



Action plan for implementing the hybrid strategy to control the COVID-19 epidemic

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Ministry of Social Affairs and Health

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ISBN pdf: 978-952-00-5454-0

ISSN pdf: 1797-9854

Layout: Government Administration Department, Publications

Helsinki 2021 Finland

Action plan for implementing the hybrid strategy to control the COVID-19 epidemic

Publications of the Ministry of Social Affairs and Health 2021:26

Publisher Ministry of Social Affairs and Health

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Language English

Pages

83

Abstract

The Action Plan of the Ministry of Social Affairs and Health of 7 September 2020 (Ministry of Social Affairs and Health 2020:26) and the update of the Action Plan on 5 January 2021 (Ministry of Social Affairs and Health 2021:1), issued pursuant to the Government Resolution of 3 September 2020, have guided the authorities responsible for implementing the Communicable Diseases Act in the epidemiologically appropriate use of recommendations and restrictions. As the global pandemic continues, the action plan will be updated to remain in force until further notice, and it will be reviewed during the summer and autumn of 2021.

The aim of the action plan is to prevent the spread of the virus in Finland, protect the capacity of the healthcare system and shield and protect people, especially those who are most at risk. In order to effectively prevent the spread of infections, measures under the hybrid strategy must be epidemiologically timely, i.e. sufficiently proactive and broad in scope.

The action plan supports the measures taken in the regions to prevent the spread of the epidemic. Primarily the prevention of the epidemic under the Communicable Diseases Act takes place through local and regional measures. Effective infection tracking and local and regional response measures to prevent the spread of infections are also key to preventing the national epidemiological situation from getting worse again.

The action plan will be applied simultaneously with the post-crisis and recovery measures related to the epidemic. The epidemiological, social and economic impacts must be taken into account when using the recommendations and restrictive measures.

Keywords strategies, coronavirus, recommendations and restrictive measures, Ministry of Social Affairs and Health

ISBN PDF 978-952-00-5454-0

ISSN PDF

1797-9854

URN address <http://urn.fi/URN:ISBN:978-952-00-5454-0>

Toimintasuunnitelma covid-19 -epidemian hillinnän hybridistrategian toteuttamiseen

Sosiaali- ja terveysministeriön julkaisu 2021:26

Julkaisija Sosiaali- ja terveysministeriö

Tekijä/t Pasi Pohjola, Liisa-Maria Voipio-Pulkki, Satu Koskela, Jaska Siikavirta
Kieli englanti **Sivumäärä** 83

Tiivistelmä

Valtioneuvoston periaatepäätöksen 3.9.2020 nojalla annetut sosiaali- ja terveysministeriön toimintasuunnitelma 7.9.2020 (STM 2020:26) ja toimintasuunnitelman päivitys 5.1.2021 (STM 2021:1) ovat ohjanneet tartuntatautilain toimeenpanosta vastaavia viranomaisia suositusten ja rajoitusten epidemiologisesti tarkoituksenmukaisessa käytössä. Koska globaali pandemia edelleen jatkuu, toimintasuunnitelma päivitetään toistaiseksi voimassa olevaksi ja sitä tullaan tarkastelemaan kesän ja syksyn 2021 aikana.

Toimintasuunnitelman tavoitteena on hybridistrategian mukaisesti estää viruksen leviämistä yhteiskunnassa, turvata terveydenhuollon kantokyky ja suojella erityisesti riskiryhmiin kuuluvia ihmisiä. Jotta tartuntojen leviämistä voidaan tehokkaasti estää, hybridistrategian mukaisten toimenpiteiden on oltava epidemiologisesti oikea-aikaisia eli riittävän ennakkollisia ja laaja-alaisia.

Toimintasuunnitelmalla tuetaan alueellisia epidemian leviämisen estämistoimia. Epidemiaa torjutaan tartuntatautilain nojalla ensisijaisesti paikallisin ja alueellisin toimenpitein. Tehokas tartunnanjäljitys ja tartuntojen leviämisen estämiseen kohdennetut paikalliset ja alueelliset torjuntatoimet ovat avainasemassa myös valtakunnallisen epidemiatilanteen uudelleen vaikeutumisen estämiseksi.

Toimintasuunnitelmaa sovelletaan samaan aikaan epidemian jälkihoidon ja jälleenrakennuksen toimenpiteiden kanssa. Suositus- ja rajoitustoimenpiteiden käytössä on huomioitava epidemiologiset, sosiaaliset ja taloudelliset vaikutukset.

Asiasanat koronavirus, suositus- ja rajoitustoimenpiteet, strategiat, sosiaali- ja terveysministeriö

ISBN PDF 978-952-00-5454-0 **ISSN PDF** 1797-9854

Julkaisun osoite <http://urn.fi/URN:ISBN:978-952-00-5454-0>

Handlingsplan för genomförande av hybridstrategin för hantering av covid-19-epidemin

Social- och hälsovårdsministeriets publikationer 2021:26

Utgivare Social- och hälsovårdsministeriet

Författare Pasi Pohjola, Liisa-Maria Voipio-Pulkki, Satu Koskela, Jaska Siikavirta

Språk engelska

Sidantal

83

Referat

Social- och hälsovårdsministeriets handlingsplan 7.9.2020 (STM 2020:26) som utfärdades med stöd av statsrådets principbeslut 3.9.2020 och uppdateringen av handlingsplanen 5.1.2021 (STM 2021:1) har styrt de myndigheter som ansvarar för verkställigheten av lagen om smittsamma sjukdomar i fråga om en ur epidemiologisk synvinkel ändamålsenlig tillämpning av rekommendationer och begränsningar. Eftersom den globala pandemin fortfarande pågår uppdateras handlingsplanen att gälla tills vidare och den kommer att granskas under sommaren och hösten 2021.

Målet för handlingsplanen är att i enlighet med hybridstrategin förhindra spridningen av viruset i samhället, trygga hälso- och sjukvårdens bärkraft och skydda särskilt personer som hör till riskgrupperna. För att effektivt kunna hindra smittspridningen bör åtgärderna enligt hybridstrategin vara epidemiologiskt rättidiga, dvs. tillräckligt förutseende och omfattande.

Med hjälp av handlingsplanen stödjer man områdesvisa åtgärder för att hindra smittspridning. Epidemin bekämpas med stöd av lagen om smittsamma sjukdomar i första hand genom lokala och områdesvisa åtgärder. En effektiv smittspårning och riktade lokala och områdesvisa bekämpningsåtgärder för att hindra smittspridningen har en nyckelroll också med tanke på att förhindra en försämring av det nationella epidemiläget.

Handlingsplanen tillämpas samtidigt på eftervården av epidemin och åtgärderna för återuppbyggnad. Då man använder sig av rekommendationer och begränsningar bör de epidemiologiska, sociala och ekonomiska konsekvenserna beaktas.

Nyckelord coronavirus, strategier, rekommendationer, begränsningar, social- och hälsovårdsministeriet

ISBN PDF 978-952-00-5454-0

ISSN PDF

1797-9854

URN-adress <http://urn.fi/URN:ISBN:978-952-00-5454-0>

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PART I: Operational policies

1 Operational policies

In line with the hybrid strategy adopted on 5 June 2020, the goal of the action plan is to prevent the spread of the virus in Finland, to safeguard the capacity of the healthcare system and to shield and protect people, especially those who are most at risk. The Action Plan of the Ministry of Social Affairs and Health of 7 September 2020 (Ministry of Social Affairs and Health 2020:26) and of 5 January 2021 (Ministry of Social Affairs and Health 2021:1), issued pursuant to the Government Resolution of 3 September 2020, have guided the authorities responsible for implementing the Communicable Diseases Act in the epidemiologically appropriate use of recommendations and restrictions. The action plans have been drawn up on the basis of information current at the time for each six-month period. The spring 2021 action plan was supplemented by national tiers of epidemic prevention measures (Ministry of Social Affairs and Health 2021:11), the use of which was discontinued in May. However, as the global pandemic continues, the general principles of the action plan are updated to remain in force until further notice. The action plan will be repealed when it no longer serves its purpose. The Government will carry out a review of the action plan in summer and autumn 2021 to take account of the development of the epidemic and the progress in the vaccine rollout. The first review is scheduled to take place before 24 June and the second in early August. However, restrictions on public indoor events during the community transmission phase will be reviewed in early June.

All measures must be epidemiologically justified. To this end, the action plan provides three descriptions of the phases of the epidemic, the baseline, the acceleration phase and the community transmission phase, which are used to assess the need for and targeting of recommendations and restrictions and to support decision-making at regional and national level. Some details of the phase descriptions have been refined on the basis of experiences in spring 2021 and anticipation of the progress of vaccinations. However, keeping in mind that a majority of the population still lacks full vaccine protection, careful consideration must be exercised with any decision to lift restrictions or open up society. Measures included in the acceleration phase may be justified even for the baseline if the epidemiological situation nationally or in the neighbouring areas is getting worse. Should a community transmission phase be impending, it is justified to adopt all necessary measures without delay.

In order to effectively prevent the spread of infections, measures under the hybrid strategy must be timely, i.e. sufficiently comprehensive and proactive to prevent the epidemiological situation from deteriorating. In *baseline* areas, good hygiene, local

and regional official measures (identification of the root causes of infections, testing and breaking transmission chains) and preparation with respect to supplies for the possible worsening of the epidemic are the main recommendations. If the *acceleration phase* is imminent, in addition to the above measures it is necessary to further improve the effectiveness of measures pursuant to legislation on communicable diseases, the identification of infected persons, the tracing and breaking of transmission chains, and the introduction of new individual-level measures to prevent infections. If, despite all precautionary measures, signs of an impending *community transmission phase* become more common and the resources needed to prevent the epidemic threaten the availability of other services, the necessary additional measures include broader and stricter regional and national recommendations and restrictions as well as preparation for increasing treatment capacity.

The overall status of the national and regional epidemic situation and the measures under the hybrid strategy are monitored weekly in the COVID-19 epidemic situational picture and modelling group set up by the Ministry of Social Affairs and Health. The overall picture is published as part of the Finnish Institute for Health and Welfare's COVID-19 website.

The action plan is applied in parallel with the post-epidemic management and reconstruction measures and with the government guidelines on lifting restrictions (Government 2021:42). The use and discontinuation of recommendations and restrictive measures requires a comprehensive assessment, in which decisions are weighed in relation to epidemiological, social and economic impacts and in relation to fundamental rights. Regional cooperation groups have been established under the leadership of each hospital district to assess the epidemic situation in the area and to guide the necessary recommendations and restriction measures. The regional cooperation groups report at least weekly on their actions to the Finnish Institute for Health and Welfare.

The core team appointed by the Ministry of Social Affairs and Health monitors and evaluates the regional status and decision-making based on it and, if necessary, directs the administration under the ministry as well as the municipalities and joint municipal authorities in combating the epidemic.

The overall picture of the national measures is monitored and evaluated by the Ministry of Social Affairs and Health and the Government's COVID-19 coordination group, and it is regularly reported to the Government. The overall assessment of the impacts of the coronavirus measures, submitted by the Prime Minister's Office, examines the functioning and effectiveness of the hybrid strategy as a whole, and examines the existence of the framework and preconditions for regional activities. This ensures that decisions taken at regional level form a sensible and uniform whole and that the fight against the epidemic as a whole is effective and cost-effective.

PART II: Principles for the implementation of the hybrid strategy

2 Background and objective of the action plan updates

The COVID-19 epidemic began in Finland in March 2020. In March, Finland rapidly adopted measures aimed at curbing the epidemic based on recommendations, normal-conditions legislation and emergency powers legislation. Using primarily highly general and broad recommendations and restrictions aimed at reducing social contact, there was success in preventing the spread of the virus in society, safeguarding healthcare system capacity and protecting people particularly in high-risk groups. As the epidemic stopped growing, it was possible in Finland to move on to the implementation of the hybrid strategy adopted by the government on 6 May 2020, according to which extensive restrictive measures were replaced with more targeted measures in a controlled manner. On the basis of the epidemiological status, the Government established on 15 June 2020 that the epidemic can be controlled with the regular powers of the authorities.

As a result of the restrictions and support measures, Finland emerged from the first wave of the epidemic in the spring 2020 less scathed than the rest of Europe. The number of cases remained among the lowest in Europe, and the decline in total production in the second quarter was one of the lowest in the EU. In addition to the benefits, the measures to limit the epidemic have had adverse social, societal and economic impacts. Efforts have been made to mitigate these impacts with a number of support measures decided by the Government to help people, communities and businesses in the midst of the COVID-19 crisis. As a rule, the support measures have been successful, but they have put significant pressure on central government's financial situation.

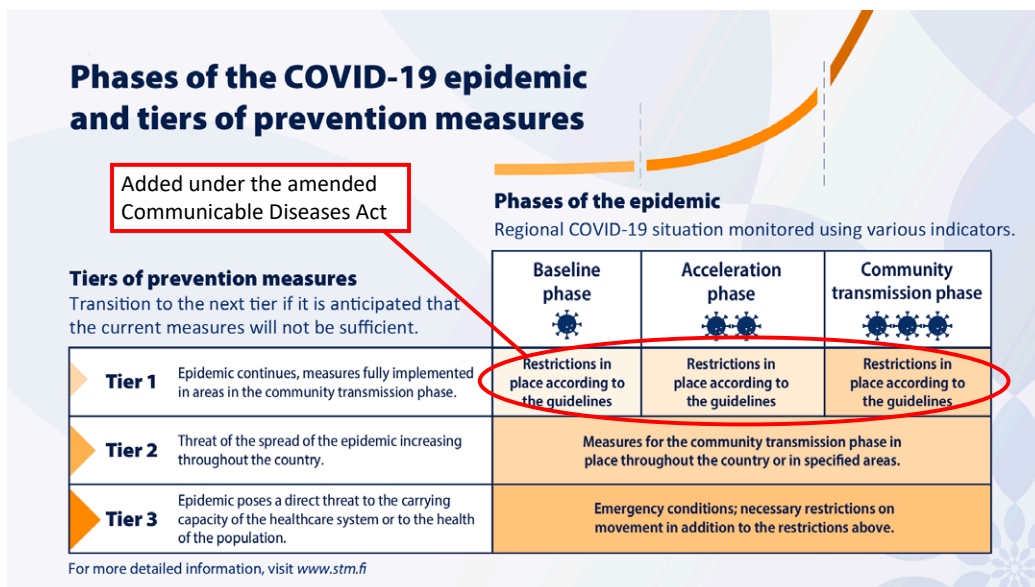
Despite the success of the restrictive and support measures, the integrity of society and the wellbeing of people have been put to the test. Extensive lay-offs, increased unemployment, reduced social contacts and problems with the availability of public services have occasionally affected the wellbeing of large population groups. In addition, significant treatment and service backlogs have been created in healthcare and social services. The effects of the epidemic and its restrictive measures on the wellbeing of the population, the economy and society as a whole will continue for a long time to come.

As autumn 2020 progressed, Europe and North America became the areas worst affected by the pandemic. In August 2020, after a very calm midsummer, the number of infections

also started to rise in Finland. After the fluctuating regional situation in September and October, the case accumulation began to grow rapidly [throughout the country in November](#), especially in the Helsinki metropolitan area.

The worrying domestic and international developments in autumn 2020 required updating the hybrid strategy action plan published at the beginning of September (Ministry of Social Affairs and Health 2020:26). According to Finland's [COVID-19 vaccination strategy](#), vaccination aims to reduce the burden from the disease, prevent death and loss of life, and safeguard the resource capacity of the healthcare system. At the beginning of 2021, the vaccine could not be trusted to have a significant impact on the course of the epidemic in the first half of 2021. This is why the time span for the update of the action plan (Ministry of Social Affairs and Health 2021:1) extended to the beginning of summer 2021. The Government supported the publication of the supplement to the action plan (Ministry of Social Affairs and Health 2021:11) at the end of January 2021, as stricter restrictions were needed nationwide to prevent the rapid acceleration of the epidemic and the spread of more contagious variants of the virus. The supplement described the tiers 1 to 3 of the measures to combat the epidemic. Figure 1 presents the phase classification and the structure of the methods to combat the epidemic, which were in force during spring 2021.

Figure 1. Phases of the epidemic and tiers of response February to April 2021.

