

From: Leena Gupta (Sydney LHD)
Sent: Thursday, 13 February 2020 2:53 PM
To: Vicky Sheppard (South Eastern Sydney LHD); Darrin Eade; Peta Pippas (Ministry of Health); Christine Selvey; William Rawlinson (NSW Health Pathology); Anna Condylis (NSW Health Pathology); Jeremy McNulty; Mark Ferson (South Eastern Sydney LHD); David Durrheim (Hunter New England LHD); Craig Dalton (Hunter New England LHD); MOH-PHEOPlanning; MOH-PHEOOperations; Tracey Oakman; Tony Merritt (Hunter New England LHD); Zeina Najjar (Sydney LHD); Isabel Hess (Sydney LHD)
Subject: RE: URGENT TELECONFERENCE - Cruise ships

Thanks for the t/c for this huge undertaking and for putting this policy together so quickly

We will provide more detailed comment ASAP.

Here are preliminary comments:

- 1) Patient transport- is this PTS or Ambulance. Need to clarify in advance if PTS will take "well" cruise passengers who might be symptomatic somewhere with appropriate PPE and suggest this is sorted out beforehand.
- 2) Strongly recommend on public health grounds that all results available for cruise ships where this is the final port for disembarkation for the cruise ships before disembarkation commences. Our experience from the follow up of a much lesser number of negative results daily from the coronavirus clinic has identified: people don't have an Aussie sim so no contact number, numbers can be wrong or ring through, hotels can get very concerned if people are discharged pending test results. There will also be community expectation in light of the Japan incident. Noted that this may delay disembarkation by a few hours thus delaying the cruise ship timetable, but I know that these delays can be managed by the Ports Authority - especially if they are planned delays. Where it not the final port this could be relaxed as the passengers will be returning to the ships. EHO is not required.
- 3) Screening teams- what is the expected workforce approximately -1 doctor, plus 3 nurses per 1000 pax?
- 4) Will PPE packs (20 masks, fact sheets, gloves, hand sanitiser, if people being discharged to isolation.
- 5) Process for interpreters should be noted.
- 6) Suggest Traveller Record form note post-disembarkation itinerary, phone numbers and email addresses for 7 days post disembarkation as well as how the traveller will be getting to accommodation (bus, taxi, ber, private car) - most will be in a public vehicle of some sort.
- 7) If RPA clinic to be used, please discuss with Tim Sinclair.
- 8) Who gives final clearance decision under current circumstances, is it Chief Biosecurity officer. If so, at some point, a form which can be submitted so that the current status can be assessed to disembark would be good.

Leena

Dr Leena Gupta

Clinical Director | **Public Health**

Tel [REDACTED] | Fax [REDACTED] | Mob [REDACTED] | [REDACTED]
<http://www.slhd.nsw.gov.au/populationHealth/PHU.html>



Please note new email address

=====
"This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please destroy it and notify the sender. Views expressed in this message are those of the individual sender, and are not necessarily the views of Sydney Local Health District."

From: Vicky Sheppard (South Eastern Sydney LHD)

Sent: Thursday, 13 February 2020 1:18 PM

To: Darrin Eade [REDACTED]; Peta Pippas (Ministry of Health) [REDACTED]; Christine Selvey [REDACTED]; William Rawlinson (NSW Health Pathology) <[REDACTED]>; Anna Condylis (NSW Health Pathology) [REDACTED]; Jeremy McAnulty [REDACTED]; Mark Ferson (South Eastern Sydney LHD) [REDACTED]; David Durrheim (Hunter New England LHD) [REDACTED]; Craig Dalton (Hunter New England LHD) [REDACTED]; MOH-PHEOPlanning <[REDACTED]>; MOH-PHEOOperations [REDACTED]; Tracey Oakman [REDACTED]; Leena Gupta (Sydney LHD) [REDACTED]; Tony Merritt (Hunter New England LHD) [REDACTED]

Subject: RE: URGENT TELECONFERENCE - Cruise ships

Draft procedure for discussion << File: Cruise ship procedure - App A - patient assessment form.docx >> << File: Cruise ship procedure.docx >>

-----Original Appointment-----

From: Darrin Eade

Sent: Thursday, 13 February 2020 12:56 PM

To: Darrin Eade; Peta Pippas (Ministry of Health); Christine Selvey; William Rawlinson (NSW Health Pathology); Anna Condylis (NSW Health Pathology); Vicky Sheppard (South Eastern Sydney LHD); Jeremy McAnulty; Mark Ferson (South Eastern Sydney LHD); David Durrheim (Hunter New England LHD); Craig Dalton (Hunter New England LHD); MOH-PHEOPlanning; MOH-PHEOOperations; Tracey Oakman; Leena Gupta (Sydney LHD); Tony Merritt (Hunter New England LHD)

Subject: URGENT TELECONFERENCE - Cruise ships

When: Thursday, 13 February 2020 1:15 PM-2:15 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: Teleconference Dial: 1800 108 839 Code: [REDACTED]

Importance: High

Dear Directors

Apologies for the late notice, this teleconference is to discuss the consistent approach to the management of cruise ship arrivals.

Dial in – 1800 108 839

Code: [REDACTED]

Kind regards

Darrin Eade

Logistics Team

[REDACTED]

Tel [REDACTED] | [REDACTED] | [REDACTED]


www.health.nsw.gov.au

<< OLE Object: Picture (Device Independent Bitmap) >>




Quarantine and Isolation

How to Calculate the Influenza or Influenza-Like Illness (ILI) Case Outbreak Threshold for Cumulative Reports

CDC requests reporting of total influenza/influenza-like illness cases (including zero) — not individual case information — for each voyage by using the [Maritime Conveyance Cumulative Influenza/Influenza-Like Illness \(ILI\) Form](#)  [PDF – 1 page]

CDC requests that cruise lines immediately report any of the following events to the CDC Quarantine Station having jurisdiction over the next U.S. port of entry:

- Outbreaks of influenza or ILI (exceeding 1.380 cases per 1,000 traveler days) among passengers or crew members.
- Hospitalization (ashore or at sea) caused by, or suspected to be associated with, influenza or ILI onboard the vessel.

In addition, CDC is taking this opportunity to emphasize that any death, including those caused by, or suspected to be associated with, influenza or ILI, that occurs aboard a cruise ship destined for a U.S. port must be reported to CDC immediately. Report ILI hospitalizations or deaths by submitting an individual [Maritime Conveyance Illness or Death Investigation Form](#)  [PDF – 4 pages] for each hospitalization or death, or report by phone.

An outbreak is occurring if the total number of cases of influenza or ILI on a cruise ship among passengers OR crew exceeds the threshold of 1.380 cases per 1,000 person-days, as calculated below. This threshold is based on Alaska regional data from 1998.*

Threshold case rate:

- The burden of illness indicating a possible onboard ILI outbreak
- Equivalent to 1.38 cases per 1,000 passenger-days

Variables (passengers and crew are calculated separately):

- n = number of cumulative ill cases needed to reach threshold (i.e. meet outbreak criteria)
- p = total number of passengers or crew members
- d = number of days onboard the voyage at the time of reporting to Q Station,
where equation for d = [Report to Q Station Date – Departure Date (1st day of voyage)]

Theshold Calculation:

- $n = (1.38)(p \times d) \div 1,000$
- The actual number of ill cases reported should be greater than n to be considered an outbreak.

Examples

Example 1: How do you calculate the passenger threshold?

A ship with 1,200 passengers onboard for 21 days reports 30 passenger cases

- p=1,200
- d=21
- $n = (1.38)(p \times d) \div 1,000 = (1.38)(1,200 \times 21) \div 1,000 = 34.8$

- $n = (1.38)(p \times d) / 1,000 = (1.38)(1,200 \times 21) / 1,000 = 34.8$

- Since 30 (the number of cases), is less than 34.8 (the ILI threshold), the threshold (n) **has not** been reached

Example 2: How do you calculate the crew member threshold?

The same ship with 800 crew members onboard for 21 days reports 25 crew member cases

- $p=800$
- $d=21$
- $n = (1.38)(p \times d) / 1000 = (1.38)(800 \times 21) / 1,000 = 23.2$
- Since 25 (the number of cases), is greater than 23.2 (the ILI threshold) the threshold (n) **has** been reached

*Bodnar UR, Maloney SM, Fielding KL, et al. Preliminary guidelines for the prevention and control of influenza-like illness among passengers and crew members on cruise ships. Atlanta: US Department of Health and Human Services, 1999.

Page last reviewed: August 22, 2016



**IMPORTANT INFORMATION FOR CRUISE SHIP OPERATORS:
MEASURES TO CONTAIN THE RISK OF COVID-19 SPREAD**

Dear Cruise Ship Industry Representative,

The cruise ship industry provides important services for the community and visitors to NSW. I appreciate that the industry has been very active in taking measures to minimise the risk of an outbreak of COVID-19 among passengers and crew.

The recent outbreak of COVID-19 on the Diamond Princess cruise ship in Japan demonstrates the serious impact this disease can have in cruise ship environments.

To further reduce the risk in NSW, NSW Health has instituted a number of enhanced measures to assess the risk of COVID-19 in cruise ships entering NSW ports, and manage any cases detected in passengers or crew. These are in addition to existing requirements under the *Biosecurity Act (2015) (Commonwealth)*.

To assist in protecting cruise ship passengers and crew, I seek your urgent assistance to confirm that each cruise ship docking in NSW is able to meet the attached guidance, *Enhanced COVID-19 Procedures for the Cruise Line Industry*. Please make sure this is shared with relevant staff, particularly the medical team for each ship.

Should any sample test positive for SARS-CoV-2, the virus causing COVID-19, then a major public health response will be mounted to investigate and manage a potential outbreak and to reduce the risk of further infection among passengers, crew and the broader community.

I appreciate your ongoing efforts to help prevent outbreaks of COVID-19 on cruise ships and the broader community.

I would appreciate your response to [REDACTED] If you have any questions please contact this email address, or Dr Sean Tobin, [REDACTED]

Yours sincerely

Dr Kerry Chant PSM

Deputy Secretary, Population and Public Health
and Chief Health Officer
NSW Ministry of Health

Enhanced COVID-19 Procedures for the Cruise Line Industry

Supplies

Each cruise ship vessel should ensure that they have sufficient supplies of materials to manage a respiratory outbreak on board, including:

- face masks, alcohol hand rub for ill passengers and crew
- personal protective equipment for clinic staff.

Procedures to identify and manage cases of respiratory infection

Cruise ship vessel staff should ensure that:

- They actively identify and passengers or crew with respiratory symptoms (cough, sore throat, fever or difficulty breathing) and ask them to attend the medical clinic for free assessment and management 12 – 24 hours before arrival
- Passengers who may be infectious are appropriately isolated
- An accurate electronic list of all passengers and crew, including mobile/home phone number/email addresses can be provide to NSW Health within 1 hour of a request should a confirmed case be identified after disembarkation
- All passengers are advised that they may be contacted if a fellow passenger is later found to be positive for COVID-19.

Reporting requirement to NSW Health

At least 24 hours before arrival at port - each cruise ship vessel should ensure that the following information is provided to NSW Health:

- A copy of full acute respiratory diseases (ARD) log (including details of patients presenting with fever or acute respiratory illness, a list of countries they have visited in the 14 days prior to embarkation, and results of rapid influenza testing)
- A list of any passengers and crew who have been in contact with a confirmed case of COVID-19 within 14 days before embarking (if known)
- A list of passengers and crew who have been in China (including Hong Kong), Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation
- Number of swabs collected for COVID-19 testing. If respiratory swabs are collected during a cruise (i.e. for rapid flu testing), please store at fridge temperature so they can be taken for COVID-19 testing
- The details for any identified respiratory outbreak on board ¹
- A list of the on-board medical staff and their contact details
- A list of any planned medical disembarkations
- A list of any deaths during the cruise, including cause of death.

Please note that the ship will not be granted pratique / allowed to disembark passengers or crew until given clearance by the Human Biosecurity Officer.

¹ A respiratory outbreak is defined as >1% of people on board affected. Smaller numbers of cases with mild respiratory illness are expected and do not necessarily represent an outbreak.

Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the aforementioned information. The risk assessment will determine if enhanced health screening is required by the Health Team prior to disembarkation. NSW health will notify the ship the day before arrival into port if enhanced health screening is required.

If a Health Team is to conduct enhanced health screening for COVID-19, ships are required to make a series of announcements **the day before arrival** (and if possible provide written communication) to notify passengers and crew that the following people will be required to present for assessment by a Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever or
- Anyone who is a close or casual contact of a confirmed case or
- Anyone who has travelled or transited through mainland China (regardless of current physical health status)
- Anyone who has travelled (excluding transit) in Hong Kong, Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation (regardless of current physical health status).

The Ship should then:

- Designate a senior officer, for example the Hotel Director, to liaise with the Health Team both prior to boarding and whilst on the vessel.
- Arrange a suitable space on the ship for the assessment. This should be a large, open area (e.g. function room, conference room) capable of holding at least 60 people, set up with 4 stations consisting of a desk and 3 chairs.
- Please provide separate seating and bottled water for those waiting for assessment and hand rub dispensers at entry and exit points.
- Ensure that any crew or passengers requiring assessment are wearing a surgical mask while waiting.
- Have medical and other staff available to facilitate the assessment process, including bilingual staff if relevant (wearing surgical masks).
- Assign sufficient crew to check the contact details of passengers and crew being assessed, and to assist with crowd control and flow of people.

The Ship's medical team will be requested to assist in the collection of swabs for any passengers and crew as requiring testing to exclude COVID-19.

The following procedures should be used to collect nasopharyngeal swabs:

- Collect two viral swabs using droplet precautions. One swab can be used for rapid influenza testing on board immediately but the other swab must be placed in a sheath/tube (preferably transport medium) and stored in a refrigerator in preparation for disembarkation and COVID-19 testing. Samples that do not meet biohazard standards will not be processed and will need to be retaken.
- Ensure the sample is fully labelled with at least 3 points of ID (name, DOB, address), and accompanied with a pathology request form. Please ensure that any test results or collections are noted on the ARD log.
- Once the test has been taken, the passengers staying on the ship should be advised to self-isolate in their rooms, and be provided with face masks and alcohol hand rub.
- Any samples taken on board will be forwarded to the lab for COVID-19 testing on arrival into the port (even if the passenger's symptoms have resolved).

- If an individual room is not possible, then face masks should also be supplied to any room-mates and advice given regarding strict hand hygiene and limiting contact.
- Disembarking passengers will be given isolation instructions to follow while they wait for their results.

Should any sample test positive for SARS-CoV-2, the virus causing COVID-19, then a specific NSW Health public health response will be mounted to investigate and manage any potential outbreak, in close coordination with senior Ship staff and the Cruise Line operator.

From: Sean Tobin
Sent: Mon, 9 Mar 2020 17:48:33 +1100
To: Joel Katz ([REDACTED])
Cc: Sandy.Olsen [REDACTED]; Sture.myrmell [REDACTED]; gsmith [REDACTED]; nei
 llinwood [REDACTED]; sbonner [REDACTED]; lynne.clarke [REDACTED]; Jworth [REDACTED]
 [REDACTED]; Sodell [REDACTED]; Bangell [REDACTED]; Kchristensen [REDACTED]; Sbratton [REDACTED]
 [REDACTED]; Adama [REDACTED]; Andrewm [REDACTED]; Dbrazier [REDACTED]; Brig
 ita.devries [REDACTED]; Mark [REDACTED]; karine.tomlinson [REDACTED]
 [REDACTED]; Clinton.Evans [REDACTED]; matt.grimes [REDACTED]; karl.ryden [REDACTED]; OO
 R_Doctor [REDACTED]; timc [REDACTED]
 [REDACTED] ALBHospital [REDACTED] phxcd [REDACTED] phxsek [REDACTED]; si
 mon [REDACTED]; mcredie [REDACTED]; MOH-PHEOPlanning
Subject: Updated NSW Enhanced COVID-19 measures for cruise line industry
Attachments: NSW Enhanced COVID-19 measures for cruise line industry - UPDATE 9
 March 2020.pdf

Dear Joel and Cruise Line Industry Colleagues

Please find attached an update on the advice we sent in late February.

Hopefully this clarifies some issues raised and provides more detailed instructions.

Thank you all for your continuing efforts to reduce the risk of COVID-19 of coming on board and spreading.

If you have any specific questions or feedback, please provide through our Planning Team ([REDACTED]
 [REDACTED]).

Best regards
 Sean

Dr Sean Tobin

Medical Epidemiologist
 Manager, Respiratory and Biopreparedness
 Chief Human Biosecurity Officer (NSW)
 Communicable Diseases Branch | **Health Protection NSW**
 LMB 961, NORTH SYDNEY NSW 2059
 Tel [REDACTED] | Fax [REDACTED] | [REDACTED]
www.health.nsw.gov.au www.health.nsw.gov.au/infectious





Enhanced COVID-19 Procedures for the Cruise Line Industry

Updated 9 March 2020

Please note that these procedures should be applied to all cruise ship voyages, not just international voyages. This is because many domestic voyages will have passengers and crew arriving from other countries at higher risk of COVID-19 than Australia, increasing the risk of COVID-19 outbreaks.

Supplies

Each cruise ship should ensure that they have sufficient supplies of materials to manage a respiratory outbreak on board, including:

- face masks and alcohol hand rub for passengers and crew with acute respiratory illness
 - personal protective equipment for clinic staff
 - sterile transport swabs for respiratory sample collection
- Flexible flocked swabs and universal transport medium are preferred. For example, *COPAN #321C Universal Transport Medium with Regular FLOQ Swab and Nasopharyngeal FLOQ Swab* are held by NSW Health for outbreak response.

Enhanced data collection

Each ship should collect and retain for 14 days after each cruise in case required:

- a log of where passengers and crew have travelled in the 14 days prior to embarkation – in order to facilitate this, it is strongly recommended that pre-embarkation screening of crew and passengers include a history of travel in the previous 14 days
- an accurate electronic contact list for all passengers and crew after disembarkation, including mobile/home phone number/email addresses.

Please also advise all passengers that they may be contacted by health authorities if a fellow passenger is later found to be positive for COVID-19.

Procedures to identify and manage cases of respiratory infection

Cruise ship staff should ensure that:

- They actively identify passengers and crew with acute respiratory illness (ARI) – including cough, sore throat, fever or difficulty breathing – by making regular announcements throughout the cruise, inviting them to attend the clinic for assessment.
- Clinic staff include on the acute respiratory diseases (ARD) log, details of ALL passengers and crew presenting with fever OR acute respiratory symptoms OR both.
- Clinic staff record on the ARD log all countries visited in the 14 days before onset.
- For all people with influenza-like illness (ILI) AND those with acute respiratory illness (ARI) with a history of travel to countries on the Australian list of countries at risk of COVID-19 transmission¹, two swabs – one nasopharyngeal swab and one oropharyngeal swab should be collected and stored in the fridge for possible SARS-COV-2 testing using droplet precautions. A further swab should also be collected for rapid influenza virus testing on board.

¹ See: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm> .

As of 9 March 2020 this included: Mainland China, Iran, Italy, South Korea, Cambodia, Hong Kong, Indonesia, Japan, Singapore, and Thailand.

Enhanced COVID-19 Procedures for the Cruise Line Industry

- Every sample retained for SARS-COV-2 testing is labelled with at least 3 points of ID (name, DOB, address), and accompanied by a pathology request form.²
- Details of any sample collected and test results are noted on the ARD log.
- Passengers with ARI/ILI who may be infectious are appropriately isolated, and provided with alcohol hand rub and face masks. If sharing a cabin, please also provide roommates with alcohol hand rub and face masks, and educate on how to protect themselves.

During this period of increased risk of COVID-19, cruise companies are also requested to consider making medical assessment for ARI/ILI free to passengers as well as crew. Ships not providing free consultations are at greater risk of being considered at risk of COVID-19 as ARI/ILI cases may be less likely to have been identified.

Reporting requirement to NSW Health

At least 24 hours before arrival at port - each cruise ship should ensure that the following information is provided to NSW Health:

- A copy of the full ARD log (including details of patients presenting with fever OR ARI OR both, a list of countries they have visited in the 14 days prior to illness onset, and results of rapid influenza testing).
- A list of any passengers and crew who have been in contact with a confirmed case of COVID-19 within 14 days before embarking (if known).
- A list of passengers and crew who have been in countries on the Australian list of countries at risk of COVID-19 transmission in the 14 days prior to embarkation.¹
- Number of swabs collected for possible SARS-COV-2 testing.
- A list of the on-board medical staff and their contact details.
- A list of any planned medical disembarkations.
- A list of any deaths during the cruise, including cause of death.

Please note that the ship will not be granted pratique / allowed to disembark passengers or crew until given clearance by the Human Biosecurity Officer.

Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the above information. The risk assessment will determine if enhanced health screening is required by a Health Team prior to disembarkation. NSW Health will notify the ship the day before arrival into port if enhanced health screening is required.

If a NSW Health Team is to conduct enhanced health screening for COVID-19, ships are required to make a series of announcements **the day before arrival** (and provide a supplied letter and traveller record form) to notify passengers and crew that the following people will be required to present for assessment by a NSW Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever, and
- Anyone who is a close or casual contact of a confirmed case, and
- Anyone who has travelled or transited through mainland China or Iran (regardless of current physical health status), and
- Anyone who has travelled in any of the other countries included on the Australian list of countries at risk of COVID-19 transmission¹ in the 14 days prior to embarkation (regardless of current physical health status).

² If the vessel is subject to a NSW Health team assessment on arrival, the Health Team will advise if any stored samples will be referred for SARS-CoV-2 testing or if they can be discarded. If the vessel is not subject to a NSW Health team assessment, any stored clinical samples can be discarded on disembarkation.

Enhanced COVID-19 Procedures for the Cruise Line Industry

The ship should then:

- Designate a senior officer, for example the Hotel Director, to liaise with the NSW Health Team both prior to boarding and while on the vessel.
- Arrange a suitable space on the ship for the assessment. This should be a large, open area (e.g. function room, conference room) capable of holding at least 60 people, set up with 4 stations consisting of a desk and 3 chairs.
- Provide separate seating and bottled water for those waiting for assessment and alcohol hand rub dispensers at entry and exit points.
- Ensure that any crew or passengers requiring assessment are wearing a surgical mask while waiting.
- Have medical and other staff available to facilitate the assessment process, including bilingual staff if relevant (wearing surgical masks).
- Assign sufficient crew to check the contact details of passengers and crew being assessed, and to assist with crowd control and the flow of people.

The ship's medical team will be requested to assist in the collection of swabs for any passengers and crew requiring testing to exclude COVID-19, as described above, and to provide any stored samples for testing at a NSW Reference Laboratory if requested.

If COVID-19 testing is recommended

If the NSW Health team has recommended COVID-19 testing for a traveller, advice will be provided on how the traveller should be managed pending the result. If the traveller was not intending to disembark, then they may be recommended to stay in isolation in their cabin until the result is available, in consultation with ship's medical team. If the traveller was disembarking then NSW Health will provide alternative arrangements for them to wait for the result.

If the pre-arrival risk assessment or assessment by the on-site NSW Health team determined there was a high risk of COVID-19 then pratique may not be granted for other passengers and crew to disembark until the results of testing are available.

If COVID-19 testing is positive

If a traveller is confirmed as a COVID-19 case they will be hospitalised in isolation. NSW Health would urgently convene a senior incident management team (IMT) to assess the risk of transmission to other travellers and provide directions on how people identified as close contacts will be managed to ensure appropriate quarantine. The IMT will work closely with the affected ship and Cruise Line Operator and coordinate communications.

NSW Health will identify suitable accommodation for all travellers identified as close contacts to undergo their period of quarantine. It is expected that this will happen on shore.

The IMT will also advise on what information is provided to other travellers at lower risk, and provide environmental infection control guidance to the Cruise Line Operator.

Enhanced COVID-19 Procedures for the Cruise Line Industry

Updated 9 March 2020

Please note that these procedures should be applied to all cruise ship voyages, not just international voyages. This is because many domestic voyages will have passengers and crew arriving from other countries at higher risk of COVID-19 than Australia, increasing the risk of COVID-19 outbreaks.

