EXECUTIVE COUNCIL

PUBLIC

Title:	Reviewing the requirement for COVID-19 restrictions in the Falkland Islands
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Report Author:	Director of Health and Social Services. Chief Medical Officer
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Previous papers:	94/20, 165/20, 94/21
List of Documents:	Appendix 1 – REDACTED Appendix 2 – REDACTED

1. Preface

Dr Rebecca Edwards, Chief Medical Officer (CMO) has provided the following preface for Honourable Members' consideration:

1.1 SARS-CoV-2 viral infection, which causes COVID-19 disease, is still a significant worldwide pathogen and remains an illness that can be problematic in unvaccinated or elderly people. Internationally, cases of the disease continue to rise, and countries across the world are still seeing huge numbers of daily cases. However, over the past two years the medical profession has gained a better understanding of the disease itself and new treatments have been developed to support those most affected by the illness. In addition, various vaccinations have been developed which have reduced the severity of the disease seen in individuals, meaning fewer complications and hospitalisations as a result of infection. As such, despite many millions of people being infected each month, the hospitalisation and death rates have not risen in line with infection rates. Added to this, newer variants, like Omicron, which although are more transmissible, are not causing such serious disease, particularly in vaccinated individuals.

1.2 In the Falklands we have been fortunate not to see community spread of this virus. We are a very well vaccinated population and recent antibody screening of our very high-risk and critical groups revealed that only one person out of the 40 tested had not mounted an adequate antibody response. While full vaccination does not mean people are immune to catching COVID-19, it does mean people are much less likely to become severely ill and require hospitalisation if infected.

1.3 During the MLA briefing on 03/03/22 I mentioned that I see good reason to repeal all regulations as soon as possible, because from a public health point of view there is little justification keeping restrictions in place given that we are a well vaccinated population, and we have (or will have) the necessary medications in place to treat those who might need hospital support. As with any virus, those who are elderly or weak may still succumb to the infection, and could even die. This is unfortunately the case with any virus that spreads through our community, particularly those viruses that affect the respiratory system.

1.4 As we have heard from our legal colleagues, it is extremely important to only impose restrictions on the freedom of movements and rights of individuals if it is absolutely necessary to do so to protect the public. At the beginning of the pandemic, and during the vaccination programme, these restrictions were absolutely essential. However, from a PH point of view they are no longer justified. There is consensus that we need to normalise COVID-19, i.e. it becomes "just another" endemic global pathogen. There is consensus that we should be moving to better international connectivity and relaxing our border controls.

1.5 We can move to endemic COVID in two ways – in a step wise approach (e.g. moving to a regulated test on arrival etc.), or by repealing the regulations and encouraging people to act carefully and safely and educating people regarding best practice (i.e. offering people the option of testing on arrival and regularly thereafter – this would not a mandated process, but voluntary).

1.6 When considering each option it's important to note what the public health impacts of each route mean in reality. In either route COVID will likely spread

quickly through the community. This will likely cause disruptions to services, but is unlikely to lead to mass hospitalisations. The fact is, that in each scenario (a regulated, slower, step-back, v's a total repealing of regulations), COVID will spread and probably cannot be "controlled". In each case we will still have to rely on people behaving well to avoid spreading the disease to those who are vulnerable or weak.

1.7 Non-Medical Considerations:

1.2.7.1 ***Public perception*** *– the public might want to see a more step wise reduction in regulations – however the recent press release mentioning relaxation of the borders has not generated any negative comments (to my knowledge)*

1.2.7.2 ***The 40th Anniversary celebrations*** *– changes to our COVID-19 posture, or even going to a test-on-arrival as of 4th May might see an increase in cases that coincides with the planned celebrations.*

1.2.7.3 ***GCSE examinations*** *– as above, changes to our COVID-19 posture will likely see an increase in disease that coincides with the GCSE examinations held by FICS. (First exam is 4th May 22, last exam is 23rd Jun 22)*

Given the second two bullet points, there is good argument to enact Option A and we should transition to an endemic state, a.s.a.p.

1.8 Undertaking a step-back approach, which would include amending the regulations (and will also include amending all other linked documents associated with a mandated change), will take time and is arguably no longer a reasonable use of government officer time.

