

Countries that are just included in the first edition (April 2020):

Latvia

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1. A short description of the major legislative framework concerning communicable diseases

Key national legal act to ensure epidemiological safety is “Epidemiological Safety Law (official translation)”¹ or “Epidemioloģiskās drošības likums” in Latvian.² This law covers communicable diseases.

The purpose of this Law is to regulate epidemiological safety and specify the rights and duties of State authorities, local governments, and natural persons and legal persons in the field of epidemiological safety, as well as to determine liability for the violation of this Law.

Key state authorities in the field are: Ministry of Health (relevant competences are set forth in Section 5 of the Law), Health Inspectorate (relevant competences are set forth in Section 6 of the Law), as well as Centre for Disease Prevention and Control (relevant competences are set forth in Section 7 of the Law), State Emergency Medical Service (relevant competences are set forth in Section 7¹ of the Law), and finally, local governments (relevant competences are set forth in Section 8 of the Law).

Rights and obligations of medical practitioners in cases of infectious diseases are defined in this law, including specific confidentiality clauses, likewise, counter-epidemic measures, vaccination and work with infectious disease-causing agents, conditions for occupational activities to guarantee epidemiological safety, quarantine and public health protection measures, suspension of the operation of a heightened risk subject or the service provided thereby are among key areas the law covers. The law also includes administrative offences in the field of epidemiological safety, and competence in administrative offence proceedings, however, the respective chapter is not applicable now. It comes into force on July 1, 2020. Meanwhile, administrative liability is set forth in Latvian Administrative Violations Code, where:

- Section 42 regulates violation of hygienic and counter-epidemic provisions and norms and envisages that in the case of violation of hygienic and counter-epidemic provisions and norms (except for environmental protection provisions and norms) natural persons can be fined from ten to two thousand euros, legal persons - from one hundred forty to five thousand euros.
- Section 176² regulates violation of restrictions and prohibitions imposed during the emergency and state of emergency, and for violation of restrictions or prohibitions imposed during an emergency or state of emergency permits fining natural persons from ten to two thousand euros, legal persons - from one hundred forty to five thousand euros.

The State Operational Medical Commission (unofficial translation)³ is a consultative and coordinating institution, the purpose of which is to ensure the coordinated operation of health sector institutions in an emergency medical situation and in an emergency public health situation. It works on tackling Covid-19, and protocols of the meetings of this commission are publicly available, see http://www.vm.gov.lv/lv/aktualitates/sabiedribas_lidzdaliba/valsts_operativa_mediciniska_komisija/.

A number of matters are further regulated by the Cabinet. The rules adopted in the field include:

- Cabinet Regulation No. 7, adopted 5 January 1999 **Procedures for Registration of Infectious Diseases**, Latvijas Vēstnesis, 5/6, 08.01.1999. (ENG translation is available but is outdated

¹ Epidemiological Safety Law, Latvijas Vēstnesis, 342/345, 30.12.1997., <https://likumi.lv/ta/en/en/id/52951-epidemiological-safety-law>

² Epidemioloģiskās drošības likums, Latvijas Vēstnesis, 342/345, 30.12.1997., <https://likumi.lv/ta/id/52951-epidemiologiskas-drosibas-likums>

³ It operates under the Cabinet Regulation No.956 of 13 December 2011 Valsts operatīvās medicīniskās komisijas nolikums (official translation is not available), Latvijas Vēstnesis, 201, 22.12.2011. <https://likumi.lv/ta/id/241746-valsts-operativas-mediciniskas-komisijas-nolikums>

<https://likumi.lv/ta/en/en/id/20667-procedures-for-registration-of-infectious-diseases>, please consult the LV version instead <https://likumi.lv/ta/id/20667-infekcijas-slimibu-registracijas-kartiba>)

