

Guided by world-class experts in medicine and science, Cruise Lines International Association (CLIA) and its ocean-going cruise line members have outlined a pathway to support a phased-in, highly controlled return to passenger service related to U.S. ports with protocols that support the health and safety of passengers, crew, and the communities visited.

Building on the core elements recently announced, CLIA cruise line members who are covered by the existing No Sail Order issued by the Centers for Disease Control and Prevention (CDC) have agreed to adopt the recommendations of the Healthy Sail Panel, a group of scientific and public health experts, that were submitted to the CDC on 21 September. These recommendations – 74 in all – represent a comprehensive approach from booking to disembarkation and are intended to support the initial phase of resumption in the United States by the end of this year.

1 **Keep SARS-CoV-2 off ships**
Take aggressive measures to prevent COVID-19 from entering a ship through robust education, screening and testing of both crew and guests prior to embarkation.



TESTING



SCREENING



EXPOSURE
REDUCTION

2 **Mitigate the risk of infection**
Keep SARS-CoV-2 off ships. Reduce transmission via air management strategies and sanitation practices.



SANITATION



VENTILATION

3 **Establish an effective mobilization plan**
Implement detailed plans for addressing any positive infection onboard, including contingencies for onboard treatment and evacuation.



RESPONSE



CONTINGENCY PLANNING
& EVACUATION

4 **Protect destinations**
Closely control shore excursions.



DESTINATION &
EXCURSION PLANNING

5 **Enhance protection for crew members**
Create the conditions for a safer working and living environment for these valuable members of the cruise operator's team.



MITIGATING RISKS FOR
CREW MEMBERS

Summary of Recommendations to Be Implemented

RECOMMENDATIONS		M	K
#	<p>Modify (M): Recommendations that can be scaled down, modified, or discontinued over time</p> <p>Keep (K): Recommendations that should continue to be implemented to address SARSCoV-2 and other infectious diseases</p>		
Testing			
1	All crew should be tested for SARS-CoV-2 between 5 days and 24 hours prior to leaving their home location to join the ship and receive a negative result, quarantine for seven days on board the ship upon arrival, and take a test at the end of that seven-day period and receive a negative result, before beginning their duties. Additionally, if feasible based on cost and available technology, cruise operators should consider administering an additional test and requiring a negative result shortly prior to boarding.	✓	
2	Cruise operators should implement a crew surveillance program, including periodic testing for SARS-CoV-2, to provide a reasonable level of assurance that the virus is not circulating among crew.	✓	
3	Other employees and ancillary staff (e.g., luggage porters and transportation providers) should undergo daily symptom screening but do not need to be regularly tested like crew or guests.		✓
4	All guests joining a ship, regardless of method of travel to the ship, should be tested for SARS-CoV-2 between 5 days and 24 hours before boarding and receive a negative result that is shared with the cruise operator, before coming on board.	✓	
Health Screening			
5	At embarkation, all guests and crew boarding the ship should undergo health screening to identify any symptoms consistent with COVID-19 (or other infectious diseases) and any contact with individuals suspected or confirmed to have a SARS-CoV-2 infection prior to the cruise.		✓
6	All individuals should have their temperature taken via contactless device as part of the boarding process.	✓	
7	Any individual who discloses symptoms of possible SARS-CoV-2 infection or close contact with an individual with suspected infection, or who displays a temperature of 100.4 degrees or above, should undergo secondary screening by medical personnel to determine whether they may board the ship or whether they will be denied boarding.		✓
Denial of Boarding			
8	Cruise operators should not allow an individual to sail if they do not affirmatively state their willingness to comply with current safety and public health protocols.		✓
9	Individuals who have received a positive SARS-CoV-2 test or who have in the last 14 days been in close contact with an individual with confirmed infection should not be permitted to board the ship.		✓
Policy on Guests at Increased Risk of Severe Illness			
10	Cruise operators should rely on CDC guidelines to determine who is at an increased risk of severe illness and who may be at an increased risk of severe illness.		✓
11	Cruise operators should recommend that guests who are or may be at increased risk of severe illness consult with their health care provider before traveling.		✓
Guest Information & Education			
12	In addition to the information typically communicated at booking, guests should be provided sufficient information on SARS-CoV-2 to assess their individual risk, to fully understand the safety precautions being taken by the cruise line to address SARS-CoV-2, and to agree to comply with the necessary safety protocols while traveling.		✓
Onboard Symptom Tracking and Monitoring			
13	Cruise operators should conduct once-daily temperature checks for guests and crew on board.	✓	
14	Cruise operators should employ routine symptom screening methodologies to help ensure that potential SARS-CoV-2 infections are identified as quickly as possible.		✓

