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OPERATIONAL ORDER



**BERMUDA
POLICE
SERVICE**

Silver Operational Plan COVID 19

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1. INFORMATION

- 1.1 Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. For example, some coronaviruses cause the common cold; others cause diseases which are much more severe such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), both of which often lead to pneumonia.
- 1.2 COVID-19 is the illness seen in people infected with a new strain of coronavirus not previously seen in humans. On 31st December 2019, Chinese authorities notified the World Health Organisation (WHO) of an outbreak of pneumonia in Wuhan City, which was later classified as a new disease: COVID-19.
- 1.3 On 30th January 2020, WHO declared the outbreak of COVID-19 a "Public Health Emergency of International Concern" (PHEIC).
- 1.4 On March 18th the premier of Bermuda announced that there were two (2) confirmed cases of COVID 19.
- 1.5. Strategic Aim to preserve life and protect the public by working in partnership with Bermuda Government Department of Health and other agencies to provide a coordinated response to contain cases of infection; delay the onset of cases in Bermuda mitigate the impact of cases on the communities; and plan for recovery. In order to do this, we will deliver on the following objectives

2 INTENT (Not in hierarchal order)

1. Preserve life, protect the public by assisting Dept. of Health to contain, delay, and mitigate the spread of the virus.
2. Protect the health and safety of Police Officers and Police Staff, including the provision of and guidance on using personal protective equipment.

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3. Take steps to delay the onset of infection within the organisation.
4. Ensure Business Continuity plans prioritise the functions of the Service to ensure that critical services continue during times of significant staff absences.
5. Reassure and inform the public by supporting Public Health guidance and Public Health messages through joint communications.
6. Ensure that community tension and intelligence/information are managed through application of the national intelligence model.
7. Support Local partner agencies and local communities to mitigate the impacts of the virus.
8. To maintain the rule of law and preserve order in Bermuda and to support National Security operations where required.
9. To minimise disruption to normal life as far as practicable.
10. Plan for recovery from the outbreak and return the Service and communities to a new normality as soon as practicable
11. To maintain public trust and confidence in the Bermuda Police Service

2.1 Operational Outcomes:

2.1.1 Preferred Outcomes:

- 2.1.2 The situation passes off safely with no serious crime, serious injury to any person or serious or widespread damage to property taking place.
- 2.1.3 We have identified risks and threats in a timely manner and, working with partner agencies where appropriate, we have reduced or eliminated them wherever possible, through proportionate measures.
- 2.1.4 There are no incidents of prolonged disorder.
- 2.1.5 We successfully reduce and prevent crime

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- 2.1.6 Where incidents requiring a police response do occur, we respond effectively and efficiently and ensure that this is communicated positively where appropriate and practicable.
- 2.1.7 Engagement with partners and the public is effective and positive and that trust and confidence in the operation and in policing is enhanced.
- 2.1.8 Those affected by the situation feel reassured and confident regarding their safety.
- 2.1.9 We maintain the trust and confidence of the local and wider community affected by the situation.
- 2.1.10 Plans are tested and the multi-agency response is agreed and understood by all.

2.2 Acceptable Outcomes

- 2.2.1 The situation remains safe for all residents and those affected by the virus, including our staff.
- 2.2.2 Crime, minor injury or limited disorder or anti-social behaviour does occur, where it could not have been foreseen and prevented and our response is effective and reassuring.
- 2.2.3 We have identified risks and threats in a timely manner and, working with partner agencies where appropriate, we have prevented them increasing.
- 2.2.4 Our response to an increase in crime or incidents requiring a policing response are effective and timely given the circumstances at the time, and where they are limited we clearly communicate this and the reasons why as well as we are able.
- 2.2.5 Where misunderstandings do occur, communication has been inadequate, or trust and confidence has the potential to be undermined, this is limited and we act quickly to address any shortcomings, correct any errors and maintain trust and confidence.
- 2.2.6 Some minor disruption to communities and businesses affected by the situation occurs but this is limited in its extent and duration.

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- 2.2.7 Where ASB does occur, it is limited in its impact and duration. Where it is targeted upon any identifiable group by reason of race, religion, sexual orientation, disablement or age or any other vulnerable person, then an effective policing response and intervention is undertaken.
- 2.2.8 Where a Multi-Agency response or contingency is required to be enacted, these are co-ordinated effectively across agencies and includes effective coordination of communication messages, keeping the public informed and supporting the return to 'normality' as quickly as possible.

