**Maritime Declaration of Health (MDoH)**

From today, 14-03-2020, until further notice

**All river cruise and brown fleet ships**

All ships who visit the ports of Hoorn must complete and submit the Maritime Declaration of Health (MDoH) in time. This should be sent by e-mail to the port office of Hoorn. This MDoH must not be older than 24 hours and must be sent to the port office of Hoorn at least 6 hours before arrival.

Link MDoH:

<https://www.portofamsterdam.com/sites/poa/files/media/pdf-en/mdh.pdf>

For pleasure craft ships, the rules described separately under the chapter **“Passers for pleasure craft”** apply.

The Harbour Office of Hoorn coordinates the next steps and asks the GGD Hoorn for advice regarding the report.

We also follow the national guidelines. In order to limit the spread of the coronavirus as much as possible, the advice is to pay attention to the hygiene measures.

These include:

• Wash your hands regularly

• Cough and sneeze inside of your elbow

• Use tissue paper and discard immediately after single use

• Avoid touching your nose, mouth and face as little as possible.

• Do not shake hands

It is also very important that the employer follows the advice of the government with regard to your employees. In this way we prevent (possible) contamination of our employees and possible contamination by employees on board.

**Report infectious diseases**

When a River Cruise or brown fleet ship wants to enter the port of Hoorn, it is very important that it is clear whether there is an infectious disease on board. If the captain of the ship suspects that one or more patients is on board with an infectious disease, they must report this as soon as possible to the Port office in Hoorn (tel. +31 (0) 654202828). The Harbour office will coordinate the next steps.

**Criteria**

Colds, sneezing, coughing, sore throat, difficulty breathing with an rising fever (up to 38 degrees) or fever (over 38 degrees)

**Maritime Health Statement**

The captain must complete and sign the Maritime Health Declaration. The international standard form must be completed for this. (See copy below).

The standard form asks for:

• Date until which the Ship Sanitation Exemption / Control Certificate is valid;

• Number of passengers and crew members.

In addition, the following questions are asked:

• Did a person on board die on the voyage where the cause of death was other than an accident?

• Was there a sick person on board or was there a sick person on the voyage that you suspect was an infectious disease?

• Has the number of sick travelers on the trip been greater than normal or than you would expect?

• Is there currently a sick person on board?

• Has a doctor been consulted?

• Are you aware of a situation on board that could lead to infection or the spread of a disease?

• Have sanitary / hygiene measures been taken (such as quarantine, isolation, disinfection, decontamination)?

• Have stowaways been found on board?

• Is there a sick pet or animal on board?

The captain will inform the Harbour Office of Hoorn when one of the above questions has been answered with 'yes'. The captain must email the Maritime Health Statement before arrival to havendienst@hoorn.nl

The completed form must be kept on board and must always be able to be handed over. The person responsible for medical care on board the ship should be available to answer additional questions.

**Employees in the port of Hoorn**

When employees of the port or other employees in the port of Hoorn receive signals that a patient with an infectious disease is on board a ship, they must ask the ship to contact the Port Office. In addition, the above-mentioned employees can also discuss a signal about an infectious disease with the harbor master / port coordinator. The harbor master / coordinator ensures that the question is sent to the right partners within the Municipality of Hoorn.

**Medical Facilities**

**Dijklander Ziekenhuis (Dijklander Hospital)**

Maelsonstraat 3
1624 NP Hoorn
Tel. 0229 - 257 257

**Huisartsenpost West-Friesland (General Practice West-Friesland)**
Maelsonstraat 5
1624 NP HOORN

Huisartsenpraktijk West-Friesland
Monday to Friday 9:00am-5:00pm

T 0229-259373
E secretariaat@huisartsenpostwf.nl

Monday to Friday from 5:00pm to 8:00am
Saturday, Sunday and nationally recognized holidays: 24 hours

T 0229-297800

**Huisartsenpraktijk Appelhaven (General Practice Appelhaven)
Appelhaven 7
1621 BB Hoorn
Tel:****0229-214 689** **E:**info@hapappelhaven.nl

Emergency number:

0229-218 866

**GGD Hoorn**
Maelsonstraat 11
1624 NP Hoorn
088-01 00 500

**Gemeentehuis Hoorn (Municipality of Hoorn)**Nieuwe Steen 1
1625 HV
Hoorn
0299 – 252200

**Pleasure boating transient**

Pleasure boats that enter any municipal ports of Hoorn must report to the port service on VHF channel 74 or by telephone at 06-54 20 28 28 before arriving at the port of Hoorn to dock.

The skipper must state whether one or more persons on board have the following symptoms.

Colds, sneezing, coughing, sore throat, difficulty breathing or fever (over 38 degrees).

When the skipper of the ship suspects that one or more patients is on board with an infectious disease, they must report this as soon as possible to the Port office in Hoorn (tel. +31 (0) 654202828). The Harbour office will coordinate the next steps.

**Reporting infectious disease**

Download the international standard form for completing the Maritime Health Statement.

<https://www.portofamsterdam.com/sites/poa/files/media/pdf-en/mdh.pdf>

ANNEX 8

**MODEL OF MARITIME DECLARATION OF HEALTH**

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

Submitted at the port of………………………………………….. Date………………….

Name of ship or inland navigation vessel……........…….Registration/IMO No...................arriving from ……..…Sailing to………………………………………….

(Nationality)(Flag of vessel)……………………………………. Master’s name............................................................................................................................

Gross tonnage (ship)……………………………………………………………………….

Tonnage (inland navigation vessel)……………………………………………………….

Valid Sanitation Control Exemption/Control Certificate carried on board? yes............ no…......... Issued at….... date……………..

Re-inspection required? yes……. no…….

Has ship/vessel visited an affected area identified by the World Health Organization? yes..... no…..

Port and date of visit …………………….…….........................

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

...............................................................................................................................................................................................................

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 began or within past thirty days, whichever is shorter, including all ports/countries visited

in this period (add additional names to the attached schedule):

(1) Name …………………………………joined from: (1)…………..……....…..(2)…....…..……………....(3)…………………..

(2) Name …………………………………joined from: (1)…………………........(2)……………….........….(3).............................

(3) Name………………………………….joined from: (1)……………….....…...(2)……..….....…...………(3)…………………..

Number of crew members on board…………

Number of passengers on board…………….

**Health questions**

(1) Has any person died on board during the voyage otherwise than as a result of accident? yes.... no…..

If yes, state particulars in attached schedule. Total no. of deaths ..........

(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? yes........ no…..... If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? yes.... no…..

How many ill persons? ..........

(4) Is there any ill person on board now? yes........ no…..... If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? yes....... no…... If yes, state particulars of medical treatment or advice provided

in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? yes........ no….....

If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? yes .......

no…... If yes, specify type, place and Date......................................................................

(8) Have any stowaways been found on board? yes ....... no…... If yes, where did they join the ship (if known)?

....................................

(9) Is there a sick animal or pet on board? yes ......... no........

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:

(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.

(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness);

(iii) severe diarrhoea; or (iv) recurrent convulsions.

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.

Signed ……………………………………….

Master

Countersigned ……………………………………….

Ship’s Surgeon (if carried)

Date………………………………………

With regard to COVID-19 (Corona), the Harbor Master / Harbor coordinator and the GGD Hoorn have a coordinating role and daily coordination takes place.

Harbor personnel do not board visiting ships without the prior permission of the harbor master / harbor coordinator.