

EXECUTIVE COUNCIL

PUBLIC

Title:	Falkland Islands Government Infectious Disease Plan
Paper Number:	35/20
Date:	04 March 2020
Responsible Director:	Director of Health and Social Services
Report Author:	Director of Emergency Services and Island Security
Portfolio Holder:	MLA Ian Hansen, all MLAs have been briefed
Reason for paper:	This paper is submitted to Executive Council: For policy decision
Publication:	Yes
Previous papers:	Falkland Islands Pandemic and Serious Infectious Disease Plan 2006
List of Documents:	Falkland Islands Infectious Disease Plan (2020)

1. Recommendations

Honourable Members are recommended to approve:

- (a) The Falkland Islands Infectious Disease Plan
- (b) Approve the review schedule of the plan

2. Additional Budgetary Implications

None

3. Executive Summary

- 3.1 The Falkland Islands Pandemic and Serious Infectious Disease Plan was last approved by ExCo in 2006.
- 3.2 This report introduces to members the new Falkland Islands Government Infectious Disease Plan, for approval. It has been updated to reflect current planning principles and command and control structures.

3.3 Members should particularly note the incremental approach to pandemic planning and response and the new command and control structure including ExCo (contingency) and the review process.

4. Background and Links to Islands Plan and Directorate Business Plan/s

4.1. The Islands Plan - Public Safety and Security: “maintain a robust and modern Major Incident Plan and effective internal security arrangements”.

4.2 The Islands Plan - Health and Community Wellbeing “We will provide high quality treatment and support across all our health and social care services”

4.3 The existing Pandemic and Serious Infection Disease Plan was approved by ExCo in 2006. Since this time the principles of multi-agency response have further developed as have command and control structures.

4.4 The outbreak of COVID-19 along with a new Emergency Planning Manager being in post resulted in a full review of existing pandemic and serious infection disease response arrangements. This resulted in a refresh of the existing plan.

4.4 This new Infectious Disease Plan brings the Falkland Islands up to date with the tried and tested Joint Emergency Service Principles (JESIP) used in the UK. The plan will form part of the Major Incident Plan (currently under review).

4.5 The new plan includes the governance arrangements including ExCo (contingency) and provides a new clearer structure around escalation of command and control processes from the early planning/preparation stages to response to an outbreak.

4.6 The plan to be reviewed annually by the Director of Health and Social Services and minor changes and additions to be approved by the Director of Emergency Services and Island Security. Any large scale changes or change to policy will be referred to Executive Council for approval.

5. Options and Reasons for Recommending Relevant Option

5.1. Option 1 - approve the new Infectious Disease plan. This will ensure the Falkland Islands are working in accordance to best practice for major pandemic response

6. Resource Implications

6.1. Financial Implications

None

6.2. Human Resource Implications

There are no resources required directly relating to the plan. Resource planning will only be required in a response to an outbreak.

6.3. Other Resource Implications

None

7. Legal Implications

7.1 None. The plan operates within the existing legal framework.

8. Environmental & Sustainability Implications

8.1. None

9. Significant Risks

9.1 None. The plan is consistent with government responsibilities to ensure it is able to respond to an infectious disease outbreak and has a clear plan in how this will be done.

10. Consultation

10.1 The Chief Medical Officer jointly drafted the plan with the Emergency Planning Manager. The Director of Health and all key health stakeholders have been consulted and/or directly input into the plan. Members of Legislative Assembly have been briefed as has H.E Governor.

10.2 No further consultation is required.

11. Communication

11.1. There has been an ongoing communication plan managed by the Public Relations Department in response to the COVID-19 outbreak. Any communication required will form part of this cycle of information.



Falkland Islands Infectious Diseases Plan v1.0

REDACTED

Status	LIVE	Plan Owner	DHSS
Published	16 March 2020	Review Date	15 March 2021
Circulation		e-locations	ResilienceDirect

