CAYMAN ISLANDS

PUBLIC HEALTH BILL, 2026

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A BILL FOR AN ACT TO PROVIDE FOR THE LEGISLATIVE FRAMEWORK FOR PUBLIC HEALTH IN THE ISLANDS; TO PROVIDE FOR THE ESTABLISHMENT OF THE PUBLIC HEALTH DEPARTMENT; TO PROVIDE FOR THE ESTABLISHMENT OF THE PUBLIC HEALTH RISK EMERGENCY COMMITTEE; AND FOR INCIDENTAL AND CONNECTED PURPOSES

PUBLISHING DETAILS

Sponsoring Ministry/Portfolio: Ministry of Health, Environment and Sustainability

Memorandum of

OBJECTS AND REASONS

This Bill provides for the legislative framework for public health in the Cayman Islands. The Bill provides for the establishment of the Public Health Department which will have responsibility for the protection and improvement of the health of the people of the Cayman Islands. The Bill repeals and replaces the Public Health Act (2026 Revision).

PART 1 – PRELIMINARY

Part 1 contains the preliminary provisions which are clauses 1 and 2.

Clause 1 contains the short title and commencement of the legislation.

Clause 2 provides definitions for words used throughout the legislation.

PART 2 – ADMINISTRATION

Part 2 provides for the Department of Public Health as well as the Director of Public Health, the Chief Medical Officer, the Chief Nursing Officer, and Public Health Officers in the Department of Public Health. This Part contains clauses 3 to 7.

Clause 3 provides for the establishment of the Department of Public Health which shall be responsible for the protection and improvement of the health of the people of the Cayman Islands through public health work. Public health work includes disease prevention, health protection, surveillance of health risks, preparedness for public health incidents and the improvement of health outcomes. In carrying out its functions, the Department of Public Health, among other things, may —

(a) conduct research or take steps for advancing knowledge and understanding of matters relating to public health;

(b) collect, analyse and report on statistics relating to public health;

(c) provide scientific and evidence-based information and independent advice;

(d) monitor and report on the Department's capacity for detecting, assessing, notifying and reporting manifestations of disease and responding effectively to significant health risks in the Islands;

(e) maintain a public health emergency response plan in conjunction with the National Hazard Management Executive;

(f) provide vaccination, microbiological or other technical services; and

(g) disseminate information relating to public health.

Clause 4 provides that the Director of Public Health shall be qualified to practice medicine, be eligible to be registered and licensed as a medical doctor under the Health Practice Act

(2026 Revision) and possess appropriate qualifications in public health. The Director of Public Health is the head of the Department of Public Health and may give general or specific directions to the Public Health Officers as to the exercise of their powers under the Act.

Clause 5 provides that the Chief Medical Officer shall be qualified to practice medicine and eligible to be registered and licensed under the Health Practice Act (2026 Revision). The clause provides that the Chief Medical Officer is the principal adviser to the Cabinet in matters relating to clinical services and public health. The clause provides that the Chief Medical Officer is required —

(a) to provide clinical services and public health advice to ministries, portfolios, statutory authorities and government companies;

(b) to guide the development and implementation of policies, legislation and programmes relating to clinical services and public health; and

(c) to ensure that any clinical services or public health advice given reflects a coordinated multidisciplinary approach that is informed by relevant professional expertise.

Clause 6 provides that the Chief Nursing Officer shall be qualified to practice nursing and eligible to be registered and licensed as a nurse under the Health Practice Act (2026 Revision). The clause provides that the Chief Nursing Officer is the adviser in health matters relating to nursing and midwifery, including the role of nursing and midwifery in public health, clinical care and patient safety. The clause requires the Chief Nursing Officer to provide technical and professional advice on nursing and midwifery, including the development, implementation and evaluation of policies, legislation and programmes relating to clinical care delivery, quality, safety, public health and mental health.

Clause 7 provides for Public Health Officers. The clause sets out that a Public Health Officer shall exercise the powers and perform the duties conferred under this legislation, the Environmental Health Act, 2026, the National Conservation Act (2013 Revision), the Tobacco Act (2011 Revision) and the Water Authority Act (2022 Revision). The clause also empowers the Cabinet to prescribe categories of persons that shall be considered as Public Health Officers for the purposes of this legislation.

PART 3 – PUBLIC HEALTH LABORATORY SERVICES

Part 3 provides for Public Health Laboratory Services. This Part contains clause 8.

Clause 8 provides for public health laboratories. The clause provides that a laboratory, or a part of a laboratory, may be designated as a provider of specified services that may be required by the Department in the performance of its functions. The specified services include physical, chemical and biological analysis of any substance and analytical services which are not available in the Islands and are provided by laboratories located overseas. The clause also empowers the Cabinet, in consultation with the Chief Medical Officer, to

prescribe quality standards which are consistent with internationally recognised standards for laboratory services.

PART 4 – PREVENTION AND CONTROL OF NOTIFIABLE DISEASES AND NOTIFIABLE INFECTIOUS AGENTS

Part 4 provides for the prevention and control of notifiable disease and notifiable infectious agents. This Part contains clauses 9 to 18.

Clause 9 provides that the Cabinet, acting on the advice of the Chief Medical Officer, may prescribe —

(a) the diseases, conditions, illnesses, infections, syndromes or other significant threats to the health of the public that are to be classified as "notifiable diseases"; and

(b) the notifiable infectious agents that are capable of causing infectious disease.

Notifiable diseases are the conditions, illnesses, infections, syndromes or other significant threats to the health of the public. Notifiable infectious agents include micro-organisms, organisms, bacteria, fungi, viruses, prions and parasites.

Clause 10 provides for the duty to report notifiable diseases. The provision places a duty on an attending practitioner to make a report to the Director in the prescribed form and within the prescribed timeframe where a person in the attending practitioner's care is believed to be the carrier of a notifiable disease or a notifiable infectious agent. The clause provides further that the attending practitioner shall provide any further information in the practitioner's knowledge that may be reasonably required to enable the Director to perform any duty under Part 4.

Clause 10 provides that a person who contravenes the section without reasonable excuse commits an offence and is liable on summary conviction to a fine of two thousand dollars.

Clause 11 provides for the duty to make a report regarding the deceased carriers of notifiable disease. An attending practitioner who believes that a person in his or her care was a carrier of a notifiable disease at the time of death shall make a report to the Director in the prescribed form and within the prescribed timeframe. The clause also provides that the attending practitioner shall take all steps as may be reasonable to ensure that persons who may come into contact with the human remains take proper precautions to protect their own health. The clause also requires the attending practitioner, when requested to provide any further information that is reasonably required to enable the Director to perform any duty under Part 4. The clause provides further that a person who contravenes the section, without reasonable excuse, commits an offence and is liable on summary conviction to a fine of two thousand dollars.

Clause 12 provides for the duties of managers of laboratories. The manager of a laboratory shall make a report to the Director where a notifiable infectious agent is identified in a sample processed by or at the request of the laboratory. A person who makes a report shall provide to the Director any further information in the person's knowledge or possession

which is reasonably required to enable the Director to perform a duty under this Part. A person who contravenes this provision is liable to a fine of two thousand dollars.

Clause 13 sets out the principles relating to the control of the spread of notifiable diseases and notifiable infectious agents. The principles include the following —

(a) a person who is at risk of contracting a notifiable disease shall take all reasonable precautions to avoid contracting disease;

(b) a person who suspects that he or she is the carrier of a notifiable disease or is infected shall take steps to ascertain whether this is the case and shall take all reasonable precautions to prevent others from suffering serious harm; and

(c) a person who has contracted a notifiable disease or is the carrier of a notifiable infectious agent shall take all reasonable steps to assist in the protection of any person with whom the first-mentioned person has had contact.

