



# BILLET D'ÉTAT

TUESDAY, 18<sup>th</sup> AUGUST, 2020

XVIII  
2020

## THE BUSINESS OF THE MEETING

### *Legislation laid before the States*

The Driving Licences (Guernsey) (Amendment) Ordinance, 2020  
The Emergency Powers (Coronavirus) (General Provision) (Bailiwick of Guernsey) (No.4) (Amendment) Regulations, 2020  
The Polling Stations (Hours of Opening) (Revocation) Regulations, 2020  
The Polling Stations (Hours of Opening) (No. 2) Regulations, 2020  
The Limited Partnerships (Fees) Regulations, 2020  
The Limited Partnerships (Guernsey) (Migration) Regulations, 2020  
The Prison (Guernsey) (Amendment) (No 2) Regulations, 2020  
Severe Disability Benefit and Carer's Allowance (Guernsey) (Amendment) Law, 2019 (Commencement) Regulations, 2020  
The Electoral Roll (Availability) Rules, 2020  
The Postal Voting Regulations, 2020

### OTHER BUSINESS

1. Committee for Economic Development - Proposed Amendment to the Copyright (Bailiwick of Guernsey) Ordinance, 2005, P.2020/140
2. Committee for Home Affairs - Parole Review Committee - Re-Appointment of Chairperson, P.2020/141
3. States' Assembly & Constitution Committee - Dates of States' Meetings and minor amendments to The Rules of Procedure of the States of Deliberation and their Committees, P.2020/142
4. Committee for Health & Social Care - Developing the Legislative Framework necessary for vaccination against SARS-COV-2: The virus causing COVID-19, P.2020/144
5. Civil Contingencies Authority - Exit from lockdown - A framework for lifting the Covid-19 restrictions in the Bailiwick, P.2020/145

# BILLET D'ÉTAT

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## TO THE MEMBERS OF THE STATES OF THE ISLAND OF GUERNSEY

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I hereby give notice, pursuant to the provisions of Rule 2(4) of the Rules of Procedure of the States of Deliberation and their Committees, that at the Meeting of the States of Deliberation to be held at **THE ROYAL COURT HOUSE**, on **TUESDAY**, the **18<sup>th</sup> August, 2020** the items listed in this Billet d'État are submitted for debate.

R. J. McMAHON  
Bailiff and Presiding Officer

The Royal Court House  
Guernsey

11<sup>th</sup> August, 2020

## ***ORDINANCE LAID BEFORE THE STATES***

### **THE DRIVING LICENCES (GUERNSEY) (AMENDMENT) ORDINANCE, 2020**

In pursuance of the provisions of the proviso to Article 66A(1) of The Reform (Guernsey) Law, 1948, as amended, "The Driving Licences (Guernsey) (Amendment) Ordinance, 2020", made by the Policy & Resources Committee on the 21<sup>st</sup> July, 2020, is laid before the States.

#### **EXPLANATORY MEMORANDUM**

This Ordinance permits moped riders and motorcyclists whose provisional licences expired during the recent lockdown caused by the Covid-19 pandemic to renew those licences after their expiry and, after renewal, to drive on the public highway until they have passed a Compulsory Basic Training ("CBT") test, provided that they pass that test by a specified date. The dates are not set out on the face of the Ordinance, but will instead be set by resolution of the Committee for the Environment & Infrastructure ("the Committee"). This will allow the Committee to make similar provision in future should there be another lockdown or other similar event, but without the need to enact further amendments. Secondly, this Ordinance permits the Committee to extend, in exceptional circumstances, the period to successfully undertake a CBT test for moped riders and motorcyclists whose provisional licences had not expired during the specified date, but who could not undertake that test due to the lockdown. Finally, this Ordinance permits the Committee in its discretion to grant or renew licences for short periods (to a maximum period of 12 months) where payment has not been made for example, due to the closure of the Driving and Vehicle Licensing office, as a result of another lockdown or other similar event.

The Ordinance was approved by the Legislation Review Panel on the 20<sup>th</sup> July, 2020 and made by the Policy & Resources Committee in exercise of its powers under Article 66A(1) of the Reform (Guernsey) Law, 1948. Under the proviso to the said Article 66A(1), the States of Deliberation have the power to annul the Ordinance.

## **STATUTORY INSTRUMENTS LAID BEFORE THE STATES**

The States of Deliberation have the power to annul the Statutory Instruments detailed below.

No. 66 of 2020

### **THE EMERGENCY POWERS (CORONAVIRUS) (GENERAL PROVISION) (BAILIWICK OF GUERNSEY) (NO. 4) (AMENDMENT) REGULATIONS, 2020**

In pursuance to Sections 12(1), 14 and 19 of the Civil Contingencies (Bailiwick of Guernsey) Law, 2012, "The Emergency Powers (Coronavirus) (General Provision) (Bailiwick of Guernsey) (No 4) (Amendment) Regulations, 2020" made by the Civil Contingencies Authority on 23<sup>rd</sup> July 2020, is laid before the States:-

#### **EXPLANATORY NOTE**

These Regulations are emergency regulations made by the Civil Contingencies Authority under Part 3 of the Civil Contingencies (Bailiwick of Guernsey) Law, 2012 ("the Law"). They are made on the occurrence of an emergency, within the meaning of the Law, in the Bailiwick, arising from the urgent need to prevent, control or mitigate the spread of the virus Severe Acute Respiratory Syndrome Coronavirus 2 and the disease caused thereby, COVID-19 (referred to together in these regulations as coronavirus). They are prefaced with a statement by the Civil Contingencies Authority, as required by section 12(2) of the Law. COVID-19 was made a notifiable disease for the purposes of the Public Health Ordinance, 1936 on 10th February 2020.

