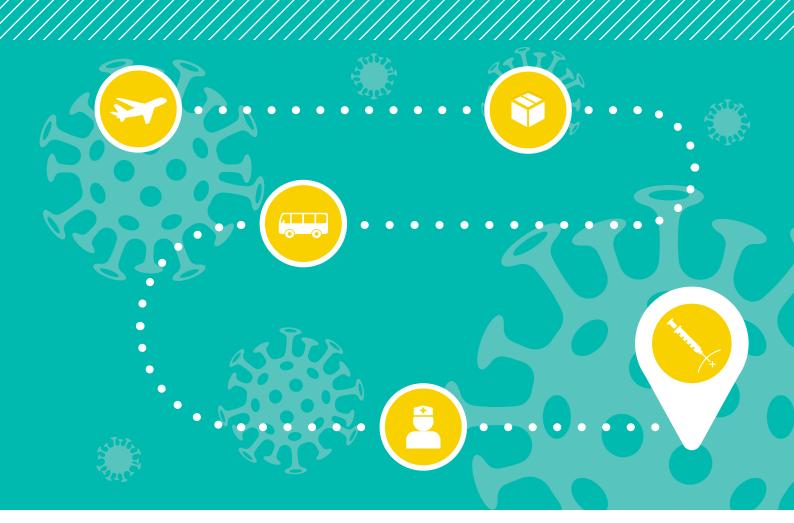


Coronavirus (COVID-19)

Roadmap for Vaccination of International Seafarers



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1 Introduction

There have been over 400 million cases of coronavirus (COVID-19) and more than five million COVID-19 deaths recorded worldwide. To date, more than ten billion people have received one dose of a COVID-19 vaccine.

A number of vaccines are now authorised in different countries and more are gaining official authorisation on a regular basis. In the global fight against the COVID-19 pandemic, vaccination of populations is a key step.

Seafarers can be considered as a unique population with its own needs and constraints and requirements for international travel.

To protect the health of seafarers, passengers and the general public, and to minimise disruptions to trade and global supply chains, vaccination of seafarers is considered highly preferable alongside appropriate quarantine, COVID-19 safe travel and other measures required by flag, port and labour supply countries.

While industry bodies continue to work with authorities at national, regional and international levels to prioritise rapid access to vaccinations for seafarers as key workers in all countries, it is apparent that an updated roadmap dedicated to seafarer vaccination will help to achieve global immunisation.

Vaccination of seafarers in their home countries remains the preferred option but measures are also required to permit access to vaccination for seafarers from all countries.

This updated roadmap provides a framework to help promote the establishment of national vaccination sites and local vaccination programmes dedicated to seafarers.

International Chamber of Shipping thanks the European Commission DG Mobility and Transport (MOVE) Unit D.2 Maritime Safety for their support with the production of this document.



2 Purpose and Scope

This revised roadmap sets out procedures for a programme for implementation by all stakeholders concerned to facilitate safe ship crew vaccination during the COVID-19 pandemic. It can be used by shipping companies (their agents and representatives, including crew agencies), maritime administrations and national health authorities, in liaison with other authorities (such as local customs, immigration, border control, seaport and civil aviation) and seafarers, during the planning and roll-out stages of the vaccination programme.

Some countries have already deployed mass vaccination campaigns and a programme to specifically enable vaccination for seafarers who:

- Need to leave their vessels and return home;
- Emanate from countries which currently do not have vaccination available to seafarers;
- Emanate from countries which currently have not prioritised seafarers in their vaccination campaigns; or
- Require a booster dose in addition to their full vaccinations.

The roadmap:

- Proposes a framework dedicated to seafarers, for the establishment of vaccination sites, i.e. places easily accessible to seafarers (ports or airports); and
- Describes aspects to consider in a vaccination programme for seafarers, such as:
 - Planning, setting up and operating a vaccination site, including vaccine logistics and distribution;
 - Rostering seafarers and associated documentation; and
 - Legal/liability considerations.

Shipping companies should ensure that they follow national requirements with regards to vaccination, testing and quarantine which can vary significantly across the world.



3 Eligibility

In this roadmap 'seafarer' means any person who is employed or engaged or works in any capacity on board a ship, as defined in the Maritime Labour Convention, 2006.

