



Special Commission of Inquiry into the Ruby Princess

EXHIBIT 121

"Identification, Assessment and Management of Patients for COVID-19",
issued February 2020 by Holland America Group

Identification, Assessment and Management of Patients for Coronavirus Disease 2019 (COVID-19)

1 Objective:

To outline the identification, assessment and management of patients presenting with acute respiratory illness for COVID-19.

Risk criteria include:

- Travel history within 14 days to an area with community spread of COVID-19
- Possible contact with suspected or confirmed cases of COVID-19

AND

- Fever or symptoms of lower respiratory illness (cough, shortness of breath)

2 Process

2.1 Medical Response To Pre-Boarding Traveler's Declaration

- Refer to workflows for Pre-Boarding Terminal Screening
- All guests, crew, contractors and visitors are required to complete the Standardized Travelers Health Declaration.
 - Medical Staff should evaluate any individual that is selected for enhanced screening who has a history of travel to an area identified in the travelers health declaration with community transmission or who are possibly a contact of a suspected or confirmed case of COVID-19.
- Interview the individual in a designated area of the terminal.
 - Minimize close contact (stay at distance of 2m/6ft) where possible. If the individual is symptomatic, instruct them to put on a surgical mask. If at risk for COVID-19, medical staff should use standard airborne, and contact precautions such as gloves and N95 mask. Use non-contact thermometer to assess temperature.
 - Medical staff should use the CDC PUI form if there is concern that the individual may be a suspected COVID-19 case: "[Interim 2019 novel coronavirus \(2019-nCoV\) patient under investigation \(PUI\) form](#)."
 - Consultation fees for pre-boarding evaluations should be waived.

2.1.1 Individuals not permitted to board the ship:

- Any individuals and their close contacts in Question 1 who have travelled from or through these locations or had exposure to a COVID-19 case within the last 14 days per Question 2.
- If these individuals also reported fever and respiratory symptoms at any time during the last 14 days, they should be reviewed by the medical staff. If any are actively symptomatic, they should be referred to the local health department. Health facilities should be notified in advance of transfer, of the person's travel history and symptoms.

2.1.2 Individuals requiring additional screening before being allowed to board:

- Those who have visited countries or locations with community spread as listed in question 3, in the last 14 days.
 - Medical staff should verify the absence of reported acute respiratory symptoms in the last 14 days and confirm a temperature reading of <37.5° C / <99.5° F. These individuals may board and provided a health advisory for self-monitoring their symptoms for 14 days after leaving the affected area.
 - Individuals who report any signs of acute respiratory illness, in the last 14 days **OR** have active symptoms, must be denied boarding.

2.1.3 Cleared to board:

- Those who answer 'No' to Questions 1, 2 and 3 on the pre-boarding declaration.

2.2 Procedure for Guests that are not Permitted to Board

- Medical staff should inform these individuals that they are “Not Permitted to Board the Ship”.
- Medical staff should contact the Customer Services / Guest Relations team to process the necessary actions including the delivery of the standardized “Not Permitted to Board” letter.
 - Any screening information should be uploaded into the “Public Health / Communicable Disease” folder on SeaCare.
 - An entry should be made in the medical interaction log
 - Record the details of the onward travel arrangements for the individual and their traveling group (if known).

2.3 Onboard Management of Patients Presenting with Acute Respiratory Disease

- Medical staff must refer to
 - .1. US CDC “[Interim Guidance for Ships on Managing 2019 Novel Coronavirus](#).”
 - .2. WHO: <https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships>

2.3.1 Triage

- All patients who report to the Medical Center with ARD symptoms should be:
 - Separated on entry into the medical center from other patients, and placed in a designated isolation room (not the ICU)
 - Provided with a surgical mask to wear to reduce transmission risk
 - Assessed for possible COVID-19 exposure
- Medical staff triaging patients with ILIs should wear appropriate PPE including gloves, goggles and N95
- Assess vital signs including temperature, pulse, respiratory rate and SaO₂
- If meets the definition of ILI, conduct an influenza test.

