MEMORANDUM E (21) 065 (C)

FROM: **ROBIN SWANN MLA**
MINISTER FOR HEALTH

DATE: **16 March 2021**

TO: **EXECUTIVE COLLEAGUES**

FINAL EXECUTIVE PAPER: HEALTH PROTECTION (CORONAVIRUS, RESTRICTIONS) (No. 2) REGULATIONS (NORTHERN IRELAND) 2020: EIGHTH REVIEW OF THE NEED FOR THE RESTRICTIONS AND REQUIREMENTS

Introduction

1. This paper reports on the eighth review of the need for the restrictions and requirements in the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Northern Ireland) 2020 ("the No. 2 Regulations"). The review has concluded that the current restrictions and requirements are a necessary and proportionate response to the epidemic at this time.

Background

2. The No. 2 Regulations, as amended, require the Department of Health to review the need for the restrictions and requirements in the Regulations on or before 18th March 2021. The current restrictions and requirements are summarised in **Annex A**.

3. At the conclusion of the seventh review, on 18 February, we agreed that the existing restrictions remained necessary and proportionate, having taken into account:
   a. the ongoing (albeit decreasing) hospital pressures;
   b. continued community transmission;
   c. the threat of new variants emerging;
   d. the as yet partial vaccination coverage; and

e. the Executive's prioritisation of a return to education, which would restrict the easing of restrictions in additional sectors.

4. The eighth review has been guided by the four principles that we agreed in May 2020: focus on purpose; necessity; proportionality; reliance on evidence. The purposes of the Regulations are (i) to protect the health of the population by limiting the spread of COVID-19 infection in order to minimise the numbers of cases and deaths, and (ii) to ensure as far as possible that the health care system has the capacity to care for COVID-19 patients and care for all patients, present and future.

Developments since the seventh review

5. The seventh review was completed on 18 February 2021. At that time the Executive agreed the current restrictions would be extended until 1 April 2021 (a 4 week extension), with review on or before 18th March. Since then there have been four sets of amending regulations to:
    a. change the dates of review and expiry of the regulations;
    b. permit a customer's carer to accompany them to pick up a Motability vehicle;
    c. permit click and collect to operate for specific non-essential retail businesses i.e. a shop which sells baby equipment, clothing, footwear or electrical goods if payments are completed at time of order, either online, phone, text or post, with no cash transactions permitted;
    d. increase the number of persons limit on outdoor gatherings from 6 to 10, from no more than 2 households, for the purpose of socialising which is not a sporting event; and
    e. permit Departments to conduct public inquiries in buildings ordinarily closed.

Course of the epidemic since seventh review

6. The Chief Medical Officer (CMO) and Deputy Chief Scientific Advisor (DCSA) have been providing frequent updates to the Executive on the progress of the epidemic. A dashboard of key data and trends is published daily on the DoH website. The DCSA's weekly briefing papers on the Rt figure have been circulated separately, and the Executive receives this report each week.

7. The rolling average of new positive cases has declined as a consequence of the restrictions that have been in place since 26th December 2020. The daily average of new positive cases declined by a modest amount during the week commencing 1 March 2021. This was reflected in the Rt for cases being in the range 0.75-0.95 when measured on Tuesday 9 March. The daily number of new COVID-19 hospital admissions reduced further from the peak rate in mid-January. COVID-19 bed occupancy is also falling, though many patients admitted recently will remain in hospital for some time to come. The impact of the vaccination program continues to be observed with a reduction in the proportion of cases aged over 60 and a reduction in the proportion of hospital admissions aged over 80. Rt for hospital admissions is currently estimated as 0.65-0.95 and that for ICU occupancy is 0.80-1.20.

8. Results from genomic data suggest that the B.1.1.7 viral lineage that is prevalent elsewhere in the UK and Ireland is common in Northern Ireland. Though numbers are small, the Office for National Statistics (ONS) COVID-19 Infection Survey suggests that the proportion is greater than 80%. This means that under conditions of increased inter-personal contact in future, the epidemic will grow more quickly than previously. During the most recent week of the ONS Survey (28 February 2021 to 6 March 2021), it was estimated that that 5,900 people had COVID-19 in Northern Ireland. This equates to 0.32% of the population in Northern Ireland or around 1 in 310 people. This is similar to the estimate that 5,700 people had COVID-19 in the previous week. The rate of infection has fallen significantly from the peak of 2.01% in the middle of January. This is based on statistical modelling of the trend in rates of positive nose and throat swab results.

9. The figures in the table below indicate the changes in 7-day incidence across Northern Ireland since the second, third, fourth, fifth, sixth and seventh reviews of

the No. 2 Regulations. Each column of figures is a snapshot from one date but they reflect the general course of the epidemic since mid-September. The incidence in mid-September was a cause for concern, with most district council areas exceeding the figure that the UK was using to trigger restrictions on people travelling from other countries. However incidence increased much more rapidly over the Christmas and New Year period than was the case leading up to the previous peak during October. The highest 7 day rolling average of positive tests per day in October was 1003, while 1st January 2021 saw the highest 7 day rolling average of 1877 positive tests per day. The highest individual day to date has been 29th December 2020, when 2310 individuals were reported as positive. The number of daily positive tests has since reduced significantly from the peak. There has been a recent increase in positive tests, with 1,238 testing positive in the seven days between 26 February and 4 March 2021 and 1,311 individuals testing positive in the seven days between 5 March and 11 March 2021. The restrictions have clearly led to a reduction in case numbers. However, the figures in the table below illustrate that we have not yet reduced the number of positive tests per day to mid-September levels.

Table: 7-day incidence of COVID-19 (cases per 100K population) – Snapshot at time of the second, third, fourth, fifth, sixth and seventh current reviews of the No. 2 Regulations

District council area	14 Sept	12 Oct	10 Nov	8 Dec	18 Jan	15 Feb	12 Mar
Antrim and Newtownabbey	49.1	254.4	187.8	143.0	321	102.3	72.9
Ards and North Down	20.5	134.9	133.6	104.4	197	67.8	72.7
Armagh City, B'bridge & C'avon	41.6	155.4	210.6	133.4	607.5	189.5	59.9
Belfast	43.6	462.4	206.0	116.3	276.4	108.7	84.4
Causeway Coast and Glens	4.2	205.2	244.0	173.3	241.9	72.8	61.7
Derry City and Strabane	27.9	969.7	248.2	179.2	209.1	81.0	51.8
Fermanagh and Omagh	13.7	226.0	131.8	178.0	325.3	43.7	38.5
Lisburn and Castlereagh	38.8	263.1	187.4	137.8	255.6	76.5	65.4

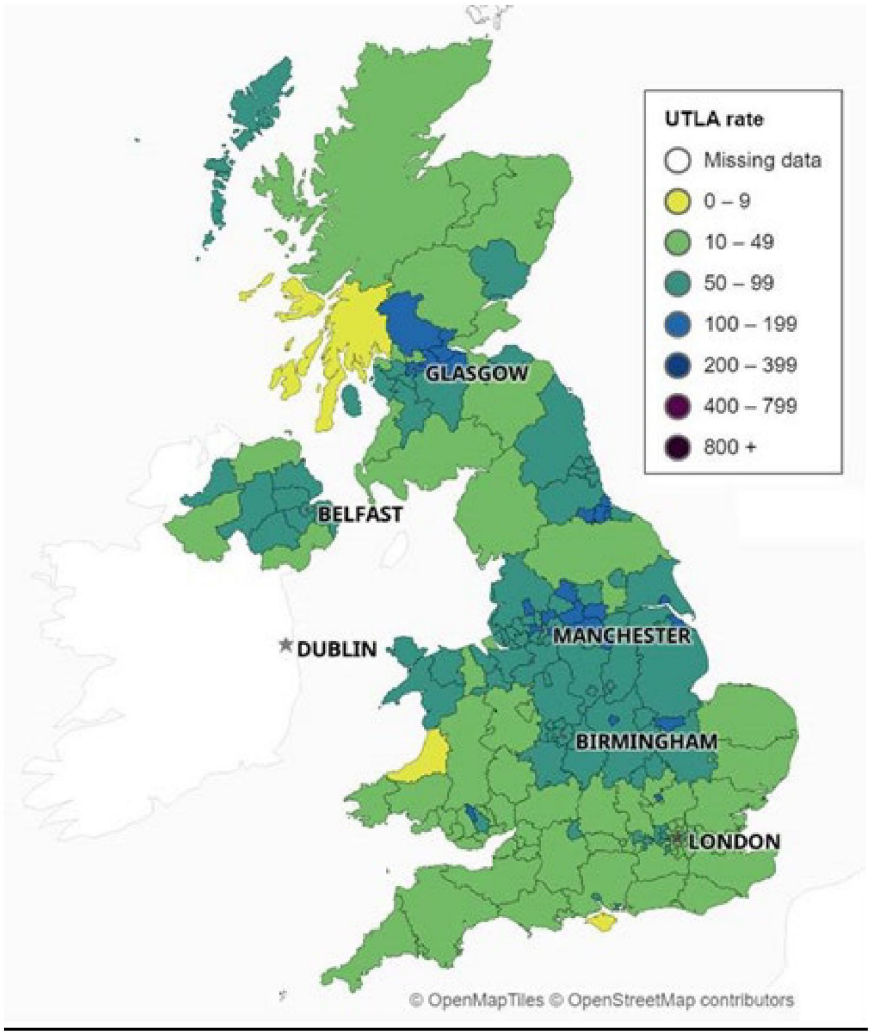
Mid and East Antrim	25.9	94.5	158.7	216.5	305.2	77.2	74.3
Mid Ulster	6.8	401.3	260.3	186.4	528.7	210.1	88.1
Newry, Mourne and Down	20.6	314.7	119.9	177.6	421.8	89.9	49.4

10. In terms of deaths, between 7th and 29th January 2021 there were 11 individual days with over 20 recorded deaths. In contrast, throughout both previous surges, wave 1 in spring 2020 and wave 2 in autumn 2020, there were no days during which 20 deaths or more were reported. In terms of daily deaths, we appear to have reached a peak around mid-January, when the rolling 7 day average of deaths was 23. On 12 March 2021, the Department of Health COVID-19 Dashboard shows 26 deaths in the previous week (by date of death), which is an increase on 15 in the previous week. The rolling 7-day average number of deaths was at its lowest on 1-2 March at 2 daily deaths, and has since increased to a rolling average of 4 daily deaths on 9 March 2021.

NI, UK and Republic of Ireland comparison

11. Numbers are currently changing rapidly across the Common Travel Area. In the time period 1-7 March, the 7-day total confirmed cases per 100,000 population in Northern Ireland was 65.9. The other UK countries and Republic of Ireland's equivalent numbers for the same time period were: Scotland, 64.1; England, 59.6; Wales 42.3 and Republic of Ireland 73.7 (based on dashboard figures published by relevant Governments). The figure below illustrates the seven-day rolling rate of new COVID-19 cases on 7 March 2021, allowing visual comparison of disease activity in NI compared to the rest of the UK (the Republic of Ireland incidence is not included in this visualisation).

Figure: Seven–day rolling rate of new cases by specimen date ending on 07 March 2021



Capacity of the Health and Social Care system

12. During this third wave of the pandemic, the acute health system has been facing sustained pressures which have occurred on an already higher baseline of COVID inpatient numbers than in previous waves. COVID positive inpatient numbers have been on a downward trend since the peak of 834 in mid-January 2021. As of 10 March, the number of COVID positive inpatients stood at 169 and it is expected that the downward trend will continue during this month.