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15	Cruise operators should ensure education efforts are in place to help guests understand the importance of reporting symptoms and potential repercussions of failure to report symptoms.		✓
Personal Protective Equipment (PPE) Usage			
16	To prevent the spread of SARS-CoV-2, cruise operators should require guests and crew to wear cloth face coverings/face masks in accordance with CDC recommendations.	✓	
17	Crew members with prolonged contact (i.e., contact that may result in exposure by CDC's definition) with guests on board the ship should be required to utilize complementary PPE, in addition to wearing a face mask/face covering.	✓	
Capacity Restrictions			
18	When returning to sailing, cruise operators should adjust guest and crew load factors in a manner that allows for appropriate physical distancing on board in accordance with applicable guidance, taking into consideration the size and design of each ship.	✓	
General Distancing Guidelines			
19	Cruise operators' facilities on board the ship, at terminals, and at cruise line-owned and operated destinations should be modified to promote and facilitate physical distancing in accordance with the CDC recommendation of a distance of at least six feet.	✓	
20	Abundant signage and floor markers should be utilized to communicate physical distancing requirements in the terminal, at cruise line-owned destinations, and on board the ship, with a particular emphasis on high-traffic areas (e.g., gangways, elevators, ship common areas).	✓	
Terminal, Boarding, Debarkation Controls			
21	Cruise operators should utilize processes and protocols for touchless check-in and speedier boarding to reduce contact and potential congestion in the terminal.		✓
Sanitation			
22	Cruise operators should educate guests in advance of travel about the sanitation measures that are being used preboard, on board, and at private, cruise line-owned and operated destinations.		✓
23	Enhanced sanitation protocols should be employed to protect against the risk of SARSCoV-2 transmission via inanimate surfaces or objects, with attention to both high- and low-touch areas of the ship, terminal, and cruise line-owned and operated destinations.		✓
24	Cruise operators should ensure that all disinfectants used for cleaning and disinfection are on the EPA's List N: Disinfectants for Use Against SARS-CoV-2 or national equivalent for terminals located outside the U.S., which must also comply with local government regulations.		✓
Hand Hygiene			
25	Cruise operators should follow CDC recommendations regarding the use of hand sanitizers and hand washing with soap and water to craft their recommendations for guests.		✓
26	Cruise operators should ensure that hand sanitizer stations, wipes, or hand washing stations are conveniently placed around the ship for guests' and crew members' usage.		✓
27	Cruise operators should ensure that crew members are thoroughly trained on all aspects of infection control with emphasis on proper hand hygiene techniques.		✓
28	In addition to providing hand sanitizer and hand washing stations on board, cruise operators should encourage hand washing or use of hand sanitizer before and after guests participate in recreational activities.		✓

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Ventilation, HVAC, Filtration Controls			
29	Transmission of SARS-CoV-2 through the air is sufficiently likely that airborne exposure to the virus should be controlled for.		✓
30	Cruise operators should use a variety of indoor air management strategies aimed at reducing occupant exposure to infectious droplets/aerosols.		✓
31	All cruise operators should upgrade the HVAC systems on their ships to, ideally, MERV 13 filters to minimize pathogen dispersal from infected guests and crew.		✓
32	Cruise operators' indoor air management strategies should be optimized given the constraints of ship age and ventilation type.		✓
33	When considering air management strategies, cruise operators should have a primary focus on reducing exposures in the core set of areas where guests and crew would be most vulnerable to droplet/airborne exposure to virus.		✓
Medical Personnel			
34	As a part of augmenting onboard medical capacity to ensure preparedness for potential COVID-19 cases, cruise operators should increase their existing ratios of medical personnel to guests and crew.	✓	
35	Cruise operators should ensure redundancy and back-up for onboard medical personnel.		✓
36	Cruise operators should ensure there is sufficient onboard medical leadership on all ships, including the designation of a crew member with responsibility for infectious disease prevention and response who will inform and oversee execution of components of the response to an outbreak. Cruise operators should also ensure they have a doctor on board with intensivist training to manage the medical care of severely ill patients.		✓
Onboard Clinic Design & Operations			
37	Cruise operators should increase the capacity in their onboard medical facilities to treat patients who may become critically ill from SARS-CoV-2 infection or other unrelated illnesses.	✓	
38	Cruise operators should amplify the varieties and amount of equipment in the onboard medical facilities, including the ability to test for SARS-CoV-2 infection on board.		✓
39	Cruise ship facilities should be arranged to accommodate care for patients presenting with suspected infectious disease separately from care for those presenting with noninfectious diseases.		✓
40	Rather than a patient having an in-person appointment at the medical facility to receive a diagnosis or care, medical appointments should be scheduled virtually/remotely and/or medical staff members should hold appointments in the patient's stateroom when possible.		✓
Treatment Plan			
41	A cruise line's medical treatment plan should be responsive to the current understanding of COVID-19 and optimal treatment protocols, as well as to the specific clinical needs of each patient.		✓
42	Cruise operators should have established relationships with onshore medical institutions that can provide telemedicine consultations in the event of a more serious COVID-19 case.		✓
Contact Tracing			
43	Cruise operators should use CDC guidance as a general guide regarding exposure (< 6 feet for ≥ 15 minutes), pending updates based on emerging scientific evidence.	✓	
44	Cruise operators should define high-, medium-, and low-risk exposures such that recommendations for each exposure level can be efficiently operationalized.		✓
45	Cruise operators should employ a variety of contact tracing methodologies to ensure that all potential SARS-CoV-2 infections are identified as quickly as possible.		✓