Agreed by

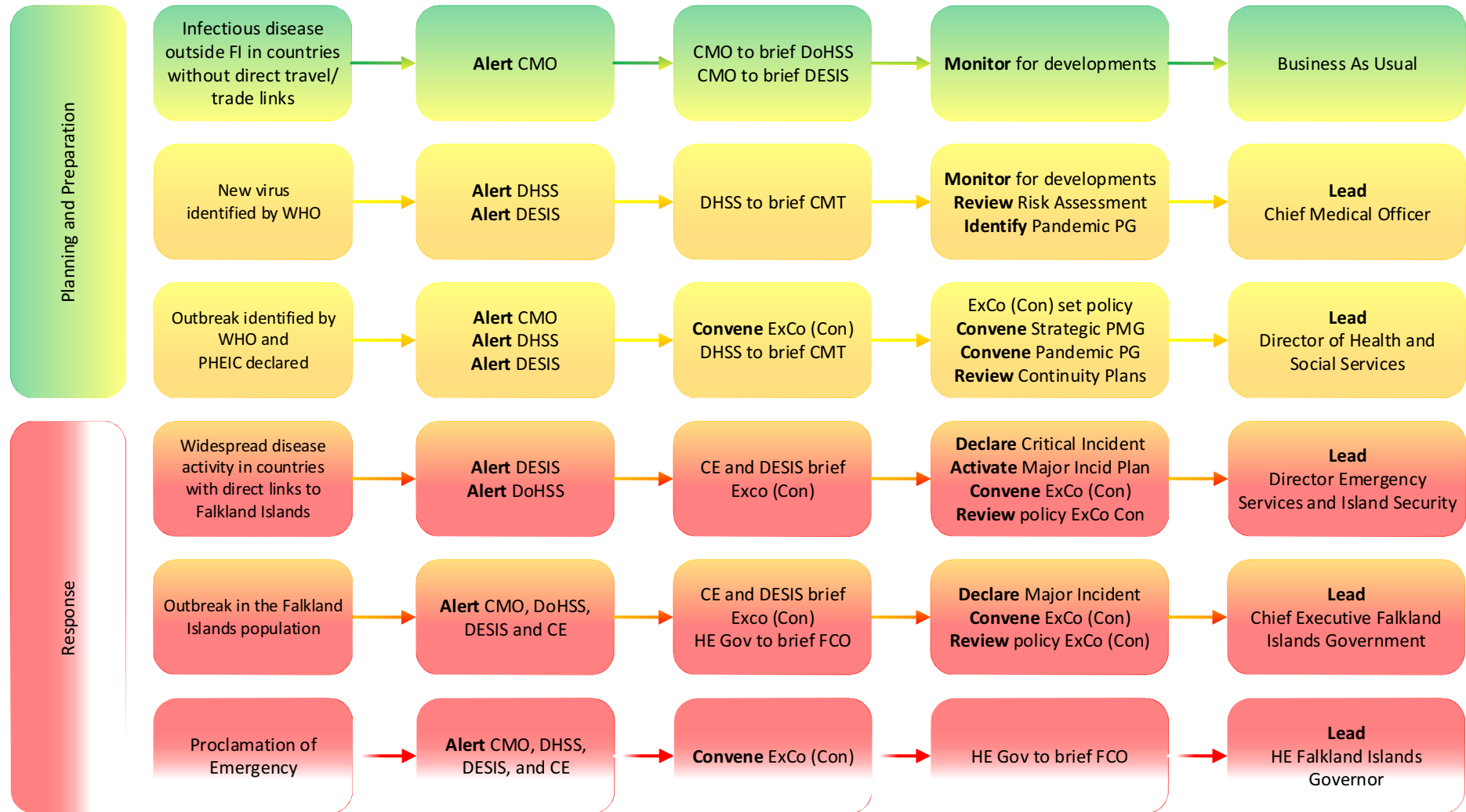
MLA Portfolio Holder	Chief Executive	D Health and Social Services
Attorney General	Chief Medical Officer	D Emergency Services and Island Security