A seafarer vaccination programme is not intended for:

- Seafarers with documentation showing they have already been fully vaccinated and received a booster dose; or
- Seafarers who can demonstrate that they cannot be vaccinated for specific reasons.

Informed and voluntary consent to vaccination

Vaccination requires an individual's informed and voluntary consent. If an employed seafarer refuses vaccination, employers should consider the reasons given carefully. Employers may consider not allowing unvaccinated employees to work. Each case will need to be considered on its own facts and an individual response made accordingly.

For further information on this, see the ICS guidance *Legal, Liability and Insurance Issues arising from Vaccination of Seafarers*, Second Edition, which can be downloaded at: www.ics-shipping.org/publication/coronavirus-covid-19-legal-liability-and-insurance-issues-arising-from-vaccination-of-seafarers-second-edition

The guidance addresses legal, liability and insurance issues that could potentially arise for shipowners from or in connection with vaccinations of crew for COVID-19. It considers questions raised by shipowners such as; whether and under what conditions a shipowner can require crew to have vaccination, what vaccines may be safely given and what might be the potential liabilities for shipowners in requiring crew to be vaccinated. It provides guidance on best employment practice to protect against such liabilities and information on insurance cover for such liabilities under the shipowner's standard Protection and Indemnity (P&I) insurance.



4 Types of Vaccines

Currently, over 143 vaccines are in clinical development and many more are in the pre-clinical stages. It is recommended that vaccinations which are administered should be on the World Health Organization (WHO) list of vaccines which are under review for Emergency Use Listing (EUL).

The list is available on the *Status of COVID-19 Vaccines within WHO EUL/PQ evaluation process* webpage and provides the latest information on vaccine approval: www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines

The authors of this document recommend the use of vaccines assessed through the WHO Emergency Use Listing Procedure (EUL).

If the time comes when shipowners are able to supply vaccines directly to seafarers, they should ensure that any vaccine to be used has been approved by a relevant international or relevant national regulatory authority, the home state of the seafarer or the flag State.

Due to the transient profile of international seafarers, single dose vaccines may be considered. However it is recognised that these may not always be accepted in certain countries. Likewise, seafarers may request a specific vaccine in order to meet the requirements of a specific country.

UNICEF host a COVID-19 Vaccine Market Dashboard at: www.unicef.org/supply/covid-19-vaccine-market-dashboard

It provides information on the availability of vaccines in individual countries which can be found in the *United Nations (UN) COVAX* programme and is updated daily. It outlines:

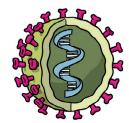
- · Vaccines currently available;
- · Who and which countries have agreements in place; and
- · Quantities purchased.





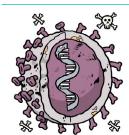
Nucleic acid (mRNA or DNA): Pfizer BioNTech; Moderna; ZyCoV-D

These contain genetic material from the virus that instructs human cells to make the spike protein. Once made, the viral genetic material is destroyed. The body then recognises the protein produced as foreign and stimulates an immune response. This type of vaccine is safe and does not affect the person's genes in any way. It is easy to develop and the technology has been used in cancer patients for many years.



Viral Vector: Oxford/AstraZeneca; Sputnik V/Gamaleya; Johnson & Johnson; CanSinoBIO

These contain a safe version of a live virus that does not cause harm, with genetic material from the COVID-19 virus inserted. Hence the first virus becomes a viral vector. Once inside the cells, the genetic material carried gives cells instructions to make a protein, usually the spike protein, unique to the COVID-19 virus. Using these instructions, the cells make copies of the protein that are recognised as foreign and stimulate an immune response. This technology has been successfully used in the Ebola vaccine and gene therapy.



Inactivated or weakened virus: BBIBP-CorV/Sinopharm; CoronaVac; Covaxin

These vaccines use a form of the virus that has been inactivated or weakened by heat or chemicals so it does not cause disease, but is recognised by the body as foreign and stimulates an immune response. Many existing vaccines are similarly produced and are very safe, but it is difficult to increase production of this vaccine type.



Protein subunit: EpiVacCorona

These include small pieces of virus protein, not the whole virus. The most common protein included is the spike protein or a key component of it. Once introduced to the body it is recognised as foreign and stimulates an immune response.