Supplies

Each cruise ship should ensure that they have sufficient supplies of materials to manage a respiratory outbreak on board, including:

- face masks and alcohol hand rub for passengers and crew with acute respiratory illness
 - personal protective equipment for clinic staff
 - sterile transport swabs for respiratory sample collection
- Flexible flocked swabs and universal transport medium are preferred. For example, *COPAN #321C Universal Transport Medium with Regular FLOQ Swab and Nasopharyngeal FLOQ Swab* are held by NSW Health for outbreak response.

Enhanced data collection

Each ship should collect and retain for 14 days after each cruise in case required:

- a log of where passengers and crew have travelled in the 14 days prior to embarkation – in order to facilitate this, it is strongly recommended that pre-embarkation screening of crew and passengers include a history of travel in the previous 14 days
- an accurate electronic contact list for all passengers and crew after disembarkation, including mobile/home phone number/email addresses.

Please also advise all passengers that they may be contacted by health authorities if a fellow passenger is later found to be positive for COVID-19.

Procedures to identify and manage cases of respiratory infection

Cruise ship staff should ensure that:

- They actively identify passengers and crew with acute respiratory illness (ARI) – including cough, sore throat, fever or difficulty breathing – by making regular announcements throughout the cruise, inviting them to attend the clinic for assessment.
- Clinic staff include on the acute respiratory diseases (ARD) log, details of ALL passengers and crew presenting with fever OR acute respiratory symptoms OR both.
- Clinic staff record on the ARD log all countries visited in the 14 days before onset.
- For all people with influenza-like illness (ILI) AND those with acute respiratory illness (ARI) with a history of travel to countries on the Australian list of countries at risk of COVID-19 transmission¹, two swabs – one nasopharyngeal swab and one oropharyngeal swab should be collected and stored in the fridge for possible SARS-COV-2 testing using droplet precautions. A further swab should also be collected for rapid influenza virus testing on board.

¹ See: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm> .

As of 9 March 2020 this included: Mainland China, Iran, Italy, South Korea, Cambodia, Hong Kong, Indonesia, Japan, Singapore, and Thailand.

- Every sample retained for SARS-CoV-2 testing is labelled with at least 3 points of ID (name, DOB, address), and accompanied by a pathology request form.²
- Details of any sample collected and test results are noted on the ARD log.
- Passengers with ARI/ILI who may be infectious are appropriately isolated, and provided with alcohol hand rub and face masks. If sharing a cabin, please also provide roommates with alcohol hand rub and face masks, and educate on how to protect themselves.

During this period of increased risk of COVID-19, cruise companies are also requested to consider making medical assessment for ARI/ILI free to passengers as well as crew. Ships not providing free consultations are at greater risk of being considered at risk of COVID-19 as ARI/ILI cases may be less likely to have been identified.

Reporting requirement to NSW Health

At least 24 hours before arrival at port - each cruise ship should ensure that the following information is provided to NSW Health:

- A copy of the full ARD log (including details of patients presenting with fever OR ARI OR both, a list of countries they have visited in the 14 days prior to illness onset, and results of rapid influenza testing).
- A list of any passengers and crew who have been in contact with a confirmed case of COVID-19 within 14 days before embarking (if known).
- A list of passengers and crew who have been in countries on the Australian list of countries at risk of COVID-19 transmission in the 14 days prior to embarkation.¹
- Number of swabs collected for possible SARS-CoV-2 testing.
- A list of the on-board medical staff and their contact details.
- A list of any planned medical disembarkations.
- A list of any deaths during the cruise, including cause of death.

Please note that the ship will not be granted pratique / allowed to disembark passengers or crew until given clearance by the Human Biosecurity Officer.

Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the above information. The risk assessment will determine if enhanced health screening is required by a Health Team prior to disembarkation. NSW Health will notify the ship the day before arrival into port if enhanced health screening is required.

If a NSW Health Team is to conduct enhanced health screening for COVID-19, ships are required to make a series of announcements **the day before arrival** (and provide a supplied letter and traveller record form) to notify passengers and crew that the following people will be required to present for assessment by a NSW Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever, and
- Anyone who is a close or casual contact of a confirmed case, and
- Anyone who has travelled or transited through mainland China or Iran (regardless of current physical health status), and
- Anyone who has travelled in any of the other countries included on the Australian list of countries at risk of COVID-19 transmission¹ in the 14 days prior to embarkation (regardless of current physical health status).

² If the vessel is subject to a NSW Health team assessment on arrival, the Health Team will advise if any stored samples will be referred for SARS-CoV-2 testing or if they can be discarded. If the vessel is not subject to a NSW Health team assessment, any stored clinical samples can be discarded on disembarkation.

The ship should then:

- Designate a senior officer, for example the Hotel Director, to liaise with the NSW Health Team both prior to boarding and while on the vessel.
- Arrange a suitable space on the ship for the assessment. This should be a large, open area (e.g. function room, conference room) capable of holding at least 60 people, set up with 4 stations consisting of a desk and 3 chairs.
- Provide separate seating and bottled water for those waiting for assessment and alcohol hand rub dispensers at entry and exit points.
- Ensure that any crew or passengers requiring assessment are wearing a surgical mask while waiting.
- Have medical and other staff available to facilitate the assessment process, including bilingual staff if relevant (wearing surgical masks).
- Assign sufficient crew to check the contact details of passengers and crew being assessed, and to assist with crowd control and the flow of people.

The ship's medical team will be requested to assist in the collection of swabs for any passengers and crew requiring testing to exclude COVID-19, as described above, and to provide any stored samples for testing at a NSW Reference Laboratory if requested.

If COVID-19 testing is recommended

If the NSW Health team has recommended COVID-19 testing for a traveller, advice will be provided on how the traveller should be managed pending the result. If the traveller was not intending to disembark, then they may be recommended to stay in isolation in their cabin until the result is available, in consultation with ship's medical team. If the traveller was disembarking then NSW Health will provide alternative arrangements for them to wait for the result.

If the pre-arrival risk assessment or assessment by the on-site NSW Health team determined there was a high risk of COVID-19 then pratique may not be granted for other passengers and crew to disembark until the results of testing are available.

If COVID-19 testing is positive

If a traveller is confirmed as a COVID-19 case they will be hospitalised in isolation. NSW Health would urgently convene a senior incident management team (IMT) to assess the risk of transmission to other travellers and provide directions on how people identified as close contacts will be managed to ensure appropriate quarantine. The IMT will work closely with the affected ship and Cruise Line Operator and coordinate communications.

NSW Health will identify suitable accommodation for all travellers identified as close contacts to undergo their period of quarantine. It is expected that this will happen on shore.

The IMT will also advise on what information is provided to other travellers at lower risk, and provide environmental infection control guidance to the Cruise Line Operator.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES IN PASSENGERS OR CREW

DRAFT 26 Feb 2020

CONTENTS

| | | |
|------|--|----|
| 1 | Context..... | 2 |
| 2 | Legal aspects | 2 |
| 3 | Confirmed Case Scenarios..... | 3 |
| 3.1 | Scenario 1: A case is identified pre-arrival | 3 |
| 3.2 | Scenario 2: A case is identified during a NSW Health cruise ship assessment | 3 |
| 3.3 | Scenario 3: A case is identified with links to a previous voyage..... | 3 |
| 4 | Incident management team (IMT)..... | 3 |
| 5 | Case management | 4 |
| 5.1 | Isolation arrangements | 4 |
| 5.2 | Legal aspects – Public health orders | 4 |
| 5.3 | Transport | 4 |
| 5.4 | Reporting | 4 |
| 6 | Contact classification | 5 |
| 6.1 | Classification as close or casual contacts | 5 |
| 7 | Close contact management..... | 5 |
| 7.1 | Initial communication | 6 |
| 7.2 | Legal aspects – Public health orders for contacts..... | 6 |
| 7.3 | Transport | 6 |
| 7.4 | Accommodation..... | 6 |
| 7.5 | Symptom and welfare monitoring of close contacts | 6 |
| 7.6 | Resources | 7 |
| 8 | Casual contact management..... | 7 |
| 8.1 | Initial communication | 7 |
| 8.2 | Further communications | 7 |
| 8.3 | Resources | 7 |
| 9 | Interstate and overseas contacts | 7 |
| 9.1 | Communications | 7 |
| 10 | Appendices | 8 |
| 10.1 | Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts | 8 |
| 10.2 | Appendix 2: Script (draft) - CLOSE CONTACTS | 9 |
| 10.3 | Appendix 3: Script (draft) - CASUAL CONTACTS | 11 |
| 10.4 | Appendix 4 – Examples of a public health orders for cases and contacts..... | 12 |

1 Context

This procedure describes response measures and communication mechanisms in response to the detection of one or more confirmed cases of COVID-19 disease among travellers (passengers and crew members) on a cruise ship before, after or at the time of docking in a NSW port.

A similar procedure would be used in the event of a confirmed case of COVID-19 in a crew member or passenger on other maritime vessels in NSW, such as a cargo vessel.

This document does not refer to the enhanced COVID-19 screening procedures for cruise ships which are described in a separate policy document.

This response procedure is to be used in the context of current COVID-19 containment strategies in the community. This response procedure may no longer be appropriate in the setting of sustained community transmission.

2 Legal aspects

Infection with novel coronavirus 2019 (known as COVID-19) is a Category 2 scheduled medical condition under the Public Health Act 2010. This means that novel coronavirus 2019 is a notifiable condition requiring obligatory reporting by laboratories and medical practitioners.

Novel coronavirus 2019 is also a [Category 4 condition and contact order condition](#) which means that an authorised medical practitioner may make a public health order in respect to a person with the condition, or in respect to other people believed to have been exposed to someone with the condition and at risk of developing the condition, under certain settings.

In deciding whether or not to make a public health order, the authorised medical practitioner must take into account the principle that any restriction on the liberty of a person should be imposed only if it is the most effective way to prevent any risk to public health.

A NSW Health policy directive – [Management of People Exposed to a Contact Order condition \(PD2019_037\)](#) – provides a process for the management of people who have been exposed to a contact order condition, and explains the process through which the health system may encourage, facilitate and, only if required, enforce compliance with recommendations to avoid certain behaviours and/or other quarantine requirements for people following exposure to a contact order condition.

Public health orders are measures of last resort to prevent a public health risk and, in the case of exposure to contact order conditions, are only used when voluntary quarantine recommendations are refused.

Under the Australian Biosecurity Act 2015 there are entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease, which includes disease caused by novel coronaviruses of pandemic potential, such as COVID-19. Biosecurity officers or human biosecurity officers (HBO) use a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).

NSW Health-based HBOs can make Human Biosecurity Control Orders under the Biosecurity Act, both for COVID-19 cases and their contacts, with similar powers to NSW public health orders. However, the preference will be to apply powers under the NSW Public Health Act wherever possible, if required.

A public health order does not take effect until it is served personally on the person subject to the order. See [Appendix X](#) for examples of Public Health Orders for cases and contacts.

3 Confirmed Case Scenarios

A traveller may be identified as a confirmed COVID-19 case in three main scenarios. Each requires a tailored response, particularly with respect to the identification, assessment and management of traveller contacts.

3.1 Scenario 1: A case is identified pre-arrival

NSW Health may receive information about a case identified in a cruise ship traveller who has recently disembarked in another port and has subsequently been confirmed as a COVID-19 case, with likely exposure of other travellers still on the ship.

Other travellers still on board with fever or respiratory symptoms would be considered suspect cases who need to be tested, and many if not all of the other travellers would likely be considered close contacts.

Rarely, it may be possible to collect clinical samples of suspected cases from a high risk ship while still at sea so that a case may be able to be confirmed prior to arrival in port.

3.2 Scenario 2: A case is identified during a NSW Health cruise ship assessment

A case may be confirmed by testing of specimens collected during a NSW Health assessment team screening exercise on board the cruise ship on its arrival.

If the pre-arrival ship assessment indicated a medium risk of COVID-19, the Ship will likely have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available, but other travellers would have been allowed to disembark.

If the pre-arrival ship assessment indicated a high risk of COVID-19, the Ship will likely not have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available. Other passengers and crew would also have been required to self-isolate in their cabins (passengers) or other areas (for crew) pending the results of testing.

3.3 Scenario 3: A case is identified with links to a previous voyage

Cases may also be identified after local disembarkation through testing in NSW or testing in another state or country where the person has travelled to after disembarking.

In this scenario, passengers and crew may have travelled on to local homes or hotels, interstate or overseas destinations, or be part of a continuing voyage on the same cruise ship.

4 Incident management team (IMT)

An Incident management team (IMT) will be established to coordinate the public health and clinical response to any confirmed case(s). They will also coordinate the assessment and management of other travellers (passengers and crew members) on the same cruise ship, and of other people who may been in contact with the case(s).

The IMT will be established by the NSW Health Public Health Controller and will likely include senior staff in the Ministry of Health, one or more PHU Directors and key PHU staff, and experts in Infectious Diseases, Infection Control and Clinical Microbiology, and be supported by the Public Health Emergency Operations Centre (PHEOC).

The IMT will work closely with the State HSFAC and State Emergency Operation Controller (SEOCN). The IMT will also work closely with the Cruise Ship Operator, Senior Cruise Ship Staff, NSW Ambulance, HealthShare NSW, NSW Pathology, and Service NSW.

5 Case management

The clinical management of a confirmed case is likely to be similar in all three scenarios, and will be undertaken in an appropriate isolation unit in a tertiary hospital (see below).

If the case is not already hospitalised they will need to be safely transferred by ambulance to a tertiary hospital with appropriate isolation facilities. This could be from the Ship (in Scenario 1 and possibly Scenario 2), from a residential address, or from a NSW Health facility where travellers have been placed awaiting COVID-19 test results (Scenario 2 or 3).

5.1 Isolation arrangements

Westmead Hospital's is the preferred site for admission of all confirmed COVID-19 cases (even those with mild symptoms), utilising their high consequence infectious disease isolation rooms. Critically ill patients may need to be transferred to a closer health facility if clinically necessary.

Alternative tertiary referral hospitals will need to be identified if there are multiple confirmed cases reported which exceeds Westmead Hospital's isolation room capacity.

The IMT will need to liaise directly with the receiving hospital to confirm arrangements for admission. This should be done directly with the ID Physician on-call.

5.2 Legal aspects – Public health orders

Travellers identified as COVID-19 cases who refuse to comply with recommendations for isolation in hospital may need to be served with a Public Health Order to enforce isolation restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Cases is included in [Appendix X](#).

5.3 Transport

The IMT will need to liaise with NSW Ambulance regarding transportation of a confirmed COVID-19 case to a designated hospital. Confirmation regarding specific crew and vehicle, collection and estimated drop off times should also be provided.

The NSW Ambulance contact number for COVID-19 ambulance requests is [9999 9999](#).

[NSW Ambulance has been asked to supply specific instructions on ordering ambulances for the transfer of both suspected and confirmed COVID-19 cases. **NAME REDACTED** has been contacted, she had indicated she can identify the appropriate person to ask within NSW ambulance (e-mail received 10.53am 26/2/20)]

5.4 Reporting

The PHEOC or IMT should immediately notify the following groups:

- NSW Health Senior Executive
- Minister's Office
- Senior Executive of the LHD and hospital where the case(s) will be admitted
- Relevant Public Health Units (by case's residence and hospital admitted).
- Australian Department of Health
- The Cruise Ship operator

A media and community communications response should be developed with the NSW Health Media team.

6 Contact classification

6.1 Classification as close or casual contacts

The SoNG assessment principles states that close contacts on cruise ships can be difficult to identify, and case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.¹

The IMT will be responsible for rapidly assessing the risk to other travellers on the cruise ship (and any other contacts of the case) and classify them as close contacts, casual contacts or non-contacts.

The risk assessment will be based on a range of information sources including:

- Detailed interviews of the patient, other people in the patient's travel group, ship medical staff and other senior ship crew to establish the patient's [movements](#) while infectious.
- Any information on room isolation of the patient following symptom onset and when this commenced.
- The presence of other confirmed cases on the Ship.
- The reporting of acute respiratory illness and influenza-like illness in other travellers not explained by positive influenza test results.

Close-contacts can be difficult to identify in the cruise ship environment but are defined as:

- people who have had greater than 15 minutes face-to-face contact, in any setting, with a suspect case in the period extending from 24 hours before onset of symptoms in the suspect case; or
- people who have shared a closed space with a suspect case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the suspect case.

Close contacts includes:

- people accommodated in the same cabin or small group of cabins with shared amenities
- people providing care in a healthcare or non-healthcare setting (such as a cabin) without using recommended personal protective equipment.

If there have been extensive and prolonged potential exposures by the case while infectious, or if there are multiple confirmed cases identified on the ship, the number of likely close contacts will likely increase markedly such that it may be concluded that the all travellers should be considered as close contacts.

7 Close contact management

NSW Health has requested that all cruise ships collect [comprehensive](#) passenger and crew contact details ~~and provide them to the relevant LHD at least 24 hours before arrival at port in format that to~~ enable them to be rapidly contacted in the event that a COVID-19 case is identified [in one of their travellers](#).

¹ [COVID-19 CDNA National Guidelines for Public Health Units](#) (Accessed 26 February 2020).

7.1 Initial communication

Following notification of a confirmed case, contact details for all travellers will be immediately requested from the Cruise Ship operator so that contacts can be notified as soon as possible.

If travellers are still on board, initial contact notification can happen immediately although contact classification and subsequent management may require further investigation, as described in Contact classification section.

The Rapid Contact and Follow-up Protocol for traveller contacts (Appendix 1) describes the process for rapidly contacting travellers through SMS, Email and by phone. Draft scripts are provided in Appendices 2 and 3.

7.2 Legal aspects – Public health orders for contacts

People identified as close contacts who refuse to comply with voluntary quarantine recommendations may need to be served with a Public Health Order to enforce quarantine restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Contacts is included in Appendix 10.4.

7.3 Transport

Passengers and crew who are close contacts and are well and live locally can either take their own private transport, or will be transported home by NSW Health staff for isolation. This will be as per HealthShare NSW.

For passengers and crew who are close contacts and are well and do not live locally, high volume transport of passengers will be required. This will be arranged in accordance with the HealthShare NSW transport plan. This plan can be activated with two hours' notice. Up to 672 passengers would be able to be transported within 12 hours using rental vehicles and driven by NSW Health staff. While HSNSW, eHealth fleet and rental cars will be used for any remaining passengers.

7.4 Accommodation

Accommodation will be sought for passengers and crew who are close contacts and are well but do not live locally or do not have appropriate accommodation. High volume suitable accommodation is required for 14 days. This will include Hotels or other private facilities, Sports and recreation facilities or other government facilities. The facilities are required to have single/family rooms and en suites, access to meals, internet and mobile/telephone services, laundry, medical assessment areas, security, welfare support, as well as entertainment and appropriate recreation space in accordance with isolation and quarantine.

Responsible agency TBC

7.5 Symptom and welfare monitoring of close contacts

After Service NSW conducts initial notification phone calls (Appendix 1), close contacts will be monitored for symptoms by NCIMS automated checks.

NCIMS symptoms checks will be sent via text message daily and passengers to respond back via text. The relevant local health district will follow up these passengers as per their usual automated systems process.

Service NSW to conduct welfare checks one week into isolation to ask about wellbeing; issues with self-isolation; offer suggestions for food delivery, and check on symptoms.

7.6 Resources

HealthShare are packing and distributing 5000 Home Isolation kits directly to SESLHD and SLHD. The kits include 5 surgical masks, one personal hand sanitiser and the passenger and crew cruise ship information sheet on home isolation and FAQs. SESLHD and SLHD will transport kits to the port as appropriate.

The Information sheet for passengers and crew will be given to all those assessed once the cruise ship has docked. Method for distribution to passengers and crew is TBD by NAME REDACTED.

Food delivery will be required in the instance that passengers are required to remain on-board until all test results have been received. HealthShare have proposed to organise food packs/bags with shelf stable food. HealthShare have indicated that they would need 12 to 24 hours notice before catering is required. If a cruise ship is classified as high risk (following daily cruise ship risk assessment) operations team will contact HealthShare to indicate this need.

Refer to NSW Health Guideline on Public Health Contact Orders which gives some suggestions on how to support people in home quarantine.

8 Casual contact management

These are people who are considered to have had low level contact and who just need to be informed and provided information on self-monitoring for symptoms and who to contact if symptoms develop.

8.1 Initial communication

Once a positive case has been detected, casual contacts will be notified immediately via text and e-mail using the PRODOCOM system (see Appendix 1).

Casual contacts do not need to isolate but will need to look out for symptoms and seek medical attention.

If possible NSW Health will be made in partnership with the cruise ship staff.

8.2 Further communications

Possible a Service NSW call after one week?

8.3 Resources

Casual contact will be provided with the casual contacts information sheet via email.

9 Interstate and overseas contacts

9.1 Communications

Procedure required for communicating to states if contact have travelled on, and via the NIR for overseas travellers.

10 Appendices

10.1 Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts

1. SMS

- Send SMS (**script**) to travellers via NCIMS (160 characters)
- SMS will include:
 - Link to further information
 - Reference that they will receive an email and phone call
- Different script for close and casual contacts?

2. E-mail

- Send e-mail (**script**) to travellers
- Email will include:
 - website link to resources (e.g. isolation guidelines)
 - Advice to call Service NSW/Public Health Unit
- Travellers will be asked to contact Service NSW or the PHU

3. Phone call

- Service NSW will call the travellers (**script**)
- Different script for close and casual contacts
- Check for any current symptoms requiring further assessment by PHU/LHD

4. Daily SMS/Email from NCIMS

- Symptom check linked to Event and PHU workflows

5. Weekly Service NSW welfare check:

- Conduct welfare check for all cases and contacts in isolation
- Provide advice if they become unwell
- Refer to contact tracing team if required

10.2 Appendix 2: Script (draft) - CLOSE CONTACTS

| | |
|------------------|---|
| Text message | The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom. |
| | “NSW Health message to XXXXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed and you will be contacted by phone” (145 characters) |
| Email | <p>“Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19). NSW Health is following up ALL NSW residents that were on this cruise.</p> <p>All passengers and crew members are advised to self-isolate and wear a mask for 14 days following day of disembarkation. You should not attend work or school, and should not leave your home or hotel to go shopping until [date of 14 days of isolation]. Further information regarding home isolation and answers to frequently asked questions is provided below.</p> <p>You will receive a call in the next 3 working days from Service NSW on behalf of NSW Health to provide you with an opportunity to discuss any further questions you may have.</p> <p>Please reply to this email or contact xxxx xxxx between [give the bunker hours xxx] for further enquiries.</p> <p>Close contact factsheet</p> <p>https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx</p> <p>Home Isolation Guide for travellers</p> <p>https://www.health.nsw.gov.au/Infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx</p> <p>Frequently asked questions</p> <p>https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</p> <p>Cruiseship workshop meeting 26/2: “Need a number for passengers to call if they have questions if Service NSW are slow to respond”</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health”</p> |
| Service NSW call | <p>“Hi, this is ... and I’m calling from Service NSW on behalf of the NSW Ministry of Health. We’ve been advised that you were recently a passenger on board (name of vessel, date of arrival).</p> <p>One of the other travellers on the ship has been confirmed as having a novel coronavirus infection, also known as COVID-19. All passengers need to home isolate for 14 days from the day of disembarkation. This means you should not attend work or school, and should not leave your home or hotel to go shopping until midnight of [date of 14 days of isolation].</p> <p>Before I describe what home isolation means, can I ask if you currently sick...</p> <p>[I assume we would use the san wording already used in the welfare check, with urgent referral to Health if they do have symptoms]..</p> |

| | |
|--|---|
| | <p>No? Great.</p> <p>If you are sharing your home with other people who are not in home isolation, you should try to separate yourself as much as possible. It is recommended that you:</p> <ul style="list-style-type: none"> • wear a surgical mask when you are in the same room as someone not in home isolation • use a separate bathroom, if available • avoid shared or communal areas and wear a surgical mask when moving through these areas, and • not have other people visit your home while you are in isolation (except to deliver groceries and other supplies and you should wear a facemask if you are face to face with anyone delivering things). <p>If you develop any new symptoms, including cough, sore throat, fever or difficulty breathing, please call health direct on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner. If you go to your GP or emergency department, please ensure you phone ahead to let the staff know your travel history.</p> <p>You will be provided information regarding home isolation via email and you can access further information regarding novel coronavirus on the NSW Health Website. If you have not yet received this information, please give me your email address I can send it to you now”</p> |
|--|---|

10.3 Appendix 3: Script (draft) - CASUAL CONTACTS

| | |
|--------------|--|
| Text message | The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom. |
| | “NSW Health message to XXXXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed to you” |
| Email | <p>“Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19).</p> <p>You are classified as a casual contact. You do not need to self-isolate, but if you develop symptoms of fever, sore throat, shortness of breath or cough, please call Healthdirect on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner.</p> <p>Frequently asked questions</p> <p>https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health”</p> |

10.4 **Appendix 4** – Examples of a public health orders for ~~cases and~~ contacts

[See below.](#)

Public Health Act 2010

Section 62

Public Health Order

I, NAME, POSITION, and an authorised medical practitioner within the meaning of section 60 of the Public Health Act 2010 (Act), am satisfied on reasonable grounds that [NAME OF PERSON] is a person:

- Has been exposed to Novel Coronavirus 2019 and
- Is at risk of developing the Novel Coronavirus 2019 and
- Because of the way that [NAME OF PERSON] behaves, may be a risk to public health.