2.3 Unacceptable Outcomes

- 2.3.1 Serious crime that could have been foreseen and prevented occurs. Serious or prolonged disorder occurs and our response to either incident is unprofessional or ineffective.
- 2.3.2 Crime levels significantly increase particularly where this could have been foreseen or prevented or we fail to record and respond to reports of crime effectively, proportionately and appropriately.
- 2.3.3 That any person suffers serious injury or there is substantial damage to property and this could have been foreseen and prevented.
- 2.3.4 That officers or staff behave in an unprofessional or discriminatory manner or there is a perception that they have done so and trust and confidence in policing is damaged.
- 2.3.5 Communication is poor with partners or the public leading to misunderstandings or having the effect of undermining trust and confidence in us or partner agencies as a result.
- 2.3.6 That significant disruption is caused to communities impacted by the situation, which continues for an extended period.
- 2.3.7 That the actions of any officer is unprofessional or disproportionate with regards to their intervention or use of force.
- 2.3.8 That the police assume responsibility for incidents outside of their responsibility because others have failed to act or accept responsibility or ownership.

2.4 Key Messages from Gold

- Be Ready, Willing and Able
- Care – this is about public safety
- Be proactive – deal with things before they become a problem

2.5 Policing Style

- We will have an approachable, engaging and helpful policing style. We will ensure a reassuring presence throughout the event which may include the deployment of overt specialist assets.
- We will deal positively with any behaviour that adversely infringes on the rights of others.
- We will seek to ensure there is a balance between effective and proportionate policing, keeping people safe. We will also ensure that we support and look out for each other as we go about our designated duties, keeping people safe and keeping each other safe at the same time.
- The BPS will treat people fairly and as individuals, but there must be no assumption that people will be permitted to break the law, including assaults against Police officers and staff, as well as representatives of other agencies working on the operation. As always, officers have discretion as to how they deal with people who break the law, particularly for minor offences, but this does not extend to ignoring people who they see breaking the law or ignoring complaints from members of the public about law breaking.
- The presumption will be that any suspect for a criminal offence will be dealt with at the time particularly if it results in injury assault or offences involving harm to another or damage/ loss of property. If officers are unsure they are to consult with their first line supervisor for the operation.

2.6 The 5 Step Appeal model

The 5 Step Appeal model is used to de-escalate conflict. It is useful when resolving a difficult situation or where a person refuses to comply with a request.

These 5 steps will be used before any use of force is deemed appropriate.

1. Simple Appeal:

To make a reasonable request of somebody.

2. Reasoned Appeal:

The reason/understanding as to why you are making the request.

3. Personal Appeal:

Appeal to their better nature, why do you want them to do it?

4. Final appeal:

The last chance to get the person to stop what they are doing. Offer alternatives/ options/consequences.

“Is there anything I can say or do that will get you to.....”

5. Action:

Make sure you do what you said you are going to do, don't make threats!

3 METHOD

3.1 BPS Graduated Service Plan for COVID – 19 (Coronavirus)

Policing will adopt the concept of ‘tipping’ points’ with a 4 step process based around 5 operating states, which will enable a graduated response to any risk / impact of COVID – 19. This should minimise the impact on the community and business as usual.

Utilising the five operating states will enable Policing to maintain essential critical activities, as outlined above. These decision points will have to be made before the onset of the impact to have effect and will be guided by guidance from relevant health authorities. (**see appendix A**)

3.2 GUIDANCE TO POLICE

Bermuda is currently preparing for the COVID 19 outbreak. This guidance will be continually reviewed and updated to provide the most up to date information to officers and staff.

Public Health England provides the public health leadership and advice to the government and has circulated the following document that should be read by front line staff. This includes information on PPE.

The Bermuda Health Department also provided training on Infection Prevention and Control Training which was videoed locally last week and can be watched [here](#)

3.3 GUIDANCE TO FIRST RESPONDERS

PREVENTION

Public Health England advises that the best way to protect staff is through rigorous self- hygiene and regular hand washing. This guidance has been used to inform this guide that the BBC has produced; <https://www.bbc.co.uk/news/uk-51674696>

3.4 Calls for Service

All calls for service should now be risk assessed to maximise the safety of the officers for exposure to COVID-19.

COMOPS staff must ascertain wherever possible for any call for service;

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- are any persons in the premises under quarantine?
- Is anyone feeling unwell?

We must act to safeguard our staff and alert them of any potential risk whenever possible.

Simple language should be used to obtain a risk assessment for COVID19 and where a non-essential call for service is received it should be possible to probe further to ensure staff can be alerted to any potential risk.

If the police response can be made without direct contact, then the Incident Commanders or COMOPS should inform the allocated officers to make contact via telephone if appropriate either at the scene or from the station depending on the nature of the call.