Source: ICS Coronavirus (COVID-19) Vaccination for Seafarers and Shipping Companies: A Practical Guide

Figure 1: Different types of COVID-19 vaccines



5 Implementing the Roadmap

A multi-disciplinary team is required to establish and implement the seafarer vaccination roadmap, from setting up a vaccination site to rolling out the vaccination programme. It is important to stress the need for extensive coordination between national and local authorities and the multi-disciplinary participation required in planning and implementation of such a vaccination programme.

The following stakeholders should contribute to forming a multi-disciplinary team:

National and local authorities	Ships and seafarers	Others
 Maritime administration Port authorities Health authorities, including medics available in port or airport Customs, immigration and border control Civil aviation authorities where relevant Airlines where relevant 	Shipping companiesAgentsUnion representativesCrew agencies	Welfare providers

Figure 2: Stakeholders in the multi-disciplinary team

The multi-disciplinary team will function as a high-level coordinating body which may require the following roles:

- Head of the vaccine roll-out programme;
- Head of the vaccination site;
- Manager in charge of the vaccination site and staffing; and
- Person responsible for vaccine cold chain management and supply of vaccines to the site facilities.

Stakeholders need to establish how to fund the roadmap and vaccination programme.

The Chartered Institute of Ergonomics & Human Factors have issued a guide to support the safe roll-out of COVID-19 vaccination programmes which include a number of work systems, including; cold chain delivery, local administration of the vaccine, and patient follow-up.

Download the guide from: https://ergonomics.org.uk/resource/vaccinating-a-nation.html

The key stakeholders and their areas of responsibilities are higlighted in Figure 3.



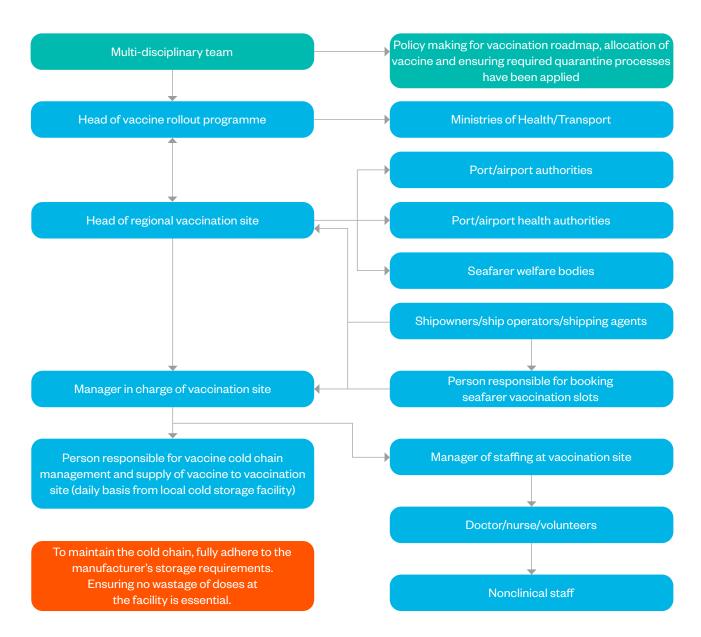


Figure 3: Example of a chain of responsibilities for a seafarer vaccination roadmap



6 Establishing a Vaccination Site or National Hub

Some countries now recognise that in order to facilitate seafarer vaccination, national hub programmes should be established.

In addition, vaccination programmes for international seafarers may require the selection of an appropriate vaccination site to accommodate seafarers and their specificities.

Accessibility to the selected site is key and relies on:

- Efficient crew access to the vaccination site (inbound and outbound);
- · Appropriate infrastructure to support supply and storage of vaccines; and
- Recognising that COVID-19 can be prevalent in some locations and therefore it is important to see how seafarers can get to the vaccination site safely.

When planning the setting up of a vaccination site, the following aspects are reviewed:

- Criteria for the selection of the appropriate site;
- Ensuring logistic needs can be supported (for seafarers' access and for vaccine distribution); and
- · Human resources for staffing the site.

This section provides details on each aspect.

