

Date: 4th March 2020

Customer Advisory

Ref: COMM/005/2020

Subject: Novel Corona Virus (COVID-19)

Dear Customers,

Further to our customer advisory ref: COMM/003/2020 dated 27th February 2020, please find attached notification received from the Ports and Maritime Affairs in connection with revised requirements for vessels calling Bahrain.

You are kindly requested to ensure compliance to these requirements at all times.

Sincerely Yours,

APM TERMINALS BAHRAIN

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Classification: Internal



27/01/2020

Port Health Circular No. (1/2020)

To All Ships Agents and Private Jetties in the Kingdom of Bahrain

Due to the outbreak of Coronavirus and all the implications that this could have in our area of influence, this circular to all ship agents and Private Jetties in the Kingdom of Bahrain outlining the procedures for Seafarers and Passengers Arriving from China:

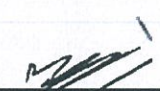
Procedures:

- 1) All Ships visiting Kingdom of Bahrain waters must fill in the **Maritime Health Declaration Form** issued by the Ministry of Health within 72 Hrs. from the date of ships arrival.
- 2) Any Seafarers and Passengers Arriving from China;
 - **14 days or before:** (From the date of China Departure)
 - a) No action taken for any of the Seafarers or Passengers arriving from China.
 - **Within 14 days:** (From the date of China Departure)
 - The Ship Agent must notify immediately the Ministry of Health Hotline and Ports and Maritime Authority and Bahrain Port Control.
 - All Ships visiting Kingdom of Bahrain waters must fill in the **China Outbreak Health Declaration Card** issued by the Ministry of Health within 72 Hrs. from the date of ships arrival, and must be delivered to Public Health Directorate, 4th Floor.
 - a) Seafarers or Passengers must conduct Symptoms Assessment (such as cough, breathing difficulty and or fever) and Temperature Screenings On Board Clinic.

- b) If Symptoms and Temperature Screenings are positive, the Symptomatic Seafarers or Passengers conditions are stable the Seafarers or Passengers must be monitored and isolated On Board.
- c) If Symptoms and Temperature Screenings are positive and the Seafarers or Passengers conditions are Sick, the Seafarers or Passengers will be referred to Medical Health Facilities.

3) Emergency Contact Details

Ports and Maritime Affairs	Security & Safety Directorate	Mr. Adel Najat	17337980 / 39493444	adel.najat@mtt.gov.bh
	Bahrain Port Control	Duty VTMSO	17162010	bpc@mtt.gov.bh
Ministry of Health	Communicable and Zoonotic Directorate	Dr. Kubra S. Nasser	32229393	knasser@health.gov.bh
	Emergency	Hotline	66399868	**


Bader Hood Al Mahmood
Asst. Undersecretary for Ports Affairs
Ports and Maritime Authority

Advice for returned Travelers from China

If you become ill with fever, cough shortness of breath in the next two weeks, you should:

- Seek medical care, use respiratory precautions including mouth and nose cover with tissue when coughing or sneezing, proper disposal of used tissue, regular hand wash
- Inform the healthcare provider about your recent travel and your symptoms.
- Avoid contact with others.
- Stay home unless indicated by healthcare provider.
- Don't travel while sick.

نصائح للقادمين من جمهورية الصين الشعبية

إذا أصبت بأعراض كالحمى أو السعال أو صعوبة في التنفس خلال اسبوعين من عودتك من الصين، فيجب عليك اتباع الإرشادات التالية:

- ♦ طلب الرعاية الطبية، واستخدام احتياطات منع انتشار العدوى التنفسية بما في ذلك (تغطية الفم والأنف بالمنديل عند السعال أو العطس، والتخلص السليم من المناديل المستعملة، وغسل اليدين بانتظام).
- ♦ تجنب الاتصال المباشر مع الآخرين.
- ♦ أبلغ مقدم الرعاية الصحية عن سفرك الأخير والأعراض المرضية التي تعاني منها.
- ♦ البقاء في المنزل ما لم يحدد مقدم الرعاية الصحية غير ذلك.
- ♦ تجنب السفر خلال فترة مرضك



MARITIME DECLARATION OF HEALTH

الإقرار الصحي البحري

يستوفي بمعرفة ربابنة السفن القادمة من موانئ أجنبية ويقدم الى السلطات المختصة.

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

.....

Submitted at the port of

مقدم في الميناء

.....

Date

التاريخ

.....

Name of ship or inland navigation vessel

اسم السفينة أو المركب الملاحي الداخلي

.....

Registration/IMO No

رقم التسجيل لدى المنظمة البحرية الدولية

.....

Sailing to

مبحرة الى

.....

Arriving from

قادمة من

.....

Flag of Vessel

علم السفينة

.....

Nationality

الجنسية

.....

Master's name

أسم الربان

.....

Ship (Gross tonnage)

السفينة (الحمولة الإجمالية المسجلة بالطن)

.....

Tonnage (inland navigation vessel)

الحموله بالطن (المراكب الملاحية الداخلية)

.....

Valid Sanitation Control Exemption/Control Certificate carried on board?