Clause 14 provides for urgent measures for the control of carriers. The Director is empowered to issue a notice to a person who the Director reasonably believes is the carrier of a notifiable disease or is infected with a notifiable infectious agent indicating that urgent measures are necessary to protect the public against the risk of serious harm. The notice shall require the person to stay at a specified location and comply with directions aimed at protecting the public against serious harm or facilitating the health monitoring of the person. The clause empowers the Director or a constable to enter any premises, vehicle, vessel or aircraft at any time for the service of a notice except that entry shall not be made to a dwelling-house without the occupier's permission or six hours' verbal notice to the occupier. If the Chief Medical Officer reasonably forms the view that entry to a dwelling-house is required before the expiration of six hours' notice, the Chief Medical Officer may enter with a warrant from a Magistrate. The clause further provides that a constable may detain a person who is served with a notice under this provision for the purposes of transporting the person to a specified location. The clause further provides that the Cabinet may prescribe measures setting out the minimum standards for a specified location and the care of a person required to stay at a specified location.

Clause 15 provides for, among other things, the issue of summons by the court where it is either not practicable to serve a notice on a person under section 14 or the requirements of a notice served under section 14 are due to expire and the Chief Medical Officer believes that arrangements should be in place to protect against the risk of serious harm presented by a person to the public. On the hearing of a summons, the court may make an order requiring the person to either stay at a specified location, comply with specified directions to protect against the risk of serious harm to others or to facilitate health monitoring. The court may decline to make an order if it is satisfied that there is no risk of serious harm.

Clause 16 provides for the provision of information by a carrier of a notifiable disease or a person who is infected with or is the carrier of a notifiable infectious agent. If the Director believes that information is required from a carrier of a notifiable disease or a person who is infected with a notifiable infectious agent to assess the risk of serious harm to the public,

the Director may issue a notice to the person requiring that the person provides relevant information —

(a) relating to the person's health and welfare;

(b) relating to the person's recent locations; and

(c) that enables the identification of persons with whom he or she may have had recent contact.

The clause empowers the Director or a constable to enter any premises, vehicle, vessel or aircraft at any time however entry shall not be made to a dwelling-house without the occupier's permission or six hours' written or verbal notice being given to the occupier. The clause provides, among other things, that if the Director reasonably forms the view that entry to a dwelling-house before the expiration of six hours' notice would be in the interest of protecting the public the Director shall obtain a warrant from a Magistrate authorising entry.

The clause, among other things, provides that information obtained as a result of a notice may only be used for the purpose of effectively managing the risk of serious harm from the spread of a notifiable disease or a notifiable infectious agent and in proceedings for an offence under the section.

Clause 17 provides for the inspection, cleaning and disinfection of any premises, vehicle, vessel or aircraft if a Public Health Officer believes that it may contain an infectious agent and urgent measures are required to protect against the risk of serious harm from the spread of the infectious agent or a notifiable disease. The clause also provides that a Public Health Officer undertaking an inspection may at any time enter any premises, vehicle, vessel or aircraft except that entry shall not be made to a dwelling-house without the occupier's permission, six hours' notice to the occupier or a warrant from a Magistrate.

The clause provides further, among other things, that if the Public Health Officer is of the opinion that any item or fixture presents a risk of serious harm from the spread of a notifiable disease, the Public Health Officer may direct that the premises, vehicle, vessel or aircraft be cleaned and disinfected. If the Public Health Officer is of the opinion that an item found cannot be cleaned or disinfected effectively, the Public Health Officer must advise the occupier and may direct that it be removed and destroyed.

Clause 18 provides for the handling of food. A person who knows that he or she is a carrier of an infectious disease or a notifiable infectious agent shall not engage in the handling of food intended for human consumption or engage in activity where it is likely that food for human consumption may be contaminated. The clause provides that a person who contravenes the provision commits an offence and is liable on summary conviction to imprisonment for three months, a fine of one thousand dollars or both.

PART 5 – PUBLIC HEALTH RISK

Part 5 provides for public health risk. The Part contains clause 19.

Clause 19 provides for the establishment of the Public Health Risk Emergency Committee for the purpose of carrying out investigations and taking of measures to prevent or mitigate unacceptable public health risks. The membership of the Public Health Risk Emergency Committee consists of the Director, the Director of the Department of Environmental Health, the Chief Medical Officer, the Chief Nursing Officer and the Chairperson of the Health Practice Commission. The clause empowers the Public Health Risk Emergency Committee to take certain steps in the investigation of a public health risk, including entering premises, requiring the production of records reasonably related to the public health risk, interviewing persons connected with a community setting that is being investigated in such manner as may be prescribed. The clause provides that the members of the Public Health Risk Emergency Committee shall have the powers of an inspector under sections 16(5) and16(6) of the Health Practice Act (2026 Revision). The clause provides that, among other things, the Public Health Risk Emergency Committee may require the operator of a community setting to carry out certain remediation measures including the following —

(a) cleaning, sanitising, disinfecting or decontaminating any equipment, material or premises;

(b) removal and safe disposal of contaminated food, water, waste, equipment or materials;

(c) repair of plumbing, sewage, drainage, ventilation, electrical, structural or refrigeration systems; and

(d) rodent, mosquito or other vector control.

PART 6 – PUBLIC HEALTH INCIDENT OF NATIONAL THREAT

Part 6 provides for public health incidents of national threat. This Part contains clauses 20 to 22.

Clause 20 provides the definition of "public health incident of national threat".

Clause 21 provides for a declaration of public health incident of national threat. The Cabinet, has the responsibility for making a declaration of a public health incident of national threat and for declaring that it is at an end. The clause provides that a declaration shall specify the reason for the declaration, the date when the declaration comes into effect and the duration of the public health incident of national threat. The clause provides that the declaration shall be communicated to the public by any of the following methods —

(a) the National Emergency Notification System;

(b) radio broadcast;

(c) publication in a newspaper; or

(d) a Government notice published in the Gazette.

The clause also provides for the extension of the duration of the public health incident of national threat.

Clause 22 provides for the making of regulations during a public health incident of national threat. Regulations made under this provision, among other things, shall be consistent with the least restrictive or least onerous measures available to protect against the risk posed by the public health incident of national threat. Clause 22 provides further that except for conflict with the Emergency Powers Act (2006 Revision), the provisions of this section shall prevail in the event of conflict with any other Act.

PART 7 – HEALTH STATISTICS AND SURVEILLANCE DATA

Part 7 provides for health statistics and surveillance data and contains clauses 23 and 24.

Clause 23 provides for the collection and compilation by the Director of national statistics and surveillance data relating to, among other things, the prevalence of communicable diseases, non-communicable diseases, social determinants of health and the provision of health care services to the public. The clause provides that the collection and compilation of national statistics shall comply with the requirements for the protection of personal data under the Data Protection Act (2021 Revision). The clause empowers the Director to request health and demographic data from, among other persons, providers of health insurance, the operators of health care facilities, residential care homes and hospices and educational institutions. Data requested by the Director shall be provided within thirty days, or within such longer period of time as may be agreed by the Director, and shall be processed in a manner consistent with the principles under the Data Protection Act (2021 Revision) for the processing of personal data.

Clause 24 provides for the publication of annual public health statistics. The Director is required to prepare and submit annual public health statistics to the Minister with responsibility for health by the first day of March each year. The Minister with responsibility for health shall, after receipt, cause copies of the annual public health statistics to be laid promptly before the Parliament.

PART 8 – GENERAL

Part 8 provides for the repeal of the Public Health Act (2026 Revision), savings and transitional provisions and general regulation making provisions. This Part contains clauses 25 to 35.