All information and questions should be documented within CAD for any police attendance. When deployed to an incident or proactively working and come across an incident officers should make an assessment as to whether there is a high probability that there is an individual who has symptoms consistent with COVID-19 infection. The National Decision Making Model (NDM) should be used and consider use of PPE.

Any person reporting to be symptomatic of COVID-19, an immediate risk assessment needs to be conducted on how resources should be dispatched to answer the calls for service in aligned with their THRIVE training (**see appendix C**).

As part of the decision making as to whether there is a necessity to dispatch officers or to take report through other methods such as but not limited to the call centre or online reporting on the BPS Website once available.

Further deferential response will be declared in line Gold Commander Service plan – appendix A

3.5

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment (PPE)

Use and dispose of all PPE according to the instructions and training previously provided by the BPS. Disposable gloves and fluid repellent surgical face mask is recommended and, if available, disposable plastic apron and disposable eye protection (such as face visor or goggles) should be worn. Wash your hands thoroughly with soap and water before putting on and after taking off PPE.'

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Additional masks and hand sanitisers have been ordered however due to international demand there may not be sufficient stock for a protracted outbreak. Each Department will make their own arrangements to ensure that their staff who are most likely to come into contact with a case have access to PPE.

Public Health England's advice remains the best preventative measure is to wash hands as soon as you are able even after using hand sanitisers

It is really important to note the following;

- Additional PPE (in relation to Covid-19) is **NOT** needed for routine policing activities.
- It is **NOT** to be worn unless dealing with a suspected Covid-19 case.
- Public Health advises that it is **NOT** to be worn when dealing with contacts of suspected cases.

Additional PPE is only required when the NDM has been used to dynamically risk assess the scenario and understand whether you are dealing with a person potentially with COVID 19 as per assessment to identify higher risk categories.

The donning and doffing of PPE should be done in line with medical guidance ([see video](#))

Disposing of PPE can be done in regular trash by doubling bagging the items unless it is confirmed that the subject is CONFIRMED as a COVID-19 at which point it must be disposed of as hazardous waste.

3.6 OPERATIONAL SCENARIO GUIDANCE

- This guidance is for **SUSPECTED** cases.
- The following scenarios list considerations and control measures that **may** be considered.
- This guidance is as if Bermuda was in the containment phase and will be updated.
- These are not exclusive scenarios and there will be others that need to be considered.

3.7 GENERAL PATROL

- Staff shall carry out dynamic risk assessment.

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- Face masks should **ONLY** be worn if likely to be in close contact (within 2 metres) with a person **who has COVID-19 like symptoms**. If possible the member of public should wear a face mask, which the staff shall provide.
- If the member of the public is wearing a mask officers do not need to wear a mask.
- Follow procedure for ensuring that you have access to the PPE that is required.
- Disposable gloves shall be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.
- Hand gels, wipes and other decontamination products should be available to officers and held in vehicles if available.
- After contact with the individual, wash your hands thoroughly with soap and water at the earliest opportunity. Alcohol hand gel is recommended if soap and water is not available.
- Avoid touching your mouth, eyes or nose, unless you have recently cleaned your hands after having contact with the individual.
- Officers should wash their hands with soap and water immediately on return to the station.

3.8 **STOP SEARCH**

Control measures are to be task-specific but **could** include the following:

- Previously detailed PPE worn
- Hand protection mandatory
- Face mask worn as appropriate and subject to assessment – dependent on dynamic Risk Assessment – mandatory if COVID-19 is suspected

3.9 **TRANSPORTATION TO CUSTODY**

Control measures are to be task-specific but could include the following:

- In line with normal procedures when considering arrest, professional Medical advice to be taken. **Should this person be coming to custody?**
- Previously detailed PPE worn
- Hand protection mandatory
- Face mask worn as appropriate and subject to assessment – dependent on dynamic
- Risk Assessment – mandatory if COVID-19 is suspected
- Suitable vehicle (**PSU Caged van**) with no fabric surface in the area where the detained person travels (that can be easily cleaned after use) is to be used where it is strongly suspected that an individual has or is exhibiting signs of COVID - 19
- Adherence to normal custody care procedures and Officer Safety Training guidance

3.10 CUSTODY

- Care of Detained person in accordance with normal guidance and risk assessment process
- COVID – 19 Virus Questionnaire is required and shall be complied with by all police officers – see Appendix D
- Consideration given to relocation to hospital on the advice of medical professionals
- All cells after use must be cleaned and disinfected.