إعفاء صالح من المراقبة الاصحابية/ شهادة المراقبة موجودة على متن السفينة؟

Yes.....نعم

International Health Regulations Monitoring System National IHR Focal Point (NFP)

IHR events should be reported immediately by telephone 17288888 ext. 2234,2224-17279234-17279224 or fax

17279290 or Email hhannan@health.gov.bh or online www.moh.gov.bh/IHR



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MINISTRY OF HEALTH
PUBLIC HEALTH DIRECTORATE

No..... لا
صادرة من:

Issued at:

.....
تاريخ:

Date

.....

هل إعادة التفتيش مطلوبة؟

Re-inspection required?

Yes..... نعم

No..... لا

هل زارت السفينة / زار المركب منطقة موبوءة قررتها منظمة الصحة العالمية؟

Has ship/ vessel visited an affected area identify by the World Health Organization?

Yes..... نعم

No..... لا

ميناء وتاريخ الزيارة

Port and Date of visit

.....

قائمة الموانئ الدولية التي توقفت فيها منذ بداية الرحلة مع تواريخ المغادرة، او خلال أربعة أسابيع ماضية، أيهما أقصر:

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 or within past thirty days, whichever is shorter, including all ports/ countries visited in this period (add additional names to the attached schedule):

.....

بناء على طلب السلطة المختصة في ميناء الوصول، قائمة أفراد الطاقم او الركاب أو غيرهم ممن انضموا الى السفينة/ المركب منذ بداية الرحلة الدولية او خلال الثلاثين يوما الماضية، أيهما أقصر، بما في ذلك جميع الموانئ/ البلدان التي زارتها في هذه الفترة)تضاف اي أسماء أخرى الى الدول المرفق انضم من:.....

Joined:

Name1:

Name2:

Name3:

عدد أفراد طاقم السفينة:

Number of Crew members on board

.....

عدد أفراد السفينة

Number of passengers on board

.....

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Health questions

أسئلة صحية

Health Questions

Questions	Yes	No	Remarks
(1) Has any person died on board during the voyage otherwise than as a result of accident? هل توفي أحد على متن السفينة خلال الرحلة لسبب لا يعود إلى حادث			If yes, state particulars in attached schedule. إذا كان الجواب بنعم اذكر البيانات في الجدول المرفق. Total no. of deaths مجموع عدد الوفيات
(2) 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? هل على متن السفينة أو كان على متنها أثناء الرحلة أي حالة مرضية مشبوهة ذات طبيعة معدية؟			If yes, state particulars in attached schedule. إذا كان الجواب بنعم اذكر البيانات في الجدول المرفق
(3) Has the total number of ill passengers during the voyage been greater than normal/expected? هل تجاوز إجمالي عدد المسافرين المرضى خلال الرحلة العدد المعتاد / المتوقع؟			كم كان عدد المرضى How many ill persons?
(4) Is there any ill person on board now? هل على متن السفينة الآن أي شخص مريض			If yes, state particulars in attached schedule إذا كان الجواب بنعم اذكر البيانات في الجدول المرفق
(5) Was a medical practitioner consulted? هل تمت استشارة طبيب			If yes, state particulars of medical treatment or advice provided in attached schedule. أذكر تفاصيل العلاج الطبي أو المشورة الطبية في الجدول المرفق.
(6) Are you aware of any condition on board which may lead to infection or spread of disease? هل انتهى إلى علمك وجود حالة على متن السفينة يمكن			If yes, state particulars in attached schedule. إذا كان الجواب بنعم أذكر التفاصيل في الجدول المرفق

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أن تؤدي إلى عدوى أو إلى انتشار مرض			
(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? هل نُفذ أي تدبير صحي (كالحجر الصحي أو العزل أو التخلص من العدوى أو إزالة التلوث) على متن السفينة؟			If yes, specify type, place and date أذكر النوع والمكان و التاريخ
(8) Have any stowaways been found on board? هل عثر على أي أشخاص مستخفين على متن السفينة؟			If yes, where did they join the ship (if known) إذا كان الجواب بنعم، أين التحقوا بالسفينة(إذا عرف المكان)
(9) Is there a sick animal or pet on board? هل يوجد على متن السفينة أي حيوان مريض أو حيوان أليف مريض			

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:

ملاحظة: في حالة عدم وجود طبيب بالسفينة، على الربان أن يعتبر الأعراض التالية أساساً للاشتباه في وجود مرض ذي طبيعة معدية:

(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.

أ (حمى مستمرة لعدة أيام مصحوبة (١) بتوعك؛ (٢) بانهايار الوعي؛ (٣) تضخمات في الغدد اللمفية؛ (٤) يرقان؛ (٥) سعال أو ضيق في التنفس؛ (٦) نزف غير عادي أو (٧) شلل.

(b) With or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhea; or (iv) recurrent convulsions.

ب (مع حمى أو دون حمى : (١) أي طفح جلدي حاد أو طفح؛ (٢) إقياء حاد (خلاف دوار البحر)؛ (٣) إسهال حاد؛ أو (٤) تشنجات متكررة.

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.