13. The ICU position remains a concern. The standard funded provision is for 72 ICU beds. Any ICU beds open above this level requires the deployment of staff from elsewhere. As of 10 March, the current total number of critically ill patients stood at 91, well above the funded provision of 72. Of these 29 were COVID positive, a reduction compared to the peak of 74 on 24th and 25th January. **Annex B** contains graphical information relating to occupancy and trends. Since the number of patients requiring admission and treatment for COVID-19 related illness began to rise in October 2020, it has become increasingly difficult to maintain planned services. Staff across the system have been redeployed to help manage the higher number of patients being admitted to hospitals on an emergency basis and also to allow the healthcare system to increase critical care capacity. As the number of patients requiring treatment in critical care remains high, this will continue to constrain the ability of critical care to provide dedicated support for complex elective surgery in the coming weeks. These severe pressures mean that surgery, including urgent and cancer surgery, has been adversely affected.

14. The Department will de-escalate critical care in a regionally planned manner and prioritise the Belfast City Hospital Nightingale for de-escalation. This will mean that the highest priority surgery can be delivered at this site, on behalf of the region, as quickly as possible. The ICU de-escalation process has commenced and will continue as quickly as possible in line with ongoing demand arising from both COVID and non-COVID patients.

15. Another key consideration of capacity in our HSC system is the wellbeing of our staff. For almost a year now our staff have been under sustained and continuous pressure, with studies indicating psychological and mental impacts. As well as being of serious concern in itself, staff well-being is likely to impact patient safety, so it is vital that our staff are able to recover and heal. Any further waves of this pandemic would cause further harm.

Health protection services: Test, Trace and Protect

16. The Contact Tracing Service together with our COVID-19 Testing and Vaccination Programmes remain at the core of our public health response to the SARS-CoV-2 virus, and in this context contact tracing will continue to play a significant role in the weeks and months ahead. Under the leadership of its Director, Dr Elizabeth Mitchell, the Contact Tracing Service is delivering a robust and sustainable service whilst at the same time continuously reviewing its performance as a means to further enhancing its effectiveness and efficiency.

17. A number of key enhancements have recently been made to the delivery model for the service including strengthening data and analytics support; a more flexible approach to recruitment (to supplement the professional cadre of staff initially recruited); and implementation of a quality assurance system. The manual elements of the service continue to be underpinned by a number of well-embedded digital supports including the digital self-trace platform, a texting service (HSC result and HSC tracing) and the use of the StopCOVID NI App. These digital aspects have added significant value to the overall operation of the service, ensuring it can deliver key messages to contacts and cases in an efficient and timely way.

18. In response to the potential for new variants and mutations of SARS-CoV-2 virus to emerge, the Contact Tracing and Health Protection teams in PHA have developed a plan which sets out the end-to-end process for identification and management of a new variant(s), if/as they emerge in Northern Ireland. This plan has recently been successfully deployed in the response to the first identification of the South African variant locally. The Contact Tracing Service is also currently developing a proposal to introduce the offer of a PCR test to all close contacts of confirmed positive cases (including close contacts who are asymptomatic). The contact tracing service is currently working with digital colleagues to develop technical solutions to provide for this and liaising with colleagues in Scotland and Wales as they work on similar service developments.

19. More generally, the introduction of enhanced contact tracing continues to add significantly to the intelligence available on individual clusters and outbreaks of COVID-19. Cluster and outbreak identification and follow up is an important part

of the COVID-19 Test, Trace and Protect Strategy in Northern Ireland. The information at **Annex D** contains the most recent number of outbreaks and clusters by setting over a four week period. It is important to note that whilst the risk of COVID-19 transmission within households is known to be high, outbreaks and clusters related to households are not reported in this data. The PHA now regularly publishes information relating to the settings associated with clusters and probable outbreaks of the virus in Northern Ireland on its website.

Health protection services: Asymptomatic Testing

20. The purpose of asymptomatic testing is to identify individuals within the population who are positive for COVID-19 but do not present with symptoms, and to create the opportunity for them to self-isolate, reducing the risk to others in the community. The expansion of asymptomatic testing in Northern Ireland is intended to introduce regular testing for the virus which causes COVID-19 amongst those employees of organisations who cannot work from home. It targets key organisations across the public and private sectors in Northern Ireland which perform critical functions or deliver essential services.

21. Asymptomatic testing initiatives are already operating successfully for staff in the HSC, in care homes, for staff and pupils in schools and universities, and for staff in Translink.

22. Under the expansion that was announced on 10 March 2021, public sector organisations which are being invited to adopt workforce testing include those:
    a. Public bodies performing critical functions and providing key services;
    b. Public bodies delivering essential services;
    c. Where employees cannot work from home;
    d. Potential for higher or increased exposure to risk and transmission of COVID-19.

23. The expansion of the asymptomatic testing to private sector organisations with in excess of 50 employees who cannot work from home will initially prioritise those organisations which are in the following sectors:

- Agri-food
- Manufacturing
- Essential Retail
- Distribution
- Transport
- Construction

24. Workforce asymptomatic testing is an additional infection prevention and control measure, and does not replace a range of other measures in place in wider society, such as social distancing, hand hygiene and face coverings. It complements the roll out of the vaccine across Northern Ireland.

25. This programme relates solely to asymptomatic participants. Any test participants or site staff, displaying symptoms of COVID-19 should leave the site immediately and follow the national guidance for getting tested.

26. Initially, it is likely that asymptomatic testing will be delivered by organisations at their own premises, utilising their own workforce to deliver the tests. The programme team is also exploring options to facilitate home testing of the workforce.

Health protection services: COVID-19 Vaccination Programme

27. The NI COVID Vaccination Programme Phased Plan was published on 13th January 2021. An updated plan, taking into account the latest interim advice from the Joint Committee on Vaccination and Immunisation regarding the vaccination of the remaining adult population, is due to be issued shortly. The vaccination programme is progressing well in line with the prioritisation as recommended by JCVI. The roll out of the programme remains critically dependent on vaccine production, supply and distribution. Due to a larger than expected amount of vaccine becoming available in March we expect there to be a large increase in the number of vaccinations completed in March and April. Plans are now well advanced for the opening of a large vaccination centre in the

SSE Arena, Belfast from late March. As of close of play on the 9th March 648,028, doses of vaccine have been administered including a total of 601,101 first doses.

28. All Care Home residents and staff have now been offered their first and second doses, although it should be noted not all residents or staff have taken the opportunity to be vaccinated. Trust district nurses will vaccinate any new residents or residents who missed their first or second doses. 97% of the over 80s have now been vaccinated with at least one dose of vaccine, while 92% of the 75-79 year olds , 87% of the 70-74 year olds and 74% of the 70-74 year olds have been vaccinated with at least one dose. Vaccination of any housebound individuals aged 60 years and over continues. As of 10 March the programme has now been extended to cover the first 8 priority groups and is expected to be extended to priority group 9, those aged 50-54 years of age, very shortly.

29. GPs continue to vaccinate anyone aged 55 years or over as well as those who are clinically extremely vulnerable (CEV) as well as those with an underlying medical condition who are classed as clinically vulnerable (CV). As you will recall we had previously introduced a twin track approach which allowed eligible cohorts to be vaccinated either by their GP or to book a vaccination slot at one of the 7 regional vaccination centres. This approach has continued and is likely to apply to all remaining cohorts. In addition it is planned to introduce community pharmacy stores into the programme from late March. Eligible cohorts will be able to book a vaccination at one of 361 community pharmacy stores spread right across Northern Ireland.

30. While we have robust evidence that the first dose reduces the risk of clinical disease by 70-90% within 14-21 days we do not as yet have evidence on whether or not vaccination reduces the risk of asymptomatic carriage and transmission although some studies are showing encouraging results. It is therefore not possible at this stage, to estimate the impact on wider community transmission even when more of the population are vaccinated.

31. There is a necessary time lag between a person being immunised and them becoming protected against disease, and for a sufficient number of people in the population to be immune to alter the course of the epidemic. Our vaccination programme will protect the most vulnerable in our community most quickly against the severe outcomes of disease. However, it is not expected by vaccine and public health experts that the vaccine programme will lead to 'population immunity' and the return of normal life in the near future. It will be some time before we see a reduction the wider health service pressures. In broader terms, a key issue is also whether COVID-19 vaccines will be able to protect against infection or disease from these new variants. Work to evaluate the real-world effectiveness of the vaccines is underway in Northern Ireland.

Wider health, societal and economic impacts of the regulations

Economic impacts

32. For the purposes of this review, DfE have advised as follows;

- The Northern Ireland economy was running around 25% below normal at the height of the spring 2020 lockdown.
- As a result of the spring 2020 lockdown around 250,000 employees in Northern Ireland availed of HMRC's Coronavirus Job Retention Scheme (CJRS), and over 70,000 claims have been made under HMRC's Self-Employment Income Support Scheme (SEISS). Many furloughed workers returned to work, at least part-time, as a recovery began over the summer of 2020. However, many employees have been put back on furlough as restrictions were reintroduced – with approximately 106,000 employments availing of CJRS on 31 January 2021. 62,000 claimed the third SEISS grant.
- The Claimant Count in Northern Ireland is now around 56,700 people. The January 2021 count is almost double the number from a year ago, but levels have stabilised in recent months. The furlough scheme has been extended to the end of September 2021, but the peak Claimant Count in 2021 may still go higher than present levels. In terms of sectors most

affected, manufacturing, wholesale and retail trade, transportation & storage seem to have experienced the highest proportions of job losses (as evident from proposed and confirmed redundancy figures). In addition, food & accommodation has been adversely affected.

- While the economic impact has been quite widespread, restrictions on specific sectors of the economy tends to hit some groups in society disproportionately. Younger workers, females, and those on low pay have been notably affected thus far.
- The current restrictions on businesses have directly impacted on tens of thousands of jobs in the local economy and meant millions of pounds in lost output. However, the impact (in immediate output terms) is likely to be not as severe as occurred in the springtime, but restrictions now occur at a time of heightened business vulnerability / stress and diminished cash flows. In addition, except for a short relaxation of restrictions before Christmas, the current cycle of restrictions (beginning Mid-October 2020) are of longer duration than the first lockdown and there would be a cumulative impact, with potential output foregone each month that restrictions continue.
- There are still significant risks if recovery of output and jobs is not swift and sustained. The roll-out of the vaccine, coupled with pent-up demand may stimulate a strong 'bounce back'. Nonetheless, it may take some time before economic activity fully returns to pre-pandemic levels and it will be important to limit the extent to which potential 'scarring' impacts on long term growth.

33. Both the Spring 2020 and Autumn / Winter lockdowns have had a profound impact on the Northern Ireland economy.

34. With around 168,000 employments / jobs availing of CJRS or SEISS at the end of January 2021 in Northern Ireland, a safe reopening will need to be implemented across all sectors to ensure a return to work and therefore as small a number as possible are made unemployed. Already, data from the latest Labour Force Survey indicate that the number of people in employment in Northern Ireland

decreased by 35,000 over the year, driven by a 26,000 fall in the number of 16-24 year olds in employment.

35. Except for a short relaxation of restrictions before Christmas, the current cycle of restrictions (Mid-October 2020 onwards) are of total longer duration than before. The restrictions are now in place at a time of increased financial vulnerability / stress for firms, than was the case at the outset of the pandemic, due to the cumulative effect. According to the Office for National Statistics, 75% of single site businesses in the Accommodation & Food Services industry here had no cash reserves or less than three months of cash reserves, compared with 57% across the UK.

