Eastern Seaboard and Western Australian Cruise Protocols

The Eastern Seaboard and Western Australian Cruise Protocols are the primary document outlining Governments’ expectations for cruise lines operating in Australia (domestic and international). They were developed on the instruction of National Cabinet, are informed by industry, and have been approved by Governments across the Eastern Seaboard and in Western Australia. As national COVID-19 settings change, state Governments will consider and advise industry of any changes to the Protocols.

The Protocols outline reasonable steps to mitigate transmission of COVID-19, reduce severe outcomes of COVID-19 infection, and avoid overwhelming health systems onboard and on-land. The Protocols are guidance and set out state Government’s expectation of the minimum standards that industry “must” implement to manage COVID-19 risks, and additional measures that industry “should” take as best practice.

In addition, to effectively manage an outbreak, the Cruise Protocols set out further public health measures at tier 2 and tier 3 for cruise lines to implement in response to growing case numbers onboard. Cruise lines should also consider implementing additional public health measures where an outbreak has staffing or operational impacts, even if the cruise line does not meet the case thresholds outlined below.

The Protocols are designed to supplement cruise lines’ own protocols to reduce exposure to health risks.

<table>
<thead>
<tr>
<th>Threshold</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td><strong>% of passengers and crew onboard that test positive to COVID-19 in the last 7 days.</strong></td>
<td><strong>1 Pre-Embarkation Traveller Communication</strong></td>
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<tr>
<td><strong>Tier 1 (Baseline)</strong></td>
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<tr>
<td><strong>Threshold:</strong></td>
<td>0-3% COVID-19 positive</td>
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<tr>
<td><strong>1.1</strong> All travellers should acknowledge, at the time of booking, the health, travel, and financial risks associated with cruising.**</td>
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<tr>
<td><strong>1.2</strong> Cruise lines should provide up to date and tailored information (specific to the cruise type and duration) to their passengers in the lead up to the cruise, noting that passengers are likely to book the cruise some time in advance of boarding.**</td>
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<tr>
<td><strong>2 Vaccination Requirements</strong></td>
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1 Health information should include the following: how a COVID outbreak will be managed; impact of COVID diagnosis while onboard; health care available onboard and how to access it; cost of healthcare onboard (including any cost of anti-viral medication); how retrieval will be managed (including cost of the process) if health needs cannot be supported onboard, and implications for non-citizens; post-disembarkation arrangements.

2 Travel and financial information should include the following: potential for cancellation of activities due to COVID outbreaks; how COVID outbreaks will be communicated to passengers; potential impact for onward travel and accommodation post-cruise.
<table>
<thead>
<tr>
<th>Paragraph</th>
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<tbody>
<tr>
<td><strong>2.1</strong> All passengers (12 years and older) must be ‘fully vaccinated’ to board a cruise ship.³ Cruise lines should ensure this is clearly communicated to customers prior to booking.</td>
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<tr>
<td><strong>2.2</strong> It is strongly recommended that all eligible passengers (including children) are ‘up to date’ with their COVID-19 vaccinations prior to travel.⁴ Cruise lines should ensure this recommendation is clearly communicated to passengers prior to booking.</td>
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<tr>
<td><strong>2.3</strong> All crew must be ‘up to date’ with their COVID-19 vaccinations.⁵ Medical exemptions will not apply to crew.</td>
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<tr>
<td><strong>2.4</strong> Passengers with a medical exemption are permitted to travel, however must not exceed a maximum threshold of 5% of all passengers onboard (noting that prior infection with COVID-19 is not grounds for a medical exemption).⁶ Children under 12 years old who are not fully vaccinated are permitted to travel, and there is no limit on the number of unvaccinated children permitted to travel.</td>
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<tr>
<td><strong>2.5</strong> It is strongly recommended that all passengers and crew have the seasonal influenza vaccination, when available.</td>
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<tr>
<td><strong>2.6</strong> Cruise lines are responsible for verifying the vaccination status of passengers using technological solutions during booking and human validation at the time of boarding.</td>
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<tr>
<td><strong>3</strong> <strong>Health Screening</strong></td>
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<tr>
<td><strong>3.1</strong> On the day of boarding, passengers must complete a health screening which includes verification that individuals do not have symptoms of COVID-19 or other respiratory illness, and/or are not required to quarantine or isolate (as per current domestic requirements).</td>
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<tr>
<td><strong>3.2</strong> Passengers who are symptomatic on the day of boarding must be referred for further medical assessment prior to boarding. Symptomatic passengers must have a negative rapid-PCR on the day of boarding. Those who do not return a negative test should be denied boarding.</td>
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<tr>
<td><strong>4</strong> <strong>Shore Excursions</strong></td>
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<tr>
<td><strong>4.1</strong> Cruise lines should develop COVID-safe protocols or plans for each shore excursion. The plans should outline risk mitigation measures that will be put in place during a shore excursion. COVID-Safe Plans for shore excursions should consider the specific needs of the local communities, including rural, remote, and Aboriginal communities. These plans should be developed in consultation with local health authorities.</td>
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³ A person is considered ‘fully vaccinated’ if the person has had at least two doses of a COVID-19 vaccine approved or recognised by the Therapeutic Goods Association (excluding COVID-19 Vaccine Janssen (Janssen) which may be only one dose).

