have been placed at appropriate access points of the terminal (inspection area, waiting room, toilets, etc.)
- The minimum number of users of public toilets is set so as to maintain a physical distancing of 1.5 meters. The toilets are ventilated only with fresh air.
- The appointed staff of the passenger terminal oversees the process and the compliance with social distancing measures.

10. Operational Plan

10.1 SHIP ARRIVAL WITH A PROBABLE CASE

10.1.1 PHASE A. COLLECTION - EXCHANGE OF HEALTH - PROCEDURAL DATA

10.1.2 Activating of the emergency response plan

10.1.3 Providing / collecting information by passengers / crew

10.1.4 Specification of contact details/ data communicated by the captain:

- Shipowner / Ship Managing company
- Shipping Agency
- Ship classification society
- Other authorised individuals/ companies
- List of pharmaceutical and medical ship equipment
- Quantity of available drinking water supplies
- Quantity of food supplies
- Quantity of liquid / solid waste

10.1.5 Ensuring the availability of a sufficient number of personal protective equipment and disinfectants in cooperation with the Shipowner / Ship Managing company.

10.1.6 Notifying the rest of the bodies involved to be in standby mode both operationally (staff) and materially-technically (installation of facilities) according to the emergency state plan

10.1.7 Providing passengers with sanitation facilities, seats, and examination tables, where medical history and clinical examination will be conducted

10.1.8 Ensuring the transportation of close contacts in quarantine hotels, if necessary.

10.2. ACTIVATION OF LOCAL OPERATIONAL CENTER & PREPARATORY ACTIONS FOR THE IMPLEMENTATION OF THE LOCAL EMERGENCY PLAN

10.2.1 Fully operational (staff) and material-technical activation of the Local Operational Center.

10.2.2 Updating of Maritime Health Declaration accompanied by:

A detailed note which will be describing

- ◆ Health status of patient / other crew members
- ◆ Measures - actions taken on board.

10.2.3 Notifying and passing the abovementioned documents to National Public Health Organisation (EODY) – MINISTRY OF HEALTH (CENTRAL SERVICE)

10.2.4 Allocating and providing the individuals involved in the emergency plan with entry IDs by the Local Operational Center in order to minimize contact with the ship's crew/passengers

10.2.5 Designation of ship arrival space.

10.2.6 Designation of sanitation, accommodation, and resting places at the predetermined point

of arrival which will be used by the personnel involved.

10.2.6 Calling a meeting / Informing other collaborating bodies about the activities falling into their capacity

10.3 ASSESSMENT OF THE PLAN'S IMPLEMENTATION

The assessment of the implementation of the plan will be carried out by the crisis management team. The main purpose is to assess the course of the plan, to provide feedback on the operational design, and to intervene in the modus operandi of the plan not only at the service-providing but also at the administrative level.

THE EMERGENCY RESPONSE PLAN AGAINST PROBABLE OR CONFIRMED CASES OF SARS CoV-2 is constantly supplemented, expanded, and specified according to COVID 19 situation update and the recommendations of the Ministry of Health and the National Public Health Organisation.

11. Communication and information management

Main means of communication between the bodies involved in the implementation of this Plan are the fixed network and mobile telephony. Information is also exchanged via email, fax and in meetings. Wireless network can also be used as a means of communication, depending on the body involved.

Communication between the bodies involved should be directly addressing the appropriate person or body and the information exchanged should include all the necessary data regarding the effective implementation of this Plan.

The following Table lists the contact details of each Body involved in the implementation of this Plan.

Body	Name of Representative Contact details	Name of Alternate Representative Contact details
Directorate for Public Health and Social Welfare of Western Greece District	Sofia Simeonidou +306936913932 s.symeonidou@pde.gov.gr	Argirios Angelopoulos +306976060126 ddykm@achaia.pde.gov.gr
Central Coast Guard Headquarters of Patras	Commander of Coast Guard Kolovou Panagiota +306973373275 patra@hcg.gr	Lieutenant of Coast Guard TSAGGETAS Stefanos +306956572619 patra@hcg.gr
Patras Port Authority S.A (OLPA)	Dimitris Coletsos +306951792699 dcoletsos@patrasport.gr	Stavros Antipas +306951787334 danap@patrasport.gr

Body	Name of Representative Contact details	Name of Alternate Representative Contact details
National Public Health Organisation (EODY)	Charalambos Bakopoulos +306945795948	Christos Frangopoulos +306942484648
General Secretariat for Civil Protection	Panagiotis Sotiropoulos +306944567559	Gerasimos Maratos +306944918431
National Emergency Aid Centre (EKAB)	166 2610 635 950 patra@ekab.gr	
Police	100	

12. Training

Patras Port Authority S.A. (OLPA) trains its staff involved in the implementation of this Plan in order to be able to fully meet the present plan's requirements.

Training may include the involvement of staff in simulation exercises.

13. Cleaning and Disinfection of premises

13.1 Cleaning and disinfection guidelines after the stay of a suspected or confirmed COVID-19 case in a public place other than healthcare facilities

In cases when a suspected or confirmed case of COVID-19 stays in a public place other than healthcare facilities (e.g., waiting room of a public building, offices, room for patient isolation, etc.), after their departure/removal from that place, the room should be ventilated with fresh air for at least 1 hour and then thoroughly cleaned and disinfected.

According to the scientific data available so far, all potentially contaminated surfaces (items included) should be cleaned first with neutral detergent, abrasives and then, when dry, they should be disinfected with:

- ✓ fresh sodium hypochlorite solution with at least 0.1% concentration [dilution 1:50 (20ml: 1000ml) if household chlorine bleach with initial concentration 5% is used, equivalent to 1000 ppm of available chlorine] for at least 1 min. Sodium hypochlorite solution should be prepared before use and used within 24 hours. In cases when the initial concentration of sodium hypochlorite is other than 5%, the calculation of the required dilution for a final concentration of 0,1% (1000 ppm of available chlorine) is obtained by the following formula:

[% initial concentration of sodium hypochlorite /% desired final concentration] - 1 = Total molecules of water for each molecule of sodium hypochlorite

- ✓ 70-80% ethanol-based solution for at least 1 min, in cases when the surface may be damaged by the use of sodium hypochlorite
 - ✓ any disinfectant, approved by the National Organisation for Medicines (EOF), with proven activity against enveloped viruses (virucide), in accordance with the manufacturer's instructions and national legislation concerning the effective (used as long as recommended) and safe use of the product.
-
- Splashing should be avoided while cleaning and disinfecting.
 - Spraying the room and nebulization should be avoided as methods of disinfection. Spraying may cause the production of infectious aerosols, its effectiveness is uncertain, and it carries an increased risk of exposing the user to toxic substances.
 - Surfaces with which the suspected or confirmed case has been in frequent contact should be cleaned and disinfected more frequently than usual. These surfaces include: doorknobs and handles, telephones, desks, computers, keyboards, switches, handrails, chairs, armchair armrests, table surfaces, elevator buttons, etc.
 - Particular attention should be paid to items that are visibly soiled/contaminated with biological secretions (saliva, respiratory secretions), as well as toilets, sinks, and sanitation spaces in general.
 - It is recommended that the cleaning equipment (cloths, sponges, paper, mop, etc.) be disposable or used exclusively for this space, if possible. In the case that cleaning equipment is not disposable, it must be cleaned and disinfected after each use with 0.1% sodium hypochlorite solution or with a virucidal disinfectant solution
 - Recommended personal protective equipment for cleaning staff includes:
 - ✓ Surgical mask
 - ✓ Disposable long-sleeved gown, waterproof (or water-repellent and additionally an plastic apron)
 - ✓ Disposable gloves
 - ✓ Safety Goggles
 - The correct and safe way of application, removal and disposal of personal protective equipment must be followed (along with frequent hand hygiene, in accordance with the instructions of the National Public Health Organisation).
 - Hand hygiene should always be performed after cleaning, disinfecting, and disposing of personal protective equipment: washing with soap and water for at least 20 seconds or, if this is not possible, by using an antiseptic solution containing 60-95% ethanol.

- Textiles (curtains, bedcloths clothes, etc.) must be washed at a temperature \geq of 60 oC with the addition of detergent. If this is not possible due to the textile material, special textile-specific products containing sodium hypochlorite or disinfectants shall be used. In cases when certain items with textile covering cannot be cleaned and disinfected or washed as described above (e.g. upholstered furniture or mattresses), steam cleaning may be applied.
- Textile shaking should be avoided in order to minimize the possibility of the virus spread through the air.
- All garbage/ waste of the spaces where probable or confirmed COVID-19 were treated, must be regarded as infectious hospital waste and collected in accordance with the procedures of the health facilities and national legislation.
- Finally, it is recommended to keep the contact details of the cleaning staff of the suspected or confirmed cases, for possible contact tracing and monitoring for 14 days after cleaning.

13.2 General guidelines for ventilation, cleaning and disinfection of public spaces during the COVID-19 pandemic.

For the cleaning of public spaces visited by the public, it is recommended to use different cleaning and disinfection equipment compared to those used by the employees. In particular, the following are recommended:

- Adequate natural ventilation (e.g., opening the windows, use of fans).
- Air recirculation should be avoided.
- Frequently used /touched surfaces should be cleaned (and if possible disinfected with disinfectants as often as possible: at least daily, and if possible, more often. Examples of such surfaces are doorknobs and handles, chairs, armchair armrests, table surfaces, switches, handrails, faucets, elevator buttons, handles, etc.
- The use of neutral detergent for the regular cleaning of public places' surfaces visited by the public is considered adequate. Attention, this does not apply to areas where suspected or confirmed COVID-19 cases have been detected, in which case the instructions of the previous paragraph should be followed.
- Public toilets, sinks, and toilets used by many people must be carefully cleaned. It is recommended that after cleaning, these areas should be disinfected with a virucidal disinfectant, such as e.g., 0.1% sodium hypochlorite solution [dilution 1:50 (20ml: 1000ml) if household chlorine bleach with 5% concentration is used, equivalent to 1000 ppm of

available chlorine] for at least 1 min, or any other virucide approved by the National Organisation for Medicine and complying with the manufacturer's instructions.

- Cleaning staff must wear proper personal protective equipment. The use of work uniforms (which should be often removed and washed with hot water or be disposable) and gloves is considered adequate for the cleaning of public spaces. Attention, this does not apply to spaces where suspected or confirmed COVID-19 cases have been detected, in which case the instructions of the previous paragraph should be followed.
- Additional personal protective equipment, such as masks, goggles, and a waterproof apron, may be needed during the preparation of solutions and the cleaning process, depending on the detergent/ disinfectant used in order to ensure the protection of the cleaning staff, especially if there is a risk of splashing.
- Hand hygiene should always be performed after cleaning, disinfecting, and disposing of personal protective equipment: washing with soap and water for at least 20 seconds or, if this is not possible, by using an antiseptic solution containing 60-95% ethanol.
- Waste generated during the cleaning process can be disposed on the green trash bins.

13.313.3 Cleaning of outdoor spaces during COVID-19 pandemic

For outdoor spaces, the application of standard cleaning practices is considered adequate. No disinfection is required. In particular:

- Spraying with disinfectants is not recommended outdoors.
- Plastic or metal surfaces with which the public comes into frequent contact, such as handles and handrails, should be cleaned regularly with detergent and abrasives.
- It is not recommended to clean and disinfect wooden surfaces/constructions (e.g., benches, tables, playing constructions, etc.) or outdoor floors.
- Sidewalks and roads do not need to be disinfected but must be cleaned regularly. The risk of spreading COVID-19 through these surfaces is exceptionally low and disinfection is not considered an effective precaution measure.

13.4 Guidelines for cleaning and disinfecting of healthcare facilities exposed to SARS-CoV-2 virus

Systematic and proper cleaning following the common procedure (use of detergent, water, and abrasives) and disinfection of surfaces and items in healthcare facilities, is crucial. It should be noted that spraying the rooms or nebulization are not recommended methods of disinfection.

All surfaces potentially contaminated with SARS-CoV-2 virus (including items) must be first cleaned with neutral detergent, water and abrasives and then – when dry - they should be disinfected -depending on the compatibility of the cleaned surface/item with disinfectant, with:

- **Disinfectant solution, with proven action against enveloped viruses** approved by the authorised bodies and always complying with the manufacturer's instructions and national legislation regarding the effective (application for as long as recommended) and safe use of the product,

or

- **Fresh sodium hypochlorite solution with concentration of 0.1-0.5%** (1000 ppm - 5000 ppm of available chlorine) for **at least 1 minute**, depending on the surface and the desired level of disinfection

✓ In the case where initial concentration of sodium hypochlorite is 5%, the final concentration of 0.1% (1000 ppm of available chlorine) is obtained with a dilution of 1:50 (20ml: 1000ml). The final concentration of 0.5% (5000 ppm of available chlorine) is obtained by diluting 1:10 (100ml: 1000ml) respectively.



✓ In the case where the initial concentration of sodium hypochlorite is other than 5%, the calculation of the required dilution for the final concentration of 0.1% - 0.5% (1000 ppm - 5000 ppm of available chlorine) is obtained by the following formula: [% initial concentration sodium hypochlorite / % desired final concentration] - 1 = Total molecules of water for each molecule of sodium hypochlorite].

or


- **70-80% ethanol-based solution, for at least 1 minute**, especially for surfaces that are likely to be damaged by the use of sodium hypochlorite or any other disinfectant.

14. Personal Protective Equipment (PPE) Guidelines for the staff







Recommended PPE for control staff


ENVIRONMENT: At the gateway screening area		
STAFF TYPE	WHEN	RECOMMENDED PPE
Control Staff	<p>During the first passenger screening (e.g., contactless temperature screening)</p> <ul style="list-style-type: none"> • <i>Use of contactless thermometers / thermal imaging camera</i> • <i>Limited questions / observation</i> 	<p>PPE use is not required</p> <p>Maintain at least 1 metre distance</p> <p>Perform regular hand hygiene</p>
	<p>During secondary passenger screening (interview with passengers having fever and other COVID 19 clinical symptoms and travel record)</p>	<p>Disposable gloves</p>  <p>© ECDC</p>
		<p>Medical mask</p>  <p>© ECDC</p>
Perform regular hand hygiene		

ENVIRONMENT: At the gateway screening area		
INDIVIDUAL	RECOMMENDED PPE	





<p>Patient</p>	<p>Medical Mask</p> <ul style="list-style-type: none">•Patients should regularly wash their hands with alcohol-based solution (when coughing or sneezing)	 <p>© ECDC</p>
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Recommended PPE for control staff at the gateway / medical staff


ENVIRONMENT: Temporary isolation area at the gateway			
STAFF TYPE	WHEN	RECCOMENDED PPE	
Staff at the gate way	<ul style="list-style-type: none"> • when entering the temporary isolation area where a suspected case is waiting to be transported AND • do not provide help to the suspected case AND • Maintain > 1 metre distance from the suspected case 	Disposable gloves	
		medical mask	
		Regular Hand hygiene	
Medical Staff	<ul style="list-style-type: none"> • When entering temporary isolation area where a suspected case is waiting to be transported AND • Provide immediate help to the suspected case 	Disposable gloves	
		FFEP2/FFPP3 High respiratory protection mask (tested for its good fit, with or without valve) * If high respiratory protection mask does not exist, medical mask can be also used (limitations and risk can be assessed on a case-by-case basis)	
		Goggles (or face shield)	
		Disposable waterproof gown with long sleeves	
		Perform regular hand hygiene	

ENVIRONMENT: Temporary isolation area at the gateway		
INDIVIDUAL	RECOMMENDED PPE	
Patient	<p>Medical Mask</p> <ul style="list-style-type: none"> • Patients should regularly wash their hands with alcohol-based solution (when coughing, or sneezing) 	


Recommended PPE for patient transportation staff

ENVIRONMENT: Conveyance and transportation suspected cases to the ambulance/ transportation vehicle		
STAFF TYPE	WHEN	RECCOMENDED PPE
Patient Transportation staff (including medical staff)	During the conveyance of the patient in and out of the vehicle and upon their transportation to the healthcare facility	Disposable gloves 
		FFEP2/FFPP3 High respiratory protection mask (tested for its good fit, with or without valve) * If there is no high respiratory protection mask, a medical mask can be also used (limitations and risk can be assessed on a case-by-case basis) 
		goggles (or face shield) 
		Disposable waterproof gown with long sleeves 
		PPE should be changed after the transportation of each patient Perform frequent hand hygiene



Driver	when assisting suspected cases to get and off the ambulance/vehicle	Exactly like the patient transportation staff mentioned above (including the medical staff) as stated above
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	<p>When transporting a suspected case (without establishing direct contact)</p> <ul style="list-style-type: none"> • There is no divider/ partition between the driver and the suspected case on the vehicle 	<p>medical mask</p>	
	<p>When transporting a suspected case (without establishing direct contact)</p> <ul style="list-style-type: none"> • There is a divider/ partition between the driver and the suspected case on the vehicle 	<p>Use of PPE is not required in cases when the driver maintains at least 1 metre distance from the suspected case</p>	
		<p>Regular hand hygiene</p>	


ENVIRONMENT: Conveyance and transportation suspected cases to the ambulance/ transportation vehicle

INDIVIDUAL	RECOMMENDED PPE	
<p>Patient</p>	<p>Medical Mask</p> <ul style="list-style-type: none"> • Patients should regularly wash their hands with alcohol-based solution (when coughing or sneezing) 	

Recommended PPE for security staff

ENVIRONMENT: Gateway Security / Check-in areas			
STAFF TYPE	WHEN	RECOMMENDED PPE	
Security Staff <ul style="list-style-type: none"> • Border Guard • Passport Control • Police 	After establishing close contact with suspected of COVID-19 case when policing, guarding the borders additional PPE could be used when: <ul style="list-style-type: none"> • Interview is carried out at < 1 metre distance from the suspected case • An individual is arrested or their movements are restricted 	Disposable gloves	
		FFEP2/FFPP3 High respiratory protection mask (tested for its good fit, with or without valve) * If there is no high respiratory protection mask, a medical mask can be also used (limitations and risk can be assessed on a case-by-case basis)	

	<ul style="list-style-type: none"> There is no protective screen (e.g., glass or plastic window screen) 	goggles (or face shield)	
		Disposable plastic Apron	
	Regular hand hygiene		


ENVIRONMENT: Gateway Security / Check-in areas		
INDIVIDUAL	RECOMMENDED PPE	
Patient	Medical Mask <ul style="list-style-type: none"> Patients should regularly wash their hands with alcohol-based solution (when coughing or sneezing) 	

Recommended PPE for the rest of staff





ENVIRONMENT: Transportation vehicle			
STAFF TYPE	WHEN	WHERE	RECOMMENDED PPE
<p>Rest of the staff entering the transportation vehicle before the authorities assessment:</p> <ul style="list-style-type: none"> • Maritime pilots • Shipping agents • Other visitors 	<p>In the case that information suggest a suspected case on the transportation vehicle</p>	<p>Isolation area</p>	<ul style="list-style-type: none"> • FFEP2/FFPP3 High respiratory protection mask (tested for its good fit, with or without valve) * If there is no high respiratory protection mask, a medical mask can be also used (limitations and risk can be assessed on a case-by-case basis) • Goggles(or face shields) • Disposable gloves • Disposable waterproof gown with long sleeves



		Outside of isolation area	<ul style="list-style-type: none"> • Medical mask • Disposable gloves
	In the case where the transportation vehicle arrives from a suspected area without a suspected case	All areas	<ul style="list-style-type: none"> • Use of PPE differs depending on the risk assessment of the case transported with the vehicle • Regular hand hygiene
	In case there is no information	All areas	<ul style="list-style-type: none"> * The use of PPE differs case by case depending on the associated risk • Regular hand hygiene
	In the case where the transportation vehicle does not come from a suspected area and there is no suspected case	All areas	<ul style="list-style-type: none"> • Regular hand hygiene

ENVIRONMENT: In the transportation vehicle

INDIVIDUAL	RECOMMENDED PPE	
Patient	<p>Medical Mask</p> <ul style="list-style-type: none"> • Patients should regularly wash their hands with alcohol-based solution (when coughing or sneezing) 	 <p>© ECDC</p>

RECOMMENDED PPE FOR CLEANING AND DISINFECTION STAFF

ENVIRONMENT: Infected transportation vehicle and infected area at the Gate way			
STAFF TYPE	WHERE	RECOMMENDED PPE	
Cleaning and disinfection staff	Cleaning / Disinfection of transportation vehicle with suspected or confirmed, or of possibly contaminated with SARS- CoV-2 entrance gate	Disposable gloves	 © ECDC
		FFEP2/FFPP3 High respiratory protection mask (tested for its good fit, with or without valve) * If there is no high respiratory protection mask, a medical mask can be also used (limitations and risk can be assessed on a case-by-case basis)	 © ECDC
		goggles (or face shield)	 © ECDC
		Disposable waterproof gown with long sleeves	 © ECDC

		Heavy duty gloves (over disposable gloves)	 ©ECDC
		Rubber boots (or galoshes)	 ©ECDC

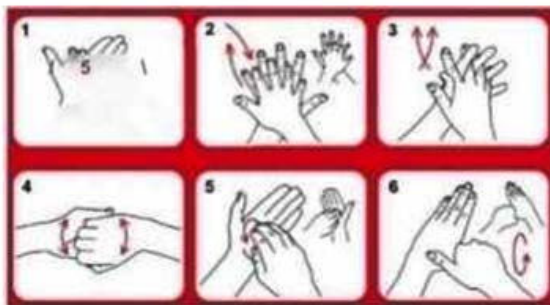
Recommended PPE for cleaning and disinfection staff

		Regular hand hygiene
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Putting on Personal Protective Equipment

It is recommended to have a mirror at the place where PPE will be put on and if possible, another person supervising the procedure.

1. Perform **hand hygiene** and check the condition of the equipment.





2. Put on the **waterproof gown** with long sleeves and cuff and fasten it at the back. If this is difficult, fasten at the sides (not in front).

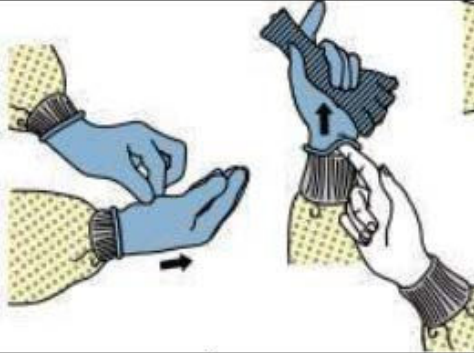
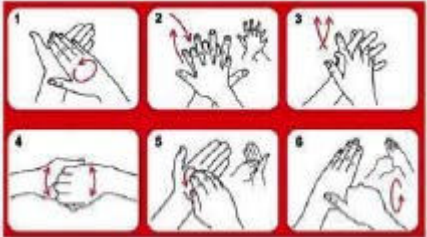
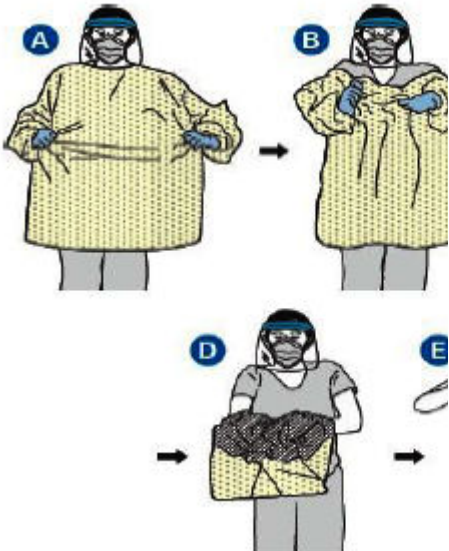




3. Put on the **high protection respiratory mask 2 or medical mask** depending on the place of contact. Make sure that it fits correctly: cover your entire chin and press the strip over and around your nose. Elastic ties should be placed around and in the middle the neck and at the back of the head respectively (im. 1) **Use** : Breath in so that the mask will be turned inwards. Breathe out to make sure that is air is



<p>not entering from the side and upper parts of the mask .</p>	
<p>4. Put on the goggles or the face shield so that they are adjusted to your face and eyes. If you wear goggles, make sure there is no space between the mask and the goggles at the nasal bone area.</p> <p>5. Perform Hand Hygiene.</p> <p>6. Put on the gloves (using the cuff if possible), so that the long sleeves of the gown will be covered over the wrists</p>	 

Removing Personal Protective Equipment

<p>1. Remove the gloves</p> <p>1. Re 1. R1</p>	
<p>2. Perform HAND HYGIENE and put on a new pair of gloves.</p> <p>3. Remove the gown WITH THE GLOVES ON.</p>	
<p>The front outer surface of the gown is considered contaminated! With one hand unfasten the tie around the waist and the tie around the neck. Pull out the gown with your hands (parallel to the shoulders or crossed) in order to unfasten the gown's sticker or tie. Lean forward and fold it by bringing the inner surface on the outside. Lower it down with slow movements and at the height of the wrists pull the cuff and the gloves from the inside and turn them over until the inner surface is visible.</p> <p>1a. It does not tear apart. Touch the apron with your right hand at the height of the shoulders, pull it out and forward so that the tie will com forward. Unfasten with the remaining hand without touching your neck.</p>	<p>O</p> 
<p>4. Perform HAND HYGIENE</p>	
<p>5. Remove the eye protection equipment The front outer surface of the eye protection equipment is considered contaminated- DO NOT TOUCH To remove it, pull the sides of the goggles or the tie of the goggles or face shield.</p>	
<p>6. Perform HAND HYGIENE</p>	

<p>7. Remove the high protection respiratory mask last</p> <p>The front surface of the mask is considered contaminated — DO NOT TOUCH! Grasp only the ties of the mask that are at the back of the head: first the bottom ones and then the ones at the top, and remove without touching the front. Once removed from the back of the head, lean forward and discard the mask in a waste container</p>	
<p>8. Perform Hand Hygiene</p>	

SIMPLE SURGICAL MASK INSTRUCTIONS

The correct way of putting on a simple surgical mask is ONE.

A simple surgical mask acts as a physical barrier between the large liquid droplets of the respiratory system. When used correctly, it acts as a protective measure against respiratory diseases transmitted by respiratory droplets.

A simple surgical mask must be used:

- in cases of respiratory system infections
- when providing care to patients with respiratory system infections
- when visiting healthcare facilities during the pandemic or at the peak of seasonal flu

Instructions:

- choosing the right size
- performing hand hygiene before placing the mask
- placing the mask so that the nose, mouth and chin are fully covered (steadily, without openings)
- pressing the metallic bridge nose strip
- fasten the ties at the back of the head and neck in the middle part. If the mask has elastic loops, place them around the ears

- avoid touching the mask after is placed, otherwise perform hand hygiene
- remove the mask by unfastening the ties at the top and the bottom first. Attention, if the mask has elastic loops, it should be also unfastened by both loops simultaneously
- dispose it at the special bin for contaminated items
- perform hand hygiene
- avoid reusing the mask (they are disposable)



Description of the outer mask layers

The outer layer of the mask is coloured and liquid-repellent to prevent any blood burst or bodily fluids entering the upper respiratory system. If this layer is placed inwards, water vapors produced while breathing remain on top of and create a feeling of suffocation. The inner layer is white and its aim is to absorb the water vapors produced while breathing. Inside the middle non-visible layer, microorganisms are filtered.

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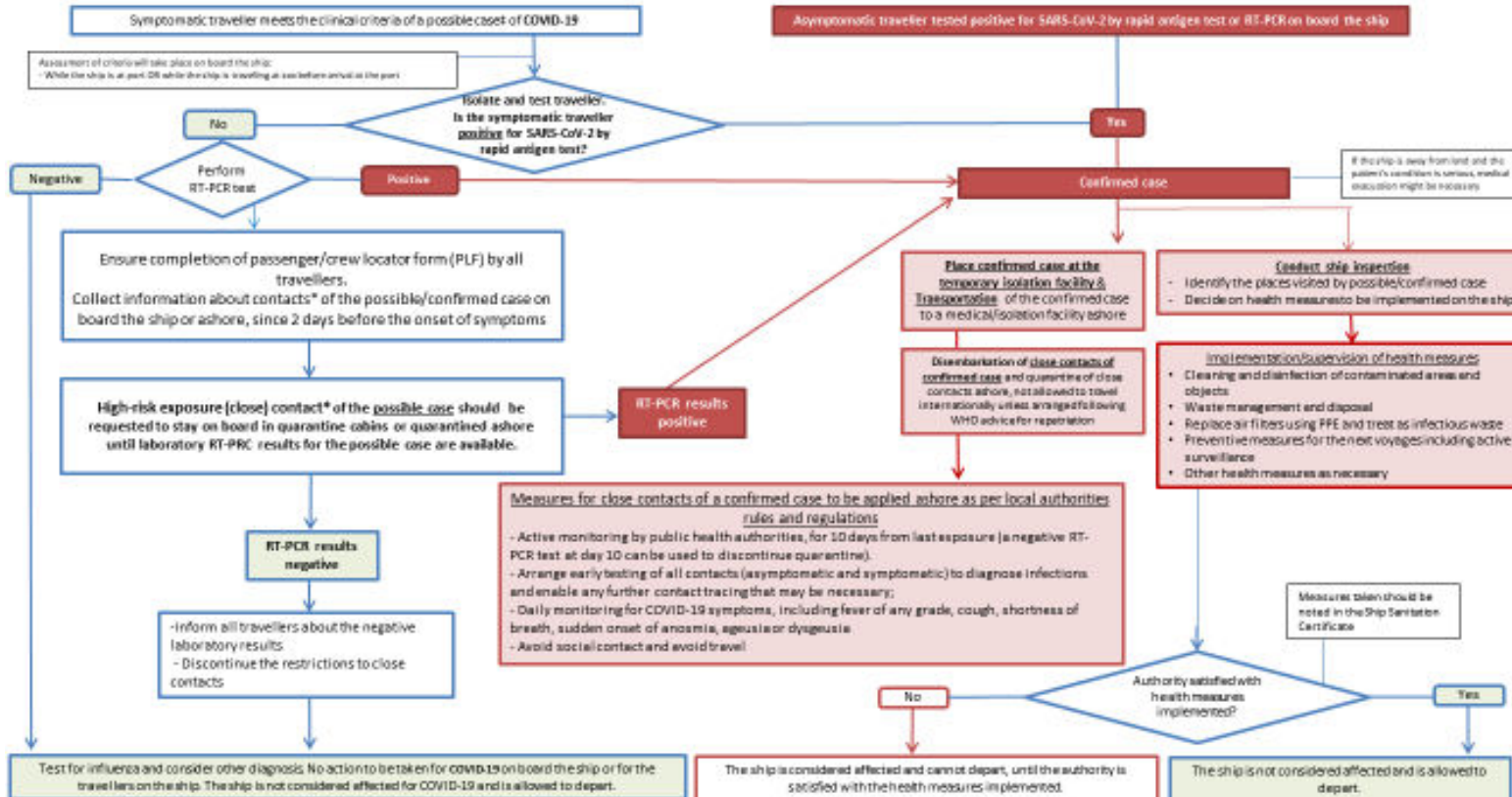
Regional Vice-Governor of Achaea's District

CHARALAMPOS BONANOS

Appendix I



Algorithm for decision making in response to an event of a possible or confirmed case of COVID-19 on board ships



†Possible case: Any person with at least one of the following symptoms: cough, fever, shortness of breath, sudden onset of anosmia, ageusia or dysgeusia. Additional less specific symptoms may include headache, chills, muscle pain, fatigue, vomiting and/or diarrhoea.

***A, contact of a COVID-19 case:** is any person who had contact with a COVID-19 case within a timeframe ranging from 48 hours before the onset of symptoms of the case to 10 days after the onset of symptoms. If the case had no symptoms, a contact person is defined as someone who had contact with the case within a timeframe ranging from 48 hours before the sample which led to confirmation was taken to 30 days after the sample was taken (ask the asymptomatic case whether she/he has had a known exposure to a COVID-19 case and if so, contacts of the asymptomatic case should be traced starting from two days after the asymptomatic case was exposed to the known COVID-19 case).

A: If a single or a couple of cases sharing the same cabin, have been identified on board, then the following definitions of contacts should be applied:

High-risk exposure (close contact)
- A person who has stayed in the same cabin with a case;
- A cabin steward who cleaned the cabin of a case or who delivered food to the cabin where the case was staying;
- A person who has had face-to-face contact (on-board or on-shore) within 2 metres for more than 15 minutes or who was in a closed environment for more than 15 minutes with a case. For passengers this could include, but is not limited to, participating in common activities, attending a class, or sharing the same social space such as restaurant or gym. This also includes intimate partners. For crew this may include working in the same area as a case or socialising with a case (including fellow crew members), waiting on a table where a case was dining or leading a social activity where the case was participating;
- Healthcare worker or other person providing direct care for a case without wearing appropriate PPE.

Low-risk exposure contact
- In a confined space such as a cruise ship where it is difficult to assess the contact exposure, it is advised to consider as low-risk exposure contacts all travellers on board the ship who do not fulfil the criteria for the definition of a close contact.

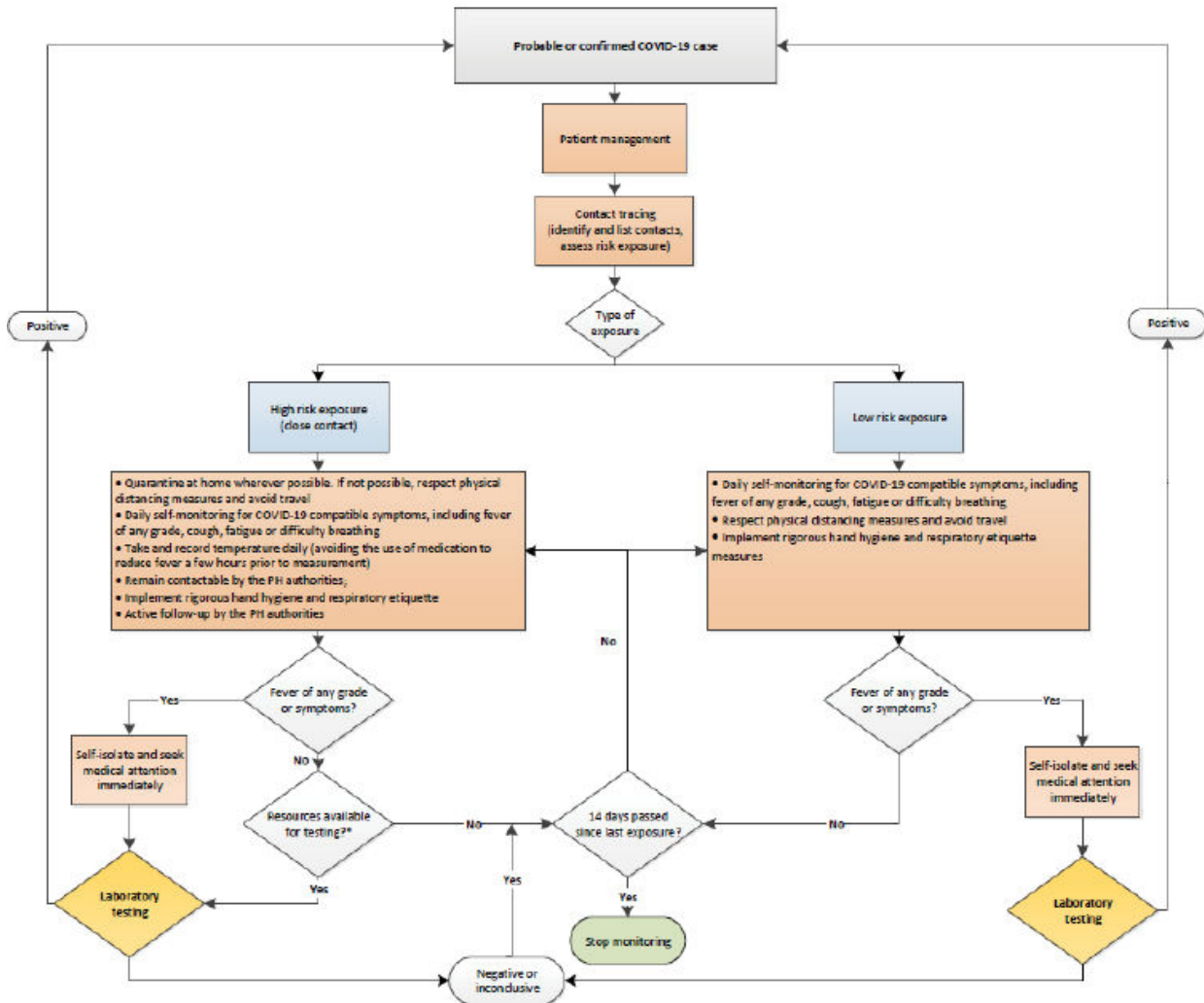
***B:** If two or more cases not sharing the same cabin have been identified - all travellers on board should be considered as high-risk exposure contacts.

This may be modified depending on the risk assessment of individual cases and their contacts, conducted by the public health authorities.

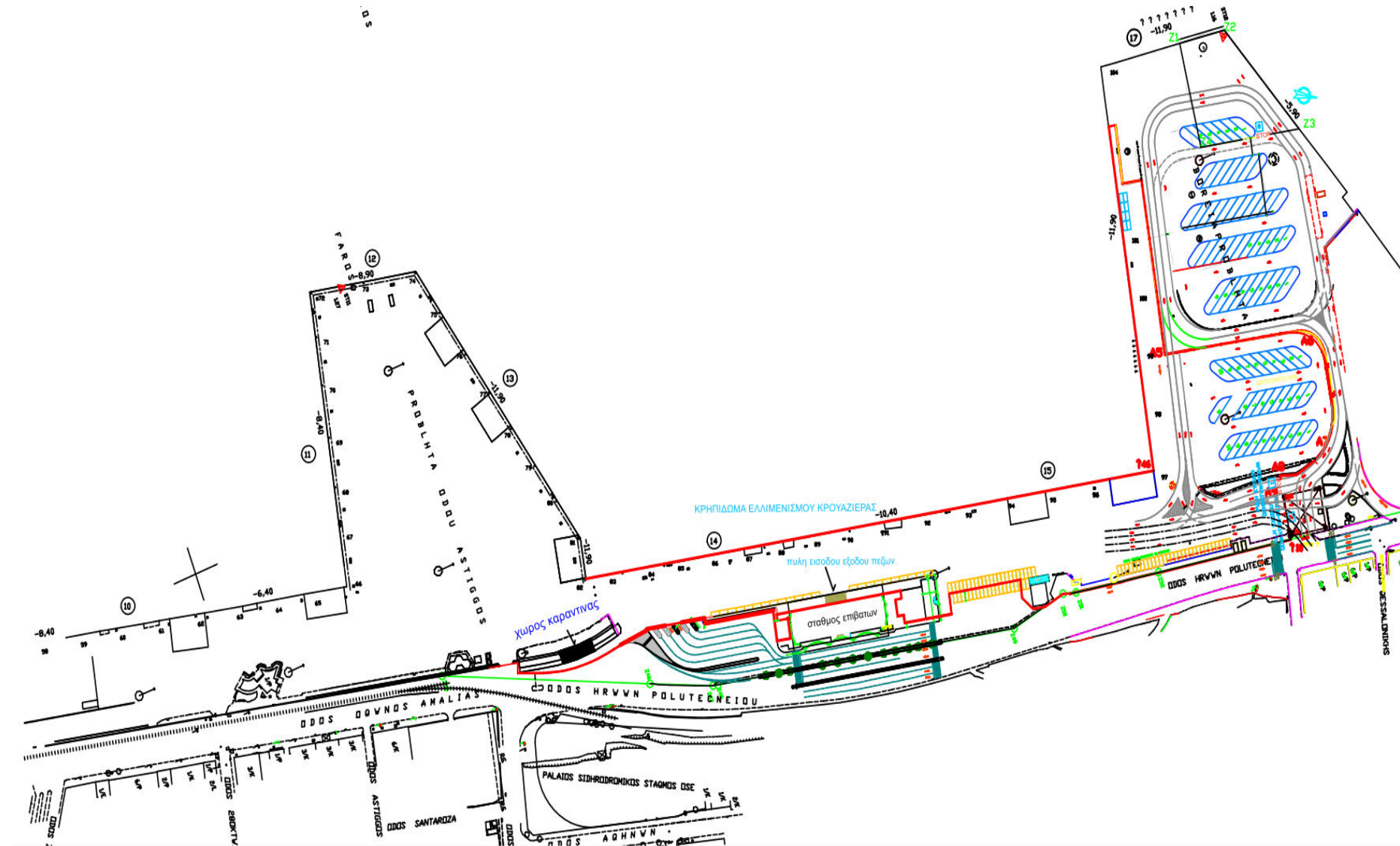
Appendix II

APPENDIX II

Algorithm for managing contacts of suspected or confirmed COVID-19 cases



Appendix 3 III



Πλήρης και πιστή μετάφραση του συνημμένου
αγγλικού κειμένου, σύμφωνα με το Π.Δ. 169 της 17.06.2002 (ΦΕΚ 156/2.7.02)

Πάτρα, 14/7/2021