

# interview

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**interview**

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Following the announcement that DNV GL had marketed its infection prevention certification - CIP-M - to the passenger ship market (see ICSI website 3rd June), we spoke with Capt Havard Ramsoy, Vice President, Marine Operations & Safety, Genting Cruise Lines - the first cruise operator to take up the certification.

**Leading up to this Q&A, DNV GL explained that the emergence of COVID-19 has disrupted the entire maritime industry and brought about an urgent need for vessel owners and operators to not only mitigate infection risk in the interests of business continuity, but also restore stakeholder confidence in the industry.**

**To support its customers in their response to COVID-19, or any future emerging pathogen, the class society launched CIP-M or DNV GL's Certification in Infection Prevention – Maritime programme.**

**This initiative builds on a DNV GL healthcare programme that has been available since January, 2019 ( see below) and consists of a holistic set of requirements for an infection prevention and control management system.**

**The programme has been tailored to fit with established maritime codes and standards as applicable. CIP-M is also intended to be customisable to company and ship-specific infection risk profiles, according to design and operational considerations.**

**In addition, the requirements can be aligned with the regulatory context in which the ship is operating, whether**

**national and international requirements, or industry standards.**

**Q:** How does Genting view this certification – as an aid to showing ports, countries and authorities that the company takes healthcare seriously?

**A:** Genting wanted a professional third party with medical expertise to assess and audit our health care protocols, Outbreak Prevention and Response Plan (OPRP) and new initiatives related to infection prevention.

**Q:** Once countries and their ports re-open to cruise ships, will they demand proof that a cruise ship and its operator have undertaken a proper health risk assessment before they allow their cruise ships to berth?

**A:** We might face different local and regional requirements. The CIP-M certification might not be required, but for sure there will be an expectation that all cruise operators have done a proper health risk assessment.

**Q:** Will the certification be registered with a vessel's flag state, as well as with the class society DNV GL?

**A:** The certification is voluntary and will be issued by DNV GL as a class society. It will be maintained with other non-mandatory ship



Dream Cruises' 'Explorer Dream' is the first cruise ship to undergo a CIP-M audit



A DNV GL CIP-M surveyor

certifications and will be available for relevant authorities, including the flag administration.

**Q:** Does the audit involve training of the ship's personnel, both crew members and hotel operatives, or does it just involve the ship's medical staff?

**A:** It involves the entire operation from A to Z and most of the crew will be involved in one way or another.

Everyone supporting the operation from embarkation to the on board experience must have certain knowledge about our preventive measures.

Even third parties like shore excursion partners must comply with our requirements.

**Q:** How often will an audit be undertaken – every two years with the class survey?

**A:** There will be an annual survey required and every three years there will be a renewal audit.

**Q:** Does an audit involve a full sanitisation and cleaning of the vessel at each drydocking and is this included in the certificate?

**A:** This standard does not describe in detail how often you will do full sanitation. Everything has a 'risk-based' approach. Meaning that with higher risk you will have

stricter measures in place, including more comprehensive sanitation measures.

**Q:** Will Genting have access to health professionals ashore through CIP-M and does this include telemedicine?

**A:** Genting has access to shore-based health professionals for advice and support as part of normal operations through existing service agreements.

Access to this sort of support is required by the CIP-M programme but is not provided through DNV GL's audit team outside of the certification process.

**Q:** Is the certificate issued as an e-certificate and has Genting integrated all of its certification into an e-portfolio type operation?

**A:** All maritime certificates issued by DNV GL are e-certificates nowadays, and this is nothing different.

**Q:** Was the 'Explorer Dream' audit undertaken physically in Manila Bay, where I believe the ships is now anchored?

**A:** The certification process is still ongoing. We have completed the audit of our corporate staff and all our procedures/practices we have established. The on board audit is scheduled for the middle of June.

**Q:** Is it Genting's intention to roll this service out to the other ships in the fleet, including the MTW newbuildings?

**A:** The new health care protocols, Outbreak Prevention and Response Plan and new initiatives related to infection prevention will be implemented on all our existing ships and everything we have learned through this process will be adapted on board our future newbuildings.

**Q:** There are several software companies offering services, such as screening before embarkation and other initiatives based around health on board ship.

Has Genting opted for a software package to monitor the health of the crew and guests on board and is this taken into consideration before a certificate is awarded?

**A:** This is being taken into consideration separately from this certification.

In DNV GL's latest Maritime Impact publication, the class society further explained how CIP-M came about.

Infection prevention and control practice is a key component of DNV GL Healthcare's survey activity. The class society's evidence-based approach to surveying organisations extends to the management of infection risk in a healthcare-setting.

DNV GL said that it realised that many healthcare institutions struggle with the pro-active management of infection risks and healthcare associated infections (HAI). As a result, the CIP requirements were developed by DNV GL Healthcare to provide a modern, comprehensive and practical framework to help organisations improve their management of infection risk.

The requirements are compatible with the World Health Organisation (WHO), the US Centres for Disease Control (CDC), OSHA, CMS requirements relative to its scope of operations, and other national guidelines to allow better integration and ease of implementation.

CIP's requirements – for both, CIP and CIP-M – form the basis for conducting organisation infection prevention and control assessment activities and can be used to facilitate infection prevention management system design, hazard identification, risk assessment, gap analyses, and training.

DNV GL's Healthcare department was first contacted in late March to discuss hospital construction standards with a view to assisting with a conversion of a passenger ship to act as a hospital ship. As discussions progressed further, more operational measures were looked at and the experience and the potential contained within the infection prevention and control team was immediately recognised. The team then reached out to a number of customers to see if this experience could be used to assist them in addressing the challenges presented by COVID-19.

From the first customer conversations, CIP was identified as an area of interest, due to the proven survey methodology and the assurance that can be provided by an independent third party. As the established CIP requirements that are applied to hospitals were reviewed, it quickly became clear that there were a lot of areas which were directly applicable to the maritime industry, especially to passenger ships.

With DNV GL's Maritime division, the team went to work aligning the requirements with existing maritime regulations and practices, in particular the ISM Code. requirements in areas where it was deemed that there existed a lower risk were scaled back - for example in medical services, where the class society had less extensive procedures performed, while increasing the focus on sanitary and transmission-based precautions in accommodation areas.

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