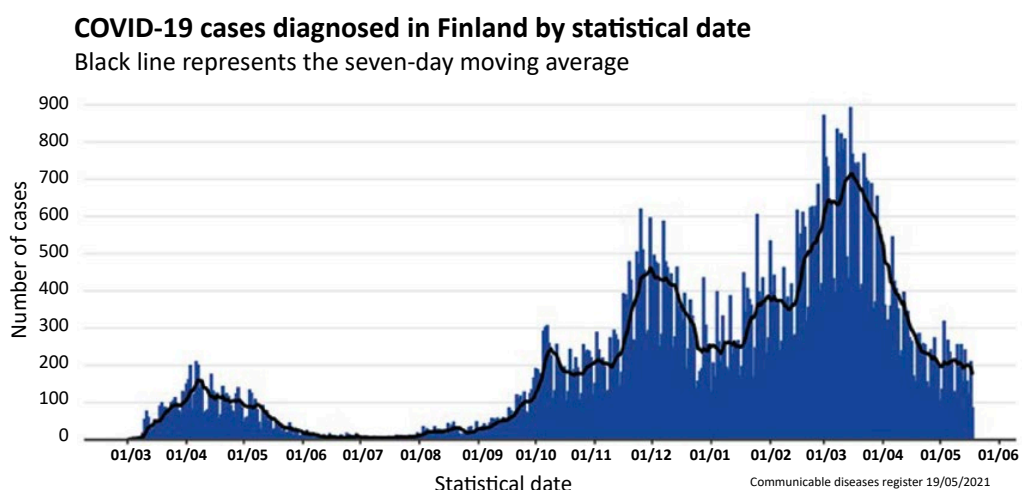


At the beginning of 2021, the total number of cases of the global COVID-19 pandemic halved in five weeks. In Europe, the trend was initially similar, and mortality from COVID-19 also fell sharply. This phenomenon was at least partly due to extensive

restrictive measures. However, new acceleration phases begun during the winter in the northern hemisphere, as in most countries the vaccination coverage had not yet been comprehensive enough to affect the course of the epidemic at population level. In late March and early April, the highest incidence rates in Europe were observed in Sweden and Estonia, our neighbouring areas. There has also been a high incidence in many central and eastern European countries, and restrictions have had to be tightened again. In the southern hemisphere, the situation has become more difficult, particularly in Asia, and at the end of April the global pandemic reached the highest daily infection rates ever recorded. A situation update of the global pandemic can be found on the ECDC website: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases> and an overview of the situation in Europe at <https://ecdc.europa.eu/en/covid19-country-overviews>.

In Finland, infections remained at a high level in January to February 2021, and started to increase rapidly again after mid-February (Figure 2). After mid-March, the number of infections started to fall again (Figure 2). The incidence of new infections over 14 days decreased to 52/100,000 inhabitants (weeks beginning 3 May and 10 May), while the corresponding figure peaked at 173/100,000 inhabitants (weeks beginning 8 March and 15 March). It is obvious that the tighter recommendations and restrictions adopted at the beginning of March, along with a high level of compliance, reversed the development of the epidemic for the better. Vaccinations have also contributed to the prevention of infections during the spring. During May, however, the slowing down of the epidemic stopped, and the number of infections reached a similar level as last October. Regional disparities have continued to be high, with the highest long-term incidence rates in southern and southwestern Finland. During the spring, however, large and rapid variations were also seen in areas that had remained stable for a long time.

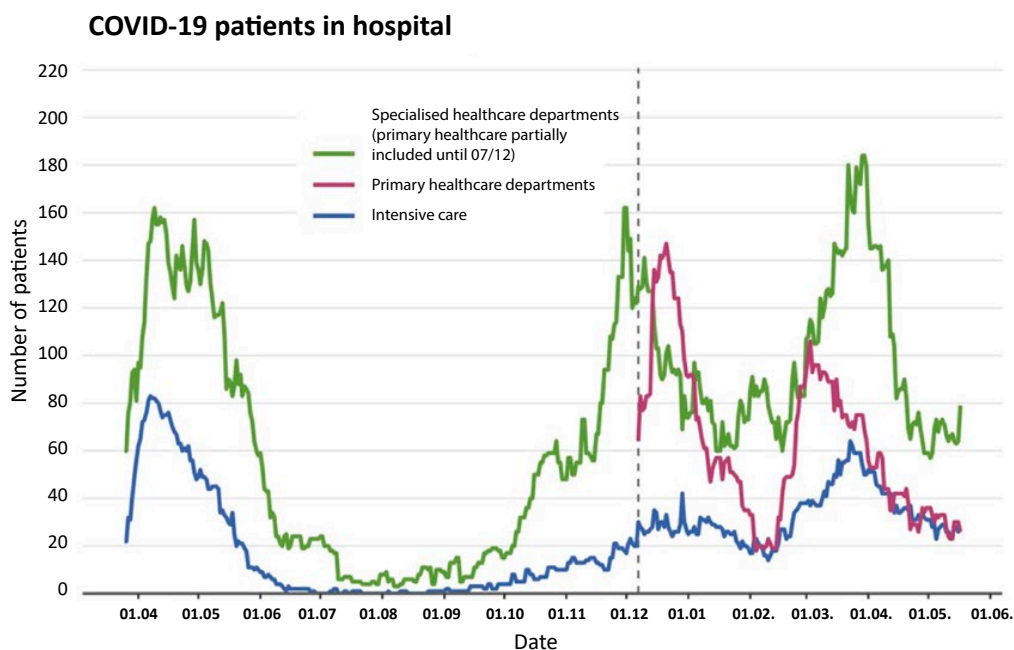
Figure 2. Breakdown of COVID-19 cases detected in Finland by statistical date. The black line graph represents a seven-day moving average. Reference THL



It is evident that since December 2020, more contagious variants of the virus have accelerated the growth of the epidemic and undermined the effects of the restrictions, both in Finland and elsewhere. By the end of May, the UK variant (B.1.1.7) had accounted for around 59% of all sequenced samples nationally, rising or emerging as the dominant virus in most regions. The SA variant (B.1.351) has also become more common: it accounts for about 19% of all sequenced samples and is found all over the country. The proportion of other variants has so far been low.

During March, the need for hospital and intensive care also increased sharply (Figure 3). Since the turn of April, the pressure on hospital and intensive care has dropped again, probably due to a combined effect of the extensive restrictions introduced in March and the progress of vaccinations. The forecast for new hospital and intensive care periods has also fallen to a fraction of the peak in March.

Figure 3. Number of patients hospitalised during the COVID-19 epidemic. Reference THL



Despite the improvement in the situation, a high number of infections are still being detected. Consequently, the situation may deteriorate again rapidly if contacts between people increase significantly and the virus is able to spread more freely in the population. Weekly epidemiological reports, including reviews of the regional situation, are available on the website of the Finnish Institute for Health and Welfare (<https://thl.fi/koronaviruksen-seuranta>).

During spring 2021, coronavirus vaccinations have progressed well in all special areas of responsibility. The Finnish Institute for Health and Welfare reports daily on the progress of vaccinations on its website (https://www.thl.fi/episeuranta/rokotukset/koronarokotusten_edistyminen.html). By 18 May, nearly all those in medical risk groups, more than 90% of those aged 70 or older and 46% of the total adult population had received a single dose of vaccine. As of March, vaccines are estimated to have reduced the need for hospitalisation of people with COVID-19 (<https://thl.fi/fi/-/ensimmais-et-arviot-koronarokotteiden-tehosta-suomessa-saatu>). However, the vaccination coverage is not high enough to allow a more comprehensive lifting of restrictions. As vaccinations progress and the vaccination coverage increases across the regions and population groups, it will become necessary to examine the need for various restrictive measures. This review will take place in June and August 2021.

As spring progressed, the significant improvement in the epidemiological situation, the progress of vaccinations and the likely seasonal variation opened up prospects for how Finland could prepare for the gradual opening up of society in late spring and summer 2021. The capacity to move towards the gradual opening up of society should be created, even if some restrictions will be kept in place to keep the number of infections falling. A government memorandum published on 21 April 2021, Guidelines for the controlled dismantling of restrictions and recommendations put in place due to the COVID-19 epidemic (Government 2021:42) described the Government's objectives for lifting restrictions and recommendations related to COVID-19. The guidelines were based on research data, modelling, forecasts and monitoring. The aim has been, as permitted by the epidemiological situation, to build a bridge to a time when a large proportion of the adult population has received at least one dose of vaccine. According to the Guidelines memorandum, the Government considers it important that the competent authorities in the regions draw up their own, more detailed regional dismantling plans.

This update of the action plan has been drawn up in a situation where the state of emergency declared on 1 March 2021 had ended on 27 April 2021 and the tiers of measures for containing the epidemic (Figure 1) were discontinued on 10 May 2021. Going forward, it will primarily be the responsibility of regional and local authorities to monitor the epidemiological development in their area and to take timely and comprehensive decisions proactively. However, any planned controlled lifting of restrictions and gradual opening up of society while the global pandemic is still continuing requires that the overall national situation is taken into account. Everyone must take responsibility for complying with the necessary restrictions and, in particular, the recommendations.

The aim of the hybrid strategy's action plan is to keep the development of the epidemic in Finland under control until the immediate effects of the coronavirus epidemic and the risk of a resurgence of the epidemic in Finland have been significantly reduced through vaccination. The update will therefore be valid until further notice. As the situation develops, the action plan will be reviewed during the summer, first in June and then later on.

3 Finland's baseline epidemiological scenario for 2021

Restrictions and recommendations preventing the growth of the epidemic, the health safety at borders and the progress of the coronavirus vaccinations will determine the development of the Finnish epidemic in late spring and summer 2021. The key objective is to keep the epidemic under control until vaccination coverage significantly reduces the main effects of COVID-19 (high mortality among older people and serious illness among middle-aged and older populations and, as a consequence, a high risk of overloading the capacity of the healthcare system). The more slowly the restrictions are lifted, the more the prerequisites for a gradual but significant opening up of society will improve in late spring and early summer. Finland's baseline epidemiological scenario is described in more detail in the [background memorandum](#) drawn up for the Government's Guidelines document.

The order of vaccinations also follows a model aimed at preventing mortality and morbidity as effectively as possible and ensuring the functional capacity of the healthcare system. Taking into account the current order of vaccinations, dose intervals, safety-based restrictions on vaccine use and uncertainties in the currently known delivery schedule for vaccines, the Finnish Institute for Health and Welfare estimates that vaccinations will progress so that the people in the highest risk group will have received one dose by mid-May and two doses by the weeks beginning 23 August and 30 August (late August or early September). Vaccinations in the working-age adult population progress from the oldest to the youngest in the order of age from May to July. It is likely that the majority of over-16s will have been offered their first dose of vaccination during July. Even if the vaccination coverage of the adult population is high, it is still likely that in autumn 2021 there will be regional or population-specific pockets of lower vaccination coverage that can cause local chains of transmission. It is important that vaccinations continue throughout 2021.

COVID-19 mortality has already decreased considerably during spring 2021, as people aged 70 and older have been vaccinated for the most part. However, there may still be a significant need for hospitalisation due to the reasonably high risk of as yet unvaccinated people above middle age developing a more serious form of the disease. By the time all those over the age of 40 have received at least one dose, the morbidity requiring hospitalisation is expected to be low. During the summer period, it will be very important to ensure that the pace of vaccination does not slow down, so that vaccination coverage is as high as possible when autumn arrives. However, a growing proportion of unvaccinated

people are young enough not to have predisposing risk factors, meaning that the proportion of serious cases in infections is expected to continue to decrease.

During winter 2021–2022, COVID-19 infection rates may still be moderately high, perhaps fluctuating according to region and vaccination coverage. There may be several smaller local waves of the epidemic during the winter. Since, based on current information, vaccination is also likely to provide good protection against serious forms of the disease caused by the variants currently present in Finland, the impact on hospital capacity can be expected to be small. However, it is possible that the virus may mutate in the future so that the effectiveness of the vaccines currently in use will decrease more rapidly than anticipated. In this case, maintaining adequate vaccination protection for the population would require annual vaccinations in the same way as with seasonal influenza. At present, it is also not possible to be sure whether a third vaccination is needed to create sufficiently long-term immunity and, if so, how it should be targeted and timed. The epidemic will only end when such a percentage of the population is protected from infection that the effective basic reproduction number remains well below one, even if contacts increase to pre-pandemic levels.

4 Epidemiological grounds for measures

Recommendations and restrictions under the hybrid strategy may target individuals, communities or the entire population. The measures must be epidemiologically justified and proactive due to the characteristics of the virus. The Action Plan of the Ministry of Social Affairs and Health (Ministry of Social Affairs and Health 2020:26) and its first update (Ministry of Social Affairs and Health 2021:1), issued pursuant to the Government Resolution of 3 September 2020, describe the criteria for assessing the need for and targeting measures both regionally and nationally.

In the action plan, the status of the epidemic is divided into three phases: the baseline, the acceleration phase and the community transmission phase.

This classification is not entirely categorical; instead, indicative criteria have been used to help identify and evaluate the phases of the epidemic. The incidence criteria selected in summer 2020 during a stable period of the epidemic initially proved to be relatively low, and there has been no reason use them alone as classifiers of the epidemiological situation without further analysis of other criteria and the source of infections. Particular attention must be paid to the success of infection tracing. According to the WHO [criteria](#), uncontrolled spread in the population is a key characteristic of the worsening of the epidemic situation and has also proved to be such in Finland.

The phase classifications of the epidemic have proved to work quite well in practice, and their interpretation has gradually become more consistent between regions. It is therefore not appropriate to change the incidence limit values, especially when it is expected that as more people are vaccinated average infection levels should fall. Moreover, phase classifications are not dependent on the presence of virus variants in the population. However, the situation should be reviewed if the effectiveness of vaccination against variants significantly weakens.

Phase classifications:

1. *Baseline* means that the epidemic is not growing.
 - a. incidence of infections is low
 - b. local and regional chains of transmission may be detected from time to time but they are manageable; those exposed can be traced without a delay that would increase the risk of further infections and no significant spread of the virus outside known clusters is detected

- c. New cases are either random isolated cases or are mainly diagnosed in people in quarantine
2. During the *acceleration phase*, there is an increase in the epidemic and the regional incidence of cases is higher than the baseline. There are several local and regional transmission chains. The following criteria can be used to help assess the epidemic:
 - a. 14-day case total for infections does not exceed 25/100,000 inhabitants
 - b. the proportion of positive samples is $> 1\%$
 - c. mass exposures occur¹
 - d. more than 2/3 of the sources of infection can be determined and the chains of transmission can be broken without delays due to tracing
 - e. functional capacity of healthcare and social welfare systems and the availability of services can be secured without special measures
 3. During the *community transmission phase*, the growth of the epidemic continues to accelerate, and the cases in the population will spread regionally or more widely. Tracing becomes more difficult. The following criteria can be used to help assess community transmission:
 - a. 14-day case total for infections is around 25–50/100,000 inhabitants
 - b. Proportion of positive samples is $> 2\%$
 - c. traceability decreases, approximately 2/3 of the sources of infection or fewer can be traced; the amount of resources needed to contain the epidemic increases
 - d. the need for hospital and intensive care is projected to increase

The epidemiological situation and the necessary, effective and proportionate measures required by it must always be assessed at national, regional or local level. It should be noted that the threat or risk of a deterioration of the regional epidemiological situation may also require measures other than those in line with the region's own situation. For example, it may be justified to deploy appropriate acceleration phase measures at baseline if there are signs that the number of cases is increasing in the region or the national epidemiological situation is beginning to deteriorate.

From an epidemiological point of view, there must be at least two weeks between evaluations of the measures in order to reliably assess the effects of the measures.

¹ In the case of mass exposures, it should be noted that the risk of further infections is different. In schools especially, the number of further infections between children has been relatively low. The phase assessment must therefore give a clearly higher weight to high-risk mass exposures that take place in other situations.

In order to effectively prevent the spread of infections, measures under the hybrid strategy must be put in place in a timely manner and sufficiently proactively and comprehensively; in other words, they must be targeted on the basis of epidemiological efficiency and expediency.

1. Measures implementing the *test, trace, isolate and treat* principle primarily target individuals suspected to be infected and their exposed close contacts. The aim is to break the transmission chains and prevent the wider spread of the virus in the population.
2. *Targeted recommendations and restrictions* are targeted at facilities, events and activities where the risks of spreading the virus can reasonably be considered elevated. As a rule, these restrictions are adopted at the local or regional level. Even then, the restrictions must be necessary and proportionate to the risk.
3. *Recommendations for the entire population* generally reduce contacts (maintaining physical distance, remote working recommendation), reduce the chances of virus infection in daily life (respiratory and coughing hygiene, face masks) and facilitate infection tracing, if necessary (the Koronavilkku application).
4. *Extensive restrictions on the population* may be justified as last-resort measures in order to prevent the threat of a serious spread of the epidemic.

At the baseline level of the epidemic, emphasis is placed on the hygiene recommendations for the entire population, local and regional official measures (identification of the root causes of infections, testing and breaking the transmission chain) and preparation with respect to supplies for the possible worsening of the epidemic. The strategic objective of these measures is to continue keeping Finland in a “still phase” where the epidemic does not expand.

In addition to the above-mentioned measures, the threat of an acceleration phase should proactively enhance measures under communicable diseases legislation, identification of the infected, tracing and breaking of chains of transmission by means of sufficiently comprehensive identification of sources of infection. In addition, it is necessary to introduce new individual-level measures to prevent infection. It is essential to test without delay in accordance with the recommendations, ensure rapid tracing and, if necessary, target situations with a high risk of exposure, and impose quarantine measures in case of mass exposures, including when anticipating a situation where the implementation of COVID-19 measures could make it more difficult for people to access other health and social services. The means available to regional and local authorities are described in more detail in chapter 9, part 3. Implementation of recommendations directed at the entire population must be strongly supported by means of communication. People must be told clearly what the recommendations mean and what they aim to achieve.

In the event that, despite all precautions, signs of the threat of the community transmission phase become more widespread, the necessary additional proactive measures include rapid, strict and sufficiently extensive local and regional restrictions, appropriately applied. In addition, preparations must be made for increasing care capacity required to implement the COVID-19 measures, while keeping other services needed by the population at an adequate level and safely implemented. At the community transmission phase, it is justified to adopt all necessary measures without delay in order to safeguard the functioning of the entire healthcare and social welfare service system.