Therefore, in accordance with section 62 of the Act, I make this public health order requiring [NAME OF PERSON] to:

- a) Refrain from the following conduct:
 - a. Entering or remaining in any public place or any premises other than [NAME OF PERSON] usual place of residence unless permitted byNAME...
- b) Undergo oropharyngeal and nasopharyngeal swab testing for Novel Coronavirus 2019 as directed byNAME...
- c) Undergo a medical physical examination for signs of Novel Coronavirus 2019 as directed byNAME.....
- d) NotifyNAME.....of persons you have been in contact with in the last 14 days.
- e) NotifyNAME.....if you display SPECIFIED SIGNS OR SYMPTOMS

The circumstances justifying the making of this order are as follows:

- 1) I am satisfied on reasonable grounds that [NAME OF PERSON] has been exposed to Novel Coronavirus 2019 being a disease transmissible via close contact with someone with Novel Coronavirus 2019.
- 2) I am satisfied that [NAME OF PERSON] is not complying with the advice and directions of clinicians/will not comply with the reasonable advice and direction of clinicians
- 3) There is no other effective way to ensure that the health of the public is not endangered or likely to be endangered.

In deciding to make this order, I have taken into account the principle that any restriction on the liberty of the person should be imposed only if it is the most effective way to prevent any risk to public health pursuant to section 62(6) of the Public Health Act 2010.

I have not taken into account the matters listed in clause 39 of the Public Health Regulation 2012 as it is an emergency or otherwise not reasonably practicable.

Unless this order is earlier varied as to its duration or is earlier revoked it expires at the end 14 days. However, the order will expire at the end of 3 business days from the date of service on [NAME OF

PERSON] unless s/he is served with a copy of an application for its confirmation under section 64 of the Act within 3-business days from the date of service.

Dated this _____ day of _____ 2020

Signature.....

[NAME]

[Position]

Authorised Medical Practitioner

This order was served on [NAME OF PERSON] on _____ day of _____ 2020

.....

Signature

.....

Print name

TBA

From: Jeremy McAnulty
Sent: Sunday, 22 March 2020 6:02 PM
To: Edward W. Clapin
Cc: Judy Goldman (Ministry of Health); Kerry Chant (Ministry of Health)
Subject: Ruby Princess cruise ships assessment process
Attachments: Ruby Princess cruise ships assessment process.docx

Hi Ed
Here is the document
Jeremy

Dr Jeremy McAnulty

Executive Director | **Health Protection NSW**

[REDACTED]
[REDACTED]

www.health.nsw.gov.au



Ruby Princess Key points

- Three passengers and one crew member from the Ruby Princess tested positive for COVID-19 after the ship disembarked on 19 March.
- NSW Health has had enhanced risk assessment processing in place to assist the Commonwealth in assessing passengers arriving from international waters on cruise ships. This process was in place from February 2020 goes far beyond the processes in most other jurisdictions
- At the time of docking, disease rates were below the 1% threshold previously set for outbreaks of influenza like illness and no passengers or crew had been diagnosed with COVID-19. Influenza had been detected among several passengers during the cruise and 5 samples had tested negative for COVID-19 in Wellington NZ earlier in the cruise.
- As a precaution swabs taken for influenza testing were tested for COVID-19 and tested positive on 20 March 2020 allowing NSW Health to identify cases were on board, and launch an investigation and intervention to control further spread.
- International experience shows COVID-19 can rapidly spread among passengers if left on board, so self-isolation at home is a much safer option than leaving passengers on board.
- As soon as the cases were confirmed, NSW Health advised passengers and crew of the situation and asked all passengers to monitor for symptoms and self isolate for 14 days (as already required for people entering Australia from overseas).

Cruise ships assessments

There a variety of authorities involved in the entry of ships into ports.

- The Commonwealth is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.
- Cruise ships are responsible for preventing and managing outbreaks of disease on board.
- NSW Health assists the Commonwealth where a disease is identified on board a vessel.
- The Ports Authority NSW determines whether individual vessels can enter a port.

In March, the Australian Government has developed NATIONAL PROTOCOL FOR MANAGING NOVEL CORONAVIRUS DISEASE (COVID-19) RISK FROM CRUISE SHIPS for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board.

In preparation for COVID-19, NSW Health has focussed on assisting the Australian Government in enhancing measures to protect people on cruise ships.

- The enhanced measures in NSW are over and above those in place in other Australian jurisdictions. NSW Health has and will continue to work cooperatively with the Australian Government.
- NSW Health wrote to the cruise ship industry 22 February and again on 9 March seeking cruise ship companies' enhanced preparedness for COVID-19.

- Since February, for cruise ships arriving into NSW from overseas, a NSW Health expert panel has conducted a risk assessment based on the ports visited, whether passengers and crew have a risk of exposure to COVID-19, whether the ship's doctor has identified a respiratory outbreak on board, and the results of test results done on board the ship.
- Following this risk assessment, further assessment may be done when the ship docks, including checking people with fever and respiratory symptoms or who have risk of exposure to COVID-19, and testing them for respiratory infections, including COVID-19. As a precaution swabs taken from passengers that were tested for influenza on-board are collected and tested for COVID-19 once the ship docks.
- Screening people for COVID-19 is not a failsafe as there is an incubation period (before symptoms develop and tests are positive) during which a person will not have symptoms for, or have a positive test for COVID-19.
- From 22 March, no cruise ship crew or passengers will be allowed to disembark until anyone with symptoms of COVID-19 is assessed, swabbed and shown to test negative for COVID-19. This process will take several hours to complete for each ship.

The Ruby Princess Cruise Ship

- The Ruby Princess cruise to New Zealand left Sydney on 8 March and returned to Sydney and disembarked 19 March 2020. 2647 passengers and 1500 staff were on board. Sixty-three per cent of the passengers were Australian residents, 20 per cent are residents of the United States and the rest are from a variety of other countries.
- On 18 March, the NSW Health conducted a risk assessment and the risk assessment panel agreed by email that the Risk Assessment for the Ruby Princess was low risk, and that swabs needed to be tested from Ruby Princess as a precaution.
- No cases of COVID-19 were identified on board before docking. Five people on board with influenza-like illness were tested in Wellington, New Zealand on 14 March, and all were negative for COVID-19 at that time.
- On 20 March NSW Health identified 4 people on the cruise ship Ruby Princess who tested positive to COVID-19.
- NSW Health emailed and sent text messages to all cruise passengers on 20 March to advise of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. Service NSW has also been calling all passengers. NSW Health notified other states and territories and the National Incident Room of this situation. All close contacts of the confirmed cases will also be identified and informed.
- The crew remain in isolation on board the ship which is currently offshore.
- As of 9 am 22 March, NSW Health was aware 26 confirmed cases of COVID-19 from the Ruby Princess, including 18 (17 passengers and 1 crew member) diagnosed in NSW and 8 passengers diagnosed interstate. A further 146 NSW residents and 96 interstate and overseas passengers have reported unwell when called, and have been advised to seek testing.
- At a teleconference at 930 am 22 March, the ship company's Chief Medical Officer reported that they have implemented a COVID-19 outbreak response plan, developed in conjunction with the US CDC, involving disinfection the ship, isolating possible cases and quarantining close contacts.

- Since 8 March, 38 crew have had respiratory illness, including 17 who tested positive for influenza A. Daily reports of illness appear to have declined in the last 2 days. The confirmed case has recovered.
- Qantas reported to the National Incident Room overnight that there were a large number of passengers from the ship on the flight to DALLAS who reported illness. The NIR has teleconferenced with the US counterparts to discuss the situation and passengers from the flight were to be screened by US authorities on landing.
- The ship's company plans to keep the crew at sea as it has confirmed it has adequate medical facilities and supplies. Daily teleconferences are planned with NSW Health to monitor the situation. No forward port has been identified by the company at this point.

NSW Health released a media statement on 20 March on the Ruby Princess, see:

https://www.health.nsw.gov.au/news/Pages/20200320_03.aspx

Annexure 47

From: Jeremy McAnulty
Sent: Mon, 30 Mar 2020 09:07:10 +1100
To: MOH-PHEOOperations
Cc: Sean Tobin
Subject: FW: Cruise ships assessments
Attachments: ATT00001.htm, Cruise ships assessments.docx, ATT00002.htm, Ruby Princess Arrival to Sydney COVID-19 assessment OPT 19 March .docx, ATT00003.htm, NSW Enhanced COVID-19 measures for cruise line industry - UPDATE 9 March 2020.pdf, ATT00004.htm, National Protocol for Managing COVID-19 Risk from Cruise Ships - V1.0 6March2020.DOCX, ATT00005.htm, NSW Cruise Ship COVID-19 Case Response Procedure - Current Draft.DOCX, ATT00006.htm, Enhanced COVID-19 procedures for cruise line industry.pdf, ATT00007.htm
Importance: High

Hi Laura

Here is the basis of the report. There is one main document with several attachments.

We need to add:

- What information was provided to the passengers on disembarking by the ship or by border force
- What information the ship provided to the ports authority and to ambulance when they arranged for transfer of patients
- Preliminary epi on how many cases have been identified among passengers and crew and onset dates in relation to disembarkation
- Whether NZ allowed disembarkation prior to swab results being received
- Anything else that is pertinent

The key points to draw out are that covid had not been identified on the ship before disembarkation, a risk assessment was done based on a pre agreed protocol, this protocol was over and above what other jurisdictions did.

Can you review and gather the missing bits into a draft, and run it past Vicky Sheppeard this morning and let discuss.

Many thanks
Jeremy

From: Jeremy McAnulty
Sent: Sunday, 29 March 2020 3:38 PM
To: Sean Tobin <[REDACTED]>; Christine Selvey <[REDACTED]>
Subject: Fwd: Cruise ships assessments

Previous docs i prepared

Jeremy

Dr Jeremy McAnulty
Director, Health Protection NSW

02 9391 9192

Begin forwarded message:

From: Jeremy McNulty <[REDACTED]>
Date: 22 March 2020 at 12:31:00 pm AEDT
To: "Edward W. Clapin" <[REDACTED]>, "Kerry Chant (Ministry of Health)" <[REDACTED]>, "Elizabeth Koff (Ministry of Health)" <[REDACTED]>, Susan Pearce <[REDACTED]>
Cc: Christine Selvey <[REDACTED]>, Sean Tobin <[REDACTED]>
Subject: Cruise ships assessments

Dear Ed

Please find attached a summary of our cruise ship response. Please let me know if you have any queries.

Jeremy

Dr Jeremy McNulty

Executive Director | **Health Protection NSW**

Tel [REDACTED] | [REDACTED]
www.health.nsw.gov.au

Cruise ships assessments

There a variety of authorities involved in the entry of ships into ports.

The Australian government determines policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD). Australian Biosecurity officers grant pratique (permission to land) for international vessels entering Australian waters based on the presence of illness on board.

In March, the Australian Government has developed NATIONAL PROTOCOL FOR MANAGING NOVEL CORONAVIRUS DISEASE (COVID-19) RISK FROM CRUISE SHIPS (attachment 1) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board.

The Ports Authority NSW determines whether individual vessels can enter a port.

NSW Health wrote to the cruise ship industry 22 February and again on 9 March (attachments 2 and 3) seeking cruise ship companies' enhanced preparedness for COVID-19.

Since February, for cruise ships arriving into NSW from overseas, a NSW Health expert panel has conducted a risk assessment based on the ports visited, whether passengers and crew have a risk of exposure to COVID-19, whether the ship's doctor has identified a respiratory outbreak on board, and the results of test results done on board the ship (attachment 4).

Following this risk assessment, further assessment may be done when the ship docks, including checking people with fever and respiratory symptoms or who have risk of exposure to COVID-19, and testing them for respiratory infections, including COVID-19. As a precaution swabs taken from passengers that were tested for influenza on-board are collected and tested for COVID-19 once the ship docks.

As there is an incubation period (before symptoms develop and tests are positive) for all infections including COVID-19, screening people for disease is not a failsafe, and is only one piece of the assessment.

From 22 March, no cruise ship crew or passengers will be allowed to disembark until anyone with symptoms of COVID-19 is assessed, swabbed and shown to test negative for COVID-19. This process will take several hours to complete for each ship.

Cruise ships have large number of passengers (often thousands), many of whom are older and have chronic medical conditions. Respiratory infections (unrelated to COVID-19) among passengers and crew are common on cruise ships. Cruise ships are responsible for, and have policies to prevent and manage outbreaks of disease on board.

The precautionary NSW approach is over and above that in place in other Australian jurisdictions. NSW Health has and will continue to work cooperatively with the Australian

The Ruby Princess Cruise Ship.

The Ruby Princess cruise to New Zealand left Sydney on 8 March and returned to Sydney and docked 19 March 2020. Sixty-three per cent of the passengers were Australian residents, 20 per cent are residents of the United States and the rest are from a variety of other countries.

NSW Health conducted a risk assessment for the Ruby Princess prior to its docking on 19 March (attachment 5). On 18 March, the NSW Health risk assessment panel agreed by email that the Risk Assessment for the Ruby Princess was low risk, and that swabs needed to be tested from Ruby Princess as a precaution.

On 20 March NSW Health identified four people on the cruise ship Ruby Princess who have tested positive to COVID-19. 2647 passengers were on board and disembarked and all were advised to self-isolate at home or in their accommodation for a period of 14 days as part of the management of returned travellers, in accordance with the Public Health Order for quarantine that is in place in New South Wales.

Three of the confirmed cases were passengers who disembarked from the ship after it docked at Circular Quay yesterday morning.

- One, a resident of Tasmania, is still in NSW being assessed at a Sydney hospital.
- One was taken unwell directly from the ship to hospital. It is not unusual for cruise ship passengers, many of whom are elderly, to be disembarked directly from cruise ships to hospital.
- One presented to a Sydney hospital after disembarkation for testing.
- The fourth confirmed case is a crew member who is in isolation on board the ship. Quarantine of other crew on board is underway in consultation with the on board medical team.

The rest of the crew remain in isolation on board the ship which is currently offshore. Five people on board with influenza-like illness were tested in Wellington, New Zealand on 14 March, and all were negative for COVID-19 at that time.

NSW Health emailed and sent text messages to all cruise passengers on 20 March to advise of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. Service NSW has also been calling all passengers. NSW Health notified other states and territories and the National Incident Room of this situation. All close contacts of the confirmed cases will also be identified and informed.

As of 9 am 22 March, NSW Health is aware 26 confirmed cases of COVID-19 from the Ruby Princess, including 18 (17 passengers and 1 crew member) diagnosed in NSW and 8 passengers diagnosed interstate. A further 146 NSW residents and 96 interstate and

overseas passengers have reported unwell when called, and have been advised to seek testing.

At a teleconference at 930 am 22 March, the Carnival's Chief Medical Officer reported that they have implemented a COVID-19 outbreak response plan, developed in conjunction with the US CDC, involving disinfection the ship, isolating possible cases and quarantining close contacts.

Since 8 March, 38 crew have had respiratory illness, including 17 who tested positive for influenza A. Daily reports of illness appear to have declined in the last 2 days. The confirmed case has recovered.

Qantas reported to the National Incident Room overnight that there were a large number of passengers from the ship on the flight to DALLAS who reported illness. The NIR has teleconferenced with the US counterparts to discuss the situation and passengers from the flight were to be screened by US authorities on landing.

The ship's company plans to keep the crew at sea as it has confirmed it has adequate medical facilities and supplies. Daily teleconferences are planned with NSW Health to monitor the situation. No forward port has been identified by the company at this point.

NSW Health released a media statement on 20 March on the Ruby Princess, see:

https://www.health.nsw.gov.au/news/Pages/20200320_03.aspx

CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

Pre-arrival risk assessment form

Completed by: Laura-Jayne Quinn

| Key questions | Answer | Details (names and dates, etc.) |
|---|---|----------------------------------|
| Name of ship | Ruby Princess | 83997 net tonnage (medium/large) |
| Date and time of arrival in NSW | 19 March 06:00 | |
| Terminal of arrival | Overseas Passenger terminal <i>NB:Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</i> | |
| Port of origin of this cruise | Sydney, Australia | |
| Date of departure | 8 March 2020 | |
| Has the ship been in a foreign port during this cruise in last 14 days? | Yes | |
| Ports visited and dates during this cruise in last 14 days | 4 March- Dunedin, New Zealand 5 March- Fiordland, New Zealand 8 March- Sydney, Australia 11 March Fiordland, New Zealand 12 March- Dunedin, New Zealand 13 March- Akaroa, New Zealand 14 March- Wellington, New Zealand 15 March- Napier, New Zealand 16 March- Tauranga, New Zealand 17 March- Auckland, New Zealand (May not have stopped at all ports) | |
| Has the ship had a health assessment at the previous port? | Unknown | Have cut cruise short |
| Number of passengers on board | 2647 (MARS) | |
| Number of crew on board | 1148 (MARS) | |

CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

| | | |
|--|---|---|
| Number of passengers and crew have been in contact with a confirmed case | 0 | |
| Number of passengers and crew who have been in mainland China, Iran, South Korea or Italy within 14 days of embarking | 0 | |
| Has the ship obtained accurate contact information (mobile phone and email addresses) for all passengers? | Yes- confirmed by Doctor and attached to correspondence. | |
| Has the ship ensured all passengers with respiratory symptoms and fever are isolated while on board and provide them with hand rub and masks for onward travel? | Yes | Advised via email and confirmed isolation of passengers |
| Has the ship actively asked passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ship's doctor for assessment before arrival? | Yes | Confirmed by Doctor |
| Is assessment free of charge? | Yes- confirmed by Doctor | |
| Number of passengers and crew who presented to ship's clinic with acute respiratory illness this cruise | 104 | 104/3795 2.7% |
| % of ship's crew/passengers who had influenza like illness | 0.94% | 36/3795 |
| Number of ill passengers and crew who have been in countries included in the Australian CoVID-19 testing criteria in the 14 days before embarkation | 0 | |
| Total number of passengers and crew swabbed for flu, and number tested positive this cruise | 48 | 24 positive for influenza A |
| Number of swabs available for COVID-19 testing | 8 | Another 5 tested on board as negative for COVID-19. |
| Other | No deaths 2 medical disembarkations (see below) No further itinerary planned <i>Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</i> | |
| Considering <ul style="list-style-type: none"> the exposures of the passengers and crew, and the nature of the illness and the results of flu testing What is the risk that COVID-19 is circulating on board? | | |

CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

| | |
|--|--|
| If low , then additional assessment of the ship is not generally required. | |
|--|--|

Medical disembarkations

Mr ANTHONY LONDERO, A537 (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection which is improving on Oseltamivir, Influenza test neg; reason for medical disembarkation: signs of rate related cardiac ischaemia, likely secondary to infective process on initial presentation, which has since improved. He requires a cardiology consult with investigations prior to proceeding home) **Ambulance transfer required**

Mrs LESLEY BACON, C518 (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection started on Oseltamivir, Influenza tests neg; reason for medical disembarkation: severe lower backpain with signs suggestive of a femoral nerve radiculopathy. This is pre-existing to the respiratory tract infection. She needs assessment in the ED with imaging and specialist referral as needed) **Ambulance transfer required**



Enhanced COVID-19 Procedures for the Cruise Line Industry

Updated 9 March 2020

Please note that these procedures should be applied to all cruise ship voyages, not just international voyages. This is because many domestic voyages will have passengers and crew arriving from other countries at higher risk of COVID-19 than Australia, increasing the risk of COVID-19 outbreaks.

Supplies

Each cruise ship should ensure that they have sufficient supplies of materials to manage a respiratory outbreak on board, including:

- face masks and alcohol hand rub for passengers and crew with acute respiratory illness
 - personal protective equipment for clinic staff
 - sterile transport swabs for respiratory sample collection
- Flexible flocked swabs and universal transport medium are preferred. For example, *COPAN #321C Universal Transport Medium with Regular FLOQ Swab and Nasopharyngeal FLOQ Swab* are held by NSW Health for outbreak response.

Enhanced data collection

Each ship should collect and retain for 14 days after each cruise in case required:

- a log of where passengers and crew have travelled in the 14 days prior to embarkation – in order to facilitate this, it is strongly recommended that pre-embarkation screening of crew and passengers include a history of travel in the previous 14 days
- an accurate electronic contact list for all passengers and crew after disembarkation, including mobile/home phone number/email addresses.

Please also advise all passengers that they may be contacted by health authorities if a fellow passenger is later found to be positive for COVID-19.

Procedures to identify and manage cases of respiratory infection

Cruise ship staff should ensure that:

- They actively identify passengers and crew with acute respiratory illness (ARI) – including cough, sore throat, fever or difficulty breathing – by making regular announcements throughout the cruise, inviting them to attend the clinic for assessment.
- Clinic staff include on the acute respiratory diseases (ARD) log, details of ALL passengers and crew presenting with fever OR acute respiratory symptoms OR both.
- Clinic staff record on the ARD log all countries visited in the 14 days before onset.
- For all people with influenza-like illness (ILI) AND those with acute respiratory illness (ARI) with a history of travel to countries on the Australian list of countries at risk of COVID-19 transmission¹, two swabs – one nasopharyngeal swab and one oropharyngeal swab should be collected and stored in the fridge for possible SARS-COV-2 testing using droplet precautions. A further swab should also be collected for rapid influenza virus testing on board.

¹ See: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm> .

As of 9 March 2020 this included: Mainland China, Iran, Italy, South Korea, Cambodia, Hong Kong, Indonesia, Japan, Singapore, and Thailand.

Enhanced COVID-19 Procedures for the Cruise Line Industry

- Every sample retained for SARS-COV-2 testing is labelled with at least 3 points of ID (name, DOB, address), and accompanied by a pathology request form.²
- Details of any sample collected and test results are noted on the ARD log.
- Passengers with ARI/ILI who may be infectious are appropriately isolated, and provided with alcohol hand rub and face masks. If sharing a cabin, please also provide roommates with alcohol hand rub and face masks, and educate on how to protect themselves.

During this period of increased risk of COVID-19, cruise companies are also requested to consider making medical assessment for ARI/ILI free to passengers as well as crew. Ships not providing free consultations are at greater risk of being considered at risk of COVID-19 as ARI/ILI cases may be less likely to have been identified.

Reporting requirement to NSW Health

At least 24 hours before arrival at port - each cruise ship should ensure that the following information is provided to NSW Health:

- A copy of the full ARD log (including details of patients presenting with fever OR ARI OR both, a list of countries they have visited in the 14 days prior to illness onset, and results of rapid influenza testing).
- A list of any passengers and crew who have been in contact with a confirmed case of COVID-19 within 14 days before embarking (if known).
- A list of passengers and crew who have been in countries on the Australian list of countries at risk of COVID-19 transmission in the 14 days prior to embarkation.¹
- Number of swabs collected for possible SARS-COV-2 testing.
- A list of the on-board medical staff and their contact details.
- A list of any planned medical disembarkations.
- A list of any deaths during the cruise, including cause of death.

Please note that the ship will not be granted pratique / allowed to disembark passengers or crew until given clearance by the Human Biosecurity Officer.

Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the above information. The risk assessment will determine if enhanced health screening is required by a Health Team prior to disembarkation. NSW Health will notify the ship the day before arrival into port if enhanced health screening is required.

