

THE STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

CIVIL CONTINGENCIES AUTHORITY

**EXIT FROM LOCKDOWN – A FRAMEWORK FOR LIFTING THE COVID-19 RESTRICTIONS
IN THE BAILIWICK OF GUERNSEY**

The States are asked to decide:-

Whether, after consideration of Exit from Lockdown - a framework for lifting the COVID-19 restrictions in the Bailiwick of Guernsey policy letter dated 10th August 2020 they are of the opinion:-

1. To note the latest version of the paper entitled, “Exit from Lockdown- a framework for lifting the COVID-19 restrictions in the Bailiwick of Guernsey”, dated 10th August 2020.

The above Propositions have been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications in accordance with Rule 4(1) of the Rules of Procedure of the States of Deliberation and their Committees.

CIVIL CONTINGENCIES AUTHORITY

EXIT FROM LOCKDOWN – A FRAMEWORK FOR LIFTING THE COVID-19 RESTRICTIONS IN THE BAILIWICK OF GUERNSEY

The Presiding Officer
States of Guernsey
Royal Court House
St Peter Port
Guernsey

10th August 2020

Dear Sir

1. Executive Summary

- 1.1 At its meeting held on 22nd May 2020, following consideration of P.202/93 – Dates of States’ Meetings – 1st September 2020 to 31st August 2021, the States of Deliberation approved the following amendment from Deputy Dorey,

“1B. To agree that a States Meeting shall be convened on Wednesday 19th August, 2020 for the purpose of considering a Proposition to note the contents of the latest version of the document entitled "Exit from Lockdown – a framework for lifting the COVID-19 restrictions in the Bailiwick of Guernsey", and to direct the Civil Contingencies Authority to submit such a proposition to the Greffe, together with a Policy Letter designed to enable the States to debate the same at the Meeting.”

- 1.2 The latest version, version 6, of the “Exit from Lockdown – a framework for lifting the COVID-19 restrictions in the Bailiwick of Guernsey” (appended to this policy letter) has been approved by the Civil Contingencies Authority.
- 1.3 This short policy letter seeks to discharge extant Resolution 1B of P.2020/93 – Dates of States’ Meetings – 1st September 2020 to 31st August 2020.

2. Recommendation

- 2.1 The Civil Contingencies Authority asks the States of Deliberation to note the paper entitled, “Exit from Lockdown – a framework for lifting the COVID-19 restrictions in the Bailiwick of Guernsey”.

3. Compliance with Rule 4

- 3.1 Rule 4 of the Rules of Procedure of the States of Deliberation and their Committees sets out the information which must be included in, or appended to, motions laid before the States.
- 3.2 In accordance with Rule 4(1), the Propositions have been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications.

Yours faithfully

G A St Pier
Chairman

M M Lowe
B L Brehaut
H J R Soulsby
Permanent Members

J Dent
Conseiller J Guille
Temporary Members



Civil Contingencies
Authority

Exit from Lockdown - A framework for lifting the COVID-19 restrictions in the Bailiwick of Guernsey

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Please contact COVID-19 enquiries on tel: 01481 717118 or email:
covid19enquiries@gov.gg if you need more information or would like to
provide your feedback.

Foreword

The Civil Contingencies Authority is pleased to present this revised version of the exit framework. This is the 6th version of the plan since the publication of the first transition plan on 5th April 2020 setting out the gradual easing of restrictions in the Bailiwick of Guernsey, which have been in place in response to the COVID-19 (Coronavirus) pandemic. It describes the transitional measures taken to restore business activity and to allow the community to take part in a greater breadth of social, cultural and recreational activities on a phased basis. Central to this work is the need to protect Bailiwick residents from infection with SARS-CoV-2, the virus that causes COVID-19. The practical implementation of this framework will continue to rest with the Civil Contingencies Authority and informed by the Bailiwick's experiences.

The first case of COVID-19 was diagnosed on 9th March 2020 in an individual who had recently returned to Guernsey from Tenerife. Initial cases seen in Guernsey were mostly travel-related or identified among close contacts of known cases following contact tracing. The Bailiwick risk profile increased with the identification of the first case of infection where transmission was from an unidentified community source of the virus. This led to the Bailiwick going into full lockdown on the 25th March 2020.

The efficacy of this full lockdown, with the implementation of stringent non-pharmaceutical interventions (NPIs) and promotion of a hygiene message, is demonstrated by a 'flattening of the curve' (see pages 20 and 33).¹ The number of infections reduced, something that would not have occurred without the measures put in place to prevent transmission of this virus in our community.

With the implementation of comprehensive border controls, there was a dramatic reduction of travel-associated cases in the Bailiwick. The last travel-associated case became symptomatic on the 5th April, 10 days after lockdown was implemented, which is within the known incubation period (2–14 days) for this virus and Guernsey has now been virus free for 100 days (as of the 8th August 2020).

This exit framework includes reference to a number of public health indicators, known as 'triggers', to inform the decisions that will be taken at each stage. The 'release' triggers provide an indication of the risk to the community of COVID-19 and whether or not it is possible to move forward to the next phase of lockdown on an incremental basis. The adaptive 'reversal' triggers describe those indicators that will be used by Public Health Services to inform the advice given to the Civil Contingencies Authority as to whether further efforts should be taken to contain the virus. Containment efforts may require a step back to an earlier phase. If the evidence is compelling to do so, it may be necessary to roll back through a number of phases to mitigate against the presenting public health risk.

¹ Non pharmaceutical interventions (NPIs) include public health interventions such as social distancing, border closure, school closure, and working from home in order to limit physical contact with others as well as hygiene messages such as hand washing

The time spent in each phase is informed by the release triggers, but the phases may be longer or shorter than indicated in this framework depending on the evidence presenting at that stage. Encouragingly, as the evidence became more favourable, we were able to progress through the phases more rapidly to Phase 5.

This document reflects the need to ensure that the decisions made by the Civil Contingencies Authority are proportionate and fully comply with the requirements set out in sections 12 and 13 of the Civil Contingencies (Bailiwick of Guernsey), Law, 2012 (“the Law”), and balance the risks posed by COVID-19 with the broader health and well-being of islanders. This includes economic wellbeing and the desire to resume business activity - as far as is safe to do so - as soon as possible. Similarly, it is acknowledged that for the benefit of our mental health and general wellbeing, we must take steps towards greater social connectivity, albeit in a measured way.

With this in mind, this framework describes how, in the different phases, we have been able to expand our ‘bubbles’. By this we mean expanding our household contacts on a gradual basis, by initially inviting one other household to share our household bubble, to allow us to spend time with some of our family or friends. By Phase 3 we were able to spend time with up to four households, with a subsequent move away from household bubbles in Phase 4 and we then reached a Bailiwick-wide bubble in Phase 5.

The implementation of Phase 5 of the Exit Strategy on the 20th June 2020 saw the removal of all internal non-pharmaceutical interventions (“NPIs”) in the Bailiwick, with the exception of a compulsory 14 day period of self-isolation after travel into the Bailiwick. Initial considerations included the possibility that, if undetected cases remain in the community, this removal of all internal NPIs may spur new cases through increased person-to-person contact. As of the 8th August, this has not occurred with no new cases of COVID-19 being diagnosed in Phase 5.

This framework takes account of the needs of the Bailiwick and uses local data to guide decision-making to inform our progression out of lockdown. We continue to learn as new public health evidence emerges and have incorporated this learning in both our decision making and our communication with the community. This knowledge is embedded in this document as we develop the detail of the later phases and, as a result, this document was reviewed and revised on the 7th August 2020 to map the incremental progression through Phase 5 and to Phase 6 in more detail. We will continue to focus on ensuring that the approach is proportionate to the public health risks. There has also been consideration of the specific needs of the communities in Alderney, Sark or Herm and these will be further developed as events unfold.

We recognise that islanders will also have questions about when it will be possible to travel outside of the Bailiwick more freely, including without restrictions on return to the Bailiwick, for business or pleasure and therefore this updated version includes consideration of reduced isolation requirements, augmented by post-travel testing for the virus that causes COVID-19, as we progress through Phase 5 to Phase 6. This is a variation on the compulsory 14 days self-isolation that has been in place since the 18th March 2020 for all individuals entering the Bailiwick.

The Civil Contingencies Authority considers that travel restrictions remain of vital importance in managing our response to the risk of COVID-19 as we exit from lockdown safely. Whilst it is yet to reach a decision on how transition through Phase 5 and into Phase 6 will be managed to mitigate the possibility of a re-introduction of infection from outside of the Bailiwick, it is important to acknowledge this risk.

The Civil Contingencies Authority's decision to reinstate Group A and B countries, as used before the lockdown, and the introduction of Group C countries, enables us to target different levels of restrictions for travellers from countries with different risk profiles. For example, people who have travelled through a Group A country are considered to be at a higher risk of infection, so will need to self-isolate for 14 days and will not be eligible for a reduction in the time spent in self-isolation. In contrast, people travelling from a Group B country will be eligible for a reduced period of self-isolation supplemented by post-arrival testing. Travellers arriving from a Group C country are considered to be at a very low risk of infection and will be eligible to travel with no self-isolation or testing requirements through an air or sea-bridge.

The Civil Contingencies Authority acknowledges that there may be a need for the Bailiwick to consider the re-introduction of some of the measures which formed part of the earlier Phases of our exit from lockdown. The reappearance of new positive cases of COVID-19 virus remains a real risk. Should it be necessary to return to an earlier Phase, the measures may look slightly different as the Civil Contingencies Authority will, with advice from the Director of Public Health, consider what measures are, at such time, necessary and proportionate under the Law to control or mitigate the effects of any resurgence of the COVID-19 virus in the Bailiwick.

This document is unlikely to provide answers to all of the questions regarding the impact of the COVID-19 pandemic on our community over the forthcoming weeks and months. We have taken on board many of the enquiries that have been received and included this information where possible.

Recent months have been challenging for us all, but everyone has worked together to make a difference to help tackle the virus by staying at home and going above and beyond to support each other as a community. It is precisely because of this community response that we have been able, so far, to progress through the planned phases more rapidly and as a result enjoy movement with the "Bailiwick Bubble" without restrictions. Thank you.

G A St Pier
Chairman

M M Lowe
B L Brehaut
H J R Soulsby
Permanent Members

J Dent (Alderney Member)
Conseiller J Guille (Sark Member)
Temporary Members

Lifting the Lockdown Restrictions: Strategic Aims and Broad Principles

As the Bailiwick moved into and through lockdown into Phase 5 and is now progressing through Phase 5, the Civil Contingencies Authority has made various emergency regulation under the provisions of the Civil Contingencies (Bailiwick of Guernsey) Law, 2012 to prevent, control and mitigate the impact and effects of the COVID-19 pandemic on the community. As we moved through Phases 2, 3 and 4 of the Exit from Lockdown Framework, the strategic aims for this phased transition rested with the Committee *for* Health & Social Care through Directions made under the emergency regulations.

Aligned with this purpose, the strategic aims of this exit framework are to:

1. Mitigate and minimise the impact of COVID-19 on the community;
2. Protect and preserve life;
3. Minimise the economic, social and environmental impacts;
4. Promote the restoration to normality as soon as possible.

It therefore follows that the restoration of business, social, cultural and recreational activity to the population of the Bailiwick has been, and must be, considered alongside the need to protect islanders from infection with the virus that causes COVID-19. As we progress, the need to ensure proportionality, and to align with the wider health and wellbeing needs of islanders with efforts to prevent the transmission of a new virus in the community, is recognised.

Activating each of the phases set out in this exit framework is dependent on modelling the impact of the virus (number of cases, hospital admissions, etc.) and continued alignment with the strategic aims (above) and broad principles of the transition from lockdown.

The broad principles are:

1. To support physical, social and mental wellbeing;
2. To act on the advice of Public Health Services;
3. To support the overall exit strategy;
4. To align social, cultural and recreational activities with phased lifting of economic restrictions;
5. To maintain public confidence.

Background

The initial control of the spread of SARS-CoV-2, the virus that causes COVID-19, (“COVID-19”) in the Bailiwick of Guernsey (“the Bailiwick”) focused on contact tracing and promoting good hygienic practices through hand washing and ‘Catch it, Bin it, Kill it’ campaigns. This was augmented with a public awareness campaign highlighting the symptoms associated with COVID-19. Case identification followed by a programme of tracing the close contacts of positive cases who are then isolated, monitored and, if necessary, tested to interrupt the cycle of onward transmission from index cases is important part of the approach.²

The containment efforts focused on stopping transmission completely in an effort to prevent any community transmission of COVID-19. This was followed by the introduction of a wider range of control and public engagement measures including limiting travel; further improvement of public awareness through the media; press conferences; a telephone helpline and dedicated website, together with the introduction of on-island testing on Guernsey which serves the whole of the Bailiwick. The latter allowed for wider and timelier identification, as well as retesting of cases of COVID-19 in the Bailiwick to confirm recovery. This was augmented by the implementation of stringent non-pharmaceutical interventions (NPIs).

The reality, as we progress through lockdown release, was that the combined effect of the measures implemented locally exceeded expectations. Our success has meant that we have been able to modify our adaptive triggers and progress more rapidly from Phase 1 to Phase 5. Community transmission was eliminated through an effective ‘Test, Track and Trace’ system and there was a dramatic reduction of travel-associated cases in the Bailiwick. The last travel-associated case become symptomatic on the 5th April, 10 days after lockdown was implemented, which is within the known incubation period (2–14 days) for this virus.

The implementation of Phase 5 of the Exit Strategy on the 20th June 2020 saw the removal of all internal NPIs in the Bailiwick, with the exception of a compulsory 14 day period of self-isolation after travel into the Bailiwick. Initial considerations included the possibility that, if undetected cases remain in the community, this removal of all internal NPIs may spur new cases through increased person-to-person contact. As of the 6th August, this has not occurred with no new cases of COVID-19 being diagnosed in Phase 5.

Despite our achievements, the likely consequence of the further relaxing current measures as we progress toward Phase 6 is that we will see new imported cases in the Bailiwick. Appropriate steps need to be in place to prevent, as far is possible, the onward transmission of infection from these imported cases of COVID-19. Looking at other jurisdictions can provide us with useful information, but any local framework must take into account the Bailiwick-specific needs and demographics.

² Index cases are the first identified cases which transmit disease to others, known as contacts.

Lockdown

Through successive emergency regulations made by the Civil Contingencies Authority and underlying Directions made by the Committee for Health & Social Care, the States of Guernsey has taken steps to slow the spread of COVID-19, most notably through a 'lockdown' effective across the Bailiwick. The Bailiwick went into lockdown on the 25th March 2020 at 00.01 hours.

The word 'lockdown' is not a single intervention but has different meaning for different countries. For the Bailiwick, lockdown has meant:

- Requiring people to stay at home, except for very limited purposes;
- Closing non-essential shops and community spaces;
- Stopping all gatherings of more than two people in public, except for those who live alone who were permitted to meet up with one other household;
- The enhancement of social distancing and enhanced hygiene measures.

The main triggers for the Bailiwick to move into lockdown were:

- The identification of community seeding in a case where there had been no recent travel and no contact with a known case of COVID-19;
- Questions over the long-term availability of direct viral detection through Polymerase Chain Reaction (PCR) testing at UK laboratories, as England moved to testing hospital patients only;
- Questions regarding the volume of tests that were available to the islands and the swab-to-result delay when tests were performed off-island;
- Reports from Primary Care that GPs were seeing patients with cough and fever in the community in higher-than-typical numbers for the time of year during the week preceding the 25th March 2020.

Table 1: Results from 24th March 2020 immediately preceding lockdown

Number of samples taken	Negative results	Positive results	Awaiting results
398	286	23	89

The lockdown in its initial Phases saw a general prohibition on entering and remaining on the following premises:

- Licensed premises;
- Cinemas and theatres;
- Restaurants, cafes, takeaways and kiosks;
- Retail outlets, other than essential retail outlets;
- Libraries;
- Community and youth centres;
- Indoor and outdoor leisure facilities;

- Community places within parks;
- Places of worship;
- Hotels, guest houses, any other premises used for the purpose of the provision of sleeping accommodation, board, lodging or board and lodging for reward and campsites.

Subject to minor exemptions relating to the management of the premises and essential workers, there was also a general prohibition on events, gathering and meetings of more than two persons unless:

- Specifically authorised;
- Consisting of members of the same household;
- Relating to shopping for basic necessities, daily exercise, attending a medical or dental appointment, visiting a pharmacy, caring or helping for a vulnerable person; or
- Relating to essential workers and their customers or patients.

Each set of Directions was made with the clear objective of taking a proportionate approach, based on balancing the public health needs of the community with the rights and needs of those living and working in our community. This meant that exceptions and exemptions were made to enable flexibility for individuals, families, service providers and employers who had a specific and clear need.

The Directions set by the Committee *for* Health & Social Care were kept under constant review to ensure that they remained in line with the authority contained in Regulations made by the Civil Contingencies Authority and were proportionate, equitable, and supportive of the health and wellbeing of islanders. By reflecting on the evolving public health evidence, the feedback of senior States of Guernsey staff on the Strategic Co-ordinating Group and comments and observations from businesses and the public, the Directions (and associated Authorisations) have gradually evolved. This ensured that despite the unprecedented circumstances, restrictions only remained in place for as long as there was a demonstrable Public Health need which could not be addressed in a less restrictive manner. Consultation has also taken place with Alderney and Sark representatives, supported by regular operational meetings, to ensure that consideration has been given to all Bailiwick islands.

In general terms, the community has responded very well to the circumstances of lockdown, though we are mindful of the social and economic disruption that it has caused for many, which can affect mental health and wellbeing.

Understanding the Bailiwick's unique situation has meant it has been possible to shape the proposals over time. From the initial stages in March where emergency home repairs were permitted in case of weather damage to May when the sale of children's clothes was permitted recognising the change in season, steps have been taken to directly respond to the concerns of islanders. Importantly, the Framework has not operated in isolation. Dedicated States of Guernsey teams have been in place since the restrictions came into force to answer questions from the public and industry and explore how the restrictions practically impacted on different business types and ensure consistency of advice. By understanding the practical realities of different businesses, we

have been able to supplement Directions by extensive Guidance, ensuring that any requirements are proportionate to the risks presented.

As an island, maintaining control of our borders and ensuring social isolation on arriving in the Bailiwick remains a critical part of the public health strategy. However, as a jurisdiction, we cannot, and have not, sealed ourselves off completely from the world. This is why the Civil Contingencies Authority, with advice from the Director of Public Health has been able to agree certain legal variations when considering whether to require individuals or certain groups of persons entering the Bailiwick to self-isolate. This has included the variations for those wishing to travel to the Bailiwick to undertake critical roles to, subject to a number of strict conditions, to be able to start work without being subject to the full requirements of self-isolation. These alternative restrictions on the individuals' movement have been able to be applied in order that the public health risks can be mitigated while enabling crucial work to be undertaken. In addition, there Civil Contingencies Authority has also made provision for the Director of Public Health to grant an individual a variation to the self-isolation requirement where appropriate on clinical or compassionate grounds.

