



Special Commission of Inquiry into the Ruby Princess

# EXHIBIT 122

Carnival Corporation Public Health and Sanitation Procedure 1120  
“Management of Acute Respiratory Disease”, dated 1 February 2018

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# HESS PROCEDURES

» PHS - PUBLIC  
HEALTH AND  
SANITATION  
PROCEDURES

» PHS-1120 - MANAGEMENT OF ACUTE  
RESPIRATORY DISEASE (ARD)

(DATE: 01 FEB  
2018)



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PHS-1120-A1 Acute Respiratory Disease (ARD) Surveillance Log

PHS-1120-A2 Influenza (Flu) Fact Sheet

PHS-1120-A3 Influenza Health Advisory

## 1 Objective

To outline the medical management of individual cases of acute respiratory disease (ARD) and the prevention and control of influenza outbreaks.

## 2 Process

### 2.1 Case Definitions and Response Threshold of Acute Respiratory Disease (ARD)

#### Case Definitions

All patients presenting with an ARD must be categorized as either an Acute Respiratory Illness (ARI) or Influenza-Like Illness (ILI):

- ARI:
  - No reported feverishness or recorded fever ( $< 38^{\circ}\text{C}$  [ $100.4^{\circ}\text{F}$ ]) AND
  - At least one symptom of: cough, sore throat, or rhinorrhea
- ILI:
  - Acute respiratory symptoms and a positive influenza test; OR
  - Reported feverishness or recorded fever ( $\geq 38^{\circ}\text{C}$  [ $100.4^{\circ}\text{F}$ ]) AND
  - At least one symptom of: cough, sore throat, rhinorrhea

#### Sanitation Response Threshold

- Where the cumulative proportion of reportable ILI cases reaches  $\geq 1\%$  among passengers or  $\geq 1\%$  among crew per voyage AND there is a rate  $> 1.38$  per 1000 days in any cumulative 7 day period per voyage.

### 2.2. Sanitation Response to ILI Elevations

When the ILI Response Threshold is met, increase the frequency of environmental cleaning and sanitizing of public areas to the Elevated level actions in **PHS-1106 Acute Gastroenteritis (AGE): Management Of Cleaning, Sanitizing and Hand Sanitizing**. Cleaning should be targeted to high volume, hand-contact surfaces in the areas of the affected groups e.g. passenger areas only.

### 2.3 Returning to Baseline Response Level

During outbreaks of ILI, the Head of the Medical or Public Health Department will determine when to return to baseline response levels using the 'risk evaluation' approach provided in section 2.6 and 2.7 of **PHS-1101 Acute Gastroenteritis (AGE) Response Levels and Management** as follows:

- For passenger outbreaks, when the number of new onset ILI cases has remained at baseline levels for 5 days, or at the end of the cruise (whichever is sooner).
- For crew outbreaks when the number of new onset ILI cases has remained at baseline levels for 5 days.

### 2.4 ILI Surveillance

- The Lead Medical Officer is responsible for maintaining accurate and current clinical records and the ILI surveillance log in SeaCare for each voyage.
- A copy of a standardized ARD surveillance log (including ARI and ILI) is provided in **PHS-1120-A1 Acute Respiratory Disease (ARD) Surveillance Log**.

## 2.5 Pre-embarkation Surveillance

- The procedure for pre-embarkation screening of crew or guests is outlined in **PHS-1101 Acute Gastroenteritis (AGE) Response Levels and Management**.

## 2.6 Medical Management

- All patients who report to the Medical Center with ILI symptoms should be triaged appropriately and separated from other patients. Illness transmission can be significantly reduced if patients are also provided a surgical mask to wear.
- In any semi-closed environment where illness can spread readily, 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.
- 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.
- Conduct rapid flu testing as clinically indicated and during outbreaks to establish cause and influenza type.
- Oseltamivir prophylaxis is recommended for all close contacts particularly those in high risk groups.
- Isolation is not required for patients who meet the ARI case definition.
- Refer to **PHS-1118 Management of a Legionella Case** for all cases of pneumonia (clinical or X-ray confirmed) unless confirmed as influenza by rapid testing.
- Management of the case should be completed in accordance with **PHS-1105 Case Management of Communicable Illness**.

## 2.7 Rapid Influenza Testing and Supplies

- Rapid influenza testing should be conducted as clinically indicated to confirm the diagnosis and to determine influenza type during elevations.
- Reference U.S. CDC's Guidance for Clinicians on the Use of Rapid Influenza Diagnostic Tests: ([http://www.cdc.gov/flu/professionals/diagnosis/clinician\\_guidance\\_ridt.htm](http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm)) or in Europe: [http://ecdc.europa.eu/en/healthtopics/seasonal\\_influenza/basic\\_facts/Pages/facts](http://ecdc.europa.eu/en/healthtopics/seasonal_influenza/basic_facts/Pages/facts)
- Medical staff should maintain a minimum of 20 rapid influenza diagnostic tests (RIDTs) on each ships.

## 2.8 People at High Risk of Developing Flu-Related Complications

- Early antiviral treatment is recommended for persons with suspected or confirmed influenza who have severe illness, or who are at high risk for complications.
- People at high risk for developing flu-related complications include:
  - Children <5 years of age
  - Adults >65 years of age
  - Pregnant women
  - Persons with chronic pulmonary (including asthma), cardiovascular, renal, hepatic, hematological, and metabolic disorders, or neurologic and neurodevelopment conditions
- Antiviral treatment should be initiated within 48 hours of symptom onset and prescribed for 5 days.
- High risk patients should be counseled about the benefits and adverse effects of antivirals, the potential for continued susceptibility to influenza virus infection after treatment is completed, and the need to urgently seek medical care should symptoms persist or worsen.
- Documentation should be kept for any patients who decline antiviral medication.

