



Special Commission of Inquiry into the Ruby Princess

# EXHIBIT 116

Special Commission of Inquiry into the Ruby Princess - Issues List for Parties



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### ISSUES FOR CONSIDERATION BY INTERESTED PARTIES

The list of questions and issues set out below are matters that parties authorised to appear before this Commission may wish to consider addressing in written and oral submissions. Nothing in the matters set out below should be taken to be an indication that the Commissioner has reached a final view about any particular matter, or that he will necessarily be making an adverse finding in relation to it. Transcript references are given as examples only, and are not intended to be comprehensive or exhaustive. Further, submissions are not restricted to the matters listed below.

No issue or question has been directed to Commissioner of the NSW Police Force, the NSW Ambulance Service, the Port Authority of NSW, or to the various unions represented at the hearings of the Commission. Those parties are nevertheless free to provide written submissions to the Commission of any matters of concern to them

As a final matter, in addition to the matters that might be addressed below, all interested parties are invited to make a submission to the Commissioner, within the same time frame, concerning any issue they consider he should give consideration to in relation to their actions and decisions, or the actions and decisions of another interested party.

Written submissions are to be provided to the Commission **no later than 5:00pm Monday 13 July 2020**. The Commission will hold a further hearing at **9:30am on Wednesday 15 July 2020**, at which oral submissions may be made.

#### NSW Health

1. Whether the “high, medium, low” risk assessment procedure in the 19 February 2020 “Cruise Ship COVID-19 Assessment Procedure” was appropriate for the assessment of public health risks posed by cruise ships?
2. Whether the “high, medium, low” risk assessment procedure in the 19 February “Cruise Ship COVID-19 Assessment Procedure” was appropriate for the assessment of public health risks posed by cruise ships on 18 March 2020? (See in particular the evidence of Professor Ferson at T1276 L6-34, and Dr McAnulty at T1531 L25-41, T1554 L31-36 and T1556 L21-47.)
3. Whether particular focus, for risk assessment purposes, on the ILI rate on the Ruby Princess was appropriate for the 18 March 2020 risk assessment? (See, for example, the evidence of Professor Ferson at T1279 L19-32, and Dr McAnulty at T1562L11-35.)

4. Whether in assessing the risk on 18 March that passengers or crew on the Ruby Princess were infected with COVID-19, the risk assessment panel adequately considered the risk of transmission of the disease in NSW (and beyond) if the risk eventuated?
5. The appropriateness of the pre-arrival risk assessment form as at 18 March 2020.
6. For the risk assessment of the Ruby Princess on 18 March, any failure to have regard to the current CDNA definition of “suspect case” for COVID-19, and any consequences as a result of this for the risk assessment (a matter acknowledged by all physicians who gave evidence).
7. Whether any, and if so, what, steps should have been taken in relation to the number of swabs taken from Ruby Princess passengers as identified in the pre-arrival risk assessment form dated 18 March 2020?
8. Whether the ARD log should have been provided to all members of the 18 March NSW Health risk assessment panel?
9. Whether the rising rate of ARI/ILI in the last few days of the 8 to 19 March voyage of the Ruby Princess (and in particular the period 16-19 March) was a matter the risk assessment panel should have taken into account, and if so in what manner? (See, for example, the evidence of Dr Tobin at T1027 L40-47.)
10. Whether the NSW Health risk assessment panel of 18 March (**the panel**) should have asked the Senior Doctor of the Ruby Princess for an updated ARD log, either later on 18 March, or prior to disembarkation of the ship on 19 March?
11. Whether in light of the contents of the ARD log of 18 March, the panel should have contacted Dr von Watzdorf to discuss with her the (increasing) rate of ARI and ILI on the Ruby Princess?
12. Why members of the panel were not informed as to the number of passengers on the cruise from countries outside of Australia, including on the ARD log, and whether this would have made any difference to their risk assessment? (See, for example, the evidence of Dr Tobin at T1032 L9-17 and of Professor Ferson at T1250 L40-45.)
13. Whether passengers on a cruise ship with 104 (or thereabouts) “suspect cases” for COVID-19 should have been allowed to disembark, prior to the test results for swabs taken for COVID-19 testing were known? (See, for example, Professor Ferson at T1235 L9-29; Dr Sheppeard at T1476 L 7-38; Dr Hess at T1321 L39 to T1322 L41; Dr Gupta at T1379 L40 to T1380 L9.)
14. The appropriateness of relying on a health assessment screening process for deciding whether or not to allow passengers to disembark, rather than waiting for completed COVID-19 test results. (See, for example, the evidence of Dr Tobin at T1041-2). In addressing this issue, consideration could be given to issues of personal liberty, onward flight or travel arrangements, as against the risk of spread of the disease to members of the community from onward travel of disembarking passengers (as an example only, see

the evidence of Dr Tobin at T1084 L8-1085 L5 and the evidence of Professor Ferson at T1232 L25-36 and 1234 L35 to 1235 L19).