Between 25th March and 19th June 2020, the Committee has made eleven separate Directions, and a summary of these is set out in Table 2.

Table 2: Directions made by the Committee for Health & Social Care

Direction	Timing	Content
Direction 1	25 th March 2020–29 th March 2020	Full lockdown — broad restrictions to facilitate a full lockdown but enabling essential work to continue and for those premises which were closed to be maintained and secured. Restrictions on gatherings of over two people. Clarity through an Authorisation regarding essential home maintenance.
Direction 2	29 th March 2020–7 th April	Amendments to the definitions of essential worker and clarity through new Authorisations issued regarding vehicle maintenance for essential workers.
Direction 3	8 th April–18 th April	Phase 1 — Permitted home delivery in limited cases subject to specific conditions. Clarity through new Authorisations issued regarding Members of the States using Sir Charles Frossard House for the purposes of attending remote meetings of the States of Deliberation and permitting individual workers and workers working in pairs outside in Sark.
Direction 4	19 th April–24 th April	Expanded home delivery permitted to include non-essential retail.

Direction 5	25 th April–8 th May	Phase 2 — Enabled some businesses to resume trading subject to satisfying a notification requirement and observing a number of measures (including in particular social distancing) intended to inhibit the spread of the virus. Clarity through authorisations allowing expanded household bubbles and the operation of outdoor leisure facilities.
Direction 6	9 th May–15 th May	Increased permitted recreational time from 2 hours to 4 hours.
Direction 7	16 th May–29 th May	Phase 3 — Enabled some limited non-essential retail activity to take place in Phase 3; eased some of the earlier restrictions for the operation of other workplaces; allowed takeaway services to operate and provided for further expansion of the household bubble to 4 households in total.
Direction 8	18 th May–29 th May (in force concurrently with Direction 7)	Minor technical drafting points.
Direction 9	30 th May–12 th June	Entry into Phase 4 — Broad reopening of most Bailiwick businesses with a distinction made between ‘controlled’ and ‘uncontrolled’ environments and gatherings of 30 people permitted (with larger gatherings permitted through exemptions including for weddings and funerals).
Direction 10	5 th June – 13 th June	Phase 4 – replicated Direction 9 but extended licensed premises opening hours to 2330
Direction 11	14 th June – 19 th June	Phase 4 – as per Direction 10 On expiration of Direction 11, the Bailiwick entered Phase 5a

Since first publishing the Exit framework on 5th April 2020, it has been stressed that it is a living document. The timings set out in the document have therefore always been indicative, and where the evidence has shown it has been possible to move at a faster pace, while still protecting the health of the islanders, this has occurred.

Exit from Lockdown: Considerations

1. Non-Pharmaceutical Interventions (NPIs) to prevent the spread of COVID-19

As part of considering the exit from lockdown, the role of NPIs and their use in the Bailiwick have been assessed.

NPIs applied so far have included school closures, remote working and quarantine. It is worth noting that estimates of the effect of NPIs on reducing transmissions of SARS-CoV-2 are approximate and the combined effect of multiple measures implemented together are not robustly quantified. Internationally NPIs have generally been scaled up over time in response to the magnitude of the outbreak in each respective country. While the precise effect of each intervention can only be estimated these measures have been shown to be effective at reducing the transmission of pandemic influenza and we implemented them on the assumption that they would also be applicable to COVID-19.³

Globally a wide range of NPIs have been implemented. Information from the UK Government published on 16th March 2020 considered the categories of NPIs illustrated in Table 3.

Table 3: Categories of Non-Pharmaceutical Interventions (NPIs)⁴

Intervention	UK Description	Bailiwick of Guernsey equivalent
Case isolation in the home	Symptomatic cases stay home for 7 days from symptom onset, modified to 10 days on 30 th July 2020.	Compulsory self-isolation of 14 days or until asymptomatic (other than persistent chronic cough) for cases positive on PCR; negative test required to release.
Home quarantine / self-isolation	Following identification of symptomatic case in household, all household members remain at home for 7 days.	Mandatory self-isolation for household contacts of confirmed positive cases for 14 days; testing for symptomatic contacts of cases.
Social distancing of those aged >65	Personal and physical interactions reduced.	Social distancing advice.
Social distancing of entire population	Personal and physical interactions reduced.	Social distancing advice.
Closure of schools and Universities	Closure of all schools and majority of universities.	Closure of schools and pre-school care settings.

Additional NPIs not included in the ICL paper include:

- Personal protective measures such as hand hygiene;
- Environmental measures such as disinfection and ventilation; and

³ Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

⁴ Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

- Travel related measures such as travel restrictions.⁵

A review of the scope and timing of NPIs, their description and when they were introduced into the Bailiwick is outlined in Table 4.

Prior to going into lockdown, the Bailiwick classified countries as Group A and B countries on the 25th February 2020 with self-isolation requirements on entry into the Bailiwick dependent on the country of origin.

As the Bailiwick progresses out of lockdown, the planned reinstatement of Group A and B countries, and the introduction of Group C countries, will enable us to target different levels of restrictions at travellers from countries with different risk profiles. So, as part of progression through Phase 5 the following is planned:

- People who have travelled through a Group A country will need to self-isolate for 14 days and will not be eligible for a reduction in the time spent in self-isolation;
- People travelling from a Group B country will be eligible for reduced self-isolation, supplemented by a testing protocol after arrival, depending on the current border policy;
- People who have travelled from a Group C country will be eligible to travel with no self-isolation or testing requirements.

Table 4: Non-Pharmaceutical Measures in place in the Bailiwick

Measure	Description	Date
Border restrictions	Measures to restrict travel from outside into the Bailiwick.	6 th February 2020: Compulsory self-isolation for people returning from defined affected areas.
	Avoiding crowding in airports and other transport hubs.	25 th February 2020: Countries defined as Group A and B countries with compulsory self-isolation for 14 days for all travellers returning from Group A countries and self-isolation from Group B countries if symptoms develop.
	Compulsory self-isolation of returning travellers.	18 th March 2020: Travel restrictions for all but essential travellers and returning citizens.
		18 th March 2020: Compulsory self-isolation for all people returning to the Bailiwick, irrespective of country of origin.
		17 th August 2020: Reinstatement of Group A and B countries with modified self-isolation

⁵ Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

		and testing requirements. Introduction of Group C countries with no self-isolation or testing requirements.
Isolation / Quarantine	Separation of persons with a contagious disease from susceptible persons with the declaration of SARS-CoV-2 as a notifiable agent and COVID-19 as a notifiable disease.	18 th February 2020: COVID-19 made a notifiable disease and SARS-CoV-2 a notifiable agent. 18 th February 2020: Compulsory self-isolation of all cases and contacts of COVID-19.
Contact tracing	Robust and thorough contact tracing of those likely to have been exposed to infection from known cases; testing of symptomatic contacts of cases	From first confirmed case on 9 th March 2020
Schools	Enhanced social distancing measures Closures of schools and pre-school settings across the Bailiwick	10 th March 2020: Enhanced social distancing measures introduced into schools 16 th March 2020: School closures
Crowding	Measures to avoid crowded places, for example banning large gatherings or only associating with members from your own household	13 th March: Social distancing advice (2 metres) introduced 20 th March 2020: All licenced premises closed 25 th March 2020: All gatherings of more than two people in public stopped 25 th March 2020 People asked to stay at home, except for very limited purposes 26 th March 2020: Guidance issued on shielding the most vulnerable in the population for 12 weeks
Workplace closures and remote working measures	Closures of workplaces with advice to work remotely where possible	25 th March 2020: Closure of all but essential workplaces 7 th April 2020: Lockdown extended but relaxation of non-essential deliveries under strict guidance

Local measures, as outlined above, were implemented quickly with a focus on emerging evidence. The key aim of these interventions was to reduce the effective reproduction number, R_0 (the

average number of new infections resulting from each positive case), with a view to bringing the pandemic under control.⁶

The optimal duration and combination of NPIs remains unclear. Studies from pandemic influenza have also shown that the timing and duration of interventions will impact on effectiveness. For example, with influenza there are restricted benefits to time-limited interventions, with a potential reduction in mortality by up to 30% being eroded if the control was applied too late or lifted too early.⁷

Early information on the efficacy of travel bans on imported cases of COVID-19 are beginning to emerge. A recent study in Australia quantified impact of its travel restrictions and travel ban of travellers from mainland China to have reduced imported cases by 79% over 4 weeks.⁸ However, as travel bans and other NPIs are modified, rates of infections may increase. For example, an increasing trend has been observed in the 14-day COVID-19 case notification rate involving Austria, Belgium, Czech Republic, France, Luxembourg, Netherlands, Poland, Romania and Spain.⁹

In the Bailiwick, the proportion of positive cases which were imported by returning travellers substantially reduced after travel advisories and restrictions came into force (see Figure 5). These restrictions remain of vital importance to protect the community from further importation of infection. Any modification must therefore be very carefully considered.

2. The Over 65s and Vulnerable Groups

With the implementation of strict new measures coming into force in the Bailiwick from Wednesday 25th March 2020, it was recommended that anyone over 65 or who had an underlying medical condition did not leave their house unless it was essential. This was to protect not only the person themselves, but also other members of the community. Examples of underlying medical conditions that put people at a higher risk include solid organ transplant recipients and people with specific cancers.

The impact that lockdown has had on the broader physical and mental wellbeing of all islanders has been recognised and so as the Bailiwick progresses out of lockdown we have worked with the community to look at how we can minimise risks to these groups. Importantly as the Bailiwick has transitioned through the Phases, we have been able to provide advice on how older islanders and those with many underlying health conditions can mitigate risks as far as possible. With the progression to Phase 3 some social distancing measures were relaxed, for example with the formation of household 'bubbles'. Over 65s and those with chronic health conditions were advised that they could join 'household bubbles' as long as they had not been advised differently by a

⁶ DOI: <https://doi.org/10.25561/77731>. [Accessed 10 April 2020].

⁷ Bootsma, M. and Ferguson, N., 2007. The effect of public health measures on the 1918 influenza pandemic in U.S. cities. *Proceedings of the National Academy of Sciences*, 104(18), pp.7588-7593.

⁸ Anzai, A., Kobayashi, T., Linton, N., Kinoshita, R., Hayashi, K., Suzuki, A., Yang, Y., Jung, S., Miyama, T., Akhmetzhanov, A. and Nishiura, H., 2020. Assessing the Impact of Reduced Travel on Exportation Dynamics of Novel Coronavirus Infection (COVID-19). *Journal of Clinical Medicine*, 9(2), p.601.

⁹ <https://www.ecdc.europa.eu/en/covid-19/country-overviews>. [Accessed 05 August 2020].

healthcare professional. Now in Phase 5, with the exception of those islanders with serious medical conditions still shielding on medical advice, it is simply recommended that older islanders exercise common sense in their social interactions and, in line with the wider community, adopt good hand hygiene.

Critical as the Bailiwick eases out of lockdown is a consideration of how Care Home residents and staff are protected against COVID-19. Care Home residents are particularly vulnerable to the serious consequences of infection and there will be a continued focus on providing testing and support for this sector, as required.

3. Wider Considerations

When considering the implementation of control measures, it is important to strike a balance between early application to reduce the peak of the epidemic, whilst ensuring that they can be feasibly maintained for an appropriate duration. This was considered carefully with each control measure that was put into place in the Bailiwick.

Globally it is estimated that the number of infections is under-reported. This has been due to limited testing resources and a focus on testing in hospital settings in the early days rather than in the community. The Bailiwick, by contrast, moved early to acquire the equipment required to perform testing locally and has had sustained and expanded community testing since the earliest opportunity. This allowed for the introduction of local testing from the 28th March 2020, with a subsequent expansion of the testing programme. The focus has always been on a community-based 'Test, Track and Trace' programme.

Linked to this is the possible role of asymptomatic and pre-symptomatic people in sustaining community infection. Based on data from Japanese evacuees from Wuhan, the estimated proportion of all cases who were asymptomatic is 30.8% [95% CI 7.7%–53.8%].¹⁰ For this reason Public Health Services in the Bailiwick chose to trace the contacts of a known case back into the pre-symptomatic stage, thereby enhancing the early detection of further cases.

The lag time between becoming infected, developing symptoms, and progressing to severe symptoms also needs to be considered. The mean incubation period for COVID-19 is believed to be 4–5 days (range 2–14 days) and it is estimated that it would take five days from the onset of symptoms to the point of hospitalisation for those cases where severe disease will develop.¹¹ Acting promptly when indicators suggest imminent community spread may be beneficial in controlling the

¹⁰ National University of Singapore, 2020. *COVID-19 Science Report: Lockdowns*. COVID-19 Science Report. [online] Saw Swee Hock School of Public Health. Available at: <https://sph.nus.edu.sg/wp-content/uploads/2020/04/COVID-19-Science-Report-Lockdowns-20-Apr_updated.pdf> [Accessed 17 April 2020].

¹¹ UKOT COVID-19 modelling information summary. Released 23/03/20. Email attachment (from PHE Global Public Health UKOT Representative) to Director of Public Health; Imperial College COVID-19 Response Team, 2020. *Report 9: Impact Of Non-Pharmaceutical Interventions (Npis) To Reduce COVID-19 Mortality And Healthcare Demand*. [online] Imperial College COVID-19 Response Team. Available at: <<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>> [Accessed 16 March 2020].

outbreak. Flattening the curve, through NPIs, was therefore also essential to protect our limited healthcare facilities in the Bailiwick.

As of the 8th August 2020 the Bailiwick is on Day 100 of no new cases of COVID-19 and therefore any re-emergence of infection will result from a new introduction from outside of the Bailiwick. Importation of infection into the Bailiwick was apparent in early March 2020 and declined rapidly with the imposition of strict border controls in the latter part of that month.

The need for continued focus across the States of Guernsey on travel restrictions remains; recognising that they remain of vital importance in managing our response to the risk of COVID-19 as we exit from lockdown. The Civil Contingencies Authority continues to review travel restrictions as we progress through Phase 5 of the exit from lockdown. Progression toward Phase 6 might be when a vaccine or effective treatment becomes available. However, it is acknowledged that alternative strategies also need to be explored to allow for progression. Currently under consideration is an evaluation of the risk of infection in a particular jurisdiction, similar to the approach used pre-lockdown. This will be augmented with a programme of testing after entry into the Bailiwick, with modifications in self-isolation.

Preparation is also key with Public Health Services planning for a variety of scenarios. These include the re-emergence of a case, a cluster of cases, a second wave and planning for the winter season. A second wave of infection could put pressure on our healthcare capacity. For this reason, the expanded hospital bed provision, although currently reconverted to 'business as usual', can be rapidly reconverted to allow for a resurgence of COVID-19 cases. However, the prevention and / or control of imported cases of infection, with the risk of onward transmission to Bailiwick residents, is a key component in mitigating against the risks associated with a surge in healthcare requirements.

As we ease out of lockdown, the message for islanders remains to stay at home if they have any of symptoms of COVID-19 and to seek further advice through their GP or the Coronavirus clinical helplines Tel: 01481 756938 or 01481 756969.

Current Analysis of Cases of COVID-19

1. Case numbers and distribution

The first case of infection with SARS-CoV-2 was diagnosed in Guernsey on the 9th March 2020 in a person returning from holiday in Tenerife. The cumulative total of case numbers, as of the 4th August 2020, is illustrated in Figure 1.

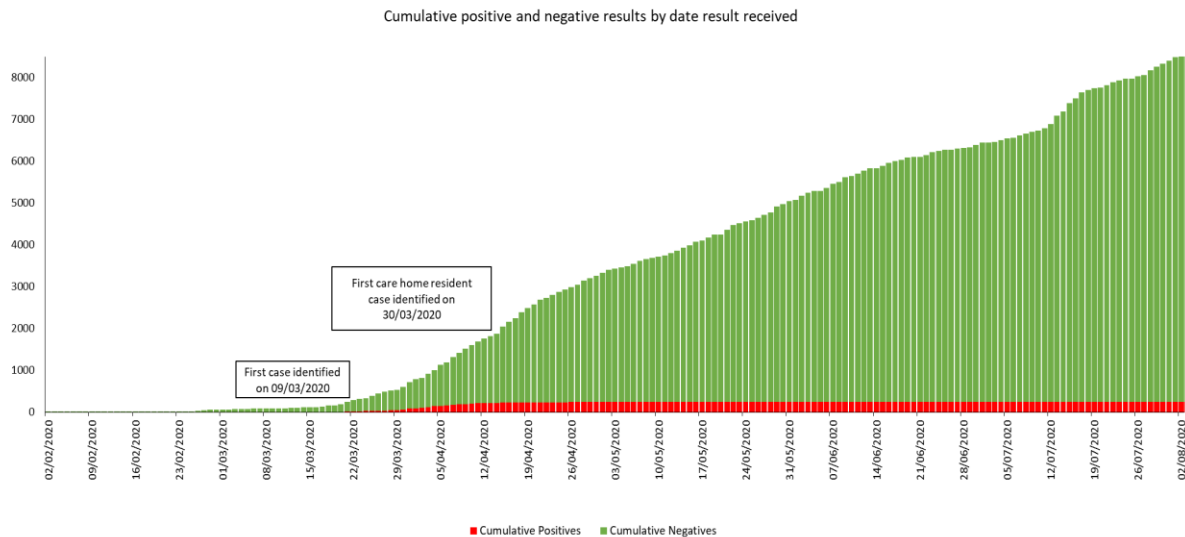


Figure 1: Cumulative positive and negative results by date of sample receipt

The case summary of the 252 cases of COVID-19 is illustrated in Figure 2. Recovery is defined here as having no detectable virus on their nose/throat swab on Day 14, or later if a person is still symptomatic on Day 14. Active cases are the total number of cases minus those who have recovered or are deceased.