36. Economic downturns of the type we are witnessing act to damage physical capital (investment etc) and human capital (employment and skills etc). The risk is that this damage leads to a lower level of economic output in the long-run or 'scarring'. Long term damage to economic output can be reduced by measures which shorten the duration, and limit the depth, of the downturn.
    - Research shows that these restrictions also impact on mental health, education & skills and youth unemployment in ways that are harmful to individuals but also have long-term implications for our economy.
    - A strong bounce back may be in store, but one that will need nurturing to minimise the scarring effects that are deepening every week. People want to spend; firms want and need to invest, and the Government is continuing to intervene with a range of supports and economic recovery plans set out. This will be a strong platform for recovery later in 2021 and 2022.

    Estimates indicate that a substantial easing of restrictions in Northern Ireland during 2021 could lead to somewhere in the region of £50m to £100m in additional GDP per week by the end of the year.

Wider Impacts on health and wellbeing

37. Evidence from sources available to us show that while there are some positive

trends in areas such as smoking, in the main, population health is being negatively affected by the wider impacts of the COVID-19 restrictions. Life expectancy growth and related inequalities is likely to be negatively affected, with the greatest impacts felt by the most disadvantaged, as long-standing inequalities have been exacerbated by the pandemic, particularly in relation to inequalities in education and employment.

38. Many reported key behavioural risk factors are also worsening and adversely impacting some people, in particular, increased harmful alcohol consumption, more snacking and poor diets, and increased sedentary behaviour. Fuel and food poverty rates are also likely to be higher in the winter period. It should be noted that changes in behaviours are not universal and unfortunately are also likely to be increasing health inequalities.

39. Emerging evidence suggests that the disease burden from conditions such as mental ill-health is rising, as well as there being a measurable increase in cases of domestic violence. Levels of loneliness and social isolation are also a concern. It is likely to take time for the full effect to be known. My Department continues to monitor the emerging evidence.

40. Public health resources have had to be re-prioritised to support management of the direct impacts of COVID-19 throughout the pandemic, and this has limited the system's capacity to address the wider impacts. Work has been undertaken to restart a range of services though some may still operate at reduced capacity. The increased digital delivery of services has been helpful for many individuals and has increased access and reduced non-attendance (particularly in rural areas) but may also increase inequalities for those who do not have access to such services.

41. As part of the seventh Review I highlighted the issues around alcohol. This time I want to highlight issues around **food and nutrition and physical activity** in more detail. A UK wide study reported negative changes in eating and physical activity behaviour (e.g. 56% reported snacking more frequently) and experiencing barriers to weight management (e.g. problems with motivation and control around

food) compared to before the year before. The trends were particularly pronounced among participants with higher BMI.

42. A recent survey on outdoor recreation during the pandemic showed that following the COVID rules was the greatest reason for not spending time in the outdoors in November and December 2020[1]. The survey did not include children – 16 was youngest age-group – but parents of pre-primary and primary age children reduced time outdoors. While 44% of the Northern Ireland population spent less time taking part in outdoor recreation during this period than over the same period in 2019, 22% had increased the amount of time they spent outdoors. People most likely to decrease their time outdoors included those with disabilities, the oldest age groups, residents of the most deprived areas and people with no car access. Concerns over COVID-19 were the predominant reason for decreasing time outdoors. People most likely to increase their time outdoors included the youngest age groups, those with children at home and those who were working full time.

43. The value of physical activity and sport to overall health and wellbeing is an important consideration, with considerable evidence to show the benefits as outlined in the risk assessment provided by DfC in **Annex E** and the UK Chief Medical Officers' report and physical activity guidelines[2]. Research carried out by Ernst & Young indicated that watching and participating in sport were two of the top nine things people missed doing during the initial lockdown period. The level of inactivity experienced over the course of the various periods of COVID restrictions has the potential to do long term harm to those who normally participate in sport and physical activity. It has also had a detrimental impact on the health and wellbeing of our communities as a whole and on the mental health of so many in society. Research by the Department of Culture, Media and Sport in GB has found that young people's participation in sport increases numeracy and other transferable skills, with particular benefit towards under achieving young people.

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[1] http://www.outdoorrecreationni.com/wp-content/uploads/2021/03/ORNI-Northern-Ireland-Population-Survey-November-and-December-2020-results-v2_compressed-1.pdf

[2] UK Chief Medical Officers' report and physical activity guidelines can be accessed at https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report

44. The Royal College of Psychiatrists recognise exercise prescription as a treatment modality for a wide range of mental health conditions, with evidence showing a 20-30% reduction in depression in adults who participate in physical activity daily. The college further reports that physical activity can increase self-esteem and reduce depression and anxiety in children, and that physical activity performed in an outdoor space can improve cognitive performance, self-esteem and reduce anxiety and symptoms related to attention deficit disorder. In addition, a study by the Harvard T.H. Chan School of Public Health has shown that even small amounts of exercise can improve mood and mental health, with a 26% decrease in odds for becoming depressed for each major increase in objectively measured physical activity.

45. Eime *et al.* (2013)[3] published a systematic review of the psychological and social benefits of participation in sport for children and adolescents, concluding that there "were many different psychological and social health benefits reported, with the most commonly being improved self-esteem, social interaction followed by fewer depressive symptoms. Sport may be associated with improved psychosocial health above and beyond improvements attributable to participation in [physical activity]. Specifically, team sport seems to be associated with improved health outcomes compared to individual activities, due to the social nature of the participation."

46. It follows, therefore, that prolonged periods of restricted access to physical activity and sport will be detrimental to the health and wellbeing of people of all ages and abilities.

Duration of current restrictions

47. The Executive had agreed at the seventh review to the current restrictions being in place until 1 April 2021, subject to this review. As indicated above, while the impact of this third wave of COVID-19 on the health and social care system continues to decrease, the overall position remains fragile. As noted above, the number of patients in ICU remains well above the regular funded positions. This

[3] https://ijbnpa.biomedcentral.com/articles/10.1186/1479-5868-10-98

continues to affect additional aspects of the health service. While it is welcome to see continuing falling hospitalisations which eases the pressure on the wider HSC, I urge caution, as to relax too much, too soon, will inevitably invite further pressure on the service and undo the vast efforts and sacrifices made thus far. We need to give the Health Service and health and care staff time to recover from the third wave, and to reduce the risks of further waves. While I am pleased that we are now at a point where it is possible to begin relaxations, it must be a gradual and measured process.

Modelling and the potential impact of vaccination

48. **Annex C** contains the most recent modelling information. The projections starts with Rt of 1 on 10 March 2021. Whilst the estimate for Rt for new positive cases was 0.75-0.95 on 9 March (based on data for the preceding days), there has been no decrease in cases over the subsequent week, and the return of face-to-face teaching and reopening of additional click-and-collect on 8 March are expected to increase Rt before the modelled policy change scenarios on 1 April.

49. The Department of Health COVID-19 Modelling Cell undertook modelling of changes in Rt starting from 1 April 2021 (the effect being phased in over 10 days), as may result from changes in policies. The time horizon for this illustrative exercise runs until 31 July 2021, **which is much further into the future than is used for forecasting, and these projections must not be interpreted as a forecasts or predictions**. Their aim is to illustrate the broad consequences of policy changes.

50. The model takes into account the projected roll-out of Phase 1 of the COVID-19 vaccination programme, though not the lower rate of vaccination coverage in the Republic of Ireland. It also does not specifically include the impact of the Early Spring Events discussed below. **There is considerable uncertainty about how the new, more transmissible, variants will affect epidemic growth when R exceeds one. Starting Rt values of 1.0, 1.4, 1.8 and 2.1 were used to illustrate a range of possible outcomes.** The model reflects recent evidence that B.1.1.7 lineage is associated with a 1.63 times increase in hospitalisation

and 1.37 times increase in the hospital case fatality ratio using estimates from the EAVE II study findings in Scotland.

51. The Rt value declines over the course of the projection because of vaccination and infection leading to increased population immunity. Figures 1-5 illustrate the numbers of cases, community-acquired COVID-19 first hospital admissions, deaths in hospital, hospital occupancy for community-acquired cases (with the additionality of hospital-acquired infections overlaid for the highest scenario of Rt = 2.1), and ICU occupancy. Higher Rt scenarios cause a greater incidence of infection.

52. In addition, Scientific Pandemic Influenza Group on Modelling (SPI-M) in GB modelled four scenarios which differ in speed of easing restrictions. In all of the modelled scenarios, there was the potential for a very large number of infections if restrictions are lifted early or rapidly, which would lead to large numbers of hospitalisations and deaths unless vaccine coverage is very high. SPI-M advise that if all restrictions were to be lifted by the start of May (over a period of around 2 months, starting in March), hospital occupancy would be highly likely to reach levels higher than at the peak in January 2021, even under optimistic assumptions around vaccine rollout.

53. Whilst our vaccine programme is proceeding at pace, we do not yet know the quality or length of protection the vaccines will provide and how effectively they will stop viral transmission. Vaccines are not 100% effective, and there will not be 100% coverage particularly in the near-term. The premature relaxation of non-pharmaceutical interventions (NPIs) could lead to a further epidemic wave particularly in the context of the B.1.1.7 variant if contact between people becomes frequent. A further concern is the potential for vaccine-resistant 'escape variants' to arise or spread in Northern Ireland, undermining the vaccination programme. The best way to mitigate this risk is to reduce prevalence to a low level by keeping R less than one. We can say that vaccines will make an important contribution to returning life towards normality, but they should be only one part of an exit strategy

54. With the beginning of the vaccine rollout, but still in its early stage, there is a risk of a vaccine or immune escape variant arising or arriving and spreading. This would put both those vaccinated and unvaccinated at risk. The vaccination programme in its current stage offers protection against hospitalisation and death for those who receive the vaccine. However, an epidemic in younger people will still pose risks for those among them who will have adverse outcomes, those who go on to develop post-COVID-19 health consequences ('long COVID'), and vulnerable people who may be either unvaccinated or vaccinated but not immune. The return of face-to-face teaching will result in more indoors social contact, and the joining up of networks of families through schools, with the likely consequence being an increase in Rt. This will mean that there will be reduced scope for other activities while keeping Rt below 1.

55. As such, the advice I have received from the CMO and DCSA continues to be that small, gradual steps are key if we are to contain the pandemic.

Early Spring Events

56. In the period after 16 March there are two events which would traditionally see increased social contact of a variety of types. These are:
    a. St Patrick's Day: 17 March
    b. Easter: Sunday 4 April (with bank holiday Monday 5 April and school holidays extending until start of term on 12 April)

57. These events present a significant risk of persons from different households gathering. While there is frustration and fatigue within the population and an eagerness to return to normal, I believe that the current restrictions should largely remain in place until we get through these periods due to the risks they pose. We do not wish to undo the good work following the difficult recovery from the relaxations around the Christmas period, and to ease restrictions now before Easter, allowing inter-household gatherings would put us at significant risk of falling further backwards.

58. Saint Patrick's Day and the period leading up to it is a cause for concern. As we have seen in recent days and weeks, there continue to be large groups disregarding the restrictions around gatherings and social distancing, in particular around the Holylands area. It is hoped that continued remote teaching by universities will help reduce the numbers living in Houses of Multiple Occupation (HMOs) in the Holylands. However it has also traditionally been the case that the area acts as a magnet for young people from across NI to come and join parties that start during the day and continue into the night. The Universities continue to engage publically with the students, warning of consequences to those found breaking restrictions. The Holylands taskforce has additionally been convened.