9 October 2020

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46	Cruise operators should collect metrics on the effectiveness of contact tracing.		✓
47	Cruise operators should be transparent in their communication with guests about what information is being collected and how it will be used for contact tracing.		✓
Isolation/Quarantine			
48	Cruise operators should designate certain cabins on the ship as isolation and quarantine spaces.		✓
49	Cruise operators should provide guidelines for the determination of whether, when, and where an individual should be isolated or quarantined based on their exposure risk, symptoms, etc.		✓
Debarkation Scenarios			
50	Cruise operators should have a thorough mobilization response plan in place prior to sailing to address the various scenarios that may require individuals with confirmed SARS-CoV-2 infection (guests or crew), and their close contacts, to debark from the ship.		✓
51	Cruise operators should define the criteria for small-, moderate-, and large-scale debarkation scenarios in advance of cruising, including a clear decision-making process to guide thinking about when the threshold has been met for each risk level.		✓
52	Cruise operators should establish offsite incident management with designated medical professionals' advice to respond rapidly and to aid in decision-making.		✓
53	In any debarkation scenario, individuals with confirmed SARS-CoV-2 infection, close contacts, and persons under investigation should be kept separate from any healthy individuals (i.e., those not identified through contact tracing or those who have tested negative).		✓
54	Cruise operators should establish a communications plan, and assign a communications lead in advance, to share timely, relevant information with crew and guests on board the ship in the event of a SARS-CoV-2 infection during or after the cruise. Additionally, cruise operators should have systems in place to coordinate information about SARS-CoV-2 infections to relevant health authorities.		✓
Destination & Itinerary Planning			
55	There are two essential prerequisites that need to be satisfied in order for a ship to sail to a given port: 1) Approval from the local government to visit a port. 2) Agreement to allow safe passage to SARS-CoV-2-infected individuals and their close contacts to debark and travel home.		✓
56	Cruise operators should rely primarily on three key parameters when determining whether to travel to a given port: 1) Current burden of SARS CoV-2 as defined by testing rate, positivity rate, and death rate. 2) Local testing capacity. 3) Local/regional/national implementation of SARS CoV-2 mitigation protocols.		✓
57	In the startup phase, cruises itineraries should be as simple as possible, utilizing private, cruise line-owned and operated destinations or ports where there can be tight control of the onshore experience.	✓	
58	Cruise operators should initially return to service with shorter length trips.	✓	
Guest Excursions			
59	During the initial return to sailing, cruise operators should only allow guests debarking from a ship at a destination port to participate in cruise line-sponsored or verified excursions as a way of limiting potential exposures in the destinations they visit.	✓	
60	Cruise operators should establish expectations of the vendors at the destinations they visit to ensure that they are taking recommended steps to reduce the transmission of SARS-CoV-2.		✓
61	Cruise operators should incorporate verification of compliance with SARS-CoV-2 protocols into their routine ongoing monitoring guidelines for excursion vendors.		✓