- Cabinet Regulation No. 413, adopted 14 June 2005 **Procedures by which the Mandatory Medical and Laboratory Examination of Persons, Mandatory and Forced Isolation and Treatment Thereof shall be Carried out in Cases of Infectious Diseases** (ENG translation is available but is outdated <https://likumi.lv/ta/en/en/id/110743-procedures-by-which-the-mandatory-medical-and-laboratory-examination-of-persons-mandatory-and-forced-isolation-and-treatment-thereof-shall-be-carried-out-in-cases-of-infectious-diseases>, please consult the LV version instead <https://likumi.lv/ta/id/110743-kartiba-kada-veicama-personu-obligata-mediciniska-un-laboratoriska-parbaude-obligata-un-piespiedu-izolesana-un-arstesana-infekcijas-slimibu-gadjumos>)
 - Cabinet Regulation No. 774, adopted 19 September 2006 **Procedures for the Determination of Exposed Persons, Initial Medical Examination, Laboratory Examination and Medical Observation**, Latvijas Vēstnesis, 153, 26.09.2006. (ENG translation is available but is outdated <https://likumi.lv/ta/en/en/id/144279-procedures-for-the-determination-of-exposed-persons-initial-medical-examination-laboratory-examination-and-medical-observation>, please consult the LV version instead <https://likumi.lv/ta/id/144279-kontaktpersonu-noteikšanas-primaras-mediciniskas-parbaudes-laboratoriskas-parbaudes-un-mediciniskas-noverosanas-kartiba>)
 - Cabinet Regulation No. 1050, adopted 16 November 2010, Procedures for the Implementation of Public Health Measures, Latvijas Vēstnesis, 185, 23.11.2010 (ENG translation is available but is outdated <https://likumi.lv/ta/en/en/id/221565-procedures-for-the-implementation-of-public-health-measures>, please consult the LV version instead <https://likumi.lv/ta/id/221565-sabiedribas-veselibas-aizsardzibas-pasakumu-veikšanas-kartiba>)
 - Cabinet Regulation No. 104, adopted 16 February 2016, Regulations Regarding the Basic Requirements for a Hygienic and Counter-epidemic Regimen in a Medical Treatment Institution, Latvijas Vēstnesis, 34, 18.02.2016 (ENG translation <https://likumi.lv/ta/en/en/id/280360-regulations-regarding-the-basic-requirements-for-a-hygienic-and-counter-epidemic-regimen-in-a-medical-treatment-institution>, LV version <https://likumi.lv/ta/id/280360-noteikumi-par-higieniska-un-pretepidemiska-rezima-pamatprasibam-arstniecibas-iestade>)
2. **Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centers) are also of interest.**

To the best of my knowledge and as of 17 April 2020, such guidelines does not exist (at least are not made public). There are, however, rules applicable to testing,

http://www.vm.gov.lv/images/userfiles/Testi_Covid_090420_final.pdf,

and recommendations for diagnostics

http://www.vm.gov.lv/images/userfiles/VOMKpiel_060320_SARI_laboratora_diaagnostika_SARS-Cov-2%281%29.pdf.

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?

Yes. Pursuant to Sub-paragraph 2.11 of Cabinet Order No. 103 of 12 March 2020, Regarding the Declaration of Emergency Situation, Minister for Health on 25 March 2020 adopted Order No. 59 “Regarding the Restriction of the Provision of Health Care Services during the Emergency Situation”⁴ restrictions have been placed.

⁴ Order of the Minister for Health No. 59, Adopted 25 March 2020, Regarding the Restriction of the Provision of Health Care Services during the Emergency Situation, Latvijas Vēstnesis, 61A, 26.03.2020.

Order of the Minister for Health No. 59, adopted 25 March 2020 Regarding the Restriction of the Provision of Health Care Services during the Emergency Situation, Latvijas Vēstnesis, 61A, 26.03.2020 (ENG translation is available but is outdated <https://likumi.lv/ta/en/en/id/313481-regarding-the-restriction-of-the-provision-of-health-care-services-during-the-emergency-situation>; please consult the LV version instead <https://likumi.lv/ta/id/313481-par-veselibas-aprupes-pakalpojumu-sniegšanas-ierobezosanu-arkartejas-situacijas-laika>)

First, all health care except for the ones explicitly listed in the Order is suspended pursuant to Paragraph 1. Exceptions as of April 18 are:

- 1.1. emergency medical assistance and acute assistance, including the necessary examinations and consultations;
- 1.2. the health care services provided by a general practitioner;
- 1.3. vaccination services by creating different flows for children and adults;
- 1.4. health care services at home;
- 1.5. dental services in acute and emergency cases;
- 1.6. services to ensure continuity of treatment - chemotherapy, biological medicinal products, organ replacement therapy, radiation therapy, day hospital services in hematology, methadone and buprenorphine replacement therapy, must continue or complete the treatment started as a matter of urgency on inpatient basis ((In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)
- 1.7. oncological and life-saving surgeries, and such surgeries as a result of cancellation of which the person could become disabled;
- 1.8. services within the scope of the Green Corridor; [the Green Corridor is for fast-tracked diagnosis and medical care for oncological diseases]
- 1.9. health care services in relation to the treatment of the following groups of diseases - oncology; HIV/AIDS; tuberculosis; psychiatry; contagious skin diseases and sexually transmitted diseases; traumatology;
- 1.10. care for pregnant women;
- 1.11. acute and subacute rehabilitation services to person for whom the postponement of this service can cause risk of disability or loss of capacity for work, including to children for whom the postponement of the rehabilitation services is connected with a substantial deterioration of functional disorders.
- 1.12. health examinations performed by a seafarer's doctor recognized by the Seamen's Register of the State Joint Stock Company "Latvian Maritime Administration", using the medical devices at the disposal of the said medical practitioner and, if necessary, remote consultations with other specialists; ((In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)
- 1.13. medical examinations to determine the effects of alcohol, narcotic, psychotropic or toxic substances and chemical-toxicological examinations to ensure the medical process; ((In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)
- 1.14. urgent outpatient forensic psychiatric and forensic psychological examinations for adults. ((In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)
- 1.15. from 20 April 2020, the following planned health care services:
 - 1.15.1. in secondary health care:
 - 1.15.1.1. state-organized breast cancer screening examinations (mammography);
 - 1.15.1.2. performing echocardiography, ultrasonography, radiology, computed tomography, dopplerography, nuclear magnetic resonance, electrocardiography (including Holter monitoring), bicycle ergometry and electroencephalography examinations with a referral from a family doctor or medical specialist;
 - 1.15.1.3. initial consultations with an endocrinologist, cardiologist, rheumatologist, pneumonologist, ophthalmologist and neurologist;

1.15.1.4. diabetic foot care;

1.15.2. in dentistry:

1.15.2.1. the completion of the initiated dental disease treatment process and the initiated prosthetic work;

1.15.2.2. orthodontic treatment.

(In the wording of Order No. 87 of the Minister of Health of 17.04.2020; unofficial translation)
The health care services specified in this subparagraph (1.15) shall be provided by medical treatment institutions from 9:00 to 16:00, and they have a duty to manage the flow of individual patients, as well as limit the number of patients that are staying on the premises of the medical institution at the same time, and they have a duty to determine the exact time of arrival to receive the planned health care services (Paragraph 4¹ of the Order, in the wording of Order No. 87 of the Minister of Health of 17.04.2020; unofficial translation).

Following Paragraph 2 of the Order, health care to patients with chronic illnesses shall, to the extent possible, be provided remotely.

Following Paragraph 3 of the Order, outpatient councils shall be organised without the participation of a patient. If the council cannot take a decision without the participation of a patient, then the head of the council shall be responsible for organising the council with the participation of the patient by complying with the necessary epidemiological safety measures.

Following Paragraph 4 of the Order, where possible, the health care services specified in Sub-paragraphs 1.3, 1.4, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13 and 1.15 of the Order (see numbering above) shall not be provided to patients having symptoms of respiratory tract diseases. (In the wording of Order No. 85 of the Minister of Health of 17.04.2020; unofficial translation)

Following Paragraph 5, medical treatment institutions shall not register patients for the receipt of planned health care services until 22 April 2020. (In the wording of Order No. 85 of the Minister of Health of 09.04.2020; unofficial translation)

Following Paragraph 6, the Health Inspectorate shall monitor the compliance with the requirements laid down in this Order.