The tightening of recommendations and restrictions must be reflected in relation to their immediate objective of managing the epidemic situation through the reduction of physical contacts. On the other hand, these measures also reduce encounters that create social cohesion, trust and economic and other social value. The acceptability of the measures depends on their proven effectiveness in controlling the epidemic and the social tolerance of the population, while economic activity and sustainability determine the capacity of the public authorities to bear responsibility for the wellbeing of the population now and in the future.

The implementation of the hybrid strategy is based on monitoring the epidemiological situation, an overall assessment of a diverse set of indicators and a rapid response by the authorities if the situation so requires. The Finnish Institute for Health and Welfare compiles and maintains an up-to-date epidemiological status at national and regional level. The COVID-19 status and modelling group appointed by the Ministry of Social Affairs and Health discusses a weekly status report before it is published.

The overall status and the picture of the national measures are monitored and evaluated by the Ministry of Social Affairs and Health and the government's COVID-19 coordination group, and the status is regularly reported to the Government. This ensures that decisions taken at regional level form a sensible and uniform whole and that the fight against the epidemic as a whole is effective and cost-effective. At the government level, the examination particularly applies to the operation and effectiveness of the hybrid strategy as a whole as well as the existence of the framework and prerequisites for regional action.

The measures to be taken at any given time are selected on the basis of an overall assessment, so that the benefit achieved in managing the epidemic is maximised in relation to the adverse social and economic effects of each measure. On the basis of this monitoring and overall assessment, the restrictive measures may be lifted, maintained or reinstated.

Orderly dismantling of the restrictions will take place on the terms of the epidemic, in other words: provided that a stable epidemic situation and a favourable trend throughout the country are observed. The three points set out in the Government Guidelines memorandum can be used as indicative criteria (Figure 4).

Figure 4. Criteria for the orderly lifting of restrictions in the Government Guidelines memorandum.

1. The epidemic has clearly subsided nationally over a three-week period.
2. Vaccination coverage in the population must be sufficiently good and there are no significant differences in vaccination coverage at regional or population level.
3. There is no indication that a virus variant with unknown characteristics or which significantly undermines the protection provided by vaccines would hamper the overall assessment of the epidemiological situation.

A prerequisite for the gradual opening up of society is that the restrictions have turned the total number of infections into a clear and long-term decline. The uncertainties and risks of lifting the restrictions are related to a permanently high level of infection, a slower-than-planned progression of the vaccination programme and the potentially debilitating effects of the variants of the virus on the epidemic and on the effectiveness of vaccines. The same uncertainties also affect the medium-term course of the epidemic and may increase the need to reintroduce restrictions that have already been eased or completely lifted.

The assessment of all measures and the consideration of their dismantling must consistently take account of the public authorities' obligation to prevent the spread of the epidemic and safeguard the operational capacity of the healthcare system. Decision-makers must therefore anticipate the relevance and impact of each set of measures as the situation develops. In the light of the effectiveness of the measures and the monitoring of the overall benefits and costs, the authorities have the duty to take the necessary measures to safeguard fundamental rights. From the perspective of the system of fundamental rights, safeguarding the operational capacity of healthcare and taking measures to prevent and slow down the spread of the epidemic are highly important objectives. Sufficient measures must be taken to safeguard them, and the necessary measures must be taken promptly in the event of a development that differs from the forecast.

The medical and epidemiological mitigation measures of the COVID-19 pandemic are constantly evolving. Decision-making needs to be supported by continuously updated information on the nature and global progress of the COVID-19 epidemic, the impact of the variants of the virus on the epidemic, and an assessment of the epidemiological, social, economic and other societal impacts of restrictive measures. Although research data and the generation of data internationally must be closely monitored, for a long time to come decisions will have to be taken proactively and on the basis of the best possible expert assessment.

5 Legal basis for the measures

The government resolution of 6 May 2020 stated that as Finland had been successful in curbing the progress of the epidemic, extensive restrictive measures were being replaced with more targeted measures in a controlled manner. The aim is to effectively control the epidemic while minimising the impact on people, businesses, society and the realisation of fundamental rights. In its reports, the Constitutional Law Committee has emphasised the primacy of normal-conditions legislation and of powers that interfere with fundamental rights as little as possible (PeVM 20/2020, PeVM 19/2020, PeVM 17/2020, PeVM 9/2020 vp).

Since then, the Constitutional Law Committee has stressed that, even under normal conditions, protecting the health of the population and maintaining the functional capacity of the healthcare system in the context of a pandemic are very important justifications from the point of view of the fundamental rights system, and can justify exceptionally far-reaching action by the authorities, including those interfering with the fundamental rights of people. However, when preparing the restrictions, it must be possible to justify in considerable detail the necessity and proportionality of the measures proposed. The Constitutional Law Committee has also emphasised the requirement of the general prerequisites for restricting other fundamental rights, in particular the strict and precise nature of the restrictions, as well as the clarity of regulation and the basis on legislation of measures targeting people's normal lives (PeVL 32/2020 vp). The regional scope of regulation is relevant for the necessity and proportionality of regulation (PeVL 31/2020 vp). The Constitutional Law Committee has also drawn attention to the need to limit the validity period of the fundamental rights restrictions imposed as a result of the coronavirus epidemic to the minimum necessary (PeVL 32/2020 vp).

The Constitutional Law Committee and the highest supervisors of legality, the Chancellor of Justice of the government and the Parliamentary Ombudsman have stressed in their positions and decisions that the authorities must always be able to derive their activities from the clear grounds for competence laid down in the legislation enacted by the parliament in accordance with the rule of law and the requirement of exact compliance with law included in it. Thus, the legal significance of the matter must also be clear in all actions and communications concerning them (PeVL 32/2020 vp, decision of the Chancellor of Justice No. OKV/61/10/2020, decision of the Deputy Parliamentary Ombudsman No. 3739/2020 and 3257/2020).

The Communicable Diseases Act requires the authorities referred to in the Act to take immediate action after receiving information on the occurrence of a communicable disease requiring control measures. The measures of the authorities must be swift and anticipate the situation and exercise the powers assigned to the authority without delay, but in accordance with the principles of proportionality, necessity and purpose limitation as well as other requirements of good administration (see Deputy Chancellor of Justice decision No. OKV433/70/2020).

Article 12 of the International Covenant on Economic, Social and Cultural Rights provides for a general right to health and its protection. On the basis of a general comment guiding the interpretation of the convention, the right to health obliges the public authorities to combat dangerous communicable diseases and, in particular, to take preventive measures at population level, to maintain and safeguard adequate healthcare capacity and to protect groups at special risk.

The general criteria for restricting fundamental rights guide the scope and content of the restrictions and also recommendations restricting people's lives. The requirements concerning the acceptability and proportionality of the restrictions in relation to the objective pursued are essential, as are the precise definition, accuracy and provision of the restrictions by law as regards the limitation of freedoms. At this stage, the legal premises for anticipation can be described as follows:

1. Section 19(3) of the constitution provides an obligation for public authorities to guarantee adequate health and social services for everyone and to promote the health of the population, which obligations contribute to implementing the obligation to act of the public authorities in accordance with the right to life, as provided by section 7 of the constitution and, for example, the right to health and its protection under the International Covenant on Economic, Social and Cultural Rights, and similar rights, including in the Conventions on the Rights of Children and Persons with Disabilities. In accordance with the practice of the Constitutional Law Committee, these constitute strong grounds for restricting fundamental rights and issuing recommendations and guidelines.
2. The right to a healthy and safe environment pursuant to section 20 of the constitution, and the obligation of the public authorities to promote it, are becoming increasingly important. In other words, at the baseline level of the hybrid strategy, i.e. during a quiet phase, the healthy environment provided for in section 20 of the constitution is emphasised, in addition to targeted measures under the Communicable Diseases Act and general hygiene measures. Recommendations and restrictions that are more generally targeted at the population are strengthened in the acceleration phase.

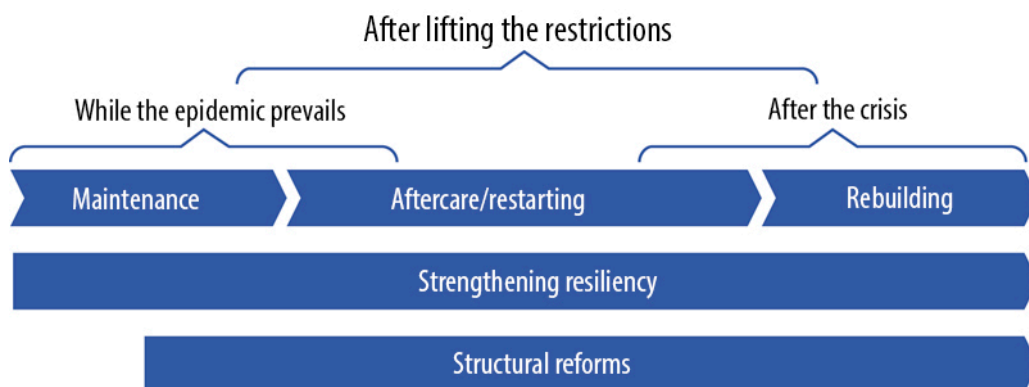
According to the Constitutional Law Committee, in particular as the epidemic situation continues, preparations should be made for any permanent changes that may be required in normal-conditions legislation. In connection with the reform of the Communicable Diseases Act, which plays a key role, it should be assessed whether the regulations to be issued and regulations that can be issued are also up to date in future changing situations, or whether there is also a need for other, more detailed standard guidance in terms of anticipation. In normal circumstances, it is legally most sustainable to update other legislation to allow for flexible approaches to take justified action to combat infectious diseases. The timeliness of the regulatory basis must be continuously assessed in the light of the changing situation and information. The task of the ministries in cooperation with other ministries is to identify and assess the needs for legislative changes and to take the necessary initiatives to make legislative changes.

Knowledge on the clinical picture, spreading and means of combating the COVID-19 epidemic has increased rapidly but remains inadequate. In legal terms, uncertainty and risks can be taken into account in a proactive way when weighing restrictive measures, which is also very important for minimising the adverse effects of the recommendations and restrictive measures. The Communicable Diseases Act and the Occupational Safety and Health Act as well as the corresponding provisions on the safety of learning environments form the legal basis of the action plan.

6 Relation of measures to aftercare and reconstruction

The short and long-term social and economic impact of the COVID-19 crisis was already being considered after the first wave of the epidemic in the [second part](#) of the report of the exit and reconstruction working group. The report also presented a plan for a strategy for aftercare and reconstruction following the COVID-19 crisis (Figure 5). The aim of aftercare is to support the safe recovery of society, prevent long-term adverse effects of the crisis and strengthen trust in society. By implementing a long-term strategy, Finland's goals of building a socially, economically and ecologically sustainable society can be promoted, helping the country emerge from the crisis with a stronger society. This will also contribute to the launch of the economic recovery.

Figure 5. Social support measures at different stages of the crisis.



Many of the economic and operational impacts of the pandemic are global and are due to the reaction of people and companies to the situation. Domestic policy has helped reinforce confidence in successfully coming out of the crisis. During the epidemic, Finland's economic development has been more favourable than in the rest of Europe.

Until now, efforts have been made to limit the pressure on the economy due to COVID-19 through measures that support economic activity and directly stimulate economic growth. Over time – and especially when the final curbing of the epidemic is in sight – the emphasis will gradually be placed on measures to permanently improve the sustainability of economic development. As an example of this, Finland is about to present to the EU a sustainable growth reform programme and is seeking EU funding for the investments

it requires. The reforms carried out under the programme aim to ensure that the post-epidemic recovery takes place not by restoring the old economy but by reinforcing economic structures and competitiveness. The ambitious goal is to accelerate the green transition and digitalisation of the economy.

Under the leadership of the Prime Minister's Office, alternative short-term and medium-term scenarios have been outlined for the development and effects of the COVID-19 epidemic. The short-term scenarios drawn up for 2021 (Prime Minister's Office 2021:10) and the resulting assessments of the epidemic's combined and interrelated effects on the economy, health and society pointed to the conclusion that swift and decisive action to contain the epidemic would lead to the most favourable outcome when considering the national economic indicators and other impacts on society. Strict restrictive measures may have to be brought back, but the duration of the restrictions will be shorter and their detrimental effect on normal life lower than in the options for postponing them. The models show that the outcomes would be particularly harmful if restrictions are postponed, allowing the epidemic to get out of hand and subsequently force extensive restrictions later to restore control.

The medium-term scenario (Prime Minister's Office 2021: 41) looked at possible developments until the end of 2023. Prolonged restrictive measures may cause very serious social problems and have major negative economic consequences, especially in sectors directly affected by the restrictions. However, the scenario concluded, on the basis of empirical research, that the social and economic benefits of keeping the epidemic under control would outweigh the disadvantages of restrictive measures in the longer term. Keeping under control means that the epidemic does not jeopardise the capacity of the healthcare system and does not cause disruption to economic activity or other activities of society and people's everyday lives. It also means that strict restrictions would not be necessary. Recommendations and regulations would remain in force up to a level which would not have a significant impact at the national level. In practice, getting the epidemic under control means that we have returned from a state of crisis to a new normal state. In this case, the economic recovery can also get under way properly, and healthcare and social welfare can move on to the aftercare phase of the epidemic.

PART III: Use of recommendations and restrictions

7 Regional coronavirus coordination groups

The aim of regional action is to contain the epidemic and prevent the spread of infections at regional and national level. In order to implement the recommendations and restrictions, the Ministry of Social Affairs and Health directed municipalities and hospital districts in early autumn 2020 to organise their areas for consideration and decision-making of recommendations and restrictions.

Regional coronavirus coordination or cooperation groups were established based on hospital districts, which include at least representatives from the hospital districts, municipalities, the Finnish Institute for Health and Welfare and Regional State Administrative Agencies. In order to take into account the impacts on business life, local Centres for Economic Development, Transport and the Environment are also widely involved in the regional groups. As a result of the amendments to the Communicable Diseases Act concerning restrictions on public transport, the Finnish Transport and Communications Agency has been involved in the work of the authorities in the regions since early 2021. The groups meet regularly to assess the regional epidemiological situation and consider what recommendations and restrictions are needed to contain the epidemic. This assessment plays a role in supporting and guiding the decisions of the competent authorities and their coordination. The decisions are justified by the needs of the region and describe the overall assessment of the epidemiological and societal impact of the measures.

Since autumn 2020, the Ministry of Social Affairs and Health has provided Regional State Administrative Agencies as well as municipalities and hospital districts with more detailed guidance and support in the implementation and decision-making of measures.

8 Tasks and powers under the Communicable Diseases Act

Pursuant to the Communicable Diseases Act, state authorities and expert institutions as well as municipalities and joint municipal authorities must systematically combat infectious diseases and be prepared for healthcare disturbances. They must take immediate action when informed of an infectious disease that requires prevention measures or of the risk of such a disease within their operating area.

8.1 Regular roles of public authorities

The general planning, steering and monitoring of the prevention of infectious diseases are the responsibility of the Ministry of Social Affairs and Health. The ministry is responsible for preparing for healthcare disturbances or their risk on a national scale, and for operating as leader in such situations. The expert institution in the prevention of infectious diseases is the Advisory Board on Communicable Diseases that works in association with the Ministry of Social Affairs and Health. Key tasks of the ministry include providing the competent authorities with priorities and guidelines and ensuring their operating conditions by means of guidance, legislative drafting and funding preparation. In accordance with current legislation, restrictions concerning food and beverage service businesses are decided by a government decree on the presentation of the Ministry.

The Finnish Institute for Health and Welfare is the national expert institution in the control of communicable diseases. It uses its expertise to support the Ministry of Social Affairs and Health and Regional State Administrative Agencies, maintain national epidemiological monitoring systems for the prevention of communicable diseases, and guide and support the prevention of communicable diseases in municipalities, joint municipal authorities in hospital districts and in social welfare and healthcare units (section 7 of the Communicable Diseases Act). In accordance with this task and based on its expertise, the Finnish Institute for Health and Welfare is responsible for assessing the risk of communicable diseases and for supporting and guiding the activities of other health authorities in the measures required by these risks. The Finnish Institute for Health and Welfare must provide information on the severity and nature of the risks and assess the needs for measures necessary to combat them in accordance with the Communicable Diseases Act, as well as the criteria for the medical assessment of these measures on a case-by-case basis. Statutory measures are based on voluntary testing, possibly mandatory testing, tracing of detected chains of transmission, quarantine, isolation and

certain restrictions on the use of facilities and the organisation of events. Some of the measures are issued for guidance and are based, for example, on a recommendation to self-isolate and other recommendations to prevent the spread of infections. For each measure, the Finnish Institute for Health and Welfare must establish criteria to assess in which types of cases the measure is used. Other health authorities, i.e. Regional State Administrative Agencies, hospital districts and other joint municipal authorities as well as municipalities, apply the guidance and recommendations in their own activities.