59. Easter provides an additional challenge, and a very present risk of different households mixing. The pressures resulting from the Christmas period highlight the risks associated with this. While the vaccine program continues to make progress, messaging must indicate this does not provide carte blanche cover. As such I do not feel it is prudent to relax restrictions to any great extent in advance of the Easter period. I am, however, recommending some modest relaxations to commence on 1 April, to allow people to benefit from the improving spring weather, to spend more time outdoors and in the company of friends and family. I am also recommending the Executive consider further amendments to commence on 12th April, to coincide with the end of the Easter holiday break. These would be subject to ratification by the Executive in the week after Easter, taking account of the disease activity at that time, the impact of school returns before Easter and social interactions over Easter. I have outlined these below.

COVID-19 Cross Departmental Working Group

60. The NI Executive has published, on 2nd March 2021, a phased coronavirus recovery plan. The document, 'Moving Forward: The Executive's Pathway out of Restrictions', sets out the approach we will take when deciding how to ease coronavirus restrictions in the future. We agreed not to include fixed dates for when any single restriction will be lifted and this is because those decisions will depend on three key things:
    - the most up-to-date medical and scientific advice;

- the ability of our health service to cope; and
- the wider impact on our health, society and the economy.

61. The COVID-19 Cross Departmental Working Group led by TEO continues to meet weekly and is currently developing process for bringing proposals to the Executive for easing restrictions, considering interdependencies between the 9 pathways each with 5 phases of recovery. We have committed in the Pathway to formal reviews on a 4 weekly cycle, 16 March, 15 April, 13 May and 10 June.

No.3 Regulations

62. The Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Northern Ireland) 2020 ("the No. 2 Regulations") will expire at midnight on 31 March 2021. My officials alongside DSO are currently beginning the process of drafting the No.3 regulations. The "No.3 Regulations" will be a consolidation of the current regulations, and will allow us a clear platform from which to make further relaxations and amendments to the restrictions over the next number of months.

63. Whilst work is progressing well, the No 3 Regulations are unlikely to come into effect before this expiry of the current regulations as a 10-14 days is required after making the Regulations and before they come in operation to facilitate arrangements for the operational elements of enforcement by PSNI. Therefore it is proposed to amend the current regulations to remove the expiry date.

64. The No. 3 regulations will not make any policy changes beyond those agreed today. The next review of the restrictions will remain the 15 April as agreed as part of the Pathway work led by TEO.

Conclusion on the overall need for the regulations

65. On the basis of this review, taking into account in particular the ongoing (albeit decreasing) hospital pressures and community transmission, the threat of new variants emerging and the as yet partial vaccination coverage, I have concluded that broadly the current restrictions and requirements remain a necessary and proportionate response to the epidemic at this point in time, but I am content to propose or support a number of careful changes. Subject to decisions reached today on the Executive's parallel consideration of return to class-room teaching after Easter, this conclusion is supported by the Chief Medical Officer and the Deputy Chief Scientific Advisor.

66. In line with our stated approach in the Pathway, the initial steps I am proposing would allow and encourage people to spend time outdoors. Though we are still learning much about the risk of transmission, it is clear that risk is very much lower outdoors than indoors. As the weather improves I would like to encourage people to avail of opportunities to interact with friends and family in outdoor settings. This includes the proposal by DfC, which I support, to allow a return to training for affiliated sports clubs from 12th April 2021.

67. Advice received from the Adherence Workstream is that permitting some relaxations would offer the wider public renewed hope, and in turn increase adherence to other important restrictions which are required to remain in place. However it is imperative that we avoid a "free for all" situation. Therefore I urge a gradual approach to relaxations. These views are underpinned by the principles of necessity and proportionality as agreed by the Executive, but I stress the point that if we relax too much, too soon, we risk squandering the progress to date. In addition, as the return to education remains a priority for the Executive, this constrains the margin for wider relaxations overall. Further, it is imperative that we have time to review the impact of each gradual easement on the prevalence of the virus. I believe that to continue on a path of careful and considered relaxations is the best approach in order that wider society can gradually approach a return to normality, and that we do not slip backwards and undo so much of the good work and sacrifices made to date.

68. **Based on current data, with the exception of the limited amendments proposed in the section below, I recommend that the Executive agree to extend the current restrictions, with the next formal review on or before 15 April in line with the commitment we made in the Pathway to 4 weekly reviews. As always we are able to make amendments between the formal reviews if they are indicated based on emerging evidence. This balances the need for caution while also maintaining vigilance on the necessity and proportionality of the restrictions given their wide-reaching impact on the lives of residents of NI and on our economy.**

69. I suggest that public messaging is clear that while we are extremely happy to be able to announce the relaxation of some restrictions, caution is still advised. Easter remains a real source of risk of households gathering, hence proposed amendments for more intense relaxations would not come into effect until after Easter and only subject to final ratification after the Easter weekend. However I am mindful of the need for some relaxations in the short term. Expectations across our society must be continue to be managed, that while we are approaching a more positive picture for society as a whole, we cannot become complacent. The CMO and DCSA advise that outdoor activities themselves present a much lower risk of transmission than indoor social contact. However, potentially associated activities, such as car sharing or other mixing in confined spaces before or after outdoor activities, pose a greater risk of transmission. Resources and communications should be directed towards avoiding these potential unintended consequences of the return of outdoor activities. In addition, even those who have received vaccinations must still adhere the regulations in place and the public health advice around hygiene and social distancing.

Proposals for amendment

70. There are seven amendments to the regulations that my Department stands ready to make, subject to Executive agreement today. The first set would be effective from 1 April, before the Easter period, while the second set would become effective on Monday 12 April, after the Easter school holidays, subject to final ratification. These are summarised below and in the table in **Annex A**.

Before 25th March;

Increase in provision for Elite Sports

71. Currently the exemption for elite sports is limited to professional leagues or professional competitions that had commenced prior to 18 December 2020. This requirement was introduced on 24 December to ensure that elite sports competitions which had already begun could continue, but no others could begin.

72. There are a number of new competitions about to begin, such as the football World Cup Qualifiers at the end of March. Given the mitigations in place for elite athletes, and the reduction in case numbers since December, DfC are proposing to remove this limitation to allow new competition events to take place. CMO and dCSA are content to support this relaxation.

73. This will allow Irish league teams to begin training, and enable two World Cup Qualifier matches on 25 and 31 March, and a UEFA friendly between NI and USA on 28 March.

74. No spectators will be permitted at any sporting event – there will be no change in that regard.

From 1stApril;

Outdoor gatherings (not in private dwellings)

75. At the last review, I proposed an amendment that the limit on the size of outdoor gatherings be increased from 6 to 10 people (including children under 12 years), from no more than 2 households. I believe we can now allow further flexibility in this area and propose that the 10 people from 2 households can undertake outdoor sporting activities (as defined in the regulations.) This would allow walking in groups with two households, which is not currently permitted. In addition it would allow other outdoor activities, such as playing golf. However club house and sports facilities (changing rooms, showers, kitchens, meeting rooms) must remain closed apart from essential toilet facilities.

Outdoor gatherings (in private dwellings)

76. Additionally, I propose a relaxation to allow up to 6 people from 2 households to meet outdoors in a private dwelling. With improving weather and as our overall situation continues to improve, I am pleased that we can now allow this. However gatherings inside private dwellings are still not permitted. Public messaging must be strengthened to highlight the importance of avoiding indoor activity in such settings, with exemptions only for using the toilet, or entering a garden where there is no alternative route.

'Click and Collect' for garden centres and plant nurseries

77. I propose adding garden centres and plant nurseries to the list of non-essential retailers permitted to operate a 'click and collect' service under Phase 1 of the resumption of the service, as was agreed at the last review for baby equipment, clothing and footwear and electrical equipment retailers. This would include a number of mitigations, relating to ordering and payment in advance and measures to control numbers around premises. ONS reports that one in eight British households has no garden, which indicates that 87.5 % do have access to a garden. Older people – at greater risk of severe illness from COVID-19 and advised to stay at home as much as possible – are among those most likely to have access to a garden. Just 8% of people aged 65 years and over are without access to any kind of private outdoor space. There are considerable mental and physical health benefits to the activity of gardening, growing plants and interacting with nature.

From 12th April subject to ratification the week after the Easter weekend;

Removal of the requirement to 'Stay at Home'

78. At present, the provision in the regulations is that you should stay at home unless you have a reasonable excuse, a list of which are included in the regulations. I propose the removal of this provision, effective 12 April. This will allow further progress on the return to normality. However I recommend we retain the 10 mile advice in guidance and launch a public messaging campaign with a strong 'Stay Local' message, i.e. stay within 10 miles of your home where possible, to

discourage excess travel and risk of inter-household mixing. This must be supported by a strong public information campaign and a programme of practical behaviour change interventions to discourage excess travel and/or inter-household mixing for all except essential reasons. The particular risks around indoor environments must be strongly highlighted. The 'work from home' message must be retained and reinforced in public messaging and in engagement with employers.

'Click and Collect' for non-essential retail

79. This would allow all non-essential retail, that is to say all remaining retail not yet permitted to open, to resume a contactless 'click and collect' service. A limited number of retailers were permitted to resume a 'click and collect' service effective 8 March, including baby equipment shops, clothing shops & footwear shops and electrical goods shops. This was Phase 1 of the resumed scheme, as proposed by DfE in their Executive paper of 3 February 2021, as amended. It proposed the limited resumption of contactless 'click and collect' with these retailers as their products had become essential during the course of the restrictions. It also laid out a list of mitigations around advance ordering and payment, and precautions to take during collection. Regarding compliance, DfE officials have reported that their engagement with the trade bodies and environmental health teams has indicated that the 'click and collect' which commenced on 8 March has proven successful so far. There have been no reported breaches and the revised guidance has been implemented and is being adhered to. Additionally DfE will continue evaluations of Phase 1 and my support for further opening of 'click and collect' for non-essential retailers in line with Phase 2 is dependent of strong evidence of good compliance being presented immediately after Easter. I also expect DfE to bring forward proposals to ensure mitigations are present in areas where there is a risk of social distancing not being adhere to, such as in shopping centres as has previously been the case.

Sports training to resume in small groups

80. DfC have submitted a proposal to allow sports training to resume in small groups, for people of all ages, under the auspices of clubs affiliated with the sports Governing Bodies. Group sizes would be limited to 15 people and it will be essential that DfC are able to monitor compliance with the mitigations proposed and provide assurance to the Executive that guidance is understood and is being adhered to e.g. no car sharing, no congregation of people on the side-lines etc. Club houses and indoor sports facilities (changing rooms, showers, kitchens, meeting rooms) must remain closed apart from essential toilet facilities. A review of the SportNI framework, current version May 2020, is also needed to ensure alignment with current regulations and the Executive Pathway, including consideration of further development of checklists to assist organisers to achieve good compliance. DfC has provided a detailed risk-benefit assessment which is provided at **Annex E**.

