

Post-emergency COVID-19 Directions (No. 6) 2022: Cruise vessels

I, Charles Hawkhurst Pain, Acting Chief Health Officer, under section 57B of the *Public and Environmental Health Act 2011*, after taking into account social considerations and economic considerations, in addition to public health considerations, and after consulting in accordance with section 57C(1)(b) of the Act, consider it necessary, appropriate or desirable to take action in relation to COVID-19 by making the following directions:

Part 1 Preliminary matters

- 1 These Directions take effect when they are made and remain in force until 23:59 pm on 15 June 2024.

Note for direction 1

The Part 5, Division 2A, of the Act under which these Directions are being made has effect for 2 years commencing on 16 June 2022 until 15 June 2024.

- 2 The COVID-19 Directions (No. 40) 2022 are revoked.

- 3 In these Directions:

activities include sea transportation in Territory waters and shore excursions within the Territory.

close contact, see direction 12.

crew member means a person engaged in the operation of a cruise vessel or providing services to support the operation of a cruise vessel.

cruise vessel, see direction 5.

disembarkation or disembarking means to go ashore from a cruise vessel.

Northern Territory Cruise Protocols means the protocols set out in the Schedule to these Directions.

operator, of a cruise vessel, means the person who operates the

business of conducting the activities.

quarantine period, in relation to a close contact, means the period for which a person must be in quarantine under direction 15, calculated in accordance with direction 11.

symptoms, in relation to COVID-19, include fever (a temperature of 37.5°C or higher), chills or night sweat, cough, sore throat, tiredness (fatigue), difficulty breathing, headache, muscle pain (myalgia), loss of sense of smell (anosmia), distortion of sense of taste (dysgeusia), nausea and vomiting, joint pain, loss of appetite, runny nose and acute blocked nose (congestion).

Note for definition symptoms

See <https://coronavirus.nt.gov.au/stay-safe/symptoms-testing>

Territory waters means Northern Territory waters as defined in section 7(1) of the *Marine Act 1981*.

- 4 If these Directions are inconsistent with an advice, order or notice under the *Notifiable Diseases Act 1981*, the advice, order or notice prevails to the extent of the inconsistency.
- 5 These Directions apply in relation to a vessel (**cruise vessel**) that:
 - (a) has sleeping facilities for passengers; and
 - (b) is normally used to provide a service of sea transportation to members of the public in return for a fee.
- 6 If these Directions are inconsistent with my Post-emergency COVID-19 Directions (No.5) 2022: Infected Persons and Close Contacts as amended from time to time, these Directions prevail to the extent of the inconsistency.

Part 2 General provisions

- 7 The operator of a cruise vessel must ensure that the vessel does not enter a port in the Territory, other than Port Darwin, unless the vessel:
 - (a) has first berthed at Port Darwin; and
 - (b) has not left Territory waters since berthing at Port Darwin.

- 8 The captain of a cruise vessel that enters Port Darwin must, on request of an authorised officer, give the manifest for the vessel to the authorised officer.
- 9 The operator of a cruise vessel must ensure that activities are not conducted unless:
- (a) a COVID-19 management plan in accordance with the Northern Territory Cruise Protocols was submitted to Border Control Unit; and
 - (b) a health practitioner who is suitably qualified in infection prevention and control was appointed as the vessel's COVID-19 safety supervisor and is on the vessel.

Notes for direction 9(a)

The COVID-19 management plan may be submitted by completing an online form available at: <https://coronavirus.nt.gov.au>.

If a submitted plan does not comply with the Northern Territory Cruising Protocols, the Border Control Unit may request rectification. If rectification does not occur, the Chief Health Officer may make a direction of a kind that in the opinion of the Chief Health Officer is necessary, appropriate or desirable to reduce harm from COVID-19 (see section 57B(2)(i) of the Act).

- 10 The operator of a cruise vessel must ensure that all activities are conducted in accordance with the Northern Territory Cruise Protocols.

Part 3 Close contacts

Division 1 General matters

- 11 A quarantine period is calculated as follows:
- (a) the period starts:
 - (i) in the case of a person who is a close contact of an infected person – on the day on which the person was last in contact with the infected person while that infected person was considered to be infectious; or
 - (ii) in the case of a person who is a close contact of an infected person because the person resides in the same cabin in which the infected person is isolating – on the day when the infected person's isolation period starts; or

(iii) in the case of a person who is notified by the Chief Health Officer, a delegate of the Chief Health Officer or an authorised officer that they are a close contact – at the time specified in the notification;

(b) the period ends at 12:00 noon on the last day of the period.