Finally, following Paragraph 7, once per week, the Ministry of Health shall, in cooperation with the National Health Service, Emergency Medical Service and the Centre for Disease Prevention and Control and considering the epidemiological situation and possible epidemiological risks, evaluate the specified restrictions on the provision of health care services.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:

There are a number of restrictions in place. Due to time and space constraints, and for illustrative purposes only, key restrictions are indicated:

- As of April 13 (last amended 7 April 2020) It is prohibited to hold
 - 4.5.1. any public event (in accordance with the definition specified in the Law on Safety of Public Entertainment and Festivity Events);
 - 4.5.2. meetings, processions, and pickets (in accordance with the definition specified in the law On Meetings, Processions, and Pickets);
 - 4.5.3. religious activities which are performed by gathering;
 - 4.5.4. operation of indoor sports venues;
 - 4.5.5. any private event, except for funerals held outdoors and christening ceremonies held in urgent cases, provided that a two-metre distance between persons is maintained and other epidemiological safety measures are complied with;

- As of April 13 (last amended 29 March 2020) 4.5.¹ the cultural, entertainment, outdoor sports, and other recreational sites shall start work not earlier than at 8.00 and end work not later than at 22.00;
- As of day of writing (April 17), (last amended 29 March 2020) 4.5.² the following restrictions are imposed on persons in public places:
 - 4.5.²1. the persons must maintain a two-metre distance from others (this refers both to indoor public spaces and public open spaces);
 - 4.5.²2. the persons must comply with other social (physical) distancing and epidemiological safety measures determined (this refers to indoor public spaces, public open spaces, and common-use premises);
 - 4.5.²3. such number of persons may be present at the same time in a sales location and public catering facilities which corresponds to the respective requirements determined by the Minister for Economics according to the procedures referred to in Sub-paragraphs 4.22 and 4.22.¹ of this Order, ensuring at the same time the fulfilment of the requirements specified in Sub-paragraphs 4.5.²1 and 4.5.²2 of this Order;
 - 4.5.²4. the following may gather at the same time in indoor public spaces and public open spaces without maintaining a two-metre distance:
 - 4.5.²4.1. not more than two persons;
 - 4.5.²4.2. persons living in one household;
 - 4.5.²4.3. a parent and his or her minors if they do not live in one household;
 - 4.5.²4.4. persons performing work or service duties;

Key restrictions can be found in Cabinet Order No. 103 adopted 12 March 2020, Regarding Declaration of the Emergency Situation, Latvijas Vēstnesis, 51A, 12.03.2020 (ENG translation is available but is outdated <https://likumi.lv/ta/en/en/id/313191-regarding-declaration-of-the-emergency-situation>, please consult the LV version instead <https://likumi.lv/ta/id/313191-par-arkartejas-situacijas-izsludinasanu>).

As of day of writing (April 17), medical treatment institutions, social care institutions, and places of imprisonment shall restrict visits to the institution for third persons, except for ensuring of basic functions with the permission of the head of the institution. In practice, this means curtailing a number of patient rights set forth in the Law On the Rights of Patients, key being the right to the support of his or her family and other persons during the medical treatment (Section 5, Paragraph 3 Law On the Rights of Patients, Latvijas Vēstnesis, 205, 30.12.2009, ENG translation is available but is outdated <https://likumi.lv/ta/en/en/id/203008-law-on-the-rights-of-patients>, please consult the LV version instead <https://likumi.lv/ta/id/203008-pacientu-tiesibu-likums>).

5. Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

No.

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?

No. However, it has been determined that contracting COVID-19 is not considered an accident at work and the employer need not perform the investigation and registration of such case. See Paragraph 4.45 of Cabinet Order No. 103 adopted 12 March 2020, Regarding Declaration of the Emergency Situation, Latvijas Vēstnesis, 51A, 12.03.2020 (ENG translation is available but is outdated <https://likumi.lv/ta/en/en/id/313191-regarding-declaration-of-the-emergency-situation>, please consult the LV version instead <https://likumi.lv/ta/id/313191-par-arkartejas-situacijas-izsludinasanu>).

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak?

As of April 17 such information has not been made public yet.

8. A link to legal sources of your country (preferably in English)

Links are provided as footnotes.

