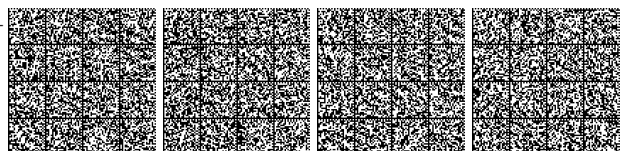


Allegato 3  
Annex 3

WHO has issued interim guidance advising on the use of masks in the context of COVID-19. It reviews the use of masks in communities, home care and health care settings in areas reporting COVID-19 cases. Whilst intended for individuals ashore, public health and infection prevention and control (IPC) professionals and health care workers, WHO has stated that the advice also applies to situations on board. Current information and evidence suggests that:

- The two main transmission routes for COVID-19 are respiratory droplets and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person in close contact (within 1m) with someone with respiratory symptoms (coughing, sneezing) is at risk of exposure to potentially infective respiratory droplets. Droplets may also land on surfaces where COVID-19 could remain viable; thus, the immediate environment of an infected individual can be a source of contact transmission.
- Incubation for COVID-19 (time between exposure and symptom onset) is on average 5–6 days but can be up to 14 days. During this time, some infected persons can be contagious and transmit the virus to others. Data suggests that some people can test positive from 1–3 days before developing symptoms and may infect others.
- Pre-symptomatic transmission still requires the virus to spread via infectious droplets or through touching contaminated surfaces.
- WHO defines medical masks as flat or pleated surgical or procedure masks (some shaped like cups) affixed to the head with straps. They are tested using standardised test methods to balance high filtration, adequate breathability and, optionally, fluid penetration resistance.
- Wearing a medical mask is a prevention measure to try to limit the spread of certain respiratory viral diseases, including COVID-19. **However, use of a mask alone is insufficient to provide an adequate level of protection, and other measures should also be adopted.** Maximum compliance with hand hygiene and other IPC measures are critical to prevent transmission.
- Use of a medical mask can prevent the spread of infectious droplets from an infected person to someone else and potential environmental contamination from droplets. Limited evidence suggests wearing a medical mask by healthy individuals among contacts of a sick patient may be beneficial as a preventive measure but there is no evidence that mask wearing (medical or other type) by healthy persons prevents infection.
- Community use of medical masks may create a false sense of security and neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes. This could result in unnecessary costs and a shortage of masks for health care workers.

**Masks provided specifically for medical purposes should be reserved for those providing medical care on board.**



There are mixed opinions on **the wide use of masks by healthy people on board** due to uncertainties and critical risks, including:

- Self-contamination can occur by touching and reusing a contaminated mask.
- Depending on type of mask used, potential breathing difficulties.
- False sense of security, risking less adherence to other preventive measures e.g. physical distancing and hand hygiene.
- Diversion of mask supplies and consequent shortage of masks for health care providers.

WHO advises that use of non-medical masks, e.g. masks made of cotton fabric, for communal use has not been well evaluated and argues there is currently no evidence to recommend for or against their use. Nevertheless, some national decision makers are suggesting use of non-medical masks can control potential spread from asymptomatic carriers. Some templates to produce such masks are provided at **Annex E**. The following features should be considered:

How many layers of fabric /tissue	Water repellence/hydrophobic qualities	Breathability of material
Shape of mask	Fit of mask	

**Cloth masks should not be used by those providing on board medical care due to increased risk of infection compared to medical masks.**

If production of cloth masks for use in on board medical care settings is proposed locally due to shortages, the local port medical authority should assess minimum standards and technical specification.

For any type of mask, appropriate use and disposal are essential to ensure that they are effective and to avoid any increase in transmission. WHO advises:

- Place the mask carefully covering the mouth and nose and tie securely to minimise any gaps between the face and mask.
- Avoid touching the mask while wearing it.
- Remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind.
- After removal or whenever a used mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water if hands are visibly dirty.
- Replace masks as soon as they become damp with a new clean, dry mask.
- Do not re-use single-use masks.
- Discard single-use masks after each use and dispose of them immediately upon removal.

