

COVID-19 Management Plan

Siem Offshore

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Contents

1. General information	4
1.1 Reasons behind plan development	4
1.2 Transmission of SARS-CoV-2 virus	4
1.3 Can COVID-19 be caught from a person who has no symptoms?	5
1.4 How long does the virus survive on surfaces?	5
1.5 How long is the incubation period	5
2. Definitions	6
2.1 Coronavirus	6
2.2 COVID - 19	6
2.3 Suspected case	6
2.4 Probable case	6
2.5 Confirmed COVID-19	6
2.6 Close contacts on board a ship (high-risk exposure)	7
3. Screening procedures	8
3.1 Responsibilities for screening	8
3.2 Before leaving home	8
3.3 Boarding the vessel	9
3.3.1 For boarding in any port within Norway	9
3.3.2 Boarding in any ports outside Norway	11
3.3.3 Short time visitors on board Company vessels in Norway and abroad	12
3.3.4 At the gangway	12
3.4 Retention of Documents	13
4. On board	13
4.1 Hygiene	13

COVID-19 Management Plan



Doc no: PR-GL-100 Owner: HSEQ Director
Rev: 11 Approver: CEO
Date issued: 08/07/2021 Validity area: Global Organization

4.2	Social distancing advice.....	15
4.3	Recognizing and identifying the symptoms of COVID-19 on board	16
4.4	Managing suspected case	17
4.5	Lines of Communication (internal).....	19
4.6	Testing of suspected cases.....	20
4.7	PPE to be used during suspected case management.....	21
4.8	Precautionary measures/procedures to be practiced on-board once a suspect is isolated	22
4.9	Treatment of suspected case	22
4.10	Managing contacts on board.....	23
4.11	Cleaning and disinfection	23
4.12	Medical supplies	24
5.	Port calls.....	24
5.1	Visitors and services	25
5.2	Shore leave.....	26
5.3	Deviations to shore leave suspension	26
6.	Crew changes / going home.....	27

Revision history

In revision 11 :

Section 3.3.1 a) for crew changes in Norway - removed following text :

“Crewmembers that are Norwegian citizens embarking in Norwegian port who received complete dose of COVID-19 vaccine will not be required to comply with Company’ PCR testing requirements as described in this paragraph.”

Section 3.3.2 for boarding outside Norway – removed following text :

“Company requirements set forth in paragraph 3.3.2 with regard to PCR testing will be waived for crewmembers who received complete dose of COVID19 vaccine.”

Explanatory Note : testing is applicable even for those vaccinated.



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

1. General information

1.1 Reasons behind plan development

COVID-19 – a virus that can lead to respiratory disease and pneumonia – was first reported in December 2019 in Wuhan, China. The virus now is spreading globally. Vaccines are now currently available, depending on regional differences and the focus of health authorities worldwide has been containment of the virus through preventative measures to limit and slow down widespread transmission.

In response to the situation, Siem Offshore has compiled this document with help from medical professionals, using official and reliable sources such as IMO/WHO/ICS/P&I clubs information with the intention to avoid speculative sources.

The plan covers topics such as:

- General information about virus
- Identification and testing of a suspected case of COVID-19;
- Isolation of suspected case
- Hygiene rules
- Options for onboard treatment
- Management of close contacts on board
- Reporting

Preventing the virus entering the vessels, secondly early detection, prevention and control of suspected COVID-19 cases onboard ships must be a number one priority to protect the health of our employees and to maintain business operation.

This document will be updated as new and relevant information becomes available.

1.2 Transmission of SARS-CoV-2 virus

SARS-CoV-2 is mainly spread by droplet and contact transmission with near contact.

As with colds and influenza, the virus is transmitted from the respiratory tract of a sick person in three ways;

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

- **Droplet transmission:** When someone who is contagious coughs, sneezes, or talks/sighs, small droplets that contain virus are flung into the air. The droplets fall down quickly, usually within a meter, but people who stand close enough can breathe in the virus, or it comes into contact with the mucosa of their eyes, nose or mouth.
- **By direct contact.** The person who is sick has the virus on their hands from their own saliva or airway secretions and transmits it by contact with others, for example, when shaking hands. They then transfer the virus from their hands to the mucosa of their eyes, nose or mouth.
- **By indirect contact.** The virus is transmitted onto objects or surfaces (e.g. door handles, keyboards, telephones etc) by sneezing or coughing, or when the sick person has the virus on their hands, and then others touch the contaminated object/surface.

1.3 Can COVID-19 be caught from a person who has no symptoms?

Current knowledge indicates that transmission mainly occurs from sick people with symptoms, or just before symptoms arise (1-2 days) (presymptomatic carriers). Some people can be infected by SARS-CoV-2 without developing symptoms, but lead to further transmission of others (asymptomatic carriers). It is not yet clear how often this happens, but it can be assumed to account for a small amount of transmission.

1.4 How long does the virus survive on surfaces?

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment).