Control measures are to be task-specific but could include the following:

- Face masks and disposable gloves should be available.
- Staff shall carry out Dynamic risk assessment.
- Face masks shall be worn if it is assessed that close contact (within 2 metres) with an infected person is likely to take place.
- Disposable gloves shall be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.
- If a prisoner develops COVID-19 like symptoms they should wear a surgical face mask and be medically assessed.
- If there is more than one prisoner with COVID-19 -like symptoms in custody, PPE should be changed after contact with each prisoner and hands cleaned.
- Staff working within custody should wash their hands more frequently than usual. Visitors to custody should be required to wash their hands upon arrival and leaving.

Decontamination of Cell –

If a person who has been diagnosed with COVID-19 has been in a cell, Police need to follow specific guidance as the virus takes about 72 hours to degrade in the enclosed environment. Cell will be locked-down and the procedure of decontamination will take place by the designated cleaning company.

Search of detained persons within custody

Control measures are to be task-specific but could include the following:

- Medical opinion following normal procedure sought before detained person is searched
- Previously detailed PPE face masks and hand protection shall be worn as a precaution
- Other precautions / controls taken as appropriate in line with professional medical advice
- Adherence to Custody guidelines on infectious diseases

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- Personal Protective Equipment (PPE) comprising of disposable non-latex gloves and apron should be worn.
- If possible staff should request that the suspected infected person also wear a face mask, which the staff shall provide.

3.11 INTERVIEWING - Interviewing accused, suspects and witnesses within Police Stations and private properties

Control measures are to be task-specific but could include the following:

- Staff should have access to face masks and disposable gloves if required.
- Medical advice sought as appropriate
- Staff shall carry out Dynamic risk assessment.
- Face masks should be worn if it is assessed that close contact (within 2 metres) with an infected person is likely to take place.
- If possible staff should request that the suspected infected person wear a face mask, which the staff shall provide.
- Disposable gloves should be worn if physical contact is likely to be made with a suspected infected person or with potentially contaminated areas or items.
- Sensible and proportionate use of bail should be considered where appropriate.
- The victim should be contacted prior to any visit to confirm if there is anyone within the property with COVID-19 like symptoms.
- If the interview is not urgent then no visit should take place for that period.
- In the event of a visit being necessary, a risk assessment should be carried out to ensure officers/staff are not put at risk through the use of proper training and PPE proportionate to the potential risk and level of contact with the person

3.12 FRONT OFFICES

If members of the public present to the Police front offices stating that they think that they have the virus. They should be directed to KEMH.

- Staff shall carry out dynamic risk assessment. The risk assessment questions can be asked whilst the Front Office staff are behind the screens or no closer than 2 metres to the member of the public.
- After contact with the individual, wash your hands thoroughly with soap and water at the earliest opportunity.
- Avoid touching your mouth, eyes or nose, unless you have recently cleaned your hand after having contact with the individual.
- Officers should wash their hands with soap and water immediately on return to the station.

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Cleaning - If a person who has been confirmed with COVID-19 has been in a front office, Police need to follow specific guidance as the virus takes about 72 hours to degrade in the enclosed environment. Front Office will be locked-down and the procedure of decontamination will take place by the designated cleaning company.

3.13 SUDDEN DEATHS

Attendance at Sudden Deaths when COVID-19 is suspected as the cause of death

Control measures are to be task-specific but could include the following:

- Professional advice sought as appropriate (Incident Commander / FSU)
- Full hazmat kit should be available and worn as appropriate.
- Staff should carry out Dynamic risk assessment.
- Full hazmat kit should be worn if it is assessed that close contact (within 2 metres) with an infected person is likely to take place.
- If there are symptomatic relatives at the address face masks should be worn.
- Disposable non-latex gloves should be worn if handling the body or articles within the house.

3.14 LIFE SAVING

Medical and Emergency treatments e.g. Mouth-to-Mouth resuscitation - taken directly from Public health England's Advice –

- *'If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment (in the Police this would be a "dynamic risk assessment") and adopt appropriate precautions for infection control.*
- *Where possible, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).*
- *If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.'*

3.15 NON- COMPLIANT SCENARIOS

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OST training should be utilised in line with BPS policies in conjunction a dynamic risk assessment using the NDM. Tactical options may include verbal commands or require a use of force in some cases. This might include restraint techniques, or even CAPTOR or Taser where there is a higher risk to the public or to staff. Further options, such as PSU based tactics may be necessary with appropriate direction and command and in line with APP and force guidance.

CAPTOR – Officers need to make an individual risk assessment based on all the facts presented to them as they would at any other time. The virus does affect the respiratory system and CAPTOR can affect breathing. However, there is no clear evidence that says you shouldn't use the spray on someone with the virus. As in every deployment of CAPTOR spray, the after care provided by the officer to the person sprayed is key.

TASER – consideration should be given to the deployment of Taser as a tactical option to give the officers space and time to approach and safely detain the subject. The use of Taser has to be in line with normal operational guidance on its use.

If there is a need for Police to detain (for example under the new regulations) a person and there is information or intelligence this person is suspected of having Coronavirus and in addition to this there is further information or intelligence that they will be non-compliant with police;

3.16 OPTIONS FOR PRE-PLANNED OPERATIONS INVOLVING THE POTENTIAL FOR VIOLENCE/RESTRAINT/DISORDER

Command:

Consider the input from appropriately trained commanders and tactical advisors where available and practicable (time/circumstance etc.) Specialist medical advice should continue to be sought.

In all cases consideration needs to be given to the rights of the subject balanced against the actual threat and risk posed and the use of force kept to a minimum.

PPE and Tactics:

Follow the current Public Health guidance on PPE. Where improvisation or the combining of PPE options takes place (e.g. with PSU kit) consider the need to suitably store, clean and potentially dispose of equipment.

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A key consideration of the use of PPE and tactics is to maintain, where possible, distance, minimise contact and the potential to dislodge any protective equipment.

De-escalation, negotiation and call out remain a primary tactic.

In the event that a Public Order incident arises, a public order plan is in place with a separate command structure will be activated.

3.17 BRIEFINGS & MEETINGS

Watch briefings should be conducted with social distancing practices.

- Depending on number of officers briefings can take place in briefing rooms or outside with sufficient distance between each.
- Briefings can also be conducted with officers via Video, Skype and telephone conferencing to be utilised where appropriate.
- Briefings can be done with individual officers.
- Supervisors should be consistent and deploy officers with the same partner on patrols.

Attendance at internal meetings and external meetings with partner agencies and organisations

Control measures are to be task-specific but could include the following:

- Video, Skype and telephone conferencing to be utilised where appropriate.
- Staff should carry out Dynamic risk assessment.

3.18 DECONTAMINATION OF STAFF

After a potential contact;

- Hands should be washed with soap and water as soon as possible following contact with an infected or suspected infected person.
- Do not eat or drink until hands have been washed.
- Try not to touch your face or mouth until you have washed your hands

If you have been wearing additional PPE

Undressing/Disposal/Cleaning:

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- Undressing contaminated clothing/PPE:
- Self-undress into a suitable plastic bag or container.
- Prior to undressing replace the outer layer of gloves with a fresh pair – double glove.
- Undress top to bottom avoiding removing any items over the head.
- Remove face mask and goggles last avoiding touching the face and pulling the items away from the face.
- End with the disposal of gloves into the bag and seal and dispose of the bag.

Disposal:

- Tyvek and single use items should be disposed of via clinical waste.
- Uniform and items such as PSU overalls should be washed at the highest temperature as recommended by the garment manufacturer.
- Equipment (handcuffs, helmets, reusable goggles etc.) should be cleaned with antibacterial wipes and/or spray.

3.19 Arrest, Warrants and Court Appearances

On GOLD declaring status AMBER/RED, persons will only be arrested for criminality of serious nature or in breach of the Quarantine Act Order.

GOLD has approval from the Courts to have the authority to bail person for minor warrants and offences

In the event the courts close, members of the public will be directed to contact CLU at 295-0011 to re-arrange and alternative court date.

3.20 Community Advisor Points

Rolling Roadblocks in place for self-quarantine checks.

See separate Operational plan

4. ADMINISTRATION

4.1 Command Structure

Gold Commander			
ACOP 516 Weekes			
Silver Commanders			
Silver Commanders			
Bronze Commanders			
			Community Advisor
			Central
			Western
			Tactical
			Eastern
			CID
			Intel/SB
			Op Planning
			CAT/Parishes
Tactical Advisor			
Protest Liaison			

4.2 Powers and Policies

The Powers and Policies associated with the Operational Order can be found in Appendix 'B'.

4.3 Personnel Deployment

Officers deployment will be directed accordingly by Silver and Bronze Commanders

4.4 Uniform

Uniform or appropriate clothing of the day for each department will be worn as outlined in policy unless otherwise directed by GOLD or COP.

Dismissal

Officers will be dismissed as per duties by Incident Commanders, Bronze Commanders and Silver Commanders accordingly.

5. RISK ASSESSMENT

5.1 Assessment Value

MEDIUM

6. COMMUNICATIONS

- 6.1 Personnel working in support of this order are to bring their BPS issued radio.
- 6.2 Silver Commander will ensure there are radio operators in COMOPS assigned to specifically to monitor all channels during the operational hours of this order. A log shall be kept of all police assistance related calls / incidents in connection with the Parade of Bands.
- 6.3 There will be a daily COVID – 19 meeting at DTCM.
- 6.4 There will be a Joint Agency Command Centre meeting once a week to discuss COVID-19
- 6.5 Information will be disseminated service-wide by Senior Command or PMR for update on COVID – 19 matters outside of this Op Order.

7. HUMAN RIGHTS / HEALTH AND SAFETY

7.1 Human Rights

In the planning of this operational order, it has been necessary to balance the safety of Bermuda. Where there is a requirement to restrict this freedom of movement a balanced decision has been made taking into consideration all safety matters against that right.

The articles of the Human Rights Act that are pertinent to the wider police operation and the area restricted by the security operation are: article 2 – the right to life; article 5 – right to liberty and security; article 8 - the right to privacy, family life, home and correspondence; article 9 – right to freedom of thought, conscience and religion; article 10 – right to freedom of expression; and article 11 – right to freedom of assembly and association.

Officers should be reminded that actions need to comply with ECHR legislation and that their actions are based on the principles of:

- Proportionate
- Lawful
- Accountable
- Necessary
- Less intrusive

7.2 Health and Safety

7.2.1 A break from duty will ultimately be at the discretion of commanders after consultation with the Silver Commander. Officers are advised to make their own arrangements to secure refreshments.

Signatures

Gold Commander

Silver Commander

Distribution:

Internal:

All police users via email

BPS Graduated Withdrawal of Service Plan for Coronavirus.

Policing will adopt the concept of 'tipping points' with a 4 step process based around five operating states, which will enable a graduated response to any risk / impact of COVID-19. This should minimise the impact on the community and business as usual.

Utilising the five operating states will enable Policing to maintain essential critical activities, as outlined above. These decision points will have to be made before the onset of the impact to have effect and will be guided by guidance from relevant health authorities.

Operating Status	Description of situation and implication on the police	Consideration	Authority level to move to this status
Status Blue	Business as usual. No functions disrupted other a normal demand deviations and levels of sickness.	Baseline situation – Business as usual with advice to officers and staff on hygiene and health care. Containment and mitigation measure to reduce the risk to each department, including home working, separation, upskilling / training of officers and staff to undertake 'essential' critical services.	None Required Business as usual
Status Green	Moderate temporary impact. There are some occasions where demand is exceeding capacity, or where there are abnormal level or sickness and absenteeism.	Temporarily re-deploying officers from 'non' critical activity in to critical functions. Deliberate dispersal of workforce to support delay phase and to minimise impact of workplace community infection.	Gold Commander (on advice from Silver)
Status Amber	Moderate sustained impact. Crucial activities cannot be sustained due to demand being exceeded or where there are levels of sickness which require non critical activities being re-deployed for sustained period of time.	Redeploy all officers from significant number of 'non' critical activity, to ensure 'essential' and 'desirable' critical activities are maintained. Cessation of non-critical staff functions, redeployment, and training to provide sustainable functions to support operations.	Gold Commander Daily Review by Gold to manage resources
Status Red	Severe impact. Inability to meet demand or there are significant levels of sickness / absenteeism, resulting in officers and staff being deployed from 'desirable' critical services.	'Essential' critical service can only be sustained by redeploying all officers from 'Desirable' critical activities. Attendance at immediate and priority incidents. Capacity will focus on key areas: <ul style="list-style-type: none"> • Command & Control. • Emergency response. • Firearms response. • Major Incident response. • Public Order response. 	Commissioner of Police (on advice from Gold) Reporting up to: HE The Governor. Minister of National Security

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		<ul style="list-style-type: none"> • Serious Crime (Cat 3 crimes). • Serious Vulnerability (high risk missing persons). • Intelligence functions. • Custody. • Mission Critical Support Functions (eg IT). 	
Status Black	Critical Impact. The situation has moved beyond the capacity of the constabulary to deliver ‘essential’ critical activities (either for a temporary or sustained period)	All deployable officers to ensure the capacity in Status Red is maintained around protection of the public from harm, maintaining the Queen’s peace and preventing and detecting crime.	Commissioner of Police Reporting up to: HE The Governor The Premier

1. Powers & Policy

Police Act 1974

Section 5 – Powers & Duties of the Service

- (a) A member of the Service, unless duly excused or interdicted from duty-
- (b) Shall at all times have all the powers and immunities conferred upon Police Officers by any statutory provision; and
- (c) Shall at all times be bound to discharge any of the duties

Quarantine Act 2017

Offences and proceedings

Any traveller or conveyance operator who, contrary to this Act, or the regulations or orders made under this Act—refuses to answer or knowingly gives an untrue answer to any inquiry, or who intentionally withholds any information reasonably required of him by a Health officer or other person acting under such authority, or who knowingly furnishes to any such officer or other person any information which is false; refuses or wilfully omits to do any act which he is required to do, or who refuses or wilfully omits to carry out any lawful order, instruction or condition made, given or imposed by a Health officer or other person acting under such authority; or assaults, resists, wilfully obstructs, or intimidates a Health officer or other person acting under such authority, or who otherwise obstructs the execution of this Act, or regulations or orders made under this Act, commits an offence.

Any traveller or conveyance operator who commits an offence under subsection

(1) is liable on summary conviction to a fine not exceeding \$25,000, or to imprisonment for

a term not exceeding six months or to both such fine and imprisonment.

Police powers and duties

Where a Health Officer gives an order, instruction or condition to a traveller or conveyance operator in connection with the exercise of his functions under this Act and the traveller or conveyance operator fails or refuses to comply with such order, instruction or condition, the Health Officer may, with the assistance of a police officer, arrest a traveller or conveyance operator and charge with an offence under section 11(1).

A police officer may arrest without warrant any traveller or conveyance operator whom he has reasonable grounds to believe failed to comply with the requirements of this Act or of regulations or orders made under this Act or has committed an offence under this Act.

A traveller or conveyance operator who is arrested under this section may be placed in detention by a Health Officer until such time as a Government Medical Officer acting on the instructions of the Chief Medical Officer has determined that the traveller's state of health is such as not to pose a risk of significant harm to public health.

In this section, "Government Medical Officer" has the meaning assigned to the Term in section 2 of the Public Health Act 1949.

Public Order Act 1963

Conduct conducive to breach of the peace

3 (1) Any person who, in any public place or at any public meeting, uses threatening, abusive, or insulting words, gestures or behaviour with intent to provoke a breach of the peace, or whereby a breach of the peace is likely to be occasioned, or **Pride Day Operational Order 2019** Page 24 of 31

Power to deal with items obscuring or concealing identity

315G (1) A police officer may in any public place, stop a person and –

- (a) require that person to remove any item which the police officer reasonably suspects that person is wearing to obscure or conceal his identity; or
- (b) seize any item which that person has and which the police officer reasonably believes that person could wear to obscure or conceal his identity.

(2) A police officer may use reasonable force, if necessary, in the exercise of the powers conferred under subsection (1).

(3) A person who fails to comply with an order from a police officer under subsection (1) or obstructs a police officer in the course of performing his duties under subsection (1),

NOT PROACTIVELY MARKED

commits an offence and is liable on summary conviction, to a fine not exceeding \$2,500 or to imprisonment for a term not exceeding three months or to both such fine and imprisonment.

Protection of public premises and activities

20 (1) Any person who –

- (a) enters any public premises as a trespasser; or
- (b) not being engaged in the discharge of duties, or the performance of obligations, connected with activities normally carried on in any public premises, wilfully neglects or fails to comply as soon as is practicable with a direction to leave those premises, being a direction given by –
 - (i) a person authorised in writing by a body or authority owning, or lawfully occupying or using, the premises to give such directions with respect to those premises; or
 - (ii) a police officer; or
- (c) knowingly interferes with the carrying on of any lawful activity in any public premises, commits (without prejudice to any other provision of law) an offence against this Act:

Provided that nothing in paragraph (c) shall operate to prevent –

- (i) any lawful picketing carried on outside any public premises; or
- (ii) any other lawful act done

By or on behalf of a registered trade union in contemplation or in furtherance of a labour dispute under the Labour Relations Act 1975 [title 18 item 1].

(2) A police officer may remove from any public premises any person who commits an offence under subsection (1) (b) in those premises.

(3) A person authorised to give directions for the purposes of subsection (1) (b) with respect to any public premises shall, if so required by any person to whom a direction is given under that paragraph to leave those premises, produce his authorisation to give such a direction.

(4) References in this section to public premises include references to any building which is owned, occupied or used for any purpose by or on behalf of the Government or a local or public authority or which is occupied or used for parliamentary, judicial or police purposes and includes a school, and any part of any such building the curtilage thereof and the boundary walls thereof and any place or thing which is within the curtilage of any such building

Public Health (COVID 19) Regulations 2020

POWERS TO CONTAIN COVID-19

Restrictions and requirements imposed by the Chief Medical Officer

- (1) The Chief Medical Officer may, in writing—
 - (a) require the person to whom the order is directed in respect of COVID-19 to

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- place himself forthwith under the care and treatment of a Health Officer , and to deliver to the Chief Medical Officer a report as to whether or not the person has COVID-19 or is or is not infected with the virus;
- (b) require the person to whom the order is directed to conduct himself in such a manner as not to expose another person to infection;
 - (c) impose on or in relation to a person any other restriction or requirement which the Health Officer considers necessary for the purposes of removing or reducing the risk of transmission in Bermuda of the virus;
 - (d) require the owner or occupier of premises to close the premises or a part of the premises or to restrict access to the premises.

Restrictions and requirements of the Chief Environmental Health Officer

- (4) The Chief Environmental Health Officer may, in writing—
 - (a) require the cleaning or disinfecting, or both, of the premises or any thing specified in the order, at such places and utilizing such apparatus, as the Minister may provide under section 92 of the Act;
 - (b) require access to premises to enable compliance with the twenty-four hours notice that may be given by the Minister, under section 93 of the Act, for the cleansing and disinfection of any premises and the disinfection or destruction of any articles likely to retain COVID-19 infection that are in the premises to which the Minister's notice relates;
 - (c) require the destruction of any matter or thing specified in the order;
 - (d) require the owner or occupier of premises to close the premises or a part of the premises or to restrict access to the premises.

Conditions applicable to the imposition of restrictions and requirements

- (5)
 - (1) Where the Chief Medical Officer or the Chief Environmental Health Officer imposes restrictions and requirements under regulation 3 or 4, the Chief Medical Officer or the Chief Environmental Health Officer shall comply with the provisions of this regulation.
 - (2) A decision to impose a restriction or requirement under regulation 3 or 4 may only be taken if it is considered, when taking the decision, that the restriction or requirement is proportionate to what is sought to be achieved by imposing it.
 - (3) A restriction or requirement imposed under regulation 3 or 4 may be varied (orally or in writing).
 - (4) Where a restriction or requirement under regulation 3 or 4 is imposed on or in relation to a child, a person who is a responsible adult in relation to the child must secure that the child complies with the restriction or requirement, insofar as that person is reasonably able to do so.
 - (5) Where a restriction or requirement is orally imposed on a person under these regulations, or is orally varied, the person, or the responsible adult in relation to a child, shall be provided with a written notification of the requirement that has been imposed or varied.
 - (6) Where a restriction or requirement is imposed under these regulations, the restriction or requirement must express it to be contingent on the risk of transmission of COVID-19 constituting a serious risk to public health.

THRIVE.

THRIVE is the supporting acronym that will guide managers and staff in assessing reports to police. **THRIVE** will determine the most appropriately trained department and persons for responding to crime and incidents, in the interest of effective investigation and meeting the needs of the victim. **THRIVE** should be used in conjunction with the National Decision Making Model (NDM).

T: Threat

What is the overall threat posed by the report, not only to the victim, but to the immediate family, children, community and location?



H: Harm

What is the impact of the threat? Consider not just the victim or witnesses, but also the community impact.



R: Risk

What risks are obvious or yet to be determined? What resources and specialist assets are needed to safeguard the victim or community?



I: Investigation

What is the legality, necessity, proportionality in relation to the offence being reported?



V: Vulnerability

What are individual or community vulnerabilities? Identify how police and partners best safeguard against harm.



E: Engagement

What is the safest means of engagement for the victim and what is the most effective means?



Health Services
COVID-19 Questionnaire

Detainee's Name _____ Date of Reception _____

Interim Recommendations:

The World Health Organization has declared the current coronavirus situation a **Public Health Emergency of International Concern.**

- The virus is thought to spread mainly from person to person. Between people who are in close contact with one another (within about 6 feet).
- The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with Corona virus coughs, sneezes or exhales.
- Some infected individuals are known to have traveled on international and domestic flights while infectious.

Please tick box

	Y	N
Have you traveled overseas since December 2019		
Have you been in contact with anyone who has traveled overseas?		
Where and when?		

During the COVID-19 Virus outbreak, extra vigilance is required to identify and report detainees with respiratory symptoms, fever, vomiting or diarrhea. Any detainees who appear ill, or who report not feeling well, should be observed or queried for the following signs or symptoms:

How are you feeling at present?

Please tick box

	Y	N
Fever (greater than 100°F or 37.8°C)?		
Tiredness?		
Dry Cough?		
Sore throat?		
Chills?		
Body aches?		
Stuffy nose?		
Vomiting and/or Diarrhea?		

Any detainees observed to have or who report having any of these symptoms should be issued a mask and reported immediately to the Police Doctor and Incident Commander. Additional cleansing and sanitation will be needed for cells and areas affected.