Note for direction 11(a)(i)

If a person is infected with COVID-19 and has symptoms, the person will generally be considered to have been infectious from 2 days before the infected person's symptoms first started. If a person is infected with COVID-19 and had no symptoms prior to the person returning a positive result to an approved COVID-19 testing procedure, the infected person will generally be considered to have been infectious from 2 days before the person returned the positive result.

Example for direction 11

In the case of a 7-day quarantine period, a person who was last in contact with an infected person while infectious at 11.00 pm on 12 July 2022 must remain in quarantine until 12 noon on 19 July 2022.

12 Subject to directions 13 and 14, a person is a **close contact** of an infected person and must quarantine in accordance with direction 15 if the person:

(a) resides with or stays overnight in the same cabin as an infected person who is infectious; or

(b) is in close contact with an infected person for continuous 4 hours or more while indoors with the infected person who is infectious; or

(c) is notified by Chief Health Officer, a delegate of the Chief Health Officer or an authorised officer that the person is a close contact of an infected person.

13 For 12 weeks after completing a 7-day period of isolation for COVID-19, a formerly infected person is not:

(a) a close contact of another infected person; or

(b) required to submit to or self-administer an approved COVID-19 testing procedure under these Directions or any other Post-emergency COVID-19 Directions.

14 A person in quarantine is not a close contact of another person if:

(a) the other person resides in the same cabin as the person in

quarantine; and

- (b) the other person becomes infected while the person is in quarantine; and
- (c) the person is in quarantine because of contact with another person residing in the same cabin who was infected.

Example for direction 14

*If a person (the **quarantined person**) is a close contact of an infected person (the **first infected person**) because the quarantined person resides in the same cabin as the first infected person and subsequently another person who also resides in that cabin becomes infected (the **second infected person**) during the quarantined person's quarantine period, the quarantined person is not a close contact of the second infected person.*

- 15 A close contact must remain quarantined in a cabin or other suitable place for the following quarantine period:
 - (a) if the close contact has no symptoms of COVID-19 – 7 days;
 - (b) if the close contact has symptoms of COVID-19 – until the symptoms have resolved or a medical practitioner specifies in writing that the symptoms are unrelated to COVID-19;
 - (c) if quarantine is required under direction 24 – any longer period required under that direction.

Notes for direction 15

The rules during quarantine are set out in Division 3 below. A close contact may leave quarantine for the purpose of disembarking, and in the other circumstances set out in direction 19.

A close contact is not required to quarantine for the duration of a shore excursion. Upon returning to the cruise vessel, the person must re-enter quarantine if their quarantine period has not expired.

A close contact is not required to remain in quarantine after final disembarkation from the vessel on completion of a cruise.

Division 2 Testing and checking for symptoms

- 16 A close contact must submit to or self-administer an approved COVID-19 testing procedure as follows:
 - (a) within 3 days of becoming a close contact; and
 - (b) on the 6th day after becoming a close contact; and
 - (c) if the close contact has symptoms of COVID-19 – immediately after

the symptoms start.

Note for direction 16

The mandatory reporting of positive rapid antigen test results is required under Post-emergency COVID-19 Directions (No. 5) 2022. If a person tests positive, they are an infected person – see Post-emergency COVID-19 Directions (No.5) 2022: Infected Persons and Close Contacts as amended from time to time.

- 17 A person must regularly check for symptoms of COVID-19 for 7 days after becoming a close contact.
- 18 If a person self-administers a rapid antigen test under these Directions, the person must:
- (a) use a rapid antigen test approved by the Therapeutic Goods Administration; and
 - (b) follow the manufacturer's instructions on storage and administration of the rapid antigen test; and
 - (c) after administering the rapid antigen test, retain photos of the test result, the packaging displaying the batch number and a document identifying person.

Example for direction 18(c)

A photo of the person's driver's licence or other form of identification.

Note for direction 18

The mandatory reporting of positive rapid antigen test results is required under Post-emergency COVID-19 Directions (No.3) 2022. If a close contact tests positive, they are an infected person – see Part 2 of the Post-emergency COVID-19 Directions (No.5) 2022: Infected persons and close contacts.

