5th May, 2020

PUBLIC HEALTH & CONFIDENCE

For the travelling Showmen industry

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Abstract:

This document presents a risk assessment of the proportionate non-pharmaceutical measures and practices to be put in place to prevent - protect against, delay or otherwise control the increase of incidence or transmission of Coronavirus during the public health response period for travelling funfairs and circuses.

This carried out in compliance with the WHO guidelines of ISO 31000:2018 for Public Health preparedness during mass gathering events

Summary

It has been shown and discussed in detail through the defining, identifying, and analysing of the risk of how to live with the virus until a vaccine is found, that the key criteria in treating the risk of increasing transmission rates at one of these types of events in the future will be:

1. How many active cases are estimated in the location and surrounding area of where this type of indoor/outdoor event is to take place?
2. Understanding that this figure will be variable from location to location and can be, for simplistic terms, categorised as Low, Medium and High risk areas.
3. That the decision making process by Public Health on the maximum numbers allowed to attend such an event will be governed by the desire to keep the R_o below 1 for that area and as a country as a whole.
4. That the key consideration of being able to 'open' and operate as close to normal as is possible will be dependent on how important it is to retain a social distancing regime of two metres.
5. That both Showmen, and the general public understand what it actually means to 'work and play' in the middle of a pandemic, and that the significance of transmission rates, R_o, and the actual amount of exposure to contact with a COVID-19 case within a timeframe ranging from 48 hours before the onset of symptoms of the case to 14 days after the onset of symptoms is the key.
6. This will lead to the implementation of an appropriate industry wide treatment based on Low, Medium and High Risk measures for any given area.

Conclusion

This risk assessment has evaluated and identified the need for alignment during the public health response period of COVID-19 with Public Health, event organisers, Showmen, travelling Showmen associations and cross government plans; both central and devolved in regard to protecting and safeguarding the public and safeguarding this business and way of life.

This document should hopefully make it clear to all stakeholders involved in the industry what the points of further discussion are:

objectives

operational strategy

capabilities

roles and responsibilities

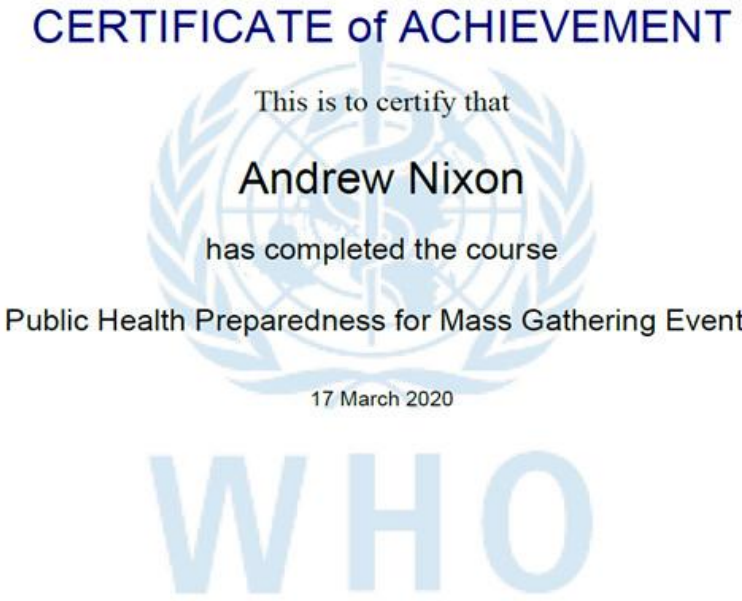
logistics

reporting and response mechanisms and;

working arrangements.

If, this industry wants to:

Show the general public, Public Health, government and local authorities that this is a business and industry and community that fully understands what is required to help raise the confidence and trust within society once the restrictions are lifted regarding the non-pharmaceutical measures and practices to be put in place to prevent - protect against, delay or otherwise control the increase of incidence or transmission of Coronavirus during the public health response period for travelling funfairs and circuses, and in so doing show that they wish to play their part fully in getting the UK back to operating as 'business as usual.'



Foreword – What we understand[1]

It is a widely held view that the effect of restricting and cancelling mass gatherings and sporting events on infectious diseases is poorly established and requires further assessment.

The best-available evidence suggests multiple-day events with crowded communal accommodations are most associated with increased risk.

Mass gatherings are not homogenous and risk should be assessed on a case-by-case basis.

The timing of restrictions on mass gatherings appears important; restrictions closer to the epidemic peak may be more effective than restrictions applied further out.

The significance of mass gatherings to disease transmission is directly linked to the efficiency in transmission of the given virus – R_o. The R_o for COVID-19 has been estimated at somewhere in the range of 2.24 - 3.58.

The current R_o value for COVID -19 under the non-pharmaceutical measure of 'social distancing' has put it at an estimated value between 0.6 and 0.9 as a UK wide value.

The potential effectiveness of any public policy on mass gatherings includes the whole range of factors affecting adherence and compliance.

As by now well known, a characteristic that makes SARS-Cov-2 particularly nasty is the number of days in which a subject may be infectious without showing symptoms, which is on average 2.9 days[2]

[1] https://www.cebm.net/covid-19/what-is-the-evidence-for-mass-gatherings-during-global-pandemics/

[2] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3580626

1.0 Communication and consultation

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Abstract:

Good governance guides the course of the organisations, their external and internal relationships, and the rules, processes and practices needed to achieve its purpose.

Structures translate governance direction into the strategy and associated objectives required to achieve desired levels of sustainable and long-term viability. Determining risk management accountability and oversight roles within an organisation are integral parts of governance.

Communication and consultation

In the carrying out of this risk assessment communication and consultation with all appropriate external and internal stakeholders has, and is, taking place within and throughout all steps of this risk management process.

Those identified internal stakeholders within the professional travelling funfair and circus industry are as follows:

The Showman's Guild of Great Britain

Main point of contact: John Thurston – Senior Vice President – email:

The Association of Circus Proprietors

Main point of contact: Martin Burton – Chairman – email:

Amusement Catering Equipment Society

Main point of contact: Phil Pyke– Company Secretary – email:

The Society of Independent Roundabout Proprietors

Main point of contact: Steve Nutter– Chairman – email:

Amusement Device Inspection Procedures Scheme

Main point of contact: Jon Ruddock – General Manager – email:

Those identified external stakeholders within the safe operation of the professional travelling funfair and circus industry are as follows:

National Association for Leisure Industry Certification

Main point of contact:

Dan Cox - Chairman – email:

Health and Safety Executive

Main points of contact:

Funfairs: David Kivlin – email:

Circus: Karl Raw – email:

Public Health England

Health Protection Scotland

Main point of contact:

email:

Public Health Wales

Main point of contact:

email:

The Public Health Agency (Northern Ireland)

Main point of contact:

email:

PUBLIC HEALTH & CONFIDENCE

For the travelling Showmen industry

2.0 Strategic risk assessment and management

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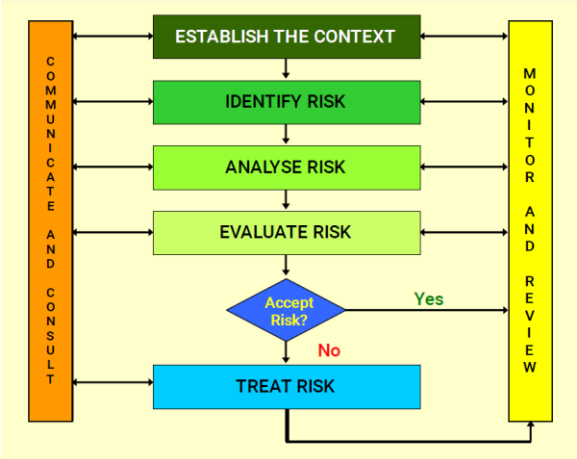
Abstract:

"A key concern with mass gatherings is the increased risk of transmission of contagious infections as a result of large numbers of people in close contact for extended periods of time."

Risk therefore, should be assessed on a case-by-case basis.

With this it is important to be clear about the scope under consideration, the relevant objectives to be considered and their alignment with organisational objectives.