1.9 Clearly this is an important political decision, however it is vitally important to mention that from a Public Health perspective, we must reduce our restrictive measures as soon as possible as they are no longer justified. We are as "safe" as a community now as we can ever hope to be

– Dr Rebecca Edwards, Chief Medical Officer

Preface Ends

2. Recommendations

2.1 Honourable Members are requested to approve a move towards a COVID-19 endemic state, in a timely, deliberate and clear manner. Options for consideration are detailed at para 6, below. The primary recommendation (known as **Option A**) is as follows:

2.1.1 **Revoke the Infectious Diseases Control (Coronavirus: International Travel, Operator Liability and Quarantine) Regulations 2022** ("the Quarantine Regulations". Note: these Regulations otherwise expire 8 August 2022)

2.1.2 **Make a new version of the Infectious Diseases Control (Coronavirus) Regulations 2020** ("the 2020 Regulations") which expired on 23 March 2022 – these Regulations provide powers to direct individuals to undertake testing and impose requirements or restrictions e.g. to self-isolate, wear face coverings etc and were relied on briefly to direct individuals arriving on the airbridge to self-isolate on arrival, before the first Quarantine Regulations were made. It is proposed that the Regulations should be in place for a further 12 months, until 3 May 2023, to be reviewed in 6 months (by 31 October 2022).

2.1.3 **Extend the Infectious Diseases Control (Coronavirus Restrictions and Requirements during and Emergency Period) Regulations 2021** ("the Lockdown Regulations") which provide powers to impose lock down in the event of an outbreak of COVID-19. These powers were used briefly in February 2021 to impose a lockdown at MPC. In combination with the Regulations in para 2.1.2, they provide a robust framework for managing a serious outbreak of disease in the Falkland Islands. These Regulations will otherwise expire on 6 May 2022. The proposal is to also extend them until 3 May 2023

3. Additional Budgetary Implications

3.1 All costs will be subsumed into the COVID-19 line, now held by FIG corporate. It is anticipated that the following expenditure with result from the options:

3.1.1 **Option A**. The following additional costings are considered to be associated with Option A:

3.1.1.1 **Surge Capability Staffing at KEMH**. This is anticipated to be c£90,000

3.1.1.2 **Community Testing (LFD).** This is anticipated to be c£29,850 (15,000 x units)

3.1.2 **Option B**. The following additional costings are considered to be associated with Option B:

3.1.2.1 **Surge Capability Staffing at KEMH**. This is anticipated to be c£180,000

3.1.2.2 **Community Testing (LFD).** This is anticipated to be c£39,800 (20,000 x units)

3.1.3 **Option C.** There are no foreseen financial implications for expenditure however, it should be noted that the current economic income restrictions are likely to remain similar to current experiences. It would be worth noting however, that costs of CV-19 sundries may increase as less companies are producing them. This is currently, an unknown factor.

3.1.4 **Generic Considerations**.

3.1.4.1 **WIFI data.** A generic consideration could be to pay for WIFI data boosters for FIG personnel to work from home when possible and/or required. This should be captured by each Directorate and attributed to the COVID-19 corporate expenditure.

4. Executive Summary

4.1 The recommendation is for us to transition towards a COVID-19 endemic situation within the Falkland Islands. It is recommended that this will be best achieved by implementing the changes in Option A or B detailed below – though it should be noted that the Public Health recommendation from our CMO, is for option A.

4.2 The Falkland Islands are arguably in the strongest position we will ever likely be; our vaccination status is one of the highest in the world; our medical services are prepared to support the anticipated numbers who may need hospital support; we will have additional resilience in terms of staff (agency) and equipment until June/July 22; medicines for the treatment of COVID-19 are due to arrive imminently, and we have a community who are exceptionally responsible and who appear to be ready to take these next steps (though it should be noted that apprehension is entirely anticipated).

4.3 Whilst the future remains an unknown; is potentially very daunting, and isn't without risk, this is an essential step towards transitioning to a new norm. It is better to do so on *our own terms*, before the global position changes even further (resulting in further difficulty in accessing resources e.g. testing kits) and being backed into a corner and having less freedom of action/ less options available to us.

4.4 If either Option A or B are chosen, it is proposed that FIG invite known providers of commercial airlinks to restart the flight route to Punta Arenas, from 4th July 2022. REDACTED. We are informed that the commercial airlines based in South America require 3 months to mobilise. REDACTED. This will allow the provider to actively market the route again, dependent on all permissions being in place and necessary airports operating.

5. Background

5.1 **This paragraph should be read in conjunction with the Preface provided by CMO, above**.