Here you can access a collection of sources of law indexed for Covid-19:

- <https://likumi.lv/ta/tema/covid-19>

Here you can access a collection of sources of law adopted by municipalities indexed for Covid-19:

<https://likumi.lv/ta/tema/covid-19-pasvaldibas>

English translations are available for many of the legal instruments. They can be accessed once the instrument of interest is accessed, at the right hand side, or following the links that have been provided. Please note that it could also be that the instrument of interest is not translated or the recent amendments are not translated. Therefore, it is always important to check when the respective instrument has last been amended and compare that with the date of translation. There is a date indicated at the end of the amended provisions, which allow easier tracing of the amendments.

Norway

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1. A short description of the major legislative framework concerning communicable Diseases

The major legislative framework in this field is the Communicable Diseases Act (5 August 1994 No. 55), which underwent a major revision in 2019. The Communicable Diseases regulates e.g. division of competence between the municipality and the central level, information to infected patients, remedies for closing certain sectors, etc. Many of the decisions during the corona outbreak has been made according to the Communicable Diseases Act.

2. Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centers) are also of interest.

The Norwegian Directorate of Health issued a Guideline for both the hospital sector, but also for the part of the healthcare given outside hospitals. This Guideline clarify how the patients should be treated in the different part of the healthcare sector, and also how the hospitals should prioritize between patients in need of intensive care if such care is a scarcity. The Guideline instructed for instance the hospitals to reallocate resources from non-urgent care to intensive-care units and other departments who would be receiving Covid19-patients.

<https://www.helsedirektoratet.no/veiledere/koronavirus/kapasitet-i-helsetjenesten/prioritering-av-helsehjelp-i-norge-under-covid-19-pandemien>

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?

In the earlier stages of the outbreak most of the non-urgent healthcare was suspended for a short period of time. However, since the outbreak was “controlled” very early, the hospitals started to increase the activity of also non-urgent healthcare. The Guideline previously mentioned instructs the hospitals to quickly reduce this activity if the need for resource-reallocation occurs.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:

The Storting (parliament) passed a temporary legislation on March 21st that allowed the Government for carry out necessary and proportionate adaptive measures to address the effects of the coronavirus.

<https://www.regjeringen.no/en/aktuelt/storting-adopts-coronavirus-act/id2694462/>

Before this legislation the Government had introduced several measures pursuant to the Control of communicable diseases act

(Smittevernloven: <https://lovdata.no/dokument/NL/lov/1994-08-05-55>)

a. Restrictions concerning movement in public spaces (curfew, limitations regarding how many members in a group, closing of parks etc.)

b. Restrictions concerning “social distancing” concerning number of meters between people, inside and outside. Please specify whether the restrictions are in form of guidelines or legal binding instruments (and date for latest amendment)

The Norwegian Directorate of Health, pursuant the Control of Communicable diseases act, have issued several provisions such as, but not limited to:

- No more than 5 persons can be in a group
- All should keep a distance of at least 2 meters between individuals (not applicable for persons in the same household). In premises where keeping a distance of 2 metres is difficult but that should remain open (e.g shops and pharmacies) a minimum distance of 1 meter should be kept.
- All schools and kindergarten were closed for several weeks. From April 20th kindergarten and lower primary schools will open.
- A ban on overnight stay at holiday properties was imposed. This ban will be lifted from April 20th.
- All cultural and sports events that cannot meet the requirement of keeping a distance of 2 meters was banned.
- Quarantine rules was imposed to anyone arriving from abroad travels
- Ban on international travels for healthcare personnel professionals who work in patient care.
- Businesses who cannot maintain the requirements of sufficient distance was ordered to close (e.g. hairdressers, optician).

Please see detailed information on:

<https://helsenorge.no/coronavirus/events-and-activities>

In addition to these provisions, local authority, pursuant to the Control of Communicable diseases act, have issued several local bans and provision such as:

- In Oslo all bars and restaurants was ordered to close
- Some of the northern regions imposed a quarantine period for Norwegian citizens travelling from the southern regions of Norway.

5. Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

The guidelines on testing for COVID19 is updated by the Norwegian Institute of Public Health

<https://www.fhi.no/en/>

The guidelines have changed several times over the last weeks, and will keep changing in accordance with the general situation and also test-capacity.

<https://www.fhi.no/nettpub/coronavirus/helsepersonell/testkriterier/>

The Norwegian Institute of Public Health has introduced (17 April) an application. For those downloading the application, information from their smartphones about their movements patterns in society from the app are used to develop effective infection control measures. <https://helsenorge.no/coronavirus/smittestopp>

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?

No.

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak?

No.

8. A link to legal sources of your country (preferably in English)

For translation of legislation and regulations, see

<https://app.uio.no/ub/ujur/oversatte-lover/english.shtml>

https://lovdata.no/info/information_in_english

Note that only a selection of legislation and regulations are translated and that translations are unofficial and may not have been updated since.

An overview in English about the measures, as well as general information about the virus is available at

<https://helsenorge.no/coronavirus>

Brief overview of the COVID-19 mitigation measures being undertaken in Russia

*Alexey Goryainov,
NCP for Russia*

Surprisingly, but federal government has started to adopt measures for COVID-19 prevention already in January 2020 when there was not so much information on how serious the problem in the country and in the world would be. On Jan. 24, 2020 the head sanitary doctor of the Russian Federation has issued an order indicating to prepare medical facilities for admittance of infectious patients and several other measures: to set an informational communication with population about COVID-19; to set a storage for antiviral drugs, disinfection products and products for personal protection; to increase sanitary-quarantine control on the borders; to control abundance of disinfection regime at the transportation hubs and places of mass gathering of people; to hold advanced molecular-genetic and virological examinations of biomaterial from sick persons suspected to have new infection.

On Jan. 30 the federal government has temporarily restricted the flow of people through certain checkpoints on the state boarder with China. Chinese residents in Russian Federation after arrival from China were supposed to maintain 14 days of medical surveillance. If coronavirus symptoms were revealed such persons were subjects for isolation and treatment. At the same time head sanitary doctor (the head of the federal service for sanitary and epidemiological control) issued several guidelines for prevention of COVID-19 in medical organizations, temporary procedure in cases of COVID-19 patient identification and some other.

All these measures are in line with the main federal law “About sanitary epidemiological welfare of the population of the Russian Federation”. This federal law sets the main frame work for control of spread of the communicable diseases in the country. The guidelines for treatment of COVID-19 are free for access on the web site of the Ministry of health of the Russian Federation. Sanitary-epidemiological guidelines are available at the web site of the sanitary-epidemiological federal service of the Russian Federation. During the raise of the outbreak they are regularly updated.

By the Feb. 3rd, 2020 federal government has closed boarders for foreign citizens from the territory of China. Almost a month later the same measures were applied for foreign citizens and people with no citizenship from the territory of Italy, Iran, South Korea and China.

In the beginning of the epidemia people were very reckless and irresponsible. The legal framework was also not ready enough for compulsory measures. In Feb. 2020 happened an interesting situation with “mandatory” isolation of Russian citizen arrived from China. The patient voluntary agreed to stay in the hospital since she was in the endemic region for COVID-19. But while in the ward during the incubation period isolation she decided to escape. She escaped from the hospital in a manner of agent 007. She used her knowledge to crack the electro-magnetic lock and disappeared. Few days later she was found and the regional service for sanitary and epidemiological control (part of the federal system) submitted a claim to the court in order to force the

patient to stay at the hospital for all 14 days (incubation period of COVID-19) and until the negative lab results for COVID-19 are received.

Hence there was a major legal and mass media debate of the possibility to isolate such patients. The struggle between individual and public rights, the right for isolate and the absence of the procedure for compulsory treatment and hospitalization of COVID patients (such procedures existed only for patients with psychiatric disorders and tuberculosis). However, since the federal government for the first time in almost eight years has updated in January 2020 the list of especially dangerous for society diseases (COVID-19 was added on Jan 31, 2020) and the provision of the federal law on sanitary-epidemiological welfare with the right for isolation of dangerous for public patients the court has ruled out to hospitalize the patient using the analogy of law, existed for patients with psychiatric disorders and tuberculosis. The form of the trial was quite outrageous since in the small court hall there were dozens of journalists, representatives of sanitary services, judge, prosecutor and the patient with her lawyer. All of them did not have any type of self protection wear as masks and etc.