Document protection – PUBLIC

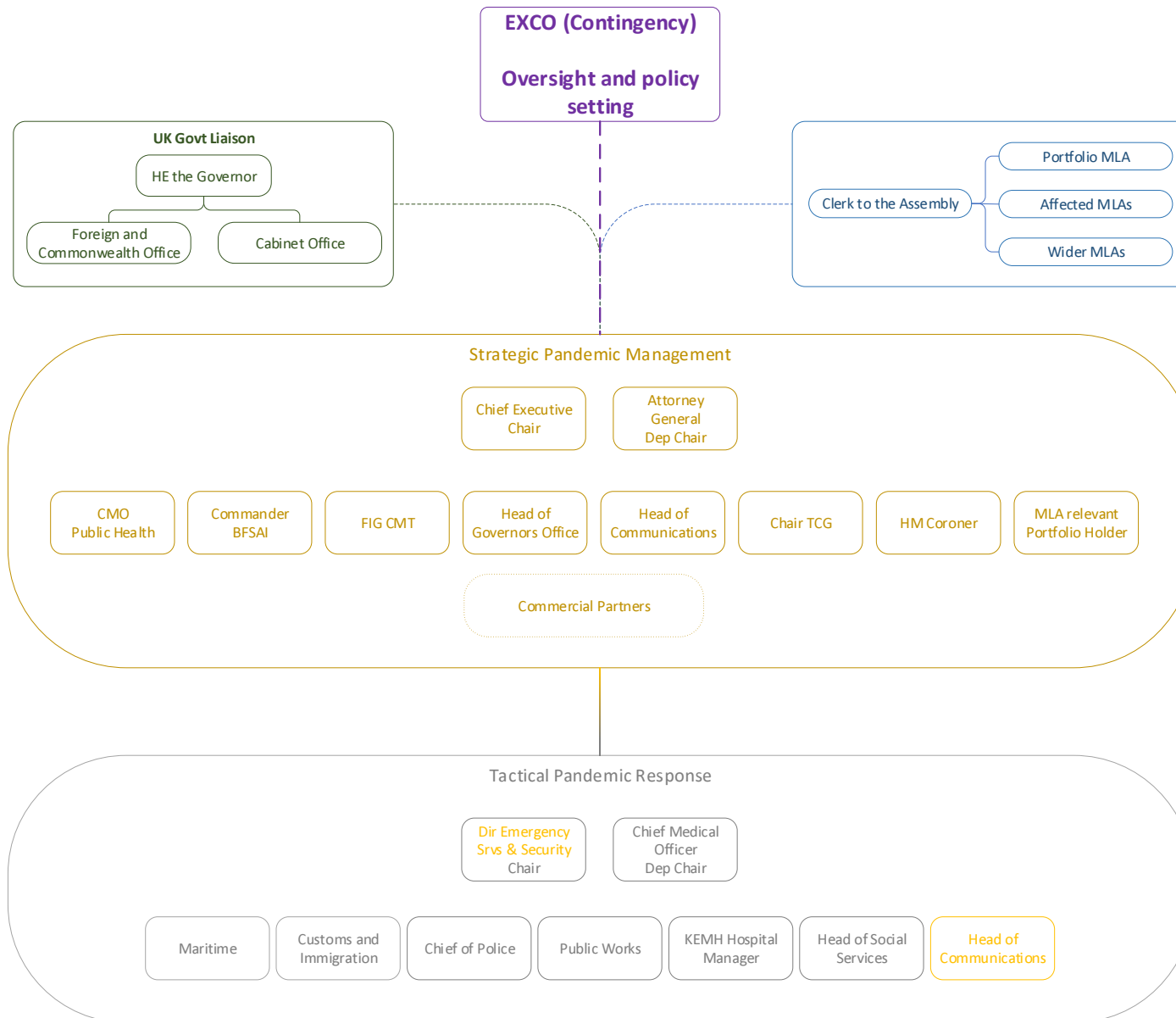
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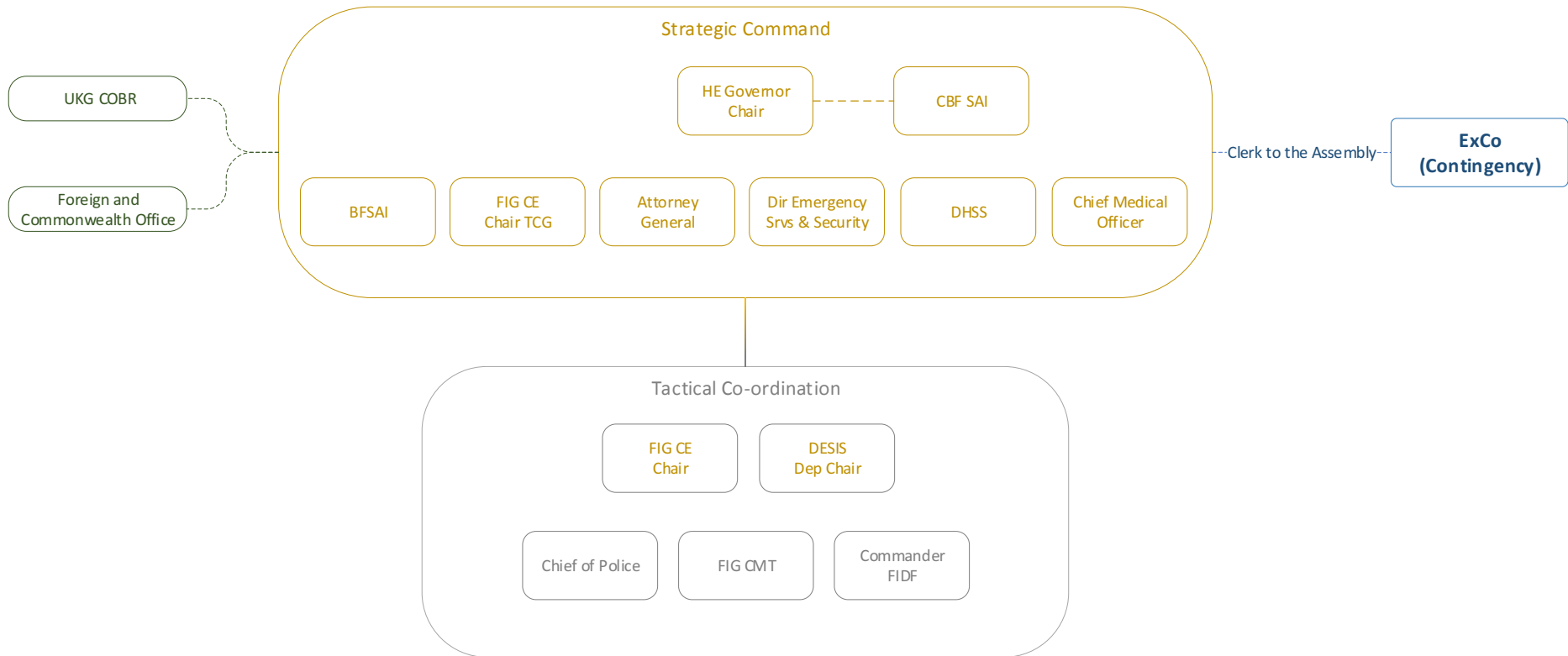
Escalation process



