



GOOD PRACTICES ON PREVENTION MEASURES AND ACTION BEFORE COVID-19 IN THE PILOTAGE PORT SERVICE¹

Provided below, are a set of recommendations, as a guide to good practices to act against the risk of infection from the SARS-CoV-2 (novel coronavirus) in the pilotage port service. As well as when infection is detected in workers carrying out said service. These are provided without prejudice to what is determined by the competent prevention services for these purposes, and the new instructions that may be given by the health authorities.

I. ACTION GUIDELINES IN THE EVENT OF THE PANDEMIC COVID-19 SITUATION IN OPERATIONS IN THE PILOTAGE PORT SERVICE

Establishment of closed groups

In order to contain the spread of the virus during work activity, and in order to limit its effects on essential services, to the extent possible, closed work groups may be established, so that each group is always made up of the same workers and do not come into contact with members of other groups. In each port, this measure may be adapted in accordance with their work systems.

Protective material and measures

- 1.- Interactions with workmates or any other personnel who interact during operations will be carried out maintaining the safety distance recommended by the health authorities. The use of a mask will only be required in cases where said distance cannot be respected.
- 2.- When on duty, both during waiting times and during activities, personnel should maintain the minimum safety distance at all times.
- 3.- Strict hands hygiene must be observed, including after the removal of the PPE.
- 4.- The use of masks and gloves should be rationalised and reused as far as possible, following the manufacturer recommendations, due to existing supply problems.
- 5.- The pilot and the crew members will be also given latex gloves. Safety distance must be kept between them and, if not possible, the use of a mask is required.
- 6.- Whenever the pilot cannot maintain the safety distance with the crew members of the ship he advises, the use of a mask and latex gloves are required while on board.

¹In case of discrepancy, the Spanish original version shall prevail
<http://www.puertos.es/es-es/Documents/2020-04-08%20doc%20Gu%C3%ADa%20Practica%20COVID-19.pdf>

7.- During the trips in the pilot boat, the skipper, the crew and the pilot should maintain, as far as possible, the safety distance. It is recommended for them to be fitted with masks and gloves if it is not possible to maintain this distance due to the dimensions of the boat or the necessary movements on board.

8.- Document exchange with the ship is recommended to be done by telematic means in order to avoid the use of paper, whenever possible.

9.- The personnel of any other company interacting with workers of companies holding a license to provide the port pilotage service, should follow the rules established in this procedure.

10.- The close gatherings or meetings of personnel must be avoided at all times, both at the beginning and at the end of guard duty.

Other measures

1.- The companies providing the pilotage service should have the necessary means to guarantee the hygiene of the workers, especially all the necessary means to wash their hands.

2.- The boats of the pilots will be cleaned at the end of each shift by the company providing the pilotage service.

3.- With regard to personnel suffering from a condition making them especially vulnerable to the SARS CoV-2 virus, it is recommended that health surveillance services assess if they are fit for working in the current conditions. If so, mask and gloves should be provided.

4.- The necessary material to provide the services will be prepared and delivered by the company providing the port pilotage, before the start of shifts.

5.- It is recommended, in order to avoid crowds, to seal the access to changing rooms and showers that are not for individual use, allowing only the use of sinks and toilets.

II. ACTION PROCEDURE IN CASE OF SARS-CoV-2 (CORONAVIRUS) INFECTION OF PERSONNEL INTERVENING IN THE PILOTAGE PORT SERVICE

According to the action procedure established by the health authorities, in a scenario of generalized sustained community transmission, detection of SARS-CoV-2 infection should be carried out in the following situations:

A. Person with a clinical picture of acute respiratory infection who is hospitalized or who meets hospital admission criteria.

B. Person with a clinical picture of acute respiratory infection of any severity who belongs to any of the following groups: (a) health and socio-health personnel, (b) other essential services.

Classification of cases

1. Confirmed case: case that meets laboratory criteria (positive screening PCR and confirmatory PCR in an alternative gene to also positive screening).
2. Probable case: case whose laboratory results for SARS-CoV-2 are inconclusive.
3. Discarded case: case whose laboratory results for SARS-CoV-2 are negative.
4. Possible case: case with mild acute respiratory infection without criteria to carry out a diagnostic test.

Definition and classification of contacts

It is defined as close contact of possible, probable or confirmed cases:

- Anyone who has provided care while the case had symptoms: health workers who have not used adequate protection measures, family members or people who have other similar physical contact;
- Cohabitants, relatives and people who have been in the same place as a case while the case presented symptoms at a distance of less than 2 meters for a time of at least 15 minutes.

Contacts are classified in the following terms:

1. Close contact with possible, probable or confirmed case of COVID-19 with proper use of PPE.
2. Close contact with a possible, probable or confirmed case of COVID-19 without the use of PPE.
3. Casual contact (the one that is not defined as close) with possible, probable or confirmed case of COVID-19 without the use of PPE.

Contact management

1.- Close contact with possible, probable or confirmed case of COVID-19 with proper use of PPE. They will continue with normal work activity, and passive surveillance of symptoms will be carried out.

2.- Close contact with possible, probable or confirmed case of COVID-19 without PPE.

a. If valued as a high-risk exposure:

- The worker will withdraw from work and will carry out a home quarantine for 14 days with active monitoring of symptoms.
- Carrying out a diagnostic test by PCR will be evaluated 7 days later. In the event that the PCR is negative, must return to work.

b. If it is assessed that it is a low-risk exposure, normal work activity and passive monitoring of symptoms will continue.

3.- Casual contact with a probable or confirmed case of COVID-19 without PID: it will continue with normal work activity and passive monitoring of symptoms will be carried out.

The occupational risk prevention services will be in charge of establishing the mechanisms for the investigation and monitoring of close contact within the scope of their powers, in coordination with the public health authorities.