The Regional State Administrative Agencies coordinate and supervise the control of communicable diseases in their respective areas (section 8 of the Communicable Diseases Act). They control that the hospital districts have sufficient healthcare preparedness for incidents in their respective regions. The Regional State Administrative Agency oversees that prevention work is carried out in accordance with the provisions, and supervises the implementation of national plans and decisions of the Ministry of Social Affairs and Health. The Regional State Administrative Agency must have a physician in charge of infectious diseases in public service employment relationship. In addition, it is within the power of the Agency to make certain decisions. Under section 15 of the Communicable Diseases Act, the Regional State Administrative Agency may order a health examination to be organised in its region for persons in a specific locality or workplace, institution, vehicle or other such location within its operating area, if such an examination is necessary to prevent the spread of a generally hazardous communicable disease. Further, under section 16 of the Act, the Regional State Administrative Agency may order compulsory participation in a health examination if necessary to prevent the spread of a generally hazardous communicable disease or a disease that is justifiably suspected of being generally hazardous. The Agency also takes decisions under section 58 of the Act to restrict the use of certain facilities (educational institutions, healthcare and social welfare units) or the organisation of events when the need for such decisions exceeds municipal boundaries. The main task of the Regional State Administrative Agency is therefore to ensure that hospital districts, other joint municipal authorities and municipalities comply with their obligations under the Communicable Diseases Act. The Agency is not the authority responsible for guiding the control of communicable diseases in terms of content. However, the supervisory function includes the obligation to guide those under supervision in respect of what is required by legislation, case law and the guidance of the Finnish Institute for Health and Welfare on content. This also applies to the content of other applicable healthcare and social welfare legislation.

The National Supervisory Authority for Welfare and Health guides the activities of Regional State Administrative Agencies in the implementation, coordination and harmonisation of supervision and the related guidance. In addition, the National Supervisory Authority for Welfare and Health monitors the legality of how infectious diseases are controlled and provides relevant guidance in certain nationwide situations.

The joint municipal authority of the hospital district guides and supports municipalities and healthcare and social welfare units with their medical expertise in the control of infectious diseases, develops diagnostics and treatment of infectious diseases at regional level, and investigates epidemics together with municipalities (section 8 of the Communicable Diseases Act). The hospital district prepares for the prevention and treatment of exceptional epidemics and ensures that treatment-related control of infections is developed in the social welfare and health care units in its area. The joint municipal authority of the hospital district must have a physician in charge of infectious diseases in a public service employment relationship. It is the responsibility of the hospital district to refine the picture of the epidemiological situation in the area and to draw conclusions based on it and on the basis of information and instructions from the Finnish Institute for Health and Welfare. In particular, the hospital district must monitor the fulfilment of the application thresholds laid down in sections 58d, 58e, 58f and 58 g of the Communicable Diseases Act and submit statutory notifications to the authorities if the values are exceeded or fall below the threshold. Accordingly, the hospital district must provide more detailed instructions to the municipalities in its area on the content of the measures and implement them with a division of labour agreed with the municipalities. In accordance with its expertise, the hospital district must also ensure that the measures taken to control communicable diseases in its area are harmonised in terms of their content. With regard to actual measures taken at border crossing points, the responsibility for organising and carrying out such measures lies with the municipality of the area where the crossing point is located, as provided in the applicable legislation, the resulting content guidance issued by the Finnish Institute for Health and Welfare and the municipality's discretion in accordance with the law. Possible cooperation and coordination of operations must be agreed with the hospital district. As agreed, the hospital district may participate in the implementation of the measures set out below.

The Regional State Administrative Agency and the joint municipal authorities for hospital districts within the agency's operating area must collaborate in the prevention of infectious diseases. The Regional State Administrative Agency makes the administrative decisions laid down in the Communicable Diseases Act using the expertise of the joint municipal authority for hospital district, the specific catchment area, and the Finnish Institute for Health and Welfare. Regional preparedness and contingency planning for the prevention of infectious diseases are implemented in accordance with [section 38 of the Health Care Act \(1326/2010\)](#), taking into account the operation of occupational healthcare and private healthcare services.

Municipalities are responsible for organising the control of infectious diseases referred to in the Communicable Diseases Act within their area as part of their public health work, as laid down in the Primary Health Care Act ([66/1972](#)), the Health Care Act ([1326/2010](#)) and the Communicable Diseases Act. A municipality must have a physician responsible for

infectious diseases in public service employment relationship. The physician in charge of infectious diseases at a health centre must explore the quality of a suspected or diagnosed infectious disease and its extent, as well as undertake necessary measures to prevent the spread of the disease. In this Act, the actions to control infectious diseases encompass the prevention, early detection and monitoring of infectious diseases, measures needed to investigate or prevent an epidemic, and the examination, treatment and medical rehabilitation of persons who have an infectious disease or are suspected of having an infectious disease, as well as the prevention of treatment-related infections.

Under section 9 of the Communicable Diseases Act, the municipality has the main responsibility for the prevention of communicable diseases. This task includes, among other things, providing general information guidance to the population in the area and providing more detailed content guidance to the population and other operators when applying measures in accordance with the law. This task also includes the drawing up and sharing of information, including recommendations. Key recommendations include recommendations on avoiding activities that involve a high risk of infection and restricting the use of public spaces for organising such activities, remote working, general hygiene rules, the use of protective equipment and private events. As a communicable disease authority, the municipality also has a duty to direct its own activities, for example, in the use of public spaces, in the organisation of operations and in the implementation of hygiene practices.

A municipal body or a healthcare professional appointed by it may decide to arrange tests for COVID-19 in a municipality (health examination) for persons arriving in Finland under section 14 of the Communicable Diseases Act. This applies to voluntary testing. In addition, the municipality must arrange any inspections ordered by the Regional State Administrative Agency in accordance with section 15 of the act and carry out any inspections ordered by the agency under section 16 of the Act. A physician in a public service employment relationship responsible for communicable diseases in a municipality or hospital district may make a decision on a mandatory health examination for an individual.

Under section 23 of the Communicable Diseases Act, the physician in charge of infectious diseases in a municipality investigates local epidemics and tracks infections. The physician in charge of infectious diseases in a joint municipal authority for hospital district steers the investigations on epidemics and the tracking of infections within the hospital district's area, and collaborates with municipalities to investigate wide-spread epidemics.

If there is an obvious risk of the spread of a generally hazardous infectious disease or a disease that is justifiably suspected of being generally hazardous, and the spread of the disease cannot be prevented by other means, the physician in charge of infectious diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may, pursuant to section 60 of the Communicable Diseases Act, order a person into quarantine for a maximum of one month. The decision on quarantine can be made for a person who has been found to have been exposed, or is justifiably suspected of having been exposed, to a generally hazardous infectious disease or an infectious disease that is justifiably suspected to be generally hazardous. Each person must be given an individual decision on quarantine and appeal instructions.

The physician in charge of infectious diseases in a public service employment relationship either with the municipality or joint municipal authority for hospital district may order a person, who has or is justifiably suspected of having a generally hazardous infectious disease or a disease that is justifiably suspected of being generally hazardous, to be isolated in a healthcare unit for a maximum of two months, if there is an obvious risk of the spread of the disease and it cannot be prevented by other means. The physician deciding on the isolation must provide the isolated person and the attending personnel with instructions necessary to prevent the spread of the infection.

In addition, the municipality makes decisions under section 58 of the Communicable Diseases Act concerning restrictions on the use of certain facilities (educational institutions, healthcare and social welfare units) and the organisation of events, as well as decisions under sections 58d and 58g of the Act in its own area.

With respect to workplaces, the employer is responsible for the occupational safety of the workplace and employees under the Occupational Safety and Health Act. The employer must take the necessary measures to limit the risk of exposure. The measures at workplaces are based on the assessment of work hazards in accordance with the Occupational Safety and Health Act. The assessment can be supported by occupational safety and health experts, and the assessment must be updated taking into account the COVID-19 situation. Based on the evaluation, the instructions and procedures of the workplace are supplemented and the necessary measures are decided on.

With regard to occupational safety, the Finnish Institute of Occupational Health acts as an expert institution, and the occupational safety and health divisions of Regional State Administrative Agencies act as competent occupational safety and health authorities. The Finnish Institute of Occupational Health and the OSH divisions provide advice and guidance to workplaces. OSH divisions supervise workplaces as OSH authorities.

8.2 Authority's powers in case of a temporary mandate under the Communicable Diseases Act

Under section 58c of the Communicable Diseases Act (Measures to prevent the spread of the COVID-19 epidemic), in order to prevent the spread of COVID-19, the operator responsible for managing indoor premises open to the public or intended for the stay of a limited group of customers or participants and outdoor areas with limited space or functionality intended for the use of customers or participants shall ensure that customers and participants can clean their hands and that they are given instructions for maintaining a sufficient physical distance, for cleaning hands and for other similar practices preventing the spread of infections, and the cleaning of premises and surfaces is enhanced in addition to what has been provided elsewhere for the activity concerned.

In addition, the operator responsible for managing the premises shall arrange for customers and participants to maintain as much physical distancing as possible, taking into account the specific characteristics of the activity, and place any customer seats at a sufficient distance from each other.

The decision-making powers referred to in the following provisions will apply in addition to and at the same time as existing permanent regulations where the conditions imposed by the epidemiological situation require decisions to be extended to matters and subjects covered by the temporary regulation.

Under section 58d of the Communicable Diseases Act (Conditions for the use of facilities intended for customers and participants in order to prevent the spread of the COVID-19 epidemic), where it is apparent that measures taken in accordance with section 58c of the Act and other measures already implemented are not sufficient and where it is necessary because the conditions provided in subsection 2 to prevent the spread of the COVID-19 epidemic are met, the municipal body responsible for controlling communicable diseases may issue a decision imposing an obligation in its area on the operators referred to in the subsection according to which the use of premises open to the public or intended for the stay of a limited group of customers or participants must be organised in such a way as to enable customers and participants and groups to effectively avoid close contact with each other.

The Regional State Administrative Agency may take a similar decision in its area if the measures are necessary in more than one municipality.

The decision may not be taken for more than one month at a time.

The decision may be taken if the incidence of confirmed infections per 100,000 inhabitants is at least 25 in the hospital district during the last 14 days for which data is available and disease clusters are detected in the municipality or hospital district for which chains of transmission cannot be reliably traced and which, according to expert assessment, pose a significant risk of the spread of new infections in the area.

These facilities include indoor premises used for simultaneous stays of more than 10 customers or participants and outdoor areas with limited space or functionality intended for simultaneous use by more than 50 customers or participants where the organiser is responsible for making the premises available for the activities in question at a given time, and facilities used for exercise or sports and amusement or recreational activities provided in section 58g of the Communicable Diseases Act below regardless of the number of customers or participants.

Close contact refers to people staying in the same premises less than two metres apart for more than 15 minutes or to physical contact between people. The government proposal (Government Proposal 73/2021) for clarifying the definition of close contact is before Parliament. According to the proposed clarification, the distance of two metres referred to above would only apply indoors.

The decision shall be binding on the following operators responsible for the management of the premises and using them in their activities:

1. private entities, foundations and other legal entities, excluding food service business operators referred to in section 1, subsection 2, paragraph 6 of the Act on Accommodation and Food Service Activities (308/2006) and the corresponding legislation of the Åland Islands
2. private traders
3. municipalities and joint municipal boards
4. religious communities
5. bodies governed by public law.

However, the decision does not apply to the activities of educational institutions, early childhood education and care, professional sports or private or family life.

According to section 58e of the Communicable Diseases Act (Measures concerning passenger transport to prevent the spread of the COVID-19 epidemic) the transport service provider and the transport operators acting on its behalf must ensure that the premises and surfaces intended for the use of passengers on the means of transport

are regularly cleaned and the cleaning is enhanced beyond the provisions laid down on cleaning elsewhere for the operation in order to achieve and maintain an adequate level of hygiene and to ensure compliance with other similar practices to prevent the spread of equivalent infections. In addition, passengers shall be provided with an opportunity to maintain an adequate level of hygiene on the means of transport and shall be provided with instructions on maintaining an adequate distance, cleaning hands, using face covering and other similar practices to prevent the spread of infections on the means of transport. This applies to transport service providers that have an office in Finland or are otherwise under Finnish law, or whose service originates or arrives in Finland or whose service passes through Finland.

Under section 58f of the Communicable Diseases Act (Temporary limitation of the number of passengers to prevent the spread of the COVID-19 epidemic), if it is apparent that the measures referred to in section 58e and other measures already taken are insufficient and if it is necessary to prevent the spread of COVID-19, the Finnish Transport and Communications Agency may adopt a decision limiting the maximum permitted number of passengers that can be taken on the means of transport of the service provider referred to in section 58e, subsection 1 or the transport operator acting on its behalf.

The decision may be taken if the hospital district has reported in accordance with the law that the incidence of confirmed infections per 100,000 inhabitants in the area has been at least 25 during the last 14 days for which data is available and disease clusters are detected in the municipality or hospital district for which chains of transmission cannot be reliably traced and which, according to expert assessment, pose a significant risk of the spread of new infections in the area.

The Finnish Transport and Communications Agency may decide to impose an obligation to limit the number of passengers to no more than half of the maximum number of passengers allowed to be taken on the means of transport. The decision may apply only to means of transport used for the simultaneous transport of more than 10 persons.

Under section 58g of the Communicable Diseases Act (Temporary closure of premises to customers and participants to prevent the spread of the COVID-19 epidemic), the body responsible for controlling communicable diseases in the municipality may decide that, if it is apparent that measures taken in accordance with section 58d and other measures already taken cannot be considered sufficient due to the specific risk of infection associated with the activity and if it is necessary to prevent the uncontrolled spread of COVID-19, customer, participant and waiting areas open to the public or intended for the stay of a limited group of customers or participants shall be closed to customers and participants.

The facilities that involve a high risk of infection referred to in this provision are further defined in the provision and include exercise or sports and amusement or recreational activities in the following premises:

1. indoor facilities for team sports, group sports, contact sports and other similar sports or exercise, gyms and other similar indoor sports facilities;
2. public saunas and pools in swimming facilities, outdoor swimming pools and spas and the changing rooms adjacent to them;
3. dance venues and premises for choral singing activities, amateur theatre and other similar group activities;
4. amusement parks, theme parks, funfairs and the indoor spaces in zoos;
5. indoor playgrounds and play centres;
6. public spaces in shopping centres, excluding retail business premises and premises for the provision of services and access to them.

A decision may be taken only if:

1. the incidence of confirmed infections per 100 000 inhabitants in the hospital district in the last 14 days is at least 50;
2. disease clusters are detected in the municipality or the hospital district whose chains of transmission cannot be reliably traced and which, according to an expert assessment, pose a significant risk of the spread of new infections in the area; and
3. the number of infections in the hospital district is estimated, according to an expert assessment, to lead to a significant increase in the need for hospital and intensive care, to a material risk to adequate staffing in healthcare and social welfare, to the care of clients or to the treatment of patients, or to other similar overloading of the healthcare and social welfare system.

The decision may not be taken for more than two weeks at a time. The Regional State Administrative Agency may take a similar decision in its area if the measures are necessary in more than one municipality.

The regulation discussed above is valid until 30 June 2021. The government proposal on the extension of the powers until 31 December 2021 (Government Proposal 73/2021) is before Parliament. If the powers are not extended, the recommendations discussed below shall remain in force in other respects.

8.3 Supervision

The Regional State Administrative Agency and the municipality supervise in their areas compliance with the obligations and restrictions laid down in section 58 (public events), section 58, subsection 1 and 2 (basic obligations), 58d and 58g (restrictions on the use of premises) and section 58h, section 1 (plan) and with the decisions concerning them.

The Finnish Transport and Communications Agency and the municipality supervise compliance with the obligations and restrictions and decisions laid down in section 58c, subsection 6, section 58e (basic obligations of passenger transport) and section 58f (restrictions on passenger transport) and section 58h, subsection 2 (plan) of the Communicable Diseases Act.

The municipality, the Regional State Administrative Agency and the Finnish Transport and Communications Agency shall cooperate in supervising compliance with this Act.

The police supervise compliance with the obligations imposed pursuant to sections 58 and 58d of the Communicable Diseases Act and those laid down in section 58c, subsection 2 with regard to the prohibition of public events and public meetings, as well as the obligations and limitations concerning the number of people and the maintenance of distances.

The Police, the Finnish Customs, the Finnish Border Guard, the rescue authorities and the Finnish Defence Forces may provide official assistance to the municipality or hospital district in implementing the measures in accordance with section 89 (Executive assistance) of the Communicable Diseases Act.

In connection with its supervisory function, the Regional State Administrative Agency may coordinate the activities of different authorities as part of the work carried out by the COVID-19 coordination groups, ensuring that they exercise the powers provided by law.

Figure 6. Overview of the authorities' powers.



9 Regional recommendations and restrictions

The regional coronavirus coordination groups report weekly to the Finnish Institute for Health and Welfare on the epidemiological situation they consider to exist in their region and the measures they have taken to control the spread of the epidemic. The groups assess and justify the effectiveness of their measures and their wider impact on society, for example from a social, economic and fundamental rights perspective. In order to ensure that the business perspective is sufficiently taken into account in the overall consideration of the authorities, representatives of the Centres for Economic Development, Transport and the Environment have been invited to the groups. In addition, the groups have been able to consult experts from different fields at their meetings.

The work of the groups is based on the epidemiological phase description described above and the recommendations and restrictions appended to it by way of example in this Action Plan (Appendix 3). The recommendations support the implementation of the tasks of different operators under the Communicable Diseases Act. The ministries' recommendations are not legally binding. The aim is that the activities of the various authorities should form a coherent whole in such a way as to prevent harm to people and society caused by the COVID-19 epidemic.