If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others. Clean your hands with an alcohol-based hand rub or wash them with soap and water. Avoid touching your eyes, mouth, or nose.

1.5 How long is the incubation period

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

The “incubation period” means the time between catching the virus and beginning to have symptoms of the disease. The incubation time (from infection until symptoms appear) is estimated by WHO to be 5-6 days but this can vary from 0 to 14 days.

2. Definitions

2.1 Coronavirus

Coronaviruses are a large family of viruses, which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

2.2 COVID - 19

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

2.3 Suspected case

A suspected case is:

A person with acute respiratory tract infection and one or more of the following clinical criteria; fever, cough, shortness of breath, loss of sense of smell/taste, or who is considered by a doctor to have suspected COVID-19.

2.4 Probable case

A close contact to a confirmed case who meets the clinical criteria for COVID-19.

The category is used when it is not possible to carry out testing, or if the test result is delayed and the probability of infection is high.

A probable case should be handled in the same way as a confirmed case. Household members and equivalent close contacts should be in quarantine, but it is not necessary for contact tracing of other close contacts.

2.5 Confirmed COVID-19

A person with COVID-19 confirmed by RT-PCR test.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

2.6 Close contacts on board a ship (high-risk exposure)

A person is considered to be a "close contact" if

- has been in contact with a person with confirmed COVID-19 disease less than 48 hours before symptom onset (for people without symptoms: before the test)

AND

the contact has been :

- less than two metres away for more than 15 minutes ,

OR

- in direct physical contact

OR

- in direct contact with secretions.

-

This does not apply when recommended personal protective equipment is used in the healthcare service.

During contact tracing, consider the length and degree of physical proximity and use of protective equipment when assessing whether to define someone as a close contact or not. The risk of infection increases the longer you have been together, the less air volume you have shared, the more the infected person has coughed, sneezed, or shouted and the closer to the onset of contact's symptoms took place.

The most exposed close contacts are "household members and equivalent close contacts". This usually means those who:

- Live in the same household.
- Have had similar close contact as in a household (for example, boyfriend/girlfriend, nearest colleagues in an office, the same cohort in childcare or school up to and including the 4th grade).
- Have cared for the person with confirmed COVID-19 disease or had similar close physical contact, without having used recommended protective equipment.

A 'close contact' is a person who, for example:

- Has stayed in the same cabin with a suspect/confirmed COVID-19 case;
- Has had close contact within one meter or was in a closed environment with a suspect/confirmed COVID-19 case (this may include sharing a cabin);
- Participated in common activities on board or ashore;
- Participated in the same immediate travelling group;

COVID-19 Management Plan



Doc no: PR-GL-100 Owner: HSEQ Director
Rev: 11 Approver: CEO
Date issued: 08/07/2021 Validity area: Global Organization

- Dined at the same table (for crew members this may include working close together)
- Is a cabin steward who cleaned the cabin of suspect/confirmed COVID-19 case without protective equipment
- Is a medical first responder providing direct care for a COVID-19 suspect or confirmed case without protective equipment

3. Screening procedures

In order to reduce the risk of bringing COVID-19 on board the vessels, the Company has implemented the following screening procedures for on-signers and other personnel visiting the vessels.

3.1 Responsibilities for screening

Crew Manager	Ensure that link to FO-619 is delivered to each on-signer prior to crew change, and follow up as described in this chapter
Vessel Manager	Distribution of link to FO-619 to external personnel intending to go onboard the vessel.
Captain	Distribution of link to FO-619 to external stakeholders Implement screening procedure on board as described in this document

3.2 Before leaving home

During the COVID-19 outbreak, the Company will require the crewmembers and external personnel intending to board a vessel to get familiar with and confirm 'read&receipt' of [online "Pre-boarding information and risk assessment form FO-619"](#). The purpose is to identify individuals who may need to have their boarding denied or rescheduled and to give some important information about potential travel restrictions.

It is the Crew Managers responsibility to send out a link to online form FO-619 to each on-signer in ample time before crew change. The on-signer shall complete and submit the form between 72 and 48 hours before departing home. This deadline will give the Crew Manager an opportunity to find replacement in case travel has to be denied and also will allow on-signers to familiar themselves with any travel restrictions that may be applicable.

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COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

If seafarer cannot truthfully answer “NO” to all the questions in an online form , he/she should make a follow up phone call to Crew Manager without undue delay to discuss further action that may be required.

In addition, crew travelling shall familiarize themselves with information contained in WHO advice for international traffic regarding the outbreak of COVID-19. Advice is available on the WHO website for COVID-19 at www.who.int/health-topics/coronavirus. This link is also displayed on the online FO-619

All visitors, including charterer personnel, clients, agents, service personnel, etc. shall, complete online FO-619 form before boarding the vessel. The Master and the Vessel Manager are responsible for distribution of the link to relevant personnel. If possible, the form should be completed between 48 and 24 hours before embarkation

It must be remembered that personnel who cannot answer negatively ('NO') to all of the FO-619 questions shall not travel to Company Vessels before contacting responsible person within Siem Offshore, Crew Manager or Vessel Manager and discussing detailed reasons of given answers. Relevant Crew Manager or Vessel Manager may, as required and deemed necessary consult COVID-19 Task Force, before determination of further action, e.g. new departure date or other alternative solutions.