## 2.9 Antiviral Chemoprophylaxis

- Antiviral chemoprophylaxis should be administered within 48 hours of exposure to a patient with ILI and prescribed for up to 10 days.

- Post exposure antiviral chemoprophylaxis is recommended for the following groups:
  - People in a high risk group for complications of influenza and who are a close contact of a person with influenza during that person's infectious period.
  - Medical staff who have had high risk close contact exposure to a person with influenza during that person's infectious period.
  - All medical staff during significant ILI outbreaks, irrespective of whether they have previously received the seasonal influenza vaccination.
  - Cabin mates of persons with active ILI symptoms.
- Antiviral agents should not be used for post exposure chemoprophylaxis in healthy children or adults based on potential exposures.
- A minimum par level of 20 influenza antiviral treatment doses should be maintained onboard each ship.

## 2.10 Isolation

- Isolation requirements for guest and crew patients can be found in [PHS-1105 Case Management of Communicable Illness](#).
- A brand specific isolation letter and influenza advice should be provided to all isolated patients as outlined in [PHS-1105 Case Management of Communicable Illness](#).
  - An influenza fact sheet is included in [PHS-1120-A2 Influenza \(Flu\) Fact Sheet](#).
- Patients should be isolated in their cabin; however, severely ill patients may require admission in the Medical Center.

## 2.11 Close Contact Tracing and Follow-up

- Close contacts of an influenza case are defined as persons within approximately 2 meters (6 feet) or within the room or care area of a confirmed or probable influenza case patient for a prolonged period of time, or with direct contact with infectious secretions while the case patient was likely to be infectious (beginning 1 day prior to illness onset and continuing until resolution of illness).
- Close contacts of ILI cases should be identified and interviewed to determine their symptoms and medical risk factors. If they are asymptomatic, the individual should be provided with an influenza fact sheet. Those meeting the requirements for post exposure prophylaxis as outlined in Section 2.9 should be prescribed antiviral chemoprophylaxis.
- Close contacts must be informed to telephone the Medical Center to report the onset of any new symptoms.

## 2.12 Personal Protective Equipment (PPE) and Disinfection

- Refer to [MED-3601 Infection Control](#) for PPE guidance

## 2.13 Influenza Specimen Collection, Labeling, Storage, and Handling

- Nasopharyngeal viral swabs may be requested by regulatory authorities in certain circumstances, such as in patients with severe ILI or for typing outbreak strains.
- Swabs should be stored at 4°C [39.2°F] and only be sent to a designated laboratory if instructed.

## 2.14 Notification

- Influenza Health Advisory information must be provided to all the affected population once the ILI threshold is reached. An example advisory can be referenced below. At minimum the advisory must contain guidance on reporting illness, limiting contact with those who may be affected, and personal hygiene advice including coughing/sneezing etiquette, disposal of tissues, hand washing and use of hand sanitizers. Refer to [PHS-1120-A3 Influenza Health Advisory](#).

## 2.15 Health Reporting on International Voyages

- A Maritime Declaration of Health is required by many countries for vessels on an international voyage before the first port of call in that country or territory. Refer to [PHS-1103-A1 Maritime Declaration of Health](#).
- Some countries and ports have specific ILI reporting requirements and documents. If in doubt, check with the Company Head of the Medical or Public Health Department regarding forms and required reporting times.

### 3 Responsibilities

#### 3.1 Senior Doctor

- Ensure the HESS Steering Committee is informed of any significant increase in ILI.
- Ensure full compliance with international health reporting requirements.
- Ensure all patients isolated with ILI are managed appropriately.
- Ensure illness surveillance logs are completed accurately by Medical Staff.
- Notify the medical and public health leads when ILI outbreaks are reached.

#### 3.2 Medical Staff

- Ensure correct medical and logistical management of cases of ARD.

#### 3.3 Heads of Department

- Ensure procedures related to elevated levels of ILI are implemented in their area of responsibility when directed by the HESS Steering Committee.
- Ensure all patients isolated with ILI are managed appropriately.

#### 3.4 Company

- Develop and publish policies that reflect up to date information on the medical administration and management of ARD.
- Establish thresholds for determining response actions.

### 4 Records

The following records must be maintained onboard the vessel for 12 months:

- Influenza-like-Illness (ILI) Surveillance Log
- ARD Clinical Records

### 5 References

- US CDC Influenza Information for Health Professionals (<https://www.cdc.gov/flu/professionals/index.htm>).
- MED-3601 Infection Control
- PHS-1101 Acute Gastroenteritis (AGE) Response Levels and Management
- PHS-1103 Acute Gastroenteritis (AGE) Notification and Reporting
- PHS-1105 Case Management of Communicable Illness
- PHS-1106 Acute Gastroenteritis (AGE): Management Of Cleaning, Sanitizing and Hand Sanitizing
- PHS-1118 Management of a Legionella Case

PHS-1120-A1 Acute Respiratory Disease (ARD) Surveillance Log

PHS-1120-A2 Influenza (Flu) Fact Sheet

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