The aim is to focus regional restrictive measures and recommendations proactively and effectively on what is most effective and proportionate, according to the regional situation and general and regional expert information on the sources and risk of infection. Measures that significantly restrict activities but are more limited, precise and temporary may be justified in the event of rapid worsening of the epidemic. When considering restrictions, it must be ensured that they are in line with and support nationally agreed recommendations and restrictions, other decisions and recommendations issued for the region, and measures based on testing, tracing, isolation and treatment. As the epidemic eases, recommendations and restrictions should be dismantled with care.

The epidemic has been characterised by rapid changes and waves in the regions. At the same time, it has been found that regional, timely and sufficiently comprehensive measures, as well as effective testing and infection tracing, has mitigated the spread of the epidemic.

The work to control the COVID-19 pandemic is supported nationally by the Ministry of Social Affairs and Health's standards guidance, information guidance, resource guidance and interaction guidance. The Finnish Institute for Health and Welfare produces up-to-date epidemiological information both nationally and regionally and regularly participates in the work of regional coronavirus coordination groups. If necessary, it also provides epidemiological criteria to support restrictions on gatherings and restrictions on public premises by Regional State Administrative Agencies. The Regional State Administrative Agencies ensure that the areas comply with the ministry's general guidance and the content guidance of the Finnish Institute for Health and Welfare. They also participate in the work of the COVID-19 coordination groups. The Ministry of Social Affairs and Health, the Finnish Institute for Health and Welfare, the Regional State Administrative Agencies and the National Supervisory Authority for Welfare and Health also have regular interaction with the COVID-19 coordination groups in the regions for the joint processing of topical issues.

9.1 Guidelines for local and regional communicable disease authorities

The recommendations discussed here constitute the measures outlined for each phase of the epidemic to help the authorities in the region contain the spread of the epidemic. The purpose of each measure is to limit and prevent the spread of COVID-19 through close contact. The impact of the progress of vaccinations on the recommendations issued to the entire population, especially to at-risk groups, will be reviewed at a later stage in accordance with the epidemiological situation.

It is still difficult to assess the impact of an individual restriction on this whole, but measures that significantly reduce close contacts have been shown to be most effective in activities where the risk of transmission through droplets is higher due to the content of the activity or the structural aspects of its organisation. The activities and facilities subject to restrictions are those that, according to expert knowledge to date, may pose a particular risk to the spread of COVID-19. Since the transmission mechanism is known, the form of action or historical data on the sources of infection are not the only key factors. In any case, since people interact socially in many contexts, and sometimes unpredictably, infection sources that may have been highlighted in terms of their traceability data may enable the disease to spread in many other social interactions. Therefore, it must be possible to target the prevention of infections at activities and facilities that allow such interaction and the associated possibility of transmission through droplets.

Priority actions include information guidance, the operators' proactive approach and other means of less stringent regulation, such as recommendations. As the epidemic continues to spread, these other measures will no longer be sufficient, but the rapid spread of the epidemic can only be prevented by more severely restricting the use and operation of these facilities, including through administrative decisions.

The measures thus constitute a whole of parts that complement each other in relation to the epidemiological phase and that can achieve the desired synergy.

At all phases, public and private service providers in healthcare and social welfare are advised to take enhanced protective measures in their own operations to ensure that high-risk groups are protected from COVID-19 infection. The measures advise them to follow the current guidelines issued by the Finnish Institute for Health and Welfare for home-based services and for long-term treatment and care units. Members of the public are advised to refrain from close contacts or its risk in healthcare and social welfare units for high-risk groups.

The Ministry's recommendations are not legally binding. Recommendations are implemented independently through regional administrative decisions, independent decisions by operators and recommendations to operators and the general public. The implementation of the recommendations is described in more detail in Appendix 3.

The conditions laid down by law for the restrictions must be complied with. The Regional State Administrative Agency will consider the need for restrictions within its competence beyond the municipal boundaries and will take decisions in accordance with this. If the need applies to a specific municipality, decision-making is the responsibility of the municipality, and this coordination of decision-making should be dealt with in the COVID-19 coordination group for the area. Municipalities may, and also have an obligation to, make a decision to impose stricter restrictions in their area if they are necessary due to the local situation. Both authorities have an obligation to consider independently whether to take a decision.

At each stage of the epidemic, it is important to follow the Finnish Institute for Health and Welfare's up-to-date recommendations for face masks and any national recommendations for remote working.

Baseline: Special arrangements are made to maintain sufficient distances in public events and indoor activities.

At the baseline level of the epidemic, it is essential that the practices related to hand and respiratory hygiene, use of masks, social distancing and consideration for others adopted during the epidemic will continue also in public premises and other premises open to the public. Sections 58c and 58e of the Communicable Diseases Act lay down general safety obligations covering all phases of the epidemic to premises intended for customers and participants, and for transport interchanges and passenger transport. Municipalities must actively communicate the content of these obligations and monitor compliance with them.

In addition, in the case of high-risk sports and sports activities and indoor premises intended for amusement and recreation activities referred to in section 58g of the Communicable Diseases Act, municipalities may **recommend** and decide for the premises under their control that the person responsible for managing the premises must ensure by limiting the number of participants, by means of customer seating or space arrangements or otherwise that participants and groups can maintain an adequate distance from each other during their stay in all or part of the premises.

Public events are not restricted by administrative decisions; instead, their organisation is subject to the basic obligations laid down in section 58c of the Communicable Diseases Act concerning hygiene practices, instructions for customers and participants and the space required for the activity. Where the situation so requires, municipalities may also make supplementary **recommendations** that when public events and public meetings are organised, customers and participants and groups must be able to maintain an adequate distance from each other.

The operator may implement the recommendations by limiting the number of customers, by means of customer seating or space arrangements or in other ways that take into account the specific characteristics of their activities, such as ensuring that all customers and participants have their own seating or standing area that allows them to maintain sufficient distance from each other both indoors and outdoors. For example, the person responsible for the event can organise their activities indoors so that customers and participants are directed to their seats. For events, the principles drawn up by the working group of the Ministry of Education and Culture for organising events in a responsible way can be used to this end.

Acceleration phase: Close contact is avoided in premises open to the public or to customers and participants. Close contact is avoided in educational institutions.

During the acceleration phase of the epidemic, it is recommended that all public events and public meetings are organised by **decisions**, provided that the conditions are met, under section 58 of the Communicable Diseases Act in such a way that customers, participants and groups can effectively avoid close contact with each other in accordance with the guidance issued by the Ministry of Education and Culture and the Finnish Institute for Health and Welfare, which supplements the obligations specified in the Communicable Diseases Act. Decisions will apply to indoor spaces used for the simultaneous stay of more than 10 customers or participants and to outdoor spaces that are limited in terms of their space or function and used for a purpose aimed at more than 50 simultaneous customers or participants. Decisions are taken by the Regional State Administrative Agencies and the municipalities in their area. It is possible for operators to fulfil their obligations by limiting the number of clients, by adjusting seating or spaces or by any other means that takes into account the specific characteristics of each operator's activities. The principles drawn up by the working group of the Ministry of Education and Culture for organising events in a responsible way can be used to this end.

Municipalities may **recommend** that organisers and participants of private events comply with similar voluntary restrictions.

In addition, municipalities may **recommend** that the use of similar public and private premises open to the public or intended for the stay of a limited group of customers or participants be **organised** in such a way as to enable customers, participants and groups to effectively avoid close contact with each other. It is possible for operators to fulfil their obligations by limiting the number of customers, by adjusting customer seating or spaces or by any other means that takes into account the specific characteristics of each operator's activities, in particular with a view to enabling the safe use of the premises by those with limited functional ability. The measures must not restrict the right to statutory services or the right to have one's case handled by a competent authority or to prevent public officials from performing their official duties.

If the application threshold laid down in section 58d of the Communicable Diseases Act is exceeded and the conditions are met, the use of premises open to the public or intended for the stay of a limited group of customers or participants is similarly required by **decision** to be organised in such a way as to enable customers, participants and groups to effectively avoid close contact with each other. Decisions are taken by the Regional State Administrative Agencies and

the municipalities in their area. Decisions concern indoor premises used for the simultaneous stay of more than 10 customers or participants and outdoor areas with limited space or functionality intended for simultaneous use by more than 50 customers or participants and facilities used for exercise or sports and amusement or recreational activities described in connection with section 58g below, regardless of their number of customers or participants. However, the decision does not apply to the activities of educational institutions, early childhood education and care, professional sports or private or family life. The decision must not restrict anyone's right to statutory services or the right to have one's case handled by a competent authority, and it must not prevent public officials or office-holders from performing their official duties.

Group activities are subject to the above-discussed recommendations and decisions relating to the safe use of premises.

Municipalities may **recommend** that transport service providers under section 58f of the Communicable Diseases Act limit the number of passengers to up to half of the maximum number of passengers allowed to be taken on the means of transport. The recommendation applies to means of transport used for the simultaneous transport of more than 10 persons. If the application threshold laid down in section 58f of the Communicable Diseases Act is exceeded and the conditions are met, the transport service providers are obliged to limit the number of passengers **by decision** to no more than half of the maximum number of passengers allowed to be taken on the means of transport. The decision may only apply to means of transport used for the simultaneous transport of more than 10 persons. The Finnish Transport and Communications Agency is responsible for decision-making

The use of educational facilities at universities is subject to the same recommendations on the safe use of the premises discussed above. If the conditions of application laid down in section 58d of the Communicable Diseases Act are met, the same obligations may be imposed on these educational institutions by decision under section 58 of the Communicable Diseases Act.

During the acceleration phase of the epidemic, it is necessary to make a **recommendation** for remote working in the area, unless it has already been issued at national level.

Community transmission phase²: Indoor and outdoor public events can only be organised with restrictions on the number of people attended and provided that arrangements are made to keep groups separate. The use of facilities with a high risk of infection is suspended indoors (and outdoors) for adults and indoors for young people. Enhanced protection is provided for risk groups. The recommendation for remote working is strengthened.

During the community transmission phase of the epidemic, it is recommended that all indoor and outdoor public events and public meetings be prohibited by a **decision**, provided that the conditions are met, under section 58 of the Communicable Diseases Act.

However, public events and meetings may be organised indoors, provided that it is effectively possible for customers, participants and groups participating in the events to avoid close contact with each other in accordance with the instructions issued by the Ministry of Education and Culture and the Finnish Institute for Health and Welfare. In addition, as a general rule, personal seating or standing places must be assigned to the participants. In this case, the event organiser must arrange their activities in such a way that the participants are, as a rule, instructed to sit or stand in their place. Similarly, participants must be instructed on how to move about the indoor venue when arriving at the event, exiting the same, visiting the lavatory and washroom facilities, or leaving their place for other similar reasons. The number of participants in these indoor public events and meetings must not exceed 50 (fifty) per cent of the maximum number of people to be accepted into the space under other legislation, provided that such a maximum number has been set. If the above maximum number has not been set, it will be determined on the basis of the seating and standing places available. Based on this, if the number of participants exceeds 25 people, arrangements must be put in place to keep groups (25 people) separate. In events where, by way of derogation from the general rule, no personal seating or standing places can be allocated to customers and participants, a maximum of 10 people may attend the event simultaneously in such a manner that close contact can be effectively avoided. However, arrangements to separate groups (10 people) may be put in place.

Public events and meetings with 50 participants may be held in outdoor spaces with a limited area, provided that customers, participants and groups can effectively avoid close contact with each other in accordance with the guidance issued by the Ministry of Education and Culture and the Finnish Institute for Health and Welfare, which directly complements the obligations specified in the Communicable Diseases Act. Exceptions may be made to the limits on the total audience by putting in place arrangements to keep the groups separate.

² As far as the recommendations concern restrictions on indoor public events during the community transmission phase, the action plan has been updated on 22 June 2021.

Decisions are taken by the Regional State Administrative Agencies and the municipalities in their area. It is possible for operators to fulfil their obligations by limiting the number of clients, by adjusting seating or spaces or by any other means that takes into account the specific characteristics of each operator's activities. The principles drawn up by the working group of the Ministry of Education and Culture for organising events in a responsible way can be used to this end.

Municipalities may **recommend** that organisers and participants of private events comply with similar voluntary restrictions.

Recommendations and decisions issued during the acceleration phase apply to the use of premises. Municipalities may also **recommend** that operators consider temporarily completely suspending the use of high-risk public **indoor** facilities for adults and young people for exercise or sports and amusement or recreation activities referred to in section 58g of the Communicable Diseases Act. For young people, the recommendation applies to situations where the Ministry of Education and Culture's guidelines for safe leisure activities cannot be followed. In particular, the recommendations must take into account the nature of the use of the premises and the enabling of activities to promote health, social and cultural rights of people with limited functional capacity. Municipalities are advised to follow these recommendations on their own initiative in the premises under their control.

Similarly, if the conditions referred to in section 58g of the Communicable Diseases Act are met, the use of these high-risk public **indoor and outdoor facilities** subject to separate provisions will be temporarily completely suspended by **decision** for adults for a maximum of two weeks at a time. With regard to young people, the suspension applies to situations where the Ministry of Education and Culture's guidelines for safe leisure activities cannot be followed.

The suspension of the use of premises must not restrict people's right to statutory services or the right to have their case handled by a competent authority or prevent public officials or office-holders from performing their official duties.

Group leisure activities are subject to the decisions, referred to above, that are taken in accordance with sections 58d and 58g of the Communicable Diseases Act, along with the recommendations for the use of premises.

For private and public education providers, municipalities may **recommend** that institutions providing higher education and upper secondary education (universities, universities of applied sciences, general upper secondary schools, vocational education and training, basic education in the arts for adults, liberal

adult education and primary and lower secondary education for adults) follow the same recommendations concerning the use of facilities. If the conditions of application laid down in section 58d of the Communicable Diseases Act are met, the same obligations may be imposed on these educational institutions by decision under section 58 of the Communicable Diseases Act.

Employers and employees are **advised** to follow the national remote working recommendation in all tasks where this is possible, even on a temporary basis. The employer's duty to require the use of personal protective equipment and other protective equipment and to otherwise protect employees is laid down in the Occupational Safety and Health Act.

9.2 Assessment of the introduction and dismantling of restrictive measures and principles of implementation

The authorities must respond to a worsening epidemiological situation fast and proactively by taking effective and epidemiologically relevant measures. Regional prevention and control measures are key to preventing the spread of infections in order to stop the deterioration of the situation. When assessing the situation of a region, it is also important to take account of the infection situation in the surrounding areas and to the national epidemic situation.

Regional, timely and sufficiently comprehensive measures, as well as effective testing and infection tracing, can mitigate the spread of the epidemic. The effects of the recommendations and restrictions on the epidemic situation and, in particular, on the need for hospital and intensive care will only be visible with a few weeks' delay.

Baseline areas at risk of developing into the acceleration phase must introduce proactively the restrictions and recommendations for the acceleration phase. Similarly, areas in the acceleration phase at risk of developing into the community transmission phase must introduce proactively restrictions and recommendations for the community transmission phase in order to contain the epidemic.

The restrictive measures must also not be lifted prematurely; instead, the recommendations and restrictions must be relaxed with care so as to prevent the emergence of new infection clusters. The premise for the dismantling is that, while certain restrictions are lifted, those that remain in force are complied with and that health-safe practices are followed in a responsible manner.

The assessment of all measures and the consideration of their dismantling must take account of the public authorities' obligation to prevent the spread of the epidemic and to safeguard the operational capacity of the healthcare system. When considering the implementation and dismantling of restrictions, decision-makers must anticipate the relevance and impact of each set of measures as the situation develops. In light of the spread and prevention of the epidemic, the effectiveness of the measures and the monitoring of the overall benefits and costs, the authorities have an obligation to take the necessary measures to safeguard fundamental rights. However, when the necessity of measures is eliminated, unnecessary restrictions must be lifted or changed so that they are less restrictive of rights and activities.

For the system of fundamental rights, taking measures to prevent and slow down the spread of the epidemic are very important objectives. Sufficient measures must be taken to safeguard them, and the necessary measures must be taken promptly in the event of a development that differs from the forecast. These objectives must also apply to measures to relax and lift restrictions. As a starting point, a consistent assessment of the effects of both existing and new restrictive measures or the lifting of measures requires a follow-up period of at least two or three weeks, depending on the measure.

In order to ensure that the epidemic will be contained in the new situation, the dismantling of a set of measures and the content of the dismantling must be subject to a comprehensive and extensive assessment of the impact of the dismantling and, based on that, a carefully planned replacement measure or a reasoned assessment according to which the threat of immediate spread has ended. The effects of dismantling should be monitored and preparations for action should be made if the effects differ from those anticipated. When decisions on the lifting of restrictive measures are made, the most vulnerable groups must be protected and the lifting of restrictive measures must be phased in such a way that their effects on the progression of the epidemic can be monitored.

In addition, the aim of dismantling must be to focus on the effects of restrictions on the fundamental rights and on the effectiveness of the control measures. As a rule, the dismantling takes place in reverse order of the imposing of measures, however taking into account the accumulated data on the estimated effectiveness (measures that have the least risk of accelerating the epidemic are implemented first) and the significance of the harm caused by the restrictions. The principle of children and young people first and the general principles and guidelines of the hybrid strategy implementation plan will be taken into account in the dismantling. Attention should also be paid to the situation of other groups that are estimated to have suffered most from the restrictions. In addition, the aim is to proceed more quickly with regard to outdoor spaces and facilities where events

can be organised in a health-safe manner. While certain restrictions are lifted, those that remain in force are complied with and health-safe practices are followed in a responsible manner.