If a NSW Health Team is to conduct enhanced health screening for COVID-19, ships are required to make a series of announcements **the day before arrival** (and provide a supplied letter and traveller record form) to notify passengers and crew that the following people will be required to present for assessment by a NSW Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever, and
- Anyone who is a close or casual contact of a confirmed case, and
- Anyone who has travelled or transited through mainland China or Iran (regardless of current physical health status), and
- Anyone who has travelled in any of the other countries included on the Australian list of countries at risk of COVID-19 transmission¹ in the 14 days prior to embarkation (regardless of current physical health status).

² If the vessel is subject to a NSW Health team assessment on arrival, the Health Team will advise if any stored samples will be referred for SARS-CoV-2 testing or if they can be discarded. If the vessel is not subject to a NSW Health team assessment, any stored clinical samples can be discarded on disembarkation.

Enhanced COVID-19 Procedures for the Cruise Line Industry

The ship should then:

- Designate a senior officer, for example the Hotel Director, to liaise with the NSW Health Team both prior to boarding and while on the vessel.
- Arrange a suitable space on the ship for the assessment. This should be a large, open area (e.g. function room, conference room) capable of holding at least 60 people, set up with 4 stations consisting of a desk and 3 chairs.
- Provide separate seating and bottled water for those waiting for assessment and alcohol hand rub dispensers at entry and exit points.
- Ensure that any crew or passengers requiring assessment are wearing a surgical mask while waiting.
- Have medical and other staff available to facilitate the assessment process, including bilingual staff if relevant (wearing surgical masks).
- Assign sufficient crew to check the contact details of passengers and crew being assessed, and to assist with crowd control and the flow of people.

The ship's medical team will be requested to assist in the collection of swabs for any passengers and crew requiring testing to exclude COVID-19, as described above, and to provide any stored samples for testing at a NSW Reference Laboratory if requested.

If COVID-19 testing is recommended

If the NSW Health team has recommended COVID-19 testing for a traveller, advice will be provided on how the traveller should be managed pending the result. If the traveller was not intending to disembark, then they may be recommended to stay in isolation in their cabin until the result is available, in consultation with ship's medical team. If the traveller was disembarking then NSW Health will provide alternative arrangements for them to wait for the result.

If the pre-arrival risk assessment or assessment by the on-site NSW Health team determined there was a high risk of COVID-19 then pratique may not be granted for other passengers and crew to disembark until the results of testing are available.

If COVID-19 testing is positive

If a traveller is confirmed as a COVID-19 case they will be hospitalised in isolation. NSW Health would urgently convene a senior incident management team (IMT) to assess the risk of transmission to other travellers and provide directions on how people identified as close contacts will be managed to ensure appropriate quarantine. The IMT will work closely with the affected ship and Cruise Line Operator and coordinate communications.

NSW Health will identify suitable accommodation for all travellers identified as close contacts to undergo their period of quarantine. It is expected that this will happen on shore.

The IMT will also advise on what information is provided to other travellers at lower risk, and provide environmental infection control guidance to the Cruise Line Operator.



Australian Government

Department of Health

NATIONAL PROTOCOL FOR MANAGING NOVEL CORONAVIRUS DISEASE (COVID-19) RISK FROM CRUISE SHIPS

March 2020

| Version | Date of Publication | Reason | Approved By |
|----------------|----------------------------|---------------------|---|
| V1.0 | 6 March 2020 | Initial publication | Rhonda Owen, Assistant Secretary, Health Emergency Management Branch, Office of Health Protection |

This protocol was endorsed by the Chief Human Biosecurity Officers (CHBO) on 3 March 2020.

CONSULTATION

The following were consulted in the development of the protocol:

- Australian Government Department of Agriculture, Water and Environment
- Australian Government Department of Home Affairs
- Australian Government Department of Infrastructure, Transport, Cities and Regional Development
- Australian Health Protection Principal Committee
- Chief Human Biosecurity Officers
- Cruise Lines International Association (CLIA)

PURPOSE

The purpose of this protocol is to clarify the intent, responsibility, and required action in responding to coronavirus disease 2019 (COVID-19) risk from cruise ships. It is primarily a border operations protocol.

Cruise ships may carry domestic or international travellers who pose human biosecurity risks. This may also lead to the spread of diseases to other travellers, particularly given the population density, the duration of cruises and the mixing patterns of people on board. It is therefore necessary to enhance surveillance and control measures among travellers to:

- protect the health of travellers on vessels;
- minimise the likelihood of large numbers of infected people returning to Australia and further spreading diseases among the community;
- manage the impact on the Australian health system; and
- prevent the spread of diseases among populations in cruise voyage destinations.

This protocol is limited to COVID-19 and has specific measures for assessing the risk of COVID-19 on the ship, screening of passengers and crew if required, and initial management of suspected cases. It is recognised that as the outbreak situation evolves, additional measures may become necessary and this protocol may be reviewed and revised as required.

This protocol does not address when a passenger or crew member is confirmed to have COVID-19 by laboratory testing, which will be managed on a case-by-case basis by jurisdictional public health authorities in close coordination with border agencies, the cruise ship operator and senior ship officers (see INFORMATION SHARING section).

While response protocols for confirmed COVID-19 cases will likely include requiring some passengers and crew identified as contacts to undergo a period of quarantine, where possible it is not intended that this occur on board the ship.

LEGISLATION

- *Biosecurity Act 2015* (the Act) - Under section 44 of the Act, the Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease.
- The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).
- State and territory public health acts mandate the reporting of certain diseases to the relevant state or territory communicable diseases unit.

NOVEL CORONAVIRUS DISEASE (COVID-19)

An outbreak of respiratory disease caused by a novel coronavirus (SARS-CoV-2) was first detected in Wuhan City, Hubei Province, China, and is ongoing. On 11 February 2020, the World Health Organization (WHO) named the disease caused by the virus Coronavirus Disease 2019 (COVID-19). Sustained human-to-human community transmission has been demonstrated in parts of China, largely in Wuhan city, and some human-to-human spread of the virus has been detected outside of China, including in Australia. On 30 January 2020, the International Health Regulations Emergency Committee of the WHO declared the outbreak a public health emergency of international concern (PHEIC). The WHO emphasised the urgent need to coordinate international efforts to reduce the risk of further international spread. Australia declared the then named 'human coronavirus with pandemic potential' as a LHD on 3 February 2020, enabling powers under the *Biosecurity Act 2015* to be used to manage the entry, spread and establishment of COVID-19.

The symptoms of COVID-19 include fever, sweats and chills, fatigue, rhinorrhoea, sore throat, cough, and difficulty breathing. Symptoms can take up to 14 days to develop after a person has been infected.

PROTOCOL

This protocol has been developed for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. All individuals, groups and authorities involved in the cruise ship industry including crew, health care staff, cruise line operators, owners, and port health authorities should be aware of these procedures.

For the purposes of this protocol, a **traveller** means a **passenger** or **crew member**

RISK ASSESSMENT

Respiratory illnesses (common cold and influenza) are some of the most common infections affecting people on cruise ships, and cases of COVID-19 aboard passenger ships have occurred. Because cases of seasonal influenza often occur on ships and sustained community transmission of COVID-19 has been observed, it is possible that passenger ships carrying thousands of people would have travellers with COVID-19. In the context of the PHEIC relating to COVID-19, assessing the public health risk of each vessel arrival to Australia from international ports is important before advice is given on implementation of control measures. Public health risk assessment involves appraisal of threats to travellers on board the ship, as well as to the population in the community.

Some jurisdictions may conduct a public health risk assessment for every ship, while in other jurisdictions a risk assessment for every ship may not be necessary if no illness has been reported and a standing risk assessment for the global situation may suffice in this circumstance. Assessing the risk of any reported event is necessary before proceeding with the enforcement of public health measures.

No single criterion will dictate any specific action in relation to the overall management of a vessel; however, each public health unit can use these criteria to inform their risk management strategy:

- the itinerary of the vessel, specifically
 - whether the vessel has visited a higher or moderate risk country¹ in the last 14 days
- the travel history of any person on-board the vessel, specifically
 - whether the traveller has visited a higher or moderate risk country² in the last 14 days

¹ Per the Australian Government Department of Health's ['COVID-19: Countries considered to pose a risk of transmission'](#)

² As above.

- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)³
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected
- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)

Exposure Risk – Potential Contacts that are currently well

The following exposure risk categories are provided to help guide initial biosecurity management of people following potential SARS-CoV-2 exposure, given the difficulty in identifying close contacts (as strictly defined by public health experts) in the cruise ship environment due to the physical environment, inability to confirm SARS-CoV-2 with laboratory testing, and variable preparedness of individual operators to respond to suspect cases.

Highest Exposure Risk

- Accommodated in the same cabin or small group of cabins with shared amenities as, being an intimate partner of, or providing care or cleaning services in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***without using recommended precautions***; OR
- Recent travel from a [higher risk country](#)

Medium Exposure Risk

- Accommodated in the same cabin or small group of cabins with shared amenities as, **not** being an intimate partner of, or providing care in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***while consistently using recommended precautions***

³Potential outbreaks of influenza or ILI ($\geq 1\%$) among passengers or crew members

- Being in the same semi-closed environment (e.g., a games-room, movie theatre, infirmary waiting room) as a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 *for a prolonged period of time*⁴, OR
- Travel from [moderate risk countries](#) (excluding transit).

AND

- not meeting the higher risk definition above

Lower Exposure Risk

- Interactions with a person with symptomatic clinically diagnosed suspect (or laboratory-confirmed) COVID-19 infection that do not meet any of the higher or medium-risk conditions above, such as walking by the person or being briefly in the same room

AND

- not having any exposures that meet a higher-risk or medium-risk definition

Note that if there are multiple suspect cases, the number of contacts in the higher exposure risk category will increase. In some situations it may be difficult to delimit exposure categories and as such, a whole ship could potentially be considered at higher exposure risk.

BORDER SCREENING

The standard process at the border for screening for, and managing the presence of, LHDs will continue, which includes:

- Pre-arrival report and human health report
 - In accordance with biosecurity reporting obligations under Section 193 of the Act, information regarding any illness on-board must be lodged in the Maritime Arrivals Reporting System (MARS) between 96 and 12 hours prior to arrival. Vessels are required to update the MARS report if the human health status of persons on-board changes.
 - To support the enhanced COVID-19 border measures announced by the Prime Minister on 5 March 2020, the following additional questions will be asked on the pre-arrival report until advised otherwise:
 - Has the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
 - Has any person on the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
 - Has any person on the vessel been in contact with a confirmed case of novel coronavirus infection in the last 14 days?

⁴ As per the COVID-19 SoNG.

- The Maritime National Coordination Centre (MNCC) will coordinate officer attendance at the relevant port. On a case by case basis, state/territory health authorities may also attend the port.
- Under the Act the ship's master must specifically report people with symptoms of an LHD, including human coronavirus with pandemic potential, before arrival.
- **Pratique**
 - Cruise vessels are assumed to have pratique from the vessel's first port of arrival in Australia unless there is illness or death on-board, or if the vessel has not provided a pre-arrival report. Pratique takes effect when the vessel arrives at the port.
 - If there is illness or death on-board reported, or if a pre-arrival report has not been provided in accordance with the requirements in the *Biosecurity Regulation 2016*, the vessel has negative pratique until a biosecurity officer has assessed that there is no human health risk associated with the vessel and has granted pratique.
- **Administration of the Traveller with Illness Checklist (TIC)**
 - Where the cruise ship has reported unwell travellers, the vessel will be met by a biosecurity officer.
 - Unwell travellers will be screened using existing LHD screening procedures.
 - The TIC screens for COVID-19 based on the case definition provided in the COVID-19 Series of National Guidelines (SoNG), and includes symptoms of COVID-19, exposure to cases of COVID-19 and travel history. The TIC will be updated on occurrence of a change to the case definition provided in the COVID-19 SoNG as needed.
- **Referral to a Human Biosecurity Officer (HBO), or Chief Human Biosecurity Officer (CHBO), for medical advice or assistance will occur where the TIC indicates a risk for COVID-19 or any other LHD.**

ADDITIONAL BORDER MEASURES

- **Until advised otherwise by Health or DAWE, all cruise ships are required to:**
 - provide any stored swabs urgently to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO. Provided there are no concerns about the COVID-19 risk profile of the ship or suspected COVID-19 cases reported, the HBO may advise the biosecurity officer that pratique can be granted and the ship may be allowed to continue the voyage while samples are being tested.
 - deliver on-board announcements to travellers prior to the vessel docking at an Australian seaport to encourage self-reporting of ill health by travellers and inform travellers of their obligation to declare whether they are

experiencing specific symptoms (DAWE will provide internationally operating cruise ships with pre-recorded messages for the on-board verbal announcement in a number of languages).

- Until advised otherwise by Health or DAWE, all ports are required to:
 - deliver verbal announcements at the Australian seaport to encourage self-reporting of ill health by travellers, and to inform travellers of their obligation to declare whether they are experiencing specific symptoms. DAWE will provide pre-recorded messages for the port announcement in a number of languages to the port authority who will be responsible for implementing this measure.

CASES OF INFLUENZA-LIKE ILLNESS (ILI) PRESENTING ON CRUISE SHIPS

On-Board Management

Ships should actively encourage travellers with respiratory symptoms to seek immediate on-board medical assessment. Incentives such as free or subsidised consultations for travellers with respiratory illness should be considered by the ship, to reduce barriers for timely assessment.

Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerator, if able, for later SARS-CoV-2 testing.

REPORT OF LISTED HUMAN DISEASE - COVID-19 SUSPECT CASE or POTENTIAL OUTBREAK⁵ OF RESPIRATORY ILLNESS

On-Board Management

Where the ship's medical officer determines that there is either:

- a) a suspect case(s)⁶ of COVID-19 on-board, or
- b) an outbreak⁷ of ILI on-board with larger than expected numbers of tests are negative for influenza, the following measures should be taken:
 - The suspect case(s) or any person with ILI should be isolated in an isolation ward, cabin, room or quarters, with an independent ventilation and toilet system where possible.

⁵ Potential outbreaks of influenza or ILI ($\geq 1\%$) among passengers or crew members.

⁶ A suspect case is defined in 'Interim advice to public health units – COVID-19' available at www.health.gov.au

⁷ Outbreaks of influenza or ILI ($\geq 1\%$) among passengers or crew members.

- Infection control procedures including droplet and standard precautions should be implemented. Medical staff should wear appropriate PPE when assessing patients with respiratory illness and collecting specimens.
- Medical staff should refer to the COVID-19 resources for health professionals, available at www.health.gov.au
- Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerators, if able, for later SARS-CoV-2 testing.
 - Inappropriately stored samples may not be able to be tested for SARS-CoV-2 because of biosafety concerns in the laboratory.
- Where influenza can be confirmed, and the traveller does not meet the suspect case definition for COVID-19, the traveller should follow isolation recommendations in accordance with standard influenza outbreak protocols.
- Where influenza cannot be confirmed, confinement to isolation with infection control measures should continue until a decision to return to public areas can be made in collaboration with the public health authority at the next port of call.
- All those identified as higher exposure risk⁸ should be identified and isolated as above and advised to monitor their health for development of symptoms until such time further assessment by public health authorities has determined whether or not they are truly a close contact in accordance with the Exposure Risk table above. Further, they should be managed as follows:
 - The traveller(s) should be placed under active surveillance for 14 days.
 - If after 14 days of isolation and observation, the travellers do not develop symptoms of COVID-19, they may be discharged from follow-up.
 - Both embarking and disembarking ports must be notified of COVID-19 suspected case contacts being on-board and measures taken.
 - Lower and medium risk contacts should be asked to self-monitor for COVID-19 symptoms for 14 days from their last exposure. They should be asked to immediately self-isolate and contact medical services if any symptoms appear during this time.
- A high frequency of cleaning and disinfection should be maintained on the vessel. Cabins and quarters occupied by suspected cases and close contacts of suspect COVID-19 cases should be cleaned and disinfected according to recommendations provided by the local public health authority.

⁸ Note that if there are multiple suspect cases, the number of likely close contacts will increase, and it may be that the all travellers could potentially be considered as close contacts.

Pre-Arrival Requirements

The vessel is required to:

- Immediately alert the public health authority at the next port of call to:
 - Determine if the necessary capacity for transportation, isolation, and care is available at the port (the vessel may be asked to proceed to another national port in close proximity if this capacity is not available or if warranted by the critical medical status of the suspected COVID-19 case).
 - Provide any information required for the authority to conduct a risk assessment.
 - Seek advice as to the infection prevention control requirements.
 - Ensure that [REDACTED] is a Cc addressee on all email communication.
- Update pre-arrival reporting in MARS to reflect the current health status of the vessel
- Advise the MNCC that there is a report of a listed human disease, suspected case of COVID-19 or potential outbreak of respiratory illness on board
 - The MNCC will provide the vessel or its agent with the traveller record form
- Ensure that accurate records of all traveller contact details are collated and provided to the MNCC prior to arrival. These should be in a format which supports ready contact of travellers (see Attachment 1).
 - The MNCC will distribute the record to [REDACTED] and the relevant state or territory health agency for test result notification and contact tracing purposes.
- Have a representative available to liaise with government agencies (see INFORMATION SHARING section).

Management at First Port of Entry

- The vessel will not be allowed to disembark travellers until the biosecurity officer, in consultation with the HBO, has made the appropriate assessments and pratique is granted.
- If the HBO determines that an unwell traveller meets the COVID-19 suspect case definition, or a positive test result is returned, the following is to occur:
 - The biosecurity officer will notify the port authority to provide access for medical transport.
 - The HBO will identify and coordinate transfer to an appropriate medical facility.
 - The traveller will be transported to the medical facility for further management, by the most appropriate means, using all necessary precautions as specified by the HBO.

- If COVID-19 is confirmed in a suspected case, the HBO and public health authorities will advise on the identification and management of other passengers and crew considered contacts based on a further risk assessment and using national guidance.
- When a positive test for COVID-19 is returned, those travellers who were initially identified as high exposure risk will be assumed to be a close contact, and managed as follows, unless it is subsequently determined by public health authorities they were not close contacts:
 - The traveller will be assessed by a biosecurity officer on disembarking and screened for symptoms of COVID-19 using the TIC. If symptoms are detected, the traveller will be managed as per a suspect case.
 - If no symptoms are detected, the traveller will be provided with information sheets for travellers on coronavirus and quarantine, available at www.health.gov.au, and will be allowed to disembark and undertake a period of self-quarantine.
 - The traveller is required to be quarantined either at home, if a returning Australian resident, or in appropriate accommodation for 14 days from disembarkation.
 - The traveller should be placed under active surveillance for the duration of isolation.
 - The traveller may be allowed to undertake domestic travel consistent with the CDNA COVID-19 SoNG.
 - The traveller should be restricted from undertaking international or further domestic travel until the period of isolation has ended and they have remained well.
- Contacts of suspected cases may be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 in the suspected case.
- As soon as the suspect case(s) (or subsequently confirmed case) has been removed from the cruise vessel, the cabin or quarters where the traveller was isolated and managed, it should be thoroughly cleaned and disinfected according to recommendations provided by the local public health authority.
- A biosecurity officer will provide information sheets on symptoms and transmission of COVID-19 to crew for distribution to all passengers and crew. The factsheets can also be sent to the shipping agent prior to arrival for distribution via email to all passengers and crew.
- After the HBO has determined that no other travellers have symptoms consistent with COVID-19 and possible contacts have been managed, pratique will be granted and remaining travellers will be allowed to disembark and the vessel may be permitted to commence embarkation procedures provided the required cleaning and disinfection measures have taken place.
- If requested, any stored swabs must urgently be provided to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO.

- The vessel may be allowed to proceed to its next port of call upon receipt of clearance from the biosecurity officer, who will consider advice from the public health authority following receipt of any laboratory results (see 'Possible management actions section').

Possible management actions

Actions taken by HBOs or state and territory health authorities will depend on the risk profile of the ship or of affected travellers (e.g. crew member suspect case is a higher risk for transmission than a passenger suspect case) and will need to be based on case-by-case assessment. However, the following represent some potential management actions that HBOs may consider:

- Ship granted pratique and allowed to continue voyage as planned while samples are tested, provided the suspected case(s) and all close contacts have been disembarked, and proper cleaning undertaken.
- Ship granted pratique but restrictions placed on the voyage, for example (but not limited to):
 - The ship may only disembark travellers at specified ports where there is capacity for ill traveller screening and health services to assess travellers, test samples and manage ill travellers
 - The ship may continue voyage but must not disembark travellers for day trips for a specified period of time
 - Crew must disembark for quarantine, noting that changing out an entire crew is not usually feasible and this option would effectively prevent the ship from continuing the current and subsequent voyages.
- Ship is not granted pratique until the results of testing are received, an assessment of risks has been completed and a management plan has been decided, for example where there is an outbreak of influenza-negative ILI.

In all cases, actions being considered should be notified to the ship's Master as soon as practicable to enable the ship to respond. This may be communicated from the Information Sharing Forum (see INFORMATION SHARING section).

Management at Subsequent Australian Ports

In accordance with standard biosecurity management procedures the vessel will continue to be required to provide pre-arrival reports and human health reports prior to docking in subsequent Australian ports and disembarking travellers. DAWE will manage any further reports of an LHD as required.

INFORMATION SHARING

An Information Sharing Forum may be convened, consisting of relevant Commonwealth Government agencies, state and territory government agencies and the affected cruise ship or its representative. The forum will be convened by the state or territory health agency managing the response. The purpose of the forum will be to share information in a timely manner and promote consultation between these stakeholders. The forum may develop key communication messages during a response to facilitate consistency of messaging between

government and the cruise industry. The decision-making responsibility for any public health response will continue to rest with the state or territory health department.

RESPONSE TO ELEVATED RISK

The decision to escalate border measures is an Australian Government decision informed by whole of Government advice with expert input from state and territories. The trigger points for escalating border measures will be determined by situational information on the epidemiology of COVID-19.

The Australian Government may establish the following, additional border control measures:

- Enhanced identification and assessment measures
 - Non-automatic pratique – classes of vessels may be subject to negative pratique and screened for LHD before pratique is granted.
 - Traveller screening may be conducted by healthcare workers and public health teams on disembarkation.
- Enhanced quarantine measures.
- Exit screening.

Advice from the CHBO will be sought prior to implementation of enhanced border measures.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES IN PASSENGERS OR CREW

DRAFT 26 Feb 2020

CONTENTS

| | | |
|------|---|----|
| 1 | Context | 3 |
| 2 | Legal aspects..... | 3 |
| 3 | Confirmed Case Scenarios | 4 |
| 3.1 | Scenario 1: A case is identified pre-arrival..... | 4 |
| 3.2 | Scenario 2: A case is identified during a NSW Health cruise ship assessment | 4 |
| 3.3 | Scenario 3: A case is identified with links to a previous voyage | 4 |
| 4 | Incident management team (IMT)..... | 4 |
| 5 | Case management | 5 |
| 5.1 | Isolation arrangements..... | 5 |
| 5.2 | Legal aspects – Public health orders..... | 5 |
| 5.3 | Transport | 5 |
| 5.4 | Reporting | 5 |
| 6 | Contact classification..... | 6 |
| 6.1 | Classification as close or casual contacts..... | 6 |
| 7 | Close contact management | 6 |
| 7.1 | Initial communication | 6 |
| 7.2 | Legal aspects – Public health orders for contacts..... | 7 |
| 7.3 | Transport | 7 |
| 7.4 | Accommodation | 7 |
| 7.5 | Symptom and welfare monitoring of close contacts | 7 |
| 7.6 | Resources..... | 7 |
| 8 | Casual contact management | 8 |
| 8.1 | Initial communication | 8 |
| 8.2 | Further communications | 8 |
| 8.3 | Resources..... | 8 |
| 9 | Interstate and overseas contacts..... | 8 |
| 9.1 | Communications | 8 |
| 10 | Appendices | 9 |
| 10.1 | Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts | 9 |
| 10.2 | Appendix 2: Script (draft) - CLOSE CONTACTS | 10 |
| 10.3 | Appendix 3: Script (draft) - CASUAL CONTACTS..... | 12 |
| 10.4 | Appendix 4 – Examples of a public health orders for cases and contacts | 13 |

1 Context

This procedure describes response measures and communication mechanisms in response to the detection of one or more confirmed cases of COVID-19 disease among travellers (passengers and crew members) on a cruise ship before, after or at the time of docking in a NSW port.