5.2 Mandatory Quarantine, in accordance with ExCo paper 94/20 (and latterly refined by 165/20 and 94/21) was initially introduced at a time where it was not possible to test for COVID-19 within the Falkland Islands; there were no vaccines available; there was no clear treatment pathway; there were no known medications for the treatment of the disease; there was considered to be a very high risk of serious illness and/or death; there was considered to be a high risk of KEMH being overwhelmed; we had no guarantees of MEDEVAC; we were [globally] learning as we went along, resulting in a reactive rather than proactive approach. It is assessed that none of these issues remain a significant factor.

5.2.1 It would also be worth noting that, at the time of writing this paper, we have had a total of 119 x positive cases detected in the Falkland Islands. More than 65% of these occurred before we had a [largely] fully vaccinated community. Only 4 x cases resulted in hospitalisation.

5.2.2 According to the ONS as at 7 Mar 22, whilst the infectivity rate of COVID-19 is high; 1:25 people, the UK are experiencing a relative reduced hospitalisation rate, and significantly reduced instance of death as a **direct** result of COVID-19 infection.

5.3 The global attitude towards COVID-19 is rapidly evolving, particularly with those whom we are connected. Devolved nations have lifted the vast majority of restrictions, as they take the steps towards an Endemic state. This has resulted in us already observing difficulty in accessing some resources (namely **verified** assurance tests). We anticipate that this trend will soon spill over in to other resources over the next 6-9 months. This may result in us '*being backed in to a corner'*, as we do not hold influence over many of the specific resources we need to continue our current model.

5.4 It is also important to note that from a legal and ethical stance, it is only admissible to retain restrictions of liberty, for as long as they are considered to be necessary and proportionate response to the public health crisis. Given our highly vaccinated population (over 96% of all adults, all 5-11 year also were offered a vaccination 19-20 Mar 22, and all over 75's offered a further dose on 22 Mar 22); the fact that tests have confirmed all bar one of our most clinically vulnerable have responded exceptionally well to their vaccination(s) – this is the strongest position we may ever likely find ourselves in, ahead of taking this next step.

5.5 The World Health Organisation (WHO) are reporting high levels of vaccination status for the countries of interest to the Falkland Islands. All reported to have over 70% fully vaccinated populations, many are over 85%. This includes the nationalities which we routinely saw visit the Islands, pre-March 2020.

5.6 Significant works with our partnered organisations, such as BFSAI, have been conducted already. This includes proving the concept of '*test on arrival'* (though more work is needed on this) and assessing the impact to their UK based Quarantine Facility.

5.7 For impartial guidance, World Health Organisation (WHO) advise the following:

5.7.1 [State Parties are advised to] lift or ease international traffic bans as they do not provide added value and continue to contribute to the economic and social stress experienced by States Parties. The failure of travel restrictions introduced after the detection and reporting of Omicron variant to limit international spread of Omicron demonstrates the ineffectiveness of such measures over time. Travel measures (e.g. masking, testing, isolation/quarantine, and vaccination) should be based on risk assessments and avoid placing the financial burden on international travellers in accordance with Article 40 of the IHR. WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant(link is external)

5.7.2 Do NOT request proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel given limited global access and inequitable distribution of COVID-19 vaccines. State Parties should consider a risk-based approach to the facilitation of international travel. Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers(link is external); Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19(link is external)

5.7.3 Recogni[s]e all vaccines that have received WHO Emergency Use Listing and all heterologous vaccine combinations as per SAGE recommendations, including in the context of international travel. States Parties are also requested to support research to derive the optimal vaccination strategy for reducing infection, morbidity and mortality. Interim Recommendations for heterologous COVID-19 Vaccine Schedules(link is external)

6. Options

6.1 **Option A - Repeal COVID-19 Quarantine Regulations and the Exemptions Direction No.1**. This option would see FIG:

6.1.1 **Revoke** the quarantine Regulations and the Exemptions Direction No.1

6.1.2 Re-make the 2020 Regulations, with some amendments with a new expiry date of 3 May 2023, with a political commitment to review in 6 months.

6.1.3 Extend the Lockdown Regulations so that they also expire on of 3 May 2023, with a political commitment to review in 6 months.

6.1.4 The Director of Health and Social Services, following consultation with SPMG, be authorised to finalise the publication of Appendix 1 (which is currently in draft form), making such changes as he considers necessary to align with the provisions of the relevant regulations and public health advice of the Chief Medical Officer.