15. Whether the risk assessment gave undue weight to the requirement that passengers were to travel home and self-isolate for 14 days?
16. Whether insufficient consideration was given to other public health measures (and, in particular, hotel quarantine) which might appropriately balance the risk of spread of the disease on board with the risk of spread of the disease throughout the community?
17. Whether the swabs taken from the Ruby Princess at about 3:00am on 19 March 2020 should have been tested immediately for COVID-19, and whether the delay in obtaining test results until the morning of 20 March 2020 should be considered reasonable?
18. The communications between NSW Health and the Commonwealth (namely the Department of Agriculture, Water and the Environment (**DAWE**) or the Australian Border Force (**ABF**)) concerning what advice, if any, the NSW Chief Human Biosecurity Officer (**CHBO**) or Human Biosecurity Officer/s (**HBO**) was providing to the Commonwealth concerning the grant of pratique, the health of the passengers onboard the Ruby Princess on 19 March 2020, and the risks related to COVID-19.
19. Who, if anyone, in NSW Health, gave advice to a Biosecurity Officer of the Commonwealth for the purposes of the grant of pratique to the Ruby Princess on 19 March 2020?
20. Had passengers been made to wait onboard the Ruby Princess in cabins pending COVID tests results on 19 March 2020, what steps should then have been taken once the 4 positive test results were known?
21. The adequacy and promptness of the communications (including email and text message) sent to disembarked passengers of the Ruby Princess on 20 March 2020, and the linked Fact Sheets of 15 and 21 March 2020 (see [26]-[27] of statement of Dr Selvey dated 22 June 2020).
22. Whether, on 20 March 2020, all passengers and crew onboard the Ruby Princess for the 8-19 March 2020 voyage should have been requested to immediately undergo testing for COVID-19?
23. Whether NSW Health should have contacted airlines on 20 March 2020 to seek to prevent passengers and crew from the Ruby Princess boarding onward flights?
24. The content and accuracy of the NSW Health Report for the Ruby Princess Cruise 8 to 19 March.

### **Commonwealth**

25. In light of the National Protocol for Managing COVID-19 Risk from Cruise Ships published on 6 March 2020 (**National Protocol**), which provided that pratique would not be granted

until a biosecurity officer had “assessed that there is no human health risk associated with the vessel”, whether any such assessment was made, or properly made.

26. Whether Department of Agriculture, Water and the Environment (**DAWE**) Work Instructions and Guidelines were properly followed and, in particular, why no biosecurity officer administered a TIC to each ill person on the vessel.
27. Whether the DAWE properly adhered to the National Protocol, in respect to the requirement that “a vessel will not be allowed to disembark passengers until the Biosecurity Officer, in consultation with the HBO, has made the appropriate assessments and pratique is granted.”
28. Whether the DAWE properly adhered to the National Protocol in respect to the requirement that there would be no disembarkation of passengers until test results are known of any suspect COVID-19 cases.
29. Who granted pratique to the Ruby Princess on 19 March 2020, and in what circumstances?
30. The adequacy of the Australian Border Force Notice (**the ABF notice**) distributed to passengers on the Ruby Princess advising that “the 14 day self-isolation period commences the day your cruise ship departs from the last international port before heading to Australia”, and the facts, matters and circumstances relied on for providing such advice (see Exhibit 29, Tab 55 for the ABF notice).
31. In the same ABF notice described in [30], passengers with domestic and international flights were told they could travel to the airport for their flights. What were the facts, matters and circumstances upon which such advice was given?
32. The adequacy or otherwise of the training or instructions given to NSW CHBO’s and HBO’s regarding the *Biosecurity Act 2015* (Cth) and any role they play in the grant of pratique.
33. Having appointed the CHBO and HBOs and entered into an Agreement with NSW Health in relation to those appointees acting as a conduit between the NSW Health and the Commonwealth, whether the Commonwealth appropriately utilised the available lines of communication and sought appropriate advice from NSW Public Health physicians.

#### **Carnival Australia, Carnival plc, Princess Cruise Lines, Holland America, P&O**

34. Whether announcements should have been made during the course of the voyage of the Ruby Princess from 8-19 March 2020 (or information provided to passengers) to the effect that passengers with symptoms of respiratory illness should attend the Ruby Princess’ medical clinic for free assessment?
35. Whether the answer “Yes” to the question “is the assessment free of charge” in the pre-arrival risk assessment form dated 18 March 2020 was accurate?
36. Whether the Commodore of the Ruby Princess, or any other person on the ship or within the companies outlined above should have informed passengers and crew during the

voyage from the 8-19 March 2020 that there were persons on board that were “suspect cases” for COVID-19 within the Communicable Diseases Network Australia definition?

37. Whether, and if so, what, precautionary steps should have been taken on the Ruby Princess during its 8 to 19 March voyage in light of there being suspect cases of COVID-19 on board the ship?
38. Whether reasonable steps were taken by Senior Doctor for the Ruby Princess voyage of 8-19 March 2020, or others within the group of companies outlined above, to ensure the ship had an adequate supply of swabs and masks during that voyage?
39. Whether, by 17 March 2020, NSW Health should have been advised that the number of ARI/ILI cases on the Ruby Princess had “gone berserk” or were rising “significantly”?
40. Whether the Senior Doctor on the Ruby Princess should have provided an ARD log to NSW Health with updated ARI/ILI numbers either late on 18 March, or before passenger disembarkation on 19 March?