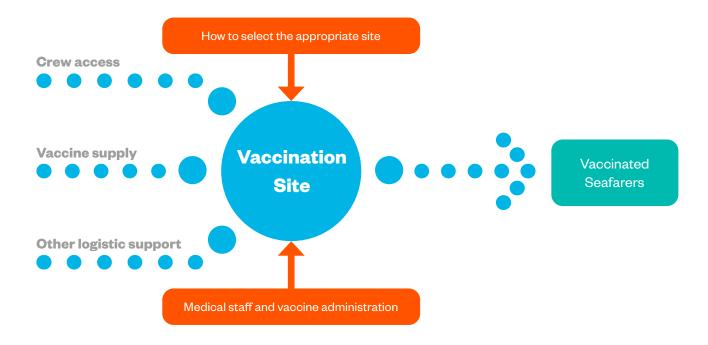


Figure 4: Planning and operating a seafarer vaccination site



6.1 Selection of a vaccination site

There are different options for selecting a location for a seafarer vaccination site:

- · Creating a site dedicated to international seafarers in a port or airport;
- · Using already existing facilities and making changes to accommodate international seafarers; and
- · Using mobile vaccination teams to board merchant ships in port.

In all cases, efficient crew access and vaccine distribution (cold chain and storage) is paramount.

It is also important to determine the target number of seafarers to be immunised on a daily/monthly basis – also known as an immunisation rate – which will impact the number of staff required at the site and the number of vaccine doses needed.

The stakeholders described in section 5 should be involved in selecting a site, setting up and operating a vaccination site.

6.2 Establishing a vaccination site

Different criteria are taken into account to select a site for vaccination of seafarers. It is important to estimate how much space is needed and if the required amenities are available.

How much space is needed for	Associated amenities should be available		
Physical distancing practices and other applicable guidance	Open areas for seating and waiting; separate room for staff; physical barriers; one-way flow through the site (separate entrance and exit)		
Enhanced infection control procedures	Ventilation; handwashing stations and disinfection; washroom facilities		
Proper vaccine storage, handling, preparation	Separate access for receiving/loading supplies; access to electricity to support refrigerators		
Clinical waste management	Clinical waste disposal practices and equipment		
Accessibility/ease of access for seafarers (security issues)	Parking for shuttle bus; no restrictions to site access due to International Ship and Port Facility Security Code (ISPS Code) measures		
Dealing with safety issues for patients including need for observation	Separate/private first aid area for managing medical situations; enough space available for that purpose		
Administration, IT	Enough space available to perform administration and other support functions		

Figure 5: Non-exhaustive list of considerations for identifying an appropriate vaccination site

Examples of potential sites that could be appropriate for seafarer vaccination include:

- Seafarers, clubs;
- Cruise and ferry terminals;
- · Shopping centres or vacant spaces in airport;
- · Convention centres; and
- Outdoors areas with appropriate equipment (tents, heaters) and parking spaces.



When establishing a vaccination site, procedures should be in place to manage adverse effects (such as anaphylaxis or fainting) or emergency situations. Such procedures should follow national or local protocols and should include a clear plan for patient transport to a health care facility.

The table below contains links to various guidance documents from national or international agencies.

Institution	Document name	Website
Government of Canada	Planning guidance for immunization clinics for COVID-19 vaccines; Table 1: Examples of clinic site considerations	www.canada.ca/en/public-health/ services/diseases/2019-novel- coronavirus-infection/guidance- documents/planning-immunization- clinics-covid-19-vaccines.html
US Centers for Disease Control and Prevention (CDC)	Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations	www.cdc.gov/vaccines/hcp/admin/mass- clinic-activities/index.html
US Centers for Disease Control and Prevention (CDC)	Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations	www.izsummitpartners.org/content/ uploads/2019/02/off-site-vaccination- clinic-checklist.pdf
US Cybersecurity & Infrastructure Security Agency (CISA)	Physical Security for COVID-19 Vaccine Points of Distribution Action Guide	www.cisa.gov/publication/security- considerations-covid-19-vaccine- distribution
EU European Centre for Disease Prevention and Control (ECDC)	Rollout of COVID-19 vaccines in the EU/EEA: challenges and good practice	www.ecdc.europa.eu/en/publications- data/rollout-covid-19-vaccines-eueea- challenges-and- good-practice
World Health Organization (WHO)	Guidance on Developing a National Deployment and Vaccination Plan for COVID-19 Vaccines	www.who.int/publications/i/item/WHO-2019-nCoV-Vaccine-deployment-2021.1-eng

Figure 6: List of guidance documents from national or international agencies

A simplified example checklist of best practices to set up seafarers' vaccination sites is available at the end of this section.