A similar procedure would be used in the event of a confirmed case of COVID-19 in a crew member or passenger on other maritime vessels in NSW, such as a cargo vessel.

This document does not refer to the enhanced COVID-19 screening procedures for cruise ships which are described in a separate policy document.

This response procedure is to be used in the context of current COVID-19 containment strategies in the community. This response procedure may no longer be appropriate in the setting of sustained community transmission.

2 Legal aspects

Infection with novel coronavirus 2019 (known as COVID-19) is a Category 2 scheduled medical condition under the Public Health Act 2010. This means that novel coronavirus 2019 is a notifiable condition requiring obligatory reporting by laboratories and medical practitioners.

Novel coronavirus 2019 is also a [Category 4 condition and contact order condition](#) which means that an authorised medical practitioner may make a public health order in respect to a person with the condition, or in respect to other people believed to have been exposed to someone with the condition and at risk of developing the condition, under certain settings.

In deciding whether or not to make a public health order, the authorised medical practitioner must take into account the principle that any restriction on the liberty of a person should be imposed only if it is the most effective way to prevent any risk to public health.

A NSW Health policy directive – [Management of People Exposed to a Contact Order condition \(PD2019_037\)](#) – provides a process for the management of people who have been exposed to a contact order condition, and explains the process through which the health system may encourage, facilitate and, only if required, enforce compliance with recommendations to avoid certain behaviours and/or other quarantine requirements for people following exposure to a contact order condition.

Public health orders are measures of last resort to prevent a public health risk and, in the case of exposure to contact order conditions, are only used when voluntary quarantine recommendations are refused.

Under the Australian Biosecurity Act 2015 there are entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease, which includes disease caused by novel coronaviruses of pandemic potential, such as COVID-19. Biosecurity officers or human biosecurity officers (HBO) use a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).

NSW Health-based HBOs can make Human Biosecurity Control Orders under the Biosecurity Act, both for COVID-19 cases and their contacts, with similar powers to NSW public health orders. However, the preference will be to apply powers under the NSW Public Health Act wherever possible, if required.

A public health order does not take effect until it is served personally on the person subject to the order. See [Appendix X](#) for examples of Public Health Orders for cases and contacts.

3 Confirmed Case Scenarios

A traveller may be identified as a confirmed COVID-19 case in three main scenarios. Each requires a tailored response, particularly with respect to the identification, assessment and management of traveller contacts.

3.1 Scenario 1: A case is identified pre-arrival

NSW Health may receive information about a case identified in a cruise ship traveller who has recently disembarked in another port and has subsequently been confirmed as a COVID-19 case, with likely exposure of other travellers still on the ship.

Other travellers still on board with fever or respiratory symptoms would be considered suspect cases who need to be tested, and many if not all of the other travellers would likely be considered close contacts.

Rarely, it may be possible to collect clinical samples of suspected cases from a high risk ship while still at sea so that a case may be able to be confirmed prior to arrival in port.

3.2 Scenario 2: A case is identified during a NSW Health cruise ship assessment

A case may be confirmed by testing of specimens collected during a NSW Health assessment team screening exercise on board the cruise ship on its arrival.

If the pre-arrival ship assessment indicated a medium risk of COVID-19, the Ship will likely have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available, but other travellers would have been allowed to disembark.

If the pre-arrival ship assessment indicated a high risk of COVID-19, the Ship will likely not have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available. Other passengers and crew would also have been required to self-isolate in their cabins (passengers) or other areas (for crew) pending the results of testing.

3.3 Scenario 3: A case is identified with links to a previous voyage

Cases may also be identified after local disembarkation through testing in NSW or testing in another state or country where the person has travelled to after disembarking.

In this scenario, passengers and crew may have travelled on to local homes or hotels, interstate or overseas destinations, or be part of a continuing voyage on the same cruise ship.

4 Incident management team (IMT)

An Incident management team (IMT) will be established to coordinate the public health and clinical response to any confirmed case(s). They will also coordinate the assessment and management of other travellers (passengers and crew members) on the same cruise ship, and of other people who may have been in contact with the case(s).

The IMT will be established by the NSW Health Public Health Controller and will likely include senior staff in the Ministry of Health, one or more PHU Directors and key PHU staff, and experts in Infectious Diseases, Infection Control and Clinical Microbiology, and be supported by the Public Health Emergency Operations Centre (PHEOC).

The IMT will work closely with the State HSFAC and State Emergency Operation Controller (SEOCON). The IMT will also work closely with the Cruise Ship Operator, Senior Cruise Ship Staff, NSW Ambulance, HealthShare NSW, NSW Pathology, and Service NSW.

5 Case management

The clinical management of a confirmed case is likely to be similar in all three scenarios, and will be undertaken in an appropriate isolation unit in a tertiary hospital (see below).

If the case is not already hospitalised they will need to be safely transferred by ambulance to a tertiary hospital with appropriate isolation facilities. This could be from the Ship (in Scenario 1 and possibly Scenario 2), from a residential address, or from a NSW Health facility where travellers have been placed awaiting COVID-19 test results (Scenario 2 or 3).

5.1 Isolation arrangements

Westmead Hospital's is the preferred site for admission of all confirmed COVID-19 cases (even those with mild symptoms), utilising their high consequence infectious disease isolation rooms. Critically ill patients may need to be transferred to a closer health facility if clinically necessary.

Alternative tertiary referral hospitals will need to be identified if there are multiple confirmed cases reported which exceeds Westmead Hospital's isolation room capacity.

The IMT will need to liaise directly with the receiving hospital to confirm arrangements for admission. This should be done directly with the ID Physician on-call.

5.2 Legal aspects – Public health orders

Travellers identified as COVID-19 cases who refuse to comply with recommendations for isolation in hospital may need to be served with a Public Health Order to enforce isolation restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Cases is included in [Appendix X](#).

5.3 Transport

The IMT will need to liaise with NSW Ambulance regarding transportation of a confirmed COVID-19 case to a designated hospital. Confirmation regarding specific crew and vehicle, collection and estimated drop off times should also be provided.

The NSW Ambulance contact number for COVID-19 ambulance requests is [9999 9999](#).

[NSW Ambulance has been asked to supply specific instructions on ordering ambulances for the transfer of both suspected and confirmed COVID-19 cases. Tracy Clarke has been contacted, she had indicated she can identify the appropriate person to ask within NSW ambulance (e-mail received 10.53am 26/2/20)]

5.4 Reporting

The PHEOC or IMT should immediately notify the following groups:

- NSW Health Senior Executive
- Minister's Office
- Senior Executive of the LHD and hospital where the case(s) will be admitted
- Relevant Public Health Units (by case's residence and hospital admitted).
- Australian Department of Health
- The Cruise Ship operator

A media and community communications response should be developed with the NSW Health Media team.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES

6 Contact classification

6.1 Classification as close or casual contacts

The SoNG assessment principles states that close contacts on cruise ships can be difficult to identify, and case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.¹

The IMT will be responsible for rapidly assessing the risk to other travellers on the cruise ship (and any other contacts of the case) and classify them as close contacts, casual contacts or non-contacts.

The risk assessment will be based on a range of information sources including:

- Detailed interviews of the patient, other people in the patient's travel group, ship medical staff and other senior ship crew to establish the patient's movements while infectious.
- Any information on room isolation of the patient following symptom onset and when this commenced.
- The presence of other confirmed cases on the Ship.
- The reporting of acute respiratory illness and influenza-like illness in other travellers not explained by positive influenza test results.

Close-contacts can be difficult to identify in the cruise ship environment but are defined as:

- people who have had greater than 15 minutes face-to-face contact, in any setting, with a suspect case in the period extending from 24 hours before onset of symptoms in the suspect case; or
- people who have shared a closed space with a suspect case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the suspect case.

Close contacts includes:

- people accommodated in the same cabin or small group of cabins with shared amenities
- people providing care in a healthcare or non-healthcare setting (such as a cabin) without using recommended personal protective equipment.

If there have been extensive and prolonged potential exposures by the case while infectious, or if there are multiple confirmed cases identified on the ship, the number of likely close contacts will likely increase markedly such that it may be concluded that the all travellers should be considered as close contacts.

7 Close contact management

NSW Health has requested that all cruise ships collect comprehensive passenger and crew contact details and provide them to the relevant LHD at least 24 hours before arrival at port in format that to enable them to be rapidly contacted in the event that a COVID-19 case is identified in one of their travellers.

¹ [COVID-19 CDNA National Guidelines for Public Health Units](#) (Accessed 26 February 2020).

7.1 Initial communication

Following notification of a confirmed case, contact details for all travellers will be immediately requested from the Cruise Ship operator so that contacts can be notified as soon as possible.

If travellers are still on board, initial contact notification can happen immediately although contact classification and subsequent management may require further investigation, as described in Contact classification section.

The Rapid Contact and Follow-up Protocol for traveller contacts (Appendix 1) describes the process for rapidly contacting travellers through SMS, Email and by phone. Draft scripts are provided in Appendices 2 and 3.

7.2 Legal aspects – Public health orders for contacts

People identified as close contacts who refuse to comply with voluntary quarantine recommendations may need to be served with a Public Health Order to enforce quarantine restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Contacts is included in Appendix 10.4.

7.3 Transport

Passengers and crew who are close contacts and are well and live locally can either take their own private transport, or will be transported home by NSW Health staff for isolation. This will be as per HealthShare NSW.

For passengers and crew who are close contacts and are well and do not live locally, high volume transport of passengers will be required. This will be arranged in accordance with the HealthShare NSW transport plan. This plan can be activated with two hours' notice. Up to 672 passengers would be able to be transported within 12 hours using rental vehicles and driven by NSW Health staff. While HSNW, eHealth fleet and rental cars will be used for any remaining passengers.

Commented [GC1]: According to The transport plan to transport 2000 passengers within 12 hours would require 36 x 12 seater, 30 x 8 seater and 332 x 4 seater vehicles.

7.4 Accommodation

Accommodation will be sought for passengers and crew who are close contacts and are well but do not live locally or do not have appropriate accommodation. High volume suitable accommodation is required for 14 days. This will include Hotels or other private facilities, Sports and recreation facilities or other government facilities. The facilities are required to have single/family rooms and en suites, access to meals, internet and mobile/telephone services, laundry, medical assessment areas, security, welfare support, as well as entertainment and appropriate recreation space in accordance with isolation and quarantine.

Responsible agency TBC

Commented [GC2]: Based on briefing paper high volume accommodation

7.5 Symptom and welfare monitoring of close contacts

After Service NSW conducts initial notification phone calls (Appendix 1), close contacts will be monitored for symptoms by NCIMS automated checks.

NCIMS symptoms checks will be sent via text message daily and passengers to respond back via text. The relevant local health district will follow up these passengers as per their usual automated systems process.

Service NSW to conduct welfare checks one week into isolation to ask about wellbeing; issues with self-isolation; offer suggestions for food delivery, and check on symptoms.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES

7.6 Resources

HealthShare are packing and distributing 5000 Home Isolation kits directly to SESLHD and SLHD. The kits include 5 surgical masks, one personal hand sanitiser and the passenger and crew cruise ship information sheet on home isolation and FAQs. SESLHD and SLHD will transport kits to the port as appropriate.

The Information sheet for passengers and crew will be given to all those assessed once the cruise ship has docked. Method for distribution to passengers and crew is TBD by Katie Barker.

Food delivery will be required in the instance that passengers are required to remain on-board until all test results have been received. HealthShare have proposed to organise food packs/bags with shelf stable food. HealthShare have indicated that they would need 12 to 24 hours notice before catering is required. If a cruise ship is classified as high risk (following daily cruise ship risk assessment) operations team will contact HealthShare to indicate this need.

Refer to NSW Health Guideline on Public Health Contact Orders which gives some suggestions on how to support people in home quarantine.

8 Casual contact management

These are people who are considered to have had low level contact and who just need to be informed and provided information on self-monitoring for symptoms and who to contact if symptoms develop.

8.1 Initial communication

Once a positive case has been detected, casual contacts will be notified immediately via text and e-mail using the PRODOCOM system (see Appendix 1).

Casual contacts do not need to isolate but will need to look out for symptoms and seek medical attention.

If possible NSW Health will be made in partnership with the cruise ship staff.

8.2 Further communications

Possible a Service NSW call after one week?

8.3 Resources

Casual contact will be provided with the casual contacts information sheet via email.

9 Interstate and overseas contacts

9.1 Communications

Procedure required for communicating to states if contact have travelled on, and via the NIR for overseas travellers.

10 Appendices

10.1 Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts

1. SMS

- Send SMS (**script**) to travellers via NCIMS (160 characters)
- SMS will include:
 - Link to further information
 - Reference that they will receive an email and phone call
- Different script for close and casual contacts?

2. E-mail

- Send e-mail (**script**) to travellers
- Email will include:
 - website link to resources (e.g. isolation guidelines)
 - Advice to call Service NSW/Public Health Unit
- Travellers will be asked to contact Service NSW or the PHU

3. Phone call

- Service NSW will call the travellers (**script**)
- Different script for close and casual contacts
- Check for any current symptoms requiring further assessment by PHU/LHD

4. Daily SMS/Email from NCIMS

- Symptom check linked to Event and PHU workflows

5. Weekly Service NSW welfare check:

- Conduct welfare check for all cases and contacts in isolation
- Provide advice if they become unwell
- Refer to contact tracing team if required

10.2 Appendix 2: Script (draft) - CLOSE CONTACTS

| | |
|------------------|---|
| Text message | <p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>“NSW Health message to XXXXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed and you will be contacted by phone” (145 characters)</p> |
| Email | <p>“Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19). NSW Health is following up ALL NSW residents that were on this cruise.</p> <p>All passengers and crew members are advised to self-isolate and wear a mask for 14 days following day of disembarkation. You should not attend work or school, and should not leave your home or hotel to go shopping until [date of 14 days of isolation]. Further information regarding home isolation and answers to frequently asked questions is provided below.</p> <p>You will receive a call in the next 3 working days from Service NSW on behalf of NSW Health to provide you with an opportunity to discuss any further questions you may have.</p> <p>Please reply to this email or contact xxxx xxxx between [give the bunker hours xxx] for further enquiries.</p> <p>Close contact factsheet</p> <p>https://www.health.nsw.gov.au/infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx</p> <p>Home Isolation Guide for travellers</p> <p>https://www.health.nsw.gov.au/infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx</p> <p>Frequently asked questions</p> <p>https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx</p> <p>Cruiseship workshop meeting 26/2: “Need a number for passengers to call if they have questions if Service NSW are slow to respond”</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health”</p> |
| Service NSW call | <p>“Hi, this is ... and I’m calling from Service NSW on behalf of the NSW Ministry of Health. We’ve been advised that you were recently a passenger on board (name of vessel, date of arrival).</p> <p>One of the other travellers on the ship has been confirmed as having a novel coronavirus infection, also known as COVID-19. All passengers need to home isolate for 14 days from the day of disembarkation. This means you should not attend work or school, and should not leave your home or hotel to go shopping until midnight of [date of 14 days of isolation].</p> <p>Before I describe what home isolation means, can I ask if you currently sick...</p> <p>[I assume we would use the san wording already used in the welfare check, with urgent referral to Health if they do have symptoms]..</p> |

| | |
|--|---|
| | <p>No? Great.</p> <p>If you are sharing your home with other people who are not in home isolation, you should try to separate yourself as much as possible. It is recommended that you:</p> <ul style="list-style-type: none"> • wear a surgical mask when you are in the same room as someone not in home isolation • use a separate bathroom, if available • avoid shared or communal areas and wear a surgical mask when moving through these areas, and • not have other people visit your home while you are in isolation (except to deliver groceries and other supplies and you should wear a facemask if you are face to face with anyone delivering things). <p>If you develop any new symptoms, including cough, sore throat, fever or difficulty breathing, please call health direct on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner. If you go to your GP or emergency department, please ensure you phone ahead to let the staff know your travel history.</p> <p>You will be provided information regarding home isolation via email and you can access further information regarding novel coronavirus on the NSW Health Website. If you have not yet received this information, please give me your email address I can send it to you now"</p> |
|--|---|

10.3 Appendix 3: Script (draft) - CASUAL CONTACTS

| | |
|--------------|--|
| Text message | <p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>“NSW Health message to XXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed to you”</p> |
| Email | <p>“Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19).</p> <p>You are classified as a casual contact. You do not need to self-isolate, but if you develop symptoms of fever, sore throat, shortness of breath or cough, please call Healthdirect on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner.</p> <p>Frequently asked questions https://www.health.nsw.gov.au/infectious/alerts/Pages/coronavirus-faqs.aspx</p> <p>Yours Sincerely, Health Protection NSW NSW Health”</p> |

10.4 **Appendix 4** – Examples of a public health orders for ~~cases and~~ contacts

See below.

Public Health Act 2010**Section 62****Public Health Order**

I, NAME, POSITION, and an authorised medical practitioner within the meaning of section 60 of the Public Health Act 2010 (Act), am satisfied on reasonable grounds that [NAME OF PERSON] is a person:

- Has been exposed to Novel Coronavirus 2019 and
- Is at risk of developing the Novel Coronavirus 2019 and
- Because of the way that [NAME OF PERSON] behaves, may be a risk to public health.

Therefore, in accordance with section 62 of the Act, I make this public health order requiring [NAME OF PERSON] to:

- a) Refrain from the following conduct:
 - a. Entering or remaining in any public place or any premises other than [NAME OF PERSON] usual place of residence unless permitted byNAME....
- b) Undergo oropharyngeal and nasopharyngeal swab testing for Novel Coronavirus 2019 as directed byNAME....
- c) Undergo a medical physical examination for signs of Novel Coronavirus 2019 as directed byNAME....
- d) NotifyNAME.....of persons you have been in contact with in the last 14 days.
- e) NotifyNAME.....if you display SPECIFIED SIGNS OR SYMPTOMS

The circumstances justifying the making of this order are as follows:

- 1) I am satisfied on reasonable grounds that [NAME OF PERSON] has been exposed to Novel Coronavirus 2019 being a disease transmissible via close contact with someone with Novel Coronavirus 2019.
- 2) I am satisfied that [NAME OF PERSON] is not complying with the advice and directions of clinicians/will not comply with the reasonable advice and direction of clinicians
- 3) There is no other effective way to ensure that the health of the public is not endangered or likely to be endangered.

In deciding to make this order, I have taken into account the principle that any restriction on the liberty of the person should be imposed only if it is the most effective way to prevent any risk to public health pursuant to section 62(6) of the Public Health Act 2010.

I have not taken into account the matters listed in clause 39 of the Public Health Regulation 2012 as it is an emergency or otherwise not reasonably practicable.

Unless this order is earlier varied as to its duration or is earlier revoked it expires at the end 14 days. However, the order will expire at the end of 3 business days from the date of service on [NAME OF

Commented [BG3]: An alternative to a) is detention. If there is going to be a detention order, it should be worded along the following lines

a)Order that NAME OF PERSON be detained at SPECIFIED PLACE for the duration of the order

Commented [BG4]: Preferably list their address

Commented [BG5]: Correct form of testing?

Commented [BG6]: Cross out which is not relevant

PERSON] unless s/he is served with a copy of an application for its confirmation under section 64 of the Act within 3-business days from the date of service.

Dated this _____ day of _____ 2020

Signature.....

[NAME]

[Position]

Authorised Medical Practitioner

This order was served on [NAME OF PERSON] on _____ day of _____ 2020

Commented [BG7]: Note – must be served personally on the person

Signature

Print name

TBA



**IMPORTANT INFORMATION FOR CRUISE SHIP OPERATORS:
MEASURES TO CONTAIN THE RISK OF COVID-19 SPREAD**

Dear Cruise Ship Industry Representative,

The cruise ship industry provides important services for the community and visitors to NSW. I appreciate that the industry has been very active in taking measures to minimise the risk of an outbreak of COVID-19 among passengers and crew.

The recent outbreak of COVID-19 on the Diamond Princess cruise ship in Japan demonstrates the serious impact this disease can have in cruise ship environments.

To further reduce the risk in NSW, NSW Health has instituted a number of enhanced measures to assess the risk of COVID-19 in cruise ships entering NSW ports, and manage any cases detected in passengers or crew. These are in addition to existing requirements under the *Biosecurity Act (2015) (Commonwealth)*.

To assist in protecting cruise ship passengers and crew, I seek your urgent assistance to confirm that each cruise ship docking in NSW is able to meet the attached guidance, *Enhanced COVID-19 Procedures for the Cruise Line Industry*. Please make sure this is shared with relevant staff, particularly the medical team for each ship.

Should any sample test positive for SARS-CoV-2, the virus causing COVID-19, then a major public health response will be mounted to investigate and manage a potential outbreak and to reduce the risk of further infection among passengers, crew and the broader community.

I appreciate your ongoing efforts to help prevent outbreaks of COVID-19 on cruise ships and the broader community.

I would appreciate your response to [REDACTED]. If you have any questions please contact this email address, or Dr Sean Tobin, phone [REDACTED]

Yours sincerely

Dr Kerry Chant PSM

Deputy Secretary, Population and Public Health
and Chief Health Officer
NSW Ministry of Health



Enhanced COVID-19 Procedures for the Cruise Line Industry

Supplies

Each cruise ship vessel should ensure that they have sufficient supplies of materials to manage a respiratory outbreak on board, including:

- face masks, alcohol hand rub for ill passengers and crew
- personal protective equipment for clinic staff.

Procedures to identify and manage cases of respiratory infection

Cruise ship vessel staff should ensure that:

- They actively identify and passengers or crew with respiratory symptoms (cough, sore throat, fever or difficulty breathing) and ask them to attend the medical clinic for free assessment and management 12 – 24 hours before arrival
- Passengers who may be infectious are appropriately isolated
- An accurate electronic list of all passengers and crew, including mobile/home phone number/email addresses can be provide to NSW Health within 1 hour of a request should a confirmed case be identified after disembarkation
- All passengers are advised that they may be contacted if a fellow passenger is later found to be positive for COVID-19.

Reporting requirement to NSW Health

At least 24 hours before arrival at port – each cruise ship vessel should ensure that the following information is provided to NSW Health:

- A copy of full acute respiratory diseases (ARD) log (including details of patients presenting with fever or acute respiratory illness, a list of countries they have visited in the 14 days prior to embarkation, and results of rapid influenza testing)
- A list of any passengers and crew who have been in contact with a confirmed case of COVID-19 within 14 days before embarking (if known)
- A list of passengers and crew who have been in China (including Hong Kong), Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation
- Number of swabs collected for COVID-19 testing. If respiratory swabs are collected during a cruise (i.e. for rapid flu testing), please store at fridge temperature so they can be taken for COVID-19 testing
- The details for any identified respiratory outbreak on board ¹
- A list of the on-board medical staff and their contact details
- A list of any planned medical disembarkations
- A list of any deaths during the cruise, including cause of death.

Please note that the ship will not be granted pratique / allowed to disembark passengers or crew until given clearance by the Human Biosecurity Officer.

¹ A respiratory outbreak is defined as >1% of people on board affected. Smaller numbers of cases with mild respiratory illness are expected and do not necessarily represent an outbreak.

Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the aforementioned information. The risk assessment will determine if enhanced health screening is required by the Health Team prior to disembarkation. NSW health will notify the ship the day before arrival into port if enhanced health screening is required.

If a Health Team is to conduct enhanced health screening for COVID-19, ships are required to make a series of announcements **the day before arrival** (and if possible provide written communication) to notify passengers and crew that the following people will be required to present for assessment by a Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever or
- Anyone who is a close or casual contact of a confirmed case or
- Anyone who has travelled or transited through mainland China (regardless of current physical health status)
- Anyone who has travelled (excluding transit) in Hong Kong, Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation (regardless of current physical health status).

The Ship should then:

- Designate a senior officer, for example the Hotel Director, to liaise with the Health Team both prior to boarding and whilst on the vessel.
- Arrange a suitable space on the ship for the assessment. This should be a large, open area (e.g. function room, conference room) capable of holding at least 60 people, set up with 4 stations consisting of a desk and 3 chairs.
- Please provide separate seating and bottled water for those waiting for assessment and hand rub dispensers at entry and exit points.
- Ensure that any crew or passengers requiring assessment are wearing a surgical mask while waiting.
- Have medical and other staff available to facilitate the assessment process, including bilingual staff if relevant (wearing surgical masks).
- Assign sufficient crew to check the contact details of passengers and crew being assessed, and to assist with crowd control and flow of people.