Recommendation / Decisions sought

81. I recommend that the Executive agree that:

i. the requirement in regulation 3 for a review of the need for the restrictions and requirements in the No. 2 Regulations has been duly met;

ii. the current restrictions and requirements in the No. 2 Regulations, as amended, are at this point in time an appropriate and necessary response to the serious and imminent threat to public health which is posed by the incidence and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Northern Ireland;

iii. overall the restrictions and requirements imposed by these Regulations continue to be proportionate to what the Regulations seek to achieve, which is a public health response to that infectious disease threat;

iv. the restrictions are formally reviewed on or before 15 April 2021;

v. that an increase in provision for elite sports competition is included in the regulations, removing previous exclusion of new competitions, effective by 25 March.

vi. that from 1 April:
    a. Permit 10 people from 2 households to undertake outdoor sporting activities, as defined in the regulations;
    b. Up to 6 people from two households may meet outdoors in a private dwelling;
    c. Garden centres and plant nurseries are included in Phase 1 of contactless 'click and collect' scheme;

vii. that from 12 April, subject to Executive ratification in the week after the Easter weekend:
    a. Removal of the requirement to 'stay at home unless you have a reasonable excuse' provision, instead promoting a 'stay local' message (i.e. within 10 miles of home) while continuing a strong 'work from home' message;
    b. Allow contactless 'click and collect' for all non-essential retail – subject to the overall health position at that time, and DfE evaluation of the limited 8 March re-opening of non-essential 'click and collect';
    c. Allow sports training to resume by sports clubs affiliated with recognised sports Governing Bodies, in small groups of up to 15 people but with all indoor spaces closed except essential toilet facilities.

viii. that the above changes are agreed subject to:
    a. clear communication and an enhanced communications strategy;
    b. input from the Adherence Group in terms of behaviour change and practical interventions to facilitate adherence – addressing the need to ensure the public do not engage in risky behaviours

associated with these outdoor activities (e.g. car sharing to/from outdoor activities, congregating on the margins of outdoor activities etc);

c. monitoring of behavioural compliance by lead Departments, particularly in relation to risky behaviours potentially associated with permitted outdoor activities.

LPP/LAP

LPP/LAP

ROBIN SWANN MLA
MINISTER OF HEALTH

Annex A – TABLE OF RESTRICTIONS AS OF 8 MARCH 2021 AND PROPOSED AMENDMENTS

	1	
Restrictions	**Restrictions from 8 March 2021 (changes that took effect on 8 March 2021 are shown in red)**	**Restrictions from 1 April and 12 April 2021 (proposed changes in red, subject to Executive agreement)**
Restrictions on Movement	- Enforcement powers for PSNI to order home if engaging in prohibited activity, or if they are intending to so engage - Requirement to stay at home unless you have a reasonable excuse, as listed in the regulations	- Enforcement powers for PSNI to order home if engaging in prohibited activity, or if they are intending to so engage - Requirement to stay at home unless you have a reasonable excuse, as listed in the regulations. From 12 April this requirement will be removed.
Indoor gatherings – private dwellings	- Members of one household – no visitors (exemptions apply, including for linked households/support bubbles – 10 person maximum including children aged 12 and under) - Overnight stays not permitted unless the person has a reasonable excuse – exemptions apply for bubbling	- Members of one household – no visitors (exemptions apply, including for linked households/support bubbles – 10 person maximum including children aged 12 and under) - Overnight stays not permitted unless the person has a reasonable excuse – exemptions apply for bubbling
Outdoor gatherings – private dwellings	- Align with indoors - Members of one household – no visitors (exemptions apply, including for linked households/support bubbles – 10 person maximum including children aged 12 and under)	- 6 people maximum (including children aged 12 or under) from a maximum of 2 households - Up to 10 person maximum including children aged 12 and under if linked households/support bubbles included -
Indoor gatherings - excluding private dwellings , places of worship and sporting events	- 6 people maximum (including children aged 12 or under) from a maximum of 2 households. - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, in PoW, marriage/civil partnership ceremonies, funerals, blood donations and vaccination sessions, education & training or for the purpose of enabling any person to avoid injury or illness or to escape a risk of harm, or to provide emergency or medical assistance to any person). - All educational activities beyond school or higher/further education must be delivered by distance learning unless face to face delivery is essential.	- 6 people maximum (including children aged 12 or under) from a maximum of 2 households. - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, in PoW, marriage/civil partnership ceremonies, funerals, blood donations and vaccination sessions, education & training or for the purpose of enabling any person to avoid injury or illness or to escape a risk of harm, or to provide emergency or medical assistance to any person). - All educational activities beyond school or higher/further education must be delivered by distance learning unless face to face delivery is essential. -
Outdoor gatherings - excluding private dwellings, places of worship and sporting events	- 10 person limit (including children aged 12 or under) from a maximum of 2 households - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, in PoW, for marriage/civil partnership ceremonies, funerals, blood donations and vaccinations sessions, education & training or for the purpose of enabling any person to avoid injury or illness or to escape a risk of harm, or to provide emergency or medical assistance to any person).	- 10 person limit (including children aged 12 or under) from a maximum of 2 households - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, in PoW, marriage/civil partnership ceremonies, funerals, blood donations and vaccinations sessions, education & training or for the purpose of enabling any person to avoid injury or illness or to escape a risk of harm, or to provide emergency or medical assistance to any person).
Indoor Sport	- Not permitted except for elite athletes or for P.E. in or for schools. - Spectators are not permitted. - You must not organise, operate or participate in a professional league or professional competition that has not commenced prior to 18 December 2020.	- Not permitted except for elite athletes or for P.E. in or for schools. - Spectators are not permitted. - You must not organise, operate or participate in a professional league or professional competition that has not commenced prior to 18 December 2020.
Outdoor Sport	- Not permitted except for elite athletes, for the purposes of P.E in or for schools, individual exercise or exercise where participants are members of the same household/bubble. - Exemption to allow outdoor exercise with one person, from another household, to allow for example those living alone to go for a walk with a person. - Spectators are not permitted - You must not organise, operate or participate in a professional league or professional competition that has not commenced prior to 18 December 2020.	- Not permitted except for elite athletes, for the purposes of P.E in or for schools, or groups of up to 10 people from no more than 2 households - From 12 April, sports training to resume by sports clubs affiliated with recognised sports Governing Bodies, in small groups of up to 15 people but with all indoor spaces closed except essential toilet facilities - Spectators are not permitted -
Places of worship (excluding marriages/civil partnerships, funerals and	- 6 person limit from 2 households. - More persons allowed to attend if organised or operated for religious, cultural, work, community etc. purposes **AND** - the responsible person for organising/operating the gathering carries out a risk assessment and puts in places reasonable measures to limit risk of virus transmission.	- 6 person limit from 2 households. - More persons allowed to attend if organised or operated for religious, cultural, work, community etc. purposes **AND** - the responsible person for organising/operating the gathering carries out a risk assessment and puts in places reasonable measures to limit risk of virus transmission.

associated events – see below)	- Face coverings mandatory. - Limits for communal worship should be decided on the basis of the capacity of the place of worship following an assessment of risk, ensuring that a minimum of 2m is in place between all persons not of the same household. - People must not mingle indoors with anyone they do not live with or have formed a support bubble with.	- Face coverings mandatory. - Limits for communal worship should be decided on the basis of the capacity of the place of worship following an assessment of risk, ensuring that a minimum of 2m is in place between all persons not of the same household. - People must not mingle indoors with anyone they do not live with or have formed a support bubble with. -
Funerals and associated events	- Max. no of 25 permitted to attend funeral or associated event - includes children under the age of 12 and the celebrant. - Must comply with DoH guidance - A risk assessment is required if more than 6 persons from more than 2 households are attending an indoor ceremony or if more than 10 persons from more than 2 households are attending an outdoor ceremony. - Not permitted in private dwellings - The remains can be brought home in non-COVID related cases however only the household and their bubble are permitted inside the dwelling up to a maximum of 10 people at any one time from the 2 households. - Contact details of those attending to be maintained by the organiser	- Max. no of 25 permitted to attend funeral or associated event - includes children under the age of 12 and the celebrant. - Must comply with DoH guidance - A risk assessment is required if more than 6 persons from more than 2 households are attending an indoor ceremony or if more than 10 persons from more than 2 households are attending an outdoor ceremony. - Not permitted in private dwellings - The remains can be brought home in non-COVID related cases however only the household and their bubble are permitted inside the dwelling up to a maximum of 10 people at any one time from the 2 households. - Contact details of those attending to be maintained by the organiser -
Marriages and Civil Partnerships	- Max. no. of 25 persons are permitted to attend - includes children under the age of 12 and the celebrant. - A risk assessment is required if more than 6 persons from more than 2 households are attending an indoor ceremony or if more than 10 persons from more than 2 households are attending an outdoor ceremony. - Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill. - Receptions not permitted - Venues ordinarily closed may open for the purposes of hosting a wedding of no more than 25 persons - Contact details of those attending to be maintained by the organiser	- Max. no. of 25 persons are permitted to attend - includes children under the age of 12 and the celebrant. - A risk assessment is required if more than 6 persons from more than 2 households are attending an indoor ceremony or if more than 10 persons from more than 2 households are attending an outdoor ceremony. - Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill. - Receptions not permitted - Venues ordinarily closed may open for the purposes of hosting a wedding of no more than 25 persons - Contact details of those attending to be maintained by the organiser
Businesses required to close	- Nightclubs; - Conference halls and conference facilities, including those in hotels except when used for the delivery of hearings of Courts, Tribunals, public inquiries held by a Department and Appeals Services, and for the administrative support of these services. - Theatres and Concert Halls except for the purposes of rehearsals - Close contact services – excludes services which are ancillary to a medical or health service or a social care service or for the purpose of film or television production or sports massage therapy. - driving instruction except for motorcycles or for the test of competence to drive a vehicle provided by, or on behalf of, the PSNI, NIAS or NIFRS. - a range of visitor attractions including funfairs, inflatable parks, amusements arcades, skating rinks, bingo halls, museums and galleries, cinemas; - museums & galleries; - campsites and caravan parks for touring caravans including motorhomes, except in an emergency; - swimming and diving pools; - indoor sports and exercise facilities, including soft play areas, leisure centres, gyms, equestrian centres, venues relating to motor sport and activity centres; - outdoor sports and exercise facilities including activity centres, equestrian centres, marinas and venues relating to motor sport and water sport; - outdoor visitor attractions, with the exception of play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust;	- Nightclubs; - Conference halls and conference facilities, including those in hotels except when used for the delivery of hearings of Courts, Tribunals, public inquiries held by a Department and Appeals Services, and for the administrative support of these services. - Theatres and Concert Halls except for the purposes of rehearsals - Close contact services – excludes services which are ancillary to a medical or health service or a social care service or for the purpose of film or television production or sports massage therapy. - driving instruction except for motorcycles or for the test of competence to drive a vehicle provided by, or on behalf of, the PSNI, NIAS or NIFRS. - a range of visitor attractions including funfairs, inflatable parks, amusements arcades, skating rinks, bingo halls, museums and galleries, cinemas; - museums & galleries; - campsites and caravan parks for touring caravans including motorhomes, except in an emergency; - swimming and diving pools; - indoor sports and exercise facilities, including soft play areas, leisure centres, gyms, equestrian centres, venues relating to motor sport and activity centres; - outdoor sports and exercise facilities including activity centres, equestrian centres, marinas and venues relating to motor sport and water sport; - outdoor visitor attractions, with the exception of play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust;