In the beginning of March head sanitary doctor issued next order № 5 «About additional measures for decrease the risk of import and spread of new coronavirus infection». The order indicated for regional authorities the following provisions, related to health care: to strengthen timely detection and isolation of persons with signs of COVID-19 and optimization of hospitals conversion for hospitalization of patients with pneumonia (not nosocomial); to maintain storage of antiviral drugs; to provide for ambulance teams, admission departments pulse oximeters, and for inpatient departments – ventilators and other measures, such as priority for outpatient medical services delivery at home for aged patients 60+; organization of on-line delivery of “sick lists” and etc.

On Mar. 20th, 2020 the regime of “advanced preparedness” was applied on the territory of Russia. Since than all educational organizations switched to on-line education. All arriving tourists from endemic countries were supposed to stay at home for 14 days isolation. Social gathering of people 1000+ were limited and later on cancelled. Foreign citizens arrival to Russia was temporarily prohibited. Ministry of health suspended prophylactic medical examinations for adults.

Eurasian economic commission prohibited export of the products of self protection from the territory of Eurasian economic commission. On March 28th all hotels and other recreational organizations were closed. E.g. parks in St.Petersburg were closed on March 27.

On March 30th the President proclaimed the “vacation period” for all employees besides the employees in several spheres. Health care facilities were not closed. However, in the beginning of April Government indicated the forms of medical care under the mandatory health insurance act which are available during the COVID-19 epidemic outbreak. For instance, all planned preventive medicine services (examinations) were suspended. All planned hospitalization and assignment of planned examinations (CT, MRI and etc) were limited. Patients now are able to receive such medical services only upon the decision of local public health authority or medical practitioner. Interesting to mention that all planned forms of control of medical insurance companies were suspended.

The federal sanitary epidemiological service of the Russian Federation seriously influenced public and private medical organizations. For example, now neither public nor private medical organizations in St.Petersburg and in Moscow are allowed to deliver regular medical services. The federal service suspended them. So millions of people lost the possibility to visit a dentist, gynecologist or other doctors with current problems. Only acute health conditions which may lead to damage for health or life of a patient may be treated in the medical organizations. Consequently thousands of medical organizations lost 40-90 percent of income. But the federal government did not include them (besides dentists) into the list of most suffering types of businesses, which may receive tax and other benefits and state support.

The courts stopped to work and only urgent hearings may happen until April 30th so its even almost impossible to enforce the law or appeal against violation of law if it happens. Due to the mass of fake news about COVID-19 state parliament adopted serious fines for fake news publication. As well new fines were incorporated into

the code of administrative offences for violation of rules of behavior during the period of “advanced preparedness” regime, the regime of special preparedness before the emergency situation. Before only violation during the emergency situation or quarantine were the matter for administrative liability. Besides the criminal code art. 236 on criminal responsibility for mandatory sanitary rules violation was modified and the amount of fines and duration of imprisonment were raised significantly.

So far we are experiencing “vacation period” until April 30th. Movement of people on the territory of the country on the federal level is not prohibited. However some regions like Moscow issued local regional orders according to free movement. Since April 15, it is forbidden to move in Moscow without the special pass. All pupils and elder population lost their free of charge passes for public transportation to motivate them to stay home.

Besides new fines the state government declared to increase salaries for medical practitioners during the outbreak. The COVID-19 infection illness at the work place is the subject for occupational social security protection.

So far on the major part of the country we have so called “self isolation” regime. It means that people are not mandatory pushed to stay at home, but it is highly recommended.

SLOVAK REPUBLIC

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30th of April 2020*

1. A short description of the major legislative framework concerning communicable diseases

Public health system.

Preventive measures against communicable diseases are routinely dealt with under the regulatory framework of the Law on the protection and support of the public health (Act. no 355/2007 Z. z.), which serves as an umbrella for approximately 20 directives issued by the Ministry of Healthcare.

The responsibility for the public health at the central level is divided between several ministries (Ministries of Healthcare, Defence, Internal affairs, and Transit) and one central authority named Public Health Authority of the Slovak Republic (PHA SR). PHA SR has 36 regional branches. This is quite a dense network of public health offices, considering the small area and relatively small population of Slovakia. One of the bodies of PHA SR is a national anti-epidemic committee and several regional anti-epidemic committees. The committees are expert based, and their task is to propose (but not to implement or to enforce) preventive and anti-epidemic measures. In case of epidemy, the Slovak law distinguishes between two tiers of public threat. The lower tier of threat is dealt by the public health system, the higher tier is dealt with by the government under the national emergency system.