Division 3 Rules during quarantine

- 19 A person in quarantine must not leave the person's cabin except:
- (a) for urgent medical purposes, including obtaining rapid antigen tests, medical supplies, receiving medical care or being tested or assessed for infection with COVID-19; or
 - (b) in an emergency; or
 - (c) if otherwise allowed under these Directions; or
 - (d) for the purpose of disembarking from the vessel; or
 - (e) for a compassionate purpose in accordance with a temporary

exemption given by the Chief Health Officer.

Example for direction 19(e)

A person wishes to attend the funeral of a relative or close friend.

- 20 A person in quarantine must not permit any other person to enter the person's cabin unless the other person:
- (a) is staying in that cabin; or
 - (b) in the case of quarantine only – is being quarantined at the same time; or
 - (c) is entering for urgent medical purposes, including delivering medical supplies, providing medical care or testing or assessing for infection with COVID-19; or
 - (d) is entering because of an emergency or another urgent reason.

Note for direction 20

A person isolating or quarantining in a cabin may be subject to further specific instructions from an authorised officer regarding the person's behaviour or the manner in which the person is to isolate or quarantine. See section 53 of the Act.

- 21 A person who leaves the person's cabin for a reason specified in direction 19 must, while outside the cabin:
- (a) wear a face mask securely over the person's nose and mouth; and
 - (b) stay at least 1.5 m away from other people where possible.

Note for direction 21(b)

It may not be possible for a person to stay 1.5 m away from other people if, for example:

- (a) *the person must approach a health practitioner in order to receive treatment;*
 - (b) *the person must approach another person in order to receive assistance in an emergency.*
- 22 Despite direction 21, a person is not required to wear a face mask if the person:
- (a) is eating or drinking; or
 - (b) is asked to remove the face mask to ascertain the person's identity;
or
 - (c) is requested by a health practitioner to remove the face mask in order to enable the practitioner to administer treatment to the

person; or

(d) must remove it in an emergency.

23 Despite direction 15, a close contact must quarantine in a place specified by the Chief Health Officer or an authorised officer, if the Chief Health Officer or an authorised officer is satisfied that the person requires treatment or supervision.

24 Despite direction 15, the Chief Health Officer or a delegate of the Chief Health Officer may extend the quarantine period for a person and require them to submit to testing for COVID-19 infection if satisfied that the person is infected or at risk of causing others to be infected.

Notes for Post-emergency COVID-19 Directions

- 1 *Section 57K of the Act provides for an offence for failing to comply with a direction given under section 57B of the Act.*
- 2 *The maximum penalty for the offence is 400 penalty units.*
- 3 *A person is not guilty of the offence if the person has a reasonable excuse.*
- 4 *An infringement notice may be given for failing to comply with these Directions with a fine equal to 32 penalty units for an individual and 160 penalty units for a body corporate.*



Digitally signed by Dr Charles Pain
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Acting Chief Health Officer

Schedule Northern Territory Cruising Protocols

Division 1 Pre-Embarkation Traveller Communication

- 1 Operators will ensure that passengers sign a statement, provided by operators at the time of booking, acknowledging the health, travel and financial risks associated with cruising. This should also outline information regarding obligations on passengers to comply with the Australian Government's entry requirements.

Note for paragraph 1

Health risks - Information should include the following: how a COVID outbreak will be managed; impact of COVID diagnosis while on-board; health care available on-board and how to access it; cost of healthcare on board; how retrieval will be managed (including cost of the process) if health needs cannot be supported on-board, and implications for non-citizens; post-disembarkation arrangements.

Travel and financial risks - 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.

Recommended language regarding Australian Government entry requirements - Individuals arriving as an international passenger must ensure they meet Australia's international border entry requirements, including vaccination status, visa, and travel exemption requirements. More information is available via the Australian Government's website, with more detailed information on maritime entry declarations to be made available prior to the recommencement of international cruising to Australia.

- 2 Operators will 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.

Division 2 Vaccination Requirements

- 3 All passengers (12 years and older) must be 'fully vaccinated' with a TGA approved or recognised vaccine to board a cruise ship. It is strongly recommended that eligible children under the age of 12 years are also fully vaccinated.
- 4 A person is considered 'fully vaccinated' if they meet the Australian definition of 'fully vaccinated' for the purpose of Australia's border arrangements.
- 5 Children under 12 years old who are not fully vaccinated, and people

with a medical contraindication to the vaccine, are permitted to travel, however must be included in the 5% threshold of unvaccinated passengers (as per paragraph 8 of this Schedule). This requirement will need to be clearly communicated to customers prior to booking.