	- the hospitality sector (takeaway/delivery permitted). Excludes hotels, guesthouses, B&B's, hostels, a bunkhouse, off-sales, ports, airports and motorway service areas; - restrictions on hotels, guesthouses, B&B's, hostels, bunkhouses and off-sales. - closure of non-essential retail - restrictions on libraries – orders cannot be made in person and access is only allowed for the purposes of collecting their order.	- the hospitality sector (takeaway/delivery permitted). Excludes hotels, guesthouses, B&B's, hostels, a bunkhouse, off-sales, ports, airports and motorway service areas; - restrictions on hotels, guesthouses, B&B's, hostels, bunkhouses and off-sales. - closure of non-essential retail - restrictions on libraries – orders cannot be made in person and access is only allowed for the purposes of collecting their order.
Visitors Attractions	- Indoor visitors attractions must close. - Outdoor visitors attractions must close with the exception of soft play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust;	- Indoor visitors attractions must close. - Outdoor visitors attractions must close with the exception of soft play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust;
Restrictions applicable to all hospitality Premises including private members clubs and Off - Sales	- Must close any premises, or part of premises, in which food or drink (including intoxicating liquor) are consumed on the premises. This excludes harbour terminals, airports or motorway service areas. - A business that sells or provides food and drink at ports, airports, motorway services and on ferry crossings which lasts or is expected to last three hours or more, must obtain, record and retain visitor information. - Any hospitality business is permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00. Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment. - Off sales are permitted from 08:00 on Monday to Saturday, and from 10:00 on Sunday, until 20:00 on any day.	- Must close any premises, or part of premises, in which food or drink (including intoxicating liquor) are consumed on the premises. This excludes harbour terminals, airports or motorway service areas. - A business that sells or provides food and drink at ports, airports, motorway services and on ferry crossings which lasts or is expected to last three hours or more, must obtain, record and retain visitor information. - Any hospitality business is permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00. Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment. - Off sales are permitted from 08:00 on Monday to Saturday, and from 10:00 on Sunday, until 20:00 on any day.
Hotels and Guesthouses	- Hotels or guesthouses may continue to provide food or drink (not including intoxicating liquor) as part of a service for residents, whether or not in a restaurant on the premises at any time of the day. Residents must have been— • (i)already resident on the date this schedule came into operation; • (ii)resident for work-related purposes; • (iii)vulnerable people; or • (iv)unable to return to their private dwelling due to an emergency; - May provide alcohol to residents if it is: - consumed only by the resident, - consumed only within the resident's accommodation and - not delivered to the accommodation in response to an order placed by the resident. - They may also serve alcohol in accordance with the requirements for off-license sales i.e. for consumptions off the premises and sold in manufacturers original seal.	- Hotels or guesthouses may continue to provide food or drink (not including intoxicating liquor) as part of a service for residents, whether or not in a restaurant on the premises at any time of the day. Residents must have been— • (i)already resident on the date this schedule came into operation; • (ii)resident for work-related purposes; • (iii)vulnerable people; or • (iv)unable to return to their private dwelling due to an emergency; - May provide alcohol to residents if it is: - consumed only by the resident, - consumed only within the resident's accommodation and - not delivered to the accommodation in response to an order placed by the resident. - They may also serve alcohol in accordance with the requirements for off-license sales i.e. for consumptions off the premises and sold in manufacturers original seal.
Restrictions specific to unlicensed hospitality premises	- Permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00 - Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment. - No outdoor seating on the premises or on any neighbouring area adjacent to the premises must be used by customers.	- Permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00 - Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment. - No outdoor seating on the premises or on any neighbouring area adjacent to the premises must be used by customers.
Venues at which intoxicating liquor may be consumed	- This restriction was removed on the 26th December 2020.	This restriction was removed on 26th December 2020.
Retail Sector	- Retail businesses are required to close unless the business wholly or mainly provides goods for sale or hire or provides a service and is listed below: - Food retailers, supermarkets, convenience stores, corner shops, newsagents; - Off licences and licensed shops selling alcohol (including breweries), - Pharmacies (including non-dispensing pharmacies) and chemists,	- Retail businesses are required to close unless the business wholly or mainly provides goods for sale or hire or provides a service and is listed below: - Food retailers, supermarkets, convenience stores, corner shops, newsagents; - Off licences and licensed shops selling alcohol (including breweries), - Pharmacies (including non-dispensing pharmacies) and chemists,

	- Homeware stores, building supplies businesses and hardware stores, - Petrol stations, - Pet shops, agricultural supplies shops, livestock markets, veterinary surgeons - Garden centres and ornamental plant nurseries and Christmas tree sales (but not cafes or restaurants in such premises), - Motor vehicle repair, MOT services, Bicycle shops, taxi or vehicle hire businesses, - Banks, building societies, credit unions, short term loan providers and cash points savings clubs and undertakings which by way of business operate currency exchange offices, transmit money (or any representation of money) by any means or cash cheques which are made payable to customers, Post offices, - Funeral directors, - Laundrettes and dry cleaners, - Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services, including services relating to mental health, - Car parks and public toilets, - Storage and distribution facilities for delivery drop off. - Collection of motability vehicles at motability dealerships - Click and Collect not permitted for non-essential retail except for baby equipment, clothing, footwear or electrical goods. - Those permitted to open must limit numbers permitted entry at any one time in order to ensure social can be maintained by those therein. - Further work should be undertaken by the Executive Office on the definition of non-essential retail to minimise the potential for abuse of this. -	- Homeware stores, building supplies businesses and hardware stores, - Petrol stations, - Pet shops, agricultural supplies shops, livestock markets, veterinary surgeons - Garden centres and ornamental plant nurseries and Christmas tree sales (but not cafes or restaurants in such premises), - Motor vehicle repair, MOT services, Bicycle shops, taxi or vehicle hire businesses, - Banks, building societies, credit unions, short term loan providers and cash points savings clubs and undertakings which by way of business operate currency exchange offices, transmit money (or any representation of money) by any means or cash cheques which are made payable to customers, Post offices, - Funeral directors, - Laundrettes and dry cleaners, - Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services, including services relating to mental health, - Car parks and public toilets, - Storage and distribution facilities for delivery drop off. - Collection of motability vehicles at motability dealerships - Click and Collect not permitted for non-essential retail except for baby equipment, clothing, footwear or electrical goods. - From 1 April, garden centres and plant nurseries permitted to operate click and collect. From 12 April all non-essential retailers permitted to operate click and collect. - Those permitted to open must limit numbers permitted entry at any one time in order to ensure social can be maintained by those therein. - . -
Close contact services	- Required to remain closed – exemptions for: - services which are ancillary to a medical or health service or a social care service, - the purpose of film or television production, - sports massage therapy, - driving instruction by emergency services or for motorcycles. - Face coverings must be worn when permitted to open as per exemptions above. Those permitted to open must collect contact details of all customers.	- Required to remain closed – exemptions for: - services which are ancillary to a medical or health service or a social care service, - the purpose of film or television production, - sports massage therapy, - driving instruction by emergency services or for motorcycles. - Face coverings must be worn when permitted to open as per exemptions above. - Those permitted to open must collect contact details of all customers.
Libraries	- May continue to provide the service of a library: • in response to orders or requests received through a website or other on-line communication, or by telephone including by text message, or - • by delivery or to visitors who enter the premises of the library only to collect items ordered or requested in accordance with the above or to use the facilities of the library to access the internet.	- May continue to provide the service of a library: • in response to orders or requests received through a website or other on-line communication, or by telephone including by text message, or - • by delivery or to visitors who enter the premises of the library only to collect items ordered or requested in accordance with the above or to use the facilities of the library to access the internet.

ANNEX B – ICU OCCUPANCY
FIGURES UP TO 11 MARCH 2021

FIGURE 1: ICU BEDS OCCUPATION PER REGION

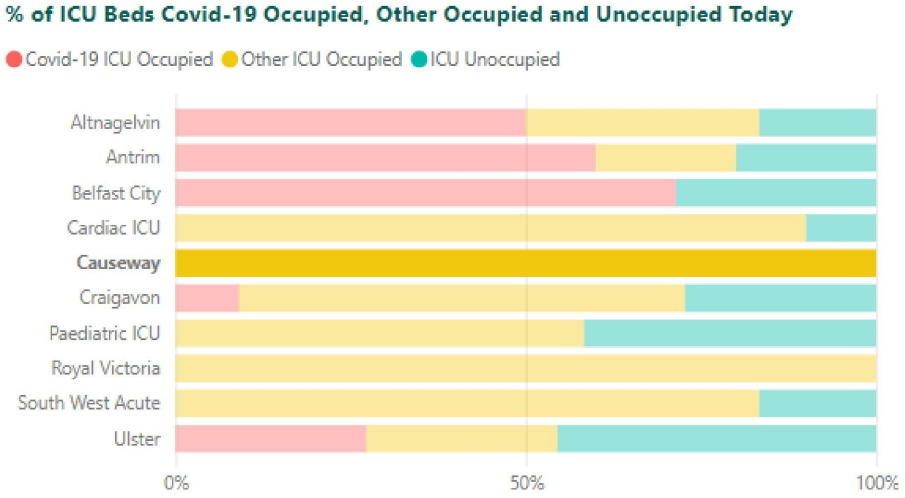


FIGURE 1: ICU BEDS OCCUPATION OVERALL

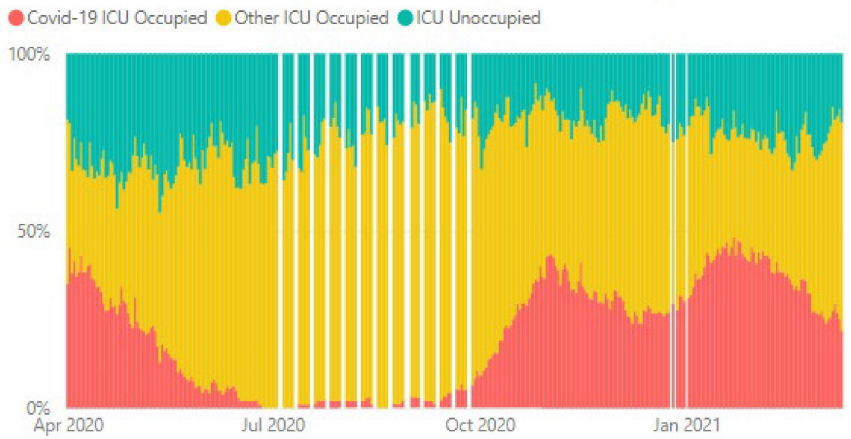
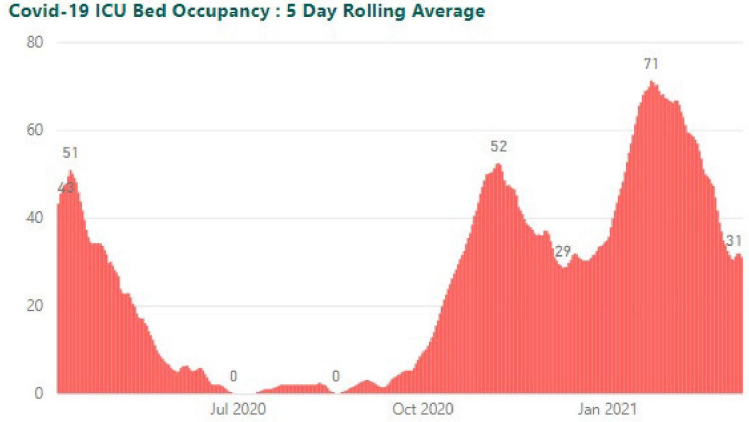


FIGURE 3: ICU BEDS OCCUPANCY: 7 DAY ROLLING AVERAGE



ANNEX C - MODELLED SCEANRIOS

Model assumes Rt = 1 on 11 March 2021 and then Rt scenarios begin on 1 April 2021

These projections must not be interpreted as a forecasts or predictions. Their aim is to illustrate the broad consequences of policy changes.