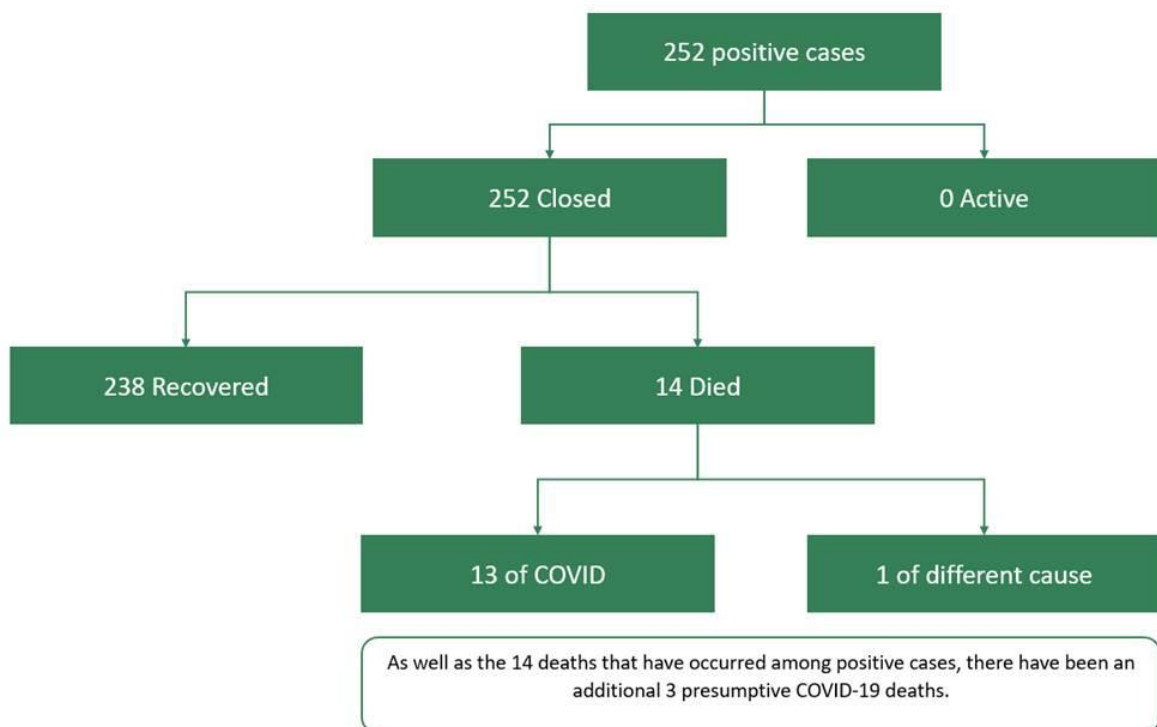


Figure 2: Case Summary

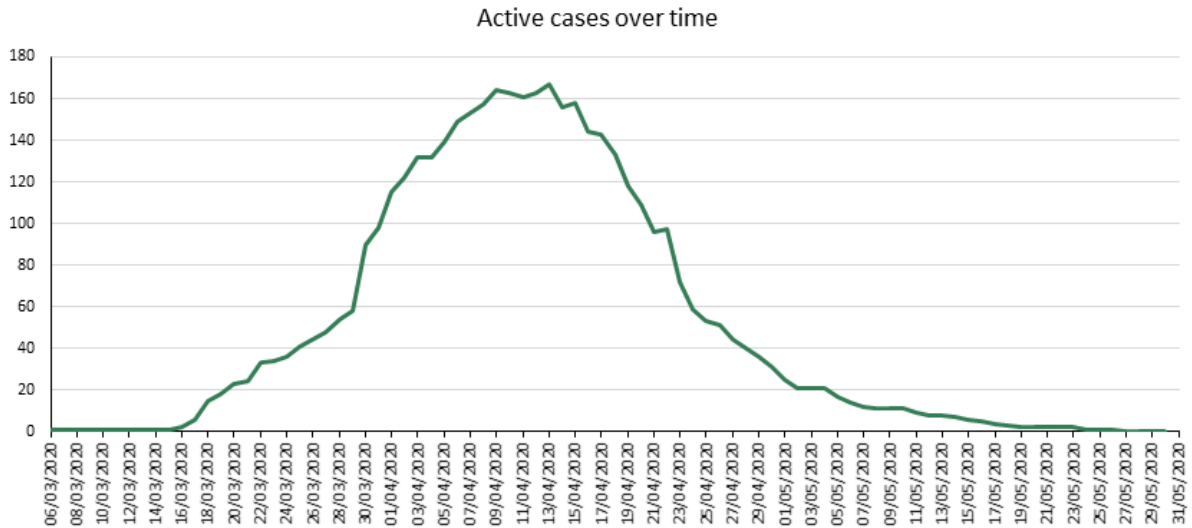


Figure 3: Active cases by Date of Diagnosis

2. Categorisation of cases

Bailiwick cases 1–252 were examined. Five main descriptive categories emerged. These are illustrated below in Figures 4 and 5.

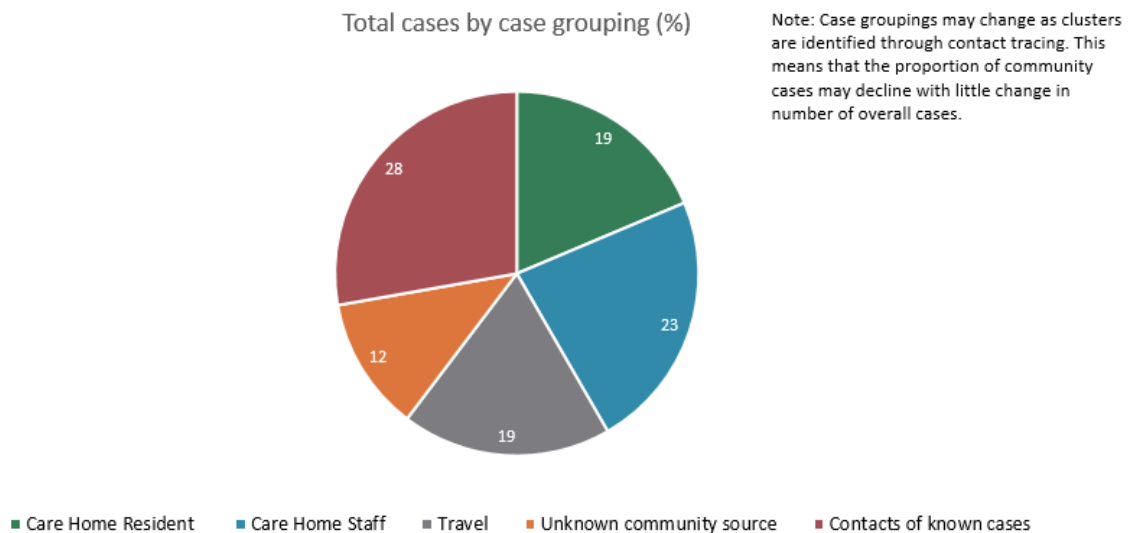


Figure 4: Total Cases by Grouping (%)

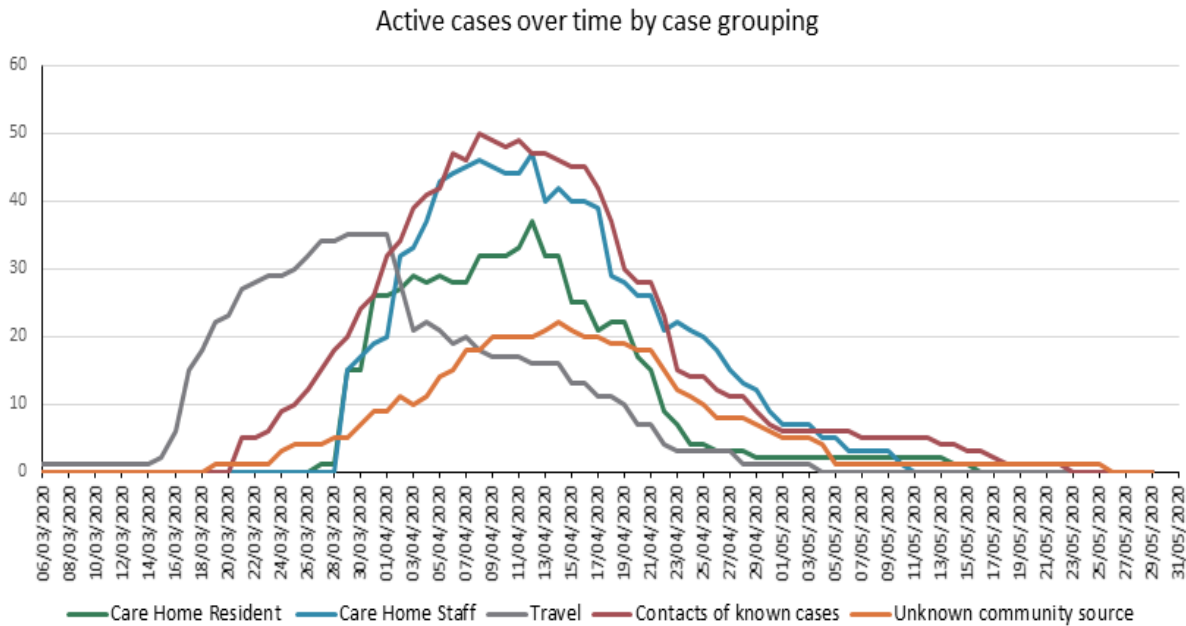


Figure 5: Case Grouping by Date of Diagnosis

Two outbreaks in local nursing and residential homes account for 40% of Bailiwick cases. In both care homes, all staff and residents were tested, irrespective of symptoms. Furthermore, 28% of cases have been identified through our contact-tracing processes, with more infections detected among contacts of confirmed cases over time in line with the increase in total cumulative case count. Cases where there was a history of recent travel were initially high but reduced as travel restrictions and passenger movements declined. The contact tracing processes in the Bailiwick were extremely effective detecting in excess of 95% of cases for every contact.

No positive results have been detected in either Alderney or Sark.

3. Demographics

Analysis of the 252 confirmed cases showed that:

- 63% of cases were among females; 37% among males;
- Infections have been recorded in individuals aged from 0 to 99;
- 96% of infections have been in adults aged 18 and over; 4% have been among children under age 18,

The age and sex profile of cases is shown below in Figure 6.

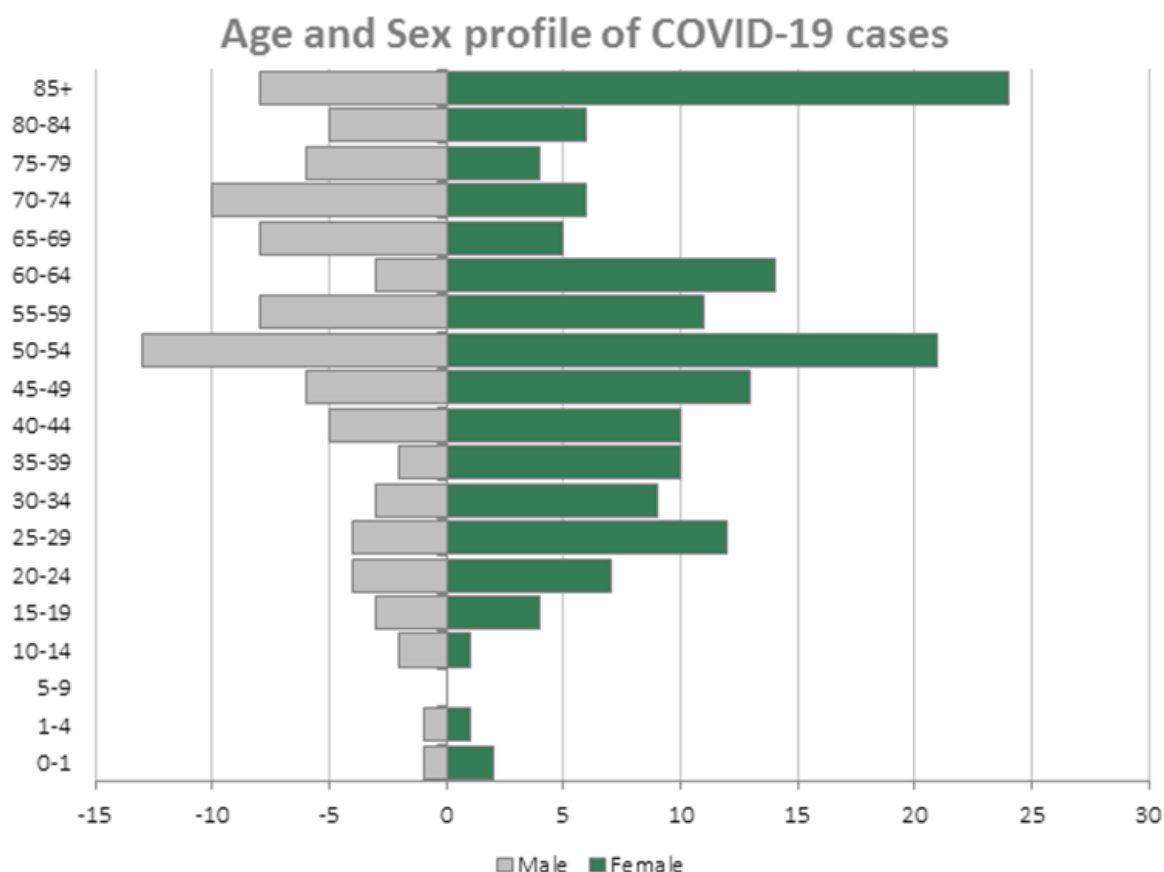


Figure 6: Age-sex distribution of Bailiwick cases 1–247

The sex-skew towards females may reflect the preponderance of elderly females relative to males in the population and a sex bias in occupational roles with more women working in caring roles (e.g. in the care homes where multiple infections were detected among staff).

4. Analysis of symptoms

The initial case definition adopted in the Bailiwick used three symptoms, defined by Public Health England, which focussed on the presence of fever, cough or shortness of breath.

Following an analysis of the symptoms present in the first 150 COVID-19 cases in the Bailiwick, and considering emerging reports of symptomatology in international publications, testing criteria were broadened from the 8th April 2020 to include:

- Fever (rigors, chills, difficulty getting warm, high temperature);
- Muscle ache (fatigue, exhaustion);
- Headache (sinus pain, pain around eyes);
- Loss of smell/taste;
- Cough (usually as a late symptom);
- Sore throat;
- Shortness of breath, chest tightness; and

- Over 80s and 90s – loose stool, mild fever, increased confusion and a person being described as ‘not themselves’, with a cough presenting later.

The case definition was modified to identify more positive COVID-19 cases through testing which, in turn, allowed better control and containment of infections. More recently the skin manifestations of COVID-19 have been included in the symptom list.

5. Mortality

Details of deaths registered in Guernsey from 1st January to the 18th April 2020 were extracted by the Health Intelligence Unit, Public Health Services, on 23rd April 2020.¹² These were examined to determine the impact of the on-going COVID-19 pandemic on local death registrations for deaths from all causes.

The first death from COVID-19 occurred in Guernsey during week 13 and was registered in week 14. Therefore it is weeks 14 to 16 (Table 5, shaded) where one would expect the impact of COVID-19 mortality to have been seen.

Table 5: Death registrations in Guernsey during weeks 1–16 of 2020, with comparison figures from 2010–19

Week number	2020 (all registrations)	2020 (excluding COVID and ‘Possible/Probable’ COVID)	Average registrations in the 10 years 2010–19 (range)
1	6	6	8 (0–14)
2	13	13	13 (7–23)
3	11	11	13 (4–19)
4	9	9	13 (7–23)
5	8	8	13 (7–20)
6	7	7	12 (5–19)
7	12	12	10 (6–15)
8	14	14	13 (6–20)
9	11	11	11 (6–17)
10	11	11	9 (6–21)
11	12	12	9 (4–16)
12	10	10	12 (5–19)
13	9	9	11 (6–14)
14	12	9	12 (7–19)
15	20	13	12 (7–20)
16	8	5	11 (5–18)

Numbers of all-cause deaths during 2020 were close to or lower than the 10-year average for weeks 14 and 16. In week 15, however, the count of registrations (n=20) exceeded the 10-year average

¹² Guernsey Greffe Death Registrations, 2020

and was at the top of the range of values seen in single years between 2010 and 2019. This is likely to reflect excess mortality during 2020 due to COVID-19.

To examine whether we were seeing excess mortality from other causes as secondary, indirect effects of the COVID-19 pandemic (e.g. due to reduced access to timely medical care for other conditions), death registrations relating to COVID-19 or possible COVID-19 were removed and the remaining registration count examined. With COVID-19 deaths removed registration counts were found to be in line with, or lower than, average weekly registration counts for the previous ten years. This suggested there has been no adverse impact on all-cause mortality up to that point.

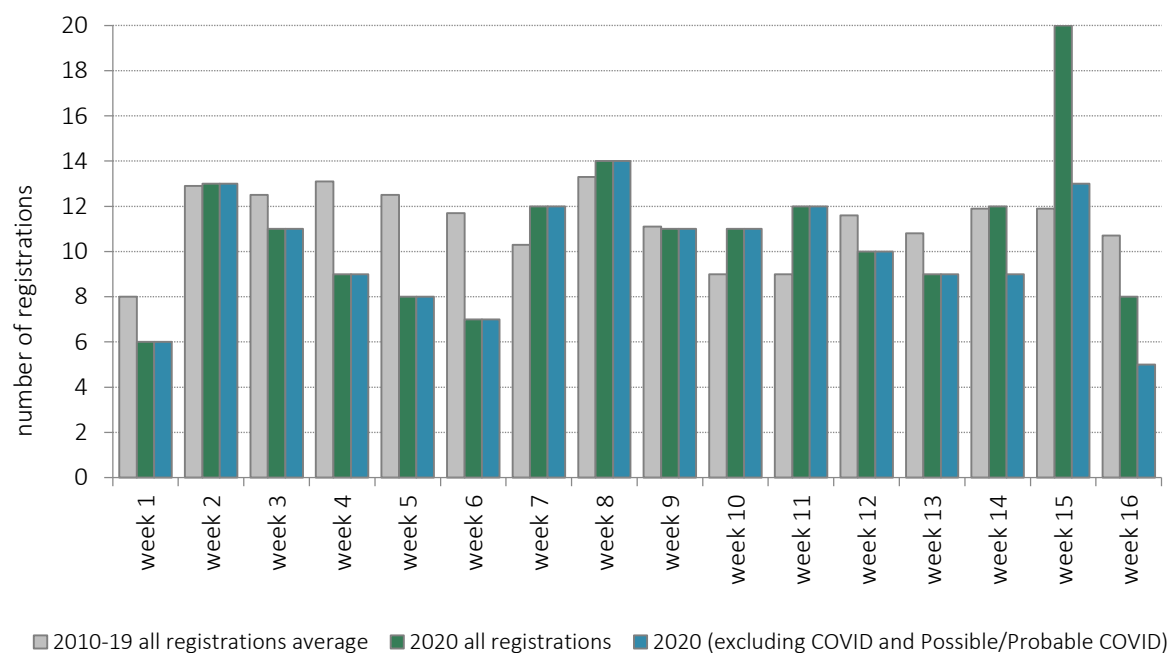


Figure 7: Weekly death registrations during 2020 and 2010–19

ECDC Technical Report: Considerations for measures related to travel to reduce spread of COVID-19 in the EU/EEA.

On 12th May the European Centre for Disease Control produced a technical report setting out considerations relating to travel and efforts to reduce the spread of COVID-19 in Europe. These considerations provide a helpful international context for the Civil Contingencies Authority in its decision making and outline:

- That travel has contributed significantly to the spread of COVID-19 which is now circulating in all EU member states;
- That travel and tourism can lead to the transmission of SARS-CoV-2 in at least two ways, firstly following the mobility of people who may introduce the virus to the destination country following arrival and secondly stemming from the gathering of people at airports, resorts and so on during the act of travelling;
- That areas with low levels of community transmission will be vulnerable to inward net spread of the virus from areas with higher levels of community transmission; and therefore
- That the European Roadmap to lifting coronavirus containment measures states that, *“restrictions on travel should first be eased between areas with comparably low reported circulation of the virus”* (taking into account that confirmation of the true level of viral circulation can only be achieved with certainty where source countries have widespread testing facilities at regional and national level and where effective contact tracing is demonstrably in place).

The Bailiwick is connected to three other countries: the UK, France and Jersey. If the Bailiwick were to heed the ECDC European Roadmap advice, a prerequisite for unrestricted travel between Guernsey with any of UK, Jersey or France, the Islands would need to be confident that each country has:

- a) Robust testing infrastructure that can identify community cases of COVID-19, ideally in a timely manner;
- b) Few or no community cases of COVID-19.

The ECDC technical report notes that border closures are only likely to be effective if they are almost complete and if they are rapidly implemented during the early phase of an epidemic as may be possible in small, isolated island nations. The Bailiwick was exceptionally well-placed to exploit this opportunity to good effect through the decisive action taken by the Civil Contingencies Authority. Having reached a point of elimination locally, Public Health advice suggests that the biggest threat to our control strategy at the present time would come from the reintroduction of infections from nearby countries where the epidemic is not yet so well controlled. Re-introductions could spur new local outbreaks which, at worst, could overwhelm our health services and cause significant additional morbidity and mortality and which, at best, would likely cause our exit from lockdown to be slowed or reversed.¹³

¹³ European Centre for Disease Prevention and Control. Considerations related to measures for travellers to reduce spread of COVID-19 in the EU/EEA. Stockholm 2020. [Accessed 17 May 2020].

COVID-19 World Health Organisation Strategy Update: Transitioning to and maintaining a steady state of low-level or no transmission

The World Health Organisation (WHO) published a COVID-19 Strategy Update on the 14th April 2020. Here they outline that for many countries and communities, managing a controlled and deliberate transition from a scenario of community transmission to a sustainable, steady state of low-level or no transmission is, at present, the best-case outcome in the short and medium term in the absence of a safe and effective vaccine.¹⁴ Low-level or no transmission will allow the Bailiwick to return to a far broader range of activities. The advice is to quarantine people from areas where there is community transmission of the virus that causes COVID-19.

Achieving either of these aims will hinge on the ability of national and/or subnational authorities to ensure that six key criteria are satisfied:

1. **COVID-19 transmission is controlled** to a level of sporadic cases and clusters of cases, all from known contacts or importations and the incidence of new cases should be maintained at a level that the health system can manage with substantial clinical care capacity in reserve.
2. **Sufficient health system and public health capacities are in place** to enable the major shift from detecting and treating mainly serious cases to detecting and isolating all cases, irrespective of severity and origin:
 - **Detection:** suspect cases should be detected quickly after symptom onset through active case finding, self-reporting, entry screening, and other approaches;
 - **Testing:** all suspected cases should have test results within 24 hours of identification and sampling, and there would be sufficient capacity to verify the virus-free status of patients who have recovered;
 - **Isolation:** all confirmed cases could be effectively isolated (in hospitals and/or designated housing for mild and moderate cases, or at home with sufficient support if designated housing is not available) immediately and until they are no longer infectious;
 - **Quarantine:** all close contacts could be traced, quarantined and monitored for 14 days, whether in specialised accommodation or self-quarantine. Monitoring and support can be done through a combination of visits by community volunteers, phone calls, or messaging.
3. **Outbreak risks in high-vulnerability settings are minimised**, which requires all major drivers and/or amplifiers of COVID-19 transmission to have been identified, with appropriate measures in place to minimize the risk of new outbreaks and of nosocomial transmission (e.g. appropriate infection prevention and control, including triage, and provision of personal protective equipment in health care facilities and residential care settings).

¹⁴ <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. [Accessed 17 May 2020]

4. **Workplace preventive measures are established** to reduce risk, including the appropriate directives and capacities to promote and enable standard COVID-19 prevention measures in terms of physical distancing, hand washing and respiratory etiquette.
5. **Risk of imported cases managed** through an analysis of the likely origin and routes of importations, and measures would be in place to rapidly detect and manage suspected cases among travellers (including the capacity to quarantine individuals arriving from areas with community transmission).
6. **Communities fully engaged** and understand that the transition entails a major shift, from detecting and treating only serious cases to detecting and isolating all cases, that behavioural prevention measures must be maintained, and that all individuals have key roles in enabling and in some cases implementing new control measures.¹⁵

¹⁵ <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. [Accessed 15 April 2020].

Lockdown Exit / Modification Strategies

A key consideration for the exit from lockdown is the need to balance the infectious risk with the wider effects on the health and wellbeing of the community. So, as the length of the lockdown increases, there may be unsustainable economic, social and political issues that need to be considered.

A summary of the possible strategies to exit or modify lockdown, which can either be used alone or in combination, are illustrated in Figure 8 below.¹⁶

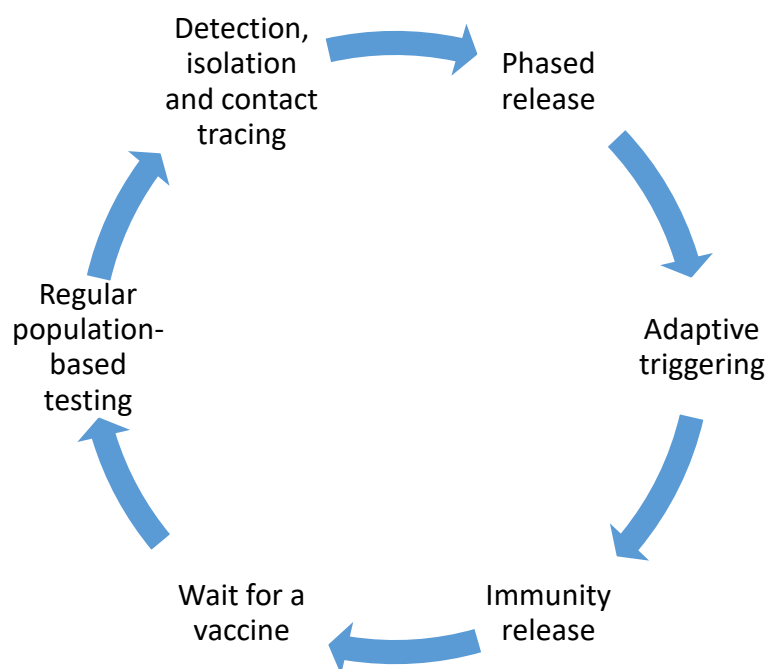


Figure 8: Strategies to exit lockdown¹⁷

1. Lockdown until vaccine available

From a health-protection viewpoint, remaining in lockdown until a vaccine is available would be the best option for minimising morbidity and mortality from COVID-19. However, whilst there are a number of companies who have candidate vaccines in clinical trials, it is uncertain when these will be available for widespread clinical use in the Bailiwick.

Keeping the Bailiwick in lockdown for a year or more would have a significant impact on the health and wellbeing of our population and is unlikely to be acceptable. A key consideration is the fact that

¹⁶ Tony Blair Institute for Global Change, 2020. *Suppression Exit Strategies For Lifting Lockdown: Measures For The UK*. [online] Tony Blair Institute for Global Change. Available at: <<http://Tony Blair Institute for Global Change>> [Accessed 5 April 2020].

¹⁷ Tony Blair Institute for Global Change, 2020. *Suppression Exit Strategies for Lifting Lockdown: Measures for the UK*. [online] Tony Blair Institute for Global Change. Available at: <<http://Tony Blair Institute for Global Change>> [Accessed 5 April 2020].

this may cause significant harm to the broader wellbeing of islanders, through economic hardship, loss of employment, bankruptcy and so on. Public Health Services have therefore continued its consideration of exit strategies on the assumption that lockdown until a vaccine becomes available may not be a viable option. Plans are however being progressed to implement an immunisation programme as soon as a vaccine becomes available.

2. Phased release from lockdown

Research from Imperial College, London suggests that of all measures taken so far, only full lockdown may have reduced the R_0 figure to around 1 (the maximum value at which an epidemic may be brought under control).¹⁸ In the absence of any ongoing NPIs the outbreak would gain momentum once more with possible devastating consequences for the Bailiwick.

The approach favoured is therefore a phased release removing some of the measures currently in place while retaining others, in order to strike a balance between negative wider health, wellbeing and economic impacts while still keeping the reproduction number (R_0) as much as possible to below or very close to 1.

3. Adaptive triggering

A further model proposed by Imperial College London, is that of “adaptive triggering”. This uses Intensive Care (ICU) hospital admissions passing a given threshold to trigger a return to more stringent control measures. A possible approach would be to use this in combination with a phased release, where some measures are retained²⁵.

Combining adaptive triggering with other measures could mean that any period of lockdown might be of shorter duration and may prevent the islands having to revert to more stringent controls. However, the same trigger could be used for increasing NPI measures if the ICU trigger threshold was passed²⁵. Consideration was given to how the effect of erratic hospital activity could be minimised to prevent over-triggering, particularly in a small jurisdiction. Combining an adaptive trigger utilising a number of triggers, for example a combination of ward admissions, mortality rates and evidence of community seeding provides the Bailiwick with a more robust adaptive trigger.

4. Immunity permits

Detection of a SARS-CoV-2-specific antibody can identify those who have had the virus and are therefore potentially immune. This is another possible strategy for triggering a release from lockdown. As antibody assays become more widely available with technology that allows for the large-scale processing of samples, this strategy may become more feasible. The theory is if someone

¹⁸ Imperial College COVID-19 Response Team, 2020. *Report 13: Estimating the Number of Infections and the Impact of Non-Pharmaceutical Interventions on COVID-19 in 11 European Countries*. Imperial College COVID-19 Response Team. [online] Imperial College COVID-19 Response Team. Available at: <<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77731/10/2020-03-30-COVID19-Report-13.pdf>> [Accessed 10 April 2020].

has detectable antibodies, they would be allowed to safely return to work. However, the WHO has cautioned against the reliance on antibody testing as an indicator of immunity.¹⁹

Specifically the WHO states that:

“At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an “immunity passport” or “risk-free certificate.” People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice. The use of such certificates may therefore increase the risks of continued transmission.”²⁰

The ECDC technical paper on travel (12th May 2020) states that:

“There is currently limited evidence about the immunity or protection against COVID-19 disease provided by antibodies detected in sera of recovered patients. The quantity, quality and duration of the human immune response to SARS-CoV-2 is not clear yet. In addition, we lack validated serology tests that can ascertain immunity to the virus.

This lack of correlation with disease immunity is not expected to be resolved in the coming months and it will take years to be established for long-term immunity. No statements about immunity can currently be made, solely based on a serological test result. There is therefore not enough scientific basis to use serology or other immune markers to determine access to public facilities, travelling or employment. Any immunity certification for COVID-19 is not supported by ECDC given the evidence available at the moment”.²¹

Recent data from the Office for National Statistics in England shows that, as of 24 May 2020, 6.78% (95% confidence interval: 5.21% to 8.64%) of individuals from whom blood samples were taken tested positive for antibodies to the coronavirus (COVID-19). This indicates that the minority of people have been infected in England.²²

To date a total of 2.8% of Health and Care staff in the Bailiwick have been found to be SARS-CoV-2 antibody positive.

¹⁹ WHO.int. 2020. “Immunity Passports” In the Context of COVID-19. [online] Available at: <<https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>> [Accessed 26 April 2020].

²⁰ <https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>. [Accessed 24 May 2020].

²¹ European Centre for Disease Prevention and Control. Considerations related to measures for travellers to reduce spread of COVID-19 in the EU/EAA. Stockholm 2020.

²² <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/pilot/28may2020> [Accessed 5th June 2020]

5. Regular population-based testing

Weekly testing for the virus that causes COVID-19 using a PCR-based technology is another potential strategy to identify and capture current infections. This depends on the availability of reagents and other testing materials, as well as the logistical and workforce requirements of carrying out whole-Bailiwick testing.

Enhanced testing of asymptomatic people has been investigated through the Bailiwick Enhanced Testing Strategy (BETS) Programme. The BETS programme facilitates a greatly increased testing capacity for the virus that causes COVID-19 enabling us to look for pockets of remaining undetected SARS-CoV-2 infections in the Bailiwick. A total of 908 asymptomatic people have been tested for the virus that causes COVID-19. This proactive case-finding programme has been critical to support efforts to re-start the economy of our islands, whilst also focusing on the need to protect islanders against infection with SARS-CoV-2 infections. The programme provides an evidence-informed base to support our exit from lockdown thus preventing, as far as is possible, both over and under triggering.

To date the BETS programme has not detected any infections across the groups of individuals tested. For this reason, as of the 18th June 2020, Public Health Services recommended that that BETS programme is re-focused to optimise the safety around a shortening of the compulsory self-isolation period on entry into the Bailiwick.

6. Identification of cases, contact tracing, testing and quarantine

The process of contact tracing entails identifying someone who has a disease, listing all those who are deemed to have had 'close contact' (corresponding to an elevated risk of exposure to infection) with a confirmed case, then monitoring and isolating those people. Key here is the ability to identify cases of COVID-19 with a short interval between symptom onset, testing and reporting of the test result. Our ability to do this has been enhanced by the greater on-island availability of testing as well as early preparation of contact tracing documentation and processes. Initiation of the contact tracing process is started within an hour of the identification of a positive result, allowing for the prompt identification and isolation of close contacts. Analysis of local data in March and April 2020, shows that over 95% of contacts were reached for each case.

Analysis of the symptoms present in local cases also led to a broadening of the case definition in the Bailiwick, allowing more cases to be detected. The local contact tracing programme also considers the possibility of pre-symptomatic transmission and takes the more conservative approach of including a period of time before the case becomes symptomatic. Where outbreaks have been identified in local care homes, all staff and residents have been tested irrespective of symptoms to ensure that we identify as many cases as possible. This strategy contributed to the detection of more than five infections in asymptomatic individuals who may otherwise have caused spread to more islanders.

The continuation of contact tracing, combined with an enhanced testing programme, will allow for the identification of as many cases as possible. Developments in app-enabled contact tracing will be monitored as a potential enhancement to the current process.

The Bailiwick Approach

1. The first wave of infection has been well-controlled.

To monitor the trajectory of infections in the Bailiwick, Public Health Services monitor positive test results, as illustrated in Figure 9. Each positive test result is plotted against the day that symptoms began (or against testing date if no symptom-onset date is available).

It has been assumed that for each positive test result, that there may be 1.67 actual cases of coronavirus on the Island. This assumption is based on research which suggests that around 40% of infected individuals may be asymptomatic. In other words we assume that we are detecting all symptomatic cases but missing another 40% who are asymptomatic; this represents the expected proportion of asymptomatic / mild cases that are not recognised as cases. This is then used to estimate the new number of new actual cases each day. Using this information the trajectory of the increase of coronavirus cases can be plotted for the Bailiwick. A five-day moving average is used to adjust for random fluctuation in daily cases and make the curve smoother and easier to analyse. What Figure 10 shows is that, even allowing for some undercounting, our cases numbers (blue line) have not risen exponentially as one would expect in a model mitigated by social distancing (orange line) alone. The grey dotted line shows what would have happened if there had been no mitigation. We have so far succeeded in flattening the curves we might otherwise have seen had we not put our actions in place to prevent the on-going transmission of the virus in our community with no cases recorded for 100 days on the 8th August 2020.

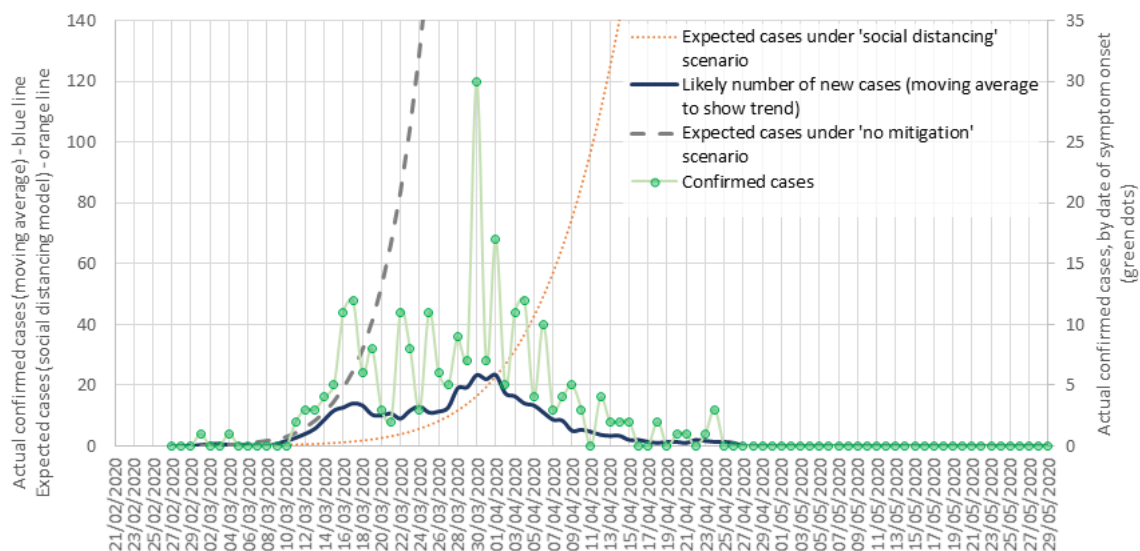


Figure 9: Five day moving model to illustrate trends in infection

Figure 10 illustrates a similar point, but on a logarithmic scale. On this scale, a straight diagonal upward line indicates exponential growth rate. Here the projected number of cases doubling in two, three and five days is illustrated with the grey dashed lines. This illustrates that the rate of spread in the Bailiwick has been in decline since mid-March.

In the absence of mitigation and suppression measures we would have expected a rapid increase in case numbers, morbidity and mortality. Our reasonable worst case planning model, informed by modelling from Imperial College, London and the UK Government's SAGE advice indicated we could have expected an intense epidemic wave lasting 8 to 9 weeks with up to 50,000 islanders infected and up to 1,200 deaths. Critical care capacity would likely have been breached by week 2 with scores of deaths and demand for ICU beds outstripping supply. Up to 1.8% of the total Bailiwick population may have died. Body storage capacity may have been breached. Implementation of lockdown has meant that we have effectively overturned this with a flattening and then reversal of the epidemic curve, as illustrated in Figure 10.

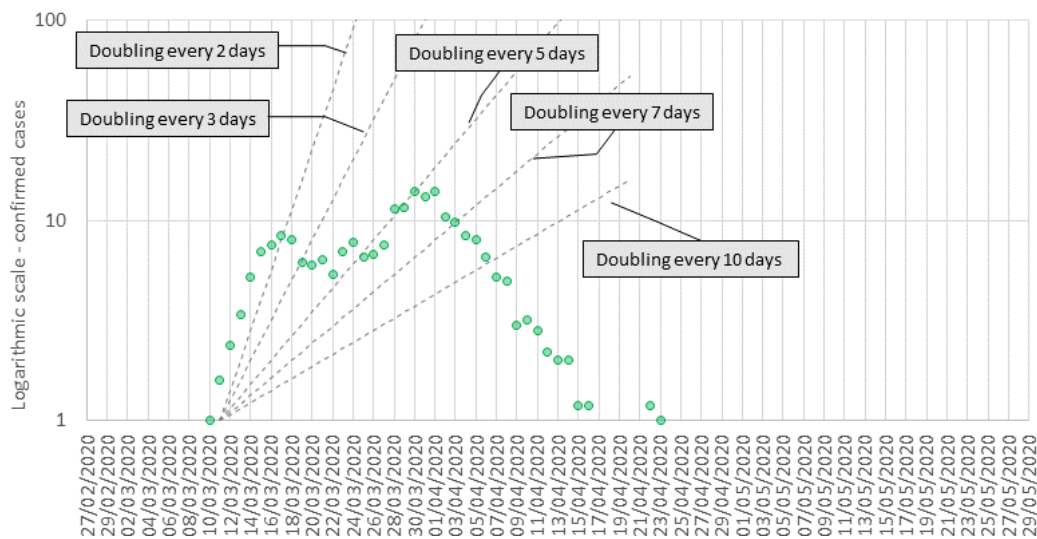


Figure 10: Confirmed Cases with doubling times

2. Lockdown and NPIs have been effective at reducing transmissions of COVID-19 in the Bailiwick.

Figure 11 illustrates the number of contacts identified per case before and after lockdown was introduced. The lag observed in the number of contacts per case aligns with the average incubation period from the time of infection to the development of symptoms of COVID-19.

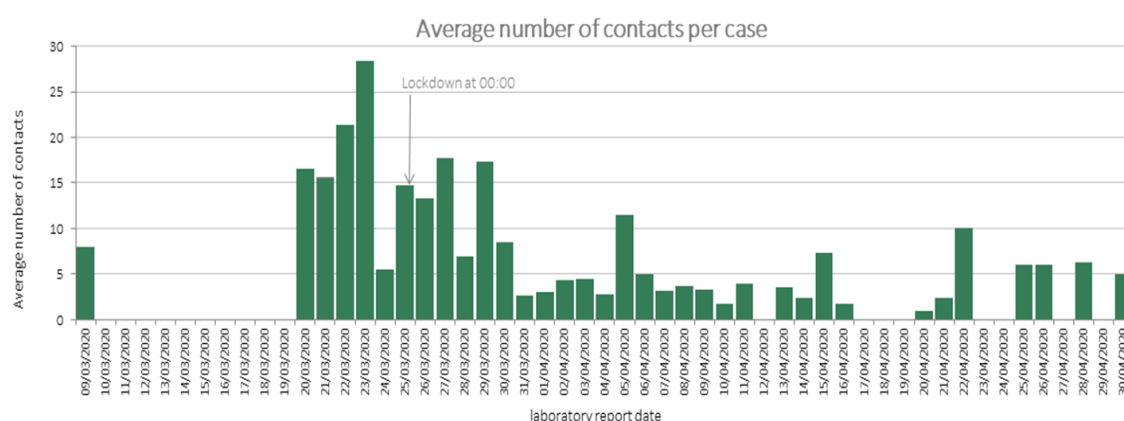


Figure 11: Average number of contacts per case before and after lockdown was introduced

The reduction in average contacts per case during lockdown demonstrates how there were fewer opportunities for the virus to be transmitted from person-to-person once lockdown was enacted. Contact tracing was also more efficient as the number of contacts for follow-up reduced.

In April 2020, at the height of our first wave, the per capita rate of testing in the Bailiwick was high relative to other jurisdictions (Figure 12) once on-island testing commenced. This enabled us to find more active cases than we might otherwise have done.

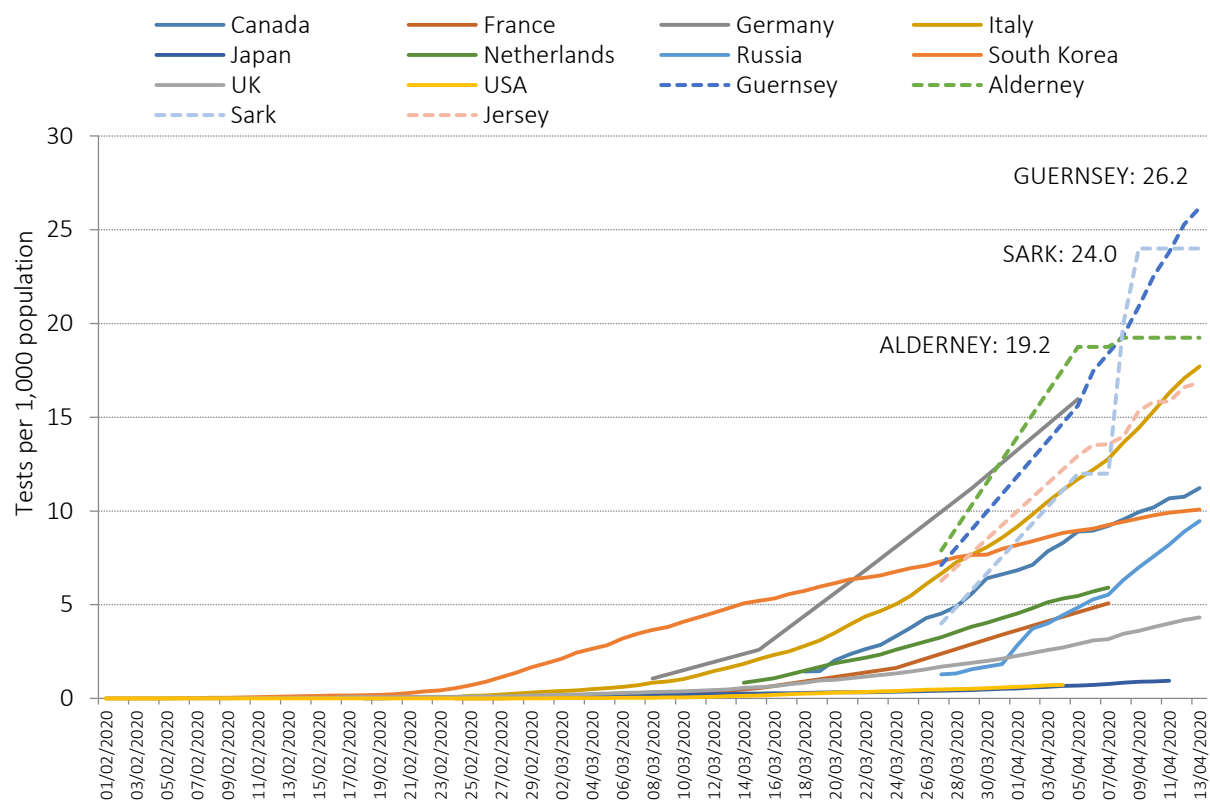


Figure 12: Tests per 1,000 population up to 13th April 2020²³

3. Consequence of easing measures

The success of the interventions introduced in the Bailiwick will inevitably mean the risk of a resurgence of cases of COVID-19 if these interventions are all discontinued concomitantly. It is for this reason that a combined approach to the easing of lockdown on a phased basis is being recommended by Public Health Services (see below).

The easing of measures need to be considered alongside the local availability of on-island testing. This is central to ensuring that the easing of measures is aligned to the ability to detect cases, contact trace and quarantine in a timely manner, such that we can disrupt the chain of transmission of the virus.

²³ Guernsey Health Intelligence Unit

Our World in Data. 2020. [online] Available at: <<https://ourworldindata.org/covid-testing>> [Accessed 30 April 2020].

The World Health Organisation highlights the need for careful planning, and access to scaled up Public Health and clinical care facilities as a pre-requisite for moving out of lockdown. Without this, the lifting of measures implemented in lockdown may lead to an uncontrolled resurgence of COVID-19 transmission and an amplified second wave of transmission.²⁴

On 3rd May 2020 Public Health Services recognised the need to further increase the Bailiwick's testing capacity to support the easing of measures and exit from lockdown. Working with the Pathology Services, the capital purchase of testing equipment was significantly increased, together with a programme of integration of software to streamline the testing process and thereby improve efficiency as well as test turnaround times. The purpose was to be able to upscale sample processing capacity, initially to 550 per day (this has already been achieved), and then to more than a thousand samples per day (planned for mid-September 2020). This supports the implementation of a programme of testing at the borders, which could then be integrated with a risk-based assessment of infection in the country or jurisdiction of origin.

4. Indefinite lockdown until a vaccine is available

Indefinite lockdown until a vaccine is available, and a sufficient proportion of the population is immunised to ensure herd immunity, is not a viable option, nor is it justifiable when weighed against the current burden of disease from COVID-19. The wider impact on the physical and mental health of islanders needs to be considered and a prolonged period of lockdown will impact negatively on our population.

²⁴ <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. Accessed 15th April 2020.

Public Health Recommendations for Easing of Lockdown

No modification of lockdown is without risk and the challenge is to balance the infectious risks of SARS-CoV-2 with the wider impact on the health and wellbeing of the Bailiwick. The Bailiwick is not equivalent to the UK, having brought in robust NPIs earlier, as well as rolling out an early and very proactive community-based 'Test, Track and Trace' policy. The recommended approach from Public Health to the easing from lockdown considers the risk to the population posed by COVID-19 as the key issue, but links this with the impact of lockdown on the broader health and wellbeing of islanders, as well as the economic and social impact.

The Public Health recommendations have therefore been and continue to be:

- That there is a gradual easing of lockdown using 'Test, Track and Trace' as the backbone of the release strategy;
- That this is linked to a phased release from lockdown with adaptive triggers that could result in a return to an earlier Phase of the Exit Strategy, or could allow for the more rapid progression through the Phases;
- That expansion of testing for the virus that causes COVID-19 is used to allow for reduction in the period of self-isolation required for people entering the Bailiwick.

The interlinking model for transition from lockdown is illustrated in Figure 13.

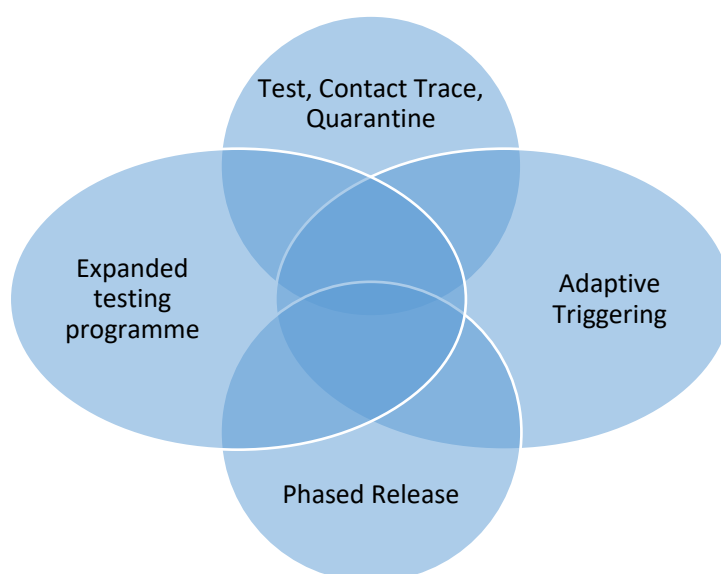


Figure 13: A Bailiwick Approach for Modifying Lockdown

The proposal supports the need for us to retain, and build on, the gains achieved since the 25th March 2020.

On the 12th May 2020, the World Health Organisation published Public Health criteria to adjust public health and social measures in the context of COVID-19. Crucially there are three criteria that need to be considered when easing from lockdown. These are:

1. Epidemiology: Is the epidemic controlled?
2. Health System: Is the Health System able to cope with a resurgence of cases?
3. Public health Surveillance: Is the Public Health system able to detect and manage cases?

All these criteria are currently fulfilled in a Bailiwick context, and so the WHO requirements for transition from lockdown have been met.²⁵

²⁵ WHO/2019-nCoV/Adjusting_ap_h_measures/Criteria/2020.1 [Accessed 18 May 2020].

Progression through Lockdown Easing

The four key components for lockdown release are illustrated in Figure 15. These put the need to protect islanders from the threat of COVID-19 at the centre of our considerations. However, with the success of the current approach, we need to now consider islanders' wider health and wellbeing, together with their economic wellbeing, their social connectivity and the educational needs of islanders.

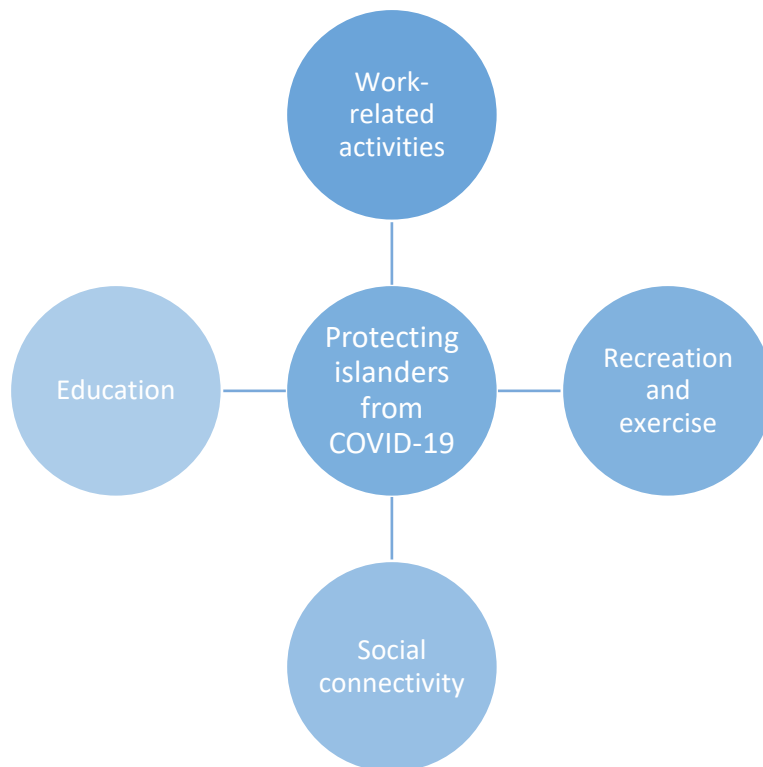


Figure 14: Components of lockdown release

Phases of Lockdown Release

The phases for lockdown release, together with the public health measures supporting each stage are presented below.

A number of adaptive triggers ('reversal triggers' and 'release triggers') are described in each phase:

- **Reversal triggers** are clinical indicators or other factors that would inform a decision to 'roll-back' lockdown to an earlier phase. If the evidence is compelling to do so, it may be necessary to roll back through a number of phases to mitigate against the presenting public health risk. These may be triggered at short notice, depending on the degree of urgency.

It may also be the case (although unlikely) that the presence of only one reversal trigger would initiate a rollback to an earlier stage with more stringent controls depending on the risk from a public health perspective, or that a combination of factors may be necessary, depending on the context and severity.

- **Release triggers** are those clinical indicators or other factors that will help to determine whether, from a public health perspective, it is possible to progress to the next phase. The period of time used for the release triggers is based around the incubation period for COVID-19 of 2–14 days, with a mean incubation period of 5 days. Although not an exact science, the maximum incubation period may be doubled to 28 days before decisions are taken to relax any restriction to manage the risks of the virus to the community. If the next phase had a large increase in activities across the islands, then a longer time period was recommended. However, it was also acknowledged that if local parameters exceeded expectations it would be possible to progress more rapidly than a set 28 days. This work was augmented by modelling the R0 value²⁶.

²⁶ The Basic Reproduction Number. The number of cases expected to result from one initial case.

Modelling a reduced period of self-isolation

The p Public Health advice to the Civil Contingencies Authority has been to initially move to self-isolation on arrival in Guernsey with a test for SARS-CoV-2 on Day 7. This will be followed by passive follow-up until 14 on the receipt of a negative Day 7 test result. Passive follow-up means that people do not have to remain in self-isolation. However, they should have a low threshold to seek testing if they have any symptoms, no matter how mild. There will also be restrictions on visiting hospitals and Care and Residential Homes. This approach balances the health protection risk of infection with SARS-CoV-2 with the wider health and wellbeing needs of the population.

Modelling of infectivity of SARS-CoV-2 (Table 6) shows there is a sliding scale for risk-of-missing cases when testing is carried out on different days. Testing on Day 0, i.e. day of travel, would miss 100% of people infected whilst travelling. By contrast testing on Day 14 would only miss 1% of cases as 99% would have developed detectable levels of infection by this point. Depending on the appetite for risk it would be possible to test at points between these two extremes to arrive at a 'middle ground' solution. This could include testing on Day 7 which would detect 81% of travel-acquired infections (Table 6). Further modelling by the London School of Tropical Medicine and Hygiene has indicated that Day 7 testing may detect as many as 94% of infections.²⁷

Table 6. Cases detected if infected whilst travelling.

Release from quarantine	Cumulative cases PCR Positive	Cases not detected and released
Day 0 (no isolation)	0%	100%
Day 2	3.5%	96.5%
Day 5	56%	44%
Day 7	81%	19%
Day 10	95%	5%
Day 14	99%	1%

Figure 15 illustrates that, whilst there is a tail following infection, the peak of infection is reached in the first week.

²⁷ Centre for Mathematical Modelling, London School of Tropical Medicine and Hygiene. [Accessed 4th August 2020].

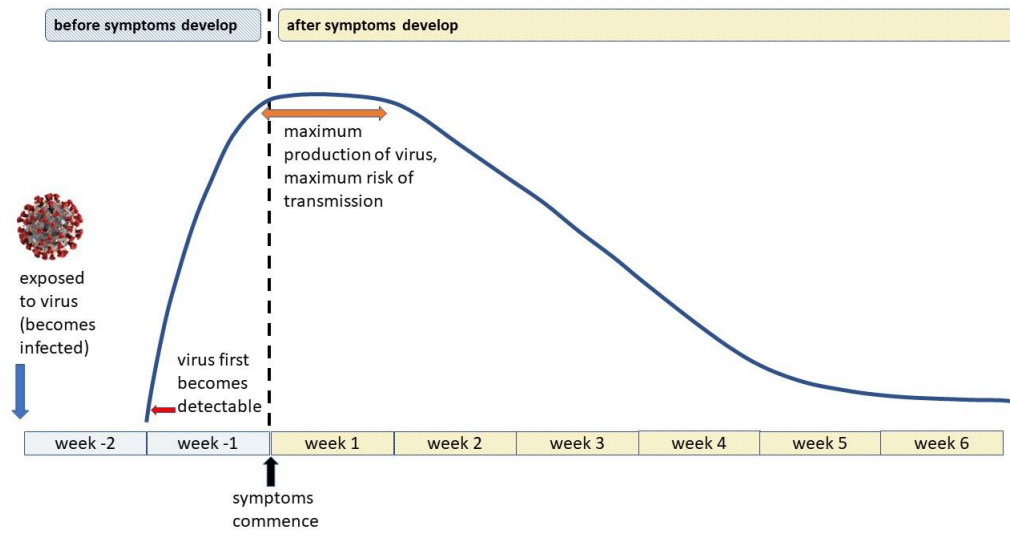


Figure 15: Exposure and infectivity: SARS-CoV-2

The roadmap to Phase 6: An incremental progression through Phase 5 to reach Phase 6

The reinstatement of Group A and B countries, as used before the lockdown, and the introduction of Group C countries, would enable us to target different levels of restrictions to mitigate against different risk profiles of countries or jurisdictions. This would enable the classification of countries into risk groups, with periods of self-isolation and post-travel testing policies being risk-adjusted.

The proposed categorisations, to be implemented from the 17th August 2020 are:

- People who have travelled through a Group A country will need to self-isolate for 14 days and will not be eligible for a reduction in the time spent in self-isolation.
- People travelling from a Group B country will be eligible for reduced self-isolation, supplemented by a testing protocol after arrival, depending on the current border policy.
- People who have travelled from a Group C country will be eligible for no self-isolation or testing requirements.

The Stages of Release from Lockdown

Full lockdown

- **Definition**
 - **Full lockdown: restriction on all social, cultural and group recreational activities. Limited recreational activity with strict social distancing measures.**
 - Restricted movement of community, all non-essential businesses closed or operating remotely, schools closed, and all non-essential travel stopped. Anyone returning to the Bailiwick to self-isolate for 14 days.
 - Comprehensive case identification, contact tracing and case isolation.
 - Recreation permitted for up to 2 hours per day with members of own household only, or with one other person from outside of the household whilst maintaining 2m social distancing.
 - Permitted activities: walking, running, cycling, sea swimming and other open sea activities, and recreational fishing.
 - Public parks and beaches remain open as places to exercise. 2m social distancing must be maintained.
- **Timing**
 - 25th March–8th April 2020
- **Release Triggers for progression to Phase 1:**
 - Evidence of a reduction in the number of new cases following the introduction of full lockdown.
 - The continued availability of local testing for the virus that causes COVID-19.
 - Identification of the need for islanders to access certain goods to promote home working and support activities associated with the 'stay at home' message.

Phase 1

- **Definition**
 - Full lockdown (as above) with restrictions on all but essential business activities, except retail home delivery.
 - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
- **Timing**
 - 8th April–24th April 2020
- **Same as full lockdown with the following modifications:**
 - **Business and work-related activities:** restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders.
 - **Recreation:** Unchanged from full lockdown.
 - **Social Connectivity:** Islanders need to remain within their household bubble for non-work activities.
- **Release Triggers for progression to Phase 2 include:**
 - Evidence of stable or reducing numbers of new cases numbers following the progression to Phase 1.
 - Evidence of compliance for the majority of islanders to the ‘stay at home’ message with generally good community engagement.
 - The need to consider the broader issues connected to the health and wellbeing of islanders.
 - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to full lockdown include:**
 - More than 10 cases of unexplained community transmission in the previous 4 weeks.
 - The identification of new clusters of infections which pose a significant risk of onward transmission in the Bailiwick.
 - Evidence of significant community non-compliance with public health requirements, including maintaining social distancing and hygiene measures.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Hospital admissions for newly diagnosed cases of COVID-19 show an increasing trend.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 2

- **Definition**
 - **Full Lockdown with some gardening, building and other trades now able to work under strict controls. Some limited recreational activity with social distancing measures.**
 - Restricted movement of community, all non-essential businesses closed or operating remotely and with no contact with householders.
 - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
 - Some retail business permitted to offer contactless home delivery. Social distancing measures maintained.

- Some limited outdoor activities will be allowed, for a maximum of 2 participants (subject to social distancing). Private pleasure boating and other waterborne activities permitted, together with flying light aircraft for maintenance and servicing, with restrictions.
- Expansion of the household bubble to one additional household.
- 2 hours of recreation permitted as per the arrangements above. This will be kept under review and may be extended later during this phase.
- 2 hours of recreation time increased to 4 hours with effect from 7th May 2020.
- **Timing**
 - 25th April–15th May 2020.
 - Additional recreational activities with effect from 00:01 2nd May 2020.
- **Includes the following modifications from full lockdown:**
 - **Business and work-related activities:** restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders.
 - **Recreation:** Expansion to include private pleasure boating and other waterborne activities permitted, together with flying light aircraft for maintenance and servicing, subject to observing social distancing. Limited outdoor activities where social distancing can be maintained, such as golf (excluding driving range), singles tennis and other similar activities, including 1:1 sport coaching/personal training for coach/trainer + 1 other person only. Limited to 2 people only even if from the same household.
 - **Social Connectivity:** Each household can add one other household to their household bubble. This needs to be a reciprocal arrangement with all parties agreeing to exist in a larger household bubble. Expansion of these household bubbles can include the over 65s, as long as they are aware of the risks and are able to maintain good hygienic standards. Social distancing within the expanded household bubble is not necessary. **This is for home activities only and NOT for activities away from the household premises.**
- **Release triggers for progression to Phase 3 include:**
 - Stable or reducing cases of COVID-19 acquired through unexplained community transmission in a rolling consecutive four week period from the start of Phase 2.
 - No new clusters of infections that pose a risk of onward transmission in the Bailiwick for a consecutive four week period from the start of phase 2.
 - Hospital admissions for COVID-19 stable or decreasing for a rolling consecutive four week period from the start of Phase 2.
 - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to an earlier Phase include:**
 - More than ten cases of unexplained community transmission in the previous 4 weeks.
 - The identification of new clusters of infection which pose a significant risk of onward transmission in the Bailiwick.
 - Evidence of significant community non-compliance with requirements for maintaining social distancing and hygiene.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Hospital admissions for newly diagnosed cases of COVID-19 show an increasing trend.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 3

- **Definition**
 - **Easing of lockdown with a progression towards greater social and economic activity within the Bailiwick with appropriate restrictions still in place to manage the ongoing risk.**
 - Further parts of the local economy able to function on a limited basis. This includes some limited non-essential retail on a pilot basis, with social distancing and hygiene measures in place.
 - Consideration may be given to expanding recreation time further and increasing the range of permissible recreational activities.
 - Restrictions on work practices, group gatherings (with limited exceptions), hand hygiene requirements and social distancing will remain in place.
 - The household bubble consisting of two households may now double up again so that the bubble contains four households. This agreement must be reciprocal.
 - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days. Spot checks will be carried out.
- **Timing**
 - 16th May 2020–29th May 2020.
- **Justification for early progression to Phase 3**
 - The Bailiwick progressed to Phase 3, one week ahead of schedule.
 - Critical to inform this decision was:
 - There had been no new cases of infection with SARS-CoV-2 diagnosed in the 16 days prior to the 16th May 2020 (at the time of decision-making there had been no new cases in the preceding 11 days).
 - The last case of infection was diagnosed as a result of unexplained community transmission on the 21st April 2020.
 - Hospital admissions in the Princess Elizabeth Hospital were stable or decreasing.
 - There was no health intelligence indicating there were individual or clusters of cases with symptoms consistent with COVID-19 which posed a risk for on-going community transmission of the virus.
 - The Emergency Department did not report any concerns relating to possible COVID-19 activity.
- **Eased lockdown with the following:**
 - **Business and work-related activities:** some non-essential businesses will be able to resume in line with the guidance in Appendix A. This may include an expansion of the types of businesses able to operate. Hotels, restaurants and bars will remain closed, but takeaway food services may be able to open for collection and delivery, subject to controls. Childminders/nannies of the children of essential workers will be able to operate, subject to controls.
 - **Recreation:** Recreation time remains at 4 hours. Gatherings permitted in this phase include wedding ceremonies (not receptions) and funerals (not wakes) for a maximum of 10 people only, in addition to officials or celebrants. Public Health measures must be in place. Other venues where activity is higher risk are unlikely to be permitted to open in

this phase. Places of worship may open for individuals to pray by themselves. With the exception of wedding ceremonies and funeral services, congregation services not allowed. Other outdoor sports and outdoor recreational activities with limited social contact may be permitted.

- **Social Connectivity:** Possible options for extending our social connectivity through a measured expansion of the household bubble initiative are included in this phase. Up to four households may bubble together in total. This may be formed by the joining of two bubbles both of which comprise two households that have already formed a bubble, or by the addition of one or two single household bubbles with a two household bubble, For the avoidance of doubt, existing bubbles cannot 'split' and re-form with different households.
- **Release triggers for progression to Phase 4:**
 - No new cases of COVID-19 acquired through unexplained community transmission in the previous consecutive 8 weeks. Weeks in Phase 2 with no community transmission may count toward this total. This means the minimum time in phase 3 is four weeks and the maximum is not set as it requires 8 consecutive weeks of no community transmission.
 - No new clusters of infections that pose an ongoing threat to the Bailiwick.
 - Hospital admissions for COVID-19 are stable or declining.
 - The continued availability of local testing for the virus that causes COVID-19.
 - These were modified on the 20th May 2020 to:
 - An allowance for early progression to Phase 4 as the Bailiwick had had no new cases of COVID-19 in the past 22 days. This superseded the requirement for no cases of unexpanded community transmission in the preceding 8 weeks.
- **Adaptive triggers for reversal to an earlier Phase include:**
 - A sustained increase in cases of unexplained community transmission.
 - The reappearance of new clusters of infection which pose a risk of onward transmission in the Bailiwick.
 - Evidence of significant community non-compliance with public health requirements, including maintaining social distancing and hygiene measures.
 - A sustained increase in new hospital admissions for COVID-19.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 4

- **Definition**
 - **This phase represents a further progression towards a more normal level of activity within the Bailiwick. Further parts of the local economy, including retail and hospitality, hairdressers and beauticians, will be able to function although some restrictions on work practices, gatherings and social distancing will remain in place.**
 - Recreational time and range of activities permissible are increased.
 - Anyone who has any symptoms consistent with COVID-19, however mild, should stay at home and seek medical advice and testing.

- Social distancing of 2 metres where possible should be maintained but if not practicable a minimum of 1 metre is permissible.
- More specifically, a differentiation needs to be made between controlled and uncontrolled environments:
 - Uncontrolled environments — e.g. supermarkets and other retail outlets, shops, parks, and playgrounds. When out and about, keep at least a 2 metre distance from people you don't know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details of timings and use of gym equipment, then a 2 metre social distance should be maintained.
 - Controlled environments — these include places such as work, church, clubs/groups, recreation and sports teams **where a record of attendance is kept**. Keep at least a 1 metre distance between people you don't live with or who were not part of your extended bubble in Phase 3. In restaurants there needs to be at least one metre between tables and aim for one metre between people sitting at the table if not from the same household or extended household bubble, if possible.
 - For gym and sport classes social distancing should aim for two metres but one metre is acceptable.
 - Contact sports are specifically excluded here and can only re-start in Phase 5.
- The household bubble is no longer required but gatherings of up to 30 people will be allowed subject to social distancing and hygiene measures. People should aim to maintain a social distance of one metre where possible. Sharing of utensils, cutlery and crockery should be avoided.
- Gatherings of up to 50 will be allowed for weddings and funerals services subject to social distancing and hygiene measures. Wakes and receptions would be subject to a limit of 30 people.
- More than 30 individuals may be present in educational settings, restaurants, hotels and work places which are subject to separate guidance.
- Businesses unable to operate fully or under social distancing restrictions in phases 2 and 3 will be permitted to operate under increased hygiene requirements, with the exception of bars and nightclubs. Other non-essential retail outlets may reopen with social distancing and hygiene measures in place.
- Non-essential travel can occur, but individuals entering the Bailiwick required to self-isolate for 14 days.
- Islanders are encouraged to keep a diary of their activities to facilitate contact tracing, should this be required.
- **Social Connectivity and Travel:** Travel restrictions will remain in place requiring anyone entering the Bailiwick to self-isolate for a period of 14 days. However, non-essential travel, with a 14 day quarantine on return, will be allowed. The impact of the compulsory 14 day self-isolation, together with the community 'track and trace' programme, in the UK on community transmission there will be closely monitored. We will also continue to assess other interventions that may be supportive of the easing of border restrictions.
- **Timing**
 - 30th May 2020 - 19th June 2020

- **Justification for early progression to Phase 4**
 - Critical to informing this recommendation was:
 - There had been no new cases of infection with SARS-CoV-2 diagnosed in the 30 days prior to the 30th May 2020.
 - The last case of infection was diagnosed as a result of unexplained community transmission on the 21st April 2020.
 - There were no hospital in-patients with COVID-19.
 - There was no health intelligence indicating there are individual or clusters of cases with symptoms consistent with COVID-19 which pose a risk for on-going community transmission of the virus.
 - The Emergency Department and Primary Care did not report any concerns relating to possible COVID-19 activity.
- **Eased lockdown with the following:**
 - **Business and work-related activities:** Further parts of the local economy, including retail and hospitality, will be able to function with controls, although some restrictions on work practices will remain in place. Hairdressers and beauticians will be able to operate and shared leisure spaces, including gymnasiums and fitness studios, will be able to operate with strict hygiene controls and social distancing. Nightclubs may not open in this phase
 - **Recreation:** Recreation time is unlimited. Public venues and places of recreation may be able to reopen subject to controls. Some public and social gatherings may be able to resume with strict social distancing measures in place with restrictions on the maximum number of people in attendance including congregational services with social distancing. Non-contact sports, fitness training in groups and other indoor activities, such as gymnasiums, may be able to resume with additional hygiene requirements.
- **Release triggers for progression to Phase 5 include:**
 - No cases of COVID-19 acquired through unexplained community transmission in Phase 4 that cannot be effectively managed by the 'track and trace system' in the previous 4 weeks.
 - No new clusters of infections that pose a risk of onward transmission.
 - Hospital admissions for COVID-19 in the last month stable or declining.
 - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to an earlier Phase include:**
 - Reappearance of a case/s of unexplained community transmission.
 - The reappearance of new clusters of infection that pose a risk of onward transmission.
 - Increasing hospital admissions for COVID-19.
 - Evidence of significant community non-compliance with public health requirements.
 - If on-island testing to detect the virus that causes COVID-19 was no longer available.
 - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Phase 5

- **Definition**

- **This phase represents a return to a normal level of activity within the Bailiwick (with restrictions remaining in place for travel outside of the Bailiwick) with the final elements of the local economy, including nightclubs, able to function. All NPIs within the Bailiwick were removed at this stage.**
- **Timing**
 - 20th June 2020 until present.
- **Justification for early progression to Phase 5**
 - Critical to informing this recommendation was:
 - There had been no new cases of infection with SARS-CoV-2 diagnosed in the 50 days prior to the 20th June 2020.
 - The last case of infection was diagnosed as a result of unexplained community transmission on the 21st April 2020.
 - There were no hospital in-patients with COVID-19.
 - There was no health intelligence indicating there were individual or clusters of cases with symptoms consistent with COVID-19 which posed a risk for on-going community transmission of the virus.
 - The Emergency Department and Primary Care did not report any concerns relating to possible COVID-19 activity.
- **Eased lockdown with the following:**
 - **Business and work-related activities:** This phase represents a return to a normal level of activity within the Bailiwick (with restrictions for travel outside of the Bailiwick remaining in place) with the final elements of the local economy, including bars and clubs, being able to function. The principles of social distancing, good respiratory etiquette (“Catch it, Bin it, Kill it”) and good hand hygiene should be promoted.
 - **Recreation:** Availability of all recreational activities, including contact team sports and removal of restrictions on public gatherings.
 - **Social Connectivity and Travel:** Travel restrictions will remain in place requiring anyone entering the Bailiwick to self-isolate for a period of 14 days. However, non-essential travel, with a 14 day quarantine on return, will be allowed. The impact of the compulsory 14 day self-isolation, together with the community ‘track and trace’ programme, in the UK on community transmission there will be closely monitored. We will also continue to assess other interventions that may be supportive of the easing of border restrictions.
- **Release triggers for progression to Phase 6 include:**
 - No cases of COVID-19 acquired through unexplained community transmission in Phase 5 that cannot be effectively managed by the ‘Test, Track and Trace system’ in the previous 4 weeks.
 - No new clusters of infections that pose a risk of onward transmission.
 - Hospital admissions for COVID-19 in the last month stable or declining.
 - Vaccine available and good evidence that neighbouring jurisdictions have adequate control of COVID-19.
 - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to an earlier Phase include:**
 - Reappearance of cases of unexplained community transmission that cannot be effectively managed by the ‘test, tack and trace’ system.

- The reappearance of new clusters of infection that pose a risk of onward transmission.
- Evidence of significant community non-compliance with public health requirements.
- Increasing hospital admissions for new cases of COVID-19.
- If on-island testing to detect the virus that causes COVID-19 was no longer available.
- Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

Transition between Phase 5 and 6

The transitional phase between Phases 5 and 6 recognises the need to reduce the period of self-isolation on entry into the Bailiwick, when it is safe to do so. Phases 5a, 5b And 5c are described here.

Phase 5a

Definition: The inclusion of more exceptions for reduced periods of self-isolation (for example, critical and compassionate travel) and no self-isolation (for example, business tunnels). This also includes the introduction of self-isolation and testing-free travel through the introduction of air bridges. These measures were implemented in July 2020.

In summary this includes:

- Business Tunnels;²⁸
- The formation of air bridges;
- Allowances for critical and compassionate travel.

Phase 5b

Definition: The reinstatement of Group A and B countries and the introduction of Group C countries. This includes the introduction of border testing for travellers from Group B countries. Travellers from Group A countries are required to self-isolate for 2 weeks and Group C countries are exempt from testing and self-isolation requirements.

The plan is to introduce a country classification in respect to self-isolation and testing requirements from the 17th August 2020. An updated list of Group B and C countries will be available on gov.gg/coronavirus. Any country not listed as a B or C country will be automatically considered an A country. Transit through a Group A country will be automatically classified as Group A travel.

The isolation and testing requirements are as follows:

- 1. Group A countries:**
 - Compulsory 2 week self-isolation.
- 2. Group B countries:**

²⁸ The States of Guernsey also recognises that there may be a need for business trips to occur and these may be resumed under controlled circumstances if they are carried out responsibly in terms of health and the appropriate precautionary measures are followed. Business trips must comply with industry-specific security precautions

- Compulsory self-isolation programme to include an optional Day 7 test for SARS-CoV-2, with release to passive surveillance on the receipt of a negative result;
- Passive follow-up means that a person:
 - Must at all times be vigilant for symptoms, however mild, of COVID-19; must report any such symptoms immediately to Public Health; and must comply with any instructions given by Public Health thereafter (which may, for the avoidance of doubt, include an immediate resumption of self-isolation);
 - Must not enter a nursing, care or residential home without the prior agreement of the manager of the home, received after having informed the manager of the home of his or her status as being subject to these restrictions, and in any event must not return to work in such a home;
 - Must not, other than in an emergency, enter the Princess Elizabeth Hospital, and in an emergency must give prior notification of his or her status as being subject to these restrictions before entering the Princess Elizabeth Hospital if reasonably practicable in all the circumstances;
 - Must inform any other healthcare provider of his or her status as being subject to these restrictions when making any appointment for care,
 - Must, so far as reasonably practicable, keep a record of people met and places visited (to assist with contact tracing if necessary);
 - May not leave Guernsey other than to travel to Herm or Sark; and
 - Must comply with any additional conditions and restrictions imposed from time to time by the Medical Officer of Health.

If a traveller decides not to be tested on Day 7, then the Group A rules apply.

Alderney and Sark may make individual arrangements.

3. Group C countries:

- No self-isolation or testing is required as these are countries / jurisdictions who are assessed as being of very low or no risk to the population of the Bailiwick in relation to COVID-19;
- These countries / jurisdictions may form air bridges with the Bailiwick.

Phase 5c: Implementation date to be confirmed

Definition: The continued use of Group A, B and C countries with a two-step testing programme for travellers from Group B countries with a further reduction in the period of self-isolation.

Travellers from Group A countries are required to self-isolate for 2 weeks with a test on arrival and Group C countries are exempt from testing and self-isolation.

The isolation and testing requirements are as follows:

1. Group A countries:

- Test on Day of arrival and compulsory 2 week self-isolation; or
- Compulsory 2 week self-isolation for those that refuse, or do not want to be, tested.

2. Group B countries:

- Test on arrival with self-isolation until first test result is known (24 – 48 hours) and then a second test on Day 7 with passive surveillance until Day 14;
- Passive surveillance is as for Phase 5b.

3. Group C countries:

- No self-isolation or testing is required as these are countries / jurisdictions who are assessed as being of very low or no risk to the population of the Bailiwick in relation to COVID-19;
- These countries / jurisdictions may form air bridges with the Bailiwick.

Further stages may be developed as required.

Phase 6

Definition

This marks a return to greater world-wide connectivity for the Bailiwick.

A decision to move to Phase 6 will be made by the Civil Contingencies Authority and will be informed by Public Health advice, conditions in other jurisdictions, together with actions available to mitigate risk.

The best situation would be to move to Phase 6 when a vaccine becomes available, however it is recognised that this may not be possible as it is currently unclear when that may be. Consequently, it is far more likely to be considered when community transmission of the virus that causes COVID-19 in the country of origin is controlled, allowing greater connectivity with that country or jurisdiction.

Achieving such a transition will hinge on the ability of national and/or subnational authorities to ensure that six key criteria, as outlined by the WHO, are satisfied:²⁹

1. **COVID-19 transmission is controlled** to a level of sporadic cases and clusters of cases, all from known contacts or importations and the incidence of new cases should be maintained at a level that the health system can manage with substantial clinical care capacity in reserve.
2. **Sufficient health system and public health capacities are in place** to enable the major shift from detecting and treating mainly serious cases to detecting and isolating all cases, irrespective of severity and origin:
 - Detection: suspect cases should be detected quickly after symptom onset through active case finding, self-reporting, entry screening, and other approaches;
 - Testing: all suspected cases should have test results within 24 hours of identification and sampling, and there would be sufficient capacity to verify the virus-free status of patients who have recovered;
 - Isolation: all confirmed cases could be effectively isolated (in hospitals and/or designated housing for mild and moderate cases, or at home with sufficient support if designated housing is not available) immediately and until they are no longer infectious;
 - Quarantine: all close contacts could be traced, quarantined and monitored for 14 days from their last contact with the confirmed case, whether in specialised accommodation or self-

²⁹ <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. [Accessed 17 May 2020].

quarantine. Monitoring and support can be done through a combination of visits by community volunteers, phone calls, or messaging.

3. **Outbreak risks in high-vulnerability settings are minimised**, which requires all major drivers and/or amplifiers of COVID-19 transmission to have been identified, with appropriate measures in place to minimize the risk of new outbreaks and of nosocomial transmission (e.g. appropriate infection prevention and control, including triage, and provision of personal protective equipment in health care facilities and residential care settings).
4. **Workplace preventive measures are established** to reduce risk, including the appropriate directives and capacities to promote and enable standard COVID-19 prevention measures in terms of physical distancing, hand washing and respiratory etiquette.
5. **Risk of imported cases managed** through an analysis of the likely origin and routes of importations, and measures in place to rapidly detect and manage suspected cases among travellers (*including the capacity to quarantine individuals arriving from areas with community transmission*).
6. **Communities are fully engaged** and understand that the transition entails a major shift, from detecting and treating only serious cases to detecting and isolating all cases, that behavioural prevention measures must be maintained, and that all individuals have key roles in enabling and in some cases implementing new control measures.³⁰

When considering a move to Phase 6 with a total easing of all border restrictions, there is a need to consider the virological activity in neighbouring jurisdictions and, until these areas have evidence of viral control, opening the borders will inevitably result in an increase of local cases and, possibly increased deaths, in islanders. It will also make us vulnerable to a second wave. This is because the countries bordering the Bailiwick are not currently in a position where case numbers are as well controlled as in Guernsey. All these matters need to be carefully evaluated when considering progression to Phase 6.

³⁰ <https://www.who.int/publications-detail/covid-19-strategy-update---14-april-2020>. [Accessed 17 May 2020].

Appendix A: COVID-19 Pandemic — The Bailiwick Economy: A phased transition framework to restore business activity

PHASE	DESCRIPTION
Full Lockdown (25 March – 8 April 2020)	<p><u>Full lockdown: restriction on all but essential business activities</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped. Strict contact tracing and case isolation.</p>
Phase 1 (8 – 24 April 2020)	<p><u>Full lockdown: restriction on all but essential business activities, except retail home delivery</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped. Strict contact tracing and case isolation.</p> <p>Contactless home delivery</p> <p>Retail businesses are permitted to offer contactless home delivery subject to:</p> <ul style="list-style-type: none"> • a limit of no more than 2 individuals on site at any time with a strict observance of social distancing • strict adherence to guidance on delivery services.
Phase 2 (25 April – 15 May 2020)	<p><u>Full Lockdown: with restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders</u></p> <p>Social distancing measures strictly enforced and some low-risk businesses open where minimal contact can be maintained.</p> <p>All businesses in the Bailiwick (Guernsey, Alderney and Sark) resuming operation during phase 2 must notify the Environmental Health team</p> <p>Permitted businesses to include:</p> <p><u>Office-based businesses</u></p>

<p>(Phase 2 continued)</p>	<ul style="list-style-type: none"> • <u>Office staff must work remotely where at all possible.</u> Access to office premises should be strictly limited and permitted only where strictly necessary for the business to function and only if social distancing guidelines can be complied with. • Where necessary for the functioning of the business a limited staff presence (up to a maximum of 5 people) will be allowed in offices, under the following restrictions: <ul style="list-style-type: none"> ▪ The site can be divided into “work zones” in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of up to 5 people the entire site. ▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees. ▪ Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines (NB. suitable cleaning guidance for shared spaces to be agreed with Public Health) • Where necessary for the functioning of the business, businesses may be permitted to have more than 5 people on site with an individual risk assessment by Environmental Health. <p><u>Gardening, building and other trades with no household contact</u></p> <ul style="list-style-type: none"> • Business activities involving outside work, such as gardening and window cleaning where there is no contact with the public or householders and social distancing can be maintained. • Limited small domestic construction activity. The following would be permitted: <ul style="list-style-type: none"> ○ Outside or indoor trades with no contact with the public or householders. Preferably work will be conducted with one person per site but sites may be permitted to have multiple employees on site provided: <ul style="list-style-type: none"> ▪ All persons working on a site are members of the same household, or ▪ The site can be arranged in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site. ▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees ▪ Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines. ▪ Those operating sites reliant on temporary toilet facilities should contact Environmental Health for further advice
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<p>(Phase 2 continued)</p>	<ul style="list-style-type: none"> ○ Internal work on an <i>unoccupied</i> premises will be permitted if operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site. ○ Internal work on properties where there is a household in residence will not be permitted by members outside the household unless required in an emergency. <p><u>Building wholesale and supply</u></p> <ul style="list-style-type: none"> • Can operate and supply the building trade and domestic needs within social distancing restrictions. <ul style="list-style-type: none"> ○ Staff operating the site are able to maintain social distancing at all times: <ul style="list-style-type: none"> ▪ All persons working on a site are members of the same household, or ▪ The site can be arranged in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site. ▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees ▪ Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines ○ Goods may be delivered by contactless delivery or contactless collection ○ Access for trade customers to the site should be strictly limited to ensure contact is minimised by either: <ul style="list-style-type: none"> ▪ Allowing access by appointment only ▪ Strictly limiting the number of customers on site at any one time to ensure social distancing can be maintained ▪ Ensuring payment is made by contactless means <p><i>Note that operation of the construction industry to a limited extent is likely to increase the level of sea freight in operation.</i></p> <p><u>Vehicle servicing and sales (including cars, bikes and marine)</u></p> <ul style="list-style-type: none"> • Vehicle maintenance and servicing may resume where it can be conducted by a single individual or where strict social distancing can be maintained. All vehicles should follow disinfection procedures on arrival at and before departure from servicing sites. • Marine servicing, maintenance and repairs may be resumed ashore whether on vessels laid up, in the water, in marinas or on owners' properties. • Adequate handwashing facilities and/or hand sanitiser must be available for all employees
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<p>(Phase 2 continued)</p>	<ul style="list-style-type: none"> • Where services are being offered on sites where multiple mechanics may wish to operate they must be able to comply with the same conditions as building trades regarding ensuring social distancing and maintaining distance and hygiene standards in shared facilities such as bathrooms and kitchens • People should not share vehicles with people outside their household in order to deliver or collect vehicles. • Vehicle sales may be resumed where this can be conducted without direct contact and on an appointment basis. Vehicles must be disinfected in accordance with guidelines before and after any test drives and before the sale is completed. <p><u>Retail outlets, garden centres and other businesses</u></p> <ul style="list-style-type: none"> • Home delivery and/or contactless collection will continue to be permitted <p><u>Property sales and business transactions</u></p> <ul style="list-style-type: none"> • Activities to enable listing, viewing, survey and sale of property under certain strict conditions limiting contact with householders and only with householder's agreement: <ul style="list-style-type: none"> ○ Visits can be conducted by no more than one person (or two members of the same household) and that such visits should be conducted under strict hygiene guidelines including the ventilation of the property ○ The property has been fully vacant for at least 7 days prior to any visits; or ○ If the property is inhabited that: <ul style="list-style-type: none"> ▪ No one living in the household is symptomatic or has had symptoms in the last 48 hours, under a compulsory isolation order or awaiting a test result for COVID-19; ▪ No member of the household is considered medically vulnerable; and ▪ No member of the household is present in the house during any necessary visit. <p>Property and estate agents are encouraged to use video facilities in order to reduce the need for in-person visits where possible.</p>
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<p>Phase 3</p> <p>(16 – 29 May 2020)</p>	<p><i>Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering. Detailed planning of this phase may be subject to amendment as events progress.</i></p> <p>This phase represents a progression towards greater social and economic activity within the Bailiwick with appropriate restrictions still in place to manage the ongoing risk. Restrictions on work practices, group gatherings (with limited exceptions), hand hygiene requirements and social distancing will remain in place.</p> <p><u>To open in Phase 3 the retailer/operator/individual will need to ensure that:</u></p> <ul style="list-style-type: none"> ○ Any business recommencing activities in Phase 3 must notify Environmental Health but those already operating under the guidance are not required to (re)notify. They must, however, continue to comply with the revised guidelines. ○ They are aware that their premises may be inspected by Environmental Health if there are concerns about compliance with Phase 3 guidance. ○ There are appropriate hand washing facilities and access to hand sanitiser. ○ There are strict hygienic precautions and appropriate cleaning protocols in place for toilet facilities. ○ Toilet facilities are operated on a ‘1 person in, 1 person out’ basis. ○ That a strong message of “Stay at home if you are not well even if only with mild symptoms” or for individuals who are shielding or particularly vulnerable is strongly endorsed by the business/establishment. ○ There are 2 metre social distancing zones in place. <p>Other measures will be necessary for the use of communal staff rooms/kitchens:</p> <ul style="list-style-type: none"> ○ No food should be prepared in the staff room. ○ Beverages can be prepared subject to strict hygienic precautions. ○ Staff should only use their own utensils and wash these themselves or place in a dishwasher. ○ Staff using the communal staff room should adhere strictly to social distancing of 2 metres. ○ The room should be well-ventilated. ○ Time spent in the staff room must be limited to a maximum of 15 minutes. ○ Employers must ensure that employees work and remain in defined work groups. ○ Staff must drink their beverage or eat their food at their workstation, if possible. ○ Workplaces must have evidence of rigorous daily cleaning programmes, including the cleaning of workstations and equipment. ○ Records are maintained of which employees are working each day and the details of any off-site visits.
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<p>(Phase 3 continued)</p>	<p>Employers are responsible for ensuring that guidance is adhered to.</p> <p><u>Office based businesses</u></p> <ul style="list-style-type: none"> ○ Homeworking should still be encouraged as the preferred method of working. ○ Office based businesses must continue the majority of activity from home. Formal restrictions on the numbers of people permitted in offices are removed, subject to being able to maintain strict social distancing of 2 metres. ○ Social distancing must be maintained in staff rooms and other shared common areas. Care should be taken not to share utensils, etc. Where appropriate, members of the public may attend office buildings for appointments, subject to prior bookings being made and social distancing being maintained. <p><u>Building and other trades</u></p> <ul style="list-style-type: none"> ○ Building and other trades are permitted to increase their activity for outdoor work with phase 2 hygiene requirements remaining in place. This means that there are no longer restrictions on the number of people working on each site, but 2 metre social distancing and hygiene measures must be maintained. ○ The following is also permitted: <ul style="list-style-type: none"> ○ Indoor building and allied work within houses is permitted under strict hygienic precautions. However, this will be limited to two people unless Health and Safety guidance indicates more than two people are required, for example to lift a heavy object. All indoor work must be carried out away from the occupiers of the household. ○ If the house or premises is unoccupied more workers can be on site, as long as social distancing of 2 metres is maintained unless closer contact is required on an ad-hoc basis for Health and Safety reasons, for example lifting a heavy object. ○ Activity within occupied households by a limited number of tradesmen may be permitted under strict hygiene requirements, unless <ul style="list-style-type: none"> ○ Either those attending the household or anyone resident in it has or has had any symptoms consistent with of COVID-19 within the last 48 hours ○ Anyone in the household is under a compulsory isolation order ○ Anyone in the household is considered medically vulnerable ○ This now includes trades such as carpet fitters, curtain fitters, alarm companies, audio visual companies.
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<p>(Phase 3 continued)</p>	<p><u>Building wholesale and supply</u></p> <ul style="list-style-type: none"> ○ Building wholesalers may be permitted to increase their activity for outdoor work with continued phase 2 cleaning and hygiene requirements in place. This means that there are no longer restrictions on the number of people working on each site, but 2 metre social distancing and hygiene measures must be maintained. ○ Premises may be open to the public with restrictions on the numbers of people permitted as currently applied in food retail. 2 metre social distancing to be maintained at all times. <p>Other non-essential retail premises</p> <ul style="list-style-type: none"> ● Other premises and non-essential retail (including garden retailers) may be able to open to the public with restrictions on the numbers of people permitted as currently applied in food retail and subject to maintaining social distancing measures. ● The initial opening reflects concerns from the community about the availability of clothes and shoes for growing children and to enable individuals to get to work by means other than car or public transport. ● In the first instance a pilot would be run for a period of up to weeks to include: <ul style="list-style-type: none"> ○ Bicycle shops ○ Sports shops ○ Shops selling clothes and shoes for children ○ Garden retailers ● Other goods cannot be purchased even if sold from the same retail outlet or in a shared retail space. ● Changing rooms must remain closed. ● The above will be operated on a pilot basis and will be extended if the Public Health indicators are favourable and there is evidence of good community compliance. ● Restrictions on the numbers of people permitted, and strict hygienic precautions, aligned to those in place in supermarkets will apply to all retail outlets. ● Play areas, cafes and restaurants within retail outlets cannot open in Phase 3. <p>Takeaway food services</p> <ul style="list-style-type: none"> ○ Takeaway food services are able to operate a food collection or delivery service from the start of phase 3 between the hours of 9am and 10pm daily, subject to appropriate public health measures. ○ This is dependent on:
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<p>(Phase 3 continued)</p>	<ul style="list-style-type: none"> ○ If the takeaway food outlet can adhere to a strict 2 metre social distancing in the kitchen that may be subject to inspection by the Office of Environmental Health and Pollution Regulation. ○ The ability of the business to demonstrate that they are able to adhere to strict hygienic precautions. ○ The availability of contactless payment as the preferred method of payment. ○ The availability of a home delivery service with strict adherence to strict hygienic precautions aligned with the current home delivery guidance. <p>Takeaway collections subject to social distancing and strict hygiene precautions. A pre-ordering system needs to be in place.</p> <p><u>Vehicle servicing and sales (including cars, bikes and boats)</u></p> <ul style="list-style-type: none"> ○ Businesses may be permitted to increase their activity as restrictions on the maximum number of people working on each site are lifted, but with continued Phase 2 cleaning and hygiene requirements remaining in place. 2 metre social distancing must be maintained, unless closer contact is required on an ad-hoc basis for Health and Safety reasons, for example, lifting a heavy object. ○ Protocols need to be in place to clean a car after it has been taken for a test drive. <p><u>Manufacturing and warehouse activities (except where these have been deemed essential for international medical supplies)</u></p> <ul style="list-style-type: none"> ○ Businesses may be permitted to enhance their activities as restrictions on the maximum number of people working on each site are lifted, but with continued Phase 2 cleaning and hygiene requirements in place. 2 metre social distancing must be maintained, unless closer contact is required on an ad-hoc basis for Health and Safety reasons, for example, lifting a heavy object. <p><u>Childminders – children of essential workers</u></p> <ul style="list-style-type: none"> • There are Guernsey Minimum Standards for Childminders on https://gov.gg/CHttpHandler.ashx?id=106027&p=0 and these must be adhered to. • The following will apply: <ul style="list-style-type: none"> ○ A childminder/nanny going into an essential worker’s home to care for their children can work as long as early years standards and outcomes are maintained as usual. ○ A childminder or nanny who provides childcare from their own usual place of residence must only provide care for one household’s child/ren. This is in addition to their own children.
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	<ul style="list-style-type: none"> ○ The exception to this is in the case where children are already part of an “extended household bubble”. If two children are already mixing as part of an “extended household bubble” they may also attend a childcare setting together. ○ A childminder or nanny who provides childcare in the child’s own home can continue to work as normal but must only provide care for one household’s child/ren. <ul style="list-style-type: none"> ○ The exception to this is in the case where children are already part of an “extended household bubble”. If two children are already mixing as part of an “extended household bubble” they may also attend a childcare setting together. ○ All childminders/nannies must have access to appropriate hand washing facilities and hand sanitisers. ○ All childminders/nannies must have evidence of rigorous daily cleaning programmes. This includes any toys or equipment that is being used. ○ All childminders/nannies must provide strong messaging of “Stay at home if you are not well even if only with mild symptoms.” ○ Usual lockdown rules re. time outside etc., apply. <p><i>Parents need to accept that there is a risk, albeit low, that infection with SARS-CoV-2 could occur with these lockdown easing measures.</i></p> <p><u>Public venues and public events</u></p> <ul style="list-style-type: none"> ○ Some public venues such as churches, libraries and museums may be permitted to reopen but there will be restrictions placed on the size, duration and nature of gatherings. ○ Other venues where activity is higher risk are unlikely to be permitted to open in this phase.
Phase 4 (30 May - 19 June 2020)	<p>This phase represents a significant change from Phase 3 towards a more normal level of activity within Guernsey. Further parts of the local economy, including retail and hospitality, hairdressing and beauticians, will be able to function although restrictions on work practices, gatherings and social distancing will remain in place.</p> <p>Working from home, if possible, is still encouraged.</p> <p>Anyone who has any symptoms consistent with COVID-19, however mild, should stay at home and seek medical advice and testing.</p>

<p>(Phase 4 continued)</p>	<p><u>Businesses unable to operate fully or under social distancing restrictions in Phases 2 and 3</u></p> <ul style="list-style-type: none"> • Will be permitted to operate subject to hygiene requirements. • Such businesses may include elements of construction that require multiple individuals working in close proximity to perform a task. Where possible social distancing of 2 metres should be maintained where possible, but it is acknowledged that this is not always possible. <p><u>Retail, clubs, etc.</u></p> <ul style="list-style-type: none"> • All retail businesses can re-open, subject to continued cleaning and hygiene requirements in place, including hairdressers and beauticians. • Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible. • More specifically, a differentiation needs to be made between controlled and uncontrolled environments: <ul style="list-style-type: none"> ○ Uncontrolled environments — e.g. supermarkets and other retail outlets, shops, parks, the beach and playgrounds. When out and about, keep at least a 2 metre distance from people you don't know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details of timings and use of gym equipment, then a 2 metre social distance should be maintained. ○ Controlled environments — these include places such as work, church, clubs/groups, recreation and sports teams where a record of attendance is kept. Keep at least a 1 metre distance between people you don't live with or who were not part of your extended bubble in Phase 3. ○ For gym and sport classes social distancing should aim for 2 metres but 1 metre is acceptable. ○ Contact sports are specifically excluded here and can only re-start in Phase 5. ○ In some circumstances social distancing is difficult, for example in hairdressers. Here direct contact should be minimised as much as possible. • Compliance with Public Health guidelines is required. • Restrictions on the numbers in any premises (of customers and staff) will be necessary to comply with social distancing. • Some business elements may be restricted if they present a particular risk (for example changing rooms may be closed, fitting of clothes or activity that requires physical contact will be restricted). <p><u>Restaurants, hotels, cafés, and pubs</u></p>
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<p>(Phase 4 continued)</p>	<ul style="list-style-type: none"> • Will be permitted to open with social distancing and hygiene and cleanliness requirements both in public-facing areas and kitchens. • Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible. • In restaurants, cafes and pubs, the following needs to be adhered to: <ul style="list-style-type: none"> ○ There needs to be at least 1 metre between tables and aim for 1 metre between people sitting at the table if not from the same household or extended household bubble, if possible ○ Table service only is permitted, no bar / counter service or standing at bars / counters. ○ All facilities are subject to increased hygiene measures in guest rest rooms and for staff. There needs to be procedures in place for cleaning of toilets and restricting access to toilets. • Restaurants, pubs and cafés need to keep a list of people using their premises, to include the table each individual was sitting at and the timing of this. These records should be kept for 14 days. • Al fresco dining is encouraged. • Contactless payment is encouraged. <p><u>Sport and leisure facilities and activities</u></p> <ul style="list-style-type: none"> • All gyms and leisure facilities can reopen, subject to social distancing and hygiene guidelines. • Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible. • More specifically, a differentiation needs to be made between controlled and uncontrolled environments: <ul style="list-style-type: none"> ○ Uncontrolled environments — e.g. parks, beaches and playgrounds. When out and about, keep at least a 2 metre distance from people you don't know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details in timings and use of gym equipment, then a 2 metre social distance should be maintained. ○ Controlled environments — these include places such as, recreation and sports teams where a record of attendance is kept. Keep at least a 1 metre distance between people you don't live with or who were not part of your extended bubble in Phase 3. ○ For gym and sport classes social distancing should aim for 2 metres but 1 metre is acceptable. Contact sports are specifically excluded here and can only re-start in Phase 5.
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(Phase 4 continued)	<ul style="list-style-type: none"> Specifically, outdoor children’s play areas can reopen but NOT indoor play areas, other than those that are part of the Early Years Services. <p><u>Travel</u></p> <ul style="list-style-type: none"> Travel for non-essential purposes <u>is permitted, subject to the individual self-isolating on return to the Bailiwick for 14 days.</u> Travellers need to be aware of the health risks of travel at the current time, particularly if they fall into a more vulnerable group.
Phase 5 (20 June 2020 until present)	<p>This phase represents a move to normal activity within the Bailiwick with the removal of all NPIs. No mandatory social distancing is required but there is a continued focus on hygienic principles and the promotion of a ‘respect my personal space’ message.</p> <p>This phase should be considered a return to a normal level of activity within Guernsey (with travel restrictions remaining in place) with the final elements of the local economy, including bars and clubs, being able to function and with more limited restrictions on gatherings and social distancing.</p> <p><u>Bars and Nightclubs</u></p> <ul style="list-style-type: none"> Will be permitted to open. Additional hygiene requirements must be in place and social distancing restrictions may be required leading to a cap on numbers (customers and staff) on the premises at any one time. <p><u>Public venues</u></p> <ul style="list-style-type: none"> All will be permitted to open but there may be some restrictions on the size, nature and duration of activities.
Phase 6	Progression to Phase 6 is set out in the body of this version of the Exit from Lockdown Framework.

Appendix B: COVID-19 Pandemic — The Bailiwick of Guernsey: A phased transition framework to restore social, cultural and recreational activity

PHASE	DESCRIPTION
Full Lockdown	<p><u>Full lockdown: restriction on all social, cultural and group recreational activities. Limited recreation with strict social distancing measures.</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, schools closed, all non-essential travel stopped. Strict contact tracing and case isolation.</p> <p>Islanders need to remain within their household bubble for non-work activities.</p> <p>Recreation permitted for up to 2 hours per day with members of own household only, or with one other person from outside of the household whilst maintaining 2m social distancing.</p> <p>Permitted activities: walking, running, cycling, sea swimming and other open sea activities, horse riding and recreational fishing (undertaken at own risk). Outdoor hobbies (painting, photography, etc.) also permitted, if alone or with other members of the same household.</p> <p>Public parks and beaches remain open as places to exercise. 2m social distancing must be maintained.</p> <p>Activities NOT permitted</p> <p>All group activities and close contact exercise, including team sports and hobby clubs.</p> <p>Places of recreation (both indoors and outdoors) are closed, including children’s playgrounds. Children not allowed to mix with children from outside of their household.</p> <p>Diving is not permitted (NB. hyperbaric chamber is closed).</p> <p><u>Public venues, restaurants, hotels, bars and clubs</u></p> <ul style="list-style-type: none"> Public venues including gymnasiums and sports venues, churches and community centres, theatres and cinemas, restaurants, hotels, bars and clubs remain closed.

Phase 1 (8 – 25 April 2020)	<p><u>Full lockdown: restriction on all social, cultural and group recreational activities. Limited recreation with strict social distancing measures.</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped. Strict contact tracing and case isolation.</p> <p>Same as Full Lockdown - this Phase is unchanged for social, cultural and recreational activity.</p>
Phase 2 (25 April – 15 May 2020)	<p><u>Full Lockdown: restriction on all social, cultural and group recreational activities. Some expansion of recreational activities with strict social distancing measures and limits on number of participants.</u></p> <p>Restricted movement of community, all non-essential businesses closed or operating remotely, schools closed, and all non-essential travel is stopped. Some retail business permitted to offer contactless home delivery. Social distancing measures maintained.</p> <p>2 hours of recreation permitted as per the arrangements above. The 2 hour time limit also applies to the recreational activities listed below but may be extended further during this phase depending on the prevailing public health evidence.</p> <p>2 hours of recreation time increased to 4 hours with effect from 7th May 2020.</p> <p>Islanders can add one other household to their household bubble. This is for home activities only and NOT for activities away from the household premises.</p> <ul style="list-style-type: none"> • Pleasure boating on a private vessel permitted with members of own household only or, if the vessel is sufficiently large enough to maintain social distancing guidelines, with one other person from outside of your household. • Other waterborne activity (such as jet skiing) permitted with members of the same household, or with one other person from outside of your household, subject to maintaining strict social distancing. • Flying light aircraft over the Island/s for maintenance or servicing. • Other limited outdoor activities, such as golf (excluding the driving range) or singles tennis – with a maximum of 2 participants, even if from the same household. Social distancing must be maintained and additional hygiene measures in place, particularly where equipment is shared.

<p>(Phase 2 continued)</p>	<ul style="list-style-type: none"> • 1:1 sports coaching or personal training (coach/trainer + 1 other person), outdoors only, subject to strict social distancing and additional hygiene measures being in place where necessary. <p>Where the above involves a business or organisation, the business or organisation will have to notify the Office of Environmental Health and Pollution Regulation of their operation and have in place the necessary measures to minimise general social interaction and maintain hygiene. Risk assessments must be available.</p> <ul style="list-style-type: none"> ○ Pre-booking for the activity (telephone/online) and facilities for pre-payment/payment by card on-site must be available. ○ Adequate hand washing facilities and/or hand sanitiser must be available on-site. ○ Physical layout of the venue/facility to be adapted where possible to limit social contact between participants. ○ Shared equipment must be disinfected between uses. ○ Shared toilet facilities must be used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines (NB. suitable cleaning guidance for shared spaces to be agreed with Public Health Services).
<p>Phase 3 (16 – 29 May 2020)</p>	<p><i>Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering.</i></p> <p>Restrictions on group gatherings and social distancing will remain in place. Some limited gatherings, up to a maximum of 10 attendees, will be permitted for wedding ceremonies (not receptions) and funerals (not wakes), in addition to celebrants and officials.</p> <p>4 hours of recreation time remains in place. Options for extending social connectivity through a measured expansion of the household bubble initiative are included in this phase. Up to 4 households may bubble together in total. This may be formed by the joining of two bubbles both of which comprise 2 households that have already formed a bubble, or by the addition of one or two single household bubbles with a 2 household bubble. For the avoidance of doubt, existing bubbles cannot ‘split’ and re-form with different households.</p> <p><u>Public venues and public events</u></p> <ul style="list-style-type: none"> • Places of worship may open for individuals to pray by themselves, subject to maintaining social distancing. With the exception of weddings and funeral services (see below), congregation services are not allowed. <p>Gatherings</p> <ul style="list-style-type: none"> • Gatherings permitted in this phase are wedding ceremonies (not receptions) and funerals (not wakes) for a maximum of 10 people only, in addition to officials or celebrants, where social distancing and other infection control measures can be maintained.

**(Phase 3
continued)**

- The following needs to be in place for any public venue that re-opens:
 - The ability to keep a 2m distance from people who are not in your extended household bubble.
 - There are appropriate hand washing facilities and/or access to hand sanitiser.
 - Access to toilets that have appropriate cleaning processes in place.
 - Regular cleaning of the areas used.
 - A list of those who attended the event must be available to ensure that contact tracing can take place if necessary.
- People who are unwell with COVID-19 symptoms, or who are in self-isolation, should not attend these gatherings.

Other outdoor sports and outdoor recreational activities with limited social contact may be permitted, but this may be subject to a limit on the number of participants.

Where this involves a business or organisation, the business or organisation will have to notify the Office of Environmental Health and Pollution Regulation of their operation and have in place the necessary measures to minimise social interaction and maintain hygiene. Risk assessments must be available.

- Additional recreational activities may become available only if it is possible to achieve strict social distancing measures between participants:
 - Pre-booking for the activity (telephone/online) and facilities for pre-payment/payment by card on-site must be available.
 - Adequate hand washing facilities and/or hand sanitiser must be available on-site.
 - Physical layout of the venue/facility to be adapted where possible to limit social contact between participants.
 - Shared equipment must be disinfected between uses.
 - Shared toilet facilities must be used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines (NB. suitable cleaning guidance for shared spaces to be agreed with Public Health Services).

Activities NOT permitted

Public venues, restaurants, hotels, bars and clubs

Public venues including gymnasiums and sports venues, church services and community centres, theatres and cinemas, restaurants, hotels, bars and clubs remain closed.

	Indoor sports not permitted.
<p>Phase 4 (30 May - 19 June 2020)</p> <p>(Phase 4 continued)</p>	<p>This phase represents a further progression towards a more normal level of activity within Guernsey. Further parts of the local economy, including retail and hospitality, will be able to function although some restrictions on work practices, gatherings and social distancing will remain in place.</p> <p>Most businesses open under controls to show that they are able to maintain strict hygiene precautions and social distancing of 2 metres, where possible, but at least 1 metre should be achieved.</p> <p>With regard to social distancing, a differentiation needs to be made between controlled and uncontrolled environments:</p> <p>Uncontrolled environments — e.g. supermarkets and other retail outlets, shops, parks, and playgrounds. When out and about, keep at least a 2 metre distance from people that are not from your Phase 3 extended household bubble. This is because no record of attendance can be kept.</p> <p>Controlled environments — these include places such as work, church, clubs/groups, recreation and sports teams where a record of attendance is kept. Keep at least a 1 metre distance between people who are not from your Phase 3 extended household bubble.</p> <p>Household bubbles will be discontinued. A gathering of up to 30 people (or 50 people for weddings and funerals services only, wakes and receptions would be subject to 30 people), with social distancing and hand hygiene is allowed.</p> <p>Recreation time is unlimited.</p> <p><u>Public venues</u></p> <ul style="list-style-type: none"> • Restrictions on most places of recreation are lifted, with an emphasis on hygiene measures and social distancing. • Public venues, including sports venues, churches and community centres, museums, theatres and cinemas may be permitted to open with restrictions on the size, nature and duration of activities. Individual guidance will be available, where necessary. • Coastal kiosks and public toilets open. <p><u>Social gatherings outside of hotels and restaurants</u></p>

	<ul style="list-style-type: none"> Gatherings of up to 30 people will be allowed subject to social distancing and hygiene measures. People should aim to maintain a social distance of 1 metre where possible. Sharing of utensils, cutlery and crockery should be avoided. This includes congregational services with social distancing. Gatherings of up to 50 will be allowed for wedding and funeral services subject to social distancing and hygiene measures. <p><u>Group activities and shared leisure facilities</u></p> <ul style="list-style-type: none"> Non-contact sports and fitness training for other sports may recommence, including indoor activities. Gymnasiums/fitness studios/indoor personal training allowed to operate, with an emphasis on hygiene measures and social distancing. Swimming pools and health suites may be able to open with additional hygiene measures in place. Facilities will be subject to inspection by the Office of Environmental Health and Pollution Regulation. Outdoor children's play areas can re-open. Group activities that have been deemed by the Medical Officer of Health to present an increased risk through respiratory droplets will be permitted but need to be carefully risk-assessed and organisers need to consider the risk of infection, particularly in vulnerable groups. This includes participation in choral, woodwind and brass activities. There needs to be a record of people attending any group activities that is kept for two weeks after the event and that will be available for contact tracing, if required. Participants should be at least two metres apart. Extra-curricular activities, defined as activities involving children and young people under the age of 18 years that are not directly school, college or childcare related for example sports clubs, dance classes etc. are not permitted during the initial stages of Phase 4. It is planned that this will be reviewed two weeks after the schools have opened.
Phase 5 (20 June 2020 until present)	<p>This phase represents a move to normal activity within the Bailiwick with the removal of all NPIs. No mandatory social distancing is required but there is a continued focus on hygienic principles and the promotion of a 'respect my personal space' message.</p> <ul style="list-style-type: none"> Contact team sports, such as football, rugby, netball, may recommence (NB. non-contact fitness training for these sports may be allowed in Phase 4, subject to maintaining suitable social distancing.) All children's extracurricular activities and clubs can recommence (if not already permitted in later stage of Phase 4). Indoor children's play areas can re-open. Bars and nightclubs may reopen, subject to ongoing risks assessments by the businesses and the implementation of reasonable social distancing to prevent over-crowding and hygiene measures.