Clause 25 provides that the Cabinet may impose fees for the provision of services for vaccinations, immunisation, laboratory testing or screening services as permitted by the legislation. The clause also provides that the Cabinet may recover any expenses as may have been reasonably incurred in the provision of services for cleaning, disinfection or destruction of items in any court of competent jurisdiction.

Clause 26 provides that criminal proceedings in respect of an offence under this Act may be instituted by the Chief Medical Officer and the Director.

Clause 27 provides that a person who, without reasonable excuse, obstructs or hinders a public officer exercising any power or carrying out any duty under the legislation commits

an offence and is liable on summary conviction to imprisonment for six months or a fine of one thousand dollars, or both.

Clause 28 provides that if the Chief Medical Officer is of the opinion that a person or class of persons is at risk of serious harm as a result of being exposed to the carrier of a notifiable disease or an infectious agent in circumstances where the notifiable disease or infectious agent may have been transmitted to the person or class of persons, the Chief Medical Officer may inform the person or class of persons of the risk and make a public announcement with a view to reducing the risk of further spread of the notifiable disease or infectious agent. The clause provides further that the Chief Medical Officer shall at all times act in a manner that protects a person's right to privacy and non-discrimination where the Chief Medical Officer is informing a person or making a public announcement regarding the risk of serious harm. The clause also provides that information disclosed under the section shall not be used in any way without the consent of the Chief Medical Officer and where consent is received, the information may only be disclosed for the purposes of the effective management of the risk of the spread of a notifiable disease or notifiable infectious agent.

Clause 29 empowers the Cabinet to make regulations for, among other things, prescribing all matters that are required or permitted under the legislation to be prescribed or are necessary or convenient to be prescribed for giving effect to the purposes of the legislation.

Clause 30 provides that an inaccuracy in a notice served under the legislation shall not result in the invalidation of the notice except where the inaccuracy in the notice was material or misleading in respect of procedure.

Clause 31 provides that a parent or a guardian of a child who is the subject of a notice or an order under this Act who fails, without good cause, to take reasonable steps to ensure that the child acts in accordance with the notice or order commits an offence. The parent or guardian is liable on summary conviction to imprisonment for six months or a fine of one thousand dollars, or both.

Clause 32 provides immunity for a public officer for any act, or failure to act, in the performance of the public officer's duties under this Act unless it is shown that the public officer acted in bad faith.

Clause 33 provides that the legislation does not inhibit a person's right to seek relief from a court by way of judicial review.

Clause 34 provides for the repeal of the Public Health Act (2026 Revision).

Clause 35 provides for savings and transitional matters. The clause provides that Regulations made under the repealed Public Health Act (2026 Revision) that are in force immediately before the commencement of this legislation shall have effect until expressly repealed. The clause also provides that proceedings commenced under the repealed Public Health Act (2026 Revision) that are not determined on the day immediately preceding the commencement of this legislation shall be determined as if this legislation had not come into force.

CAYMAN ISLANDS

PUBLIC HEALTH BILL, 2026

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PUBLIC HEALTH BILL, 2026

A BILL FOR AN ACT TO PROVIDE FOR THE LEGISLATIVE FRAMEWORK FOR PUBLIC HEALTH IN THE ISLANDS; TO PROVIDE FOR THE ESTABLISHMENT OF THE PUBLIC HEALTH DEPARTMENT; TO PROVIDE FOR THE ESTABLISHMENT OF THE PUBLIC HEALTH RISK EMERGENCY COMMITTEE; AND FOR INCIDENTAL AND CONNECTED PURPOSES

ENACTED by the Legislature of the Cayman Islands.

Part 1 - Preliminary

Short title and commencement

1. (1) This Act may be cited as the Public Health Act, 2026.

(2) This Act comes into force on such date as may be appointed by Order made by the Cabinet and different dates may be appointed for different provisions of this Act and in relation to different matters.

Interpretation

2. In this Act —

"**Administrative Appeals Tribunal**" means the tribunal established by section 4 of the Administrative Appeals Tribunal Act, 2026;

"**aircraft**" means anything constructed or used for the conveyance of persons or goods by air, however propelled;

"**attending practitioner**" means a registered practitioner licensed under the *Health Practice Act (2026 Revision)* who has primary responsibility for the examination, treatment, care or management of a patient at a specified time;

"**carrier**" means a person who, with or without symptoms or signs of an infectious disease, may serve as a source of infection;

"**Chief Medical Officer**" means the person appointed as such under section 5;

"**Chief Nursing Officer**" means the person appointed as such under section 6;

"**Chief Officer**" means the person appointed as such in the Ministry which has responsibility for health;

"**child**" means a person under the age of eighteen years;

"**community setting**" means an environment, whether private or public, where people gather and interact including a health care setting, educational institution, workplace, child care centre, public gathering, community and recreational facility, place of worship, transportation hub, correctional institution and commercial establishment;

"**constable**" means—

(a) "police officer" as defined in section 2 of the *Police Act (2021 Revision)*; or

(b) "officer" as defined in section 2 of the *Customs and Border Control Act (2024 Revision)*;

"**Constitution of the Cayman Islands**" means Schedule 2 to the Cayman Islands Constitution Order 2009;

"**Department**" means the Department of Public Health established under section 3;

"**Director**" means the person appointed as Director of the Department of Public Health under section 4;

"**disinfect**" means to take measures to destroy or control potentially infectious agents by direct exposure to chemical or physical agents;

"**dwelling-house**" means any structure in which a person permanently or temporarily resides, but does not include a vehicle, a vessel, or tourist accommodation;

"**Financial Secretary**" has the meaning assigned by section 2 of the *Public Management and Finance Act (2026 Revision);*

"**food handling**" or "**handling of food**" has the meaning assigned by section 2 of the *Environmental Health Act, 2026*;

"**guardian**" means a person appointed as such under section 7 of the *Children Act (2012 Revision)*;

"**health care associated infection**" means an infection acquired either —

(a) by a patient in the course of receiving health care which was not present or incubating at the time of the admission or first exposure of the patient to the health care setting; or

(b) by a health care worker in the course of providing health care which was not present or incubating at the time of the exposure of the health care worker to the health care setting,

and may include infections arising —

(i) during the hospitalisation or after the discharge of the patient; or

(ii) in health care settings other than hospitalisation;

"**health care facility**" means any facility certified as such under section 5 of the *Health Practice Act (2026 Revision)*;

"**health monitoring**" means the monitoring of a person, at specified times and places, by means of —

(a) interviewing a person about the person's health and well-being;

(b) the collection of samples from the nose or mouth of a person;

(c) the use of a device in the ear or mouth of a person to measure the person's temperature;

(d) the external collection of a person's urine, faeces or saliva samples; and

(e) any other form of medical examination;

"**Health Practice Commission**" means the body established under section 3 of the *Health Practice Act (2026 Revision)*;

"**infection**" means the invasion and multiplication of pathogenic microorganisms in a body that —

(a) may cause disease; and

(b) is capable of being transmitted directly or indirectly between persons, animals or the environment;

"**infectious agent**" means any microorganism, including a bacterium, virus, prion, fungus, or parasite that is capable of invading and multiplying in a human or other host and causing infection or disease;

"**infectious disease**" means any disease which can be communicated directly or indirectly by a person to another person or through zoonotic transmission, whether or not a notifiable disease;

"**inspector**" means a person appointed under section 16 of the *Health Practice Act (2026 Revision)*;

"**isolation**" means the separation of a carrier or carriers of an infectious disease from other persons in a manner which minimises the risk of spread of the disease;

"**medical doctor**" means a person registered and licensed to practice as a medical doctor by virtue of section 21(1)(a) and Schedule 4 of the *Health Practice Act (2026 Revision)*;