These Regulations amend the Emergency Powers (Coronavirus) (General Provision) (Bailiwick of Guernsey) (No. 4) Regulations, 2020. They provide for offences under the Regulations to be assigned matters (within the meaning of the Customs and Excise (General Provisions) (Bailiwick of Guernsey) Law, 1972), including for the purposes of Schedule 5 to the Police Powers and Criminal Evidence (Bailiwick of Guernsey) Law, 2003. This means that the provisions of that latter Law relating to the investigation of offences conducted by police officers shall apply to investigations of those offences conducted by customs officers.

These Regulations also revoke provisions relating to schools and the cutting of seaweed, the effect of which has expired.

These Regulations will come into force on the 23rd July, 2020 and shall have temporary effect only in accordance with the provisions of section 16 (duration and scrutiny of emergency regulations) of the Law.

No. 58 of 2020

**THE POLLING STATIONS (HOURS OF OPENING) (REVOCATION) REGULATIONS, 2020**

In pursuance of Article 77C of the Reform Law (Guernsey) Law, 1948, and all other powers enabling it in that behalf, “The Polling Stations (Hours of Opening) (Revocation) Regulations, 2020” made by the States’ Assembly & Constitution Committee on 2<sup>nd</sup> June 2020, are laid before the States.

EXPLANATORY NOTE

These Regulations revoke the Polling Station (Hours of Opening) Regulations, 2020, following the decision to delay the holding of the 2020 General Election. They came into force on being made.

No. 67 of 2020

**THE POLLING STATIONS (HOURS OF OPENING) (NO. 2) REGULATIONS, 2020**

In pursuance of Article 77C of the Reform Law (Guernsey) Law, 1948, and all other powers enabling it in that behalf, “The Polling Stations (Hours of Opening) (No. 2) Regulations, 2020” made by the States’ Assembly & Constitution Committee on 21<sup>st</sup> July 2020, are laid before the States.

EXPLANATORY NOTE

These Regulations replace the Polling Stations (Hours of Opening) Regulations, 2020, which were revoked by the Polling Stations (Hours of Opening) (Revocation) Regulations, 2020 following the change of date of the general election. They provide for polling stations in the 2020 General Election to be open between 8am and 8pm. The polling stations are set out in the Schedule to the Advance Polling and Super Polling Stations Ordinance, 2020. These Regulations were made on 21<sup>st</sup> July 2020 and came into force on the day they were made.

No. 68 of 2020

**THE LIMITED PARTNERSHIPS (FEES) REGULATIONS, 2020**

In pursuance of sections 36(1)(C), 43 and 44 of the Limited Partnerships (Guernsey) Law, 1995, “The Limited Partnerships (Fees) Regulations, 2020”, made by the Committee for Economic Development 30<sup>th</sup> July 2020, are laid before the States.

EXPLANATORY NOTE

These Regulations, made under the Limited Partnerships (Guernsey) Law, 1995, amend the Limited Partnerships (Fees, Annual Validations and Miscellaneous Provisions)

Regulations, 2016, by substituting the Schedule to introduce fees payable to the Greffier in respect of the inward and outward migration of limited partnerships. They also prescribe a fee payable to the Guernsey Financial Services Commission for the consent of the commission for the removal of a supervised limited partnership from the Register of Limited Partnerships; and Fees payable to HM Procureur and the Director of the Revenue Service in respect of their consent for the removal of limited partnerships from the Register of Limited Partnerships.

These Regulations come into force on the 30<sup>th</sup> July, 2020.

No. 69 of 2020

**THE LIMITED PARTNERSHIPS (GUERNSEY) (MIGRATION) REGULATIONS, 2020**

In pursuance of sections 43 and 44 of the Limited Partnerships (Guernsey) Law, 1995, "The Limited Partnerships (Guernsey) (Migration) Regulations, 2020", made by the Committee *for* Economic Development 30<sup>th</sup> July 2020, are laid before the States.

EXPLANATORY NOTE

These Regulations, made under the Limited Partnerships (Guernsey) Law, 1995, provide for the inward migration, and registration in Guernsey, of overseas limited partnerships registered or incorporated in another jurisdiction; and for the outward migration, and registration in another jurisdiction, of limited partnerships registered in Guernsey

These Regulations come into force on the 30<sup>th</sup> July, 2020.

No. 49 of 2020

**THE PRISON (GUERNSEY) (AMENDMENT) (NO 2) REGULATIONS, 2020**

In pursuance of sections 13, 15, 49 and 51 of the Prison (Guernsey) Ordinance, 2013, The Prison (Guernsey) (Amendment) (No 2) Regulations, 2020, made by the Committee *for* Home Affairs on 14th April 2020, is laid before the States.

EXPLANATORY NOTE

These Regulations amend the Prison (Guernsey) Regulations, 2013 ("**the principal Regulations**") to deal with the threat of serious infectious or contagious diseases.

The new regulation 140A inserted into the principal Regulations authorises the Governor to direct a prisoner to be quarantined within the prison either by removal from association, or where strictly necessary, by cellular confinement, upon a certificate issued by a member of the healthcare team. This is in order to prevent,

control or mitigate the spread of a serious infectious or contagious disease within the prison or the wider community outside the prison. The Independent Monitoring Panel as well as a member of the healthcare team must be notified of any direction issued under the new regulation 140A. If a direction for cellular confinement is issued, the Committee for Home Affairs must also be notified.

The new regulation 140B inserted into the principal Regulations authorises the Governor to direct the suspension of prisoner entitlements or activities in the prison, upon a certificate issued by a member of the healthcare team. This is in order to prevent, control or mitigate the spread of a serious infectious or contagious disease within the prison. The Independent Monitoring Panel, a member of the healthcare team and the chief officer of the Committee for Home Affairs must be notified of any direction issued under the new regulation 140B.