The Ship's medical team will be requested to assist in the collection of swabs for any passengers and crew as requiring testing to exclude COVID-19.

The following procedures should be used to collect nasopharyngeal swabs:

- Collect two viral swabs using droplet precautions. One swab can be used for rapid influenza testing on board immediately but the other swab must be placed in a sheath/tube (preferably transport medium) and stored in a refrigerator in preparation for disembarkation and COVID-19 testing. Samples that do not meet biohazard standards will not be processed and will need to be retaken.
- Ensure the sample is fully labelled with at least 3 points of ID (name, DOB, address), and accompanied with a pathology request form. Please ensure that any test results or collections are noted on the ARD log.
- Once the test has been taken, the passengers staying on the ship should be advised to self-isolate in their rooms, and be provided with face masks and alcohol hand rub.
- Any samples taken on board will be forwarded to the lab for COVID-19 testing on arrival into the port (even if the passenger's symptoms have resolved).

Enhanced COVID-19 Procedures for the Cruise Line Industry

- If an individual room is not possible, then face masks should also be supplied to any room-mates and advice given regarding strict hand hygiene and limiting contact.
- Disembarking passengers will be given isolation instructions to follow while they wait for their results.

Should any sample test positive for SARS-CoV-2, the virus causing COVID-19, then a specific NSW Health public health response will be mounted to investigate and manage any potential outbreak, in close coordination with senior Ship staff and the Cruise Line operator.

Annexure 48

From: Laura Collie
Sent: Mon, 30 Mar 2020 12:09:15 +1100
To: Jennie Musto; Sean Tobin; Vicky Sheppeard (South Eastern Sydney LHD); Bradley Forssman (Nepean Blue Mountains LHD)
Cc: MOH-PHEO Operations; Jeremy McNulty
Subject: Ruby Princess Risk Assessment Report
Attachments: Ruby Princess Risk Assessment Report.docx, Appendix 1.docx, Appendix 2.pdf, Appendix 3.pdf, Appendix 4.docx, Appendix 5.docx
Importance: High

Hello all,

I have drafted up a report on the Ruby Princess (attached with 5 appendices). Due to Kerry by COB today.

I would very much value your input into this important report to ensure it accurately reflects the process.

Thanks,

Dr Laura Collie BSc MBBS MPH GradDipEnviHlth FAFPHM DrPH(Cand)

Medical Advisor | **Office for Health and Medical Research**

NSW Ministry of Health

Tel [REDACTED] | Mob [REDACTED] | [REDACTED]
www.health.nsw.gov.au



Health

Ruby Princess Report

National Protocol for Assessing COVID-19 Risk from Cruise Ships

The Australian Government determines the policy for people arriving from international ports into Australia. Under the Biosecurity Act 2015 (the Act) - section 44, the Australian Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease. The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease.

The Australian Government is responsible for border control, including granting pratique (permission to dock), and advising international travellers about any requirements to self-quarantine because of their international travel.

In March, the Australian Government developed a 'National Protocol for Managing Novel Coronavirus Disease (COVID-19) Risk from Cruise Ships' (the National Protocol) (**Appendix 1**) for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. The National Protocol does not direct jurisdictions to do such assessments, but instead leaves it to their discretion.

The national criteria for informing the risk management strategy for each vessel includes:

- the itinerary of the vessel, specifically
 - whether the vessel has visited a higher or moderate risk country¹ in the last 14 days
- the travel history of any person on-board the vessel, specifically
 - whether the traveller has visited a higher or moderate risk country² in the last 14 days
- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)³
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected

¹ Per the Australian Government Department of Health's '[COVID-19: Countries considered to pose a risk of transmission](#)'

² As above.

³Potential outbreaks of influenza or ILI ($\geq 1\%$) among passengers or crew members

- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)

Until advised otherwise, all cruise ships are required to provide any stored swabs urgently to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO. Provided there are no concerns about the COVID-19 risk profile of the ship or suspected COVID-19 cases reported, the HBO may advise the biosecurity officer that pratique can be granted and the ship may be allowed to continue the voyage while samples are being tested.

Additional guidance was provided by the Australian Government on 15 March 2020 following the announcement from the Prime Minister that any cruise ship that has left a foreign port will not be allowed to dock at an Australian port. There were a number of exceptions:

- Australian flagged ships
- Returning cruises to return Australians
- Ships in transit that have left the last international port as of 12 pm tonight
- Round Trip Cruises

These ships will need to apply through the Maritime Processing Committee (MTPC), run by the Australian Border Force, for permission to dock at an Australian port and disembark passengers. Ships will only be allowed to disembark at Sydney and Brisbane.

Travellers disembarking from cruise ships will need to commence the period of isolation from the time of arrival at their final destination in Australia. Time in isolation on board a ship does not count toward the 14 day isolation period. Foreign nationals will be allowed to disembark ships with permission to return to their home country.

Existing pre-arrival reporting and ill traveller processes will still apply to these ships.

NSW Process for Assessing COVID-19 Risk from Cruise Ships

In addition to following the National Protocol, NSW Health wrote to the cruise ship industry on 22 February 2020 and again on 9 March 2020 seeking cruise ship companies' enhanced preparedness for COVID-19 (**Appendix 2 and 3**).

Since February, for cruise ships arriving into NSW from overseas a NSW Health expert panel has conducted a risk assessment based on the ports visited, whether passengers and crew have a risk of exposure to COVID-19, whether the ship's doctor has identified a respiratory outbreak on board, and the results of test results done on board the ship as per the National Protocol.

Following this risk assessment, if assessed as medium or high risk then further assessment is done when the ship docks, including checking people with fever and respiratory symptoms or who have risk of exposure to COVID-19, and testing them for respiratory infections, including COVID-19. As an additional precaution, swabs taken from passengers that were tested for influenza on-board are collected and tested for COVID-19 once the ship docks, again in line with the National Protocol.

Cruise ships have large number of passengers (often thousands), many of whom are older and have chronic medical conditions. Respiratory infections (unrelated to COVID-19) among passengers and crew are common on cruise ships. Cruise ships are responsible for, and have policies to prevent and manage outbreaks of disease on board.

The precautionary NSW approach is over and above that in place in other Australian jurisdictions, including the National Protocol. NSW Health has and will continue to work cooperatively with the Australian Government and other jurisdictions.

Risk Assessment for the Ruby Princess

The Ruby Princess cruise to New Zealand left Sydney on 8 March 2020 and returned to Sydney and docked 19 March 2020. This cruise was shortened due to the cruise ship ban announced by the Prime Minister on 15 March 2020. 63 per cent of the passengers were Australian residents, 20 per cent are residents of the United States, and the rest are from a variety of other countries.

NSW Health conducted a risk assessment for the Ruby Princess prior to its docking on 19 March 2020 (**Appendix 4**). In line with the national criteria for informing the risk management strategy for a vessel, as outlined in the National Protocol:

- the itinerary of the vessel, specifically
 - whether the vessel has visited a higher or moderate risk country⁴ in the last 14 days
 - **The Ruby Princess visited New Zealand, which was not on the list of higher or moderate risk countries provided by the Australian Government**
- the travel history of any person on-board the vessel, specifically
 - whether the traveller has visited a higher or moderate risk country⁵ in the last 14 days
 - **The Ruby Princess reported zero passengers and crew had visited higher or moderate risk countries in the previous 14 days**
- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
 - **The Ruby Princess reported zero passengers and crew had contact with a confirmed case of COVID-19 in the previous 14 days**
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
 - **The Ruby Princess had appropriate healthcare capability, including a medical assessment, isolation facilities and point of care testing for influenza**
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
 - **The Ruby Princess advised that no fee is charged for respiratory consultations and that they have made announcements requesting people with respiratory symptoms come to the medical centre for assessment**

⁴ Per the Australian Government Department of Health's '[COVID-19: Countries considered to pose a risk of transmission](#)'

⁵ As above.

- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)⁶
 - **The Ruby Princess reported 0.94% of passengers and crew had ILI, below the 1% threshold advised by the National Protocol**
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected
 - **The Ruby Princess reported that 48 people had been swabbed for flu, with 24 positive for influenza A, and that five people were tested in New Zealand for COVID-19 and were negative**
- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)
 - **There were no indications that the Ruby Princess had not implemented appropriate measures**

Additional information was provided by the Ruby Princess on 18 March 2020 at the request of the Port Authority of NSW, with the First Officer stating there were no crew members showing symptoms of COVID-19 on board.

On 18 March 2020, the NSW Health risk assessment panel agreed by email that the Risk Assessment for the Ruby Princess was low risk given the information provided in alignment with the national criteria, and that swabs should be tested for COVID-19 as an additional precaution.

Also on 18 March 2020, NSW Ambulance received a phone call from the cruise company advising that there were two patients on board requiring medical transport to the Royal Prince Alfred Hospital due to respiratory symptoms, and that these two patients had been tested for COVID-19. The Ruby Princess had advised that all people tested in New Zealand for COVID-19 were negative.

The Australian Border Force discussed the berthing of the Ruby Princess with the Port Authority of NSW and were given the information that NSW Health had been provided regarding the risk of COVID-19 on this vessel. The Australian Border Force advised that the ship was clear to dock.

In the early hours of 19 March 2020 2,647 passengers disembarked the Ruby Princess and all were advised to self-isolate at home or in their accommodation for a period of 14 days as part of the management of returned travellers, in accordance with the Public Health Order for quarantine that is in place in New South Wales. This process was in line with the updated national advice provided on 15 March 2020 following the announcement made by the Prime Minister banning cruise ships; that travellers disembarking from cruise ships commence their period of isolation from the time of arrival at their final destination in Australia, and that foreign nationals have permission to return to their home country.

NSW Response

On 20 March 2020, NSW Health identified four people on the cruise ship Ruby Princess who tested positive to COVID-19. Three of the confirmed cases were passengers who disembarked from the

⁶Potential outbreaks of influenza or ILI ($\geq 1\%$) among passengers or crew members

ship after it docked at Circular Quay, and one was a crew member who remained in isolation on board under the care of the ship's medical team.

NSW Health first emailed and sent text messages to all cruise passengers on 20 March 2020 to advise of the confirmed cases on board and to reinforce the importance of self-isolation and regular self-monitoring for symptoms. A media release was also issued on 20 March 2020 to support rapid dissemination of this information, and other states and territories and the National Incident Room were notified.

NSW then called all passengers from the Ruby Princess to check on their health and to re-inforce the requirement to self-isolate and monitor their health.

On 22 March 2020 NSW implemented additional measures to the National Protocol for the risk assessment of cruises seeking port; no cruise ship crew or passengers will be allowed to disembark in NSW until anyone with symptoms of COVID-19 is assessed, swabbed and shown to test negative for COVID-19 (**Appendix 5**). This process will take several hours to complete for each ship. This process of screening people is not a failsafe as there is an incubation period (before symptoms develop and tests are positive) during which a person will not have symptoms for, or have a positive test for, COVID-19.

As of 29 March 2020, there have been 189 confirmed cases of COVID-19 in NSW that are the result of direct exposure to the virus whilst on board the Ruby Princess. The vast majority of these have had symptom onset after commencing self-isolation. In addition, there have unfortunately been two deaths reported in passengers from the Ruby Princess, one in NSW and one in Queensland.

Also on 29 March 2020 a team of one Doctor and four paramedics completed a boat-to-boat transfer a few kilometres off Botany Bay to transport three crew members requiring hospitalisation to the Royal Prince Alfred Hospital. These crew members are likely to have COVID-19.

NSW is now treating all cruises as high risk despite the risk assessment guidance in the National Protocol, and will continue to enforce its strengthened COVID-19 screening requirements for any cruise ship that has been granted an exemption to dock in NSW by the Australian Government.



Australian Government

Department of Health

NATIONAL PROTOCOL FOR MANAGING NOVEL CORONAVIRUS DISEASE (COVID-19) RISK FROM CRUISE SHIPS

March 2020

| Version | Date of Publication | Reason | Approved By |
|----------------|----------------------------|---------------------|---|
| V1.0 | 6 March 2020 | Initial publication | Rhonda Owen, Assistant Secretary, Health Emergency Management Branch, Office of Health Protection |

This protocol was endorsed by the Chief Human Biosecurity Officers (CHBO) on 3 March 2020.

CONSULTATION

The following were consulted in the development of the protocol:

- Australian Government Department of Agriculture, Water and Environment
- Australian Government Department of Home Affairs
- Australian Government Department of Infrastructure, Transport, Cities and Regional Development
- Australian Health Protection Principal Committee
- Chief Human Biosecurity Officers
- Cruise Lines International Association (CLIA)

PURPOSE

The purpose of this protocol is to clarify the intent, responsibility, and required action in responding to coronavirus disease 2019 (COVID-19) risk from cruise ships. It is primarily a border operations protocol.

Cruise ships may carry domestic or international travellers who pose human biosecurity risks. This may also lead to the spread of diseases to other travellers, particularly given the population density, the duration of cruises and the mixing patterns of people on board. It is therefore necessary to enhance surveillance and control measures among travellers to:

- protect the health of travellers on vessels;
- minimise the likelihood of large numbers of infected people returning to Australia and further spreading diseases among the community;
- manage the impact on the Australian health system; and
- prevent the spread of diseases among populations in cruise voyage destinations.

This protocol is limited to COVID-19 and has specific measures for assessing the risk of COVID-19 on the ship, screening of passengers and crew if required, and initial management of suspected cases. It is recognised that as the outbreak situation evolves, additional measures may become necessary and this protocol may be reviewed and revised as required.

This protocol does not address when a passenger or crew member is confirmed to have COVID-19 by laboratory testing, which will be managed on a case-by-case basis by jurisdictional public health authorities in close coordination with border agencies, the cruise ship operator and senior ship officers (see INFORMATION SHARING section).

While response protocols for confirmed COVID-19 cases will likely include requiring some passengers and crew identified as contacts to undergo a period of quarantine, where possible it is not intended that this occur on board the ship.

LEGISLATION

- *Biosecurity Act 2015* (the Act) - Under section 44 of the Act, the Health Minister may determine entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease.
- The Biosecurity (Entry Requirements) Determination 2016 provides that an individual may be screened by a biosecurity officer or human biosecurity officer via a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).
- State and territory public health acts mandate the reporting of certain diseases to the relevant state or territory communicable diseases unit.

NOVEL CORONAVIRUS DISEASE (COVID-19)

An outbreak of respiratory disease caused by a novel coronavirus (SARS-CoV-2) was first detected in Wuhan City, Hubei Province, China, and is ongoing. On 11 February 2020, the World Health Organization (WHO) named the disease caused by the virus Coronavirus Disease 2019 (COVID-19). Sustained human-to-human community transmission has been demonstrated in parts of China, largely in Wuhan city, and some human-to-human spread of the virus has been detected outside of China, including in Australia. On 30 January 2020, the International Health Regulations Emergency Committee of the WHO declared the outbreak a public health emergency of international concern (PHEIC). The WHO emphasised the urgent need to coordinate international efforts to reduce the risk of further international spread. Australia declared the then named 'human coronavirus with pandemic potential' as a LHD on 3 February 2020, enabling powers under the *Biosecurity Act 2015* to be used to manage the entry, spread and establishment of COVID-19.

The symptoms of COVID-19 include fever, sweats and chills, fatigue, rhinorrhoea, sore throat, cough, and difficulty breathing. Symptoms can take up to 14 days to develop after a person has been infected.

PROTOCOL

This protocol has been developed for use by personnel on international cruise vessels, biosecurity agencies and local port health authorities when there is a suspected or confirmed case of COVID-19 on-board. All individuals, groups and authorities involved in the cruise ship industry including crew, health care staff, cruise line operators, owners, and port health authorities should be aware of these procedures.

For the purposes of this protocol, a **traveller** means a **passenger** or **crew member**

RISK ASSESSMENT

Respiratory illnesses (common cold and influenza) are some of the most common infections affecting people on cruise ships, and cases of COVID-19 aboard passenger ships have occurred. Because cases of seasonal influenza often occur on ships and sustained community transmission of COVID-19 has been observed, it is possible that passenger ships carrying thousands of people would have travellers with COVID-19. In the context of the PHEIC relating to COVID-19, assessing the public health risk of each vessel arrival to Australia from international ports is important before advice is given on implementation of control measures. Public health risk assessment involves appraisal of threats to travellers on board the ship, as well as to the population in the community.

Some jurisdictions may conduct a public health risk assessment for every ship, while in other jurisdictions a risk assessment for every ship may not be necessary if no illness has been reported and a standing risk assessment for the global situation may suffice in this circumstance. Assessing the risk of any reported event is necessary before proceeding with the enforcement of public health measures.

No single criterion will dictate any specific action in relation to the overall management of a vessel; however, each public health unit can use these criteria to inform their risk management strategy:

- the itinerary of the vessel, specifically
 - whether the vessel has visited a higher or moderate risk country¹ in the last 14 days
- the travel history of any person on-board the vessel, specifically
 - whether the traveller has visited a higher or moderate risk country² in the last 14 days

¹ Per the Australian Government Department of Health's '[COVID-19: Countries considered to pose a risk of transmission](#)'

² As above.

- the contact history of any person on-board the vessel, specifically whether any person on the vessel has been in contact with a confirmed case of COVID-19 within the last 14 days
- the healthcare capability available on the vessel, specifically the ability to assess presenting travellers, facilities available for isolation, and availability of point of care testing for influenza
- whether healthcare consultations are being offered at no cost or are subsidised and if consultations are being readily accessed by passengers.
- whether the number of cases presenting with influenza-like illness (ILI) exceeds that expected for the specific itinerary and season (i.e. potential outbreak)³
- where point of care testing for influenza is available, and the number of cases presenting with ILI testing negative for influenza exceeds that which is expected
- any indication or information that the ship has not implemented appropriate measures (surveillance, isolation, communication, treatment, etc.)

Exposure Risk – Potential Contacts that are currently well

The following exposure risk categories are provided to help guide initial biosecurity management of people following potential SARS-CoV-2 exposure, given the difficulty in identifying close contacts (as strictly defined by public health experts) in the cruise ship environment due to the physical environment, inability to confirm SARS-CoV-2 with laboratory testing, and variable preparedness of individual operators to respond to suspect cases.

Highest Exposure Risk

- Accommodated in the same cabin or small group of cabins with shared amenities as, being an intimate partner of, or providing care or cleaning services in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***without using recommended precautions***; OR
- Recent travel from a [higher risk country](#)

Medium Exposure Risk

- Accommodated in the same cabin or small group of cabins with shared amenities as, **not** being an intimate partner of, or providing care in a non-healthcare setting (such as a cabin) for a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 case ***while consistently using recommended precautions***

³Potential outbreaks of influenza or ILI ($\geq 1\%$) among passengers or crew members

- Being in the same semi-closed environment (e.g., a games-room, movie theatre, infirmary waiting room) as a person with symptomatic clinically diagnosed suspect (or laboratory confirmed) COVID-19 *for a prolonged period of time⁴*, OR

- Travel from [moderate risk countries](#) (excluding transit).

AND

- not meeting the higher risk definition above

Lower Exposure Risk

- Interactions with a person with symptomatic clinically diagnosed suspect (or laboratory-confirmed) COVID-19 infection that do not meet any of the higher or medium-risk conditions above, such as walking by the person or being briefly in the same room

AND

- not having any exposures that meet a higher-risk or medium-risk definition

Note that if there are multiple suspect cases, the number of contacts in the higher exposure risk category will increase. In some situations it may be difficult to delimit exposure categories and as such, a whole ship could potentially be considered at higher exposure risk.

BORDER SCREENING

The standard process at the border for screening for, and managing the presence of, LHDs will continue, which includes:

- Pre-arrival report and human health report
 - In accordance with biosecurity reporting obligations under Section 193 of the Act, information regarding any illness on-board must be lodged in the Maritime Arrivals Reporting System (MARS) between 96 and 12 hours prior to arrival. Vessels are required to update the MARS report if the human health status of persons on-board changes.
 - To support the enhanced COVID-19 border measures announced by the Prime Minister on 5 March 2020, the following additional questions will be asked on the pre-arrival report until advised otherwise:
 - Has the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
 - Has any person on the vessel been in mainland China, Republic of Korea, Italy or Iran in the last 14 days?
 - Has any person on the vessel been in contact with a confirmed case of novel coronavirus infection in the last 14 days?

⁴ As per the COVID-19 SoNG.

- The Maritime National Coordination Centre (MNCC) will coordinate officer attendance at the relevant port. On a case by case basis, state/territory health authorities may also attend the port.
- Under the Act the ship's master must specifically report people with symptoms of an LHD, including human coronavirus with pandemic potential, before arrival.
- **Pratique**
 - Cruise vessels are assumed to have pratique from the vessel's first port of arrival in Australia unless there is illness or death on-board, or if the vessel has not provided a pre-arrival report. Pratique takes effect when the vessel arrives at the port.
 - If there is illness or death on-board reported, or if a pre-arrival report has not been provided in accordance with the requirements in the *Biosecurity Regulation 2016*, the vessel has negative pratique until a biosecurity officer has assessed that there is no human health risk associated with the vessel and has granted pratique.
- **Administration of the Traveller with Illness Checklist (TIC)**
 - Where the cruise ship has reported unwell travellers, the vessel will be met by a biosecurity officer.
 - Unwell travellers will be screened using existing LHD screening procedures.
 - The TIC screens for COVID-19 based on the case definition provided in the COVID-19 Series of National Guidelines (SoNG), and includes symptoms of COVID-19, exposure to cases of COVID-19 and travel history. The TIC will be updated on occurrence of a change to the case definition provided in the COVID-19 SoNG as needed.
- **Referral to a Human Biosecurity Officer (HBO), or Chief Human Biosecurity Officer (CHBO), for medical advice or assistance will occur where the TIC indicates a risk for COVID-19 or any other LHD.**

ADDITIONAL BORDER MEASURES

- **Until advised otherwise by Health or DAWE, all cruise ships are required to:**
 - provide any stored swabs urgently to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO. Provided there are no concerns about the COVID-19 risk profile of the ship or suspected COVID-19 cases reported, the HBO may advise the biosecurity officer that pratique can be granted and the ship may be allowed to continue the voyage while samples are being tested.
 - deliver on-board announcements to travellers prior to the vessel docking at an Australian seaport to encourage self-reporting of ill health by travellers and inform travellers of their obligation to declare whether they are

experiencing specific symptoms (DAWE will provide internationally operating cruise ships with pre-recorded messages for the on-board verbal announcement in a number of languages).

- Until advised otherwise by Health or DAWE, all ports are required to:
 - deliver verbal announcements at the Australian seaport to encourage self-reporting of ill health by travellers, and to inform travellers of their obligation to declare whether they are experiencing specific symptoms. DAWE will provide pre-recorded messages for the port announcement in a number of languages to the port authority who will be responsible for implementing this measure.

CASES OF INFLUENZA-LIKE ILLNESS (ILI) PRESENTING ON CRUISE SHIPS

On-Board Management

Ships should actively encourage travellers with respiratory symptoms to seek immediate on-board medical assessment. Incentives such as free or subsidised consultations for travellers with respiratory illness should be considered by the ship, to reduce barriers for timely assessment.

Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerator, if able, for later SARS-CoV-2 testing.

REPORT OF LISTED HUMAN DISEASE - COVID-19 SUSPECT CASE or POTENTIAL OUTBREAK⁵ OF RESPIRATORY ILLNESS

On-Board Management

Where the ship's medical officer determines that there is either:

- a) a suspect case(s)⁶ of COVID-19 on-board, or
- b) an outbreak⁷ of ILI on-board with larger than expected numbers of tests are negative for influenza, the following measures should be taken:
 - The suspect case(s) or any person with ILI should be isolated in an isolation ward, cabin, room or quarters, with an independent ventilation and toilet system where possible.

⁵ Potential outbreaks of influenza or ILI ($\geq 1\%$) among passengers or crew members.

⁶ A suspect case is defined in 'Interim advice to public health units – COVID-19' available at www.health.gov.au

⁷ Outbreaks of influenza or ILI ($\geq 1\%$) among passengers or crew members.