Command and Control



Public State of Emergency



Action Card – Executive Council (Contingency)

Alerting

The Executive Council (Contingency) is convened by

- His Excellency the Governor (HE Gov) acting in his own discretion
- At the request of the FIG Chief Executive (CE)
- At the request of the Legislative Assembly

Role

Ensure the actions of the Falkland Islands Government in responding to the outbreak are lawful, proportionate and consistent with the Constitution

Set and review strategic policy parameters

Maintain the democratic leadership of the Falkland Islands during an infectious disease outbreak

Direct and **maintain** oversight of the outbreak through regular dialogue with the Strategic Pandemic Management Group (SPM)

Initial Actions

Consider the Ordinances and Policies available and the WHO Ethical Decision-making process to frame activities of the SPM

Determine and set the policy context of the incident in both the Preparation and Response phases

Identify policy gaps for urgent action by the SPM

Decide the level of risk tolerance, direction of travel and specific activity across

1. Public health informed by the Chief Medical Officer
2. Island security informed by the D Emergency Services and Island Security
3. Local economy informed by the D Policy and Economic Development and relevant stakeholders
4. Immigration informed by the Principal Immigration Officer
5. Foreign policy and diplomatic impact as it accords with HM Government

Require updates from HM Government via the Foreign and Commonwealth Office

Action Card – Strategic Pandemic Management Group

Alerting

The Strategic Pandemic Management Group (SPM) is convened by the FIG CE on the advice of the DHSS following the notification of an infectious disease outbreak with the potential to impact on the Falkland Islands.

Role

Lead the strategic preparations for an infectious disease outbreak in the Falkland Islands

Direct actions within the Pandemic Planning Group (preparation phase) and Tactical Pandemic Response Group (TPRG)

Require the development of risk informed continuity plans within FIG and other agencies

Initial Actions

Call members (see [Command and Control](#)) with representatives from

- FIG departments
- Partner agencies
- Commercial organisations

Receive an update about the outbreak from the Pandemic Planning Group

Agree the proposed Infectious Disease Risk Assessment

Agree the proposed Impact Assessment

Agree appropriate Strategic Response objectives

Agree actions and identify resources to respond to the Infectious Disease Capability Assessment

Brief elected members

Consider convening the Tactical Pandemic Response Group

Agree meeting schedule to monitor the situation

Action Card – Pandemic Planning Group

Alerting

The Pandemic Planning Group (PPG) will be convened by the Chief Medical Officer (CMO) following the notification of an infectious disease outbreak with the potential to impact on the Falkland Islands. It is likely this will be at WHO Phase 5 but could change depending on the emerging virus. This will be done in conjunction with

- Director of Health and Social Services (DHSS)
- Director of Emergency Services and Island Security (DESIS)
- Head of Governors Office

Role

Inform decision making within the Strategic Pandemic Management Group

Lead the tactical preparations for an infectious disease outbreak in the Falkland Islands

Monitor infectious disease outbreaks with the potential to impact the Falkland Islands

Inform the Infectious Diseases Risk Assessment

Monitor the Infectious Disease Capability Assessment

Inform the development of continuity plans within FIG and other agencies

Engage with PHE and other OTs

Initial Actions

Appoint the DHSS as chair

Agree members of the PPG with representation from

- Health and Social Services, KEMH, DESIS, Communications, Attorney General, Immigration, Veterinary Services and Natural Resources