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62	Cruise operators should ensure that guests are thoroughly informed about potential exposure risks and how to minimize their risk of contracting SARS-CoV-2 at the planned destination.		✓
63	Cruise operators should offer indoor excursions only if physical distancing, use of masks, and other recommended protective measures can be implemented.	✓	
Prevention (Crew)			
64	Cruise operators should manage the population density of crew areas of the ship.	✓	
65	Cruise operators should provide opportunities for crew to debark from the ship at destinations while maintaining reasonable limitations on their movement to reduce risk of exposure to SARS-CoV-2.	✓	
66	Crew should be placed in single-occupancy crew cabins whenever possible to minimize extended periods of close contact with other crew members.	✓	
67	Cruise operators should limit crew members' close contact with guests over extended periods of time wherever possible. When distancing isn't possible, crew should be provided with additional PPE appropriate to their job type.	✓	
68	Cruise operators should include crew in the surveillance, contact tracing, quarantine, isolation, and debarkation protocols that will be employed in the event that a SARS-CoV-2 infection is discovered on board.		✓
Training & Culture			
69	Crew should be provided with regular training on protocols to reduce transmission of SARS-CoV-2 and empowered to take action to ensure these protocols are followed by guests and fellow crew members.		✓
70	Cruise operators should reinforce a culture of honesty and collective responsibility among crew for following protocols and creating a safer environment.		✓
Validation of Implementation			
71	Cruise operators should have measures and metrics in place to perform continual selfassessment of compliance with all updated health and safety protocols as well as methods for third-party verification of compliance.		✓
72	Cruise operators should perform an "after-action review" following a cruise on which a SARS-CoV-2 infection was detected to assess gaps and make improvements prior to the next trip.		✓
The Path Forward			
73	In their return to sailing, cruise operators should use a phased approach to demonstrate that protocols can be successfully implemented on board their ships before returning to full operations with guests on board.	✓	
74	Cruise operators should implement a formal process to review health and safety experiences related to COVID-19 on cruises to enhance best practices and shared learnings for continuous improvement.		✓

HEALTHY SAIL PANEL MEMBERS



Governor Mike Leavitt, Co-chair

Mike Leavitt was a three-term Governor of Utah and served as Administrator of the EQA and Secretary of HHS under President George W. Bush. He is the founder of Leavitt Partners, a firm that provides investment support, data and analytics, member-based alliances, and direct services to clients to support decision-making strategies in the value economy.



Dr. Scott Gottlieb, Co-chair

Dr. Gottlieb was the Commissioner of the U.S. Food and Drug Administration from 2017–2019 and served as the agency's Deputy Commissioner for Medical and Scientific Affairs.



Helene Gayle, M.D., M.P.H.

Dr. Gayle is CEO of the Chicago Community Trust, one of the nation's leading community foundations. Prior to this role, and for almost a decade, she was president and CEO of CARE, a leading international humanitarian organization. An expert on global development, humanitarian and health issues, Dr. Gayle spent 20 years with the CDC, working primarily on HIV/AIDS. She worked at the Bill & Melinda Gates Foundation, directing programs on HIV/AIDS and other global health issues. She also launched the McKinsey Social Initiative (now McKinsey.org), a nonprofit that builds partnerships for social impact. Dr. Gayle serves on public company and nonprofit boards, including The Coca-Cola Company, Colgate-Palmolive Company, Brookings Institution, the Center for Strategic and International Studies, New America, the ONE Campaign, the Federal Reserve Bank of Chicago, and the Economic Club of Chicago.



Julie Gerberding, M.D., M.P.H.

Dr. Julie L. Gerberding is Executive Vice President and Chief Patient Officer for Merck, leading all aspects of strategic communications, global public policy, population health and patient engagement. A former head of the CDC and a world-renowned public health expert, Dr. Gerberding is deeply committed to achieving sustainable global health impact and tackling some of the most challenging health priorities of our time. This includes addressing critical issues such as affordable access to important therapies, advocating for health policies that promote and sustain innovation of new medicines and vaccines, and improving maternal mortality through the Merck for Mothers program – a public-private partnership helping to meet the United Nations' Sustainable Development

Goal to reduce maternal mortality. Prior to joining Merck, Dr. Gerberding served as the Director of the CDC from 2002-2009 and was the first female to hold that position. While at the agency, she led more than 40 emergency responses against crises such as anthrax, SARS, bird flu, food-borne outbreaks and natural disasters.



Steven Hinrichs, M.D.

Dr. Steven Hinrichs is Professor and Chair of the Department of Pathology and Microbiology at the University of Nebraska Medical Center in Omaha, former Director of the University of Nebraska Center for Biosecurity and the former Director of the Nebraska Public Health Laboratory (NPHL). He is the principal investigator of multiple national awards from the Association of Public Health Laboratories, CDC and the U.S. Department of Defense for the development of an outreach program to extend training and expertise in the early recognition of biological warfare agents. He has published greater than 180 papers in basic science and medical journals.



Michael Osterholm, M.D., Ph.D.