2.3.2 Case definitions onboard

All patients presenting with an ARD must be categorized as:

- Acute Respiratory Illness (ARI) :

- No reported feverishness or recorded fever ($< 38^{\circ}\text{C}$ [100.4°F]) AND
- At least one symptom of: cough, sore throat, or rhinorrhea
- Influenza-Like Illness (ILI):
 - Acute respiratory symptoms and a positive influenza test; OR
 - Reported feverishness or recorded fever ($\geq 38^{\circ}\text{C}$ [100.4°F]) AND
 - At least one symptom of: cough, sore throat, rhinorrhea
- Severe Acute Respiratory Infection (SARI)
 - An ARD with history of fever $\geq 38^{\circ}\text{C}$ and cough with difficulty breathing; onset within the last ~ 10 days; and requiring hospitalization
- All patients presenting with ARD must provide a 14 day travel history as well as confirm no contact with a COVID-19 case. Record this in the medical notes.
- All patients presenting with an ILI must be assessed for COVID-19 using the form: [“Interim 2019 novel coronavirus \(2019-nCoV\) patient under investigation \(PUI\) form.”](#)

2.3.3 Management onboard for ILI Cases

- Practice distancing where possible with patients with ILIs. Assign a limited number of medical staff to be involved in all aspects of patient care including triage, examination and dispensing.
- The treating staff must wear appropriate PPE
- Assess potential contact risk
 - Individuals who have had exposures to a person suspected of having COVID-19 should be managed in accordance with CDC Guidelines:
 - Refer to: [“Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel-associated or Community Settings.”](#)
 - The Shoreside office in consultation with the Health Authorities will provide advice on recommended containment, isolation and quarantine measures.
- Assess clinical status and manage accordingly
 - **ARI**
 - i. Treat as indicated
 - ii. Advise cough etiquette, hand washing and importance of reporting fever
 - iii. Self-temperature monitoring (where available)
 - iv. Clinical review if fever develops
 - v. If severe symptoms, isolate if necessary and provide surgical masks to wear outside cabin
 - **ILI**
 - i. Oseltamivir treatment is recommended for all patients who meet the ILI case definition and who present within 48 hours of symptom onset. Particular priority should be given to patients in high risk groups and with severe or progressive illness.

- ii. All patients who meet the ILI case definition should be isolated for at least 24 hours post-resolution of fever, not influenced by the use of antipyretics, and major symptoms.
- iii. Oseltamivir prophylaxis is recommended for all close contacts particularly those in high risk groups.
- iv. Self-temperature monitoring (where available)
- v. Once released, provide surgical masks to wear outside cabin should symptoms of cough or sneezing persist
- vi. Daily medical reviews should be conducted, preferably telephonically, for those with minor symptoms.
- **SARI**
 - i. Clinical management of cases of severe acute respiratory infection when novel coronavirus (COVID-19) infection is suspected should be in accordance with published guidelines recommended by the CDC including the World Health Organization's "[Clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected.](#)"

2.3.4 Infection Prevention and Control

- Designated isolation wards, equipment and supplies should be used for all ARD cases. Avoid the use of the ICUs wherever possible due to contamination risk. Keep work surfaces cleared and disinfected.
- After each case, contact surfaces in the designated isolation room must be cleaned and disinfected with Virox. This should be performed by the treating medical staff.
- Refer to: "[Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings.](#)"
- Patients experiencing significant respiratory symptoms (ARI or ILI) should be provided with approximately five surgical face masks to wear when leaving their cabin until symptoms resolve.
- Place alcohol hand gels in each clinical area.

2.3.5 Reporting of SARI or Suspected COVID-19 Cases:

- Before notifying the case to duty medical operations, complete the CDC: "[Interim 2019 novel coronavirus \(2019-nCoV\) patient under investigation \(PUI\) form](#)".
- Report all SARI, or possible or suspected COVID-19 cases to the duty shoreside medical lead (Medical Operations Line) prior to submission of a Maritime Declaration of Health.