Strategic risk assessment and management model



Note: This also having a recording and reporting mechanism in place

This enables all organisations to explicitly address uncertainty in decision-making, while also ensuring that any new or subsequent uncertainty can be taken into account as it arises.

Scope

Social

The primary objective should be to not contribute to the spreading of the infection within the accepted parameters that will be set by the UK government, once the restrictions on funfairs, circuses and outdoor events are lifted.

Cultural

The primary objective, culturally speaking, should be to protect as many as possible Showmen from going out of business. As far as looking outwards as a business, the objective and decisions to be made should be, what measures have to be put in place to not cause any damage to the cultural perception of travelling Showmen given the perceived cautiousness and fear of catching the virus?

Political

Looking outwards, we would say that the primary political objective is to show the general public, government and the Main Stream Media that, as a business and as a travelling community, we are responsible and considerate of the current circumstances in regards to public confidence regarding not catching, or spreading the infection.

Regulatory

In order to regain public confidence, and to be able to operate as a viable industry the primary objective would be, in our opinion, How will these measures to be put in place affect the normal running and operation of our businesses?

What will be the knock on affect on the current regulations, and legislation that impact on how we operate?

Financial

The primary objective would be what are the cost implications, both in the operation and compliance with the measures that would be introduced in order to continue in this business?

As associations, it would also be prudent to assess what the potential costs that could be incurred, or losses that would come about if we are not seen to be trying to protect our membership base.

Technological

Will there be any necessity for the introduction of measures regarding the monitoring and surveillance of whom and how many people come onto, or into the fair and circus.

Economic and environmental factors

The main objective for the purposes of liaising with both local and national authorities would be the costs incurred or necessary to protect the community should it transpire that the restrictions are lifted after the end of the normal traveling season. Internally, it would be the costs necessary to comply.

National

Looking at a national level, the scope of this assessment should be to consider and appreciate the potential risks and consequences in the event that for unseen circumstances the arrival of a fair or circus causes a backlash, re-introduces transmission of the virus, and subsequently stretches the resources of the various emergency services in that particular area.

Regional

When looking and evaluating the risk and compiling, through discussion, the measures needed to regain public confidence, it will be necessary to consider the regional responses to the possibility of allowing travelling fairs and circuses operating in that region. This would mean understanding and applying the PHE's criteria of monitoring and assessing what would happen if there is a mass gathering in a High, Moderate and Low infection rate region.

Local

Understanding the difference between a National approach and the understanding of a local area authority in the lifting of restrictions will mitigate a lot of potential risks in regards to the public's perception to the fair and circus in their area. The primary objective in this part of the scope of the assessment will potentially need a lot of reassurance from both travelling Showmen associations and endorsements from central government, HSE and PHE.

Outcomes expected from the steps to be taken in the process

The overarching outcomes to be expected from these proposed steps to be taken in this process are:

(i) Protecting this cultural way of life

(ii) Protecting as many travelling Showmen as possible from going out of business

(iii) Regaining the confidence of a population that, at the time of writing this, are currently having to deal with loss, concern, worries and fear of catching, or spreading the virus.

(iv) Showing the population and government that this is a business and industry and community that fully understands what is required to help raise the confidence and trust within society once the restrictions are lifted, and wish to play their part in getting back to 'business as usual.'

3.0 Defining the risk criteria

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Abstract:

As the risk management process may be applied at different levels (e.g. Industry, operational, individual, association, or other activities), the mass-gathering literature demonstrates that several key characteristics of an event have an effect on the PPR (Patient Presentation Rates)

It is well known that every variant of the SEIR model (Susceptible - Exposed - Infectious – Recovered) is very sensitive to the basic reproduction number R_o.

Defining the risk criteria

The mass-gathering literature demonstrates that several key characteristics of an event have an effect on the PPR (Patient Presentation Rates) and influence the decisions that are made when planning for the provision of health services when a request for a MG is made.[3]

These key characteristics include:

(1) The weather (temperature and humidity);

(2) Duration of the event;

(3) Whether the event is predominantly an outdoor or indoor event;

(4) Whether the crowd is predominantly seated or mobile within the venue;

(5) If the event is bounded (fenced or contained) or unbounded;

(6) The type of event;

(7) The crowd mood;

(8) Availability of alcohol and drugs;

(9) The crowd density;

(10) The geography of the event (or terrain/locale); and

(11) The average age of the crowd.

Another important factor to take into account with how long the fair or circus is in one place at one time is in relation to the incubation period of the infection.

That is duration and mode of travel of participants; if the duration of the mass gathering is longer than the incubation period for COVID-19 infection (14 days), then most event-associated cases would be expected to occur while the event is underway. In contrast, if the duration is shorter, most cases would likely occur after the event as people travel and return to their home communities.

The basic reproduction number of Covid-19 by age and sector [4]

It is well known that every variant of the SEIR model (Susceptible - Exposed - Infectious – Recovered) is very sensitive to the basic reproduction number R_0.

R_0 is further complicated by the need to set different values for different combinations of age, sector and working status of an infectious subject and of the susceptible subjects that enter in contact with him/her.

The average probability of having a mild version of the disease has been calibrated to 0.89, therefore the majority of the recovered are those recovered after mild symptoms and the model based measure of total recovered subjects include also those who did not need hospitalization and those who did not report to health authorities.

According to these estimates, and the underlying principle of this risk assessment, unless a vaccine arrives we will always be under the threat of a recurrence of the virus epidemic even after May 4, 2021.

[3] **Arbon P: The development of conceptual models for mass-gathering health. *Prehosp Disast Med* 2004;19(3):208–212.**

[4] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3580626

4.0 Risk Identification

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Abstract:

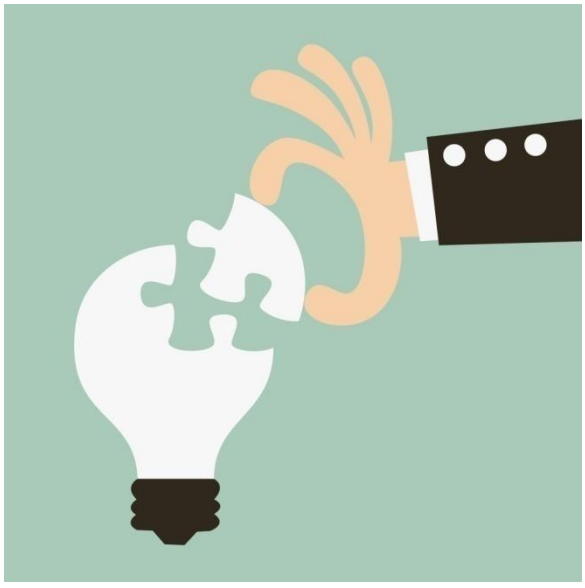
The purpose of risk identification is to find, recognize and describe risks that might help or prevent an organisation achieving its objectives. Relevant, appropriate and up-to-date information is important in identifying risks.

The organisation/ individual can use a range of techniques for identifying uncertainties that may affect one or more objectives. The organisation, or individual should identify risks, whether or not their sources are under its control.

Risk identification

The following general factors, and the relationship between these factors, should be considered:

1. tangible and intangible sources of risk;
2. causes and events;
3. threats and opportunities;
4. vulnerabilities and capabilities;
5. changes in the external and internal context;
6. indicators of emerging risks;
7. the nature and value of assets and resources;
8. consequences and their impact on objectives;
9. limitations of knowledge and reliability of information;
10. time-related factors;
11. biases, assumptions and beliefs of those involved.



The risk assessment should be conducted systematically, iteratively and collaboratively, drawing on the knowledge and views of stakeholders.

Therefore as the lessee, proprietor and tenant of a funfair, circus or outdoor event including travelling showmen the following points will need to be identified[5]:

• How the mass gathering will be run

• How many people will attend and who they are likely to be

• The nature of the mass gathering (types of activities, level of audience involvement, etc.)