- Infection control procedures including droplet and standard precautions should be implemented. Medical staff should wear appropriate PPE when assessing patients with respiratory illness and collecting specimens.
- Medical staff should refer to the COVID-19 resources for health professionals, available at www.health.gov.au
- Where point of care testing for influenza is available, two samples should be collected using droplet precautions. The point of care influenza test should be performed on one sample, and the second sample (nasopharyngeal swab or sputum) should be placed in a sheath or tube (e.g. with transport medium/dry rayon) and stored in a refrigerators, if able, for later SARS-CoV-2 testing.
 - Inappropriately stored samples may not be able to be tested for SARS-CoV-2 because of biosafety concerns in the laboratory.
- Where influenza can be confirmed, and the traveller does not meet the suspect case definition for COVID-19, the traveller should follow isolation recommendations in accordance with standard influenza outbreak protocols.
- Where influenza cannot be confirmed, confinement to isolation with infection control measures should continue until a decision to return to public areas can be made in collaboration with the public health authority at the next port of call.
- All those identified as higher exposure risk⁸ should be identified and isolated as above and advised to monitor their health for development of symptoms until such time further assessment by public health authorities has determined whether or not they are truly a close contact in accordance with the Exposure Risk table above. Further, they should be managed as follows:
 - The traveller(s) should be placed under active surveillance for 14 days.
 - If after 14 days of isolation and observation, the travellers do not develop symptoms of COVID-19, they may be discharged from follow-up.
 - Both embarking and disembarking ports must be notified of COVID-19 suspected case contacts being on-board and measures taken.
 - Lower and medium risk contacts should be asked to self-monitor for COVID-19 symptoms for 14 days from their last exposure. They should be asked to immediately self-isolate and contact medical services if any symptoms appear during this time.
- A high frequency of cleaning and disinfection should be maintained on the vessel. Cabins and quarters occupied by suspected cases and close contacts of suspect COVID-19 cases should be cleaned and disinfected according to recommendations provided by the local public health authority.

⁸ Note that if there are multiple suspect cases, the number of likely close contacts will increase, and it may be that the all travellers could potentially be considered as close contacts.

Pre-Arrival Requirements

The vessel is required to:

- Immediately alert the public health authority at the next port of call to:
 - Determine if the necessary capacity for transportation, isolation, and care is available at the port (the vessel may be asked to proceed to another national port in close proximity if this capacity is not available or if warranted by the critical medical status of the suspected COVID-19 case).
 - Provide any information required for the authority to conduct a risk assessment.
 - Seek advice as to the infection prevention control requirements.
 - Ensure that [REDACTED] is a Cc addressee on all email communication.
- Update pre-arrival reporting in MARS to reflect the current health status of the vessel
- Advise the MNCC that there is a report of a listed human disease, suspected case of COVID-19 or potential outbreak of respiratory illness on board
 - The MNCC will provide the vessel or its agent with the traveller record form
- Ensure that accurate records of all traveller contact details are collated and provided to the MNCC prior to arrival. These should be in a format which supports ready contact of travellers (see Attachment 1).
 - The MNCC will distribute the record to [REDACTED] and the relevant state or territory health agency for test result notification and contact tracing purposes.
- Have a representative available to liaise with government agencies (see INFORMATION SHARING section).

Management at First Port of Entry

- The vessel will not be allowed to disembark travellers until the biosecurity officer, in consultation with the HBO, has made the appropriate assessments and pratique is granted.
- If the HBO determines that an unwell traveller meets the COVID-19 suspect case definition, or a positive test result is returned, the following is to occur:
 - The biosecurity officer will notify the port authority to provide access for medical transport.
 - The HBO will identify and coordinate transfer to an appropriate medical facility.
 - The traveller will be transported to the medical facility for further management, by the most appropriate means, using all necessary precautions as specified by the HBO.

- If COVID-19 is confirmed in a suspected case, the HBO and public health authorities will advise on the identification and management of other passengers and crew considered contacts based on a further risk assessment and using national guidance.
- When a positive test for COVID-19 is returned, those travellers who were initially identified as high exposure risk will be assumed to be a close contact, and managed as follows, unless it is subsequently determined by public health authorities they were not close contacts:
 - The traveller will be assessed by a biosecurity officer on disembarking and screened for symptoms of COVID-19 using the TIC. If symptoms are detected, the traveller will be managed as per a suspect case.
 - If no symptoms are detected, the traveller will be provided with information sheets for travellers on coronavirus and quarantine, available at www.health.gov.au, and will be allowed to disembark and undertake a period of self-quarantine.
 - The traveller is required to be quarantined either at home, if a returning Australian resident, or in appropriate accommodation for 14 days from disembarkation.
 - The traveller should be placed under active surveillance for the duration of isolation.
 - The traveller may be allowed to undertake domestic travel consistent with the CDNA COVID-19 SoNG.
 - The traveller should be restricted from undertaking international or further domestic travel until the period of isolation has ended and they have remained well.
- Contacts of suspected cases may be considered for contact management if there is likely to be a delay in confirming or excluding COVID-19 in the suspected case.
- As soon as the suspect case(s) (or subsequently confirmed case) has been removed from the cruise vessel, the cabin or quarters where the traveller was isolated and managed, it should be thoroughly cleaned and disinfected according to recommendations provided by the local public health authority.
- A biosecurity officer will provide information sheets on symptoms and transmission of COVID-19 to crew for distribution to all passengers and crew. The factsheets can also be sent to the shipping agent prior to arrival for distribution via email to all passengers and crew.
- After the HBO has determined that no other travellers have symptoms consistent with COVID-19 and possible contacts have been managed, pratique will be granted and remaining travellers will be allowed to disembark and the vessel may be permitted to commence embarkation procedures provided the required cleaning and disinfection measures have taken place.
- If requested, any stored swabs must urgently be provided to state/territory health officials for rapid transport to laboratory testing facilities, under coordination by the HBO.

- The vessel may be allowed to proceed to its next port of call upon receipt of clearance from the biosecurity officer, who will consider advice from the public health authority following receipt of any laboratory results (see 'Possible management actions section').

Possible management actions

Actions taken by HBOs or state and territory health authorities will depend on the risk profile of the ship or of affected travellers (e.g. crew member suspect case is a higher risk for transmission than a passenger suspect case) and will need to be based on case-by-case assessment. However, the following represent some potential management actions that HBOs may consider:

- Ship granted pratique and allowed to continue voyage as planned while samples are tested, provided the suspected case(s) and all close contacts have been disembarked, and proper cleaning undertaken.
- Ship granted pratique but restrictions placed on the voyage, for example (but not limited to):
 - The ship may only disembark travellers at specified ports where there is capacity for ill traveller screening and health services to assess travellers, test samples and manage ill travellers
 - The ship may continue voyage but must not disembark travellers for day trips for a specified period of time
 - Crew must disembark for quarantine, noting that changing out an entire crew is not usually feasible and this option would effectively prevent the ship from continuing the current and subsequent voyages.
- Ship is not granted pratique until the results of testing are received, an assessment of risks has been completed and a management plan has been decided, for example where there is an outbreak of influenza-negative ILI.

In all cases, actions being considered should be notified to the ship's Master as soon as practicable to enable the ship to respond. This may be communicated from the Information Sharing Forum (see INFORMATION SHARING section).

Management at Subsequent Australian Ports

In accordance with standard biosecurity management procedures the vessel will continue to be required to provide pre-arrival reports and human health reports prior to docking in subsequent Australian ports and disembarking travellers. DAWE will manage any further reports of an LHD as required.

INFORMATION SHARING

An Information Sharing Forum may be convened, consisting of relevant Commonwealth Government agencies, state and territory government agencies and the affected cruise ship or its representative. The forum will be convened by the state or territory health agency managing the response. The purpose of the forum will be to share information in a timely manner and promote consultation between these stakeholders. The forum may develop key communication messages during a response to facilitate consistency of messaging between

government and the cruise industry. The decision-making responsibility for any public health response will continue to rest with the state or territory health department.

RESPONSE TO ELEVATED RISK

The decision to escalate border measures is an Australian Government decision informed by whole of Government advice with expert input from state and territories. The trigger points for escalating border measures will be determined by situational information on the epidemiology of COVID-19.

The Australian Government may establish the following, additional border control measures:

- Enhanced identification and assessment measures
 - Non-automatic pratique – classes of vessels may be subject to negative pratique and screened for LHD before pratique is granted.
 - Traveller screening may be conducted by healthcare workers and public health teams on disembarkation.
- Enhanced quarantine measures.
- Exit screening.

Advice from the CHBO will be sought prior to implementation of enhanced border measures.



Enhanced COVID-19 Procedures for the Cruise Line Industry

Updated 9 March 2020

Please note that these procedures should be applied to all cruise ship voyages, not just international voyages. This is because many domestic voyages will have passengers and crew arriving from other countries at higher risk of COVID-19 than Australia, increasing the risk of COVID-19 outbreaks.

Supplies

Each cruise ship should ensure that they have sufficient supplies of materials to manage a respiratory outbreak on board, including:

- face masks and alcohol hand rub for passengers and crew with acute respiratory illness
 - personal protective equipment for clinic staff
 - sterile transport swabs for respiratory sample collection
- Flexible flocked swabs and universal transport medium are preferred. For example, *COPAN #321C Universal Transport Medium with Regular FLOQ Swab and Nasopharyngeal FLOQ Swab* are held by NSW Health for outbreak response.

Enhanced data collection

Each ship should collect and retain for 14 days after each cruise in case required:

- a log of where passengers and crew have travelled in the 14 days prior to embarkation – in order to facilitate this, it is strongly recommended that pre-embarkation screening of crew and passengers include a history of travel in the previous 14 days
- an accurate electronic contact list for all passengers and crew after disembarkation, including mobile/home phone number/email addresses.

Please also advise all passengers that they may be contacted by health authorities if a fellow passenger is later found to be positive for COVID-19.

Procedures to identify and manage cases of respiratory infection

Cruise ship staff should ensure that:

- They actively identify passengers and crew with acute respiratory illness (ARI) – including cough, sore throat, fever or difficulty breathing – by making regular announcements throughout the cruise, inviting them to attend the clinic for assessment.
- Clinic staff include on the acute respiratory diseases (ARD) log, details of ALL passengers and crew presenting with fever OR acute respiratory symptoms OR both.
- Clinic staff record on the ARD log all countries visited in the 14 days before onset.
- For all people with influenza-like illness (ILI) AND those with acute respiratory illness (ARI) with a history of travel to countries on the Australian list of countries at risk of COVID-19 transmission¹, two swabs – one nasopharyngeal swab and one oropharyngeal swab should be collected and stored in the fridge for possible SARS-COV-2 testing using droplet precautions. A further swab should also be collected for rapid influenza virus testing on board.

¹ See: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-covid-19-countries.htm> .

As of 9 March 2020 this included: Mainland China, Iran, Italy, South Korea, Cambodia, Hong Kong, Indonesia, Japan, Singapore, and Thailand.

Enhanced COVID-19 Procedures for the Cruise Line Industry

- Every sample retained for SARS-COV-2 testing is labelled with at least 3 points of ID (name, DOB, address), and accompanied by a pathology request form.²
- Details of any sample collected and test results are noted on the ARD log.
- Passengers with ARI/ILI who may be infectious are appropriately isolated, and provided with alcohol hand rub and face masks. If sharing a cabin, please also provide roommates with alcohol hand rub and face masks, and educate on how to protect themselves.

During this period of increased risk of COVID-19, cruise companies are also requested to consider making medical assessment for ARI/ILI free to passengers as well as crew. Ships not providing free consultations are at greater risk of being considered at risk of COVID-19 as ARI/ILI cases may be less likely to have been identified.

Reporting requirement to NSW Health

At least 24 hours before arrival at port - each cruise ship should ensure that the following information is provided to NSW Health:

- A copy of the full ARD log (including details of patients presenting with fever OR ARI OR both, a list of countries they have visited in the 14 days prior to illness onset, and results of rapid influenza testing).
- A list of any passengers and crew who have been in contact with a confirmed case of COVID-19 within 14 days before embarking (if known).
- A list of passengers and crew who have been in countries on the Australian list of countries at risk of COVID-19 transmission in the 14 days prior to embarkation.¹
- Number of swabs collected for possible SARS-COV-2 testing.
- A list of the on-board medical staff and their contact details.
- A list of any planned medical disembarkations.
- A list of any deaths during the cruise, including cause of death.

Please note that the ship will not be granted pratique / allowed to disembark passengers or crew until given clearance by the Human Biosecurity Officer.

Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the above information. The risk assessment will determine if enhanced health screening is required by a Health Team prior to disembarkation. NSW Health will notify the ship the day before arrival into port if enhanced health screening is required.

If a NSW Health Team is to conduct enhanced health screening for COVID-19, ships are required to make a series of announcements **the day before arrival** (and provide a supplied letter and traveller record form) to notify passengers and crew that the following people will be required to present for assessment by a NSW Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever, and
- Anyone who is a close or casual contact of a confirmed case, and
- Anyone who has travelled or transited through mainland China or Iran (regardless of current physical health status), and
- Anyone who has travelled in any of the other countries included on the Australian list of countries at risk of COVID-19 transmission¹ in the 14 days prior to embarkation (regardless of current physical health status).

² If the vessel is subject to a NSW Health team assessment on arrival, the Health Team will advise if any stored samples will be referred for SARS-CoV-2 testing or if they can be discarded. If the vessel is not subject to a NSW Health team assessment, any stored clinical samples can be discarded on disembarkation.

Enhanced COVID-19 Procedures for the Cruise Line Industry

The ship should then:

- Designate a senior officer, for example the Hotel Director, to liaise with the NSW Health Team both prior to boarding and while on the vessel.
- Arrange a suitable space on the ship for the assessment. This should be a large, open area (e.g. function room, conference room) capable of holding at least 60 people, set up with 4 stations consisting of a desk and 3 chairs.
- Provide separate seating and bottled water for those waiting for assessment and alcohol hand rub dispensers at entry and exit points.
- Ensure that any crew or passengers requiring assessment are wearing a surgical mask while waiting.
- Have medical and other staff available to facilitate the assessment process, including bilingual staff if relevant (wearing surgical masks).
- Assign sufficient crew to check the contact details of passengers and crew being assessed, and to assist with crowd control and the flow of people.

The ship's medical team will be requested to assist in the collection of swabs for any passengers and crew requiring testing to exclude COVID-19, as described above, and to provide any stored samples for testing at a NSW Reference Laboratory if requested.

If COVID-19 testing is recommended

If the NSW Health team has recommended COVID-19 testing for a traveller, advice will be provided on how the traveller should be managed pending the result. If the traveller was not intending to disembark, then they may be recommended to stay in isolation in their cabin until the result is available, in consultation with ship's medical team. If the traveller was disembarking then NSW Health will provide alternative arrangements for them to wait for the result.

If the pre-arrival risk assessment or assessment by the on-site NSW Health team determined there was a high risk of COVID-19 then pratique may not be granted for other passengers and crew to disembark until the results of testing are available.

If COVID-19 testing is positive

If a traveller is confirmed as a COVID-19 case they will be hospitalised in isolation. NSW Health would urgently convene a senior incident management team (IMT) to assess the risk of transmission to other travellers and provide directions on how people identified as close contacts will be managed to ensure appropriate quarantine. The IMT will work closely with the affected ship and Cruise Line Operator and coordinate communications.

NSW Health will identify suitable accommodation for all travellers identified as close contacts to undergo their period of quarantine. It is expected that this will happen on shore.

The IMT will also advise on what information is provided to other travellers at lower risk, and provide environmental infection control guidance to the Cruise Line Operator.



**IMPORTANT INFORMATION FOR CRUISE SHIP OPERATORS:
MEASURES TO CONTAIN THE RISK OF COVID-19 SPREAD**

Dear Cruise Ship Industry Representative,

The cruise ship industry provides important services for the community and visitors to NSW. I appreciate that the industry has been very active in taking measures to minimise the risk of an outbreak of COVID-19 among passengers and crew.

The recent outbreak of COVID-19 on the Diamond Princess cruise ship in Japan demonstrates the serious impact this disease can have in cruise ship environments.

To further reduce the risk in NSW, NSW Health has instituted a number of enhanced measures to assess the risk of COVID-19 in cruise ships entering NSW ports, and manage any cases detected in passengers or crew. These are in addition to existing requirements under the *Biosecurity Act (2015) (Commonwealth)*.

To assist in protecting cruise ship passengers and crew, I seek your urgent assistance to confirm that each cruise ship docking in NSW is able to meet the attached guidance, *Enhanced COVID-19 Procedures for the Cruise Line Industry*. Please make sure this is shared with relevant staff, particularly the medical team for each ship.

Should any sample test positive for SARS-CoV-2, the virus causing COVID-19, then a major public health response will be mounted to investigate and manage a potential outbreak and to reduce the risk of further infection among passengers, crew and the broader community.

I appreciate your ongoing efforts to help prevent outbreaks of COVID-19 on cruise ships and the broader community.

I would appreciate your response to [REDACTED]. If you have any questions please contact this email address, or Dr Sean Tobin, phone [REDACTED]

Yours sincerely

Dr Kerry Chant PSM

Deputy Secretary, Population and Public Health
and Chief Health Officer
NSW Ministry of Health



Enhanced COVID-19 Procedures for the Cruise Line Industry

Supplies

Each cruise ship vessel should ensure that they have sufficient supplies of materials to manage a respiratory outbreak on board, including:

- face masks, alcohol hand rub for ill passengers and crew
- personal protective equipment for clinic staff.

Procedures to identify and manage cases of respiratory infection

Cruise ship vessel staff should ensure that:

- They actively identify and passengers or crew with respiratory symptoms (cough, sore throat, fever or difficulty breathing) and ask them to attend the medical clinic for free assessment and management 12 – 24 hours before arrival
- Passengers who may be infectious are appropriately isolated
- An accurate electronic list of all passengers and crew, including mobile/home phone number/email addresses can be provide to NSW Health within 1 hour of a request should a confirmed case be identified after disembarkation
- All passengers are advised that they may be contacted if a fellow passenger is later found to be positive for COVID-19.

Reporting requirement to NSW Health

At least 24 hours before arrival at port – each cruise ship vessel should ensure that the following information is provided to NSW Health:

- A copy of full acute respiratory diseases (ARD) log (including details of patients presenting with fever or acute respiratory illness, a list of countries they have visited in the 14 days prior to embarkation, and results of rapid influenza testing)
- A list of any passengers and crew who have been in contact with a confirmed case of COVID-19 within 14 days before embarking (if known)
- A list of passengers and crew who have been in China (including Hong Kong), Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation
- Number of swabs collected for COVID-19 testing. If respiratory swabs are collected during a cruise (i.e. for rapid flu testing), please store at fridge temperature so they can be taken for COVID-19 testing
- The details for any identified respiratory outbreak on board ¹
- A list of the on-board medical staff and their contact details
- A list of any planned medical disembarkations
- A list of any deaths during the cruise, including cause of death.

Please note that the ship will not be granted pratique / allowed to disembark passengers or crew until given clearance by the Human Biosecurity Officer.

¹ A respiratory outbreak is defined as >1% of people on board affected. Smaller numbers of cases with mild respiratory illness are expected and do not necessarily represent an outbreak.

Pre-arrival preparations for Health Screening

NSW Health will conduct a risk assessment based on the aforementioned information. The risk assessment will determine if enhanced health screening is required by the Health Team prior to disembarkation. NSW health will notify the ship the day before arrival into port if enhanced health screening is required.

If a Health Team is to conduct enhanced health screening for COVID-19, ships are required to make a series of announcements **the day before arrival** (and if possible provide written communication) to notify passengers and crew that the following people will be required to present for assessment by a Health Team prior to disembarking:

- Anyone who is feeling sick with respiratory symptoms or fever or
- Anyone who is a close or casual contact of a confirmed case or
- Anyone who has travelled or transited through mainland China (regardless of current physical health status)
- Anyone who has travelled (excluding transit) in Hong Kong, Thailand, Singapore, Japan or Indonesia in the 14 days prior to embarkation (regardless of current physical health status).

The Ship should then:

- Designate a senior officer, for example the Hotel Director, to liaise with the Health Team both prior to boarding and whilst on the vessel.
- Arrange a suitable space on the ship for the assessment. This should be a large, open area (e.g. function room, conference room) capable of holding at least 60 people, set up with 4 stations consisting of a desk and 3 chairs.
- Please provide separate seating and bottled water for those waiting for assessment and hand rub dispensers at entry and exit points.
- Ensure that any crew or passengers requiring assessment are wearing a surgical mask while waiting.
- Have medical and other staff available to facilitate the assessment process, including bilingual staff if relevant (wearing surgical masks).
- Assign sufficient crew to check the contact details of passengers and crew being assessed, and to assist with crowd control and flow of people.

The Ship's medical team will be requested to assist in the collection of swabs for any passengers and crew as requiring testing to exclude COVID-19.

The following procedures should be used to collect nasopharyngeal swabs:

- Collect two viral swabs using droplet precautions. One swab can be used for rapid influenza testing on board immediately but the other swab must be placed in a sheath/tube (preferably transport medium) and stored in a refrigerator in preparation for disembarkation and COVID-19 testing. Samples that do not meet biohazard standards will not be processed and will need to be retaken.
- Ensure the sample is fully labelled with at least 3 points of ID (name, DOB, address), and accompanied with a pathology request form. Please ensure that any test results or collections are noted on the ARD log.
- Once the test has been taken, the passengers staying on the ship should be advised to self-isolate in their rooms, and be provided with face masks and alcohol hand rub.
- Any samples taken on board will be forwarded to the lab for COVID-19 testing on arrival into the port (even if the passenger's symptoms have resolved).

Enhanced COVID-19 Procedures for the Cruise Line Industry

- If an individual room is not possible, then face masks should also be supplied to any room-mates and advice given regarding strict hand hygiene and limiting contact.
- Disembarking passengers will be given isolation instructions to follow while they wait for their results.

Should any sample test positive for SARS-CoV-2, the virus causing COVID-19, then a specific NSW Health public health response will be mounted to investigate and manage any potential outbreak, in close coordination with senior Ship staff and the Cruise Line operator.

CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

Pre-arrival risk assessment form

Completed by: Laura-Jayne Quinn

| Key questions | Answer | Details (names and dates, etc.) |
|---|---|----------------------------------|
| Name of ship | Ruby Princess | 83997 net tonnage (medium/large) |
| Date and time of arrival in NSW | 19 March 06:00 | |
| Terminal of arrival | Overseas Passenger terminal <i>NB:Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</i> | |
| Port of origin of this cruise | Sydney, Australia | |
| Date of departure | 8 March 2020 | |
| Has the ship been in a foreign port during this cruise in last 14 days? | Yes | |
| Ports visited and dates during this cruise in last 14 days | 4 March- Dunedin, New Zealand 5 March- Fiordland, New Zealand 8 March- Sydney, Australia 11 March Fiordland, New Zealand 12 March- Dunedin, New Zealand 13 March- Akaroa, New Zealand 14 March- Wellington, New Zealand 15 March- Napier, New Zealand 16 March- Tauranga, New Zealand 17 March- Auckland, New Zealand (May not have stopped at all ports) | |
| Has the ship had a health assessment at the previous port? | Unknown | Have cut cruise short |
| Number of passengers on board | 2647 (MARS) | |
| Number of crew on board | 1148 (MARS) | |

CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

| | | |
|--|---|---|
| Number of passengers and crew have been in contact with a confirmed case | 0 | |
| Number of passengers and crew who have been in mainland China, Iran, South Korea or Italy within 14 days of embarking | 0 | |
| Has the ship obtained accurate contact information (mobile phone and email addresses) for all passengers? | Yes- confirmed by Doctor and attached to correspondence. | |
| Has the ship ensured all passengers with respiratory symptoms and fever are isolated while on board and provide them with hand rub and masks for onward travel? | Yes | Advised via email and confirmed isolation of passengers |
| Has the ship actively asked passengers and crew if they have respiratory symptoms or fever AND asked them to present to the ship's doctor for assessment before arrival? | Yes | Confirmed by Doctor |
| Is assessment free of charge? | Yes- confirmed by Doctor | |
| Number of passengers and crew who presented to ship's clinic with acute respiratory illness this cruise | 104 | 104/3795 2.7% |
| % of ship's crew/passengers who had influenza like illness | 0.94% | 36/3795 |
| Number of ill passengers and crew who have been in countries included in the Australian CoVID-19 testing criteria in the 14 days before embarkation | 0 | |
| Total number of passengers and crew swabbed for flu, and number tested positive this cruise | 48 | 24 positive for influenza A |
| Number of swabs available for COVID-19 testing | 8 | Another 5 tested on board as negative for COVID-19. |
| Other | No deaths 2 medical disembarkations (see below) No further itinerary planned <i>Ship has advised of the possibility of them coming to anchorage today (18 March) to land specimens.</i> | |
| Considering <ul style="list-style-type: none"> the exposures of the passengers and crew, and the nature of the illness and the results of flu testing What is the risk that COVID-19 is circulating on board? | | |

CRUISE SHIP SCREENING PROCEDURE FOR PORTS OF FIRST ENTRY INTO AUSTRALIA

| | |
|--|--|
| If low , then additional assessment of the ship is not generally required. | |
|--|--|

Medical disembarkations

Mr ANTHONY LONDERO, A537 (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection which is improving on Oseltamivir, Influenza test neg; reason for medical disembarkation: signs of rate related cardiac ischaemia, likely secondary to infective process on initial presentation, which has since improved. He requires a cardiology consult with investigations prior to proceeding home) **Ambulance transfer required**

Mrs LESLEY BACON, C518 (Australian, no travel history of significance outside of NSW and NZ; febrile upper respiratory tract infection started on Oseltamivir, Influenza tests neg; reason for medical disembarkation: severe lower backpain with signs suggestive of a femoral nerve radiculopathy. This is pre-existing to the respiratory tract infection. She needs assessment in the ED with imaging and specialist referral as needed) **Ambulance transfer required**

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES IN PASSENGERS OR CREW

DRAFT 26 Feb 2020

CONTENTS

| | | |
|------|---|----|
| 1 | Context | 3 |
| 2 | Legal aspects..... | 3 |
| 3 | Confirmed Case Scenarios | 4 |
| 3.1 | Scenario 1: A case is identified pre-arrival..... | 4 |
| 3.2 | Scenario 2: A case is identified during a NSW Health cruise ship assessment | 4 |
| 3.3 | Scenario 3: A case is identified with links to a previous voyage | 4 |
| 4 | Incident management team (IMT)..... | 4 |
| 5 | Case management | 5 |
| 5.1 | Isolation arrangements..... | 5 |
| 5.2 | Legal aspects – Public health orders..... | 5 |
| 5.3 | Transport | 5 |
| 5.4 | Reporting..... | 5 |
| 6 | Contact classification..... | 6 |
| 6.1 | Classification as close or casual contacts..... | 6 |
| 7 | Close contact management | 6 |
| 7.1 | Initial communication..... | 6 |
| 7.2 | Legal aspects – Public health orders for contacts..... | 7 |
| 7.3 | Transport | 7 |
| 7.4 | Accommodation | 7 |
| 7.5 | Symptom and welfare monitoring of close contacts..... | 7 |
| 7.6 | Resources..... | 7 |
| 8 | Casual contact management | 8 |
| 8.1 | Initial communication..... | 8 |
| 8.2 | Further communications | 8 |
| 8.3 | Resources..... | 8 |
| 9 | Interstate and overseas contacts..... | 8 |
| 9.1 | Communications..... | 8 |
| 10 | Appendices | 9 |
| 10.1 | Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts | 9 |
| 10.2 | Appendix 2: Script (draft) - CLOSE CONTACTS | 10 |
| 10.3 | Appendix 3: Script (draft) - CASUAL CONTACTS..... | 12 |
| 10.4 | Appendix 4 – Examples of a public health orders for cases and contacts | 13 |

1 Context

This procedure describes response measures and communication mechanisms in response to the detection of one or more confirmed cases of COVID-19 disease among travellers (passengers and crew members) on a cruise ship before, after or at the time of docking in a NSW port.

A similar procedure would be used in the event of a confirmed case of COVID-19 in a crew member or passenger on other maritime vessels in NSW, such as a cargo vessel.

This document does not refer to the enhanced COVID-19 screening procedures for cruise ships which are described in a separate policy document.

This response procedure is to be used in the context of current COVID-19 containment strategies in the community. This response procedure may no longer be appropriate in the setting of sustained community transmission.

2 Legal aspects

Infection with novel coronavirus 2019 (known as COVID-19) is a Category 2 scheduled medical condition under the Public Health Act 2010. This means that novel coronavirus 2019 is a notifiable condition requiring obligatory reporting by laboratories and medical practitioners.

Novel coronavirus 2019 is also a [Category 4 condition and contact order condition](#) which means that an authorised medical practitioner may make a public health order in respect to a person with the condition, or in respect to other people believed to have been exposed to someone with the condition and at risk of developing the condition, under certain settings.

In deciding whether or not to make a public health order, the authorised medical practitioner must take into account the principle that any restriction on the liberty of a person should be imposed only if it is the most effective way to prevent any risk to public health.

A NSW Health policy directive – [Management of People Exposed to a Contact Order condition \(PD2019_037\)](#) – provides a process for the management of people who have been exposed to a contact order condition, and explains the process through which the health system may encourage, facilitate and, only if required, enforce compliance with recommendations to avoid certain behaviours and/or other quarantine requirements for people following exposure to a contact order condition.

Public health orders are measures of last resort to prevent a public health risk and, in the case of exposure to contact order conditions, are only used when voluntary quarantine recommendations are refused.

Under the Australian Biosecurity Act 2015 there are entry requirements to prevent the entry, emergence, establishment and spread of a Listed Human Disease, which includes disease caused by novel coronaviruses of pandemic potential, such as COVID-19. Biosecurity officers or human biosecurity officers (HBO) use a questionnaire or equipment to identify signs and symptoms of a Listed Human Disease (LHD).

NSW Health-based HBOs can make Human Biosecurity Control Orders under the Biosecurity Act, both for COVID-19 cases and their contacts, with similar powers to NSW public health orders. However, the preference will be to apply powers under the NSW Public Health Act wherever possible, if required.

A public health order does not take effect until it is served personally on the person subject to the order. See [Appendix X](#) for examples of Public Health Orders for cases and contacts.

3 Confirmed Case Scenarios

A traveller may be identified as a confirmed COVID-19 case in three main scenarios. Each requires a tailored response, particularly with respect to the identification, assessment and management of traveller contacts.

3.1 Scenario 1: A case is identified pre-arrival

NSW Health may receive information about a case identified in a cruise ship traveller who has recently disembarked in another port and has subsequently been confirmed as a COVID-19 case, with likely exposure of other travellers still on the ship.

Other travellers still on board with fever or respiratory symptoms would be considered suspect cases who need to be tested, and many if not all of the other travellers would likely be considered close contacts.

Rarely, it may be possible to collect clinical samples of suspected cases from a high risk ship while still at sea so that a case may be able to be confirmed prior to arrival in port.

3.2 Scenario 2: A case is identified during a NSW Health cruise ship assessment

A case may be confirmed by testing of specimens collected during a NSW Health assessment team screening exercise on board the cruise ship on its arrival.

If the pre-arrival ship assessment indicated a medium risk of COVID-19, the Ship will likely have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available, but other travellers would have been allowed to disembark.

If the pre-arrival ship assessment indicated a high risk of COVID-19, the Ship will likely not have been granted pratique. The suspect case or cases will have been required to self-isolate until the test result were available. Other passengers and crew would also have been required to self-isolate in their cabins (passengers) or other areas (for crew) pending the results of testing.

3.3 Scenario 3: A case is identified with links to a previous voyage

Cases may also be identified after local disembarkation through testing in NSW or testing in another state or country where the person has travelled to after disembarking.

In this scenario, passengers and crew may have travelled on to local homes or hotels, interstate or overseas destinations, or be part of a continuing voyage on the same cruise ship.

4 Incident management team (IMT)

An Incident management team (IMT) will be established to coordinate the public health and clinical response to any confirmed case(s). They will also coordinate the assessment and management of other travellers (passengers and crew members) on the same cruise ship, and of other people who may have been in contact with the case(s).

The IMT will be established by the NSW Health Public Health Controller and will likely include senior staff in the Ministry of Health, one or more PHU Directors and key PHU staff, and experts in Infectious Diseases, Infection Control and Clinical Microbiology, and be supported by the Public Health Emergency Operations Centre (PHEOC).

The IMT will work closely with the State HSFAC and State Emergency Operation Controller (SEOCON). The IMT will also work closely with the Cruise Ship Operator, Senior Cruise Ship Staff, NSW Ambulance, HealthShare NSW, NSW Pathology, and Service NSW.

5 Case management

The clinical management of a confirmed case is likely to be similar in all three scenarios, and will be undertaken in an appropriate isolation unit in a tertiary hospital (see below).

If the case is not already hospitalised they will need to be safely transferred by ambulance to a tertiary hospital with appropriate isolation facilities. This could be from the Ship (in Scenario 1 and possibly Scenario 2), from a residential address, or from a NSW Health facility where travellers have been placed awaiting COVID-19 test results (Scenario 2 or 3).

5.1 Isolation arrangements

Westmead Hospital's is the preferred site for admission of all confirmed COVID-19 cases (even those with mild symptoms), utilising their high consequence infectious disease isolation rooms. Critically ill patients may need to be transferred to a closer health facility if clinically necessary.

Alternative tertiary referral hospitals will need to be identified if there are multiple confirmed cases reported which exceeds Westmead Hospital's isolation room capacity.

The IMT will need to liaise directly with the receiving hospital to confirm arrangements for admission. This should be done directly with the ID Physician on-call.

5.2 Legal aspects – Public health orders

Travellers identified as COVID-19 cases who refuse to comply with recommendations for isolation in hospital may need to be served with a Public Health Order to enforce isolation restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Cases is included in [Appendix X](#).

5.3 Transport

The IMT will need to liaise with NSW Ambulance regarding transportation of a confirmed COVID-19 case to a designated hospital. Confirmation regarding specific crew and vehicle, collection and estimated drop off times should also be provided.

The NSW Ambulance contact number for COVID-19 ambulance requests is **9999 9999**.

[NSW Ambulance has been asked to supply specific instructions on ordering ambulances for the transfer of both suspected and confirmed COVID-19 cases. Tracy Clarke has been contacted, she had indicated she can identify the appropriate person to ask within NSW ambulance (e-mail received 10.53am 26/2/20)]

5.4 Reporting

The PHEOC or IMT should immediately notify the following groups:

- NSW Health Senior Executive
- Minister's Office
- Senior Executive of the LHD and hospital where the case(s) will be admitted
- Relevant Public Health Units (by case's residence and hospital admitted).
- Australian Department of Health
- The Cruise Ship operator

A media and community communications response should be developed with the NSW Health Media team.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES

6 Contact classification

6.1 Classification as close or casual contacts

The SoNG assessment principles states that close contacts on cruise ships can be difficult to identify, and case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.¹

The IMT will be responsible for rapidly assessing the risk to other travellers on the cruise ship (and any other contacts of the case) and classify them as close contacts, casual contacts or non-contacts.

The risk assessment will be based on a range of information sources including:

- Detailed interviews of the patient, other people in the patient's travel group, ship medical staff and other senior ship crew to establish the patient's movements while infectious.
- Any information on room isolation of the patient following symptom onset and when this commenced.
- The presence of other confirmed cases on the Ship.
- The reporting of acute respiratory illness and influenza-like illness in other travellers not explained by positive influenza test results.

Close-contacts can be difficult to identify in the cruise ship environment but are defined as:

- people who have had greater than 15 minutes face-to-face contact, in any setting, with a suspect case in the period extending from 24 hours before onset of symptoms in the suspect case; or
- people who have shared a closed space with a suspect case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the suspect case.

Close contacts includes:

- people accommodated in the same cabin or small group of cabins with shared amenities
- people providing care in a healthcare or non-healthcare setting (such as a cabin) without using recommended personal protective equipment.

If there have been extensive and prolonged potential exposures by the case while infectious, or if there are multiple confirmed cases identified on the ship, the number of likely close contacts will likely increase markedly such that it may be concluded that the all travellers should be considered as close contacts.

7 Close contact management

NSW Health has requested that all cruise ships collect comprehensive passenger and crew contact details and provide them to the relevant LHD at least 24 hours before arrival at port in format that to enable them to be rapidly contacted in the event that a COVID-19 case is identified in one of their travellers.

¹ [COVID-19 CDNA National Guidelines for Public Health Units](#) (Accessed 26 February 2020).

7.1 Initial communication

Following notification of a confirmed case, contact details for all travellers will be immediately requested from the Cruise Ship operator so that contacts can be notified as soon as possible.

If travellers are still on board, initial contact notification can happen immediately although contact classification and subsequent management may require further investigation, as described in Contact classification section.

The Rapid Contact and Follow-up Protocol for traveller contacts (Appendix 1) describes the process for rapidly contacting travellers through SMS, Email and by phone. Draft scripts are provided in Appendices 2 and 3.

7.2 Legal aspects – Public health orders for contacts

People identified as close contacts who refuse to comply with voluntary quarantine recommendations may need to be served with a Public Health Order to enforce quarantine restrictions. See [Legal Aspects](#) section.

An example Public Health Order for COVID-19 Contacts is included in Appendix 10.4.

7.3 Transport

Passengers and crew who are close contacts and are well and live locally can either take their own private transport, or will be transported home by NSW Health staff for isolation. This will be as per HealthShare NSW.

For passengers and crew who are close contacts and are well and do not live locally, high volume transport of passengers will be required. This will be arranged in accordance with the HealthShare NSW transport plan. This plan can be activated with two hours' notice. Up to 672 passengers would be able to be transported within 12 hours using rental vehicles and driven by NSW Health staff. While HSNW, eHealth fleet and rental cars will be used for any remaining passengers.

Commented [GC1]: According to The transport plan to transport 2000 passengers within 12 hours would require 36 x 12 seater, 30 x 8 seater and 332 x 4 seater vehicles.

7.4 Accommodation

Accommodation will be sought for passengers and crew who are close contacts and are well but do not live locally or do not have appropriate accommodation. High volume suitable accommodation is required for 14 days. This will include Hotels or other private facilities, Sports and recreation facilities or other government facilities. The facilities are required to have single/family rooms and en suites, access to meals, internet and mobile/telephone services, laundry, medical assessment areas, security, welfare support, as well as entertainment and appropriate recreation space in accordance with isolation and quarantine.

Commented [GC2]: Based on briefing paper high volume accommodation

Responsible agency TBC

7.5 Symptom and welfare monitoring of close contacts

After Service NSW conducts initial notification phone calls (Appendix 1), close contacts will be monitored for symptoms by NCIMS automated checks.

NCIMS symptoms checks will be sent via text message daily and passengers to respond back via text. The relevant local health district will follow up these passengers as per their usual automated systems process.

Service NSW to conduct welfare checks one week into isolation to ask about wellbeing; issues with self-isolation; offer suggestions for food delivery, and check on symptoms.

NSW HEALTH COVID-19 CRUISE SHIP RESPONSE PROCEDURE FOR CONFIRMED CASES

7.6 Resources

HealthShare are packing and distributing 5000 Home Isolation kits directly to SESLHD and SLHD. The kits include 5 surgical masks, one personal hand sanitiser and the passenger and crew cruise ship information sheet on home isolation and FAQs. SESLHD and SLHD will transport kits to the port as appropriate.

The Information sheet for passengers and crew will be given to all those assessed once the cruise ship has docked. Method for distribution to passengers and crew is TBD by Katie Barker.

Food delivery will be required in the instance that passengers are required to remain on-board until all test results have been received. HealthShare have proposed to organise food packs/bags with shelf stable food. HealthShare have indicated that they would need 12 to 24 hours notice before catering is required. If a cruise ship is classified as high risk (following daily cruise ship risk assessment) operations team will contact HealthShare to indicate this need.

Refer to NSW Health Guideline on Public Health Contact Orders which gives some suggestions on how to support people in home quarantine.

8 Casual contact management

These are people who are considered to have had low level contact and who just need to be informed and provided information on self-monitoring for symptoms and who to contact if symptoms develop.

8.1 Initial communication

Once a positive case has been detected, casual contacts will be notified immediately via text and e-mail using the PRODOCOM system (see Appendix 1).

Casual contacts do not need to isolate but will need to look out for symptoms and seek medical attention.

If possible NSW Health will be made in partnership with the cruise ship staff.

8.2 Further communications

Possible a Service NSW call after one week?

8.3 Resources

Casual contact will be provided with the casual contacts information sheet via email.

9 Interstate and overseas contacts

9.1 Communications

Procedure required for communicating to states if contact have travelled on, and via the NIR for overseas travellers.

10 Appendices

10.1 Appendix 1: Rapid Contact and Follow-up Protocol for traveller contacts

1. SMS

- Send SMS (**script**) to travellers via NCIMS (160 characters)
- SMS will include:
 - Link to further information
 - Reference that they will receive an email and phone call
- Different script for close and casual contacts?

2. E-mail

- Send e-mail (**script**) to travellers
- Email will include:
 - website link to resources (e.g. isolation guidelines)
 - Advice to call Service NSW/Public Health Unit
- Travellers will be asked to contact Service NSW or the PHU

3. Phone call

- Service NSW will call the travellers (**script**)
- Different script for close and casual contacts
- Check for any current symptoms requiring further assessment by PHU/LHD

4. Daily SMS/Email from NCIMS

- Symptom check linked to Event and PHU workflows

5. Weekly Service NSW welfare check:

- Conduct welfare check for all cases and contacts in isolation
- Provide advice if they become unwell
- Refer to contact tracing team if required

10.2 Appendix 2: Script (draft) - CLOSE CONTACTS

| | |
|------------------|---|
| Text message | <p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>“NSW Health message to XXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed and you will be contacted by phone” (145 characters)</p> |
| Email | <p>“Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19). NSW Health is following up ALL NSW residents that were on this cruise.</p> <p>All passengers and crew members are advised to self-isolate and wear a mask for 14 days following day of disembarkation. You should not attend work or school, and should not leave your home or hotel to go shopping until [date of 14 days of isolation]. Further information regarding home isolation and answers to frequently asked questions is provided below.</p> <p>You will receive a call in the next 3 working days from Service NSW on behalf of NSW Health to provide you with an opportunity to discuss any further questions you may have.</p> <p>Please reply to this email or contact xxxx xxxx between [give the bunker hours xxx] for further enquiries.</p> <p>Close contact factsheet</p> <p>https://www.health.nsw.gov.au/infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx</p> <p>Home Isolation Guide for travellers</p> <p>https://www.health.nsw.gov.au/infectious/factsheets/Pages/hubei-contacts-and-travellers.aspx</p> <p>Frequently asked questions</p> <p>https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</p> <p>Cruiseship workshop meeting 26/2: “Need a number for passengers to call if they have questions if Service NSW are slow to respond”</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health”</p> |
| Service NSW call | <p>“Hi, this is ... and I’m calling from Service NSW on behalf of the NSW Ministry of Health. We’ve been advised that you were recently a passenger on board (name of vessel, date of arrival).</p> <p>One of the other travellers on the ship has been confirmed as having a novel coronavirus infection, also known as COVID-19. All passengers need to home isolate for 14 days from the day of disembarkation. This means you should not attend work or school, and should not leave your home or hotel to go shopping until midnight of [date of 14 days of isolation].</p> <p>Before I describe what home isolation means, can I ask if you currently sick...</p> <p>[I assume we would use the san wording already used in the welfare check, with urgent referral to Health if they do have symptoms]..</p> |

| | |
|--|---|
| | <p>No? Great.</p> <p>If you are sharing your home with other people who are not in home isolation, you should try to separate yourself as much as possible. It is recommended that you:</p> <ul style="list-style-type: none"> • wear a surgical mask when you are in the same room as someone not in home isolation • use a separate bathroom, if available • avoid shared or communal areas and wear a surgical mask when moving through these areas, and • not have other people visit your home while you are in isolation (except to deliver groceries and other supplies and you should wear a facemask if you are face to face with anyone delivering things). <p>If you develop any new symptoms, including cough, sore throat, fever or difficulty breathing, please call health direct on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner. If you go to your GP or emergency department, please ensure you phone ahead to let the staff know your travel history.</p> <p>You will be provided information regarding home isolation via email and you can access further information regarding novel coronavirus on the NSW Health Website. If you have not yet received this information, please give me your email address I can send it to you now"</p> |
|--|---|

10.3 Appendix 3: Script (draft) - CASUAL CONTACTS

| | |
|--------------|--|
| Text message | <p>The text message options are limited to either 150 characters for NCIMS or 160 characters Prodocom.</p> <p>“NSW Health message to XXXXXXXXXX cruise travellers: someone diagnosed with coronavirus. Info is being emailed to you”</p> |
| Email | <p>“Dear X,</p> <p>We are contacting you as you as you recently travelled on the (cruise ship, date of arrival). A passenger who was on your cruise has tested positive for novel coronavirus (COVID-19).</p> <p>You are classified as a casual contact. You do not need to self-isolate, but if you develop symptoms of fever, sore throat, shortness of breath or cough, please call Healthdirect on 1800 022 222 for further advice on how to get tested/reviewed by a medical practitioner.</p> <p>Frequently asked questions</p> <p>https://www.health.nsw.gov.au/Infectious/alerts/Pages/coronavirus-faqs.aspx</p> <p>Yours Sincerely,</p> <p>Health Protection NSW</p> <p>NSW Health”</p> |

10.4 **Appendix 4** – Examples of a public health orders for ~~cases and~~ contacts

See below.

Public Health Act 2010**Section 62****Public Health Order**

I, NAME, POSITION, and an authorised medical practitioner within the meaning of section 60 of the Public Health Act 2010 (Act), am satisfied on reasonable grounds that [NAME OF PERSON] is a person:

- Has been exposed to Novel Coronavirus 2019 and
- Is at risk of developing the Novel Coronavirus 2019 and
- Because of the way that [NAME OF PERSON] behaves, may be a risk to public health.

Therefore, in accordance with section 62 of the Act, I make this public health order requiring [NAME OF PERSON] to:

- a) Refrain from the following conduct:
 - a. Entering or remaining in any public place or any premises other than [NAME OF PERSON] usual place of residence unless permitted byNAME....
- b) Undergo oropharyngeal and nasopharyngeal swab testing for Novel Coronavirus 2019 as directed byNAME....
- c) Undergo a medical physical examination for signs of Novel Coronavirus 2019 as directed byNAME....
- d) NotifyNAME.....of persons you have been in contact with in the last 14 days.
- e) NotifyNAME.....if you display SPECIFIED SIGNS OR SYMPTOMS

The circumstances justifying the making of this order are as follows:

- 1) I am satisfied on reasonable grounds that [NAME OF PERSON] has been exposed to Novel Coronavirus 2019 being a disease transmissible via close contact with someone with Novel Coronavirus 2019.
- 2) I am satisfied that [NAME OF PERSON] is not complying with the advice and directions of clinicians/will not comply with the reasonable advice and direction of clinicians
- 3) There is no other effective way to ensure that the health of the public is not endangered or likely to be endangered.

In deciding to make this order, I have taken into account the principle that any restriction on the liberty of the person should be imposed only if it is the most effective way to prevent any risk to public health pursuant to section 62(6) of the Public Health Act 2010.

I have not taken into account the matters listed in clause 39 of the Public Health Regulation 2012 as it is an emergency or otherwise not reasonably practicable.

Unless this order is earlier varied as to its duration or is earlier revoked it expires at the end 14 days. However, the order will expire at the end of 3 business days from the date of service on [NAME OF

Commented [BG3]: An alternative to a) is detention. If there is going to be a detention order, it should be worded along the following lines

a)Order that NAME OF PERSON be detained at SPECIFIED PLACE for the duration of the order

Commented [BG4]: Preferably list their address

Commented [BG5]: Correct form of testing?

Commented [BG6]: Cross out which is not relevant

PERSON] unless s/he is served with a copy of an application for its confirmation under section 64 of the Act within 3-business days from the date of service.

Dated this _____ day of _____ 2020

Signature.....

[NAME]

[Position]

Authorised Medical Practitioner

This order was served on [NAME OF PERSON] on _____ day of _____ 2020

Commented [BG7]: Note – must be served personally on the person

Signature

Print name

TBA