3.3 Boarding the vessel

3.3.1 For boarding in any port within Norway

Siem Offshore has decided to implement PCR testing of all crew who intend to sign on and sail with Siem Offshore managed vessels in Norway. The PCR testing is managed by Crew Managers and shall be conducted prior to embarking the vessel.

It is recognized that Siem Offshore is not in position to call for obligatory PCR testing of Third Party Personnel/Clients who intend to sign on and sail with a Siem Offshore managed vessel in Norway. Obligatory PCR testing is not a requirement from the Norwegian Health Authorities.

However, Third Party/Client personnel is strongly recommended to follow the same protocol prior to signing on in order to minimize the risk of bringing COVID-19 on to the vessels. Third Party

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

Personnel/Clients who do not intend to follow this protocol must inform VM and CM in advance and information must be relayed to Task Force.

Personnel subject to PCR testing should arrive at the port of embarkation, and the hotel, in ample time to allow for PCR testing and receipt of results prior to embarkation.

3.3.1.a) For personnel residing and travelling from within Norway the following guidelines apply:

The personnel arriving at the port of embarkation from within Norway or area with sufficiently low transmission¹ will have to comply with following guidelines from the time of arrival until results of PCR tests are available:

- Keep increased distance to others.
- Avoid physical contact, including hand shake and hugging.
- There should be at least 2m between you and others (The distance from face to face is most important. If you stand back to back, or in succession as in line, there is less risk of infection. Where one sits next to each other, it should be 2m from shoulder to shoulder.)
- Remember good hand and cough hygiene. If you experience symptoms of respiratory infection, stay in the hotel room until you are symptom-free and negative test is present. Crew manager should be notified immediately.
- After negative test and still symptom free the embarkation may proceed.

In cases where PCR testing of a crewmember was not feasible in port of embarkation shortly prior boarding, the person must present a certificate of negative PCR test, in order to be allowed to board the vessel.

The test must be taken no earlier than 72hrs prior actual embarkation and does not necessarily have to be taken in port of embarkation.

Such persons shall exercise caution during the time between testing and embarkation, i.e. shall maintain social distance, avoid gatherings and any other situations where increased risk of infection exists.

For personnel that cannot present a proof of negative PCR test taken no earlier than 72 hrs prior embarkation, the permission to board the vessel will be subject to 'case by case' approval from Company COVID-19 Task Force members.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

Guidance note

If the results of the PCR tests are not available prior to embarkation and departure of the vessel, the on signing crewmembers and Third Party Personnel/Clients shall, when on board the vessel, act in accordance with COVID-19 Management Plan (PR-GL-100) in regards to social distancing and other advise and guidelines. (i.e. quarantine during leisure time on board until test results are available and negative)

Note ¹⁾ : <https://www.fhi.no/en/op/novel-coronavirus-facts-advice/facts-and-general-advice/travel-advice-COVID19/>

3.3.1.b) For personnel residing and travelling from outside Norway the following guidelines apply:

Due to frequent changes in Norwegian national COVID 19 regulations, including travel restrictions and exemptions, please refer to NMA guidelines for crew changes in Norway:

<https://www.sdir.no/en/news/news-from-the-nma/guidelines-regarding-seafarers-signing-on-and-off-ships-in-norwegian-ports/>

If you need more information or in doubt you can ask your Siem Offshore contact person.

3.3.2 Boarding in any ports outside Norway

Siem Offshore will strive to perform PCR testing (one test upon arrival prior joining) of all crew who intend to sign on and sail with Siem Offshore managed vessels that are in port outside Norway. The PCR testing will be managed by Crew Managers and shall be conducted prior to embarking the vessel.

It is recognized that Siem Offshore is not in position to call for obligatory PCR testing of Third Party Personnel/Clients who intend to sign on and sail with a Siem Offshore managed vessels outside Norway. Obligatory PCR testing may not be national requirements either.

However, Third Party/Client personnel is strongly recommended to follow the same protocol of PCR testing prior to signing on in order to minimize the risk of bringing COVID-19 on to the vessels. Third

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

Party Personnel/Clients who do not intend to follow protocol must inform VM and CM in advance and this information shall be relayed to Task Force.

Personnel subject to PCR testing must arrive at the port of embarkation, and the hotel, in ample time to allow for PCR testing and receipt of results prior to embarkation.

Guidance note

Regardless of Siem Offshore testing regime, national regulation for travelers must be complied with as well.