6.3 Using existing facilities

A seafarer vaccination site could also be set up in existing facilities. In such cases, it will be necessary to evaluate if existing facilities are appropriate to conduct vaccination of seafarers. Criteria to review for the selection of an existing facility are similar to those provided in sections 6.2 and 6.4.



Particular attention should be paid to the following aspects:

- Ease of access for seafarers;
- Possibility to establish a dedicated pathway for seafarers;
- Possibility to carry out administrative functions specific to seafarers; and
- If a hub port is being established to service a specific region.

6.4 Supporting logistic requirements

The vaccination site location should be adequate to ensure efficient logistics, allowing:

- Easy access for seafarers; and
- · Efficient transport of supplies, including vaccines, to and from the site, and cold chain management.

The logistic needs for seafarers' access and for vaccine supply and distribution are covered in detail in sections 7 and 9 of this roadmap. The vaccination site location should be selected to ensure logistic needs can be supported.

6.5 Medical staff on site

As the pandemic progresses and new variants emerge, it may be difficult to access provision of medical staff. Local plans should be arranged in conjunction with local health authorities to ensure the availability of staff, even at times of high pressure and demand.

Staffing is usually based on the expected immunisation rate (number of seafarers to vaccinate per day), working days per week and opening hours. A need for shifts should also be taken into account.

For reference, it should be noted that an average size clinic operates with 10–15 persons performing vaccine jabs (immunisers).

Role	Functions and background	
Manager responsible for hub port vaccination site	Ultimate responsibility; should be a director or manager with experience in immunisation.	
	Oversees all aspects of site planning, implementation and operation.	
	Liaison role. Supported by medical health officer or other physician.	
Medical support (on site	Medical health officer or other physician.	
or off site); medical staff in charge of the site	Writes medical directives under which vaccines are administered for health care professionals who may delegate immunisation; management of anaphylaxis.	
	Reviews reported adverse events following immunisation.	
	Available by telephone to assist with questions (contraindications, precautions) if medical support is not available at the site.	
Clinic leader	Managers or nurses with immunisation experience.	
	Responsible for the overall operations of the clinic; troubleshoots problems/concerns.	



Role	Functions and background	
Immunisers (administering vaccines)	Nurses, doctors, paramedics, pharmacists, dentists, registered practical nurses, nursing and medical students, midwives (depending on jurisdictional requirements and legislation). Immunises the patient.	
Other medical support staff	ff Physician, nurse practitioner responds to questions.	
	Monitors/responds to post-immunisation adverse events and other medical emergencies and supervises patients.	
Administrative support	In charge of administrative aspects; IT; logistics.	
Other support functions	Greeters, client flow monitors and post-immunisation waiting area monitors.	
	Assists with seafarer access to the site.	
	Assists with administrative functions or monitoring (stewards).	
	Can be performed by volunteers.	

Figure 7: Examples of roles and functions that are expected in a vaccination site, in order to estimate adequate human resources

Reference should be made to national requirements or guidance from medical authorities with regard to vaccination site staffing and operation.

The following link provides guidance documents, made available by a national agency:

Planning guidance for immunization clinics for COVID-19 vaccines; Table 2: Examples of clinic roles and activities in immunization clinic operations (Government of Canada): www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/planning-immunization-clinics-covid-19-vaccines.html

6.6 Training and qualifications for medical teams

Reference should be made to national requirements or guidance with regard to training and qualifications of medical staff administering vaccines and other medical support staff.

Only personnel with appropriate training and qualifications may prepare and administer a vaccine.

Vaccination providers at the vaccination site should be certified in cardiopulmonary resuscitation (CPR), be familiar with the signs and symptoms of anaphylaxis, know their role in an emergency, know when and how to administer epinephrine and trained in its indications and use.

6.7 Mobile vaccination teams

A mobile vaccination service in port is an efficient way to save time for seafarers, when time in port is short. It also allows vaccination of a whole crew or a large part of the crew on board. A team can be linked and supervised by an existing vaccination facility or a purpose-built facility for seafarers.



As vaccination must be supervised, a medically trained person/physician must be part of the team and can intervene in case of an unexpected reaction. When establishing a mobile vaccination team, the following aspects should be considered.

Mobile vaccination team				
Team members	A trained physician/doctor (from the port or elsewhere) can do the vaccination with a nurse or medically trained person who is allowed by the local medical authorities of the port to give vaccinations. One person acting as the driver.			
Equipment required	All tools required for vaccination (e.g. syringes, needles, ampoules, cleaning and disinfection material, personal protective equipment (PPE), etc.). First aid material in case of adverse effects (e.g. Epipen, assistive equipment).			
	Equipment to contact the supervising base; efficient localisation systems (in case of emergency interventions).			
Vaccine transport and storage	All storage equipment as required by the vaccine manufacturer to guarantee cold chain (cool-boxes or refrigerators in vehicles).			
Documents	Registration of the vaccinations handled by the team on board. Vaccination cards to be handed out or completed on board, by team members authorised to do this.			
Emergencies	Intervention in case of serious side effects or allergic reaction should be available, on the spot or within a reasonable time (10 to 20 minutes away maximum).			

Figure 8: Considerations for a mobile vaccination team

A mobile vaccination service could utilise suitably qualified medics working either on board cruise ships or in diving environments if permitted by national laws and regulations.

6.8 Example checklist of best practices to establish a seafarer vaccination site

If "NO" is checked in any answer boxes, remedial actions should be taken.	YES	NO
BEFORE THE VACCINATION SITE		
Vaccine shipped directly to the site, where adequate storage is available (direct shipment is preferred for cold chain integrity)		
VACCINE TRANSPORT (IF DIRECT SHIPMENT TO SITE IS NOT POSSIBLE)		
Vaccines transported with a portable vaccine refrigerator or adequate containers and within the temperature range recommended by the manufacturers		
The person transporting the vaccines confirms that the manufacturer's instructions for packing configuration and proper conditioning of coolants were followed		



Digital data logger (with a Certificate of Calibration Testing) placed directly with the vaccines and used to monitor vaccine temperature during transport Amount of vaccine transported limited to the amount needed **VACCINE STORAGE AND HANDLING (UPON ARRIVAL AT SITE)** If vaccines were shipped, shipment to arrive within the appropriate timeframe (according to manufacturer/distributor guidelines) and in good condition Vaccine shipment contains a cold chain monitor (CCM), to be checked upon arrival at the site Upon arrival, vaccines are immediately unpacked and placed in proper storage Upon arrival, vaccines are still within the manufacturer-recommended temperature range SITE PREPARATION AND SUPPLIES A contingency plan is in place in case vaccines need to be replaced An emergency medical kit (including epinephrine) is at the site All vaccination providers at the site are certified in cardiopulmonary resuscitation (CPR) Adequate infection control supplies provided, including biohazard containers and hand hygiene supplies Adhesive bandages, individually packaged sterile alcohol wipes, sufficient sterile needles and syringes/ sharps container are provided A process for screening for contraindications and precautions is in place A sufficient number of vaccine information statements for each vaccine being offered is available at the site Designated clean area for vaccine preparation identified and set up A qualified individual is designated to oversee infection control at the site PREVENTING TRANSMISSION OF COVID-19 AT THE SITE Sufficient supply of PPE for staff, including face masks, gloves, and, if appropriate, eye shields; face coverings; supply of thermometers to check patient temperatures Signs, barriers and floor markers to instruct patients for physical distancing **VACCINE STORAGE AND HANDLING** Vaccines kept in proper storage equipment maintaining the temperature range recommended by the manufacturer (i.e. a portable vaccine refrigerator or qualified container) Vaccine temperature is monitored If vaccines cannot be stored in a storage unit at the site, they are kept in the portable vaccine refrigerator or qualified storage with a temperature monitoring device Note: this is a simplified and non-exhaustive checklist based on US CDC Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations which is available at: www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf



7 Vaccine Distribution Logistics

This section covers key steps and aspects of vaccine distribution, including transportation to the vaccination site, handling and storage. Transportation, distribution, storage and handling must be conducted in accordance with conditions:

- That could be stipulated in national guidance or requirements; and
- Specified by the manufacturers.

7.1 Transportation to vaccination site

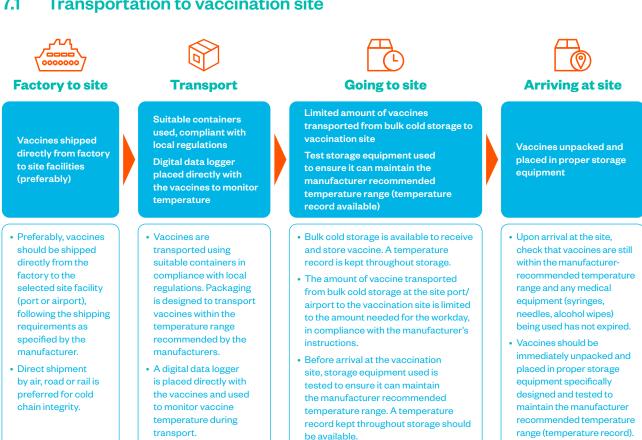


Figure 9: Flowchart illustrating key steps in the logistic chain

A contingency plan must be in place in case vaccines need to be replaced. The plan should address scenarios for vaccines that have been compromised before arrival at the site and for vaccines compromised during clinic hours.

Vaccine information statements (emergency use authorisation (EUA) forms, if required) should be available for each vaccine offered at the vaccination site.



It is paramount to ensure no wastage of vaccine doses. In doing so, it is proposed to identify a reserve list of seafarers who could come if necessary at short notice to the vaccination site.

7.2 Maintaining the cold chain

An effective cold chain relies on three main elements:

- 1. Well-trained personnel;
- 2. Reliable storage and temperature monitoring equipment; and
- 3. Accurate vaccine inventory management.

The flowchart below illustrates responsibilities shared regarding cold chain management.

Each vaccine vial received from the distributor must be stored at a temperature within the recommended temperature range and not be used beyond the indicated shelf-life.

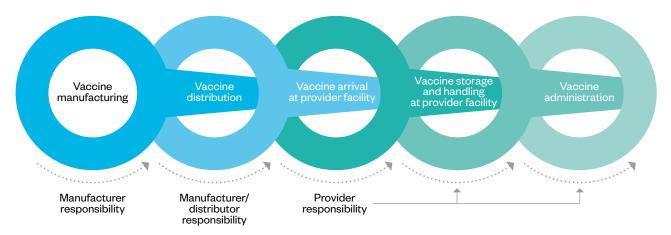


Figure 10: Cold chain flowchart



8 Administering the Vaccine

The immunisation process usually follows three steps:

- 1. Vaccine preparation;
- 2. Vaccine administration; and
- 3. Post-immunisation waiting period.

However, vaccine provision protocols may vary depending on vaccine type.

Advice should be sought from medical authorities if a seafarer has any doubts or questions regarding vaccination and their health conditions. Seafarers can also refer to the *Coronavirus (COVID-19)*Vaccination for Seafarers and Shipping Companies: A Practical Guide, Third Edition, which can be downloaded at: www.ics-shipping.org/publication/coronavirus-covid-19-vaccination-for-seafarers-and-shipping-companies-a-practical-guide-third-edition

General guidance regarding vaccine administration practices can be obtained from:

- Vaccine manufacturers' instructions as outlined in product leaflets;
- Professional standards of practice; and
- Organisational or national policies and procedures.

Administering an additional dose

Arrangements will need to be made for the administration of additional doses in the timeframe advised by the vaccine manufacturers and national authorities.

The table below contains links to various guidance documents on vaccine administration practices by national agencies:

Institution	Document name	Website
Government of Canada	Vaccine administration practices: Canadian Immunization Guide	www.canada.ca/en/public-health/ services/publications/healthy-living/ canadian-immunization-guide-part-1- key-immunization-information/page-8- vaccine-administration-practices.html
Government of Singapore	COVID-19 Vaccine administration	www.moh.gov.sg/covid-19/vaccination
US Centers for Disease Control and Prevention (CDC)	Vaccine Administration	www.cdc.gov/vaccines/hcp/admin/admin- protocols.html

Figure 11: List of guidance documents on vaccine administration practices by national agencies



9 Rostering of Seafarers and Administration

Rostering of seafarers refers to scheduling appointments at the vaccination site.

9.1 Appointments

An appropriate method should be established for individual companies and their agents to book slots at the vaccine site for vaccination of their seafarers.

It is recommended:

- That local stakeholders investigate adequate tools or ways to develop a booking system, which could be as simple as making appointments via a common communication platform (for example Microsoft Outlook), or a dedicated booking tool; and
- To designate one person in charge of booking appointments.

9.2 Travelling to the vaccination site

Seafarers who cannot get a vaccine in their home country before joining a ship may be vaccinated in the country of embarkation prior to joining a ship or in a port visited as part of the ship's itinerary. Any travel to and from a ship and vaccination site will need to follow protocols as specified by the port State and in line with best practice for COVID-19 safe travel. This includes the use of private transportation, use of face masks, etc.

When travelling to a ship and departing their country of origin, seafarers must provide the necessary documentation as required by the airline, countries of transit and the country of final destination.

Depending on the available confirmed booking slots, shipping companies can inform their manning agency, if applicable, to make COVID-19 safe travel arrangements in line with best practices and national requirements for seafarers and advise them of the information they need to receive prior to vaccination.

A seafarer's journey to a national hub and vaccination site can be illustrated as follows.

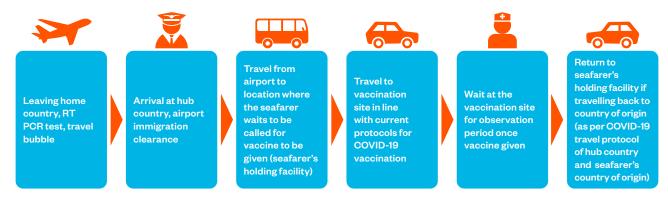


Figure 12: Example seafarer's journey to a national hub and vaccination site



When a mobile vaccination team is established, vaccination of seafarers is performed on board a ship visiting the hub port, with the mobile medical team boarding the ship berthed (or at anchorage).

Administering a second dose

If administration of single dose vaccines is not feasible at the vaccination site, arrangements will be needed for the administration of a second dose in the timeframe advised by the vaccine manufacturers.

9.3 Vaccine documentation

Documentation and records are needed at different levels:

- In the vaccination site, regarding vaccine distribution and per vaccine administered; and
- For seafarers, i.e. documentation for their personal record.

Documents may be provided in the language of the respective country but it is important that this is also accompanied by information and medical records provided in the English language.

Prior to receiving the vaccine, seafarers should be handed copies of consent forms and vaccine information in English provided by the manufacturer or required by the national authorities.

Each vaccine administered is fully documented with:

- 1. Name of person vaccinated;
- 2. Vaccination date (and if applicable time range for the second dose as indicated by the manufacturer);
- 3. Vaccine type, manufacturer and lot number;
- 4. Patient receipt of vaccine information statement;
- 5. Edition date;
- 6. Date emergency use authorisation (EUA) was provided;
- 7. Name of person/facility/clinic administering the vaccine to the seafarer; and
- 8. Necessary vaccine record to support national rules and regulations.

The documentation related to the procedure used consists of:

- 1. Name of person being vaccinated;
- 2. Vaccination route;
- 3. Dosage;
- 4. Name/title of person administering the vaccine; and
- 5. Office/company address of person who administered the vaccine.

9.3.1 Medical records for seafarers

Seafarers administered with the vaccine must be provided with documentation by the vaccination site for their personal records and to share with their medical providers and company.

It is always recommended that information about vaccines administered and hard or electronic copies to certify proof of vaccination and where vaccination took place are obtained and kept safely together with the seafarers' travel documents. Where possible, proof of vaccination should be recorded in the national language with an English translation.



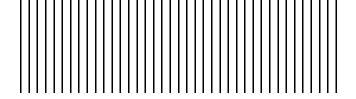
Medical information for all seafarers administered with the vaccine must be placed in a secured storage location for privacy/protection.

Figure 13 is a suggested vaccination card that can be printed off and given to the seafarer if no other documentation is available. The seafarer should ask the vaccinator to complete this in full to ensure that all of the necessary information is collected and can be provided when the seafarer seeks a further vaccine dose or when required by authorities.

Family name:				
First name(s):				
Gender: Male[] Female[] Prefe		Date of birth:		
Nationality:		Passport number:		
Name of vaccine given:			Batch/lot number:	
Date given: Country given:				Dose given:
Name and signature of vaccinator:	Stamp of vaccination centre:			
Name of vaccine given:	Batch/lot number:			
Date given: Country given:		Dose g		Dose given:
Name and signature of vaccinator:	Stamp of vaccination centre:			
Name of vaccine given:	Batch/lot number:			
Date given:	Country given:			Dose given:
Name and signature of vaccinator:	Stamp of vaccination centre:			

Figure 13: Example vaccination card







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