Review the Infectious Disease Risk Assessment using available data

Assess the potential impact of the disease should it reach the islands

Agree initial public communication messaging

Develop a draft action plan to mitigate emerging risks

Prepare a briefing for the FIG CE and HE Gov with proposed aim and objectives

Consider standing up the Strategic Pandemic Management Group

Agree meeting schedule to monitor the situation

Action Card – Tactical Pandemic Response Group

Alerting

The Tactical Pandemic Response Group (TPR) will be convened at the request of the Strategic Pandemic Management Group (SPM)

Role

Lead the tactical response to an infectious disease outbreak in the Falkland Islands

Respond to directions from and inform the actions of the Strategic Pandemic Management Group

Support the development of risk informed continuity plans within FIG and other agencies

Initial Actions

Call members (see [Command and Control](#)) with representatives from

- FIG departments
- Partner agencies

Monitor the implementation of the Falkland Islands Government Infectious Diseases Plan

Gather information from across FIG departments and partner agencies e.g. PHE and OTs

Request information from commercial partners

Circulate situation reports to agreed contacts on an appropriate schedule

Provide policy direction for the public health response

Develop strategies to reduce the impact on the health of the FI population

Inform strategic decision-making across the country

Agree public communication messaging

Secondary Actions

Monitor the continuity impact of the outbreak on the provision of

- Health and social care services
- Education
- Bereavement services
- Essential services

Action Card – FIG Chief Executive

Alerting

The Chief Executive of the Falkland Islands Government (CE) will be alerted by the Chief Medical Officer DHSS about any infectious disease outbreak that could significantly impact on the health and wellbeing of the Falkland Islands and its communities

Role

Lead the Falkland Islands response

Chair Strategic Pandemic Management Group (SPM)

Liase with external partners as needed

Initial Actions

Receive briefing from the Pandemic Planning Group via the Corporate Management Team

Convene Strategic Pandemic Management Group (SPM) if required

Instruct directorates to review their service continuity arrangements in light of the emerging risk

Brief Members of the Legislative Assembly and His Excellency the Governor (HE Gov) and Commander of British Forces South Atlantic Islands (CBFSAI)

Prioritise actions within the Falkland Islands Government

Allocate appropriate resources to initiate and maintain a cross government response

Secondary Actions

Request additional support from HE Gov if required

Request additional support from BF SAI if required

Action Card – Director Health and Social Services

Alerting

The Director Health and Social Services (DHSS) will be alerted by the Chief Medical Officer (CMO) about any infectious disease outbreak that could significantly impact on the health and wellbeing of the Falkland Islands and its communities

Role

Chair Pandemic Planning Group

Lead the Health and Social Services Response

Inform the Strategic Pandemic Management Group

Initial Actions

Ensure appropriate stocks relevant pharmaceutical products

Ensure appropriate stocks of personal protective equipment

Secure supplies of vaccine when it becomes available

Review the KEMH Infectious Diseases Plan and continuity plans

Prioritise resources within HSS to maintain critical activities and enable potential extended working

Develop appropriate infection control measures and facilities

Plan for provision of antivirals and for vaccination programme

Ensure all staff with a role in the Infectious Diseases Plan are aware of the plan and have access to appropriate training

Action Card – Chief Medical Officer

Alerting

The Chief Medical Officer (CMO) will be alerted of the emergence of an infectious disease likely to cause harm to the people of the Falkland Islands via

- World Health Organisation
- Public Health England
- Maritime Health Declaration

Role

Lead the Falkland Islands public health and medical response

Inform the Strategic Pandemic Management Group and Tactical Pandemic Response Group

Liaise with Public Health England and World Health Organisation where necessary

Initial Actions

Convene a meeting of the [Pandemic Planning Group](#)

Request a review of the Infectious Disease Risk Assessment using available data

Request a review of the Pandemic Capability Assessment from the DHSS

Advise on those in local communities who are most at risk

Advise on surveillance, contact tracing, quarantine and isolation should the need arise

Advise on the clinical management and evacuation of patients where necessary

Provide agreed media statements and interviews

Provide information to government on the course of the pandemic locally

Act as a focal point for communication with WHO and PHE until the Tactical Pandemic Response Group is established

Action Card – Director Emergency Services and Island Security

Alerting

The Director Emergency Services and Island Security (DESI) will be alerted by the

- Chief Medical Officer (CMO)

about any infectious disease outbreak that could significantly impact on the health and wellbeing of the Falkland Islands and its communities

Role

Chair the Tactical Pandemic Response Group

Inform the Strategic Pandemic Management Group

Lead the pandemic emergency response

Initial Actions

Review the potential impact of the disease on the security and resilience of the islands

Attend the Pandemic Planning Group

Convene a meeting of the [Tactical Pandemic Response Group](#) at the request of the Strategic Pandemic Management Group