3.3.3 Short time visitors on board Company vessels in Norway and abroad

Short time visitors (persons that are not intending to be accommodated on board) like:

- pilots,
- agents,
- technicians, service personnel,
- surveyors, auditors,
- PSC / FSC officers,
- public health service personnel,
- police, fire services,

where PCR testing seem impractical or not feasible, may be exempted from the abovementioned PCR testing. In these cases additional mitigating measures must be applied. Those measures must include:

- wearing face masks while inside accommodation,
- hand disinfection to be applied at entrance point to the accommodation,
- strict 2m social distancing to be maintained from other personnel,
- red colored visitor tag to be worn during their stay on board.

Guidance note

NB. If visitor is not equipped with his own mask , it shall be available from vessel stock and readily available at the entrance point

3.3.4 At the gangway

The Master shall designate a personnel on board e.g. medic, chief mate or gangway watch personnel responsible for screening personnel embarking the vessel. The person responsible for

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

screening will be the first contact for all people embarking and shall be equipped with proper PPE (Medical mask, face shield/protective glasses and nitrile gloves).

All personnel embarking shall fill in additional questionnaire FO-630 *COVID-19 Boarding Questionnaire* in hardcopy. The form shall be reviewed by person responsible for the screening and later stored on board (copy to Company is not required)

It must be remembered that FO-630 completion requirements is applicable to all personnel , including crewmembers

If any of the questions on the FO-630 questionnaire are answered “YES” or the screening personnel suspect illness,(attention to be paid to symptoms such as cough, sneeze, general condition) such person shall not be allowed to board the vessel. If the vessel is in port, the person shall be directed back to hotel or home for further instructions. If vessel is at sea, the person shall be isolated without undue delay as per section 4.3. In both cases, Master shall inform Crew Manager and Vessel Manager immediately and if in doubt, they may consult TF with regard to further proceedings.

3.4 Retention of Documents

All completed hard copies of FO-630 shall be collected and retained on-board by the Master for 12 months. It shall be kept in secure place at Master’s discretion to prevent unauthorized access. It is not required to send copies to the office, but the Vessel Manager may request copies of specific forms.

FO-619 will be filled out online and the answers collected in a password-protected database and only key personnel will have access. The Crew Administrator is responsible for deleting all information in the database older than 12 months.

The retention time for FO-630 and 619 is established to be 12 months due to novelty of virus and potential future enquiries from health authorities.

4. On board

4.1 Hygiene

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

Chances of being infected and spreading COVID-19 can be reduced by taking some simple precautions:

- Frequent hand washing by crew (and passengers) using soap and hot water or alcohol-based (at least 65–70%) hand rub for 20 seconds;
- Avoidance of touching the face including mouth, nose and eyes with unwashed hands (in case hands have touched surfaces contaminated with the virus);
- Seafarers (and all others on board) should be encouraged to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose then dispose of the used tissue immediately;
- If a tissue is not available, crew should cover their nose and mouth and cough or sneeze into a flexed elbow;
- All used tissues should be disposed of promptly into a waste bin;
- Seafarers should aim to keep at least 2 meter (6 feet) distance from other people, particularly those that cough, sneeze, or may have a fever. If they are too close, other crew members can potentially breathe in the virus;
- Meat, milk or animal products should always be handled with care, to avoid cross-contamination with uncooked foods, consistent with good food safety practices;
- It is important that seafarers should be given the time and opportunity to clean their hands after coughing, sneezing, using tissues, or after possible contact with respiratory secretions, objects, or surfaces that might be contaminated.

Guidance note

Although face masks may provide some protection – especially if there is a risk of exposure when interacting with persons from outside the ship – the routine use of face masks is not generally recommended as protection against COVID-19.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

WHO advises that it is appropriate to use a mask when coughing or sneezing. If an individual is healthy, it is only necessary to wear a mask if the person is taking care of a person with the suspected COVID-19 infection.

Wear a mask if you are ill with COVID-19 symptoms (especially coughing) or looking after someone who may have COVID-19.

4.2 Social distancing advice

The Company operates vessels of various type and size and practical solutions for social distancing on board have to be decided by Vessel Management, based on vessels' particulars and operation. The Company, in cooperation with vessels' Masters has compiled list of practices that may be considered for implementation at master's discretion. Therefore, below practices shall be treated as advice only and its implementation shall be based on factors such as current POB, time since last crew change, number of 3rd party personnel on board, etc.

In case Master decides to impose any of the proposed advice (or any other) it shall be clearly communicated to all on board personnel. Means of communications can be PA announcement, posters, standing orders, etc.

Movement throughout the vessel

- Movement around the vessel may be restricted to the minimum necessary to eat, sleep and work. Inter-departmental contact may be kept to a minimum. Avoid loitering in corridors, leaning against bulkheads etc. Hand sanitizer may be used when transiting between decks
- Whilst moving around the vessel safely, care and attention should be given to unnecessary physical contact.
- Signage may be placed around the vessel to remind crew and/or 3rd party personnel that they should avoid transiting certain spaces if they have no business to be there.
- Access to bridge and ECR should be restricted only to personnel necessary for operation.