6.2 Whilst this option would see us remove the FIG requirement for PCR testing as a condition of ***entry***, BFSAI have confirmed that Air Tanker/MoD are likely to continue to require a negative PCR as a condition of ***carriage***. That is until Dakar and other diversion countries no longer require it as a condition of entry. This would remove FIG's requirement to review Convalescent positive cases and would enable MoD to consider how they wish to screen convalescent positive travellers. Therefore, in practice, PCR flight testing would continue for now, but under a different auspice/authoritative body.

6.3 Furthermore, we would no longer ask for declarations of Vaccination status as a condition of ***eligibility*** to '*opt in*' to a test to release scheme (or for any other purpose). However, BFSAI have confirmed that this will likely remain a request as a condition of ***carriage***, as some diversion countries continue to require a declaration ahead of landing authority being granted. Therefore, in practice, the need to declare vaccination status would continue for now, but under a different auspice/ authoritative body.

6.4 This option would be highly effective in enabling the transition to an endemic state, and is possible to implement in a timely manner. This option allows us to retain the ability to enact '*Lockdown'* measures; '*circuit breakers'* etc. It would however, see us remove all quarantine and test to release options entirely (including **not** moving to a test on arrival option) and transition to a truly endemic state. This option is recommended to be enacted from 4 May 22.

6.5 **This option is recommended.**

6.6 **Option B – Phased Easing of Restrictions**. This option remains a work in progress however, it is imperative that it is included in order to confirm the direction and guidance from elected Members. This option would see FIG:

6.6.1 **Review** the Quarantine Regulations and the Exemptions Direction No.1, with a view to making a new Direction to implement a "test on arrival"

6.6.2 Re-make the 2020 Regulations, with some amendments with a new expiry date of 3 May 2023, with a political commitment to review in 6 months.

6.6.3 Extend the Lockdown Regulations so that they expire on the same date.

6.6.4 [Possibly] amend the Quarantine Regulations to include less stringent quarantine requirements for those who test positive/ refuse to be tested (e.g. remove requirement for whole households to quarantine together, reduce mandatory quarantine period, remove requirement for designated transport)

6.6.5 Extend the period before expiry of the Quarantine Regulations to align with the re-made 2020 Regulations and the Lockdown Regulations.

6.7 REDACTED.

6.8 It should be noted FIG Officers will need further time to firm up the finer details. Consideration is needed to work out the logistics; and for further consultation with partnered organisations (e.g. BFSAI) to ensure it can be implemented. It will not be possible to implement this option; without further works to the legal framework. It should be noted however, that the AG department are already working hard to provide advice should this option be selected by ExCo. REDACTED

Examples of the what may be considered as a result of enacting the proposals in para 6.6, could include (not exhaustive):

6.8.1 The removal of the requirement to declare COVID-19 vaccination status; effectively removing a two-tier system for those vaccinated vs those partially or non-vaccinated

6.8.2 The removal for the need to advise the isolation period for Level 1 contacts; instead request daily tests (LFD) until Day +10.

6.8.3 Allowing confirmed COVID-19 positive cases to self-isolate within a household of other non-positive persons, without the need for those who are not positive, to self-isolate as well; but must; but must self-test daily.

6.8.4 Change the current practice to extend the period of convalescent positive traveller status from 90 days, to 180 days.

6.8.5 Move to recognise all WHO approved vaccinations (vice just MHRA).

6.9 **This option is NOT recommended from a PH perspective**.

6.10 **Option C – Continue with current restrictions and revisit in Jun 22.** This option would see FIG:

6.10.1 Maintain the '*status-quo'*

6.10.2 Remake the 2020 Regulations

6.10.3 Extend *Lockdown* Regulations

6.10.4 Extend *Quarantine* Regulations

6.10.5 No change to the Exemptions Direction No.1

6.11 This is NOT a *do-nothing option*; as all of these regulations would need to be renewed as they are due to expire over the course of the next few months. This option would result in the need to review all regulations and directions.

6.12 This may seem the 'safest' option and 'gets us through the 40th Anniversary period' in our current set up. However, this comes with risk as the global posture is trending towards an Endemic state. This presents a real threat of supporting functions (such of PCR testing pre-flight) becoming more and more difficult to achieve, resulting in an unsustainable policy.

6.13 Furthermore, it is only legally and ethically justifiable to retain restrictions for as long as they are needed (not necessarily wanted).