The need for these powers became apparent in the current Covid-19 emergency, although the new regulations 140A and 140B could be used for any similarly serious threat to health in the prison posed by any serious infectious or contagious disease.

These Regulations come into force on the 14<sup>th</sup> April, 2020.

No. 50 of 2020

**THE SEVERE DISABILITY BENEFIT AND CARER'S ALLOWANCE (GUERNSEY)  
(AMENDMENT) LAW, 2019 (COMMENCEMENT) REGULATIONS, 2020**

In pursuance of section 3 of the Severe Disability Benefit and Carer's Allowance (Guernsey) (Amendment) Law, 2019, the Severe Disability Benefit and Carer's Allowance (Guernsey) (Amendment) Law, 2019 (Commencement) Regulations, 2020, made by the Committee *for* Employment & Social Security on 15<sup>th</sup> April, 2020 are laid before the States.

EXPLANATORY NOTE

These Regulations bring into force the Severe Disability Benefit and Carer's Allowance (Guernsey) (Amendment) Law, 2019, on 20<sup>th</sup> April, 2020.

No. 70 of 2020

**THE ELECTORAL ROLL (AVAILABILITY) RULES, 2020**

In pursuance of sections 35(2) 30, 45, 49 and 51 of the Reform (Guernsey) Law, 1948, as amended, The Electoral Roll (Availability) Rules 2020, made by the Committee *for* Home Affairs on 6th August 2020, is laid before the States.

EXPLANATORY NOTE

These rules specify the conditions on which the Registrar-General of Electors may supply copies of the Electoral Roll to election candidates and certain office holders.

These Rules came into force on the day they were made, 6<sup>th</sup> August 2020.

No. 73 of 2020

### **THE POSTAL VOTING REGULATIONS, 2020**

In pursuance of the powers conferred on it by section 15B of the Reform (Amendment) (Guernsey) Law, 1972 and all other powers enabling it in that behalf, and having consulted the Registrar-General of Electors, "The Postal Voting Regulations, 2020" made by the States' Assembly & Constitution Committee on 10<sup>th</sup> August, 2020, are laid before the States.

#### **EXPLANATORY NOTE**

These Regulations modify sections 9 and 10 of the Reform (Amendment) (Guernsey) Law, 1972 ("the 1972 Law") as they shall apply in respect of the 2020 General Election, to facilitate the introduction of a partially automated system for preparing, collating and sending documents to absent voters. As required by section 15B(2) and (3) of the 1972 Law, the States' Assembly & Constitution Committee consulted the Registrar-General of Electors before making these Regulations, and is satisfied that they shall not threaten the integrity of the 2020 General Election.

These Regulations were made on 10th August, 2020 and came into force on being made.

The full text of the legislation can be found at:

<http://www.guernseylegalresources.gg/>



**THE STATES OF DELIBERATION**  
**of the**  
**ISLAND OF GUERNSEY**

**COMMITTEE *FOR* ECONOMIC DEVELOPMENT**

PROPOSED AMENDMENT TO THE COPYRIGHT (BAILIWICK OF GUERNSEY)  
ORDINANCE, 2005

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

30<sup>th</sup> July 2020

Dear Sir

**1 Executive summary**

- 1.1 Intellectual property in literary and artistic works, such as novels, music recordings, film recordings and paintings, is protected in the Bailiwick pursuant to the Copyright (Bailiwick of Guernsey) Ordinance, 2005 (the “**Ordinance**”).
- 1.2 An area for amendment of the Ordinance has been identified, by the Committee *for* Economic Development (the “**Committee**”), to update Guernsey’s legislation and to enable the use of modern technology in the preservation of works held by libraries, archives, museums and galleries, without infringing copyright protection.
- 1.3 This policy letter details a proposed amendment to the Ordinance, which the States are asked to approve.

**2 Background**

- 2.1 In general, copyright material cannot be copied without permission of the copyright holder. Some exceptions to the general prohibition exist, including for certain uses by libraries and archives.<sup>1</sup> The exceptions seek to balance the commercial interests of the creator and the ability to make materials accessible for the public. Where an exception exists users are not required to obtain prior permission for use from the copyright holder.

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<sup>1</sup> Sections 50 to 59 of the Ordinance.

- 2.2 In particular section 56 of the Ordinance provides an exception to copyright infringement, permitting librarians and archivists to copy works, to help minimise wear and tear on fragile items or to replace lost, destroyed or damaged items. Section 56 provides that a copy may be made, without infringing copyright, of any item in the permanent collection of a library or archive, where it is necessary to preserve or replace a copy of such an item.<sup>2</sup> This can be done where the replacement or preservation copy is required within that same library or archive, or for a permanent collection of another library or archive, and it is not reasonably practicable to purchase a copy of the same.
- 2.3 This exception has some limitations, including that:
- 2.3.1 it only applies to literary, dramatic or musical work, any illustration accompanying the work or, in the case of a published edition, the typographical arrangement. It does not apply to artistic works, sound recordings, films or broadcast. Such works can only be copied lawfully with permission of the copyright owner;
  - 2.3.2 a single copy is permitted to be made. Backup copies or the use of preservation technology (i.e. making multiple copies) are precluded; and
  - 2.3.3 only prescribed libraries and archives are able to benefit from the exception. It does not apply to other institutions, such as museums or galleries.
- 2.4 Obtaining consent of the copyright owner, for works not included within the scope of an exception, may be impractical as it may not be possible to easily trace the owner. Further, the costs of obtaining permissions can be prohibitive.
- 2.5 The States Archivist has reported an issue regarding the ability to protect local sound recordings, which are vulnerable to loss from physical degradation, and as the technology to play them disappears from production. In order to preserve the recordings they need to be migrated to more modern formats through digitisation, which is not currently permitted without the consent of the copyright owner's permission, and the Committee has been advised that this is not practicable.

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<sup>2</sup> Section 56 of the Ordinance.

### **3 Proposed amendment to the Ordinance**

3.1 It is therefore proposed that section 56 of the Ordinance be amended to:

3.1.1 extend the exception to apply to all types of media (including audio-visual works and sound recordings);

3.1.2 extend application of the exception to curators of museums and galleries; and

3.1.3 enable multiple copies to be made.

3.2 The proposed amendment is consistent with copyright protection in other jurisdictions, including in the UK, and is in conformity with international intellectual property convention.

### **4 Consultation**

The Committee previously issued a public consultation on the proposed amendment, and no objections were raised.

### **5 Compliance with Rule 4**

5.1 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.

5.2 In accordance with Rule 4(1) of the Rules of Procedure of the States of Deliberation and their Committees, it is confirmed that the proposition above has been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications.

5.3 In accordance with Rule 4(4) of the Rules of Procedure of the States of Deliberation and their Committees, it is confirmed that the proposition above has the unanimous support of the Committee.

5.4 In accordance with Rule 4(5) of the Rules of Procedure of the States of Deliberation and their Committees, the propositions relate to the duties of the Committee including competition, innovation, diversification and regulation in the economy.

Yours faithfully

C N K Parkinson  
President

Vice-President  
A C Dudley-Owen

D de G de Lisle  
N R Inder  
J I Mooney

**THE STATES OF DELIBERATION**  
**of the**  
**ISLAND OF GUERNSEY**

**COMMITTEE *FOR* HOME AFFAIRS**

**PAROLE REVIEW COMMITTEE – RE-APPOINTMENT OF CHAIRPERSON**

The States are asked to decide:-

Whether, after consideration of the Policy Letter dated 3<sup>rd</sup> August 2020, they are of the opinion:-

1. To approve the re-appointment of Mr Philip John Taylor as Chairperson of the Parole Review Committee retrospectively, for three years with effect from 1<sup>st</sup> July 2019
2. To direct the preparation of such legislation as may be necessary to validate the decisions made by the Parole Review Committee since 1<sup>st</sup> July 2019.

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.

**THE STATES OF DELIBERATION**  
**of the**  
**ISLAND OF GUERNSEY**

**COMMITTEE *FOR* HOME AFFAIRS**

**PAROLE REVIEW COMMITTEE – RE-APPOINTMENT OF CHAIRPERSON**

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

3<sup>rd</sup> August 2020

Dear Sir

**1 Executive Summary**

- 1.1 The purpose of this Policy Letter is to propose the re-appointment of Mr Philip John Taylor as the Chairperson of the Parole Review Committee (“the PRC”) retrospectively from 1<sup>st</sup> July 2019 and to direct the preparation of legislation that may be necessary to validate the PRC’s decisions since that time.

**2 Background**

- 2.1 The Parole Review Committee (Guernsey) Law, 1989 (“the Law”) came into force on 1<sup>st</sup> December 1989. The PRC works under this legislation, administering the parole scheme locally for persons who receive a custodial sentence from the Royal Court. The PRC’s duties are to consider the release on licence of persons whose cases have been referred to it by the Committee *for* Home Affairs, the recall, if necessary, of persons released on licence, and the conditions to be attached to such licences including the variation or revocation of such licences. The scheme seeks to protect the public, prevent reoffending and ensure the prisoner’s successful reintegration into the community.
- 2.2 The PRC is an independent body made up of members of the local community. This independence is vital for ensuring the good governance of the scheme and the appointment of a strong and committed Chairperson is fundamental to the good organisation and operation of the scheme.

**3 Appointment of a Chairperson**

- 3.1 The constitution of the PRC is determined by States' resolution. On 14<sup>th</sup> December 1989 the States resolved that the Chairperson of the PRC shall be appointed by the States for a term of office of three years and shall be an independent person, i.e. not a sitting member of the States nor a person holding judicial office, chosen because of their experience and standing in the community. The ordinary members of the PRC are appointed by the Royal Court and are also independent persons (that is, not sitting members of the States nor persons holding judicial office).
- 3.2 The purpose of this independence is to ensure that persons whose cases are considered can be satisfied that decisions will not be swayed by political considerations and will not in any way be a re-sentencing process.
- 3.3 On 30<sup>th</sup> July, 2003, the States resolved to set a maximum term of office for members of the PRC of 12 years, except where a person is appointed as Chairperson from amongst the ordinary members, in which case their total term of office should be limited to 16 years, being appointed for periods of three years at a time. In considering the maximum term it was acknowledged that the term should be sufficiently long to ensure continuity of experience and membership.
- 3.4 Mr Philip Taylor was first appointed as Chairperson of the PRC in July 2016 having first been appointed as an ordinary member in 2012. His initial term of office expired on 30<sup>th</sup> June 2019 and was not renewed prior to this date due to an administrative oversight.
- 3.5 Mr Taylor has demonstrated effective leadership skills in the role; he has a strong sense of integrity, effective communication and listening skills and ensures that all members of the PRC have an opportunity to contribute. Members of the PRC fully support Mr Taylor's re-appointment as Chairperson. Mr Taylor's current curriculum vitae is appended.

#### **4 Present position**

- 4.1 The PRC is constituted by four members along with the Chairperson. Members are randomly selected by an administrative officer from a panel of eight persons appointed by the Royal Court. The Chairperson does not have an original vote; however, he or she will cast a deciding vote should there be a split decision on a case.
- 4.2 The Chairperson has no power under the current Law to act alone save for the signing and dating of decisions made by the PRC under section 3(1)(c) of the Parole Review Committee Ordinance, 1991.

4.3 There have been 55 decisions made since 1<sup>st</sup> July 2019; only one of these required the Chairperson to cast a vote and this application has since been reviewed by a differently constituted PRC.

4.4 The Committee is of the opinion, having sought the advice of the Law Officers of the Crown, that it would be appropriate for legislation to be enacted to ensure the validity of those decisions.

## **5 Compliance with Rule 4**

5.1 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.

5.2 In accordance with Rule 4(1), the Propositions have been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications.

5.3 In accordance with Rule 4(4) of the Rules of Procedure of the States of Deliberation and their Committees, it is confirmed that the propositions above have the unanimous support of the Committee.

5.4 In accordance with Rule 4(5), the Propositions relate to the duties of the Committee to advise the States and to develop and implement policies on matters relating to its purpose, including: 'imprisonment, parole, probation and rehabilitation'.

Yours faithfully

M Lowe  
President

M Leadbeater  
Vice-President

V Oliver  
P Le Pelley  
J Smithies



**CURRICULUM VITAE  
PHILIP JOHN TAYLOR**

**PROFILE**

I am a self-motivated proven leader with business development skills gained largely in the security business. I am currently an ordinary member of the Parole Review Committee and have been since 2012.

At G4S I had a successful track record in business growth which was demonstrated in sales and profit growth achieved through diversification, expansion and acquisitions resulting in many government and commercial contracts for G4S. I gained a good understanding of economic and political issues and formed well-established associations with Government Ministers, Chief Officers and a wide range of business leaders in Guernsey, Jersey and the Isle of Man.

Under my leadership, G4S Channel Islands and Isle of Man were rated within the top five regions of G4S globally. This was recognised by G4S at Conference Awards ceremonies with awards for:

- High Margin Performance, and
- Best Year on Year Organic Growth

Other Specific Achievements were as follows:

- G4S employees in The Offshore Islands increased from 250- 850;
- Annual Sales increased from £4m- £32m;
- Annual Profits increased from £1m- £4.5m;
- I successfully restructured the Boards of Directors for the Channel Islands and Isle of Man;
- Company diversification significantly increased; and
- I gained significant experience in company acquisitions

Having retired from G4S, I am seeking to put my 35 years of extensive business experience, expertise and network of contacts to local and commercial use through key non-executive positions, consultancy and project work.

## **CAREER SUMMARY**

### **OCS Group of companies**

2016: non-executive Chairman of Meadowcroft Engineering Ltd

2016: non-executive Chairman of OCS Guernsey Ltd

2016: non-executive Chairman of OCS Jersey Ltd

2014 -2015: interim Managing Director OCS group of companies in the Channel Islands

My role as interim Managing Director of OCS was to manage the acquisition of Meadowcroft Engineering Ltd and re-structure the management and the board of the combined Channel Island companies.

### **G4S Group of companies**

2011-2014: Project work G4S Offshore Islands and Gibraltar (part-time)

2006 -Present: Trustee of G4S Offshore Islands Pension Scheme

2000 - 2011: Managing Director G4S Offshore Islands

1993 -2000: Managing Director of Securicor Guernsey Ltd

1990-1993: General Manager of Securicor Guernsey Ltd

2006 to 2009 Member of the Excom Team G4S UK and Ireland Region

I joined G4S (formerly Securicor Ltd) in 1990 as General Manager, was promoted to Managing Director in 1993, and Director of the Offshore Islands in 2000. The company grew, diversified and achieved many successes under my leadership with excellent year on year growth in sales and profitability with turnover increasing from £4m to £32m.

### **Le Tricoteur-Manufacturing Knitwear Company**

1985-1990: Director

1978 -1985: Assistant Manager

As a Director of Le Tricoteur I had special responsibility for developing the business in Japan. In 1987 on my first visit to Japan, I was able to secure a top Japanese Agency despite a challenging business environment.

My other successes at Le Tricoteur included the design and introduction of monthly management accounts and introducing the company's first IT system.

Guernsey sweaters were a fashion item for many years and at its peak Le Tricoteur employed over 400 people. Turnover and profits went through an extended period of growth with large orders being placed from the UK and Japan, where Guernsey sweaters were featured in the Sony catalogue.

### **Various Catering and Hospitality Positions**

1972-1978

## **Education**

- Les Beaucamps, Castel: 1964 -1969
- College of Further Education:1969 -1972
- Catering and Hospitality Certificate: Chef

## **OTHER INTERESTS**

- Director of the Bailiwick of Guernsey Victim Support and Witness Service
- Member of Vive La Valette Committee
- Member of the Island Games 2021 Committee

**THE STATES OF DELIBERATION**  
**of the**  
**ISLAND OF GUERNSEY**

**STATES' ASSEMBLY & CONSTITUTION COMMITTEE**

DATES OF STATES' MEETINGS AND MINOR AMENDMENTS TO THE RULES OF  
PROCEDURE OF THE STATES OF DELIBERATION AND THEIR COMMITTEES

The States are asked to decide whether, after consideration of the policy letter entitled "Dates of States' Meetings and minor amendments to The Rules of Procedure of the States of Deliberation and their Committees" dated 5th August 2020, they are of the opinion:-

1. To agree:
  - (a) To rescind Resolutions 1 and 2 of Article II of Billet d'État No. XII of 2020, entitled 'Dates of States' Meetings – 1st September 2020 to 31st August 2021' (P. 2020/93).
  - (b) That the dates on which States' Meetings shall be convened in the period from the 1st September, 2020 to the 31st August, 2024 shall be as set out in the table in section 2.15 of the policy letter.
  - (c) That statements under the provisions of Rules 10(4) and (5) shall be made by the Presidents and, in the case of the States of Alderney, the nominated Alderney Representative according to the rota set out in in the table in section 2.15 of the policy letter.
  - (d) To delete Schedule 1 to the Rules of Procedure of the States of Deliberation and their Committees and replace with Schedule 1 as set out in Appendix 1 to the policy letter.
  - (e) To direct the States' Assembly & Constitution Committee to report to the States with a policy letter by July 2021 proposing the dates on which States' Meetings shall be convened in the period from the 1st September, 2024 to 31st August 2025, further to consultation with the Committee *for* Education, Sport & Culture.
2. To agree that the Rules of Procedure of the States of Deliberation and their Committees should be amended with immediate effect as follows:
  - (a) To substitute Rule 26.(8) as set out in paragraph 3.3. of this policy letter.
  - (b) To amend Rules 29.(3) and 29.(7) and Schedule 2 to the Rules and the Explanatory notes as set out in paragraph 3.5 of this policy letter.

- (c) To amend the definition of “the Greffier” as set out in paragraph 3.7 of this policy letter.
  - (d) To amend Rule 37.(2) as set out in paragraph 3.9 of this policy letter.
  - (e) To amend Rules 40.(5) and (6) as set out in paragraph 3.11 of this policy letter.
  - (f) To amend Rules 3.(6) and (19), Rule 54.(2) and Rule 60. and Appendix A to the Rules as set out in paragraph 3.12 of this policy letter.
3. To agree that Rules 40.(8) to (10) are deleted and replaced with the following:
- “(8) If a member of a Committee of the States, who has obtained the prior permission of the person who will preside at the meeting, is in communication with the other members by telephonic communication, live television link or any other means of telecommunication, so that each member can hear or read what is said or communicated by each of the others, each member in such communication is deemed (subject to paragraph (10) below) to be present and participating at the meeting of the Committee for all purposes, including the quorum and voting.
  - (9) It shall be at the absolute discretion of the person who will preside at the meeting to decide whether or not to agree to the request and in so deciding the person presiding may take into account any factors whatsoever which are considered relevant.
  - (10) In the event that the telephonic communication, live television link or any other means of telecommunication fails or is corrupted or confidentiality is compromised, the person presiding at the meeting shall have discretion at any point during the meeting to determine that a member who is in a remote location is no longer to be regarded as in attendance.
  - (11) Paragraphs (8) to (10) of this Rule apply to meetings of sub-committees of Committees of the States established under Rule 54.(3).”

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.

**THE STATES OF DELIBERATION**  
**of the**  
**ISLAND OF GUERNSEY**

**STATES' ASSEMBLY & CONSTITUTION COMMITTEE**

DATES OF STATES' MEETINGS AND MINOR AMENDMENTS TO THE RULES OF  
PROCEDURE OF THE STATES OF DELIBERATION AND THEIR COMMITTEES

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

5th August, 2020

Dear Sir

**1 Executive Summary**

- 1.1 The Committee is required by Rule 1.(1) of The Rules of Procedure of the States of Deliberation and their Committees ('the Rules of Procedure') to submit, in the six months prior to a General Election, a policy letter setting out the dates on which it proposes that States' Meetings should be convened during the States' term immediately following the General Election. Given the decision to postpone the General Election from June 2020 to October 2020, it is necessary to submit the dates for States' Meetings for the next States' term to the States.
- 1.2 Some minor changes are proposed to the Rules of Procedure to update references to dates, to reflect the move to an Island-wide system (e.g. in the voting rota) and other minor administrative changes.
- 1.3 The policy letter focuses on the changes necessary to prepare for the new political term with one exception. The policy letter recommends that remote attendance at Committee Meetings is available as an option to Members, rather than just one exercised in an emergency, given the benefits that have been seen in 2020 from this option being available to Committees.

**2 States' Meetings to be convened during the next political term**

- 2.1 On 18th March, 2020, the States agreed the dates of the States' Meeting for the 2020 to 2024 political term further to consideration of the propositions and policy letter entitled [Dates of States' Meetings - 1st September 2021 to 31st August 2024](#). Further to the decision taken on 15th April to postpone the General Election scheduled to take place on 17th June, 2020 until 16th June, 2021, a

further policy letter was considered by the States at its meeting on 20th May entitled [Dates of States' Meetings - 1st September 2020 to 31st August 2021](#), which set out the dates for the Meetings for the remainder of the extended political term.

- 2.2 Given the decision on 1st July, 2020, to reschedule the General Election to 7th October 2020, it is necessary to submit revised dates to the States of Deliberation for approval, in accordance with Rule 1.(1):

*The States' Assembly & Constitution Committee shall submit, in the six months prior to a General Election, a policy letter setting out the dates on which it proposes that States' Meetings should be convened during the States' term immediately following that General Election, having first taken into account the dates of school terms and any other information which it considers relevant. The policy letter referred to above shall also include proposals setting out the Committee or Committees whose President or Presidents will be obliged to make statements, and for the States of Alderney statement to be made by one of the Alderney Representatives, under the provisions of Rules 10(4) and (5) at each ordinary Meeting during the said period.*

- 2.3 On 1st July, the States agreed that the next General Election to be held after the 2020 General Election would be held in June 2025. The dates of school terms for the year 2024 to 2025 have not yet been determined therefore it is not currently possible to propose States' Meeting dates for that year taking into account the dates of school terms. The policy letter therefore proposes the dates from September 2020 to August 2024, and the Committee has included Proposition 1(e) requiring it to report to the States in the next term setting out the proposed dates for September 2024 to August 2025.

- 2.4 In the following sections, the Committee proposes that:

- (a) Resolutions 1 and 2 of Article II of Billet d'État No. XII of 2020, 'Dates of States' Meetings – 1<sup>st</sup> September 2020 to 31<sup>st</sup> August 2021' should be rescinded.
- (b) States' Meetings should be convened for the remainder of 2020 on 4th November, 25th November, 15th December (Special Meeting for consideration of the Budget) and 16th December.
- (c) States' Meetings should be convened in 2021, 2022 and 2023 as originally agreed further to consideration of the [Dates of States' Meetings - 1st September 2021 to 31st August 2024](#) in March 2020.
- (d) A revised schedule of States' Meetings be convened between January to August 2024.
- (e) A revised Rota of Statements from September 2020 to August 2024 is agreed.

(a) Rescinding Resolutions 1 and 2 of Article II of Billet d'État No. XII of 2020

2.5 For completeness, the Committee recommends that the States rescinds the following [Resolutions](#) of Billet d'État No. XII of 2020, made on 22nd May further to consideration of the policy letter entitled [Dates of States' Meetings - 1st September 2020 to 31st August 2021 \(P.2020/93\)](#). Proposition 1(a) relates.

1. To agree that the dates on which States' Meetings shall be convened in the period from the 1st September, 2020 to the 31st August, 2021 shall be as set out in the table in section 2.7 of the policy letter.
2. To agree that statements under the provisions of Rules 10(4) and (5) shall be made by the Presidents and, in the case of the States of Alderney, the nominated Alderney Representative according to the rota set out in the table in section 3.3 of the policy letter.

(b) States' Meeting dates in 2020 after the October General Election

2.6 On 1st July, 2020, the States agreed the following States' Meetings should be convened for Committee and other elections:

Date	Election of
Friday 16th October	President, Policy & Resources Committee
Saturday 17th October	Members, Policy & Resources Committee
Monday 19th October	Committee Presidents
Wednesday 21st October	Committee Members and Non-Governmental Body Members

2.7 The Committee proposes that the dates for States' Meetings for the remainder of 2020 should be as follows:

Date	Meeting
Wednesday 4th November	Ordinary Meeting
Wednesday 25th November	Ordinary Meeting
Tuesday 15th December	The States of Guernsey Annual Budget for 2021
Wednesday 16th December	Ordinary Meeting

(c) States' Meeting dates from 2021 to 2024

2.8 The States' Meeting dates from January to August 2021 were agreed further to



the Committee's policy letter '[Dates of States' Meetings – 1st September 2020 to 31st August 2021](#)'. It is proposed that the same dates are agreed for this period.

- 2.9 It is further recommended that the dates previously agreed by the States for September 2021 until December 2023, as set out in the [Dates of States' Meetings - 1st September 2021 to 31st August 2024](#) should largely be reinstated.
- 2.10 Rule 1.(2) requires the Meeting held to consider the Policy & Resource Plan and States' Accounts at the same dedicated Meeting in June which shall begin on a Tuesday, except in general election years when they will be considered at a later date in that year. Rule 23 sets out the timetable for the formulation and consideration of the Policy & Resource Plan from 2020 onwards.
- 2.11 It is proposed that the Meetings to consider the Policy & Resource Plan follow the timetable included in Rule 23, noting that some dates will fall outside the requirements of Rule 1.(2) for this term, given the change of the date of the General Election:

<b>P&amp;R Plan Policy Letter</b>	<b>Timing</b>	<b>Dates Proposed</b>
<b>Phase 1 report</b>	No later than 6 months after the General Election (i.e. by 7th April, 2021)	17th March 2021
<b>Phase 2 report</b>	No later than 12 months after the General Election (i.e. by 7th October, 2021)	29th September 2021
<b>Annual Report</b>	Every 12 months thereafter (i.e. at the end of the second and third years of the States' Term).  Given the extension of the term, this is being applied to 2024 as well.	21st June 2022  20th June 2023  18th June 2024
<b>'End of Term'</b>	Not more than three months prior to the General Election	N/A To be proposed in next policy letter on this subject.

- 2.12 As the first Phase 1 report needs to be discussed before 7th April, 2021, it is proposed that the States Accounts are considered during the meeting on 16th June, 2021.

- 2.13 Given it is proposed to schedule the Phase 2 report for consideration on 29th September 2021, it is suggested that the October States' Meeting previously scheduled for 20th October should be brought forward to 13th October, to reduce the gaps between ordinary meetings.

(d) Proposed States' Meeting dates from September 2020 to August 2024

- 2.14 In respect of January 2024 until August 2024, it is proposed the States' Meetings are more spread out than in the [Dates of States' Meetings - 1st September 2021 to 31st August 2024](#), given that the previous dates were agreed taking into account the end of the political term.

2024	Meeting
24th January	
21st February	
20th March	
24th April	
22nd May	
18th June	<b>Policy &amp; Resource Plan (Annual Report) &amp; Accounts</b>
26th June	
17th July	

- 2.15 The Committee therefore proposes that States' Meetings are convened as set out in the following tables. As a result of the change in the start of the political term, it has also reviewed the rota of statements under the provisions of Rules 10.(4) and (5) at each ordinary Meeting during the said period, and proposes the rota as set out below and at Appendix 2. Proposition 1(b) to (d) relates.

2020	
States Meeting	Statements
4th November	Policy & Resources Committee Committee <i>for</i> Economic Development
25th November	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure Development & Planning Authority
15th December	<b>Budget Report</b> (Tuesday)
16th December	Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care

	Overseas Aid & Development Commission
<b>2021</b>	
<b>States Meeting</b>	<b>Statements</b>
27th January	Committee <i>for</i> Home Affairs The States of Alderney
24th February	Scrutiny Management Committee States' Assembly & Constitution Committee
17th March	<b>P&amp;R Plan Phase 1 Report</b>
24th March	States' Trading Supervisory Board Transport Licensing Authority
28th April	Policy & Resources Committee Committee <i>for</i> Economic Development
26th May	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
16th June	<b>States of Guernsey Annual Accounts</b> Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care
14th July	Committee <i>for</i> Home Affairs
8th September	Policy & Resources Committee Committee <i>for</i> Economic Development
29th September	<b>P&amp;R Plan Phase 2 Report</b>
13th October	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
2nd November (Tuesday)	<b>Budget Meeting &amp; Policy Letter of the Committee for Employment &amp; Social Security on uprating of non- contributory benefits</b>
24th November	Committee <i>for</i> Employment & Social Security Development & Planning Authority
15th December	Committee <i>for</i> Health & Social Care Overseas Aid & Development Commission
<b>2022</b>	
<b>States Meeting</b>	<b>Statements</b>
26th January	Committee <i>for</i> Home Affairs