The national emergency system

The government has the competence to declare „the state of emergency” under the law on the state security (Act no. 227/2002 Z. z.) which can last for up to 90 days. During the state of emergency, the government receives power to restrict individual freedoms (including the freedom of movement and right to property) and has competence to issue temporary legal norms (decrees) that are effective even without the consent of the parliament.

To address the epidemic, the **government quickly decided to act in accordance with the national emergency system** declared the state of national emergency on 15th of March 2020. The response to coronavirus was dealt with the governmental decrees.

2. Are there any guidelines concerning the treatment of patients suffering from coronavirus, please also include any guidelines concerning priority of patients due to scarcity of resources. Guidelines applicable outside the hospitals (e.g. in long-term care homes, prisons, asylum centres) are also of interest.

The complex guidelines for providers of the Healthcare were issued under the name “clinical protocol for rational patient management” The clinical protocol advises to postpone any scheduled treatment, if there is not a significant risk of adverse effects in the next three months. In case postponement is not possible, the patient should be quarantined for 14 days before admitted to the hospital. The question, whether the scheduled treatment can be postponed has to be decided by interdisciplinary consilium of physicians.

In case the of rapid spread of COVID-19 (which had not materialized), the hospitals are advised to accept only patients, if there is a significant risk of adverse events in the next 14 days. The question, whether the scheduled treatment can be postponed has to be decided by interdisciplinary consilium of physicians. All patients admitted for treatment should be tested for COVID-19.

The protocol also contains general epidemiological recommendations for treatment urgent (non-elective). All patients admitted for treatment should be tested for COVID-19.

There are no guidelines on the “priority” of patients outside traditional “urgent” and “scheduled” scheme. Special regulations have been put in place to protect vulnerable group of oncological patients. The regulations were put in place, so that the routine and periodical treatment of the oncological patients is not disrupted or postponed. Instead the epidemiological and preventive measures were reinforced.

3. Have certain medical services been suspended during the outbreak (e.g. non urgent health care)?

Most of the non-essential healthcare was rescheduled in all segments of healthcare as a precaution measure. However, the authorities tried to avoid disruption of necessary healthcare provided to vulnerable patients.

4. Have new regulations been introduced within the field of health law due to the coronavirus outbreak, particularly: what is the main content of these laws:

The response was based on temporary government decrees and not by the new laws. The governmental decrees contained, among others these measures:

- Obligation to wear face masks in public
- Restrictions of cross-border movement with certain exceptions (the extent of exceptions was adapting to the changing situation)
- Mandatory quarantine of all persons who arrived from abroad. This was applicable to both citizens and non-citizens. The quarantine was not in homecare, but in dedicated public facilities.
- Restrictions of non-essential shopping
- Dedicated opening hours of shops when only elderly patients can shop
- Strict isolation of small geographical areas (most often villages) with increased presence of COVID 19
- Restriction of intercity movement in the days of Easter (when intercity travel is very usual)
- Restriction of all public events (both indoors and outdoors)
- Restriction of leisure facilities, such as theatres, sports facilities, restaurants

The restrictions will be lifted in 4 waves. The government did not set the dates but set the conditions under which the next wave of easing can proceed. At the time of writing it appears, that the measures were successful in preventing uncontrolled spread of the disease.

5. Are there specific policies/guidelines concerning the screening of COVID19 and/or the use of e-health technologies/applications processing personal data?

A voluntary smartphone application was made available for download that would allow individual cell phones to remember (anonymously) their proximity to other cell phones (via Bluetooth). Once the owner of the cell phone is diagnosed with the disease, owners of the cell phones that appeared in close proximity in recent past are notified.

6. Have new provision been introduced concerning liability, e.g. improved occupational injury schemes for health personnel, or civil or criminal liability immunity for healthcare professionals?

Not yet.

7. Have there been cases before the courts relating to health law due to the coronavirus outbreak?

Not yet.

8. A link to legal sources of your country (preferably in English)

The resource gate is the dedicated governmental website korona.gov.sk. Even though the main page is in English it links mainly to the documents in Slovak language.