The measures to be taken at any given time are selected on the basis of an overall assessment, so that the benefit achieved in managing the epidemic is maximised in relation to the adverse social and economic effects of each measure. On the basis of this monitoring and overall assessment, the restrictive measures may be lifted, maintained or reinstated. The functioning of the system of healthcare and social welfare services is ensured by the available means in all circumstances. The lifting of individual restrictive measures can be supported, for example, by recommendations and targeted restrictions to prevent the epidemic from escalating when the restrictions are lifted.

10 Ensuring consistency of measures

The functioning and effectiveness of the hybrid strategy will be examined at the government level as a whole, as well as the existence of the framework and prerequisites for regional action. Effective prevention of the epidemic, safeguarding human health and equality require that the Communicable Diseases Act be interpreted and applied consistently throughout the country, based on the regional situation. This emphasises the role of the Finnish Institute for Health and Welfare and the Regional State Administrative Agencies in ensuring these principles and requires that hospital districts and municipalities recognise this in their roles and management.

The Ministry of Social Affairs and Health has appointed a core team to ensure the implementation of the recommendations and restrictions in accordance with the hybrid strategy, with the focus on the monitoring of decision-making and the appropriate steering of the service system. The core team monitors regional decision-making and, in accordance with its powers, guides the authorities if necessary. Guidance consists of information guidance and interaction guidance. The COVID-19 coordination group will continue to monitor and evaluate the overall picture of national measures.

11 Service system situational picture

Epidemiological information alone does not indicate how the service system can respond to the population's needs for care, treatment and services. During 2020, significant care, service and rehabilitation backlogs were created in both [basic](#) and [special-level](#) services. According to statistical reports from the Finnish Institute for Health and Welfare, hospital districts have been able to shorten waiting lists for treatment, but it is likely that it will take a long time, even several years, to return to the normal situation. Any escalation of the epidemic would slow down the efforts to return to normal even further, as would the hidden and increased need for services. Every month, the Finnish Institute for Health and Welfare monitors the waiting times for actual appointments in [primary healthcare](#) and the data on those waiting for non-urgent [specialised medical care](#). Primary and specialised healthcare appointments are collected daily for the [registers of the Finnish Institute for Health and Welfare](#).

Since the week beginning 18 May 2020, the Finnish Institute for Health and Welfare has reported every two weeks on the impact of the COVID-19 epidemic on wellbeing, services and the economy

The feeling of loneliness and insecurity increased, as did the experience of emotional distress (<https://www.julkari.fi/handle/10024/140661>). Particular concern has been raised about the [wellbeing of children and young people](#). It has been particularly difficult to access school or student welfare services, as well as psychiatric services for children and young people. In order to prevent the long-term harm by the epidemic, safeguarding these services is particularly important.

The latest [reports](#) show that COVID-19 has increased the unmet need for services, both in terms of treatment and rehabilitation.

Since December 2020, the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare have been monitoring the impact of COVID-19 on the service system by means of a weekly survey. Survey summary results are sent to respondents and regional administration. Based on the responses, the worst situation was experienced in primary healthcare services in the weeks beginning 8 and 15 March, in social welfare in the week beginning 1 March and in specialised medical care in the weeks beginning

22 and 29 March. The responses showed that some primary care services have seen a positive turnaround since the week beginning 22 March, while in specialised healthcare difficult and concerning situations have been reported to a decreasing extent since the week beginning 5 April. There has been more variation in the availability of social welfare services. The organisation of COVID-19 vaccination continues to burden primary health care, which is particularly visible in some areas as poorer availability of outpatient care services. Visits to both maternity clinics, school healthcare and student healthcare are at a lower level than in previous years, and correcting this should be among the key objectives of municipalities, considering the decline reported in the wellbeing of children and young people. Service providers have raised the most concerns about adequate staffing and the rapid decline in the availability of skilled persons in almost all services. For a long time, observations have been made concerning overworked staff and a major increase in exhaustion.

Once every two months, the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare use a [separate survey](#) to collect data on services for children, young people and adult psychiatric care in specialised medical care. These surveys have raised concerns about the increase in mental distress among children and young people, but also about staff exhaustion. The surveys will continue until further notice.

12 Communication

As the COVID-19 epidemic continues, long-term communication is needed to motivate people to comply with restrictions and recommendations. In addition to conventional communication, this requires visible, campaign-type communication. An emphasis on the fundamentals of communication will play a stronger role as people become accustomed to the epidemic and increasingly long for the so-called normality increase.

National communication work with the communications departments of municipalities and hospital districts was launched in 2020. Joint operating methods have been developed under the leadership of the Ministry of Social Affairs and Health to support regional communication measures in the communication of measures to limit coronavirus epidemics in regions. Joint meetings between the administrative branch of the Ministry of Social Affairs and Health and regional communicators compile a situational picture, map the needs for forms of communicative cooperation and share good practices and information between different regions. Generic communication material will be produced to support the implementation of unified communication and regional communications, taking the needs of different language groups into account. The needs of Swedish and Sámi speakers to obtain information in their mother tongue and the needs of other different language groups are taken into account when producing materials.

In supporting mental resilience to the crisis, the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare cooperate closely with the Prime Minister's Office. Through the Finland Forward campaign, materials and campaign highlights are tied to the key themes in the administrative branch of the Ministry of Social Affairs and Health.

With the introduction of the Emergency Powers Act, the immediate management of communications was transferred to the Prime Minister's Office for a few weeks. During this period, a joint communication channel for government communication officials and joint current affairs meetings were introduced for the sharing of information. These will continue to be used to form a common situation picture also during normal times.

In addition to the strong focus on vaccinations, COVID-19 communications in the administrative branch of the Ministry of Social Affairs and Health will be oriented towards reminding people of the basics. The actions and behaviour of every citizen play an important role. For this reason, it is necessary to return attention to the original cornerstones of communication (coughing and hand hygiene, distances, downloading the Koronavilkku app, wearing a mask if necessary) even in the longer term. The administrative branch of the Ministry of Social Affairs and Health supports the communication on COVID-19 vaccines in the service system, municipalities and hospital districts in accordance with its tasks.

PART IV: Appendices

APPENDIX 1. Phases of the epidemic

Baseline level – the epidemic is not growing

Low incidence, transmission chains are manageable, individual new cases

Criteria for assessing how the epidemic is developing:

- The epidemic is not growing and the incidence rate is low
- Local and regional chains of transmission may be detected from time to time but they are manageable, and those exposed can be traced without a delay that would increase the risk of further infections
- Significant spread of the virus outside known clusters is not detected
- New cases are either random isolated cases or are mainly diagnosed in people in quarantine

Hybrid strategy measures

- Hygiene measures, compliance with safe distances
- Breaking the chains of transmission in accordance with the Test, Trace, Treat and Isolate strategy:
 - Increasing testing capacity and streamlining the process
 - Deploying the Koronavilkku app
 - Risk-based communication, testing and quarantine decisions (cf. airports)
 - Official recommendation to wear a face mask (tier 1) in areas where infections have been detected over two consecutive weeks or more
 - Targeted national and regional information campaigns (e.g. Koronavilkku)
 - Travel restrictions
 - Preparation in terms of materials (procurement)
 - Official actions under the Communicable Diseases Act

Acceleration phase – growth of the epidemic is beginning to accelerate

The regional incidence rate is higher than the baseline, several local and regional transmission chains

<p>Criteria for assessing how the epidemic is developing:</p> <ul style="list-style-type: none"> • 14-day case total does not exceed 25 /100,000 inhabitants • Proportion of positive samples is > 1% • Mass exposures occur • More than 2/3 of the sources of infection can be determined and the chains of transmission can be broken without delays due to tracing • Functional capacity of healthcare and social welfare systems and the availability of services can be secured without special measures 	<p>Additional hybrid strategy measures:</p> <ul style="list-style-type: none"> • Increasing the testing capacity to identify index cases and asymptomatic cases • Increasing resources for contact tracing • Regional recommendations for remote working and wearing a face mask • Local and regional information campaigns • Key considerations include proactive and sufficiently wide-ranging local and regional restrictive measures, testing without delay, speed of tracing, targeting situations with a high risk of exposure, where appropriate, and quarantine measures required by mass exposures
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Community transmission phase – growth of the epidemic continues to accelerate

The growth of the epidemic continues to accelerate, and cases spread regionally or more widely in the population, and tracing becomes more difficult

<p>Criteria for assessing community transmission:</p> <ul style="list-style-type: none"> • 14-day case total is around 25–50/100,000 inhabitants • Proportion of positive samples is > 2% • Traceability is reduced, approximately 2/3 of the sources of infection or less can be determined • Amount of resources needed to contain the epidemic is increasing and hampering the provision of other health and social services 	<p>Additional hybrid strategy measures</p> <ul style="list-style-type: none"> • Maximum regional recommendations and restrictions deployed immediately • Remote working and face mask recommendations (extensive) • If the situation escalates and/or cannot be brought under control by regional measures: <ul style="list-style-type: none"> • National restrictions and recommendations; information campaign; release of supply stocks; preparing for an increase in treatment capacity throughout the country; state of emergency and the Emergency Powers Act as the last resort
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APPENDIX 2. Key recommendations and restrictions available on 20 May 2021

For each measure, the table shows its legal basis, competent authority and regional feasibility, and the assessment by the situational picture and modelling group for the COVID-19 epidemic of the epidemiological impact of the measure in relation to adverse societal effects.

The temporary regulation under the Communicable Diseases Act (58a, b c, d, e f, g) described here is valid until 30 June 2021. The government proposal on the extension of the powers until 31 December 2021 (Government Proposal 73/2021) is before Parliament. If the powers are not extended, the recommendations discussed below shall remain in force in other respects.

Recommendation/ restriction	Basis in legislation	Competent authority/ actor	Effectiveness	Adverse societal effects	Regional feasibility	Considerations
Recommending telecommuting	Sections 6, 7 and 9 of the Communicable Diseases Act (1227/2016), section 8 of the Occupational Safety and Health Act	Ministry of Social Affairs and Health, Ministry of Finance (state employers), Finnish Institute for Health and Welfare, municipalities/joint municipal authorities; employers in their own activities	++	-	In all areas where there is a threat of acceleration or community transmission of the epidemic.	Consistency in the commuting area; not possible in all tasks.
Face mask recommendation	Sections 6, 7 and 9 of the Communicable Diseases Act Section 8 of the Occupational Safety and Health Act	Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare, municipalities/joint municipal authorities; employers in their own activities	++ Depends on the epidemiological situation.	-	In all areas where there is a threat of acceleration or community transmission of the epidemic.	Ensuring equal access, users' expenses, the recommendation can be extended. Use of actual personal protective equipment at work separately in accordance with the Occupational Safety and Health Act.
Recommendation to enhance the protection of older people and vulnerable groups and on the safety of visits	Section 17 of the Communicable Diseases Act	Head of unit for healthcare and social welfare, municipality or joint municipal authority	+++	-	In all areas where the epidemic is accelerating or spreading.	People are separated from their loved ones, which significantly undermines the quality of life and is difficult for many to understand. Efforts must be made to arrange communication and meetings in other safe ways.

Recommendation/ restriction	Basis in legislation	Competent authority/ actor	Effectiveness	Adverse societal effects	Regional feasibility	Considerations
Transition to exceptional teaching arrangements in basic education and other teaching	In basic education, section 20a of the Basic Education Act (628/1998) (valid until 31 July 2021); related to the application of section 58 of the Communicable Diseases Act Basic legislation on the activities in question in other teaching (own activities)	Education provider, i.e., municipality, state, registered entity or foundation	+	---	Especially in the acceleration and community transmission phase of the epidemic	In primary and lower secondary education, a decision made by a local or regional communicable disease authority is required on the partial or total closure of the facilities used for teaching. Long-term disadvantages for wellbeing and learning.
60 Restricting the opening hours, alcohol-serving hours and the number of customer places at restaurants	Section 58a of the Communicable Diseases Act and Government Decree	Government; Regional State Administrative Agency supervises	++	-	Yes, as defined in government decree	The impact assessment may change if more cases of exposure become known. Regional restrictions may lead to restaurant tourism. The threat of bankruptcies in business activities.
Recommendations on restricting the use of public spaces and voluntary restrictions	Sections 6 and 9 of the Communicable Diseases Act, sectoral legislation on operations	Municipality/joint municipal authority (recommendations and own activities), other authorities in their own activities	++		Especially in the acceleration and community transmission phase of the epidemic	Extensive, social and economic impacts are significant.
Restricting the use of healthcare and social welfare units, educational institutions, day-care centres, housing and similar facilities	Section 58 of the Communicable Diseases Act	Municipalities in their area and Regional State Administrative Agencies across municipal boundaries	Case by case		Especially in the acceleration and community transmission phase of the epidemic	Extensive, social and economic impacts are significant.

Recommendation/ restriction	Basis in legislation	Competent authority/ actor	Effectiveness	Adverse societal effects	Regional feasibility	Considerations
Management of health safety in cross-border travel	Closure in accordance with section 15 (resuming border control at internal borders) and 16 (closure of external border crossing points) of the Border Guard Act, EU Schengen regulations; Sections 14, 15, 16 (health check), 60 and 63 (quarantine and isolation) of the Communicable Diseases Act	Border authorities; municipality / joint municipal authority / doctor responsible for communicable diseases, Regional State Administrative Agency	++ Depends on the epidemiological situation in the countries and cases related to tourism	--	Possible for border communities.	International pressure to lift restrictions, threat of bankruptcies in businesses.
Prohibition and restriction of public events	Section 58 of the Communicable Diseases Act	Municipalities in their area and Regional State Administrative Agencies across municipal boundaries	++	--	Especially in the acceleration and community transmission phase of the epidemic	Significant impact on the economy of the industries concerned.
Ordering quarantine and isolation	Sections 60 and 63 of the Communicable Diseases Act	Municipality's or joint municipal authority's physician responsible for communicable diseases	+++	--	Yes	Impacts on business activities.
Recommendations for restricting private events in the region	Sections 6 and 9 of the Communicable Diseases Act	Municipality/joint municipal authority	++	--	Especially in the acceleration and community transmission phase of the epidemic	Social impacts
Other recommendations for refraining from activities that enable close contact and risk of infection, including group activities	Sections 6, 7 and 9 of the Communicable Diseases Act	THL, municipality/joint municipal authority	++	-	Especially in the acceleration and community transmission phase of the epidemic	Social impacts and impacts on an individual's functional capacity

Recommendation/ restriction	Basis in legislation	Competent authority/ actor	Effectiveness	Adverse societal effects	Regional feasibility	Considerations
Measures concerning passenger transport: cleaning of premises, practices to prevent the spread of infections, instructions for passengers.	Section 58e of the Communicable Diseases Act (in force until 30 June 2021)	Directly by law	+	-	All phases of the epidemic	Impacts on business activities.
Limitation of passenger numbers	Section 58f of the Communicable Diseases Act (in force until 30 June 2021)	Transport and Communications Agency	++		Acceleration and community transmission phases of the epidemic (statutory criteria)	Impacts on business activities.
Measures to prevent the spread of COVID-19: customers have the opportunity to clean their hands, instructions for customers, cleaning of premises and surfaces.	Section 58c of the Communicable Diseases Act (in force until 30 June 2021)	Directly by law	+		All phases of the epidemic	Impacts on business activities.
Conditions for the use of facilities for customers and participants to prevent the spread of COVID-19: avoiding close contact, limiting customer numbers, space arrangements	Section 58d of the Communicable Diseases Act (in force until 30 June 2021)	Municipal body, Regional State Administrative Agency	++		Acceleration and community transmission phases of the epidemic (statutory criteria)	Spill-over effects on business activities. Social impacts.
Temporary closure of facilities with a high risk of infection to customers and participants	Section 58g of the Communicable Diseases Act (in force until 30 June 2021)	Municipal body, Regional State Administrative Agency	++		Community transmission phase of the epidemic (statutory criteria)	Social and economic impacts.

APPENDIX 3. Recommendations of ministries

Recommendations from the Ministry of Social Affairs and Health, the Ministry of Education and Culture and the Ministry of Transport and Communications on the use and application of regional restrictions and recommendations at the baseline, acceleration phase and community transmission phase of the epidemic.

1. Background

Provisions on the organisation of controlling communicable diseases and on the authorities are laid down in the Communicable Diseases Act (1227/2016).

The temporary sections 58c and 58e of the Communicable Diseases Act directly lay down general obligations concerning the use of premises intended for customers and participants and the use of passenger transport. In addition to the fact that municipalities and Regional State Administrative Agencies can take binding decisions in their areas on the prohibition of public meetings and public events within the meaning of sections 58, 58d and 58g of the Communicable Diseases Act, the conditions for the use of facilities intended for the use of customers or participants and the temporary closure of such facilities, other authorities may, within their area, make recommendations on matters to be taken into account in controlling the epidemic. In addition, the Finnish Transport and Communications Agency may impose restrictions on the restriction of passenger traffic in accordance with section 58f of the Act.

The coronavirus (COVID-19) is transmitted from person to person primarily as a droplet infection when a sick person coughs, sneezes, talks or sings, for example. Mass infections show that COVID-19 is transmitted effectively in long-term close contact. COVID-19 can also be transmitted through touch. Infections can be prevented by avoiding close contact with other people and by taking care of hand hygiene.