• The likely immunity of the attendees and participants to potential infections, and their level of knowledge about infectious diseases and immunities

• The likely crowding and ventilation at venues and accommodation-sites

• The safety of food and water drink available to participants – contact infections

• The season and the likely weather at the time

• Access to hand-washing facilities, showers and toilets

• Access to medical services

• How the healthcare system – including the capacity of emergency medical technicians, emergency physicians and nurses, and medical facilities (drugs and diagnostic facilities) – will cope with any increases in the potential new hospital cases related to the MG

• The impact on the capacity of the broader community should an outbreak occur that incapacitates people involved in public services, law enforcement, and public safety.

[5] https://www.who.int/csr/Mass_gatherings2.pdf

What are the consequences that an incidence of transmission outbreak may have on participants and hosts?

Certain questions therefore must be asked in order to identify risks. These can be broken down into a number of categories:

Questions to establish context

What type of MG is being held, and how many people will attend?

What will be their likely immunity to infection?

What will be their likely level of knowledge about prevention?

Will there be crowding at the accommodation-sites?

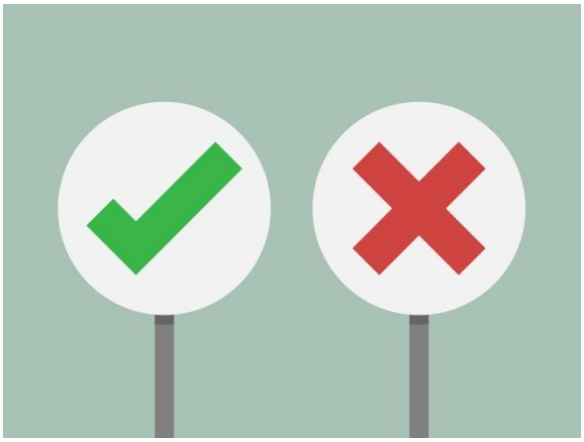
Will there be crowding at the venues?

How will food be provided, and are there food safety concerns?

What will access to hand-washing facilities, showers and toilets be like for participants?

Will participants be able to access medical services?

Will the healthcare system be able to cope with any increases in communicable diseases related to the mass gathering?



Questions to identify risks

What severity of infection is in the local community (affected or non-affected)?

What severity of infection is endemic in communities from which participants will come (affected or non-affected)?

Will seasonal conditions or weather affect the incidence of these infections?

What have been the experiences of previous such MGs in this area?

What has been the experience of similar MGs in other areas of the UK?

5.0 Risk Analysis

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Abstract:

To develop an understanding of these risks, you should assess the risks as a function of their likelihood of occurring, their potential consequences, and the possible measures that could be taken to control them, based on an understanding of existing surveillance data from PHE and the Chief Medical Officers of the devolved governments, the literature, past experiences, and expert judgment.

Risk analysis

To develop an understanding of these risks, you should assess the risks as a function of their likelihood of occurring, their potential consequences, and the possible measures that could be taken to control them, based on an understanding of existing surveillance data from PHE and the Chief Medical Officers of the devolved governments, the literature, past experiences, and expert judgment. It may be helpful to draw up a table that presents the risk analysis using the following headings:

- Description of risk
- Likelihood
- Consequences
- Adequacy of existing controls
- Risk level
- Risk priority
- Effect of uncertainty
- Treatment.

Questions that could be asked to help analyse risk include the following:

- Will the expected conditions at the MG increase the likelihood of transmission of COVID-19 occurring – and, if so, by how much?
- What will be the consequences if this disease occurs on the health of participants and their hosts, on the general community, on health care provision, and on the mass gathering itself?
- Will existing control measures be able to cope with these consequences?

How to develop the appropriate focus

If we take a moment here to catch our breath, you will have noticed that in both defining and identifying the risk in this document there is a certain amount of repetition in what is being said. The reason for this is to put over a very simple point:
"If the R_o value starts to creep up above 1 and there is not the appropriate surveillance: track, trace and test mechanisms in place, and the importance of complying to these is not understood by all involved in putting on a mass gathering event, then everyone runs the risk of another peak occurring and subsequent lockdown being re-introduced."

Therefore, to describe and understand the risk, and its consequences, there are some other important elements to be aware of.

In order of importance, the new element that you need to be aware of first is the amount of active cases in any given population per 100,000 in any given region, area and location within the territory of the UK. **These values will differ.**

This is important when asking the question, "Will the expected conditions at the MG increase the **likelihood of transmission** of COVID-19 occurring – and, if so, by how much?"

This, in many ways, is a very complicated process to predict; i.e. by how much? For the purposes of this document, until it has been peer-reviewed by Public Health England, we will introduce the basic concept and put it into a framework for all to be able to make informed decisions on the risk assessment regarding the introduction of non-pharmaceutical measures.

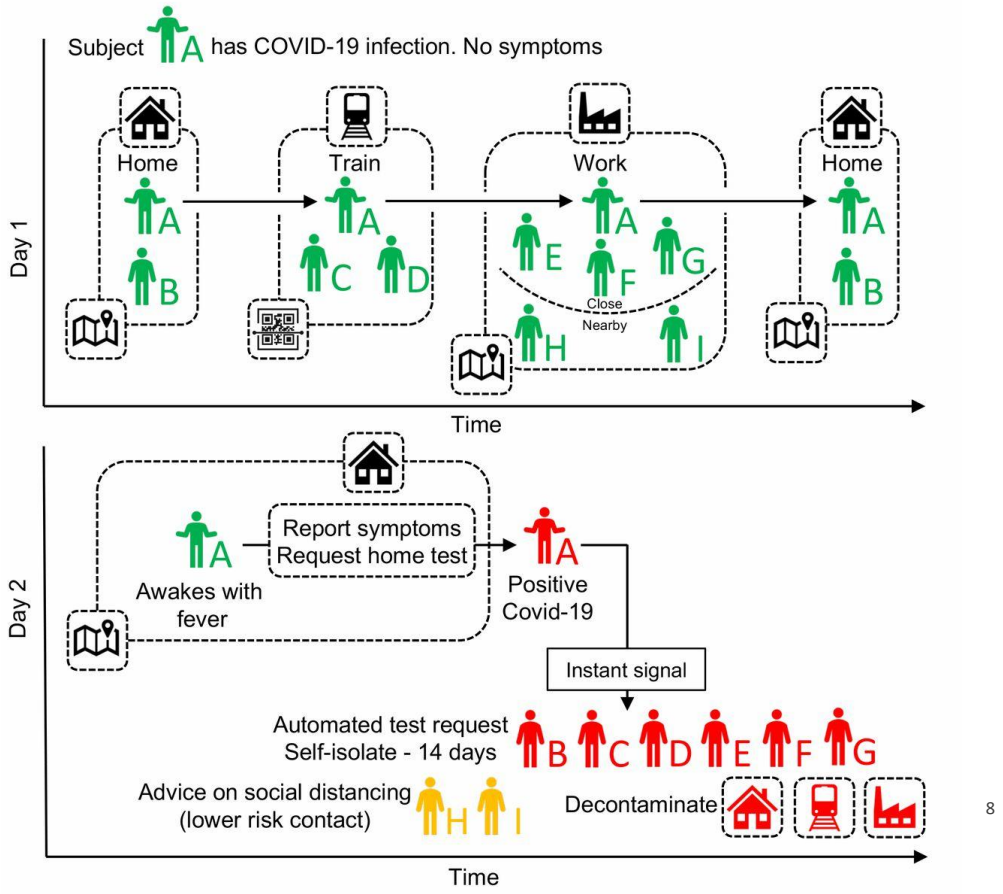
For what reason is this virus so 'nasty'?

As was written earlier, "the number of days in which a subject may be infectious without showing symptoms, is on average 2.9 days[6]

What happens on exposure to a COVID-19 infected patient?

When a person gets infected, the virus itself makes enough copies of itself in the host (that is the person who was exposed to the infected patient) within some time, which the host then begins to shed through coughs or sneezes or other transmission methods.