- 6 It is strongly recommended that all passengers are 'up to date' with their vaccination prior to travel (i.e. passengers must have received a primary course of a TGA approved or recognised vaccine, plus booster when eligible). Operators will ensure this recommendation is clearly communicated to customers prior to booking.
- 7 All crew must be 'up to date' with their vaccinations (see paragraph 6 of this Schedule). Medical exemptions will not apply to crew.
- 8 Operators will maintain a threshold of minimum 95% of all passengers on any cruise to be fully vaccinated with a COVID- 19 vaccine, with reference to the Commonwealth definition of 'fully vaccinated'. The 5% unvaccinated threshold must include:
 - (a) all children under 12 years old who are not fully vaccinated; and
 - (b) people with a medical exemption to the vaccination (noting that prior infection with COVID-19 is not grounds for a medical exemption).
- 9 Passengers who have a medical exemption to the vaccine (due to a medical contraindication) are permitted to travel within the 5% unvaccinated threshold. Previous COVID-19 infection is not grounds for a medical exemption, as per Australia's border entry requirements.
- 10 All passengers and crew will be strongly encouraged to have the influenza vaccination.
- 11 Cruise lines will be responsible for verifying the vaccination status of passengers using technological solutions during booking and human validation at the time of boarding.

Division 3 Health Screening and Temperature Checks

- 12 Prior to 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.

- 13 Passengers who are symptomatic on the day of embarkation will be referred for further medical assessment prior to boarding. Symptomatic passengers must have a negative rapid-PCR on the day of embarkation. Those who do not return a negative test will be denied boarding.
- 14 While on board, routine symptom and temperature checks of passengers by operators will not be required.

Division 4 Shore Excursions

- 15 Cruise lines must 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, which may include additional testing (as per Division 6).
- 16 Shore excursion plans must be developed in consultation with the Department of Health, and must be included in the vessel's COVID-19 management plan (as per direction 9(a)). Plans must consider the specific needs of the local communities, including rural, remote, and Aboriginal communities.
- 17 Masks must be worn onshore if required in accordance with any Post-emergency COVID-19 Directions, and will be highly recommended during indoor onshore activities where passengers cannot safely socially distance.

Division 5 On-board Public Health Measures

- 18 Masks must be worn during embarking and disembarking, and indoors on-board where social distancing is not possible. Regular reminders will be critical to ensuring passengers adhere to the recommendation.
- 19 Passengers will be provided free access to masks and hand sanitiser.
- 20 Crew will wear masks while indoors.

- 21 Operators will maximise the use of outdoor spaces where possible.
- 22 Operators will put in place capacity limits on venues where physical distancing is not possible, and masks cannot be worn. It will be at the discretion of the cruise line to determine when this is needed.
- 23 Operators will continue to make efforts to improve their ventilation systems (e.g. upgraded air filters and increased air flow), wherever possible.
- 24 Operators will follow enhanced cleaning practices (in line with current practices on board).

Note for Division 5

Cohorting will not be required as it is not possible for cruise lines to make this effective on-board.

Division 6 Testing Protocols

- 25 If this Division 6 of the Schedule is inconsistent with Division 2 of these Directions, Division 6 of this Schedule prevails to the extent of the inconsistency.
- 26 Passengers who are symptomatic at the time of boarding must return a negative rapid-PCR test before they are able to board the ship (as per paragraph 13 of this Schedule).
- 27 Passengers must have a PCR test within 72 hours before boarding, or a self-administered rapid antigen test within 24 hours before boarding. Pre-embarkation PCR testing must be done at private laboratories.
- 28 There will be no requirement for surveillance testing of passengers on-board cruise ships unless advised by the Northern Territory Centre for Disease Control (CDC).
- 29 Crew will be tested when symptomatic. Operators may also consider testing crew at the commencement of each new cruise.
- 30 Passengers will be tested prior to a shore excursion in the following circumstances:
 - (a) where the passenger is symptomatic;
 - (b) where there has been increased transmission of COVID-19 on-

board and as advised by CDC; or

- (c) where passengers are visiting remote or vulnerable communities (to be identified in the COVID-Safe Plan for the shore excursion).