The ministries recommend that regional restrictive measures, recommendations based on preventing the spread of communicable diseases and other information guidance be targeted proactively and effectively, as required by law, at what is most effective and proportionate based on the regional epidemiological situation picture, general and regional expert knowledge on sources of infection and the risk of infection, as well as

other available information. Targeted but wide-ranging mutually supportive use of various measures creates the best conditions for a region as a whole to combat the spread of the epidemic. In particular, in the case of rapid escalation of the epidemic locally or regionally, specific measures that significantly restrict activity may be justified on a temporary basis. The principles of the use of the measures are described in the hybrid strategy action plan. In the case of statutory powers, the implementing criteria laid down by law must be respected.

Decision-making authorities have a duty to communicate decisions using language that is clear and easy to understand. This obligation is underlined by the fact that the same operators may be subject to decisions taken by different authorities at different times. The duties to provide information, specified in the Administrative Procedure Act, result in an obligation for authorities to provide information actively and using language that is easy to understand about decisions in force in the area concerning a specific matter in such a way that the decisions form an understandable and logical whole for the general population and for those subject to the obligations in the area.

These recommendations set out the categories of measures most relevant to the national situation picture and its assessment, as well as the priorities and considerations for their use.

The ministries' recommendations are not legally binding.

For the purposes of these recommendations, an adult refers to a person born in 2001 or earlier, a young person refers to a person born in 2002–2007, and a child refers to a person born in 2008 or later.

2. Decisions on restrictions concerning the organisation of public events in accordance with the Communicable Diseases Act and recommendations for gatherings

Recommendation:

At the baseline, public events are not restricted by administrative decisions; instead, their organisation is subject to the basic obligations laid down in section 58c of the Communicable Diseases Act concerning hygiene practices, instructions for customers and participants and the space required for the activity. Where the situation so requires, municipalities may also make supplementary **recommendations** that when public events and public meetings are organised, customers and participants and groups must be able to maintain an adequate distance from each other. The operator may implement this recommendation by limiting the number of customers, by means of customer seating or space arrangements or in other ways that take into account the specific characteristics of

their activities, such as ensuring that all customers and participants have their own seating or standing area that allows them to maintain sufficient distance from each other during the event, both indoors and outdoors. For example, the person responsible for the event can organise their activities indoors so that customers and participants are directed to their seats. The principles drawn up by the working group of the Ministry of Education and Culture for organising events in a responsible way can be used to this end.

During the **acceleration phase of the epidemic**, it is recommended that all public events and public meetings are organised by **decisions**, provided that the conditions are met, under section 58 of the Communicable Diseases Act in such a way that customers, participants and groups can effectively avoid close contact with each other in accordance with the guidance issued by the Ministry of Education and Culture and the Finnish Institute for Health and Welfare, which supplements the obligations specified in the Communicable Diseases Act. Decisions will apply to indoor spaces used for the simultaneous stay of more than 10 customers or participants and to outdoor spaces that are limited in terms of their space or function and used for a purpose aimed at more than 50 simultaneous customers or participants. Decisions are taken by the Regional State Administrative Agencies and the municipalities in their area. It is possible for operators to fulfil their obligations by limiting the number of clients, by adjusting seating or spaces or by any other means that takes into account the specific characteristics of each operator's activities. The principles drawn up by the working group of the Ministry of Education and Culture for organising events in a responsible way can be used to this end.

Municipalities may **recommend** that organisers and participants of private events comply with similar voluntary restrictions.

The recommendations are not legally binding.

During the **community transmission phase of the epidemic**, it is recommended that all indoor and outdoor public events and public meetings be prohibited by a **decision**, provided that the conditions are met, in accordance with section 58 of the Communicable Diseases Act.

However, public events and meetings may be organised indoors, provided that it is effectively possible for customers, participants and groups participating in the events to avoid close contact with each other in accordance with the instructions issued by the Ministry of Education and Culture and the Finnish Institute for Health and Welfare. In addition, as a general rule, personal seating or standing places must be assigned to the participants. In this case, the event organiser must arrange their activities in such a way that the participants are, as a rule, instructed to sit or stand in their place. Similarly, participants must be instructed on how to move about the indoor venue when arriving at

the event, exiting the same, visiting the lavatory and washroom facilities, or leaving their place for other similar reasons. The number of participants in these indoor public events and meetings must not exceed 50 (fifty) per cent of the maximum number of people to be accepted into the space under other legislation, provided that such a maximum number has been set. If the above maximum number has not been set, it will be determined on the basis of the seating and standing places available. Based on this, if the number of participants exceeds 25 people, arrangements must be put in place to keep groups (25 people) separate. In events where, by way of derogation from the general rule, no personal seating or standing places can be allocated to customers and participants, a maximum of 10 people may attend the event simultaneously in such a manner that close contact can be effectively avoided. However, arrangements to keep groups separate (10 people) can be put in place.³

The arrangements for keeping groups separate indoors require that:

- the premises have several sections of stands or areas for the public that can be separated from each other, each for a maximum of 10 or 25 people, depending on whether a personal seating or standing place can be assigned to each customer or participant in the activities
- a protection zone is clearly marked between the sections. Each section must have its own access routes, services (including any food and beverage services and sanitary facilities) and event staff. The sections may use the same services provided that their use can be staggered and surface cleaning is properly ensured between serving the sections, and
- in each section, health safety can be ensured by avoiding close contact and following the instructions issued by the Finnish Institute for Health and Welfare and the Ministry of Education and Culture.

Public events and meetings with 50 participants may be held in outdoor spaces with a limited area, provided that customers, participants and groups can effectively avoid close contact with each other in accordance with the guidance issued by the Ministry of Education and Culture and the Finnish Institute for Health and Welfare, which directly complements the obligations specified in the Communicable Diseases Act. Exceptions may be made to the limits on the total audience by putting in place arrangements to keep the groups separate. Decisions are taken by the Regional State Administrative Agencies and the municipalities in their area. It is possible for operators to fulfil their obligations by

³ As far as the recommendations concern restrictions on indoor public events during the community transmission phase, the action plan has been updated on 22 June 2021.

limiting the number of clients, by adjusting seating or spaces or by any other means that takes into account the specific characteristics of each operator's activities. The principles drawn up by the working group of the Ministry of Education and Culture for organising events in a responsible way can be used to this end.

An audience of more than 50 people may be allowed outdoors if arrangements are made to keep groups separate. This requires that:

- the premises have several sections of stands or areas for the public that can be separated from each other,
- the public participating in the event can have their own seating areas or their own areas outdoors in separate sections of the stands or auditorium or in areas intended for the public for up to 50 persons; and
- in each of them, safety can be ensured by avoiding close contact and following the guidance issued by the Finnish Institute for Health and Welfare and the Ministry of Education and Culture.
- In addition, a clear protection zone must be established between the sections. Each section must have its own access routes, services (including any food and beverage services and sanitary facilities) and event staff. Sections can use the same services if their use can be staggered and surface cleaning is properly ensured after serving each section.

Municipalities may **recommend** that organisers and participants of private events comply with similar voluntary restrictions.

The recommendations are not legally binding.

Regional State Administrative Agencies or municipalities make their decisions independently, exercise the discretion laid down in the Communicable Diseases Act and take into account the recommendations made above. Separate provisions on the use of premises and the number of customers apply to events providing food and beverage services in food and beverage service businesses.

General:

These are decisions restricting the organisation of public events and public meetings. Decisions may limit the number of participants at events or prohibit them completely or in part. Decisions may be common throughout the region or targeted.

- Responsibility: Municipality or municipal body responsible for controlling communicable diseases or, by agreement, joint municipal authority of the hospital district (need in the area of a municipality or joint municipal authority)
- Responsibility: Regional State Administrative Agency (need in an area across municipal boundaries)
- Basis: Section 58 of the Communicable Diseases Act (Necessary prevention of the spread of an infectious disease)
- Required in: baseline, acceleration and community transmission phases. The aim is to prevent the spread of the epidemic, so it is as much a targeted way of proactively preventing the acceleration from one phase to the next as it is a more efficient tactic to ensure the protection of the population as the disease spreads.
- Note: The decision-making process of each Regional State Administrative Agency is based on the general situation of its area and sets minimum restrictions for the area. Municipal decisions can be used to tighten the restrictions for a certain period of time or in a meaningfully targeted manner in the municipality. Consequently, the obligations imposed by the municipality in a decision in force at the same time are complementary to those imposed by a decision of the Regional State Administrative Agency in force in the municipality.
- Time limit: valid for a maximum of one month at a time.

The recommendations concern guidelines for the population to follow appropriate hygiene practices, safe distances and other practices necessary to combat the spread of the disease in activities where close contacts may arise. Other recommendations may be given for refraining from activities that enable close contact and risk of infection.

- Responsibility: Municipality or municipal body responsible for controlling communicable diseases or, by agreement, joint municipal authority of the hospital district
- Basis: Sections 6 and 9 the Communicable Diseases Act (prevention and control of communicable diseases)
- Required in: baseline, acceleration phase, community transmission phases. The aim is to prevent and control the spread of the epidemic, so this is a means of preventing the spread from one phase to the next.

Considerations:

- Under section 6 of the Communicable Diseases Act, authorities must take immediate action when informed of an infectious disease that requires prevention measures or of the risk of such a disease. Taking measures and using the powers conferred on them by law is a legal obligation of public authorities – municipalities, joint municipal authorities and the state – in accordance with the Communicable Diseases Act under the Finnish Constitution.
- Regional State Administrative Agencies and municipalities make their decisions independently, exercising the discretion laid down in the Communicable Diseases Act and taking into account the recommendations made above. Decisions will be subject to the necessity of preventing the spread of the disease.
- The Regional State Administrative Agency will consider the need for restrictions beyond the municipal boundaries and will take decisions in accordance with this. Municipalities have the possibility, by their own decisions, to impose stricter restrictions in their area if they are necessary due to the local situation. Both authorities have an obligation to consider independently whether to take a decision.
- In their consideration, the authorities should in particular take into account the sources of infection detected in the municipality and the region and the importance of restrictions on public events in enhancing or supporting other existing restrictions or recommendations.
- If necessary, a maximum number of participants may be set for events.
- Separate provisions of section 58a of the Communicable Diseases Act and those issued pursuant to it on the use of premises and the number of customers apply to events providing food and beverage services in food and beverage service businesses. Food and beverage services can be considered to include, to a certain extent, activities that would otherwise be a public event referred to in the Communicable Diseases Act. These may normally include small-scale events with a programme that are part of entertaining restaurant customers. The key point is that the event is in connection with and part of the food and beverage service; serving the restaurant's customers food and beverages being the main purpose of the service. However, if the main purpose of the event is to be a public event (e.g. the programme is announced separately on social media and/or separate fees are charged for the event, or the programme is included in a separate package price), it may be an independent public event, regardless of where it is held or whether it may be supported by food and beverage services – in this case it is subject to decisions on public events.

- The new provisions on restrictions on the use of premises (sections 58d and 58g of the Communicable Diseases Act) would apply in addition to and at the same time to this existing regulation on occasions where the conditions imposed by the epidemiological situation require decisions to be extended to the matters and subjects covered by the new regulation. Since the factual conditions for the application of section 58 of the current Act and the new powers are uniform, restrictions should be applied to the activities of the same risk of infection in a uniform manner. Decision-making must indicate which provisions the targeting and content of restrictions are based on. However, the special characteristic of public events as activities that bring people more widely together requires that they be restricted beforehand and, if necessary, separate regulations should be issued on restricting the number of people – the nature of continuous activities is different and therefore subject to separate regulations (cf. regulations on restaurants). The decision-making processes should be combined if both restrictions are applied.
- The obligation to avoid close contact by decisions corresponds to the definition in the temporary provisions (section 58d, subsection 4 of the Communicable Diseases Act).
- When considering restrictions, it is a good idea to consider that they are in line with the recommendation for face masks and other recommendations issued or to be issued for the region, and that these support each other.
- The organiser of the public event must have an explanation of how the safety and hygiene practices of the event are planned to be implemented. See also below for a plan based on section 58h of the Communicable Diseases Act.
- If it is necessary to prohibit the organisation of events altogether, only events organised on compelling grounds based on law may be allowed, if they cannot be postponed or arranged fully remotely. Even then, meetings may be held only in such a way that only persons present at the same event in the same space are on site because this is necessary for the performance of the event and their number may not exceed the maximum laid down in the decision.
- In order to organise the supervision of restrictive decisions, the Regional State Administrative Agencies, municipalities and the police should cooperate closely.
- During the acceleration and community transmission phases, municipalities and joint municipal authorities may make recommendations to the population in their area on the voluntary extension of corresponding restrictions to private events and other gatherings not subject to restrictions on public events and the use of facilities. The recommendations are not legally binding.

- The recommendations made at the baseline level concern recommendations supplementing the obligations imposed by section 58c of the Communicable Diseases Act. The Act directly obliges operators to provide customers with instructions as well as, if possible, to arrange their normal operations. The recommendations would also require operators to make concrete operational changes to ensure that customers and participants can maintain an adequate distance if they so wish, for example at least one metre or more if the facilities allow. These changes could be implemented in a manner selected by the operator, such as directly limiting the number of customers or structural changes in operations, such as physical structures (acrylic dividers or similar), actions to guide the stay and flow of customers, assigning customers a standing or seating place and/or various pre-booking systems that can ensure sufficient space for a certain number of customers in a timeframe.

3. Recommendations, restrictions or voluntary restrictions on the use of public premises

Recommendation:

At the **baseline** level of the epidemic, it is essential that the practices related to hand and respiratory hygiene, use of masks, social distancing and consideration for others adopted during the epidemic will continue also in public premises and other premises open to the public. Sections 58c and 58e of the Communicable Diseases Act lay down general safety obligations covering all phases of the epidemic to premises intended for customers and participants, and for transport interchanges and passenger transport. Municipalities must actively communicate the content of these obligations and monitor compliance with them.

In addition, in the case of high-risk sports and sports activities and indoor premises intended for amusement and recreation activities referred to in section 58g of the Communicable Diseases Act, municipalities may **recommend** and decide for the premises under their control that the person responsible for managing the premises must ensure by limiting the number of participants, by means of customer seating or space arrangements or otherwise that participants and groups can maintain an adequate distance from each other during their stay in all or part of the premises.

The recommendations are not legally binding.

Public events held in public spaces are subject to restrictions in public events.

During the **acceleration phase**, it is **recommended** that the use of public and private premises open to the public or intended for the stay of a limited group of customers or

participants be organised in such a way as to enable customers, participants and groups to effectively avoid close contact with each other. It is possible for operators to fulfil their obligations by limiting the number of customers, by adjusting customer seating or spaces or by any other means that takes into account the specific characteristics of each operator's activities, in particular with a view to enabling the safe use of the premises by those with limited functional ability. The measures must not restrict the right to statutory services, to have one's case handled by a competent authority or to prevent officials or office-holders from performing their official duties.

If the application threshold laid down in section 58d of the Communicable Diseases Act is exceeded and the conditions are met, the use of premises open to the public or intended for the stay of a limited group of customers or participants is similarly required by **decision** to be organised in such a way as to enable customers, participants and groups to effectively avoid close contact with each other. Decisions are taken by the Regional State Administrative Agencies and the municipalities in their area. Decisions concern indoor premises used for the simultaneous stay of more than 10 customers or participants and outdoor areas with limited space or functionality intended for simultaneous use by more than 50 customers or participants and facilities used for exercise or sports and amusement or recreational activities described in connection with section 58g of the Communicable Diseases Act below, regardless of their number of customers or participants. However, the decision does not apply to the activities of educational institutions, early childhood education and care, professional sports or private or family life. The decision must not restrict anyone's right to statutory services or the right to have one's case handled by a competent authority, and it must not prevent public officials or office-holders from performing their official duties.

Group activities are subject to the above-discussed recommendations and decisions relating to the safe use of premises.

The use of educational facilities at universities is subject to the same recommendations on the safe use of the premises discussed above. If the conditions of application laid down in section 58d of the Communicable Diseases Act are met, the same obligations may be imposed on these educational institutions by decision under section 58 of the Communicable Diseases Act.

In addition to the above-mentioned, during the **acceleration phase** municipalities may also **recommend** that operators consider temporarily suspending the use of high-risk public **indoor** facilities by adults and young people for the exercise or sports and amusement or recreation activities referred to in section 58g of the Communicable Diseases Act. In particular, the recommendations must take into account the nature of the

use of the premises and the enabling of activities to promote health, social and cultural rights of people with limited functional capacity. Municipalities are advised to follow these recommendations on their own initiative in the premises under their control.

Similarly, if the conditions referred to in section 58g of the Communicable Diseases Act are met, the use of these high-risk public indoor and outdoor facilities that are subject to separate provisions and used for exercise or sports and amusement or recreational activities will be temporarily completely suspended by decision for a maximum of two weeks at a time. For young people, the suspension applies only to indoor facilities. The suspension of the use of premises must not restrict people's right to statutory services or the right to have their case handled by a competent authority or prevent public officials or office-holders from performing their official duties. The decision does not apply to professional sports or activities covered by private or family life. In particular, in issuing the decisions account must be taken of the nature of the use of the premises and the enabling of activities to promote health, social and cultural rights of people with limited functional capacity.