Assuming that within the time taken by the virus to replicate itself, the host will not shed the virus out of its body and hence the host will not be contagious within this period. This time is usually little more than one day of the exposure. So, we assume that after day 1 of the exposure to the virus, the host becomes contagious; i.e. an exposed person has 93% chance of transmitting the infection as that of an infected person. The incubation period of COVID-19 is 14 days, $\phi = 1 - 1/14 = 0.93$.[7]



[8]

[6] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3580626

[7] https://arxiv.org/pdf/2004.03126.pdf

[8] https://science.sciencemag.org/content/early/2020/04/09/science.abb6936

Risk evaluation of COVID-19

As is known in the industry risk evaluation is done by considering risk levels in the context of the planned MG, to help determine whether the risk requires a specific response (depending on whether risk levels are intolerable, tolerable without action, or at some point in between), the priority of that response, and whether or not further activities are required.

Questions to help evaluate risks of COVID-19 include the following:

• What is the overall assessment of the level of risk for COVID-19?

• Which conditions should be given priority for prevention, surveillance and treatment?

• What if some of the assumptions in the risk assessment are wrong – what impact would there be if some of the assumptions were varied?

Some initial thoughts and observations on this

In many respects this is ultimately the only risk to evaluate;

Will the expected conditions at the MG increase the likelihood of transmission of COVID-19 occurring – and, if so, by how much?

All the subsequent evaluations of risk and the treatment of the risk through non-pharmaceutical measures to put in place stem from being able to make an informed decision from an answer to this initial question.

Articulating this primary risk management priority

As an industry, and specifically as an industry that travels from place to place throughout the UK, the amount and type of this risk that it may or may not take, relative to the objectives listed must be communicated simply and clearly.

This means that the dynamic and variable nature of human behaviour and culture should be considered very closely throughout this risk management process, and specifically when evaluating this primary question; both as an industry and in respect to the general public.

This means that the industry should identify risks, whether or not their sources are under its control. In the case of this primary question:

Will the expected conditions at the MG increase the likelihood of transmission of COVID-19 occurring – and, if so, by how much?

This is not within the industries control to answer but lies with the Public Health Authorities and subsequently, the UK Government and its delegated authorities.

This has led us to the following conclusions if this is to be accepted as a valid argument:

Financial security and support from the Governments measures introduced for the Stakeholders involved if they cannot operate?

Political will in potentially amending guidelines/legislation for non-essential work?

The public's perception of device safety, health risks and belief of the industries actions after the restrictions are lifted as a result of the discussed risks in light of the current situation?

In addition to the increased risk of potential measures to be addressed, what are the added political and media pressures and the complex number of stakeholders -tenants/ lessees', and proprietors in an industry wide approach, or an association wide approach?

It will be needed to further consider in evaluating the answer to this particular question of potential increased transmission rates:

- Who will hold the decision-making role if the decision to go ahead and make changes is made; or not?

- Over which aspects of the response do the individual stakeholders have decision-making responsibility?

- Do all involved stakeholders understand their roles and responsibilities and where they fit into the bigger picture for the industry?

- Stakeholders: are the implications different?

Who will be responsible for communicating across stakeholders and the media if there is fall out as a consequence of these discussed changes?

Who will resource any emergency response?

Further consideration should be given that there may be more than one type of outcome, which may result in a variety of tangible or intangible consequences.

What does the industry need to know to evaluate the best level of measures to be introduced?

To answer this question simply and honestly. How many people will be a permissible level to gather in one place, in order that travelling Showmen can assess the Public Health risk and economic viability and composition of a travelling funfair, circus and outdoor event in these current circumstances and not put pressure on the local health services, nor lead ultimately to someone being hospitalised or dying as a result of going to one of these traditional type of events?

This is where the understanding by the industry of the decision making process by Public Health Authorities is critically important.

Modeling Public Health risk in a pandemic

We now abandon the discussion for which observed data exists and has been used to define the current risks in this document and move to the simulation of the effects of the policies that could be adopted in regards to mass gathering events, and specifically travelling funfairs, circuses and outdoor events involving Showmen here within the UK.

The Population Attributable Fraction (PAF)[9]

Preventing social contacts and mass gatherings has been used worldwide in the response to reduce transmission communicable diseases, including reducing transmission of the Coronavirus, SARS-CoV-2.

Given knowledge of transmission mechanisms, bringing together large numbers of people into the same space should prove conducive for the spread of close-contact infectious diseases. Indeed, mass gatherings have been associated with outbreaks of communicable diseases such as measles, influenza and meningitis. And public health agencies, including the World Health Organization (WHO), have specific guidance for preventing disease outbreaks at mass gatherings

Despite the evidence of the importance of mass gatherings for disease transmission from intuition and individual outbreaks, the population-level impact of different mass gathering policies has not been established. While systematic reviews have identified outbreak reports involving mass gatherings, the overall impact of mass gatherings could not be quantitatively assessed.

The Social Contact Survey (SCS) collected data on social contacts from 5,388 participants between 2009 and 2010 in the UK. Participants were asked to enumerate other people with whom they had had contact over the course of a single day. Contacts were defined as those with whom participants had a face-to-face conversation within 3 metres and/or physically touched skin-on-skin.

As well as the number of contacts, participants were asked to estimate the length of time spent with each contact or group of contacts as either: less than 10 minutes, 11-30 minutes, 31-60 minutes or over 60 minutes.

The Population Attributable Fraction (PAF) is a quantity borrowed from non-communicable disease epidemiology. The PAF due with a risk factor is the percentage of disease burden or mortality that can be attributed to the presence of that increased risk.

The (PAF) results - Groups

The PAF due to groups decreased with increasing group size. For the largest groups with more than 100 individuals the PAF_{100} is estimated at 0.8% (0.3%, 1.7%). The PAF_{50} is estimated at 2.2% (95% Confidence Interval of the mean: 1.1%, 3.6%); the PAF_{20} is 6.4% (5.0%, 8.0%); the PAF_{10} is 11.4% (9.9%, 13.0%).

The pattern of decreasing PAF with increasing group size is seen for both groups of individuals who are known to each other and groups of individuals who are unknown to each other. The PAF due to groups of 10+ known to each other is estimated at 8.4% (7.4%, 9.4%) and due to groups of 50+ known to each other is estimated at 0.8% (0.5%, 1.3%).

The remaining contribution to R_o is due to contact with individuals. The low estimated impact of large groups on R_o is due to the relative frequency with which they are reported in the Social Contact Survey. These results highlight the relative importance of medium-size groups of between 10 and 20 individuals.

[9] https://www.medrxiv.org/content/10.1101/2020.03.20.20039537v1.full.pdf

These findings illustrate the difficult choices that are necessary to limit COVID-19 spread. Meetings of large groups of more than 100 individuals are relatively infrequent, and their prohibition may have a limited impact on the epidemic. More epidemiologically relevant are groups of 10 to 20 people, as they occur more frequently and could potentially have a larger impact on transmission; they may also involve inter-generational family groups.

However, for the purposes of this risk assessment it still doesn't answer the initial question;
"Will the expected conditions at the MG increase the likelihood of transmission of COVID-19 occurring – and, if so, by how much?"

Using Crude Rates

"Rates that are calculated with the total population in an area are known as crude rates. Crude rates from different populations cannot be easily compared especially where there are striking differences in, for example, age and sex between populations." [10]

This means that the figures to be shown in the following section are to be looked at for illustrative purposes only, and not to be taken as anything else than this. The reason for explaining and showing this concept of modeling is not to second guess what will be decided by persons more qualified than this explanation is showing, but to understand the principle behind what is being explained within these steps when regarding the evaluation and implementation of non-pharmaceutical measures to the answer 'by how much?'

[10] https://www.who.int/foodsafety/publications/foodborne_disease/Annex_7.pdf

A Risk Matrix – The facts and the model

FACTS

As of the 22nd April, 2020 the estimated active cases in the population of the UK were 110 per 100,000.[11]

Based on data from EU/EEA countries, including the UK[12] -

32% of the diagnosed cases have required hospitalisation and 2.4% have had severe illness requiring respiratory support and/or ventilation.

The crude fatality rate was 1.5% among diagnosed cases and 11% among hospitalised cases.

Oversight bodies, where applicable, should ensure that risk management is integrated into all organisational activities

[11] https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-ninth-update-23-april-2020.pdf

[12] https://www.ecdc.europa.eu/en/publications-data/rapid-risk-assessment-coronavirus-disease-2019-covid-19-pandemic-eighth-update

The Model

We have worked on a scenario, for illustrative purposes only that one person out of the active cases/100,000 in an Upper Tier Local Authority (UTLA) in the UK will attend an event put on by travelling Showmen.

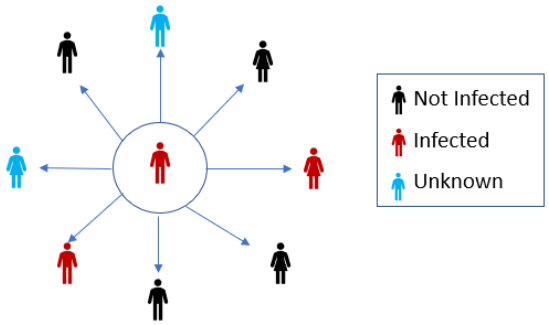
We have worked on the scenario that the active case attending isn't aware that they have COVID-19

We have worked on the scenario that after day 1 of the exposure to the virus, the new host becomes contagious; i.e. an exposed person has 93% chance of transmitting the infection as that of an infected person. This being based on the calculation that the incubation period of COVID-19 is 14 days, $\phi = 1 - 1/14 = 0.93$. [13]

We have worked on the scenario that to factor in the increased risk of contact transmission in a funfair, circus and outdoor event environment including Showmen, owing to the nature of this type of traditional event, that the PAF levels[14] for groups of 10, 20, 50 and 100 be used in 'raising' the R_o of an estimated 0.886 by the time these type of events are allowed.[15]

This being based on a 70% increase in likelihood of contacts being made due to not being able to maintain the current 'social distancing' measures of two metres.

[13] https://arxiv.org/pdf/2004.03126.pdf
[14] https://www.medrxiv.org/content/10.1101/2020.03.20.20039537v1.full.pdf
[15] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3580626



Illustrative results

We have based the results to be shown based on the principle that a group of friends/family attending this type of event will be a group of ten, and that any further transmission after the event will be to another group of ten.

The results shown reflect the effect after seven days of being at one of these types of events.

Therefore;

Answering the question,

"Will the expected conditions at the MG increase the likelihood of transmission of COVID-19 occurring – and, if so, by how much?"

For R_o being 0.886, with public active cases in a UTLA of 110/100,000 the maximum number of people being able to attend such an event before potentially one person ends up in hospital is 200. In regards to a potential related death from attending the event, 1,500.

If we use the same parameters, again for illustrative purposes, but change the active cases per 100,000 to pre-pandemic levels of ≤ 1/100,000, then an attendance of 90,000 people would be the first occurrence of hospitalisation, with no likelihood of potential deaths occurring by attending the event.

One step forward, two steps back – risk analysis

As is understood, the purpose of any risk analysis is to comprehend the nature of risk and its characteristics including, where appropriate, the level of risk. Risk analysis involves a detailed consideration of uncertainties, risk sources, consequences, likelihood, events, scenarios, controls and their effectiveness. An “event” can have multiple causes and consequences and can affect multiple objectives.

Even if the model presented in the previous section is fundamentally flawed from an epidemiological standpoint, the fact of its contrived outcome for illustrative purposes is sound. That is: What level of mass gathering attendance in any given area runs the risk of someone needing hospitalisation, and or dying as a result of attending this type of event?

Therefore, for the purposes of risk analysis as an industry and not for the purposes of epidemiology:

What is the likelihood of “events” and “consequences” of not respecting this number of the maximum attendance at a funfair, circus and outdoor event including travelling Showmen?

It is estimated that for a period of thirteen weeks there are two hundred fairs per week, and thirty for circuses. Outdoor events that include travelling Showmen can be estimated at around eight hundred per week, giving a total of just over a thousand events per week that involve directly travelling Showmen.

Therefore, by not understanding the reason and significance of numbers that can attend these events will ultimately lead to the likelihood and consequence of at least 13,000 people being hospitalised, and potentially also causing 13,000 related deaths from attending funfairs, circuses and outdoor events including Showmen; if these restrictions are not respected.

The nature and magnitude of the consequences of such actions will obviously devastate the image and perception of travelling Showmen, let alone the mental and psychological impacts on those lessee’s, tenants showmen and circus proprietors’ in whom are traced as the source of these outcomes having occurred.

This is the reason for understanding the complexity and connectivity of living in the situation of a pandemic – the notion of operating normally doesn’t exist and runs a very high risk of being criticized if this attitude is attempted. Furthermore, while the previous model, as has been acknowledged as being for illustrative purposes only should highlight, the detailed consideration of uncertainties, risk sources, consequences, likelihood, events, and scenarios to be considered to establish the maximum safe number of the general public attending a MG fall far outside the scope of risk management of this industry.

Which means that the time-related factors and volatility that this understanding creates both in operating safely, re-establishing public confidence, and the economic difficulties that the industry now faces in having to re-think how it will operate under these potential restrictions on numbers allowed to gather in one place will be influenced by divergence of opinions, biases, and perceptions of risk and judgments’.

The effectiveness of existing controls

During the containment phase, the cancellation of mass gatherings in the EU/EEA and including the UK may be justified in exceptional cases (e.g. large conferences with a significant number of participants from a highly-affected area).

The decision to cancel will need to be coordinated by the organiser and the public health and other national authorities on a case - by-case basis.[16]

This is something that also needs to be understood and discussed within this document when reading, assessing and evaluating the proposed non-pharmaceutical measures to be implemented for this industry. The attitudes and beliefs of all involved parties now, at the time of writing, and the attitudes and beliefs in the future, at the time of being able to operate as a business. They are, and will be different.

Concept of Operations - (ConOps)

The Concept of Operations is the key planning document to this risk analysis. It is a working document that needs to be challenged and reviewed throughout the public health response period. The ConOps should be defined early, reviewed and tested regularly and aligned across health, all stakeholders and organisations

That is, alignment with Public Health, event organisers, Showmen, travelling Showmen associations and cross government plans; both central and devolved.

This document should capture:

- objectives
- operational strategy
- capabilities
- roles and responsibilities
- logistics
- reporting and response
- working arrangements.

Sensitivity and confidence levels

The need for awareness of additional influences and the quality of the information used regarding funfairs, circuses and outdoor events, the assumptions and exclusions made by this information should be keenly monitored. These influences should be considered, documented and communicated to decision makers.

The reason for this is simple - Consumer Behaviour. With highly uncertain “events” such as the transmission risk of this virus at a MG, it can be difficult to quantify; as has been seen. Understanding this issue in the context of consumer behaviour when analysing this “event”, an “event” that has such severe consequences will help provide greater insight in evaluating the risk and its treatment.

16 https://www.ecdc.europa.eu/sites/default/files/documents/novel-coronavirus-guidelines-non-pharmaceutical-measures_0.pdf

How many people will attend and who they are likely to be?

Under normal circumstances, answering this question in relation to a risk assessment for a Mass Gathering would be relatively easy and straightforward. In the midst of a global pandemic this is going to be a lot more complicated to answer.

Part of this answer has already been discussed and answered, in theory, by the fact that Public Health will determine parameters to safely predict and model what the appropriate size of attendance will be at any given time throughout the public health response period.

As to who is likely to attend is where it becomes difficult. The reason for this can be best summed up by this following image:

Effective frequency[17]

In advertising, the term "effective frequency" is used to describe the number of times a consumer must be exposed to an advertising message before the marketer gets the desired response, whether that be buying a product, or something as simple as remembering a message.

[17] https://thefinancialbrand.com/42323/advertising-marketing-messages-effective-frequency/

Marketing experts like to debate the "right ways" to calculate effective frequency. Some say repeating a message three times will work, while many believe the "Rule of 7" applies.

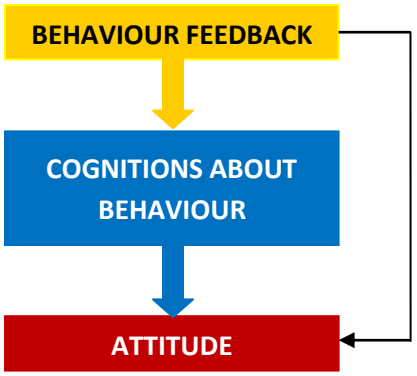
However, what is important to understand is that this principle is used everywhere when a clear and important message is required to get across to the General Public.

Thomas Smith, in his book "Successful Advertising," discussed the use and importance of this principle, effective frequency, as far back as 1885. It's a very powerful tool, as has been shown by this message regarding the pandemic.

Attitudes towards risk

Currently, at the time of writing this document there is a high risk aversion towards lifting the lock-down restrictions, or allowing any mass gathering events to take place within the UK. This is in large part to this simple message opposite, as well as the general attitude to not wanting to catch this virus and potentially die.

The reason for this can be best explained by the following diagram:



Attitudes are associated beliefs and behaviors towards some object.

Attitude change[18]

Attitudes are not stable, and because of the communication and behavior of other people, are subject to change by social influences, as well as by the individual's motivation to maintain cognitive consistency when cognitive dissonance occurs, that is, when two attitudes or attitude and behavior conflict. Attitudes and attitude objects are functions of affective and cognitive components.

There are three bases for attitude change: **compliance, identification, and internalization**. These three processes represent the different levels of attitude change.

Compliance - refers to a change in behavior based on consequences, such as an individual's hopes to gain rewards or avoid punishment from another group or person. The individual does not necessarily experience changes in beliefs or evaluations of an attitude object, but rather is influenced by the social outcomes of adopting a change in behavior. The individual is also often aware that he or she is being urged to respond in a certain way.

Identification - explains one's change of beliefs and affect, in order to be similar to someone one admires or likes. In this case, the individual adopts the new attitude, not due to the specific content of the attitude object, but because it is associated with the desired relationship.

Internalization- refers to the change in beliefs and affect when one finds the content of the attitude to be intrinsically rewarding, and thus leads to actual change in beliefs or evaluations of an attitude object. The new attitude or behavior is consistent with the individual's value system, and tends to be merged with the individual's existing values and beliefs. Therefore, behaviors adopted through internalization are due to the content of the attitude object.

The expectancy-value theory - is based on internalization of attitude change. This model states that the behavior towards some object is a function of an individual's intent, which is a function of one's overall attitude towards the action.

Emotion- plays a major role in persuasion, social influence, and attitude change. Much of attitude research has emphasised the importance of affective or emotion components. Emotion works hand-in-hand with the cognitive process, or the way we think, about an issue or situation. Emotional appeals are commonly found in advertising, health campaigns and political messages.

Affective forecasting, otherwise known as intuition or the prediction of emotion, also impacts attitude change. Research suggests that predicting emotions is an important component of decision making, in addition to the cognitive processes.

How we feel about an outcome may override purely cognitive rationales.

Cognitive Dissonance

The basic idea of the Cognitive Dissonance Theory relating to attitude change is that people are motivated to reduce dissonance which can be achieved through changing their attitudes and beliefs.

[18] https://en.wikipedia.org/wiki/Attitude_change

How Public Health will view who are likely to attend?

Table 5: Transition lags in the evolution between illness states of Covid-19

	Infectious without symptoms T_{inf}	Incubation without symptoms T_{inc}	Symptoms to recovery T_{srec}	Symptoms to death T_{sd}	Symptoms to entry in hospital T_{shosp}	Symptoms to discharge from hospital T_{shd}
Days	2.9	5.2	11.1	17.8	5	22.6

Note: the table reports the number of days for each transition between illness states of Covid-19. Source: Ferguson et al. (2020).

The choice of which specific policies that would be adopted regarding mass gathering events depends, in our opinion, on the weight society, the UK Government and Public Health wants to give to fatalities or GDP losses in the overall aggregate welfare function.

Our guess is that the optimal choice in regards to who attends mass gatherings would fall on one of mixed policies that produce a GDP loss of about 5% and a total number of fatalities equal to about one thousand per million.

It is also clear from keeping abreast of what is being expressed publically by these national organisations that mixed policies relying on both an AGE and a SECTOR criteria offer a wider set of efficient options.

Therefore, to answer the question of who are likely to attend funfairs, circuses and outdoor events that include travelling Showmen from a Public Health perspective, this can be best summarised in that they would breakdown the potential composition of a typical demographic for this type of mass gathering event looked at as follows – High/Low risk sector workers[19]:

1. any interaction involving subjects with age greater than 69 when returning home;
2. all subjects with subjects under 70 in isolation when returning home;
3. students with students from the same class;
4. young active high-risk sector with young active high-risk sector;
5. young active high-risk with old active high-risk;
6. young active high-risk with young active low-risk sector;
7. young active high-risk with old active low-risk;
8. old active high-risk with old active high-risk;
9. old active high-risk with old active low-risk;
10. young active low-risk with young active low-risk;
11. young active low-risk with old active low-risk;
12. old active low-risk with old active low-risk;

[19] https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3580626

6.0 Risk Evaluation

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Abstract:

As has been referred to earlier, risk evaluation is done by considering risk levels in the context of planned funfairs, circuses and outdoor events including travelling Showmen, to help determine whether the risk requires a specific response (depending on whether risk levels are intolerable, tolerable without action, or at some point in between).

Risk evaluation – Phase One

The purpose of risk evaluation ultimately is to support decisions. Risk evaluation involves comparing the results of the risk analysis with the established risk criteria to determine where additional action is required. This, as we understand, can lead to a decision to

a) do nothing further;
b) consider risk treatment options;
c) undertake further analysis to better understand the risk;
d) maintain existing controls;
e) reconsider objectives.

These decisions should take account of the wider context and the actual and perceived consequences to external and internal stakeholders. This is the reason for this document to be seen as a first phase evaluation – point e)

Therefore, it is proposed that the outcome of this initial risk evaluation should be recorded, as it has been, communicated and then validated at appropriate levels of the organisations both within the travelling Showmen community and with Public Health England and HSE – point c)

As has been referred to earlier, risk evaluation is done by considering risk levels in the context of planned funfairs, circuses and outdoor events including travelling Showmen, to help determine whether the risk requires a specific response (depending on whether risk levels are intolerable, tolerable without action, or at some point in between).

The priority of that response and whether or not further activities are required should be a collaborative decision as an industry.

Therefore the current criteria for evaluating the risk faced within a Public Health context as an initial phase of assessment of the travelling Showmen industry will be framed within the following context only, pending further discussion as an industry, and validation from the various Public Health Authorities that we haven't over complicated the whole process, and that they would be in a position, when the time comes to return to travelling, to be able to furnish the industry with the information requested, that is, "How many people can attend these type of events safely?"

This framed context being:

• What is the overall assessment of the level of risk for COVID-19 for the business of a travelling Showman?

• Which conditions should be given priority for prevention, surveillance and treatment?

• What if some of the assumptions in the risk assessment are wrong – what impact would there be if some of the assumptions were varied?

Appropriate and timely involvement of all stakeholders enables their knowledge, views and perceptions to be considered. This results in improved awareness and informed risk management.

Initial Evaluation

What is the overall assessment of the level of risk for COVID-19 for the business of a travelling Showman?

This as we all know is a nasty virus, irrespective of whether we run a business or not – it kills. The primary reason that this situation we are facing currently as individuals, with regards to non-pharmaceutical measures, such as 'social distancing' and maximum numbers allowed in public in close proximity to each other is because there is no vaccine currently available.

As individuals we all know this, and have taken the appropriate steps to reduce our own risk as we feel is necessary. This has caused an attitude change in all of our behaviours based on the compliance and emotional expectancy that in so doing it makes a difference. This need for this attitude change has not been taken freely, or independently, it has been legislated.

In other words, we are in the middle of a global pandemic, and the only way out of this is to allow those experts who have spent their lives studying and researching this opportunity to do their job. Those experts are Public Health.

As has been shown in detail, as a business, currently in the progress of this pandemic, the projected maximum number of people who could attend today a travelling funfair, circus or outdoor event including travelling Showmen safely is a small amount; when looked at in the sense of economic viability of being 'open'.

Therefore, as a business, currently we can do nothing further with regards to the implementation of non-pharmaceutical measures to reduce the risk of contracting COVID-19 while attending one of these types of mass gathering events. We can't 'open'.

It has been shown and discussed in detail through the defining, identifying, analysing of the risk of how to live with the virus until a vaccine is found, that the key criteria in treating the risk of increasing transmission rates at one of these types of events in the future are:

1. How many active cases are estimated in the location and surrounding area of where this type of indoor/outdoor event is to take place?
2. Understanding that this figure will be variable from location to location and can be, for simplistic terms, categorised as Low, Medium and High risk areas.
3. That the decision making process by Public Health on the maximum numbers allowed to attend such an event will be governed by the desire to keep the R_o below 1 for that area and as a country as a whole.
4. That the key consideration of being able to 'open' and operate as close to normal as is possible will be dependent on how important it is to retain a social distancing regime of two metres.
5. That both Showmen, and the general public understand what it actually means to 'work and play' in the middle of a pandemic, and that the significance of transmission rates, R_o, and the actual amount of exposure to contact with a COVID-19 case within a timeframe ranging from 48 hours before the onset of symptoms of the case to 14 days after the onset of symptoms is the key.
6. This will lead to the implementation of an appropriate industry wide treatment based on Low, Medium and High Risk measures for any given area.

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For the travelling Showmen industry

7.0 Treatment

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Abstract:

With the available treatment methods, in a Public Health context, this will mean that the industry should identify risks, whether or not their sources are under its control.

Measures to be introduced for Low, Medium and High risk areas, if, this is how Public Health approaches mass gathering events, will mean that the implementation of non-pharmaceutical measures of prevention, surveillance and treatment will be mandatory; no if's, no buts'.

Which conditions should be given priority for: Prevention, Surveillance and Treatment?

The simple answer to this question is what Public Health say are necessary. This answer, again, ultimately leads to a question that as an industry we need to decide and agree upon. That is:

"How much active engagement do we want to take with Public Health and the UK government?"

As has been written earlier, this means that the dynamic and variable nature of human behaviour and culture should be considered very closely throughout this risk management process, and specifically when evaluating this question; both as an industry and in respect to the general public.

As also has been written, this means that the industry should identify risks, whether or not their sources are under its control. As far as the risk as an industry of having to implement the type of measures to be introduced for Low, Medium and High risk areas, if, this is how Public Health approaches mass gathering events, then the non-pharmaceutical measures of prevention, surveillance and treatment are again outside of our control.

In other words, as an industry, is the consensus of opinion we do nothing and wait to be told what to do? Or do we consider what risk treatment options are likely to be put in place as lock-down restrictions are slowly lifted and see how they would work for this business?

Prevention, Surveillance and Treatment - options

Contact tracing[20]

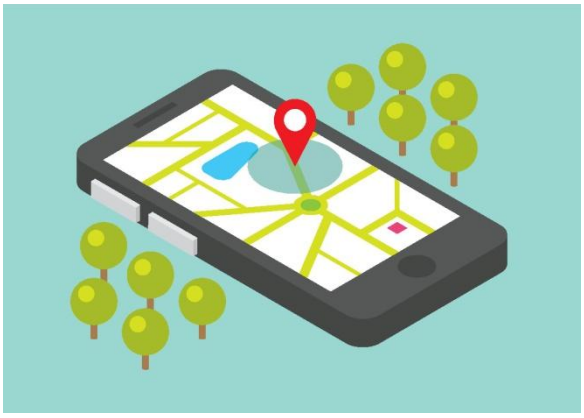
The purpose of identifying and managing the contacts of probable or confirmed COVID-19 cases is to rapidly identify secondary cases that may arise after transmission from the primary known cases in order to intervene and interrupt further onward transmission.

This is achieved through:

• the prompt identification of contacts of a probable or confirmed case of COVID-19;

• providing contacts with information on self-quarantine, proper hand hygiene and respiratory etiquette measures, and advice around what to do if they develop symptoms;

Contact tracing is an essential measure to fight the ongoing epidemic of COVID-19, to be used in conjunction with active case finding and testing, and in synergy with other measures such as 'social distancing.'



[20] https://www.ecdc.europa.eu/sites/default/files/documents/Contact-tracing-Public-health-management-persons-including-healthcare-workers-having-had-contact-with-COVID-19-cases-in-the-European-Union%E2%80%93second-update_0.pdf

Definition of the term 'contact person'[21]

A contact of a COVID-19 case is any person who has had contact with a COVID-19 case within a timeframe ranging from 48 hours before the onset of symptoms of the case to 14 days after the onset of symptoms.

If the case had no symptoms, a contact person is defined as someone who has had contact with the case within a timeframe ranging from 48 hours before the sample which led to confirmation was taken, to 14 days after the sample was taken. (Table 1)

Longer duration of contact is assumed to increase the risk of transmission; the 15-minute limit is arbitrarily selected for practical purposes.

Public health authorities may consider some persons who had a shorter duration of contact with the case as having had high-risk exposure, based on individual risk assessments.

Therefore, a very simple and relatively cheap way of implementing a non-pharmaceutical measure for these type of events is to have copies of the eventual UK government poster for contact tracing entering the event, and placed throughout the grounds; the 'effective frequency' principle.

Table 1. Classification of contact based on level of exposure

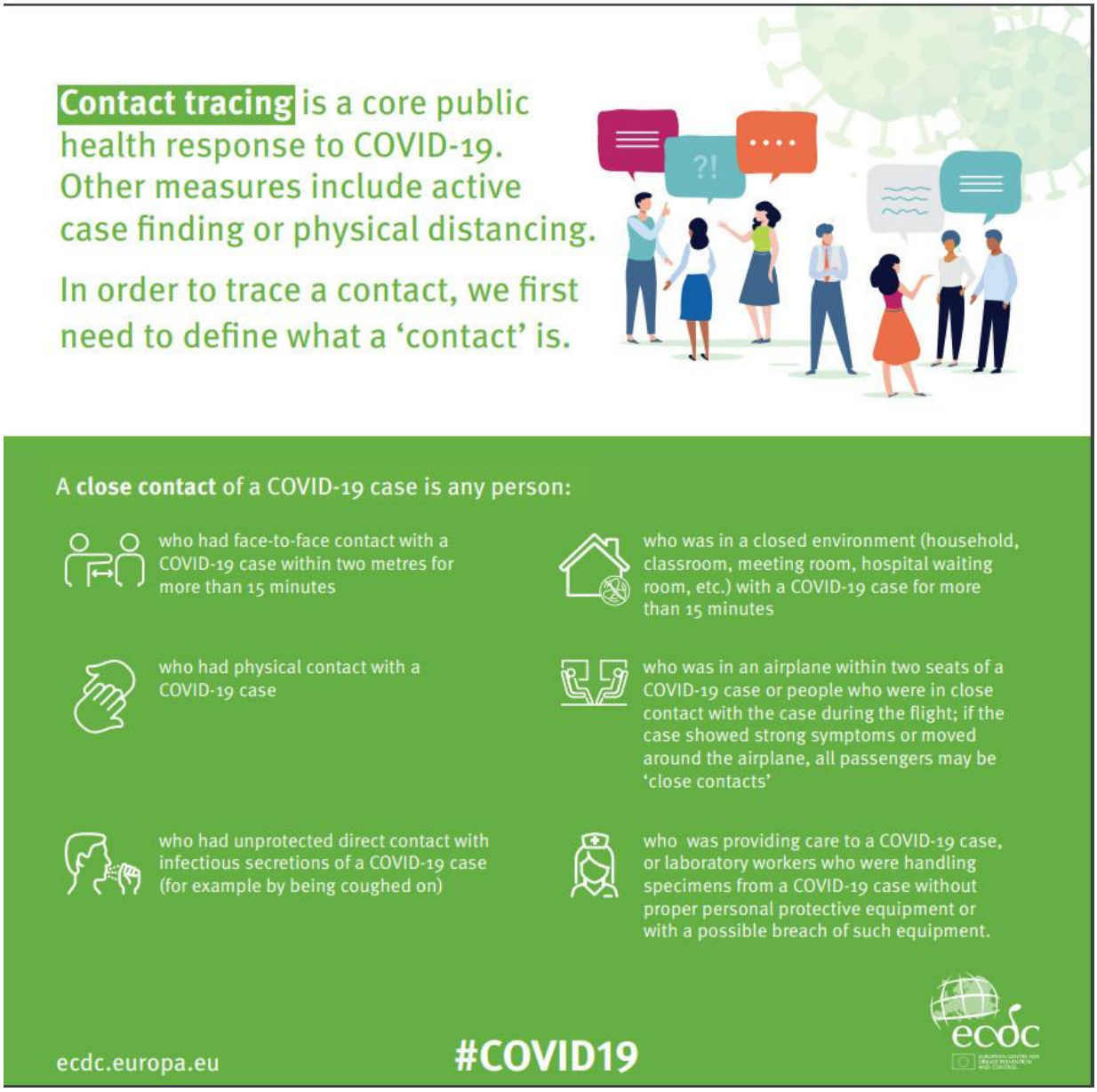
High-risk exposure (close contact)	Low-risk exposure
A person: • having had face-to-face contact with a COVID-19 case within two metres for more than 15 minutes; • having had physical contact with a COVID-19 case; • having unprotected direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on); • who was in a closed environment (e.g. household, classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for more than 15 minutes; • in an aircraft, sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated [23] (if severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered close contacts); • A healthcare worker or other person providing care to a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case, without recommended PPE or with a possible breach of PPE [24].	A person: • having had face-to-face contact with a COVID-19 case within two metres for less than 15 minutes; • who was in a closed environment with a COVID-19 case for less than 15 minutes; • travelling together with a COVID-19 case in any mode of transport*; • A healthcare worker or other person providing care to a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case, wearing the recommended PPE [24].