31 Passengers will be tested prior to disembarkation in circumstances where:

- (a) the passenger is symptomatic;
- (b) there has been increased transmission of COVID-19 on-board and as advised by CDC; or
- (c) passengers are visiting or returning to remote or vulnerable communities.

Division 7 On-board Traveller Communication

32 Operators will 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 daily Captain's announcements.

33 On-board traveller communication must include regular reminders of the importance of mask wearing where physical distancing is not possible, and reminders on accessing free healthcare on-board and to isolate and get tested when symptomatic.

Division 8 On-board Health Care

34 Operators will ensure that passengers have access to free medical assessments for respiratory and other symptoms of COVID-19, including free access to COVID tests (PCR and rapid antigen tests).

35 Operators will have capacity to provide intensive care level support for COVID cases.

36 On-board health practitioners will receive training in how to treat COVID-19.

37 Operators will have the ability to safely administer anti-viral medication on-board (pending available supply).

Division 9 Isolation and Quarantine

- 38 The operator will provide suitable places for isolation and quarantine for guests and crew.

Notes for paragraph 38

For isolation requirements for COVID-19 cases see my Post-emergency COVID-19 Directions (No.5) 2022: Infected Persons and Close Contacts. If an infected person leaves isolation due to disembarking in the Territory, they must travel immediately and directly from the vessel to a suitable place for isolation.

For quarantine requirements for close contacts, see Part 3 of these Directions.

Isolation and quarantine requirements apply to both passengers and crew irrespective of vaccination status.

On small vessels, individuals may be required to isolate or quarantine in their cabin, while on larger vessels, individuals may be transferred to isolation-specific accommodation.

Division 10 Testing and Reporting COVID Cases

- 39 Operators will notify other passengers of COVID cases on board a vessel where there is a potential risk of ongoing transmission.
- 40 Passengers will be made aware of the approach to communication of COVID positive cases at the time of booking.
- 41 It is strongly recommended that operators have robust systems in place to capture positive COVID-19 results of passengers and crew while on-board the vessel.
- 42 Passengers must immediately declare positive self-administered rapid antigen test in accordance with Post-emergency COVID-19 Directions (No.03) 202: COVID-19 as amended.

Note for paragraph 42

This is a legal requirement and will trigger an email with next steps. See <https://coronavirus.nt.gov.au> for more information on steps to take upon testing positive.

- 43 Operators will report COVID cases to the port authorities at least 24 hours prior to arrival in Darwin Harbour, by contacting Coast Radio Darwin or Harbour Control and MaritimeArrivals.Health@nt.gov.au to provide the following details:
- (a) vessel information;
 - (b) time, date and place of arrival;

- (c) port of exit, and any other ports visited in the previous 14 days;
- (d) number of passengers and crew including contact details;
- (e) health condition of passengers and crew, comprising the number of unwell passengers and symptoms;
- (f) requests for medical or information support if necessary;
- (g) intentions, reasons, circumstances of attendance; and
- (h) any pets on board.

44 Vessels arriving from international waters must also contact Australian Border Force, and follow any processes as advised by the Australian Border Force officials or specified on their website.

Notes for paragraph 44

See <https://www.abf.gov.au> for contact information and requirements.

Division 12 Escalation of Health Issues

- 45 Operators will refer and transfer COVID cases to hospital where they cannot be safely managed on-board, in line with the process required by the Department of Health.
- 46 Operators work with Department of Health to develop a notification and referral process for each port. This will outline the containment arrangements for transferring cases to hospital.

Division 13 Disembarkation – General

- 47 Operators will stagger the disembarkation of guests.
- 48 Operators will maintain passenger and crew personal contact information for up to four weeks following a cruise. This information must be provided to Department of Health if requested.

Division 14 Disembarkation of Infected Persons

- 49 Infected Persons may drive home if they have their private transport at the port and are well enough to travel.

Note for paragraph 49

Private transport does not include taxi, rideshare or public transport.

- 50 Operators must enter into agreements with private transport companies to drive individuals to a designated hotel or to their home in a COVID safe manner if they do not have their personal vehicles in the port.
- 51 For those who cannot safely drive home, operators must enter into agreements with local hotels or other suitable accommodation providers to accommodate infected persons until they are released to travel home.
- 52 Operators will bear the cost of transport and accommodation required for infected persons. Where this is not possible (such as for small cruise companies), passengers will be informed prior to booking.

Note for Division 14

Close contacts are not required to quarantine after on disembarkation, and are therefore not covered by Division 14.