Michael Osterholm is one of the nation's foremost experts in public health, infectious disease and biosecurity. As the director of the Center for Infectious Disease Research and Policy at the University of Minnesota, he is an international leader on the world's preparedness for pandemics. He has led numerous investigations into internationally important disease outbreaks, including food borne diseases, hepatitis Bin healthcare settings and HIV infection in healthcare workers, and he is a frequent consultant to the World Health Organization, the National Institutes of Health, the Food and Drug Administration, the Department of Defense and the CDC. From 2001 to 2005, Dr. Osterholm served as a special advisor to the secretary of U.S. Department of Health and Human Services on issues related to bioterrorism and public health preparedness. From June 2018 through May 2019, he served as a Science Envoy for Health Security on behalf of the U.S. Department of State. He has also been appointed to the National Science Advisory Board on Biosecurity and the World Economic Forum's Working Group on Pandemics, among other prominent advisory positions.



Stephen Ostroff, M.D.

Dr. Ostroff brings years of experience in public health, having served at high-level positions at the Food and Drug Administration and the CDC. He was the Acting Commissioner of the FDA from 2015-16, and before that served as the FDA's chief scientist. Ostroff joined the FDA in 2013 as chief medical officer in the Center for Food Safety and Applied Nutrition and senior public health advisor to FDA's Office of Foods and Veterinary Medicine. Prior to that, he served as deputy director of the National Center for

MEET THE PANEL

Infectious Diseases at the CDC, where he was also acting director of CDC's Select Agent Program. While at the CDC, he focused on emerging infectious diseases, food safety and coordination of complex outbreak response. He retired from the Commissioned Corps of the U.S. Public Health Service at the rank of Rear Admiral (Assistant Surgeon General). Ostroff was also the director of the Bureau of Epidemiology and acting physician general for the Commonwealth of Pennsylvania and has consulted internationally on public health projects in South Asia and Latin America.



William Rutala, Ph.D., M.S., M.P.H.

Dr. Ruta la has experience medically managing a variety of diseases and extensive experience studying epidemiology and virology, particularly managing

outbreaks and emerging pathogens. Dr. Rutala's research interests are the etiology and prevention of healthcare-associated infections with a special focus on disinfection and sterilization of reusable medical and surgical devices. Other areas of active research include contribution of the hospital environment to disease transmission, hand hygiene, preventing transmission of infectious agents including multi drug-resistant organisms, prevention of healthcare-associated Creutzfeldt-Jakob Disease, investigation of healthcare-associated outbreaks, and new and emerging pathogens in healthcare.



Kate Walsh, Ph.D.

Dr. Walsh is Dean and E.M. Statler Professor at the School of Hotel Administration at Cornell University, a leader in education for the global hospitality industry. A

professor of management, Dr. Walsh's primary research is in organizational service design, leadership and the strategic investments of human capital. She has over 20 years of academic experience. In addition, Dr. Walsh has held a number of executive positions in hospitality human resources and is a former New York State certified public accountant. Dr. Walsh serves on the board of the American Hotel and Lodging Association.



Patrik Dahlgren, S.V.P. of Global Marine Operations and Fleet Optimization, Royal Caribbean Group

Captain Patrik Dahlgren is the Senior Vice President of Global Marine Operations and

Fleet Optimization for all Royal Caribbean Group global brands. Dahlgren's seagoing experiences started as a bridge officer aboard tugboats, yachts and an array of cargo vessels and ferries. He rose through the ranks with over 15 years onboard Royal Caribbean International cruise ships, with his last seagoing command as Master of Oasis of the Seas and Quantum of the Seas. He was a lead contributor to the Quantum of the Seas development and received the esteemed RINA (Royal Institute of Naval Architects) award for its innovation and contributions to maritime safety.



Robin Lindsay, E.V.P. of Vessel Operations, Norwegian Cruise Line Holdings Ltd.

Robin Lindsay is the Executive Vice President of Vessel Operations for Norwegian Cruise

Line Holdings Ltd. Lindsay was appointed to this position in January 2015. In this role, Lindsay is responsible for Marine & Technical Operations, Hotel Operations, Entertainment, Product Development, Port & Destination Services, Fleet Personnel, Out Islands and New Build & Ship Refurbishment for all three of the company's brands – Norwegian Cruise Line, Oceania Cruises and Regent Seven Seas Cruises.

Prior to joining Norwegian Cruise Line Holdings Ltd., Lindsay served in a similar capacity as Executive Vice President of Vessel Operations at Prestige Cruise Holdings, the parent company of Oceania Cruises and Regent Seven Seas Cruises. Lindsay's history with the company goes back to the inception of Oceania Cruises in 2003, where he joined as Senior Vice President, Hotel Operations and Vessel Operations. Lindsay earned his B.S. degree from Louisiana Tech University.