Review the Infectious Disease Risk Assessment

Review of the Disease Capability Assessment

Act as a focal point for Immigration, Customs and security concerns

Action Card – His Excellency The Governor

Alerting

His Excellency the Governor (HE Gov) will be alerted about any infectious disease outbreak that could significantly impact on the health and wellbeing of the Falkland Islands and its communities by the

- Chief Executive FIG (CE)
- UK Foreign and Commonwealth Office
- Public Health England

Role

Prepare to act under the

- [Falkland Islands Constitution Order 2008](#)
- [Public Health Ordinance 1894,](#)
- [Board of Health By-Laws 1937,](#)
- [Infectious Diseases Ordinance 2003,](#)
- [Public Health \(Ships\) Regulations 2010](#)
- Public Health (Aircraft) Regulations 1979
- [Maritime Ordinance 2017](#)

If required act under [The Emergency Powers \(Overseas Territories\) Order 2017](#)

Initial Actions

Ensure representation at the Strategic Pandemic Management Group (SPM) via HoGO

Support the Falkland Islands response to be appropriate and in line with UK and international guidance

Represent the needs of the Falkland Islands to UKG departments and foreign governments

Request overseas support where necessary to maintain clinical services within the Islands

Request overseas assistance for the evacuation of patients if deemed appropriate by the CMO

Secondary Actions

Convene ExCo (Contingency)

Proclaim a Public State of Emergency if needed

Lead the Falkland Islands response under a Public State of Emergency

Policy – Strategic Objectives

Governing objectives

- Protect and preserve life
- Mitigate and minimise the impact of challenging events
- Maintain life-support infrastructure and essential services
- Promote restoration and improvement activity in the aftermath of a challenging event

Minimise the potential health impact

- Support international efforts to detect its emergence, and early assessment of the disease by sharing scientific information
- Promote individual responsibility and action to reduce the spread of infection through good hygiene practices and uptake of seasonal influenza vaccination in high-risk groups
- Ensure health and social care systems are ready to provide treatment and support for the large numbers likely to suffer from the disease or its complications whilst maintaining other essential care

Minimise the societal and economic impact

- Support the continuity of essential services, including the supply of medicines,
- Protect critical national infrastructure as far as possible
- Support the continuation of everyday activities as far as practicable
- Uphold the rule of law and the democratic process
- Prepare to cope with the possibility of significant numbers of excess deaths.
- Promote a return to normality and the restoration of disrupted services at the earliest opportunity.

Maintain trust and confidence

- Ensure FIG maintains the trust and confidence of the Falkland Islands Community
- Ensure health and other professionals, the public and the media are engaged and well informed in advance of and throughout the pandemic period
- Ensure health and other professionals receive information and guidance in a timely way so they can respond to the public appropriately

Precautionary

- Responding to an infectious disease must consider the risk that it could be severe in nature
- Plans must be in place to respond to manage severe symptoms in individuals and widespread disruption to society

Proportionality

- Pandemic response should be no more and no less than that necessary in relation to the known risks
- Plans are in place not only for high impact pandemics, but also for milder scenarios, with the ability to adapt them as new evidence emerges

Flexibility

- There is a Falklands wide approach to the response to a new pandemic but with local flexibility and agility in the timing of transition from one phase of response to another to take account of local patterns of spread of infection and the different requirements of Camp, Stanley, and visitors.

Principles

- The Falkland Islands response will be
 - Evidence based
 - Based on existing professional practice in the absence of evidence
 - Based on ethical principles
 - Based on established practice and systems, as far as is possible
 - Across the whole of society where possible

Policy – Tactical Objectives

Functional activities

- a. Saving and preserving human life
- b. Relieving suffering
- c. Containing the emergency, limiting its escalation and spread
- d. Maintaining normal services at an appropriate level
- e. Maintaining or restoring critical activities
- f. Promoting and facilitating self-help within the community
- g. Providing the public and businesses with warnings, information and advice
- h. Protecting the health and safety of responding personnel
- i. Safeguarding the environment
- j. Facilitating investigations and data collection
- k. Facilitating the recovery of the community
- l. Evaluating the response and recovery effort
- m. Identifying and acting to implement lessons identified
- n. Upholding the rule of law.

Information Card – Phases of the pandemic response

The Falkland Islands approach to pandemic planning follows that found in the UK: Detection, Assessment, Treatment, Escalation and Recovery and incorporates indicators for moving from one phase to another.

These phases are not numbered as they are not linear, may not follow in strict order, and it is possible to move back and forth or jump phases. It should also be recognised that there may not be a clear delineation between phases, particularly when considering international variations and comparisons.

The first two stages form the initial response. This may be relatively short and the phases may be combined depending on the speed with which the virus spreads, or the severity with which individuals and communities are affected. It will not be possible to halt the spread of a new pandemic virus, and it would be a waste of public health resources and capacity to attempt to do so.