The associated risk of infection depends on the level of exposure, which will, in turn, determine the type of management and monitoring.

This 'close contact' and fifteen minute rule, as has been considered within the model in determining safe numbers at these types of events earlier in this document, truthfully speaking, is the light at the end of the tunnel for this business, along with the relaxing of 'social distancing' restrictions by the time mass gathering events will be allowed to take place.

[21] https://www.ecdc.europa.eu/sites/default/files/documents/Contact-tracing-Public-health-management-persons-including-healthcare-workers-having-had-contact-with-COVID-19-cases-in-the-European-Union%E2%80%93second-update_0.pdf

Treatment - Infographic's



Taking into account the industry, the internal and external factors of all stakeholders involved, as well as being able to achieve the initial proposed objectives of this risk management assessment in a Public Health context, and in so doing work towards an industry wide Concept of Operations to give reassurance to the UK government, and Public Health - infographic's are the simplest and most effective way of treating the risk.[22]

[22] https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-contact-tracing-infographic.pdf

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8.0 What if this is wrong?

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Abstract:

This is in many ways is what this initial evaluation is for. Is this assessment wrong? It is not to establish here and now a system of what measures to implement. This assessment is to evaluate the need for alignment with Public Health, event organisers, Showmen, travelling Showmen associations and cross government plans; both central and devolved in regard to protecting and safeguarding the public and this industry and way of life.

What if some of the assumptions in the risk assessment are wrong – what impact would there be if some of the assumptions were varied?

In some ways the brain is designed to make assumptions. It searches for patterns, or what cognitive scientists call 'mental models', to make it a more efficient machine. For example, you can walk to the station and take the train to the office without paying attention, but assuming it will be the same walk and platform as ever, leaving your mind free to efficiently organise tomorrow's dinner.[23]

But many assumptions are actually learned behaviour. They come from our culture and our families, and from what we were taught to think as a child. We tend to take on our parents' assumptions, such as assuming that we do or don't deserve certain things, or we should or shouldn't do other things.

Assumptions also block possibilities. They impede your ability to think creatively and get ahead. If you assume the only way to do a presentation is with a PowerPoint and the day comes but there is a technological meltdown at the office and you back out, it's the employee who makes no assumptions and thinks to act out scenarios the PowerPoint's describe with the clients and has them all laughing that not only will win the promotion you wanted.

[23] https://www.harleytherapy.co.uk/counselling/making-assumptions.htm

In writing this document and to break down assumptions forward moving questions were asked. 'Why' questions were avoided and 'what' and 'how' questions were used.

The following questions were used:

- What facts do I have to prove this thought is true?
- What facts do I have to prove this thought isn't true?
- What is a more realistic, in the middle way of seeing this?
- Is this really my own opinion, or did someone else teach it me and I didn't question it?
- Is this even really what I think or want to think in the future?
- What would life be like if the opposite of this assumption were true?
- What if this assumption didn't exist at all in for the industry – who would I then be?

Agree to not have control of everything.

A lot of assumptions are about how you want to control life out of a false idea this will make you 'safe' (which of course is based around an assumption and core belief that the world isn't safe in the first place!). For example, because you can't control what others think, and this might feel scary, you assume that you know what they think. You assume that the neighbours find you lazy, and assume that your teenage daughter hates you.

Therefore, in truth this document has been written as it is, how we, as an organisation believe the assessment of the available data and facts are to be viewed and treated within the context of Public Health for this industry.

More importantly though, our approach and presentation of this information is not from the standpoint that it is correct, but, from the standpoint, “Can anyone reading this show that it is incorrect?”

This is why we have, and are proposing for it to be viewed by Public Health England to answer exactly this question that has been posed.

It is precisely from this type of qualified feedback that we, as an industry, will be able to inform our members simply and clearly what measures will be needed and what criteria will be needed to achieve a safe environment for the general public to come and be entertained when mass gathering events are allowed to operate.

This validation from Public Health will also prevent any further problems with Local Authorities, a parameter that has been identified as being variable and significant.

Yes, it is highly likely that some of these assumptions are wrong. As to which ones are wrong? The simple answer to that is, “If we knew which ones were wrong we wouldn’t have included them.”

This is the point of this document. The treatment of a Public Health risk is not under the control of one stakeholder, or business. It is a combination of many different fields that normally don’t meet in times when there isn’t such a situation as there is now.

This again, is another point of adopting a risk management approach for the industry to this pandemic – Concept of Operations.

In many ways this is what this initial evaluation is for. It is not to establish here and now a system of what measures to implement and to define and attain commitment to something that is unknown and uncertain.

This risk assessment is to evaluate the need for alignment with Public Health, event organisers, Showmen, travelling Showmen associations and cross government plans; both central and devolved in regard to protecting and safeguarding the public and safeguarding this business and way of life.

This document should hopefully make it clear to all involved what the points of discussion are:

objectives

operational strategy

capabilities

roles and responsibilities

logistics

reporting and response mechanisms and;

working arrangements.

Of this industry to:

(i) Show the population and government that this is a business and industry and community that fully understands what is required to help raise the confidence and trust within society once the restrictions are lifted, and wish to play their part in getting back to ‘business as usual.’

About the author of this document

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Andrew Nixon is a Director and Company Secretary of the Association of Independent Showmen, a private limited company by guarantee that has as its primary objective:

"To promote and support the maintenance of the fairground and circus community, advise that community and help that community prosper"

With the UK being the first pioneer's of modern day funfairs, and the inventor's of Circus, "travelling Showmen" have been an invisible enigma, a travelling community that are estimated to be around 25 to 30,000 people in the UK.

A large portion of these 'Showmen' travel during the early spring and summer seasons, which starts two weeks before Easter and finishes traditionally just after Bonfire night.

Public Health Certificates

WHO Public Health Preparedness for Mass Gathering Events – Health Security Learning Platform, in the context of IHR – Grade: 94.34

Academic Qualifications

BSc Consumer Behaviour and Marketing of Fast Moving Consumer Goods (FMCG)

Pending application and consideration:

MSc Human Rights – LSE

Attributions for vector images used:

https://www.vecteezy.com/free-vector/you-are-here

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