6.14 **This option is NOT Recommended.**

7. Resource Implications

7.1 Financial Implications. Per para 3, above.

7.2 Human Resource Implications.

7.2.1 There may continue to be a need to support sick leave (COVID-19) and encourage similar in the Private Sector.

7.2.2 Additional locum/agency staffing will be required to bolster our clinical resilience.

7.2.3 It must be acknowledged that services across Public and Private sector will be impacted. There may come a point in which we need to allow positive, but otherwise fit and well personnel of critical functions, to work.

7.3 Other Resource Implications.

7.3.1 Requirement to resource the 'test on arrival' programme if Option B is enacted. This is not an insignificant piece of work and will have notable logistical challenges.

7.3.2 Requirement to 'trigger' the offer to mobilise commercial airlinks with South America

8. Legal Implications

8.1 There is a requirement to review, renew and/or repeal current legislation depending upon the option which is chosen by Honourable Members.

8.2 The legal comments below are reflective specifically of the recommended Option (A). Advice on legal implications of Option B will be provided when the policy proposal is more established:

8.2.1 The 2020 Regulations expired on 23 March 2022, as did the declaration of a transmission control period made under regulation 5. Option A would ensure that these powers are replaced and could quickly be activated by a declaration in the event that a there is a serious and imminent threat to public health resulting from the incidence or transmission of coronavirus. A declaration under the 2020 Regulations is made by the Governor, on the advice of the Chief Medical Officer and has effect when published online, so it can be speedily done. It is proposed that the powers conferred on medial

officers under the 2020 Regulations would be unaltered and would include the power to require potentially infectious individuals (including individuals who have travelled from an infected area) to be tested as well as the power to impose requirements or restrictions on such individuals such as self-isolation or the wearing of face coverings. The Regulations would enable medical officers to seek help from the police to enforce the Regulations but the independent powers of the police and immigration officers to make directions etc., which have never been used, would not be included.

8.2.2 The Lockdown Regulations will expire on 6 May 2022, unless some step is taken to extend them. The Regulations replaced previous Lockdown Regulations 2020 that expired on 4 May 2021. The Regulations were the subject of an extensive review by the Recovery Working Group that included consultation with a number of stakeholders to ensure lessons were learned from the voluntary lockdown in 2020. It is **not** proposed to make any substantive change to these Regulations, other than to extend the period during which the powers can be used so that period is aligned with the expire of the re-made 2020 Regulations. Like the 2020 Regulations, before the powers to declare an emergency are used to direct necessary action, the Governor in ExCo must assess the public health threat. Such a declaration can be implemented very quickly if conditions require it.

8.2.3 Both Regulations used together or separately, provide a useful framework for managing a serious outbreak. However, they contain potentially draconian powers that can only be justified in the context of the continuing risks to public health, although these are reducing and such justification is unlikely to continue indefinitely. The Regulations must be kept under review and revoked as soon as the powers are no longer needed. For this reason, it is recommended that the Regulations continue to be time -limited and that no declaration is made under either Regulations for the time being ie the powers are kept in reserve. In the context of the move towards managing the virus as an epidemic disease rather than a pandemic, retaining the powers for a further 12 months (with a review in 6 months) is a proportionate response, especially noting that the powers cannot are only activated by the making of a declaration. In respect of both Regulations before the relevant declaration could be made, the Governor in ExCo would have to undertake an assessment of whether the threat to public health justified the use of the powers which would include balancing the public health concerns and the interference with constitutional rights ensuring that the measures proposed in the particular circumstances necessary and proportionate.

8.2.4 The Quarantine Regulations expire on 6 August 2022, if no action is taken to renew/ vary or revoke them. **The proposal is to revoke the requirement to quarantine for all passengers arriving by air or by sea on or after 4 May 2022.** This is considered to be a proportionate response to the WHO advice and consistent with previous legal advice regarding the justification for interference with rights to free movement.

9. Environmental & Sustainability Implications

9.1 None Observed.

10. Camp Implications

10.1 The most significant impacts will be:

10.1.1 If someone becomes unwell in a remote location, timelines for evacuation will be significantly increased. In some cases, it may not be possible to access them until the weather allows for sea/airborne recovery.

10.1.2 WBS/FIGAS and other primary transport (and recovery) links may be impacted if staff become ill. BCPs will be critical.