FIGURE 1: TEST POSITIVE CASES

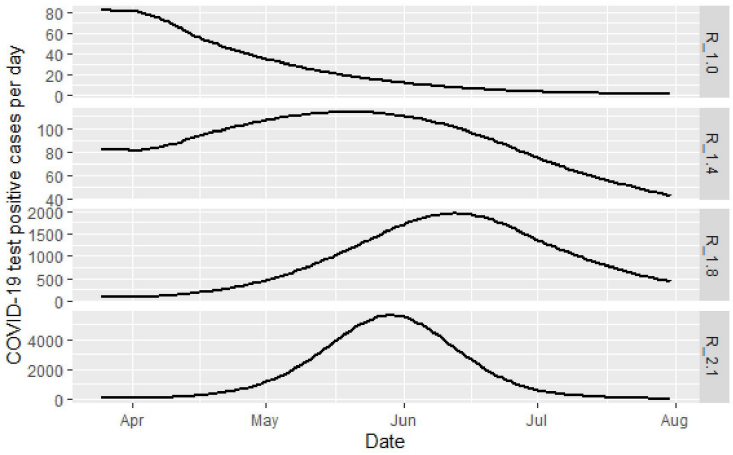


FIGURE 2: COMMUNITY HOSPITAL ADMISSIONS WITH COVID-19 PER DAY

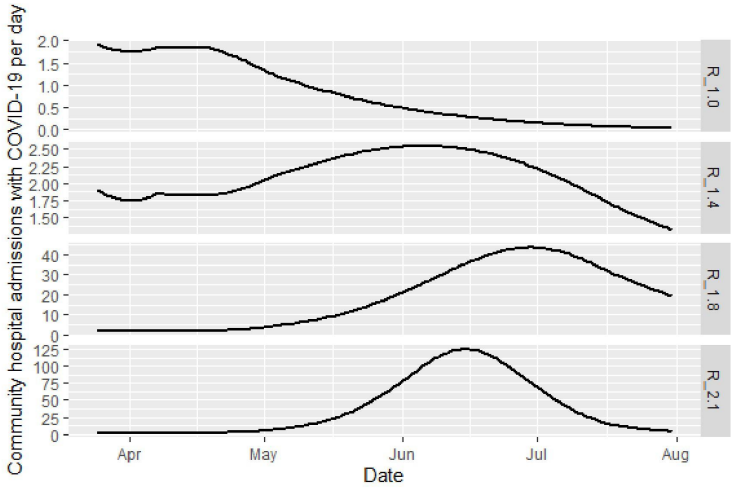


FIGURE 3: CUMULATIVE HOSPITAL DEATHS WITH COVID-19

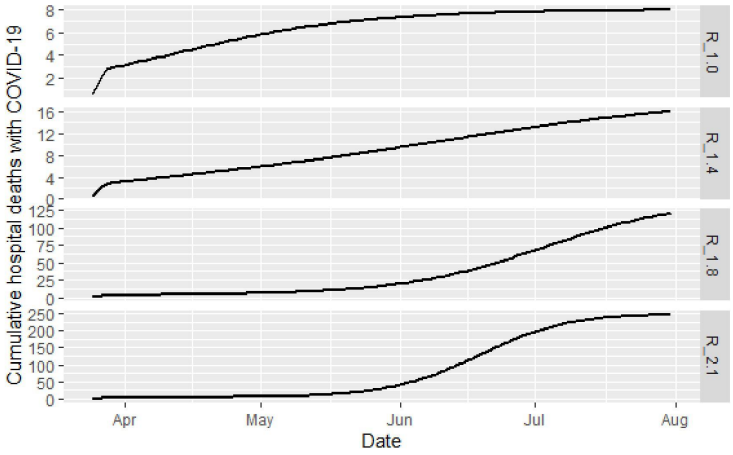


FIGURE 4: COMMUNITY ACQUIRED COVID-19 HOSPITAL INPATIENTS

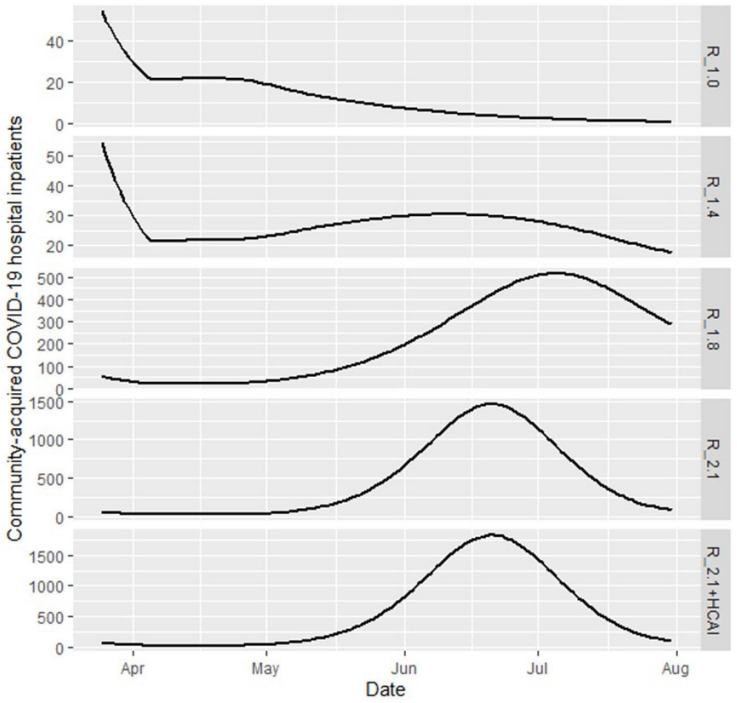
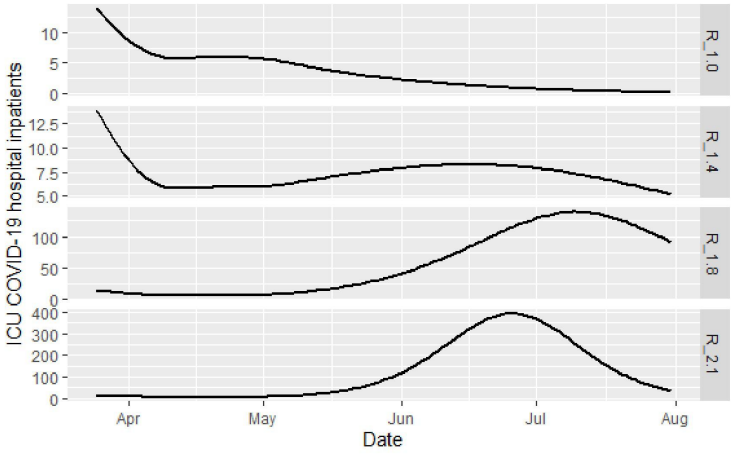


FIGURE 5: ICU COVID INPATIENTS



ANNEX D

CLUSTER BY SETTING SUMMARY – 28th FEBRUARY 2021

Note: A **cluster** is defined as two or more cases of COVID-19 within a specified setting within a 14 day period and an **outbreak** is defined as two or more cases of COVID-19 within a specified setting within a 14 day period with a clear epidemiological link between at least 2 cases.

Probable Outbreaks by Setting
During the 4 week period, between 25 January and 21 February 2021, as of midnight 28 February 2021, there were 78 outbreaks identified (53 open, 25 closed).

Setting	Total	Open	Closed
Workplace (staff)	47	35	12
Retail (staff)	11	6	5
Health & Social Care Setting	9	8	1
Funeral / Wakes	9	3	6
Fast Food Outlet / Takeaway	1	0	1
Cinema / Theatre / Entertainment Venue (staff)	1	1	0
Restaurant / Cafe	0	0	0
Sporting Event	0	0	0
Social Setting	0	0	0
Pharmacy	0	0	0
Place of Worship	0	0	0
Wedding	0	0	0
Personal Services	0	0	0
Bar	0	0	0
Hotel	0	0	0
Gym	0	0	0
Total	78	53	25

Clusters by Setting
During the 4 week period, between 18 January and 14 February 2021, as of midnight 21 February 2021, there were 258 clusters identified (32 open, 226 closed).

Setting	Total	Open	Closed
Workplace (staff)	135	34	101
Retail (staff)	42	8	34
Health & Social Care Setting	7	1	6
Fast Food Outlet / Takeaway	6	1	5
Pharmacy	2	0	2
Funeral / Wake	2	0	2
Sporting Event	1	0	1
Social Setting	1	0	1
Place of Worship	1	0	1
Hotel	0	0	0
Wedding	0	0	0
Cinema/ Theatre / Entertainment Venue (staff)	0	0	0
Personal Services	0	0	0
Bar	0	0	0
Gym	0	0	0
Restaurant / Café	0	0	0
Total	197	44	153

ANNEX E

RISK ASSESMENT OF RETURN TO ORGANISED OUTDOOR SPORTS

Part 1, to be completed by initiating Department	
Department initiating review	Department for Communities.
Description of restriction or requirement	The return of organised outdoor sport provision to permit grassroots/community based sports teams and athletes to return to:- Initially small group training (proposed groups of up to 15), advancing to squad training permitted, prior to a return to competitive activities and fixtures. Progression will be driven by positive health, community and economic data. This proposed approach is confined to sports controlled by a recognised Governing Body and their affiliated clubs. The activities must take place in a managed environment or designated sports facility. Protocols must be in place and include modified activity as appropriate and measures to ensure compliance on social distancing, hygiene, use of masks and 'social gatherings'. No use of indoor facilities, besides essential toilet provision, will be permitted. Given the increased focus on youth sport we have sought to maximize participation opportunities to permit more groups of younger age children to operate in a sports space compared to the number of adults permitted to operate in the same sports space. As well as participants the provision is for essential officials (coaches, covid officer etc.) only and no spectators are allowed.
Legislation reference	Health Protection (No2) Regulations - Restrictions on Sporting Events Section 5B
Proposed change	Insert reference to permit outdoor sporting events that are under the control of Governing Bodies and affiliated clubs. The numbers permitted per group will be limited to 15 (including the coach) and the Governing bodies protocols will introduce modifications to training to ensure contact is minimised and social distancing is observed. This will involve the reopening of all outdoor sports venues and facilities where measures can be put in place to ensure social distancing, hygiene and control measures can be put in place.
NI Departments with the most direct policy interest	Department for Communities.
Advice received from these Departments	The Return to Sport Expert Group and the Director of Performance and the Sports Institute at SportNI (an ALB of the Department) has provided advice and a framework for a return to sporting activities, squad training, and ultimately competitive sport for children, youth and adults.
Summary of evidence – quantitative or qualitative – that has been considered	Sport has a strong and positive role to play in supporting mental health and wellbeing for all. Evidence linking physical activity with enhanced mental health and wellbeing is now well documented. Taking part in sport and regular exercise can relieve stress, improve memory, aid better sleep and lead to a better and more balanced lifestyle. Sport and physical activity is a natural release for our young people and a much needed distraction from the pressures of everyday living as well as the additional stress associated with living through a pandemic. Research indicates that modest amounts of exercise can make a real difference to wellbeing, alongside the added benefits of social interaction associated with many sporting activities. No matter the age or fitness level, physical activity and sport can play an important role preventing the development of mental health problems, can be used as a powerful tool to tackle existing mental health problems, and can improve the quality of life of people experiencing mental health problems. Supporting evidence linking physical activity with enhanced mental health and wellbeing can be sourced from the following links to recognised research: • https://www.fsem.ac.uk/position_statement/the-role-of-physical-activity-and-sport-in-mental-health/ (Published and referenced journal) • https://www.health.harvard.edu/mind-and-mood/more-evidence-that-exercise-can-boost-mood