⁴ A person is considered ‘up to date’ if the person has had a primary course of a TGA approved or recognised vaccine, plus the recommended number of boosters as per guidance from the Australian Technical Advisory Group on Immunisation (ATAGI).

⁵ A person is considered ‘up to date’ if the person has had a primary course of a TGA approved or recognised vaccine, plus the recommended number of boosters as per guidance from the Australian Technical Advisory Group on Immunisation (ATAGI).

⁶ Note that evidence of medical contraindications must be in English, and documented by a registered medical practitioner (for Australian residents, this should be recorded on the Australian Immunisation Register)
4.2 Masks must be worn onshore in accordance with local Public Health Order rules for local settings and are highly recommended during onshore activities in public indoor spaces and in crowded outdoor spaces.

5 Onboard Public Health Measures

5.1 Passengers should wear masks when embarking and disembarking, in public indoor spaces onboard, and in crowded outdoor spaces. Regular reminders are critical to ensuring passengers wear masks.
5.2 Cruise lines should provide passengers free access to masks and hand sanitiser.
5.3 Crew should wear masks at all times whilst working indoors.
5.4 Cruise lines should maximise the use of outdoor spaces where possible.
5.5 Cruise lines should consider capacity limits on indoor venues where physical distancing is not possible. It is at the discretion of the cruise line to determine when this is needed.
5.6 Cruise lines should continue to make efforts to improve their ventilation systems (e.g. upgraded air filters and increased air flow), wherever possible.
5.7 Cruise lines should follow enhanced environmental cleaning practices (in line with current practices onboard).

6 Testing Protocols

6.1 Passengers who are symptomatic at the time of boarding must have a negative rapid-PCR test before they are able to board the ship (as per 3.2).
6.2 Passengers must have a PCR test within 48 hours before boarding, or a self-administered RAT within 24 hours before boarding. Cruise lines will advise passengers embarking in Australia that pre-embarkation PCR testing must be done at a private laboratory.
6.3 Cruise lines should provide advice to passengers recommending that after disembarkation all cruise passengers should monitor closely for COVID-19 symptoms, and if these develop at any time, get tested for COVID-19 and isolate until they receive a negative result.
6.4 Passengers are to follow the reporting requirements of local health authorities for self-administered RATs. Cruise lines should have robust systems in place to capture positive COVID-19 results of passengers and crew while onboard the vessel.
6.5 Cruise lines must test all crew every 14 days, or when symptomatic. This should be achieved by testing at least 50% of crew in each department, every 7 days.
6.6 Passengers who have symptoms of COVID-19 must be tested, including ahead of shore excursions, and are encouraged to wear masks while symptomatic.
6.7 Cruise lines should take reasonable steps to ensure that passengers and crew comply with testing protocols.  

7 On-board Traveller Communication

7 Reasonable steps may include asking passengers to show a photo (with a timestamp) of a negative RAT or conducting random spot checks of passenger RAT results.
7.1 Cruise lines should maintain regular communication to passengers about COVID-safe practices. This will be implemented differently by each cruise line, however, may include regular voice announcements, videos, posters, and Captain’s announcements.

7.2 Onboard traveller communication should include regular reminders of the importance of mask wearing, reminders about accessing free initial medical assessments and testing for passengers who report symptoms of COVID-19 (as per 8.1), and reminders to isolate and get tested when symptomatic.

8 On-board Health Care

8.1 Cruise lines must ensure that passengers have access to free initial medical assessments for respiratory and other symptoms of COVID-19, including free access to COVID-19 tests (PCR and RAT).

8.2 Cruise lines must have capacity to provide critical care level support for COVID cases.

8.3 Cruise lines must have the ability to supply approved COVID-19 anti-viral medication onboard for patients if clinically indicated.

8.4 Cruise lines should provide COVID-19 positive passengers written confirmation of their diagnosis.

9 Close Contacts

9.1 Close contacts will include those who share a cabin with a COVID-19 positive case, and those who have had close contact with a positive case (as identified by the cruise operator’s medical team through contact tracing processes).