11. Significant Risks

11.1 **New COVID-19 Variant Discovered**. The most significant risk is the introduction of a new COVID-19 variant, which challenges the efficacy of our vaccination status. However, this is a global risk and will need to be monitored extremely carefully. If new variants of concern are identified, and the severity or infectivity of the disease changes in a very negative way, we can reintroduce any of our old regulations to increase or reintroduce quarantine times and a mandated testing regimen.

11.2 **Health System Could be Overwhelmed**. Whilst assessed to be low likelihood, based on our vaccination status, we could see our health system become overwhelmed, likely due to staff illness rather than hospitalisation of COVID-19 cases. Appendix 1 explains what our response states should look like.

11.3 **Business Resilience**. Business Continuity Plans will to an extent be sector specific, with the more critical sectors such as critical national infrastructure requiring more developed Business Continuity Plans. All public and private sectors should already have plans in place for loss of staff due to sickness, but it will be important for these to be reviewed and for these to be communicated to staff so everyone understands what to expect both from their employer and their employer's expectations of them. This remains the responsibility of the employing organisation however, CMO will review requests for support and guidance.

11.4 There may come a point in the near future, due to reduced staff capacity, that people who are well enough to work continue to work even if positive for COVID-19, to ensure delivery of **essential** services are maintained. FIG and the private sector should

consider how they may operate in such circumstances and how they will reassure staff and customers.

11.5 ***Super-Spreader*** **Events**. It should be noted that any changes enacted before events such as the 40th Anniversary celebrations will need to be COVID-19 minded, as each event will present an increased risk of infection. Both options A & B would result in this being the case. Only option C would prevent this.

11.6 **Illness resulting in Hospitalisation**. Whilst this risk is significantly reduced due to our vaccination status, it remains possible for personnel to be hospitalised as a result of contracting COVID-19, as is the same for any viral illness.

11.7 **Illness resulting in Death.** Whilst this risk is significantly reduced due to our vaccination status, it remains possible for personnel to die as a result of contracting COVID-19, as is the same for any viral illness.

12. Consultation

12.1 After consultation with C.E, the detail of the COVID-19 recovery work (a report in progress under Director Mineral Resources, which will be forthcoming to ExCo) is deemed not necessary to inform this particular paper, nor the decisions associated with the proposed Options A-C.

12.2 MLAs were briefed collectively on this proposal, ahead of the submission of this paper on 3 Mar 22.

12.3 CMO has been fully consulted throughout, and has provided the PH recommendations (Option A). She also offers the following Reponses to FAQs from the FIG peer review of this paper (specifically aligned with her recommendation of Option A):

12.3.1 **Will anybody be advised to shield?** REDACTED. During widespread community COVID spread, my generic advice to the rest of the elderly/smokers/obese/unvaccinated etc. will be to undertake necessary "normal" precautions – i.e. wash hands regularly, avoid unwell people, avoid large crowds in enclosed spaces – however this advice will be general advice, and people can behave as they deem appropriate.

12.3.2 Any shielding will be targeted to individuals and there is unlikely to be advice suggesting widespread shielding of certain groups.

12.3.3 **What will positive cases be advised to do and at what point?** No one should come to work until they are feeling well and are at least 24 hours following a fever – this is standard advice and is unchanging. However, each organisation needs to think about how they will want to run their business. The KEMH are happy to review plans and suggest safe ways of working, but all organisations should enact their normal disease management protocol which would have been in place, even before COVID-19.

12.3.3 **What is the updated PH advice on PPE?** Regular self-testing will become much more important than the wearing of face coverings, as will regular hand-washing and staying away from work if you feel unwell or you are febrile.

12.4 AG has been consulted throughout and has provided support to the production of this paper. Timelines for production of Legal amendments/updates have bene provide by AG's staff.

12.5 DESIS has been consulted throughout; and will enable a brief to SPMG.

12.6 BFSAI have been consulted on all aspects but specifically regarding the facilitation of the 'test on arrival' programme.

12.7 WHO provide global advice, per para 5.7

13. Communication

13.1 Per appendix 2.

14. Schedule of suggested deletions to enable publication of paper 53/22

14.1 Redaction of the following is recommended:

14.1.1 Paragraph 4.4 as highlighted.

14.1.2 Paragraph 6.7 in full.

14.1.3 Paragraph 6.8 as highlighted.

14.1.4 Paragraph 12.3.1 as highlighted

14.1.5 Appendix 1 in full.

14.1.6 Appendix 2 in full.