Detection

This phase commences on either the declaration of the current WHO phase 4 and 5 (or equivalent) or earlier on the basis of reliable intelligence or if a related Public Health Emergency of International Concern (PHEIC) is declared by the WHO.

The focus in this stage is

- Intelligence gathering from countries already affected
- Enhanced local surveillance
- Development of diagnostics specific to the new disease
- Information and communications to the public and professionals

The indicator for moving to the next stage would be the identification of the novel disease in patients in the Falkland Islands

Assessment

The focus in this stage is

- Collection and analysis of detailed clinical and epidemiological information
- Determining early estimates of impact and severity
- Reducing the risk of transmission and infection of the disease within the local community by
 - reinforcing existing public health messaging around hand hygiene
 - actively finding cases;
 - self-isolation of cases and suspected cases
 - treatment of cases and suspected cases
 - use of antiviral prophylaxis for close and vulnerable contacts, based on a risk assessment of the possible impact of the disease

The indicator for moving from this stage would be evidence of sustained community transmission of the disease, i.e. cases not linked to any known or previously identified cases.

Treatment

The focus in this stage is

- Treatment of individual cases and population treatment if necessary
- Enhancement of the health response to deal with increasing numbers of cases
- Enhancing public health measures to disrupt local transmission of the disease as appropriate, such as school closures based on public health risk assessment.
- Depending upon the development of the pandemic, to prepare for targeted vaccinations as the vaccine becomes available.

Arrangements will be activated to ensure that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths.

When demands for services start to exceed the available capacity, additional measures will need to be taken. This decision will be made by the Chief Medical Officer in relation to the Falkland Islands.

Escalation

The focus in this stage is

- Escalation of response management arrangements in health.
- Prioritisation and triage of service delivery with aim to maintain essential services.
- Resiliency measures, encompassing robust contingency plans.
- Consideration of de-escalation of response if the situation is judged to have improved sufficiently.

These two stages form the Treatment phase of the pandemic. Whilst escalation measures may not be needed in mild pandemics, it would be prudent to prepare for the implementation of the Escalation phase at an early stage of the Treatment phase, if not before.

Recovery

The focus in this stage is

- Normalisation of services, perhaps to a new definition of what constitutes normal service
- Restoration of business as usual services, including an element of catching-up with activity that may have been scaled-down as part of the pandemic response e.g. reschedule routine operations
- Post-incident review of response, and sharing information on what went well, what could be improved, and lessons learnt

- Taking steps to address staff exhaustion
- Planning and preparation for a resurgence of disease, including activities carried out in the Detection phase
- Continuing to consider targeted vaccination, when available
- Preparing for post-pandemic seasonal influenza

The indicator for this phase would be when disease activity is either significantly reduced compared to the peak or when the activity is considered to be within acceptable parameters. An overview of how services' capacities are able to meet demand will also inform this decision.

Information Card – Ethical Implications

In preparing for, and responding to, a pandemic, governments, organisations and individuals will face difficult decisions and choices that may impact on the freedom, health and in some cases prospects of survival of individuals.

Decisions will be needed on how to make the fairest use of resources and capacity, in proportion to the demands of the pandemic alongside other pressures that may be in place at the same time, in order to minimise the harm caused by the pandemic as a whole.

Many people are also likely to face individual dilemmas and tensions between their personal, professional and work obligations.

Given the potential level of additional demand, capacity limitations, staffing constraints and potential shortages of essential medical material, including medicines, hard choices and compromises may be particularly necessary in the fields of health and social care.

People are more likely to understand and accept the need for, and the consequences of, difficult decisions if these have been made in an open, transparent and inclusive way. National and local preparations for a pandemic should therefore be based on widely held ethical values, and the choices that may become necessary should be discussed openly as plans are developed, so that they reflect what most people will accept as proportionate and fair.

The UK Department of Health convened an independent committee with cross-UK representation to develop an ethical framework to inform the development and implementation of response policy both in the health and social care sector and more widely. The systematic use of the principles it contains can act as a checklist to ensure that all the ethical aspects have been considered at all levels.

The ethical framework was first published in 2007. It has been reviewed by the Committee on Ethical Aspects of Pandemic Influenza (CEAPI) in the light of the experience of the H1N1 (2009) influenza pandemic and the Committee has concluded that it remains appropriate and fit for purpose in planning for a further pandemic. The framework is available [online](#).

Information Card – World Health Organization phases

The World Health Organization (WHO) has developed a global influenza preparedness plan, which defines the stages of a pandemic, outlines WHO's role and makes recommendations for national measures before and during a pandemic no matter the cause.

WHO uses a six-phase approach to describe pandemics to support national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena.