"**National Emergency Notification System**" means the system established under section 7 of the *Disaster Preparedness and Hazard Management Act (2019 Revision);*

"**National Hazard Management Executive**" means the body established under section 14 of the *Disaster Preparedness and Hazard Management Act (2019 Revision)*;

"**notifiable disease**" means any disease, condition, illness, infection, syndrome or other significant threat to the health of the public classified as such in regulations made under section 9(1);

"**notifiable infectious agent**" means an infectious agent prescribed in accordance with section 9(1)(b);

"**premises**" means —

(a) any land, including buildings; or

(b) any watercourse,

whether privately owned or publicly owned and includes any part of such premises;

"**public health**" means the science of detecting and preventing disease, prolonging life, and promoting the health of the public through the organised efforts of Government, providers of professional services related to health and well-being, and civil society;

"**public health emergency of international concern**" means any event declared as such by the World Health Organization;

"**public health incident of national threat**" has the meaning assigned by section 20;

"**public health indicator**" means a measure, statistic or other identifiable characteristic used to assess, monitor, compare or report on the health of a population, the determinants of health, public health risks or the performance of public health programmes or interventions;

"**Public Health Officer**" means a person appointed as such under section 7;

"**Public Health Risk Emergency Committee**" means the committee established under section 19;

"**public officer**" has the meaning assigned by section 124 of the Constitution of the Cayman Islands;

"**quarantine**" means the separation from the general public of persons who are potential carriers, or persons who have been placed at risk of infection from potential carriers, to prevent the spread of infectious disease;

"**repealed Act**" means the *Public Health Act (2026 Revision);*

"**risk of harm**" means the likelihood, having regard to the nature, extent, duration and frequency of exposure, that a condition, act, omission, or circumstance will cause physical or mental injury, illness, impairment, or other adverse effect on health;

"**serious harm**" means harm that —

(a) leads to a significant negative impact on an individual's physical or mental well-being;

(b) is likely to be life threatening;

(c) causes permanent impairment; or

(d) requires extensive treatment;

"**statutory authority**" has the meaning assigned by section 2 of *the Public Service Management Act (2018 Revision)*;

"**vehicle**" has the meaning assigned by section 2 of the *Traffic Act (2026 Revision);*

"**verbal notice**" means an oral communication of a legal requirement or directive, given in accordance with this Act by a Public Health Officer or a constable directly to a person concerned in an urgent situation where written notice may cause delay and a threat to the health of the public;

"**vessel**" has the meaning assigned by section 2 of the *Port Authority Act (2025 Revision)*;

"**veterinary surgeon**" means a person registered as such in accordance with section 7 of the *Veterinary Act (2025 Revision)*; and

"**watercourse**" means a natural or artificial channel, stream, ditch or similar passage through which water flows.

Part 2 - Administration

Department of Public Health

3. (1) The Department of Public Health is established.

(2) The Department of Public Health is responsible for the protection and improvement of the health of the population of the Islands through public health work including —

(a) disease prevention;

(b) health protection;

(c) public health surveillance of health risks;

(d) preparedness for emergencies and public health incidents; and

(e) improvement of health outcomes.

(3) In carrying out its functions, the Department of Public Health may—

(a) conduct research or take steps as the Director considers appropriate for advancing knowledge and understanding of matters and issues relating to public health;

(b) collect, analyse and report on statistics relating to public health in the Islands with a view to establishing comparative analyses of disease or death statistics;

(c) provide scientific and evidence-based information and independent advice in matters relating to public health to ministries, portfolios and departments;

(d) monitor and report on the capacity for

(i) detecting, assessing, notifying and reporting manifestations of disease or occurrences that create a potential for disease in the Islands; and

(ii) responding promptly and effectively to significant health risks in the Islands and, where appropriate, public health emergencies of international concern;

(e) maintain a public health emergency response plan in conjunction with the National Hazard Management Executive;

(f) provide vaccination, immunisation or screening services whether for payment or otherwise;

(g) provide microbiological or other technical services related to public health whether in laboratories or otherwise;

(h) disseminate information relating to public health to —

(i) health care and related service providers;

(ii) public health laboratories; and

(iii) ministries, portfolios, departments of Government, statutory authorities and government companies with functions and duties related to public health;

(i) promote internationally recognised quality standards in matters relating to public health and provide training for personnel with relevant statutory functions and duties;

(j) improve awareness of members of the public in respect of protection and improvement of their health and well-being;

(k) promote and protect the mental health and well-being of the population through mental health promotion, suicide prevention, health surveillance, school and workplace well-being, substance misuse prevention and the reduction of stigma and discrimination; and

(l) provide such other services, facilities or programmes relating to public health as the Director or the Cabinet, in consultation with the Chief Medical Officer, considers appropriate.

Director of Public Health

4. (1) The Chief Officer, in accordance with the *Public Service Management Act (2018 Revision)*, may appoint a person as Director of Public Health.

(2) The Director shall be a suitable person who—

(a) is qualified to practice the health profession of medicine and eligible to be registered and licensed as a medical doctor under the *Health Practice Act (2026 Revision)*; and

(b) has appropriate qualifications in public health.

(3) The Director is the head of the Department and—

(a) shall exercise the specific powers and carry out the duties conferred upon the Director under this or any other Act; and

(b) is subject to any general or specific directions from the Chief Officer.

(4) The Director may delegate in writing any of the Director's powers and duties under this Act to a Public Health Officer, except those set out under sections 8(2), 16 and 17(8).

(5) The Director may —

(a) give general or specific directions to Public Health Officers as to the exercise of their powers or the performance of their duties under this Act;

(b) give directions to designated public health laboratories pursuant to section 8(2);

(c) exercise any of the powers or perform any of the duties of a Public Health Officer under this Act, *the Environmental Health Act, 2026*, the *National Conservation Act, 2013*, the *Tobacco Act (2011 Revision)*, the *Water Authority Act (2022 Revision)* or any other legislation.

Chief Medical Officer

5. (1) The Chief Officer, in accordance with the *Public Service Management Act (2018 Revision)*, may appoint a Chief Medical Officer.

(2) The Chief Medical Officer shall be a suitable person who is qualified to practice the health profession of medicine and eligible to be registered and licensed under the *Health Practice Act (2026 Revision)*.

(3) The Chief Medical Officer is the principal adviser to the Cabinet in matters relating to clinical services and public health.

(4) The Chief Medical Officer —

(a) shall exercise the powers and perform the duties conferred on the Chief Medical Officer under this Act or any other legislation;

(b) may exercise any of the powers of, or perform any of the duties of, a Public Health Officer under this or any other Act; and

(c) shall facilitate consultation and collaboration with the Chief Nursing Officer and other relevant professional leads within the Ministry responsible for health, to ensure, as far as practicable, that any advice provided on matters of shared responsibility is co-ordinated and consistent.

(5) In carrying out functions under this or any other Act, the Chief Medical Officer shall—

(a) provide advice in respect of clinical services and public health to ministries, portfolios, departments, statutory authorities and government companies;

(b) guide the development, implementation and evaluation of policies, legislation and programmes relating to clinical services and public health; and

(c) ensure that any advice in respect of clinical services or public health reflects a coordinated, multidisciplinary approach, informed by relevant professional expertise.

Chief Nursing Officer

6. (1) The Chief Officer, in accordance with the *Public Service Management Act (2018 Revision)*, may appoint a Chief Nursing Officer.

(2) The Chief Nursing Officer shall be a suitable person who is qualified to practice the health profession of nursing and eligible to be registered and licenced as a nurse under the *Health Practice Act (2026 Revision)*.

(3) The Chief Nursing Officer —

(a) is the adviser in health matters relating to nursing and midwifery, including nursing and midwifery's role in public health, clinical care and patient safety; and

(b) may provide advice directly to ministries, portfolios, departments of Government, statutory authorities and government companies on nursing and midwifery aspects of public health and mental health.