9.2 Close contacts are not required to quarantine if they abide by the following conditions whilst on board for 7 full days:

• Test negative using a self-administered rapid antigen test each day
• Wear a mask at all times when outside the cabin, including when outdoors
• Eat in dining areas separate to other passengers

Cruise lines must ensure close contacts have access to free masks and RATs for this purpose. If close contacts disembark at the end of a voyage prior to 7 full days, they are to follow the requirements in that jurisdiction.

10 Isolation Requirements

10.1 Passengers and crew who test positive for COVID-19 must isolate for 5 full days from the date of their positive test result. Cases must continue isolating on day 6 and 7 if they have symptoms, or may leave isolation on day 6 or 7 if they have no symptoms. Cases who continue to experience symptoms after 7 days should continue to isolate until symptoms resolve. No end of isolation testing required.

10.2 Cruise lines must provide isolation accommodation for guests and crew, in line with existing arrangements. Note that on smaller vessels, individuals may be required to isolate in their cabin, while on larger vessels, individuals may be transferred to isolation-specific accommodation.
11 Reporting COVID Cases

11.1 Cruise lines must notify other passengers of COVID-19 cases on board a vessel where there are elevated case counts (at minimum, where a new risk tier is reached) and a potential risk of ongoing transmission.

11.2 Passengers should be made aware of the approach to communication of COVID-19 positive cases at the time of booking.

11.3 Cruise lines must report COVID-19 cases to the jurisdictional health authorities 12 - 24 hrs prior to arrival, or as required by the specific jurisdiction. Cruise lines should work with jurisdictions to understand their individual requirements. This applies to international cruises as well as domestic cruises.

12 Escalation of Health Issues

12.1 Cruise lines must refer and transfer COVID-19 cases to hospital where they cannot be safely managed onboard, in line with the process required by local health authorities.

12.2 Cruise lines should work with local authorities to develop a notification and referral process for each port. This will outline the containment arrangements for transferring cases to hospital.

13 Disembarkation

13.1 Cruise lines should maintain all passenger and crew personal contact information for up to four weeks following a cruise. This information should be provided to Health authorities if requested.

13.2 Passengers with COVID-19 are able to drive home if they have their private transport at the port and are well enough to travel. These passengers must comply with restrictions in the local jurisdiction when considering alternative transport options (such as public transport, taxi or rideshare).

13.3 For passengers with COVID-19 who cannot safely drive home, cruise lines must provide administrative support to ensure passengers have accommodation to complete their isolation period and to ensure they can be safely transported to that accommodation. Prior to booking, passengers should be informed of the process and of who bears responsibility for the cost of any post-cruise isolation accommodation or transport required.

13.4 Cruise lines may wish to enter into agreements with private transport companies to drive passengers with COVID-19 to their isolation accommodation, or to their home if they do not have their personal vehicles in the port.
| Tier 2  | Threshold: 3-10% COVID-19 positive | As above, and:  
| --- | --- | ---  
|  |  | • Cruise lines should require that crew wear masks in public indoor spaces and outdoors where physical distancing cannot be maintained.  
|  |  | • Cruise lines should increase surveillance testing (via self-administered RAT) of all crew upon reaching tier 2 to every 7 days (ideally batch testing 50% every 3-4 days).  
|  |  | • Cruise lines should consider introducing passenger surveillance testing, and testing passengers prior to disembarking for a shore excursion and at the end of a cruise. The decision should be made in consultation with the local health authority, with regard to:  
|  |  | o the location of disembarkation: testing may be considered prior to entering a remote or vulnerable community,  
|  |  | o case rate on board: testing may be considered where there is a high case rate on board, and,  
|  |  | o the distribution of cases: testing may be considered where there is a high prevalence of cases among passengers (rather than crew).  
| Tier 3  | Threshold: more than 10% COVID-19 positive | As above, and:  
| --- | --- | ---  
|  |  | • Cruise lines must require that passengers and crew wear masks in public indoor spaces and outdoors where physical distancing cannot be maintained.  
|  |  | • It is strongly recommended that cruise lines introduce passenger surveillance testing, and testing passengers prior to disembarking for a shore excursion and at the end of a cruise. The decision should be made in consultation with the local health authority, with regard to:  
|  |  | o the location of disembarkation: testing is recommended prior to entering a remote or vulnerable community,  
|  |  | o case rate on board: testing is recommended where there is a high case rate on board, and,  
|  |  | o the distribution of cases: testing is recommended where there is a high prevalence of cases among passengers (rather than crew).  