Decisions may concern exercise or sports and amusement or recreational activities in the following premises:

1. indoor facilities for team sports, group sports, contact sports and other similar sports or exercise, gyms and other similar indoor sports facilities;
2. public saunas and pools in swimming facilities, outdoor swimming pools and spas and the changing rooms adjacent to them;
3. dance venues and premises for choral singing activities, amateur theatre and other similar group activities;
4. amusement parks, theme parks, funfairs and the indoor spaces in zoos;
5. indoor playgrounds and play centres;
6. public spaces in shopping centres, excluding retail business premises and premises for the provision of services and access to them.

Decision-making must carefully assess the economic, social and cultural impact of the measures and, on the basis of them, target and limit the measures in terms of their factual, regional and temporal aspects.

In particular, with regard to significant restrictions on health, social and cultural rights for children and young people and people with limited functional capacity, careful consideration should be given and the impact of the measures should be assessed comprehensively.

Group leisure activities are subject to the decisions, referred to above, that are taken in accordance with sections 58d and 58g of the Communicable Diseases Act, along with the recommendations for the use of premises.

For private and public education providers, it is recommended that institutions providing higher education and upper secondary education (universities, universities of applied sciences, general upper secondary schools, vocational education and training, basic education in the arts for adults, liberal adult education and primary and lower secondary education for adults) follow the same recommendations concerning the use of facilities. If the conditions of application laid down in section 58d of the Communicable Diseases Act are met, the same obligations may be imposed on these educational institutions by decision under section 58 of the Communicable Diseases Act.

Regional State Administrative Agencies and municipalities make their decisions independently, exercise the discretion laid down in the Communicable Diseases Act and take into account the recommendations made above. Separate provisions on the use of premises and the number of customers apply to the events and premises providing food and beverage services in food and beverage service businesses.

General:

The recommendations concern guidelines for the population to follow appropriate hygiene practices, safe distances and other practices necessary to combat the spread of the disease in activities where close contacts may arise. Other recommendations may be given for refraining from activities that enable close contact and risk of infection.

- Responsibility: Municipality or municipal body responsible for controlling communicable diseases or, by agreement, joint municipal authority of the hospital district
- Basis: Sections 6 and 9 the Communicable Diseases Act (prevention and control of communicable diseases)
- Required in: baseline, acceleration phase, community transmission phases. The aim is to prevent and control the spread of the epidemic, so this is a means of preventing the spread from one phase to the next.

Voluntary decisions may also be taken concerning customer premises owned and controlled by a municipality or the state, imposing conditions on their use and/or reorganising their use or temporarily restricting all or part of their use.

- Responsibility: Municipality/body responsible for the tasks and premises concerned
- Responsibility: State authorities, other public sector entities
- Basis: general municipal legislation, state agency legislation, including the opening hours decree and the acts issuing provisions on organising activities
- Required in: baseline in individual cases, in particular the acceleration phase and community transmission phase. The aim is to prevent the spread of the epidemic, so it is as much a targeted way of proactively preventing the acceleration from one phase to the next as it is a more efficient tactic to ensure the protection of the population as the disease spreads.
- It should be noted that this concerns discretionary and voluntary decision-making that allows the municipality and the state, as well as other public bodies, to support the control of the epidemic within the limits of the legislation on the duties and general legislation on the use of premises.

Decisions may also be taken during the acceleration/community transmission phase

to restrict the use of premises open to the public or intended for a stay by a limited group of customers or participants. Decisions are common throughout the municipality or targeted in the area of the Regional State Administrative Agency, depending on how the need extends beyond municipal boundaries.

- Responsibility: Municipality or municipal body responsible for controlling communicable diseases or, by agreement, joint municipal authority of the hospital district (need in the area of a municipality or joint municipal authority)
- Responsibility: Regional State Administrative Agency (need in an area across municipal boundaries)
- Basis: Section 58 of the Communicable Diseases Act (educational institutions)
- Basis: Section 58d of the Communicable Diseases Act (necessary prevention of the spread of an infectious disease)
- Required in: acceleration and community transmission phases. The aim is to prevent the spread of the epidemic, so it is as much a targeted way of proactively preventing the acceleration from one phase to the next as it is a more efficient tactic to ensure the protection of the population as the disease spreads. The threshold for use is separately laid down by law.

- Note: the possibility of decision-making under section 58d of the Communicable Diseases Act only applies to indoor premises used for the simultaneous stay of more than 50 customers or participants and outdoor areas with limited space or functionality intended for simultaneous use by more than 10 customers or participants and facilities used for exercise or sports and amusement or recreational activities described in connection with section 58g of the Communicable Diseases Act below, regardless of their number of customers or participants.
- Note: The decision-making process of each Regional State Administrative Agency is based on the general situation of its area and sets minimum restrictions for the area. Municipal decisions can be used to tighten the restrictions for a certain period of time or in a meaningfully targeted manner in the municipality. Consequently, the obligations imposed by the municipality in a decision in force at the same time are complementary to those imposed by a decision of the Regional State Administrative Agency in force in the municipality.
- Time limit: valid for a maximum of one month at a time.

Decisions may also be taken during the community transmission phase whereby customer, participant and waiting areas subject to separate provisions and open to public or intended for the stay of a limited group of customers or participants must be closed to customers and participants. Decisions are common or targeted throughout the municipality or targeted in the area of the Regional State Administrative Agency, depending on how the need extends beyond municipal boundaries.

- Responsibility: Municipality or municipal body responsible for controlling communicable diseases or, by agreement, joint municipal authority of the hospital district (need in the area of a municipality or joint municipal authority)
- Responsibility: Regional State Administrative Agency (need in an area across municipal boundaries)
- Basis: Section 58g of the Communicable Diseases Act (necessary prevention of the spread of an infectious disease)
- Required in: community transmission phase. The aim is to prevent the spread of the epidemic, so it is as much a targeted way of proactively preventing the acceleration from one phase to the next as it is a more efficient tactic to ensure the protection of the population as the disease spreads. The threshold for use is separately laid down by law.

- Note: The possibility of decision-making only applies to premises subject to separate provisions.
- Note: The decision-making process of each Regional State Administrative Agency is based on the general situation of its area and sets minimum restrictions for the area. Municipal decisions can be used to tighten the restrictions for a certain period of time or in a meaningfully targeted manner in the municipality. Consequently, the obligations imposed by the municipality in a decision in force at the same time are complementary to those imposed by a decision of the Regional State Administrative Agency in force in the municipality.
- Time limit: valid for a maximum of two weeks at a time.

Considerations:

- Under section 6 of the Communicable Diseases Act, authorities must take immediate action when informed of an infectious disease that requires prevention measures or of the risk of such a disease. Taking measures and using the powers conferred on them by law is a legal obligation of public authorities – municipalities, joint municipal authorities and the state – in accordance with the Communicable Diseases Act under the Finnish Constitution.
- Regional State Administrative Agencies and municipalities make their decisions independently, exercising the discretion laid down in the Communicable Diseases Act and taking into account the recommendations made above. Decisions will be subject to the necessity of preventing the spread of the disease.
- The Regional State Administrative Agency will consider the need for restrictions by decision beyond the municipal boundaries and will take decisions in accordance with this. Municipalities have the possibility, by their own decisions, to impose stricter restrictions in their area if they are necessary due to the local situation. Both authorities have an obligation to consider independently whether to take a decision.
- Public events held in public spaces are subject to restrictions in public events. However, continuous activities in public premises are not subject to the regulation restricting public events.

- The recommendations made at the baseline level concern recommendations supplementing the obligations imposed by section 58c of the Communicable Diseases Act. The Act directly obliges operators to provide customers with instructions as well as, if possible, to arrange their normal operations. The recommendations would require operators to make concrete operational changes to ensure that customers and participants can maintain an adequate distance if they so wish, for example at least one metre or more if the facilities allow. These changes could be implemented in a manner selected by the operator, such as directly limiting the number of customers or structural changes in operations, such as physical structures (acrylic dividers or similar), actions to guide the stay and flow of customers, assigning customers a standing or seating place and/or various pre-booking systems that can ensure sufficient space for certain number of customers within a certain timeframe.
- Continuous activities may also be restricted by decision during the acceleration phase and the community transmission phase on the basis of the regulation described in these recommendations. The new provisions on restrictions on the use of premises (sections 58d and 58g of the Communicable Diseases Act) would apply in addition to and at the same time to the existing regulation (section 58 of the Communicable Diseases Act) on occasions where the conditions imposed by the epidemiological situation require decisions to be extended to the matters and subjects covered by the new regulation. Since the factual conditions for the application of section 58 of the Communicable Diseases Act and the new powers are uniform, restrictions should be applied to the activities of the same risk of infection in a uniform manner. Decision-making must indicate which provisions the targeting and content of restrictions are based on. However, the special characteristic of public events as activities that bring people more widely together requires that they be restricted beforehand and, if necessary, separate regulations should be issued on restricting the number of people – the nature of continuous activities is different and therefore subject to separate regulations (cf. regulations on restaurants). The decision-making processes should be combined if both restrictions are applied.
- Public premises mean indoor areas open to the public or intended for the stay of a limited group of customers or participants and outdoor areas with limited space or functionality that are intended for the use of customers or participants and for the use of which the organiser of the activity is responsible at a given time. For the objects of regulation, those subject to regulation and exceptions to regulations, see Government Proposal HE 245/2020 p. 85–89.

- The possibility to impose restrictions by decision only applies to indoor premises used for the simultaneous stay of more than 10 customers or participants and outdoor areas with limited space or functionality intended for simultaneous use by more than 50 customers or participants and facilities used for exercise or sports and amusement or recreational activities described in connection with section 58g of the Communicable Diseases Act below, regardless of their number of customers or participants. The decision to restrict public premises spaces under section 58d of the Communicable Diseases Act extends to all such premises and imposes an obligation on the operators referred to in subsection 5 of the provision. However, the decision does not apply to the activities of educational institutions, early childhood education and care, professional sports or private or family life.
- During the community transmission phase, only exercise or sports and amusement or recreational activities in the following public premises (high-risk facilities) may be temporarily closed to customers by decision (section 58g):
 1. indoor facilities for team sports, group sports, contact sports and other similar sports or exercise, gyms and other similar indoor sports facilities;
 2. public saunas and pools in swimming facilities, outdoor swimming pools and spas and the changing rooms adjacent to them;
 3. dance venues and premises for choral singing activities, amateur theatre and other similar group activities;
 4. amusement parks, theme parks, funfairs and the indoor spaces in zoos;
 5. indoor playgrounds and play centres;
 6. public spaces in shopping centres, excluding retail business premises and premises for the provision of services and access to them.
- Compliance with safety guidelines and, if necessary, limiting the number of visitors should primarily avoid closing these sites to the public altogether. In the acceleration phase, decision-based restriction means that the operator responsible for the use of the premises can, independently and at their own discretion, fulfil their obligations by limiting the number of customers, by means of customer seating or space arrangements or by any other means that takes into account the special features of their operations.

- In their consideration, the authorities should in particular take into account the sources of infection detected in the region and the importance of restrictions on public premises in enhancing or supporting other existing restrictions or recommendations. According to section 58g of the Communicable Diseases Act, the decision referred to in that provision must take into account the known expertise as to whether the physical proximity of customers or participants to each other or the simultaneous presence of people or other placement of people or the spread of the disease via surfaces constitutes a particular risk of the spread of COVID-19, and whether there is a specific possibility of significant chains of transmission occurring in the operation or on the premises. According to current information, the facilities referred to in the provision are, as a rule, such facilities carrying a high risk of infection. For the application of regulation, those subject to regulation and exceptions to regulations, see Government Proposal HE 245/2020 p. 95–101.
- The obligation imposed by a decision to avoid close contact is based on the definition in section 58d, subsection 4 of the Act.
- When considering restrictions, it is a good idea to check that they are in line with the recommendation for face masks, remote working recommendations and other recommendations issued or to be issued for the region, and that these support each other.
- During the acceleration phase and the community transmission phase, the basic criteria for the situations where decision-based restrictions can be applied (incidence, traceability of infections and capacity of services) have been laid down separately and their fulfilment is monitored by the Finnish Institute for Health and Welfare and the joint municipal authority of the hospital district. Under the Act, the decision-making consideration is based on the knowledge of the parties mentioned and an expert assessment of the fulfilment of the criteria.
- When imposing restrictions on the use of public premises, it should be noted that the measures may not prevent anyone from exercising their right to statutory services, the right to have their case dealt with by a competent authority and they may not prevent a public official or office-holder from performing their official duties.
- When deciding on the measures, the economic, social and cultural impact of the measures must be carefully assessed and, on the basis of them, the measures should be targeted and limited in terms of their factual, regional and temporal aspects.

- In particular, with regard to significant restrictions on health, social and cultural rights for children and young people and people with limited functional capacity, careful consideration should be given for the impact of the measures.
- Concerning the effects of the spread of the epidemic, it may be justified to pay particular attention to the protection of risk groups when considering the targeting and content of measures.
- The person responsible for the premises must have a plan in accordance with section 58h of the Communicable Diseases Act and an explanation of how the safety and hygiene practices of the event are planned to be implemented.
- In order to organise the supervision of restrictive decisions, the Regional State Administrative Agencies, municipalities and the police should cooperate closely.

4. Restrictions applicable to the use of means of transport

Recommendation:

During the **acceleration phase**, municipalities may **recommend** that transport service providers under section 58f of the Communicable Diseases Act limit the number of passengers to up to half of the maximum number of passengers allowed to be taken on the means of transport. The recommendation applies to means of transport used for the simultaneous transport of more than 10 persons. If the application threshold laid down in section 58f of the Communicable Diseases Act is exceeded and the conditions are met, the transport service providers are obliged to limit the number of passengers **by decision** to no more than half of the maximum number of passengers allowed to be taken on the means of transport. The decision may apply only to means of transport used for the simultaneous transport of more than 10 persons. The Finnish Transport and Communications Agency is responsible for decision-making

The decision may not prevent anyone from exercising their right to statutory services and prevent a public official or office-holder from performing their official duties.

General:

These are recommendations and decisions for the acceleration/community transmission phase limiting the number of passengers to no more than half of the normal number of passengers.

- Responsibility: Finnish Transport and Communications Agency

- Basis: Section 58f of the Communicable Diseases Act
- Required in: acceleration and community transmission phases. The aim is to prevent the spread of the epidemic, so it is as much a targeted way of proactively preventing the acceleration from one phase to the next as it is a more efficient tactic to ensure the protection of the population as the disease spreads. The threshold for application is separately laid down by law.
- Note: the decision-making option is only applicable to means of transport used for the simultaneous transport of more than 10 persons.
- Time limit: valid for a maximum of one month at a time.

Considerations:

- Under section 6 of the Communicable Diseases Act, authorities must take immediate action when informed of an infectious disease that requires prevention measures or of the risk of such a disease. Taking measures and using the powers conferred on them by law is a legal obligation of public authorities – municipalities, joint municipal authorities and the state – in accordance with the Communicable Diseases Act under the Finnish Constitution.
- The Finnish Transport and Communications Agency make their decisions independently, exercising the discretion laid down in the Communicable Diseases Act and taking into account the recommendations made above. Decisions will be subject to the necessity of preventing the spread of the disease.
- The basic criteria for application have been laid down separately for decision-based restrictions, the fulfilment of which is monitored by the Finnish Institute for Health and Welfare and the joint municipal authority of the hospital district.
- When making its decision and assessing the limitation of the number of passengers, the Finnish Transport and Communications Agency shall take into account:
 - the incidence of infections in areas where services are mainly performed and where passengers can be picked up;
 - the possibility of avoiding close contact between passengers, taking into account the duration of the transport, the structure of the means of transport, the possibility of compartmentalisation of passengers, the number of seating and standing places and other factors affecting the location of passengers on the means of transport; and

- measures taken by transport service providers or the operators acting on their behalf to restrict close contact between passengers in accordance with section 58e of the Communicable Diseases Act, and ensuring access to information in accordance with section 24 of the same Act necessary to trace potentially exposed persons on the basis of a personal seat reservation, wearing face masks and using other means at regional level to prevent the spread of the disease.
- In their consideration, the authorities should in particular take into account the sources of infection detected in the region and the importance of restrictions on means of transport in enhancing or supporting other existing restrictions or recommendations.
- When considering restrictions, it is a good idea to check that they are in line with the recommendation for face masks, remote working recommendations and other recommendations issued or to be issued for the region, and that these support each other.
- When imposing restrictions on the use of means of transport, it should be noted that the measures may not prevent anyone from exercising their right to statutory services or prevent a public official or office-holder from performing their official duties.
- For the objects of regulation, those subject to regulation and exceptions to regulations, see Government Proposal HE 245/2020 p. 91–93.
- When deciding on the measures, the economic, social and cultural impact of the measures must be carefully assessed and, on the basis of them, the measures should be targeted and limited in terms of their factual, regional and temporal aspects.
- The person responsible for the premises and the service provider must have a plan in accordance with section 58h of the Communicable Diseases Act and an explanation of how the safety and hygiene practices of the event are planned to be implemented.
- In order to organise the supervision of restriction decisions and the sharing of the necessary expertise, the Finnish Transport and Communications Agency, Regional State Administrative Agencies, municipalities and the police should cooperate closely with each other.



Internet: stm.fi/en/publications

PUBLICATION SALES:
julkaisutilaukset.valtioneuvosto.fi

ISSN PDF 1797-9854
ISBN PDF 978-952-00-5454-0