(4) In the carrying out of functions under this Act, the Chief Nursing Officer shall provide technical and professional advice on nursing and midwifery, including the development, implementation and evaluation of policies, legislation and programmes as they relate to clinical care delivery, quality, safety, public health and mental health.

Public Health Officer

7. (1) The Chief Officer, in accordance with the *Public Service Management Act (2018 Revision),* may appoint a suitable person to be a Public Health Officer.

(2) A Public Health Officer shall exercise the powers and perform the duties conferred on the Public Health Officer under this Act or *the Environmental Health Act, 2026*, the *National Conservation Act (2013 Revision)*, the *Tobacco Act (2011 Revision)*, the *Water Authority Act (2022 Revision)* or any other legislation and is subject to any general or specific direction from the Director and the Chief Medical Officer.

(3) The Director may specify the qualifications, training requirements, conditions or limitations applicable to Public Health Officers.

(4) The Cabinet may prescribe, by regulations, categories of persons that shall be considered as Public Health Officers for the purposes of this Act and these categories of persons shall have the powers and immunities conferred on a Public Health Officer by this Act.

Part 3 – Public Health Laboratory Services

Public health laboratories

8. (1) A laboratory, or part of a laboratory may be designated as a provider of any of the following services as may be required by the Department in the performance of its functions —

(a) physical, chemical and biological analysis of any substance;

(b) assistance with —

(i) public health investigations; or

(ii) the diagnosis and investigation of infectious diseases; and

(c) analytical services which are not available in the Islands which are provided by laboratories or institutes located overseas,

and the Cabinet shall publish the designation in the Gazette.

(2) The Director shall direct members of staff of laboratories when providing services to the Department under this section and the members of staff shall collaborate with each other in the performance of the assigned duties.

(3) The Cabinet, after consultation with the Chief Medical Officer, may prescribe quality standards which are consistent with internationally recognised standards for laboratory services provided under this section.

Part 4 – Prevention and Control of Notifiable Diseases and Notifiable Infectious Agents

Notifiable diseases and notifiable infectious agents

9. (1) The Cabinet, acting on the advice of the Chief Medical Officer, may prescribe —

(a) the diseases, conditions, illnesses, infections, syndromes or other significant threats to the health of the public that shall be classified as "notifiable diseases" for the purposes of this Act.; and

(b) the notifiable infectious agents that are capable of causing infectious disease, including microorganisms, organisms, bacteria, fungi, viruses, prions and parasites.

(2) Regulations made under this section may prescribe —

(a) the manner in which the detection of notifiable diseases and notifiable infectious agents are reported including the timeframes within which notifications must be made for the purposes of this Act; and

(b) any other matter required for the effective prevention and control of notifiable diseases and notifiable infectious agents.

(3) In considering whether a disease or an infectious agent should be prescribed as a notifiable disease or notifiable infectious agent, as the case may be, the Chief Medical Officer shall have regard to information available in respect of a public health emergency of international concern.

Notifiable disease and notifiable infectious agent: duty to report

10. (1) An attending practitioner who believes that a person whom the attending practitioner is attending to is a carrier of a notifiable disease or a notifiable infectious agent, shall make a report to the Director in the form and within the timeframe as may be prescribed.

(2) An attending practitioner who has made a report under subsection (1) shall provide to the Director, on request, any further information in the attending

practitioner's knowledge or possession which may reasonably be required to enable the Director to perform a duty under this Part.

(3) A person who contravenes this section, without reasonable excuse, commits an offence and is liable on summary conviction to a fine of two thousand dollars.

Notifiable disease: duty to report deceased carrier

11. (1) An attending practitioner who believes that a person in the attending practitioner's care was a carrier of a notifiable disease at the time of death, shall—

(a) make a report to the Director in such form and within such timeframe as may be prescribed; and

(b) take all steps as may be reasonable to ensure that any person who may come into contact with the human remains takes proper precautions to protect the person's own health; and

(c) take all steps as may be reasonable to ensure that the human remains are not moved without the prior consent of the Director.

(2) An attending practitioner who makes a report under subsection (1) shall, on request, provide to the Director any further information in the attending practitioner's knowledge or possession which is reasonably required to enable the Director to perform any duty under this Part.

(3) An attending practitioner who contravenes this section, without reasonable excuse, commits an offence and is liable on summary conviction to a fine of two thousand dollars.

Duties of managers of laboratories

12. (1) If a notifiable infectious agent is identified in a sample processed by or at the request of any laboratory which has the capability to detect notifiable infectious agents, the manager of the laboratory shall make a report to the Director in the form and within the timeframe as may be prescribed by regulations.

(2) A person who makes a report under subsection (1) shall provide to the Director, where requested, any further information in the person's knowledge or possession which is reasonably required to enable the Director to perform any duty under this Part.

(3) A person who contravenes this section, without reasonable excuse, commits an offence, and is liable on summary conviction to a fine of two thousand dollars.

(4) The failure to make a report in accordance with subsection (1) shall be reported by the Director to the Health Practice Commission.

Principles relating to the control of spread of notifiable diseases and notifiable infectious agents

13. (1) The following principles shall guide persons in respect of the performance of any duties relating to notifiable diseases and notifiable infectious agents under this Part—

(a) a person who is at risk of contracting a notifiable disease shall take all reasonable precautions to avoid contracting the disease and a person who is at risk of exposure to a notifiable infectious agent shall take all reasonable precautions to avoid becoming infected with the agent;

(b) a person who suspects that he or she is the carrier of a notifiable disease or is infected with a notifiable infectious agent shall ascertain whether or not this is the case, and shall take all reasonable precautions to prevent others from suffering serious harm as a result;

(c) a person who has contracted a notifiable disease or is a carrier of a notifiable infectious agent shall take all reasonable steps to assist in the protection from serious harm of the persons with whom the first-mentioned person has had contact;

(d) a person who—

(i) is at risk of contracting a notifiable disease;

(ii) suspects that he or she is a carrier of a notifiable disease;

(iii) is infected with or is the carrier of a notifiable infectious agent; or

(iv) has a condition which may be attributable to a notifiable disease or a notifiable infectious agent,

has the right —

(A) to be given information about the medical consequences and about any medical treatment, including immunisation, which may be given to the person without the unlawful infringement of the rights of other persons in the giving of the information;

(B) to be protected from unlawful discrimination insofar as the protection can be afforded without preventing the taking of steps that are reasonably necessary to protect the health of the public; and

(C) to have the person's right to privacy respected, insofar as privacy can be maintained without preventing the taking of steps reasonably necessary to protect the health of the public;

(e) the medical examination or treatment of a person who is suspected of being the carrier of a notifiable disease, or a person who is suspected of being infected with or is the carrier of a notifiable infectious agent, shall not be by force however the isolation or quarantine of either person may be

carried out with the use of such reasonable force as may be necessary to prevent the risk of harm to others; and

(f) where alternative measures are available that are equally effective in minimising the risk that a person or item poses for the spread of a notifiable disease or a notifiable infectious agent, the measure that is the least restrictive of the rights of the person or the owner of the item must be chosen.

(2) Without prejudice to any other provision of any Act, or any principles of law applicable in the Islands, the failure by a person to comply with any of the principles set out in subsection (1)(a) to (c) does not, by itself, constitute an offence and the failure to comply does not, by itself, give rise to any right, obligation or remedy in law.

Urgent measures for the control of carriers

14. (1) The Director shall issue a written notice to a person who the Director reasonably believes is a carrier of a notifiable disease or is infected with a notifiable infectious agent indicating that urgent measures are necessary to protect one or more members of the public against a risk of serious harm, and the written notice shall —

(a) require the person to stay at a specified location; and

(b) require the person to comply with specified directions —

(i) to protect against or minimise the risk of serious harm to the person or to others; and

(ii) to facilitate the health monitoring of the person.