Phases 1–3 correlate with preparedness, including capacity development and response planning activities

Phases 4–6 signal the need for response and mitigation efforts. Furthermore, periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.

Phase	Description
Phase 1	No animal disease virus circulating among animals have been reported to cause infection in humans.
Phase 2	An animal disease virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.
Phase 3	An animal or human-animal reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Phase 4	Human to human transmission of an animal or human-animal reassortant virus able to sustain community-level outbreaks has been verified.
Phase 5	Human-to-human spread of the virus in two or more countries in one WHO region.
Phase 6	In addition to the criteria defined in Phase 5, the same virus spreads from human-to-human in at least one other country in another WHO region.
Post peak period	Levels of disease in most countries with adequate surveillance have dropped below peak levels.
Post pandemic period	Levels of disease activity have returned to the levels seen for seasonal activity in most countries with adequate surveillance.

In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 no viruses circulating among animals have been reported to cause infections in humans.

In Phase 2 an animal virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a potential pandemic threat.

In Phase 3, an animal or human-animal reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

Phase 4 is characterized by verified human-to-human transmission of an animal or human-animal reassortant virus able to cause "community-level outbreaks". The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Any country that suspects or has verified such an event should urgently consult with the WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.

Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

Phase 6, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave.

Previous pandemics have been characterized by waves of activity spread over months. Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave. Pandemic waves can be separated by months and an immediate "at-ease" signal may be premature.

In the post-pandemic period, disease activity will have returned to levels normally seen for seasonal outbreaks. It is expected that the pandemic virus will behave as a seasonal influenza A virus. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly. An intensive phase of recovery and evaluation may be required.

In infectious disease outbreaks involving other pathogens than influenza, a similar approach will be taken, modified as appropriate for the specific pathogen and its disease.

Policy – Legislative context

Statutory Instruments

[The Falkland Islands Constitution Order 2008](#)

s25 Defence and internal security

[The Emergency Powers \(Overseas Territories\) Order 2017](#)

Makes provision for the exercise of emergency powers in the Falkland Islands by HE Governor to declare a Public Emergency and make regulations as necessary to prevent, control or mitigate any aspect or effect of the state

Proclamation of Emergency can remain in place for up to 30 days and any regulations made under it will be automatically revoked upon the expiration of the Proclamation, unless otherwise directed by the Governor on the grounds of necessity

Regulations made under this Order take priority over locally enacted law in the Falkland Islands but remain subject to the constitution. The Order further specifies that it is a criminal offence for any person to fail, without reasonable excuse, to comply with the regulations.

To support decision making in under this Order an Executive Council (Contingency) will be called together by His Excellency the Governor.

[Public Health Ordinance 1894](#)

[Part 2](#) of the Ordinance considers issues around quarantine including

- r22 Powers of the Chief Medical Officer
- r27 Regulations

[Board of Health By-Laws 1937](#)

[Infectious diseases](#)

- r60 Isolation of infected cases
- r61 Premises to be quarantined on the approval of the Governor
- r63 Notice of infected area
- r64 Disposal of infected bodies with subsequent disinfection

[Infectious Diseases Ordinance 2003](#)

[Infectious Persons](#)

[Death of a person suffering from disease](#)

[Conduct by persons suffering from disease](#)

[Children](#)

[Infected articles](#)

[Infected Premises](#)

[Public conveyances](#)

r27 Regulation for control of certain diseases

[Public Health \(Ships\) Regulations 2010](#)

r10 in respect of certain persons on ships

r11 Supply of information etc, by masters

r12 Permission to enter Falkland Islands

r13 Notification of infectious disease, etc, on board

r14 Maritime Declaration of Health

r15 Restriction on boarding or leaving ships

r18 Control measures

r19 Control measures: supplementary

r24 Persons from infected areas

r25 Removal of infected persons from ships when required by master

[Maritime Ordinance 2017](#)

r84 Safety and health on ships

Policy – Plan Administration

Aim

This plan aims to prevent or mitigate negative and detrimental effects within the Falkland Islands that may occur from an infectious disease outbreak affecting the population

Ownership

Responsibility for the ongoing maintenance and annual review of this plan is held by the DHSS

Scope

The plan is a co-ordinating document to support strategic decision making and tactical co-ordination across government and private sector organisations. It does not replace operational delivery plans within services or agencies

Review

The plan will be reviewed annually by the Director of Health and Social Services and minor changes and additions approved by the Director of Emergency Services and Island Security

Any large-scale changes or change to policy will be referred to Executive Council for approval

Planning ecosystem

This plan works in conjunction with

- FIG Major Incident Plan
- FIG Service Continuity Plans

This plan replaces

- FIG Pandemic and Serious Infectious Disease Contingency Plan (DHSS)
- Pandemic Influenza Guidance (KEMH)

END