Drills and Meetings

- PEC meetings participants number can be reduced to PEC committee members only, input to meeting from rest of the crew can be in written format submitted to safety delegates.
- Number of meetings and number of participant should be reduced as far as practical.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

- Drills can be performed in groups to minimize amount of people at one location.

Common Spaces

- Gym can be source of virus spread and may be kept closed.
If it's decided to keep it open, number of people using it at the same time shall be minimal and very strict hygiene measures should be implemented
- When entering and leaving the mess room hand sanitizer shall be used. The mess room may be closed between meal times. During the meals, number of people sitting at the table may be reduced, e.g. sitting at every other chair, removing chairs from mess room.
Meal times may be staggered to decrease amount of people in mess room at the same time.
- Floor marking at the food counter may be used to indicate minimum spacing between people.
- Limit number of people in dayrooms at the same time

Day to day working

- Cleaning of public spaces should be prioritized; cabins may be clean by occupants to minimize exposure of housekeeping personnel.
- Personnel should be encouraged to wipe down public telephones with sanitizing solution before and after use.

Health monitoring

- For 7 days following crew change, daily body temperature can be measured and recorded for personnel who joined the vessel. (In case of a suspected case, daily temperature measurement is mandatory)

4.3 Recognizing and identifying the symptoms of COVID-19 on board

The new coronavirus causes respiratory infections, ranging from mild symptoms to severe disease and, in rare cases, death.

Some people may have COVID-19 without developing symptoms. This is especially true for children and younger adults. It is unclear to what extent people without symptoms can transmit the disease.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

Usually, people who become ill initially experience upper respiratory tract symptoms (sore throat, cold symptoms, mild cough), as well as feeling generally unwell and having muscle pain. Stomach pains may be present and diarrhea may occur in some cases. The loss of the senses of smell and taste have been reported in several countries.

The course of the disease varies widely between individuals. Currently, the typical courses appear to be:

- **Mild course:** This applies to the majority of people who become sick. Symptoms pass within one to two weeks. These people rarely need treatment from the healthcare service.
- **Moderate course:** After 4-7 days of mild symptoms, some people may develop pneumonia with breathing difficulties, worsening cough and rising fever. Some will need to be admitted to hospital. X-ray examination of the lungs may show changes consistent with viral pneumonia (pulmonary infiltrates)
- **Severe course:** As for the moderate course, but these people also need intensive care treatment. They may have symptoms for 3-6 weeks. As for other serious infections, different complications can arise with severe COVID-19, including lung damage, cardiovascular disease and coagulation disturbances (5-8). Some people who become seriously ill may die.

4.4 Managing suspected case

If it is determined that there is a suspected case of COVID-19 onboard, isolate the patient immediately, in a predefined isolation cabin or other room (at Master discretion) with the door closed and marked with a sign informing about isolation:

- Instruct the patient to wear a mask and regularly wash hands with soap and water and use alcohol-based hand rub.
All designated isolation cabins should have a hand sanitizer dispenser and designated lined bin with cover outside the door.
- Make sure all persons entering the isolation room wear proper personal protection equipment and perform hand hygiene using the hand sanitizer outside the room after removal of PPE.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

- Perform hand hygiene following all contact with ill person's immediate environment.
- PPE used by care-provider should be disposed in a designated double-lined bin with cover outside the isolation cabin. Do not re-use. Tissues, masks and other waste generated by ill persons or in the care of ill persons should be placed in a double-lined container in the ill person's room and treated as biological waste and incinerated.
- Limit the number of persons entering the isolation room to Medic or Medical Person-in-Charge or two other crewmembers (AM/PM shifts), in charge of cleaning the cabin and/or delivering food. They should use proper PPE when entering the patients' cabin. Ideally, assign one who is in good health without risk conditions. Visitors are not allowed.
- If patient is strong enough, his food tray can be placed in front of his door cabin on a table for him to pick-up. This way, the crew member delivering food need not wear PPE
- Food to the patient can be served using single-use utensils and disposed of and incinerated afterwards.
- Master shall consider implementing more frequent cleaning and sanitizing regime than usually (disinfecting tables/handrails/door knobs consoles, etc.)
- Limit the movement and transport of the patient from the isolation room for essential purposes only. If transport is necessary, the patient should wear a medical mask and any surfaces touched by the patient should be cleaned and disinfected.
- The disembarkation and transfer of the suspected case to an onshore healthcare facility for further assessment and laboratory testing should be arranged in cooperation with the health authorities at the port.
- In the event of a suspected case of COVID-19 onboard (please note 'suspected case' definition in section 2.3) Master is to consult with medical advisor appointed by Company - RE-MED, tel: +47 90230100 (24/7)

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

- In the event of a suspected case of COVID-19 onboard (**please note ‘suspected case’ definition in section 2.3**), the master should report the event as soon as possible to the next port of call, to allow the competent authority at the port to arrange, depending on the situation, medical evacuation or special arrangements for disembarkation and hospitalization of the patient and laboratory diagnosis if there is a need for it.
- Suspected cases shall also be reported to the Company (Vessel Manager and Crew Manager) as well as representatives of 3rd party personnel on board (Client/Charterer). If Vessel Manager or Crew Manager is not available, ERT Leader can be contacted.

4.5 Lines of Communication (internal)

Vessels shall communicate internally on board as usual – following the chain of command. Vessel Master will communicate directly to the Vessel Manager and Crewing Manager. The VM's and CM's have direct access to Task Force Team and will be the point of contact towards them. There will be exceptions to this rule – but in all practical purposes this are the communication lines.

The Vessel Manager is the primary point of contact from/to the Vessel. When any other personnel needs to liaise with Vessel, Vessel Manager shall be in the loop.

The Crewing Manager is responsible for communication with crewmembers on leave, and personnel on board, in clinics, en-route to vessel or home, in isolation or quarantined and other situations in cooperation with Vessel Manager. The Crewing Manager should also keep Crewing Agent informed as necessary.

Task Force will also keep Management Team informed of principle and important info regarding, health, safety, COVID-19 cases, and VM and CM should be in the loop in order for them to see what has been communicated to whom.

COVID-19 issues and information shall not be shared with any media or on social media. Primary media point of contact are CEO and SVP HR.

COVID-19 Management Plan

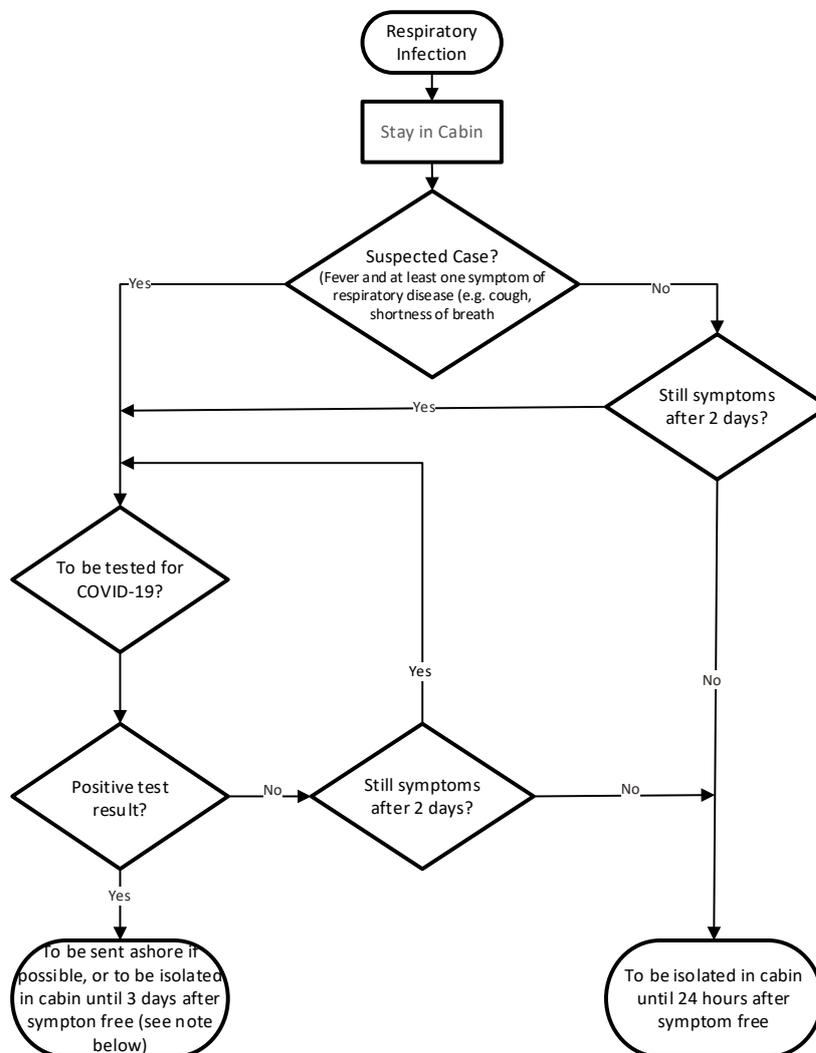


Doc no: PR-GL-100
Rev: 11
Date issued: 08/07/2021

Owner: HSEQ Director
Approver: CEO
Validity area: Global Organization

4.6 Testing of suspected cases

Suspected cases should be tested for COVID-19. If the vessel is in port, tests should be performed by official health personnel if available. In addition, all vessels will be equipped with a number of COVID-19 Rapid Test Kits. For details on how to perform testing, please refer to the instructions within the kit. Testing should be administered according to following flow chart:



Guidance note

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 2 meters away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other people are present. In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

Designated medical officer on board e.g. medic or chief officer shall perform the testing if official health services are not available. Testing can only be performed after consultation with medical advisor appointed by Company (RE-MED: +47 90230100).

If available, PPE as per option 1 should be used.