(2) Any requirement contained in a notice issued under subsection (1) may remain in force for up to seventy-two hours from the time at which the notice is served, except where an application has been made in accordance with section 15, in which case the requirements shall remain in force until the court makes an order under section 15(2).

(3) A notice issued under this section shall be in the prescribed form and shall be served on the person by a constable or the Director.

(4) For the purpose of serving a notice under this section, a constable or the Director may at any time enter any premises, vehicle, vessel or aircraft, except that no entry under this section shall be made to a dwelling-house without —

(a) the occupier's written permission; or

(b) six hours' verbal notice being given to the occupier.

(5) Where the Chief Medical Officer reasonably forms the view that entry to a dwelling-house before the expiration of six hours' notice would be in the interest of protecting the public, the Chief Medical Officer may enter with a warrant

from a Magistrate authorising entry to a dwelling-house to serve the notice and, if necessary, detain and transport a person to a specified location.

(6) A Magistrate, on the application of the Chief Medical Officer, may issue a warrant in relation to the specified dwelling -house if the Magistrate is satisfied that there are reasonable grounds for the urgent entry to the dwelling-house for the purpose of protecting the public from a risk of serious harm and the warrant may authorise entry to the dwelling-house with the use of force.

(7) Where a person is served with a notice under this section, a constable may detain that person for the purposes of transporting the person to any location specified in the notice, using reasonable force if necessary.

(8) A person who fails, without reasonable excuse, to comply with any requirement of a notice issued under this section commits an offence, and is liable on summary conviction to imprisonment for six months or a fine of two thousand dollars, or both.

(9) The Cabinet may prescribe measures for the care and protection of children who are carriers, the management of carriers, the minimum standards for a specified location under this section and the care of persons required to stay at a specified location.

Control of carriers: court orders

15. (1) In the event that —

(a) it is not practicable to serve a notice on a person under section 14(1); or

(b) the requirements of a notice served under section 14 are due to expire,

and the Chief Medical Officer believes that arrangements are necessary to protect against the risk of serious harm presented by a carrier under section 14 to one or more persons, the Chief Medical Officer —

(i) may apply to a court of summary jurisdiction for a summons to be issued in respect of the person; and

(ii) provide the person with a copy of the application.

(2) On the hearing of a summons issued under this section, a court may—

(a) make an order requiring a person to stay at a specified location;

(b) make an order requiring a person to comply with specified directions to protect against the risk of serious harm to the person or to others;

(c) make an order requiring a person to comply with specified directions to facilitate health monitoring; or

(d) decline to make an order if it is satisfied that there is no risk of serious harm.

(3) Before making an order under subsection (2), a court —

(a) shall provide a reasonable opportunity for any person who is the subject of an application to be heard, by video-link or otherwise;

(b) may adjourn any part of the proceedings for no more than three working days; or

(c) may make an interim order.

(4) A requirement contained in an order made under this section shall be the least restrictive option available in the specific circumstances that effectively protects against the risk of serious harm to the person who is the subject of the application or the public.

(5) Unless the court directs otherwise —

(a) a hearing shall be attended only by the Magistrate, court officers, the parties to the proceedings and their representatives, witnesses called by any party and an interpreter where required; and

(b) no part of the court records relating to the proceedings, including judgments, shall be published in a manner which enables the disclosure of the identity of the person against whom an application or order under this section has been made.

(6) An order made under this section shall expire after twenty-eight days.

(7) A person who fails, without reasonable excuse, to comply with a requirement of an order made under this section commits an offence and is liable on summary conviction to imprisonment for two years or a fine of five thousand dollars, or both.

Requirement for carriers to provide information

16. (1) If the Director believes that information is required from —

(a) a carrier of a notifiable disease; or

(b) a person who is infected with or is the carrier of a notifiable infectious agent,

to assess the risk of serious harm to members of the public presented by that person, the Director may issue a written notice to the person requiring that the person —

(i) provides relevant information relating to the person's health and welfare;

(ii) provides relevant information relating to the person's recent locations; and

(iii) provides relevant information to enable the identification of any persons with whom he or she may have had recent contact which may put those persons at risk of serious harm.

(2) Any information requested in a notice issued under this section shall be limited to information that is necessary to protect the public against the risk of serious harm.

(3) A notice issued under this section shall require information to be provided within a reasonable period of time given the need to protect the public against the spread of the specific disease.

(4) A notice issued under this section shall be in the prescribed form and shall be personally served by a constable or the Director.

(5) For the purposes of serving a notice under this section, a constable or the Director may enter any premises, vehicle, vessel or aircraft, except that no entry shall be made to a dwelling-house without —

(a) the occupier's written permission; or

(b) six hours' written or verbal notice being given to the occupier.

(6) Where the Director reasonably forms the view that entry to a dwelling-house before the expiration of six hours' notice would be in the interest of protecting the public, the Director shall obtain a warrant from a Magistrate authorising entry to a dwelling-house without six hours' written or verbal notice being given to the occupier.

(7) A Magistrate, on the application of the Director, may issue a warrant in relation to the specified dwelling-house if the Magistrate is satisfied that there are reasonable grounds for the urgent entry to the dwelling-house and the warrant may authorise entry to the dwelling-house with the use of force.

(8) A person who fails, without reasonable excuse, to comply with a notice under this section commits an offence and is liable on summary conviction to imprisonment for six months or a fine of one thousand dollars, or both.

(9) A person who knowingly or recklessly provides false information in response to a notice under this section commits an offence and is liable on summary conviction to imprisonment for six months or a fine of one thousand dollars, or both.

(10) Information obtained as a result of a notice issued under this section may only be used —

(a) for the purpose of the effective management of the risk of serious harm from spread of a notifiable disease or a notifiable infectious agent; or

(b) in proceedings for an offence under this section.

Inspection, cleaning, disinfection and destruction

17. (1) A Public Health Officer may inspect any premises, vehicle, vessel or aircraft if the Public Health Officer believes that the premises, vehicle, vessel or aircraft contains an infectious agent, and that urgent measures are necessary to protect against a risk of serious harm from the spread of the notifiable infectious agent or notifiable disease.

(2) A Public Health Officer undertaking an inspection under this section may at any time enter any premises, vehicle, vessel or aircraft for such purposes, with the assistance of any other person, including a constable, except that no entry shall be made to a dwelling-house without —

(a) the occupier's written permission; or

(b) six hours' written or verbal notice being given to the occupier.

(3) A notice issued under subsection (2) shall be made in the prescribed form and shall be served on the person by a constable or a Public Health Officer.

(4) Where the Public Health Officer reasonably forms the view that entry to a dwelling-house without six hours' notice would be in the interest of protecting the public, the Public Health Officer shall obtain a warrant from a Magistrate authorising entry to a dwelling-house without six hours' written or verbal notice being given to the occupier.

(5) A Magistrate, on the application of the Public Health Officer, may issue a warrant in relation to the specified dwelling-house if the Magistrate is satisfied that there are reasonable grounds for the urgent entry to the dwelling-house for the purpose of protecting the public from a risk of serious harm and the warrant may authorise entry to the dwelling-house with the use of force.

(6) If a Public Health Officer is of the opinion that any item or fixture found on any premises, in any vehicle, in any vessel, or in any aircraft presents a risk of serious harm from the spread of a notifiable disease or a notifiable infectious agent, the Public Health Officer may direct that the premises, vehicle, vessel or aircraft be cleaned and disinfected.

(7) If a Public Health Officer is of the opinion that an item found on any premises presents such a risk of serious harm from the spread of a notifiable disease or a notifiable infectious agent that it cannot be cleaned or disinfected effectively, the Public Health Officer shall advise the occupier and may direct that it be removed and destroyed.

(8) If the Director, after consultation with a veterinary surgeon, is of the opinion that an animal found on any premises presents such a risk of serious harm from the spread of a notifiable disease or a notifiable infectious agent that it cannot be effectively managed, the Director shall advise the occupier and may direct that it be removed and destroyed.

(9) If the Chief Medical Officer is of the opinion that any premises presents such a risk of serious harm from the spread of a notifiable disease or a notifiable infectious agent that it cannot be effectively managed without the immediate closure of the premises, the Chief Medical Officer may direct that the premises be closed temporarily for the purposes of cleaning, disinfection or destruction under this section for a period of up to fourteen days.

(10) The Chief Medical Officer shall notify the occupier and the owner of the premises, in writing, of the direction under subsection (9) and cause the Cabinet to be notified promptly of the direction to close the premises temporarily.

(11) A person who is aggrieved by a decision of a Public Health Officer or the Chief Medical Officer under this section may appeal to the Administrative Appeals Tribunal in such form and manner as may be prescribed.

(12) Any expenses reasonably incurred by the Department for the cleaning, disinfection or destruction measures taken under this section are recoverable from—

(a) the owner or occupier of the relevant premises; or

(b) the owner of the vehicle, vessel or aircraft;

(c) the owner of any item or animal destroyed, or

(d) any other person whose act or default gave rise to the need for the cleaning, disinfection or destruction,

unless it is shown that the person could not have prevented the risk giving rise to the cleaning, disinfection or destruction.

(13) A person who, without reasonable excuse, obstructs or hinders a public officer exercising any power or performing any duty under this section commits an offence and is liable on summary conviction to imprisonment for six months or a fine of one thousand dollars, or both.

(14) The Cabinet may prescribe regulations in respect of —

(a) the carrying out of inspections of any premises, vehicle, vessel or aircraft;

(b) the cleaning, disinfection of items or fixtures; and

(c) destruction of items or animals,

pursuant to this section.

Handling of food

18. (1) A person who knows that he or she is either —

(a) infected with a notifiable infectious agent;

(b) a carrier of an infectious disease or a notifiable infectious agent,

shall not —

(i) engage in the handling of food intended for human consumption; or

(ii) engage in activity where there is a likelihood that food for human consumption may become contaminated.

(2) A person who contravenes subsection (1) commits an offence and is liable on summary conviction to imprisonment for three months or a fine of one thousand dollars, or both.

Part 5 – Public Health Risk

Public Health Risk Emergency Committee

19. (1) The Public Health Risk Emergency Committee is established for the purpose of carrying out investigations and taking the necessary measures to prevent or mitigate unacceptable public health risks, including, where possible, preventing public health risks from escalating to the level of a public health incident of national threat.

(2) The membership of the Public Health Risk Emergency Committee, consists of the following persons or the respective person's delegate—

(a) the Director;

(b) the Director of Environment Health;

(c) the Chief Medical Officer;

(d) the Chief Nursing Officer; and

(e) the Chairperson of the Health Practice Commission.

(3) The Cabinet may provide for the constitution and procedure of the Public Health Risk Emergency Committee by regulations.

(4) If the Public Health Risk Emergency Committee determines that an identified public health risk has the potential to become, or has become, a public health incident of national threat, the Committee shall advise the Cabinet of this and the Cabinet may make a declaration in accordance with section 21.

(5) In pursuance of an investigation of a public health risk, the Public Health Risk Emergency Committee may —

(a) enter premises to conduct or cause to be conducted, an inspection or inquiry;

(b) observe activities and practices that may create or transmit a public health risk;

(c) interview the person in charge of a community setting, employees, occupiers, or any other persons in the premises, or recently in the premises of the community setting;

(d) require production of records reasonably related to the public health risk;

(e) take photographs, measurements, samples or other evidence; or

(f) enter any premises to monitor compliance where the existence of a public health risk has been confirmed and remediation has been required by the Public Health Risk Emergency Committee,

in such manner as may be prescribed by regulations.

(6) In carrying out its duties under this section within a community setting, the members of the Public Health Risk Emergency Committee shall have the powers of an inspector under sections 16(5) and 16(6)of the *Health Practice Act (2026 Revision)* and may require the operator of the community setting to carry out any of the following remediation measures —.

(a) cleaning, sanitising, disinfecting or decontaminating any equipment, material or premises;

(b) removal and safe disposal of contaminated food, water, waste, equipment or materials;

(c) repair of plumbing, sewage, drainage, ventilation, electrical, structural or refrigeration systems;

(d) rodent, mosquito or other vector control;

(e) correction of food preparation, storage, temperature-control or hygiene practices;

(f) isolation of contaminated area or equipment;

(g) temporary closure for a period of up to five days considering the risk for the public;

(h) modification of occupancy, crowding or ventilation;

(i) health monitoring, quarantine or follow-up of affected staff or users of any service offered by the community setting;

(j) training of staff and revision of cleaning, infection-control, food safety or incident-reporting procedures; and

(k) enhanced monitoring, testing, sampling or reporting after remediation,

in such manner as may be prescribed by regulations.

(7) The Public Health Risk Emergency Committee shall notify the operator of a community setting of its findings and conclusions including —

(a) the evidence relied on;

(b) the reasons for its conclusions;

(c) any measures to be taken by the operator of the community setting;

(d) the right of appeal of any person aggrieved by a decision of the Public Health Risk Emergency Committee under this section.

(8) A person who is aggrieved by a decision of the Public Health Risk Emergency Committee under subsection (6) may appeal to the Administrative Appeals Tribunal in the prescribed form and manner.

Part 6 – Public Health Incident of National Threat

Definition of "public health incident of national threat"

20. For the purposes of this Part, a "**public health incident of national threat** " means an occurrence or imminent threat of an illness or health condition caused by —

(a) an epidemic or pandemic disease;

(b) a novel or potentially fatal infectious agent;

(c) a biological toxin or other toxic substance; or

(d) a source of unknown origin,

that, in the opinion of the Chief Medical Officer, poses a substantial risk of severe illness, human fatalities or of incidents involving permanent or long-term disability of members of the public.

Declaration of public health incident of national threat

21. (1) If the Chief Medical Officer is of the opinion that a public health incident of national threat is imminent, the Chief Medical Officer shall advise the Cabinet of this and provide relevant information in support of the opinion.

(2) The Cabinet is responsible for making a declaration of a public health incident of national threat.

(3) A declaration of a public health incident of national threat —

(a) shall specify the reason for the declaration, the date when the declaration comes into effect and the duration of the public health incident of national threat; and

(b) shall be communicated to the public by means of any of the following methods —

(i) the National Emergency Notification System;

(ii) radio broadcast;

(iii) publication in a newspaper; or

(iv) a Government notice published in the Gazette.

(4) The duration of the public health incident of national threat may be extended for such period as may be specified by the Cabinet, after consultation with the Chief Medical Officer, where it appears likely that the circumstances giving rise to the

declaration under subsection (1) are not at an end, and a declaration in respect of the extension shall be made in accordance with subsection (2)(b).

(5) The Cabinet is responsible for declaring that a public health incident of national threat has ended and shall communicate this by any of the means set out in subsection (2)(b).