	• Advice for Athletes During Covid-19 – British Psychology Society https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Advice%20for%20athletes%20during%20Covid-19.pdf Additional sources of research include the Wellbeing in Sport Action Plan 2019-2025 and research by the Mental Health Foundation UK and Mind (charity). Research carried out by Ernst & Young [4] indicated that watching and participating in sport were two of the top nine things people missed doing during the initial lockdown period. The level of inactivity experienced over the course of the various periods of Covid restrictions has the potential to do long term harm to those who normally participate in sport and physical activity. It has also had a detrimental impact on the health and wellbeing of our communities as a whole and on the mental health of so many in society. There are other benefits to young people being more active. The Culture and Sport Evidence Programme, set up by the Department of Culture, Media and Sport with over 12,000 studies on engagement in culture and sport, found that young people's participation in sport increases their numeracy scores by 8% on average above non-participants. In addition, under achieving young people who take part in sport see a 29% improvement in numeracy skills and a 12-16% rise in other transferable skills. It is important to both retain and add to the numbers of young people engaged in sport and build the habit of regular participation. As the information above illustrates, for many the benefits to their development reach well beyond health. The learning that has taken place over the past months, and the advancing medical position, means that measured decisions can be taken for different groups while still observing the medical and scientific advice. There is now an evolving view that there is a lesser risk of transmission of the virus amongst young people, particularly those under 18 years of age, and that the benefits derived from young people taking part in grassroots sports outweighs the risks of transmission, serious illness or long term effects. This is supported by research and publications similar to those linked below • No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020 • COVID-19 Transmission and Children: The Child Is Not to Blame A recent study has also shown that the risk of coronavirus transmission from sharing sports equipment is "lower than once thought". This reduces concerns around equipment used by young people and within grassroots sport. Good compliance with protocols concerning the cleaning of equipment can further reduce any remaining risk: • Covid-19: Sports equipment presents 'low risk' - BBC News That learning, when taken in the context of the wider health benefits of sport and physical activity, will support an early and cautious approach to a return to outdoor sport.
Summary of detrimental impacts of restriction or requirement, including references to evidence considered, and therefore benefits of removing or modifying the provision	
- Health	See evidence above of the strong and positive role sport has to play in supporting mental health and wellbeing for all. A resumption of outdoor sporting activity will have a positive impact on mental and physical health with the commencement of activities in smaller numbers initially, followed by adapted squad training and then competitive sport with no spectators.
- Society	Supports a safe return to controlled sporting activities and environments and allows individual athletes and teams to commence low level training in preparation for competitions commencing. This will provide a positive first step for a phased return to safe activities.
- Economy	Positive benefits will be that clubs and Governing Bodies will be able to start to generate some income via affiliation fees and membership which are vital sources of income particularly for small community based clubs. The return of competitions will when the time is right also help to generate sponsorship, TV income and the opportunity to reengage with communities.
Summary of assessment of risks associated with removal or proposed modification	
- Health	The return of outdoor sport does involve greater movement of people and the potential for mixing of households but it can also produce very positive outcomes from a health and wellbeing perspective. The research to date shows that individuals, teams and society all benefit from taking part in sport and physical activity. Sport has been cited as being in the top ten of things people miss most. The negative impact of the restrictions on children, young people and adults in terms of isolation, general health and mental wellbeing has been well documented/researched and the early commencement of controlled outdoor sporting activity can play a significant role in the initial recovery period.
- Society	The protocols for a safe return to sport provide standards that must be in place across sport to protect not only the health and wellbeing of participants but their families and the wider

[4] Covid-19 and Beyond (For internal DfC use only)

	community. The sports Governing Bodies understand what is required from them and have worked with Government to support communities, get critical health messaging out and are ready to help with the recovery phase. Compliance with social distancing, hygiene advice, mask wearing, screening and records for track and trace all reinforce the need for continued caution.
- Economy	The resumption of the usage of all outdoor sports facilities by groups initially, individuals and then teams returning to training will generate economic activity.
Steps to mitigate any risks identified	The framework for a return to sport which was developed by SportNI provides advice and guidance to Governing Bodies who in turn produced their own protocols. These will be reviewed by the Governing Bodies to reflect lessons learnt and evolving understanding of what is required to provide a safe outdoor sporting environment. Clubs must adhere to these protocols and can control numbers, access, activities and if necessary introduce sanctions for non-compliance. This guidance was developed following engagement with other Sports Councils, Governing Bodies and their International Federations. The guidelines are also compatible with those developed by Sport Ireland and presented to the Irish Government.
Commentary	A return to sport framework has been developed by SportNI and has been shared with providers and Governing Bodies. In addition, each individual Governing Body has protocols in place to help manage the risk for coaches, members, staff and participants.
Current position on this restriction	
- England	From 29 March, outdoor sports facilities such as tennis, golf, basketball courts, and open-air swimming pools, will be allowed to reopen, and people will be able to take part in formally organised outdoor sports.
- Scotland	Outdoor sporting activities are permitted such as golf/tennis and children sporting activities permitted. Currently Non-contact outdoor sports in Level 4 areas only allow children under 12 to participate. When it is safe to do so the Strategic Framework document states that the Government hopes to remove this restriction and permit non-contact outdoor sports again for 12 to 17-year-olds. Next review 15 March.
- Wales	Outdoor sport is not currently permitted as Wales are in level 4. The next review is 12/15 March.
- RoI, if applicable	Facilities are currently closed as the south remains at level 5. This is due to be reviewed on 5 April.
Conclusion	A safe and gradual return to outdoor sport will play a strong and positive role in supporting mental health and wellbeing for all. This should initially be in smaller groups progressing through to team training and subsequently a safe return to competitive games. This cautious approach will ensure that effective protocols are being applied and that there is a phased approach that will benefit participants but recognises the need to ensure that communities continue to be protected. The framework and the protocols that have been developed by sports Governing Bodies can help provide a basis for getting more people more active safely as we move out of restrictions. This in turn will help to start to address societal issues such as mental and physical wellbeing something which has impacted all ages, abilities and communities.
Date: 09/03/2021	
Part 2, to be completed by DoH	
DoH assessment including expected effect on R0 of removal or proposed change	**Comments from Chief Scientific Adviser** Sport and physical activity have benefits for physical and mental health. Children are at lower risk of COVID-19 disease though they can become infected and can transmit infection. COVID-19 transmission can occur in any setting but is more likely to occur indoors than outdoors. Estimating the effect on R0 or Rt with meaningful precision is impossible without knowledge of the number of people who will change their behaviour as a result of the resumption of outdoor sports, how many people they will come into contact with, and the amount of risk associated with the sporting activity, and the associated travel or use of indoor facilities; or alternatively analyses of historic data from which we could differentiate the effect of outdoor sports. This information is not available. The STRIKE study of virus on sport equipment cited in the DfC paper (https://www.medrxiv.org/content/10.1101/2021.02.04.21251127v1 – pre-print, not yet peer reviewed) reported an exponential decay of virus particles on sports equipment over a short period of time, with 1% of virus being present after 1 minute (porous surfaces resulting in lower recovery of virus). The authors concluded that effort may be better directed towards other behaviours rather than the risk from equipment.

	This English guidance gives some useful principles about mitigation measures associated with sports (https://www.gov.uk/guidance/coronavirus-covid-19-grassroots-sports-guidance-for-safe-provision-including-team-sport-contact-combat-sport-and-organised-sport-events#all-sports-guidance-and-key-considerations). Some relevant advice about actions to mitigate risk are excerpted or summarised below – this summary is not intended to be exhaustive: 1. Limiting the time spent congregating at a venue before and after sporting activity. This could involve having strict meeting times or staggering start times, and advising participants to arrive in kit and ready to warm-up. 2. Ensuring that participants maintain social distancing throughout warm-ups and when not on the field of play (e.g. awaiting substitutions), and limit higher-risk activities like spitting or shouting (particularly when facing each other). 3. Avoiding equipment-sharing where possible. Teams should limit the number of players handling the same ball during warm-ups, and ensure the balls are frequently sanitised. 4. Advising participants to bring their own water bottles and ensure they are labelled or highly distinguishable. Water bottles or other refreshment containers should not be shared under any circumstances. 5. Keep a record of those attending for contact tracing (with regard to data protection/ GDPR considerations) 6. All players, officials, volunteers and spectators must undergo a self-assessment for any COVID-19 symptoms. No-one should leave home to participate in sport or to spectate if they, or someone they live with, have symptoms of COVID-19 currently recognised as any of the following: · A high temperature · A new, continuous cough · A loss of, or change to, their sense of smell or taste. 7. Putting in place any modifications to game-play required, and additional mitigations to reduce unnecessary contact, such as removing pre-game handshakes, face-to-face interaction, and scoring celebrations. Participants should refrain from spitting or rinsing out their mouths on or around the playing area. 8. Putting in place measures so that participants remain socially distanced during breaks in play with spaced areas for equipment and refreshment storage, including officials and substitutes. Coaching staff and substitutes, should, for example, be spread out and avoid sharing a dugout or bench if social distancing cannot be observed. 9. Discouraging unnecessary transmission risk from shouting and conversing loudly, particularly in close proximity situations and when face-to-face. Coaches and substitutes should refrain from shouting, and those on the pitch should avoid it where possible. Sharing lifts should be avoided. PHA has some information here: https://www.publichealth.hscni.net/publications/advice-car-sharing-english-and-translations The risk from well-organised outdoor sports should be generally low. Managing the risk from associated 'off-pitch' activities (shared transport and socialising) may be more important than the 'on-pitch' risk. **Comments from Chief Medical Officer** Given the benefits for physical, mental and wellbeing, as CMO I am supportive of these proposals with appropriate mitigation and assurance of adherence to these mitigations and effective messaging of associated guidance. Non adherence and/or poor adherence to the guidance and/or related behaviours, for example associated with shared travel and or other related social contact, will contribute to risk and upward pressure on Rt.
Date: 12/03/2021	
Part 3, to be completed by DoH	
Summary of DSO advice	n/a
Recommendation by DoH to Executive (Repeal / Modify / Retain)	Move to small group training (groups of up to 15), only for sports controlled by a recognised sports Governing Body and their affiliated clubs. Commencement date 12 April 2021. Subject to: - Ratification by Executive in the week following the Easter weekend - Assurances from DfC as to the ongoing monitoring of compliance with mitigations to prevent car sharing, congregation of people on the side-lines etc - DfC to review the SportNI framework, current version May 2020, and ensure alignment with the current regulations and Executive Pathway: http://www.sportni.net/sportni/wp-content/uploads/2020/05/Framework-for-resumption-of-Sport-and-Physical-Recreation-in-NI-Final-version-11.pdf . Consider whether checklists could be further developed to assist organisers to achieve good compliance.
Date: 12/03/2021	
Part 4, to be completed by Executive Secretariat	
Executive decision	Date: