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MEMORANDUM E (21) 195 (C)

**FROM: FIRST MINISTER
DEPUTY FIRST MINISTER**

DATE: 07 OCTOBER 2021

TO: EXECUTIVE COLLEAGUES

**FINAL EXECUTIVE PAPER: COVID-19 – AUTUMN WINTER CONTINGENCY
PLAN**

Introduction

1. EXEC-0536-2021 provided Ministers with an update on Contingency Planning across the Common Travel Area for Autumn/Winter 2021 and advised that a paper would be brought to the Executive on 7 October to consider the approach of the Executive.
2. Steadily, over the course of this year, we have seen life return closer to normal. In March we published its Pathway out of Restrictions document and since then the Executive has sought to remove restrictions while carefully balancing health, economic and societal considerations.
3. While some restrictions remain in place, the extensive coverage of our vaccination programme combined with immunity in society as a result of natural infection has allowed many of the original restrictions to be relaxed or removed. Rules and regulations have mostly been replaced with advice and guidance on the practical steps people can take to help manage the risks to themselves and others.
4. While case numbers are gradually reducing, the pressures on our hospitals and our Health and Social Care (HSC) staff remain substantial. Data continues to show that the link between cases, hospitalisations and deaths has weakened significantly since the start of the pandemic.

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5. The public's continued willingness to get vaccinated, to test and self-isolate if they have symptoms and to follow behaviours and actions that mitigate all methods of transmission has played a key role in lifting restrictions. It is vital that we do not lessen our focus on safer behaviours as we move into autumn and winter.
6. However, the last 18 months have shown the pandemic can change course rapidly and unexpectedly and it remains hard to predict with certainty what will happen. There are a number of variables including: levels of vaccination; the extent to which immunity wanes over time; and whether a new variant emerges which fundamentally changes the Government's assessment of the risks.
7. In addition, winter is always a challenging time for the HSC. This winter could be particularly difficult due to the impacts of COVID-19 on top of the usual increase in emergency demand and seasonal respiratory diseases such as influenza (flu). There is considerable uncertainty over how these pressures will interact with the impact of COVID-19.
8. It is therefore prudent to develop an autumn winter contingency plan to keep COVID-19 at manageable levels. This paper considers a range of measures that the Executive may wish to consider retaining or implementing to contain the virus or to respond to surges or pressures that may emerge.

Vaccine programme

9. The high level of vaccine protection, combined with other measures such as a strong focus on safer behaviours and personal responsibility, has enabled us to resume our lives without stringent restrictions. Currently 88.81% of adults in Northern Ireland have received at least one dose of vaccine. As we move into Autumn / Winter the focus of our successful vaccine programme will be:
 - Maximising uptake of the vaccine among those that are eligible but have not yet taken up the offer.
 - Rolling out the booster vaccination programme to specified groups; and
 - Offering a first dose of vaccine to 12-15 year olds.

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Test, Trace, Protect

10. The Test, Trace, Protect system remains critical to the Government's plan for managing the virus over the autumn and winter. It helps to find positive cases and make sure they and their unvaccinated contacts self-isolate when advised, thus breaking chains of transmission. This helps reduce pressure on the HSC, as well as enabling individuals to manage risks to themselves and to others.
11. The Government will continue to expect everyone with COVID-19 symptoms to self-isolate and take a PCR test. If an individual tests positive for COVID-19, they should continue to self-isolate for 10 full days after the symptoms started. These arrangements will remain in place in order to prevent those who are infected from mixing in the community and passing on the virus.
12. The programme of regular asymptomatic testing using Lateral Flow Devices also remains important in the months ahead, helping to find positive cases early and contributing to breaking chains of transmission. This programme will continue to be kept under review.

Safer behaviours and actions that reduce the spread of COVID-19

13. It is vital that we clearly communicate to citizens the behaviours and actions that are expected of them, particularly as we move in to Autumn/Winter to reduce the risk from COVID-19. Ministers have commented about mixed messages and lower levels of compliance. This contingency plan offers an opportunity to promote a fresh, cohesive message about safe behaviours. These are likely to be built around three key issues -
 - Vaccination – seeking to maximize uptake across the various vaccination strands;
 - Ventilation – whether that is natural or mechanical; and
 - Face coverings – in particular in crowded and enclosed settings.

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14. The graphic below from England and Wales displays these three key issues along with other positive personal behaviours. The impact of any messaging regarding actions is much greater when there is a united approach across the Executive and senior health professionals underpinned by effective public and sectoral communications. The creation of social norms about what is expected of people and building on positive behaviours rather than focusing on the examples of non-compliance remain core aspects to any effective messaging approach. The messaging should also focus on the need to take small but important actions now to reduce the risk of more severe measures later in the winter.



Restrictions to be considered for retention

15. While the importance of personal responsibility cannot be overstated, the devolved administrations have retained some baseline measures in law to give them added force and to allow for effective enforcement where that is appropriate.
16. In addition, at its meeting on 14 September, SAGE reiterated the importance of acting early to slow a growing epidemic. Early 'low cost' interventions may

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forestall the need for more disruptive measures and avoid an unacceptable level of hospitalisations.

17. The following sections identify a number of baseline measures which it is proposed should be retained during the Autumn Winter period, subject to the legal requirement to regularly review all restrictions and to ensure that restrictions are proportionate and do not remain in place longer than is necessary.

(i) Face coverings

18. Currently, face coverings are required in all indoor settings accessible to the public, unless an individual is exempt. This includes shops, shopping centres, public transport, etc.

19. Scotland have retained a legal requirement to wear face coverings in indoor public places. Wales have retained a similar legal requirement although they have excluded hospitality. In Ireland, from 22nd October face coverings will still be required on public transport, in indoor retail, and in hospitals and other healthcare settings.

20. SAGE estimates that widespread application of face coverings is likely to have a small but significant impact on transmission, as face coverings mitigate most transmission routes. They estimate that to be most effective we would need a compliance rate of around 90%. As compliance falls, the reduction in effectiveness reduces sharply; for example, 70-80-% wearing a face covering reduces effectiveness to only 50%. SAGE evidence also states that face coverings (if worn correctly and of suitable quality) are likely to be most effective in reducing transmission indoors where other measures, such as social distancing and ventilation, are not feasible or are inadequate.

21. Face coverings are a very visible reminder that the risk presented by the virus that causes COVID-19 has not gone away. Use on public transport remains high but anecdotally there has been a falloff in use across different settings as more relaxations have been introduced. In addition, recent polling carried out

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for the Adherence Group suggested that compliance would fall by around 30% if the requirement was moved into guidance.

22. It is recommended that the current statutory requirement in relation to face coverings be retained as a baseline measure. The Executive may wish to consider if there is sufficient clarity in the current arrangements or if there is scope to simplify the message. One option may be to require face coverings to be worn while moving around indoors but to allow for them to be removed while seated in any setting.

(ii) Encourage flexible and hybrid working where practicable

23. Currently the advice from the Executive is to work from home where you can. However, following a meeting of the Executive on 23rd September, the message changed slightly to add that employers are encouraged to consider the risk within their workplace and begin planning a gradual return to the office, or other place of work, for employees.

24. Employers are still encouraged to take every possible step to facilitate their employees working from home. Employers that require staff to come into the workplace must complete a mandatory risk assessment. Some employers may have introduced regular COVID-19 testing for employees as part of these measures.

25. SPI-M and SAGE have advised that high levels of homeworking have played a very important role in preventing sustained epidemic growth in recent months.

26. However, the overall socio-economic effects of the working from home guidance are complex. Working from home has reduced the frequency of commuting for many workers resulting in reduced consumption in direct office-related spending, indirect social consumption (such as in retail and hospitality) and transport use in city centres. However, some of this reduced consumption is displaced to surrounding areas where homeworkers live and therefore

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partly replaced by increased consumption of other goods and services closer to home.

27. If the Executive was to retain this measure for the Autumn Winter period it would help reduce the transmission risk inside and outside of the workplace, including by reducing the number of people taking public transport and the number of face to face meetings and social activities, and thereby reducing community and household transmission.

28. As part of any messaging it would be helpful to underscore the flexibility within the policy for employers to work with employees and their representatives to determine when working from home is not practicable.

(iii) Requirement to carry out risk assessments

29. Risk assessments are a vital tool which help people to identify the risks of coronavirus transmission in particular settings and to identify practical measures which can be taken to avoid, reduce or prevent those risks.

30. Risk assessments have become embedded across a wide range of settings including indoor and outdoor gatherings; workplaces; retail; hospitality and events; and culture, arts and leisure.

31. As more activity moves indoors over the autumn winter period it is important that we redouble our focus on the completion of risk assessments and the effective application of the risk mitigations that they use.

32. It is recommended that the current arrangements for risk assessments, both statutory and guidance, are retained as a baseline measure.

(iv) Recording visitor and attendee information

33. Currently there is a legal requirement on specified businesses to record visitor and attendee information. This applies to close contact services; hospitality; indoor attractions; indoor leisure facilities; tourist accommodation; and marriage or civil partnership ceremonies.

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34. Visitor or attendee information (which includes name, telephone number and date/time of visit) must be retained for 21 days and can be requested by an authorised person to support contact tracing and prevent the spread of infection.

35. Given the importance of the Test, Trace and Protect system it is recommended that the current requirements to record visitor and attendee information are retained as a baseline measure.

Current work in development - Ventilation

36. In addition to the core messaging and baseline measures noted above, there is work being developed by the Executive's Covid Taskforce in relation to ventilation.

37. Due to the importance of fresh air in limiting the spread of COVID, it would be desirable to set out in guidance the practical steps everyone can take to maximise fresh air in order to reduce the risk of airborne transmission, taking into account the colder months when more activities take place indoors.

38. As part of this work the Taskforce is considering options to support improved ventilation in key settings by –

- Providing further advice and support to businesses to help them check their ventilation levels and introduce Carbon Dioxide (CO₂) monitoring where appropriate;
- Enhanced easily accessible messaging specifically on ventilation and what is good practice and what is not (e.g. drawing in air from outside rather than recycling air inside);
- Exploring options for the targeted deployment of CO₂ monitors in key areas of the public sector estate; and

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Potential contingency measures

39. If the data suggests the HSC is likely to come under unsustainable pressure, it is prudent for the Executive to agree a number of contingency measures that could be deployed in response in order to avoid the need to resort to more disruptive measures.
40. Ideally it would not be necessary to deploy these contingency measures but given the uncertainty around transmission rates and the ever-present risk of new Variations of Concern which demonstrate greater transmissibility or capacity for vaccine escape, it would be preferable to agree contingency measures now so that the public and businesses know what to expect if further measures become necessary.
41. Any contingency plan should prioritise measures that can help control transmission of the virus while seeking to minimise economic and social impacts recognizing that the earlier introduction of “low cost” interventions will avoid more disruptive interventions later and unacceptable hospital pressures. On this basis, we would propose that contingency measures might include the following –
- (i) More robust communications – Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously;
 - (ii) The potential use of COVID-status certification (passports) in certain settings;
 - (iii) Changes to self-isolation arrangements to strengthen advice for social contacts to self-isolate until they have a negative PCR test
 - (iv) Re-imposition of a legal requirement for social distancing in settings which give rise to greatest risk if transmission.

(i) Communications

42. Communications have been effective at highlighting key messages and supporting the public to follow safer behaviours. From the outset effective communications have played a pivotal role in equipping citizens to make

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better and safer choices, and providing them with quality guidance around more complex issues like ventilation.

43. In a contingency plan scenario, the Executive would issue clear guidance and communications to the public and businesses, setting out the steps that they should take to manage the increased risks of the virus.

(ii) COVID-status certification (passports)

44. Over the summer, organisers of large outdoor events applied a form of Covid-status certification by requiring attendees to present proof of a negative lateral flow test. More recently major event organisers have voluntarily been using COVID passports in the fuller sense by requiring ticketholders to produce evidence of vaccine status or negative test.

45. Following its decision to remove the legal requirement for social distancing in respect of indoor seated venues, the Executive strongly encouraged the application of a range of other mitigations including COVID-status certificates based on vaccine or negative LFD test, or positive PCR test.

46. Research evidence and SPI-M modelling indicates that being vaccinated reduces the risk that a person will become infected with the virus, and further reduces their risk of transmitting coronavirus.

47. Retaining an option to deploy COVID-status certificates if required may provide a targeted and proportionate means to reduce risk while maximizing our ability to keep open certain settings and events where transmission is higher. In addition, the need to be vaccinated may encourage the remaining sections of the eligible population yet to be vaccinated to take up the offer of the vaccine.

48. The Executive has not taken any policy decisions on the basis for COVID-status certification. However, the development of the appropriate enabling infrastructure to underpin a system of COVID-status certificates is underway

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so they can be deployed if, and in what circumstances, the Executive considers that it is appropriate to do so.

49. In addition, the development of a local solution may provide a basis for the continued voluntary use of COVID-status certificates as well as ensuring that our citizens are not precluded from accessing events or activities in other jurisdictions where certificates are required.

(iii) Changes to self-isolation advice

50. From 16th August the rules in relation to self-isolation changed so that anyone who is fully vaccinated no longer needs to automatically self-isolate for 10 days if someone they have been in close contact with tests positive. Instead, they are encouraged and advised (but not required) to get a PCR test on day two and day eight of the 10-day period. People who are not fully vaccinated will still need to self-isolate for the 10 days.

51. Anyone who is symptomatic, whether vaccinated or not, is still required to self-isolate until they get a negative result from a PCR test. If the PCR test is positive individuals must self-isolate for the 10-day period.

52. In the event of a need to apply stricter controls over Autumn/Winter, a further option may be to strengthen the advice that all close contacts must self-isolate until they receive a negative PCR test result.

53. Changes in guidance around self-isolation advice for contacts could be used as part of flexing up, with a focus on what are likely to be the highest risk contacts and settings. This would probably include household contacts in the first instance, and isolating until a negative PCR is returned would be a first step. It would be possible to apply a graded stepping up of that advice if required (ultimately, for example, to include all close contacts regardless of setting).

(iv) Re-imposition of legally required social distancing in higher risk settings

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54. We know that social distancing significantly limits capacity in indoor settings and therefore it is economically impactful. It is, therefore, anticipated that re-imposing a legal requirement for social distancing would be a decision that the Executive would not take lightly.

55. However, in the event that the health situation was such that more controls were considered necessary, the mandating of social distancing in clearly defined, higher risk settings may be an option.

Recommendation

56. The Executive is invited to:

- endorse the Autumn Winter COVID-19 Contingency Plan,
- deploy the key agreed points, and
- Use their Departmental networks to reinforce them and bring back any concerns.

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