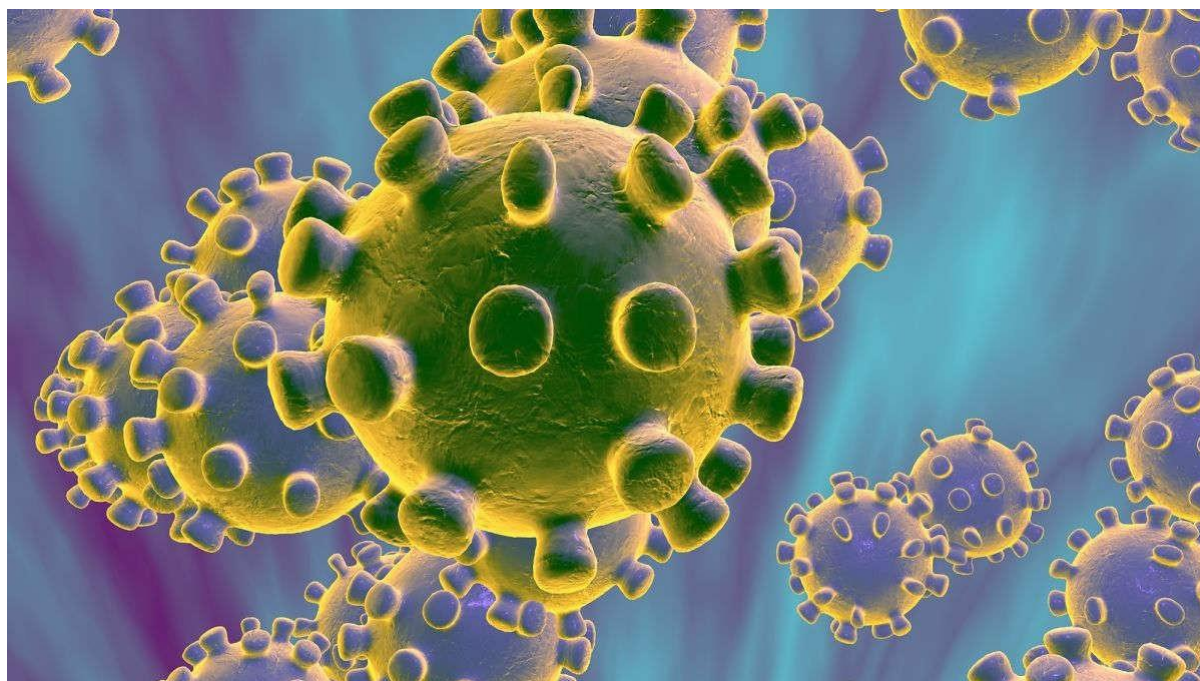


Instructions for the prevention and treatment of COVID-19



Instructions for the prevention and treatment of COVID-19 cases on charter boats

Passenger registration book and health status.

In each commercial pleasure boat, the condition of passengers and crew is observed in accordance with the provisions of Law 4256/2014 (A '92), which also contains a contact telephone number accessible for the next 14 days. The health status of passengers (Annex I) must be available for inspection by the port and health authorities in electronic or printed form.

Each person such as passenger, visitor, technician, etc., fills in, before boarding the yacht, the form of Annex 1 for the detection of persons exposed to COVID-19, which will be delivered to the skipper upon boarding. The Skipper will receive the completed forms and evaluate them. In the event of detection of persons who have been exposed to COVID-19 in any of the ways described in Annex 1 in the last 14 days, boarding will not be permitted.

The crew members must at all times immediately inform the skipper and the base manager in the event of a positive response to at least one of the questions in Annex I.

The questionnaire (Annex I) will be kept by Dream Yacht Worldwide for two months from the date of receipt, in accordance with the legislation on personal data protection.

Each yacht will have a book to monitor the health of the passengers. (Annex II) Crew members and passengers should measure their body temperature once a day, which will be recorded in the passenger's health monitoring book. The book will be available for inspection by the port and health authorities in electronic or printed form. **Customers should have with them their own thermometer**

If one of the passengers develops symptoms of COVID-19 infection (sudden onset of the disease, with at least one of the following symptoms: cough, fever, shortness of breath), then this should be recorded in the health monitoring book and should activate the plan for the management of a suspected COVID-19 case.