أقر بأن البيانات والإجابات على الأسئلة في هذا الإقرار الصحي (بما في ذلك الجدول المرفق) حقيقية وصحيحة على قدر علمي واعتقادي.

Signed.....التوقيع

Master.....الربان

Countersignedالتصديق

Ship's Surgeon (if carried)الطبيب (ان وجد)

Date.....

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الإقرار الصحي البحري

* 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.

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Competent Authority Annual Report

Core Capacity Assessment of Ports

A. Port health clinic structure

Place:

☐ Air port

☐ Staff

☐ Traveler

☐ Sea port

☐ Staff

☐ Traveler

	Yes	If yes, Do documents available	No
Clinic structure			
1-availability of place for examination			
2- quarantine area (isolation area)			
Register & Paper work			
1- Computerized register			
2- Computerized Medical record card			
3- traveler health education cards			
4-health declaration cards			
For clinical examination			
1- Mercury sphygmomanometers			
2-ENT set			
3-Thermometer			
4-Stethoscopes			
5-Scale			

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For investigation			
1-ECG machine			
2-sampling kits for infectious diseases			
3-Glucometer			
For management			
1-CPR trolley			
2-Medications			
3-Vaccines			
Referral system			
Equipment for the transport of ill travelers to an appropriate medical facility.			

B. Medical Staff and Paramedics for Care of Ill Travelers at the port

Staff Title	Qualification	Remarks

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C. Safe Environment for Travelers using Point of Entry Facilities

Service	Availability	Inspection program availability
Potable water supplies إمدادات مياه الشرب النقية		
Eating establishments المطاعم		
Flight catering facilities مرافق تقديم الوجبات للمسافرين بالبطائرات		
Public washroom دورات المياه العمومية		
Appropriate solid and liquid waste disposal services خدمات التخلص من الفضلات الصلبة والسائلة		

D. Control of vectors, reservoirs in, and near points of entry

Service	Availability	Remark
Program for vector control برنامج لمكافحة نواقل الأمراض		
trained personnel توفير العاملين المدربين في هذا المجال		

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Movement of International entry of conveyances

Period	Passenger Conveyances		Cargo conveyances	
Trimester	Number of Conveyances	Number of Passengers and Crew	Number of Conveyances	Number of Passengers and Crew
1°				
2°				
3°				
4°				
Total				

Movement of international departure of conveyances

Period	Passenger Conveyances		Cargo conveyances	
Trimester	Number of Conveyances	Number of Passengers and Crew	Number of Conveyances	Number of Passengers and Crew
1°				
2°				
3°				
4°				
Total				

List of public agencies and authorities with activities at the point of entry:

Customs Immigration
yes no
Public health/quarantine service, etc
yes no
Agriculture and Animal Health/veterinary
yes no
Other (specify)

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Health Declaration form
To be filled out by all incoming passengers from China or passing through China within the last 14 days

Please provide the below information:

A. Contact details in Bahrain during the next 14 days

Name: _____

Address: Hotel _____
House _____, Road _____, Block _____

Mobile No. _____

Email _____

Passport No _____

Flight number/ _____

Arrival date / /

B. Details of a contact person in (Bahrain or overseas) who will know how to contact you in the next 14 days

Name of emergency contact:

Mobile No. _____

Email _____

Q1. Do you have a fever, cough, shortness of breath?

Yes

No

If YES, please inform the custom and go to the airport screening clinic.

Please handover the filled form to the custom

Passenger's signature



SHIP PRE-ARRIVAL NOTIFICATION

To be present at least 24 hours prior to ship's arrival

Ship / Operator Particulars

Name of Ship	Type of Ship
<input type="text"/>	<input type="text"/>
ETA (dd/mm/yyyy hh:mm)	Nationality of Ship (flag)
<input type="text"/>	<input type="text"/>
IMO Number	Name of Master
<input type="text"/>	<input type="text"/>

Position of the Ship in the Port (facility & berth)

Choose a Port/Facility	Others
<input type="text"/>	<input type="text"/>

Name & Address of Ship's Agent: (include contact person & phone number)

Port Arrived from (Last 3 ports to be mentioned starting with last port of call)

Last 3 Ports	ISPS Security Level I, II, III	Security Declaration	
		Yes	No
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>

Next Port

Company Name of Ship Owner / Charter

Gross Tonnage

Length Overall (Meters):

Arrival Draft (Meters):

Crew and Passengers

Number of Crew (incl. master)

Number of Passengers

Number of Crew Signing-off or Joining

Number of Passengers Disembarking or Embarking

Cargo Description

Dangerous Goods Onboard

Yes

☐

No

☐

Brief Description of Cargo

Remarks

Date & Signature (master or authorized agent)

Email: Bahrain.Port.Control@mtt.gov.bh

Tel: +973 17162010 Fax: +973 17162008

Information provided in this document is true and accurate in all respects. Any misrepresentation of facts shall invite penal action from the regulatory bodies. Please address the "Ship's Pre-arrival Notification" to Bahrain.Port.Control@mtt.gov.bh for all ships calling the Kingdom of Bahrain. If the duration of the preceding voyage is less than 24 hours then this information must be provided no later than the time of departure from the previous port.