Regulations during a public health incident of national threat

22. (1) Subject to subsection (2), the Cabinet, after consultation with the Chief Medical Officer, may make regulations during a public health incident of national threat that are reasonably required to protect the public from the risk of serious harm —

(a) prescribing the procedures for the isolation, quarantine or health monitoring of persons in the Islands;

(b) prohibiting public meetings, processions, or ceremonies in the Islands;

(c) prescribing the closure, or temporary change of use, of any premises or class of premises in the Islands;

(d) controlling the entry or departure of persons, animals or other items into the Islands by vessel or aircraft;

(e) prescribing the disinfection or destruction of any items or premises in the Islands;

(f) controlling the movement, or prescribing the destruction, of animals or plants in the Islands;

(g) requiring the wearing of personal protective equipment;

(h) prohibiting the sale or supply of any substance or item within the Islands;

(i) imposing duties and obligations on carriers of infectious diseases, notifiable diseases or infectious agents and, where relevant, the parents, or guardians of carriers of infectious diseases, notifiable disease or infectious agents who are children;

(j) imposing duties and obligations on persons to provide information or answer questions relevant to protecting the public from the risk of serious harm (including information or questions relating to health);

(k) providing for the protection of elderly or vulnerable persons and front-line workers;

(l) providing for the financial support of any classes of persons affected by the emergency measures, in conjunction with the Financial Secretary;

(m) providing for the imposition of duties and obligations on public bodies and private bodies;

(n) providing for the temporary secondment to the public service of practitioners licensed and registered under the *Health Practice Act (2026*

Revision), with appropriate levels of protective equipment, indemnity and immunity provided to the practitioners; and

(o) prescribing offences and penalties for the contravention of regulations made under this section.

(2) Regulations made under this section—

(a) may provide that they apply to any specified part of the Islands;

(b) shall be consistent with the least restrictive or least onerous measures available to protect against the risk posed by the public health incident of national threat; and

(c) unless already revoked, shall expire at the end of the period of public health incident of national threat.

(3) Except for conflict with the *Emergency Powers Act (2006 Revision)*, the provisions of this section shall prevail in the event of conflict with any other Act.

Part 7– Health Statistics and Surveillance Data

Duty to compile health statistics and surveillance data

23. (1) Subject to subsection (2), the Director shall collect and compile national statistics and surveillance data relating to the prevalence of communicable diseases, non-communicable diseases, social determinants of health, the provision of health care services to the public and other public health indicators for the purposes of monitoring, protecting and improving public health.

(2) The collection and compilation of national statistics under subsection (1) shall comply with the requirements for the protection of personal data under the *Data Protection Act (2021 Revision).*

(3) In collecting and compiling statistics for the purposes of this Part, the Director may request health and demographic data from —

(a) operators of health care facilities;

(b) operators of residential care homes and hospices;

(c) providers of health insurance;

(d) providers of services related to health care;

(e) operators of educational institutions;

(f) departments, sections or units of Government;

(g) non-governmental organisations conducting activities relevant to public health; and

(h) statutory authorities and government companies.

(4) Data requested by the Director under this Part shall be provided within thirty days, or within such longer period as may be agreed by the Director and shall be processed in a manner consistent with the principles under the *Data Protection Act (2021 Revision)* for the processing of personal data.

Publication of annual public health statistics

24. (1) On or before the first day of March each year, the Director shall prepare and submit annual public health statistics to the Minister with responsibility for health comprising —

(a) national statistics relating to the prevalence of communicable diseases, non-communicable diseases, social determinants of health and the provision of health care services to the public; and

(b) analysis of how current levels of disease or death in the Cayman Islands compare with —

(i) available historical records; and

(ii) levels expected in the Cayman Islands at the time of the report.

(2) The Minister with responsibility for health shall, after receiving the annual public health statistics, cause copies of the annual public health statistics to be laid promptly before the Parliament.

Part 8 – General

Fees and expenses

25. The Cabinet may —

(a) impose fees for the provision of vaccinations, immunisation services, laboratory testing, or screening services as permitted by this Act; and

(b) recover expenses reasonably incurred in the provision of services for the cleaning, disinfection or destruction of items under section 17(12) in any court of competent jurisdiction.

Prosecution

26. Proceedings in respect of an offence under this Act may be instituted by the Chief Medical Officer or the Director.

Obstructing or hindering a public officer

27. A person who, without reasonable excuse, obstructs or hinders a public officer exercising any power or carrying out any duty under this Act commits an offence and is liable on summary conviction to imprisonment for six months, or a fine of one thousand dollars, or both.

Information privacy and protection

28. (1) Subject to subsection (2), if the Chief Medical Officer is of the opinion that a person, or a class of persons, is at risk of serious harm as a result of being exposed to the carrier of a notifiable disease or an infectious agent in circumstances where the notifiable disease or infectious agent may have been transmitted to the person or class of persons, the Chief Medical Officer may —

(a) inform the person, or class of persons, of the risk; and

(b) make any public announcement with a view to reducing the risk of further spread of the notifiable disease or notifiable infectious agent.

(2) In informing a person or class of persons or making a public announcement under subsection (1), the Chief Medical Officer shall act at all times in a manner that protects a person's right to privacy and to non-discrimination.

(3) Information disclosed under this section shall not be processed, analysed, applied for decision-making, stored, published or in any other way used without the consent of the Chief Medical Officer and, where consent is received, the information may only be disclosed for the purposes of the effective management of the risk of the spread of a notifiable disease or notifiable infectious agent.

Regulations

29. (1) The Cabinet may make regulations prescribing all matters that are required or permitted under this Act to be prescribed, or are necessary or convenient to be prescribed for giving effect to the purposes of this Act including regulations prescribing —

(a) forms, notices or other documents, and particulars to be given in any such forms, notices or other documents;

(b) the form or the manner in which data shall be requested by, and provided to the Director in furtherance of the duty to collect and compile health statistics under Part 7;

(c) the handling of food;

(d) the manner in which verbal notice is given and evidenced; and

(e) fees for any services provided under this Act.

(2) Notwithstanding the generality of subsection (1), the Cabinet may make regulations providing for —

(a) the prevention and control of infections in educational institutions, workplaces, health care settings and other community settings;

(b) the safeguarding of individuals from the risk of—

(i) exposure to; or

(ii) being made susceptible to infections, including health care associated infections;

(c) an administrative fines system to apply to offences under this Act as are determined by the Cabinet and specified in the regulations; and

(d) all matters that are necessary to be prescribed for giving effect to an administrative fines system.

(3) Regulations made under this Act may create an offence punishable by a fine of ten thousand dollars and imprisonment of six months.

Inaccuracies in notices

30. Any notice served under this Act which contains an inaccuracy shall not be invalidated by virtue of that inaccuracy unless it is established that the inaccuracy was—

(a) material; or

(b) misleading in respect of procedure.

Liability of parents and guardians

31. A parent or guardian of a child who is the subject of a notice or order under this Act who fails, without good cause, to take reasonable steps to ensure that the child acts in accordance with the requirements of the notice or order, commits an offence and is liable on summary conviction to imprisonment for six months, or a fine of one thousand dollars, or both.

Immunity

32. A public officer is not personally liable in civil proceedings for any act, or failure to act, in the performance, or the purported performance, of the public officer's duties under this Act, unless it is shown that the act, or failure to act, was done in bad faith.

Judicial review

33 . Nothing in this Act shall inhibit a person's right to seek relief from a court by way of judicial review of any act or failure to act by a public officer under this Act.

Repeal

34. The *Public Health Act (2026 Revision)* is repealed.

Savings and transitional provisions

35. (1) Regulations made under the repealed Act that are in force immediately before the commencement of the Public Health Act, 2026 shall have effect until expressly repealed by an Act or by regulations made under this Act.

(2) Proceedings commenced under the repealed Act that are not determined on the day immediately preceding the commencement of the Public Health Act, 2026 shall be determined as if the Public Health Act, 2026 had not come into force.

Passed by the Parliament the day of , 2026.

Speaker

Clerk of the Parliament