The used test kits shall be treated as biohazardous medical waste. Vessels with incinerators may incinerate them as soon as possible. Needles should be disposed in sharps container. The sharps container should be properly marked and disposed ashore as per Garbage Management Plan. If available, PPE as per option 1 should be used

4.7 PPE to be used during suspected case management

Guidance :

Option 1

- mask, a face shield, a pair of gloves (double), protective gown/coverall w/ hood and boot covers. These should be worn prior to entering patient's cabin/sickbay isolation room. This set/package is highly recommended for those who will touch the patient, do medical exam (i.e. auscultate chest for breath sounds), when cleaning restroom or handling surfaces, clothing or linen soiled with body fluids. These shall also be worn by the stretcher team that will transfer the patient to the ambulance or helideck, if applicable.

Option 2

- Mask, protective glasses and a pair of gloves and boot covers.
This set is for a very brief encounter in the cabin i.e. delivering food or replenishing toiletries. No close contact and maintaining 2 meter distance with patient

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

4.8 Precautionary measures/procedures to be practiced on-board once a suspect is isolated

- Hand hygiene should be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. If hands are not visibly soiled, alcohol based hand rub can be used. Perform hand hygiene using soap and water when hands are visibly soiled. When using soap and water, disposable paper towels to dry hands is preferable.
- Respiratory hygiene should be practiced by all, especially ill persons, at all times. Respiratory hygiene refers to covering the mouth and nose during coughing or sneezing using medical masks, cloth masks, tissues or flexed elbow, followed by hand hygiene. Discard materials used to cover the mouth or nose or clean them appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water).
- If a crew member develops symptoms of acute respiratory infection, including fever, cough, sore throat, difficult breathing and diarrhea, report to the Captain, Medic or Medical person in charge IMMEDIATELY.

4.9 Treatment of suspected case

There is no specific treatment for this disease, so even healthcare providers treat only the clinical symptoms of patients. Supportive care can be highly effective for patients with symptoms. Always contact a tele medical maritime service supplier (RE-MED +47 90230100 and also Radio Medico +47 51 68 36 01) on how to respond to each individual case, the following supportive care can be considered:.

- Make sure the patient drinks enough fluids.
- If the patient develops a bothersome cough, use cough suppressants available in most ships' medicine chests.
- Use Paracetamol in normal dosages (500-1000 mg every 6-8 hours) to control pain and (500 mg every 4 hours) for fever, only if it occurs.
- Observe the patient regularly and monitor the patient's temperature, heart rate and respiratory frequency (number of breaths per minute).

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

- Seek additional tele-medical advice if the patient develops a breathing problem or feels very ill. Be alerted if the respiratory frequency is above 20 when the person is resting, or if the person has a moderately to severely reduced general condition.

Note: If patient is having shortness and difficulty of breathing (rapid shallow breathing, breathing with crackles – lung filled with water, or wheezing) even before contacting Radio-Medico, oxygen should be provided to patient via rebreathing mask. Initially at low flow rate at 2-3 LPM. This rate can then be adjusted after Radio Medico consultation.

- If the patient develops a severe breathing problem, urgent treatment in a hospital will be necessary, therefore, medivac scenario will have to be exercised.

In such cases Siem Offshore ERT shall be informed via Emergency phone number:
+47 95 21 90 90

4.10 Managing contacts on board

It is advised that contact tracing activities begin immediately after a suspected case is identified on board without waiting for any laboratory results. All persons on board should be assessed for their risk of exposure. A close contact having had high risk exposure would typically be a person who has stayed in the same cabin, worked in the same area, provided health care to, or otherwise engaged in common activities with a suspected/confirmed case of COVID-19. All close contacts should be asked, to the extent possible, to stay in their cabins and do passive self-monitoring of any symptoms

4.11 Cleaning and disinfection

Guidance :

- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes and other bedroom furniture daily with regular household disinfectant containing a diluted bleach (5% Sodium Hypochlorite) solution (1-part bleach to 99-parts water).
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach (5% Sodium Hypochlorite) solution (1-part bleach to 99-parts water).

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

- Clean clothes, beddings, bath and hand towels, etc. of ill-persons using regular laundry soap and water or machine wash at 60-90 degrees Celsius with common detergent and dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid direct contact of the skin and clothes with the contaminated materials.
- Chlorhexidine Gluconate 2% Wipes may be used if available on office keyboards, phones, PC etc.

The Master may decide to divert workforce from their usual tasks to help with activities related to controlling the possible spread of virus on board.

4.12 Medical supplies

While the carriage of medical supplies is regulated by Flag States, the Company will strive to provide vessels with additional equipment such as handwashing supplies, alcohol-based sanitizers, goggles, surgical masks, aprons and nitrile gloves.

Due to difficult supply situation, vessels are encouraged to check possibilities of local sourcing where needed and contact Purchasing Department before local purchase

5. Port calls

In the event of a suspected case (ref definition in section 2.3) of COVID-19 onboard, the Master should report the event as soon as possible to the next port of call, to allow the competent authority at the port to arrange, depending on the situation, medical evacuation or special arrangements for disembarkation and hospitalization of the patient and laboratory diagnosis. The ship may be asked to proceed to another port in close proximity if this capacity is not available, or if warranted by the critical medical status of the suspect case of COVID-19.

Disembarkation of the patient should take place in a controlled way to avoid any contact with other persons on board the ship and the patient should wear a medical mask. Personnel escorting the patient during the medical evacuation should wear suitable PPE. All equipment used for transporting the patient must be cleaned and disinfected after use or disposed of if relevant.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

As soon as the patient has been removed from the ship, the cabin or quarters where the suspected case of COVID-19 was isolated and managed should be thoroughly cleaned and disinfected. If vessel is struggling with PPE supplies, cabin shall be quarantined and access forbidden. Master shall seek advice from port health authority with regard to cleaning as special local regulations may be imposed.

The port health authority will most likely conduct a risk assessment and all contacts of the suspect case will be tried to be identified and crew shall follow the instructions of the public health authorities, until the laboratory results of the suspect case are available. If the laboratory examination of the suspect case is positive for COVID-19, then all close contacts are likely to be quarantined for 14 days according to instructions from the competent authorities.

5.1 Visitors and services

No visitors shall be allowed on board, with a few exemptions – embarking persons shall be restricted to agents, personnel necessary for operation of the vessel, port state officials and authorized personnel from the public health services.

All contractor visits to vessels shall be restricted to critical activities such as urgent repairs to equipment or delivery of essential supplies. Such visits shall be confirmed by the vessel Master on consultation with the Vessel Manager.

When contractors or non-Siem Offshore personnel are onboard, access to accommodations shall be prohibited unless approved by the vessel Master in consultation with the Vessel Manager.

Some mitigations can be put in place such as:

- Assigning designated area for food serving away from normally used mess room.
- Assigning special separate toilet for workers.
- Checking with contractors whether they can provide separate hand wash station on deck and portable toilets on the key side for their own workforce.
- Reducing number of meeting participants to absolute minimum.
- Broader use of phone communication with workers to avoid necessity of traveling inside accommodation.
- Restrict visits to bridge and ECR.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

Master in consultation with Vessel Manager shall request contractor to inform Master in case personnel that visited the vessel have developed symptoms of COVID 19 within 14 days after the visit on board.

5.2 Shore leave

Shore leave shall be suspended for all crew on all vessels in all ports. Shore leave shall not be allowed unless :

- it is deemed essential for the safety or the operation of the vessel at Captain's discretion. (However, shorter stays on the quayside and the harbor area in close vicinity of the vessel are allowed and shall not be considered shore leave but standard precaution applies, see point 4.1)
- For pick up of prescribed medicines in pharmacy / crewmembers doctors visits / medical reasons

Personnel effect for crew (basic toiletries, newspapers) shall be organized centrally via ship chandler to avoid the need for individuals making separate purchases.

5.3 Deviations to shore leave suspension

Company may consider lifting shore leave suspension temporarily during a given port stay.

Shore leave in this context is e.g. leisure walks, jogging exercises, short trips to general stores with intentions to buy necessary toiletries if not available already on board.

Vessels can submit Management of Change request of PR-GL-100 section 5.2 to Vessel Manager for assessment. Approvals will be granted by designated member of COVID19 Task force on behalf of General Manager.

When submitting MoC , following prerequisites will be applicable and shall be indicated on [MoC form FO-137](#) in 'description field' :

- Only temporary MoC will be accepted , indication of time frame will be required on MoC
- Name of port and country has to be indicated.
- Country and port shall not have limitation of shore leave imposed.
- If possible, submittal of MoC shall be done in ample time prior first intended shore leave to allow for review.

COVID-19 Management Plan



Doc no:	PR-GL-100	Owner	HSEQ Director
Rev:	11	Approver:	CEO
Date issued:	08/07/2021	Validity area	Global Organization

- For client vessels, head of 3rd party personnel (i.e. Offshore Manager or equivalent) shall be consulted.

Criteria for accepting the MoC will include, inter alia, area of operation, trading pattern, last port of calls, POB, location of port call, medical risk rating of country of operation.

In case MoC is accepted, personnel on shore leave shall observe social distancing rules and country national advice for general population. In addition personnel going ashore shall avoid doing so in groups of more than 2 persons and number of shore trip for a given person shall be kept to minimum.

When coming back from shore leave screening procedures described in section 3 can be omitted.

6. Crew changes / going home

Crewmembers who are disembarking are advised to consult current status of WHO advice (www.who.int/health-topics/coronavirus) for international traffic regarding the outbreak of COVID-19 and exercise standard precautions as per point 4.1

Some country health authorities may impose obligatory quarantine after return from abroad.

Overlaps during crew changes shall be kept to minimum, and it is advisable for key shipboard positions to perform handovers via phone and email prior crew changes.

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