Report of a suspected COVID-19 case to the competent authority

According to the International Hygiene Regulations (DYK 2005), the Skipper of the yacht must immediately notify the competent authority of the next port, before his arrival, of any danger to public health on board, including any case of illness for which there is suspected to be contagious. This information is provided by completing and submitting electronically or by any other appropriate means the Maritime Declaration of Health (MDH).(Annex III & IV) The skipper must also inform the competent authority of the port of the number of passengers (crew and passengers).

COVID-19 Suspected Case Management Plan

If any of the passengers present with symptoms that characterize a person as a suspected case of COVID-19 infection, the following procedures should be followed by the skipper:



- a) To inform the base manager
- b) To inform via VHF or telephone the local port authority
- c) To temporary isolate the person who is considered a suspected case of COVID-19 until his safe transfer for medical diagnosis (stay in a place with natural ventilation, placement of a surgical mask, supply of tissues, hand sanitizer containing 70% alcohol and plastic bag for rejection after the use of them.
- d) Use of a surgical mask, goggles, footwear, waterproof apron with long sleeves and gloves from anyone entering the temporary isolation area (used protective equipment and no equipment should be discarded or reused, while after disposing of protective equipment hands should be thoroughly washed with soap and water

Medical face mask⁽¹⁾	 ©ECDC	Respiratory protection: <ul style="list-style-type: none"> • Protects against exhaled droplets when worn by ill patient • Protects the user against potential large infective respiratory droplets in the environment • Does not require fit-testing
Goggles (or face shield)	 ©ECDC	Eye protection: <ul style="list-style-type: none"> • Prevents exposure of eye mucosa • Must fit contours of user's face and be compatible with the respirator if this last is worn
Long-sleeved water-resistant gown	 ©ECDC	Body protection: <ul style="list-style-type: none"> • Prevents against clothes and body contamination • Can be non-sterile (unless used in a sterile environment, e.g. operating room) • If not water-resistant, single-use plastic apron worn over the gown can be used
Disposable gloves	 ©ECDC	Hand protection: <ul style="list-style-type: none"> • Gloves come in different textures, materials, colors, qualities and thickness

- e) Ventilation of the temporary isolation area and cleaning and disinfection of surfaces and objects after removal of the patient with a 0.1% chlorine solution (4 teaspoons of bleach containing 5% per 1 liter water or ethyl alcohol 70% with a contact time of 10 minutes (cleaning materials should either be discarded or washed at 90 ° C before reuse)
- f) Report to the authorities all contacts of the patient starting two days before the onset of symptoms.

If it is confirmed in the laboratory that the patient has a COVID-19 infection then the patient should be isolated in a facility on land and those who came in close contact with him should be quarantined for 14 days according to the instructions of the health authorities and the National Public Health Organization .. All the necessary actions for the further management of



the incident will be done according to the competent health authority and the instructions of NPHO.

Information on personal protective equipment for crew members, depending on their duties on board and their proper use is available in English from the European Joint Action HEALTHY GATEWAYS at the following link:

https://www.healthygateways.eu/Portals/0/plcdocs/EUHG_PPE_Overview_24_04_2020_F.pdf?ver=2020-04-27-141221-467

Recommendations for crew and passengers

Visitors and crews on board

Visits to the yacht should be avoided and any kind of gathering that exceeds the maximum number of people inside the yacht. If visitors, friends or external technicians enter the yacht, the distance of 1.5 meters should be observed and it is recommended the use of a mask (e.g. fabric) both by the visitors and by the crew during the stay of the visitors on the yacht. Also, the yacht's sanitary facilities should not be used by visitors.

Use of personal protective equipment

When visiting sheltered land facilities, the use of a mask (eg fabric) is recommended.

It is recommended to use gloves when refueling, tying, as well as other procedures that need to be touched on equipment surfaces used by many people and there is no short-term installation for hand washing or a station with antiseptics. The placement and removal of the gloves will be done according to the instructions for their correct application. It is emphasized that the use of gloves does not replace hand washing, before and after removing the gloves, hand hygiene should be applied with soap and water or antiseptic

Personal hygiene

Hand sanitizer with soap and water should be applied. If the hands are not visibly soiled, 70% alcohol-based alcohol-based antiseptic solution may be used. It is emphasized that the use of gloves does not replace hand washing, before and after removing the gloves, hand hygiene should be applied with soap and water or antiseptic.

Cleaning and disinfection of spaces

During the charter, the Skipper as well as its crew take care of the frequent cleaning of the yacht with detergents and disinfectants, with diligence and special emphasis on surfaces that are often touched, such as handles, handrails, etc., as well as on bathrooms.

Disinfection of the yacht will be carried out after the end of the charter of the yacht and before the start of the new one.



How to put on PPE (when all PPE items are needed)



Step 1

- Identify hazards & manage risk. Gather the necessary PPE.
- Plan where to put on & take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?



Step 2

- Put on a gown.



Step 3a

- Put on face shield.

OR

Step 3b

- Put on medical mask and eye protection (e.g. eye visor/goggles)



+



Note: If performing an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g. US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.



Step 4

- Put on gloves (over cuff).



How to take off PPE



Step 1

- Avoid contamination of self, others & the environment
- Remove the most heavily contaminated items first

Remove gloves & gown

- Peel off gown & gloves and roll inside, out
- Dispose gloves and gown safely



Step 2

- Perform hand hygiene



Step 3a

If wearing face shield:

- Remove face shield from behind
- Dispose of face shield safely



Step 3b

If wearing eye protection and mask:

- Remove goggles from behind
- Put goggles in a separate container for reprocessing
- Remove mask from behind and dispose of safely



Step 4

- Perform hand hygiene



Pre-boarding health declaration questionnaire

VESSEL'S NAME	VESSEL'S PORT OF REGISTRY/NO OF REGISTRY
DATE AND TIME OF INITIAL EMBARKATION	PORT OF INITIAL EMBARKATION
Contact telephone number for the next 14 days after disembarkation:	

First Name as shown in the Identification Card/Passport:	Surname as shown in the Identification Card/Passport:	Father's name:
First Name of all children travelling with you who are under 18 years old:	Surname of all children travelling with you who are under 18 years old:	Father's name:

Questions:

Within the last 14 days	YES	NO
1. Have you, or has any person listed above, presented sudden onset of symptoms of fever or cough or difficulty in breathing?		
2. Have you, or has any person listed above, had close contact with anyone diagnosed as having coronavirus COVID-19?		
3. Have you, or has any person listed above, provided care for someone with COVID-19 or worked with a health care worker infected with COVID-19?		
4. Have you, or has any person listed above, visited or stayed in close proximity to anyone with COVID-19?		
5. Have you, or has any person listed above, worked in close proximity to or shared the same room/environment with someone with COVID-19?		
6. Have you, or has any person listed above, travelled with a patient with COVID-19 in any kind of conveyance?		
7. Have you, or has any person listed above, lived in the same household as a patient with COVID-19?		

I accept the safekeeping of the above questionnaire as well as the monitoring book of the health condition of the passengers by the shipowner for 60 days from the beginning of the charter, according to the Greek Law and according to the legislation on personal data protection.

Signature

Full Name



List of monitoring the health status of the passengers

#	Passenger	Temp. in C°	date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

MARITIME DECLARATION OF HEALTH

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

Submitted at the port of _____ Date _____
 Name of ship or inland navigation vessel _____ Registration/IMO No _____
 arriving from _____ sailing to _____
 (Nationality)(Flag of vessel) _____
 Master's name _____
 Gross tonnage (ship) _____ Tonnage (inland navigation vessel) _____
 Valid Sanitation Control Exemption/Control Certificate carried on board? yes. no
 Issued at _____ date _____ Re-inspection required? yes no
 Has ship/vessel visited an affected area identified by the World Health Organization? yes no
 Port and date of visit _____

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

#	Port	Date	#	Port	Date

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

#	Name	joined from:	1	2	3
1					
2					
3					

Number of crew members on board _____

Number of passengers on board _____

Health questions

- (1) Has any person died on board during the voyage otherwise than as a result of accident? yes no
 If yes, state particulars in attached schedule. Total no. of deaths _____
 Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? yes no If yes, state particulars in attached schedule.
- (2) Has the total number of ill passengers during the voyage been greater than normal/expected? yes no
 How many ill persons? _____
- (3) Is there any ill person on board now? yes no If yes, state particulars in attached schedule.
- (4) Was a medical practitioner consulted? yes no If yes, state particulars of medical treatment or advice provided in attached schedule.
- (5) Are you aware of any condition on board which may lead to infection or spread of disease? yes no If yes, state particulars in attached schedule.
- (6) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? yes no
 If yes, specify **type**, **place** and **date**
- (7) Have any stowaways been found on board? yes no If yes, where did they join the ship (if known)? _____
- (8) Is there a sick animal or pet on board? yes no

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

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
 (b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

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

Signed
Master

Countersigned
Ship's Surgeon (if carried)

Date _____



ATTACHEMENT TO MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case*	Drugs, medicines or other treatment given to patient	Comments

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



PORT AUTHORITIES

PORT AUTHORITY	MMSI	TELEPHONE	PORT AUTHORITY	MMSI	TELEPHONE
MINISTRY	237673000		LAVRIO	237673550	+30 22923 20400
AG.KIRIKOS	237673810	+30 22750 22207	LEFKAS	237673570	+30 26450 22176
AG.NIKOLAOS	237673110	+30 28410 90108	LEROS	237673570	+30 22470 22334
AIDIPSOS	237673280	+30 22260 22464	MEGISTIS	237673580	+30 2246049010
AIGINA	237673270	+30 22973 20920	MILOS	237673590	+30 22870 23360
AIGIO	237673280	+30 26910 28888	MITILINI	237673220	+30 2251040827
ALEXANDROUPOLIS	237673310	+30 25513 56200	MYKONOS	237673610	+30 22890 22218
ANDROS	237673320	+30 22820 22250	MYRINA	237673240	+30 22890 22218
ANTIKIRA	237673330	+30 22670 41205	MYTHIMNA	237673760	+30 22530 71307
ASTYPALAIA	237673340	+30 22430 61208	N.VION	237673630	+30 27340 22228
CHIOS	237673750	+30 22710 44433	NAXOS	237673620	+30 22850 22300
CORFU	237673190	+30 2661365200	NIDRI LEFKAS	237673880	+30 2645092509
ELEUSINA	237673370	+30 210 5565520	PAROS	237673640	+30 22840 21240
FOURNOI IKARIAS	237673840	+30 22750 51207	PATMOS	237673790	+30 22470 31231
GAVRIO	237673350	+30 22820 71213	PATRA	237673140	+30 2613615400
GYTHEIO	237673360	+30 27330 22262	PILOS	237673230	+30 27230 22225
HALKIDA	237673120	+30 22210 88888	PIRAEUS	237673650	+30 210 4172675
HGOUMENITSA	237673390	+30 26650 99400	POLYXNITOU	237673660	+30 22730 61225
HRAKLEIO	237673180	+30 2813 406910	PYTHAGOREIO	237673670	+30 22730 61225
IERAPETRA	237673250	+30 28420 89996	RAFINA	237673680	+30 22943 21200
IERISSOS	237673420	+30 23770 22666	RETHYMNO	237673690	+30 28310 22276
ISTHMIA	237673430	+30 2741037555	RHODES	237673150	+3022410 28666
ITEA	237673440	+30 22650 32319,	SAMOS	237673260	+30 22730 27318
ITHAKI	237673770	+30 2674032909	SAMOTHRAKI	237673820	+30 25510 41305
KALAMATA	237673460	+30 2721099108	SITIA	237673710	+30 28430 22310
KALYMNOS	237673470	+30 22430 24444	SKYROS	237673830	+30 22220 93475
KARPATOS	237673480	+30 22450 22227	STYLIDA	237673720	+30 22380 22329
KARYSTOS	237673490	+30 22240 25527	SYMI	237673780	+30 22460 71205
KASOS	237673510	+30 22450 41288	SYROS	237673730	+30 22810 88888
KATAKOLO	237673520	+30 26210 41206	THESSALONIKI	237673210	+30 2313 325800
KAVALA	237673450	+30 2513 505400	THIRA	237673410	+30 22860 28702
KEFALLINIA	237673530	+30 2671022224	TINOS	237673740	+30 22830 22348
KOS	237673160	+30 22420 26594	VOLOS	237673170	+30 24213 53800
KYMI	237673540	+30 22220 22606	ZAKYNTHOS	237673380	+30 2695028117