	The States of Alderney
16th February	Scrutiny Management Committee States' Assembly & Constitution Committee
30th March	Policy & Resources Committee Committee <i>for</i> Economic Development
27th April	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
25th May	Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care
21st June (Tuesday)	<b>Policy &amp; Resource Plan (Annual Report) &amp; Accounts</b>
29th June	States' Trading Supervisory Board Transport Licensing Authority
13th July	Committee <i>for</i> Home Affairs
7th September	Policy & Resources Committee Committee <i>for</i> Economic Development
28th September	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
19th October	Committee <i>for</i> Employment & Social Security Development & Planning Authority
1st November (Tuesday)	<b>Budget Meeting &amp; Policy Letter of the Committee for Employment &amp; Social Security on uprating of non- contributory benefits</b>
23rd November	Committee <i>for</i> Health & Social Care Overseas Aid & Development Commission
14th December	Committee <i>for</i> Home Affairs

<b>2023</b>	
<b>States Meeting</b>	<b>Statements</b>
25th January	The States of Alderney
15th February	Scrutiny Management Committee States' Assembly & Constitution Committee
29th March	Policy & Resources Committee Committee <i>for</i> Economic Development

26th April	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
24th May	Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care
20th June (Tuesday)	<b>Policy &amp; Resource Plan (Annual Report) &amp; Accounts</b>
28th June	States' Trading Supervisory Board Transport Licensing Authority
19th July	Committee <i>for</i> Home Affairs
6th September	Policy & Resources Committee Committee <i>for</i> Economic Development
27th September	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
18th October	Committee <i>for</i> Employment & Social Security Development & Planning Authority
7th November (Tuesday)	<b>Budget Meeting &amp; Policy Letter of the Committee for Employment &amp; Social Security on uprating of non-contributory benefits</b>
22nd November	Committee <i>for</i> Health & Social Care Overseas Aid & Development Commission
13th December	Committee <i>for</i> Home Affairs

<b>2024</b>	
<b>States Meeting</b>	<b>Statements</b>
24th January	The States of Alderney
21st February	Scrutiny Management Committee States' Assembly & Constitution Committee
20th March	Policy & Resources Committee Committee <i>for</i> Economic Development
24th April	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
22nd May	Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care
18th June	<b>Policy &amp; Resource Plan (Annual Report) &amp; Accounts</b>

(Tuesday)	
26th June	States' Trading Supervisory Board Transport Licensing Authority
17th July	Committee <i>for</i> Home Affairs

### **3 Minor amendments to the Rules of Procedure of the States of Deliberation and their Committees**

#### Closure and voting

- 3.1 Rule 26.(8) requires that the order of voting on a division at a States' Meeting shall be rotated between each Meeting and the next, as follows:

The order of voting on a division at any Meeting of the States shall be the same for each division taken at that Meeting (including a Meeting adjourned in accordance with Rule 6, and including a division on a matter adjourned from a previous meeting) but shall be rotated by moving the entry for the time being at the top of the following list, to the bottom of that list, between each Meeting and the next:

St. Peter Port South > St. Peter Port North > St. Sampson > The Vale > The Castel > West > South East > Alderney Representatives.

- 3.2 It is suggested that the order of voting should be amended to be taken alphabetically and rotated by 5 Members at each meeting. An example, using the current 39 Members, is as follows:

<b>1</b>	Brehaut, Barry Brouard, Alvord de Lisle, David de Sausmarez, Lindsay Dorey, Mark	<b>2</b>	Dudley-Owen, Andrea Fallaise, Matthew Ferbrache, Peter Gollop, John Graham, Richard	<b>3</b>	Green, Christopher Hansmann Rouxel, Sarah Inder, Neil Langlois, Shane Le Clerc, Michelle
<b>4</b>	Le Pelley, Paul Le Tocq, Jonathan Leadbeater, Marc Lowe, Mary McSwiggan, Emilie	<b>5</b>	Meerveld, Carl Merrett, Jennifer Mooney, Joseph Oliver, Victoria Paint, Barry	<b>6</b>	Parkinson, Charles Prow, Robert Queripel, Laurie Queripel, Lester Roberts, Steve
<b>7</b>	Roffey, Peter Snowdon, Alex Smithies, Jeremy Soulsby, Heidi St Pier, Gavin	<b>8</b>	Stephens, Jane Tindall, Dawn Tooley, Rhian H. Trott, Lyndon		

- 3.3 The following changes are therefore proposed (with additional text marked in bold and deleted text struck through) as Proposition 2(a):

26.(8)	The order of voting on a division at any Meeting of the States shall be the same for each division taken at that Meeting (including a Meeting adjourned in accordance with Rule 6, and including a division on a matter adjourned from a previous meeting) but shall be rotated by <b>groups of five members, listed alphabetically</b> , <del>in moving the entry for the time being at the top of the following list, to the bottom of that list,</del> between each Meeting and the next.
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#### Register of Members' Interest and Register of Members' Unspent Convictions

- 3.4 Rule 29 covers the 'Register of Members' Interest and Register of Members' Unspent Convictions'. All persons elected are required, within seven days of being elected or re-elected, and then 'subsequently during the month of May' to make and lodge with the Greffe a Declaration of Interest and a Declaration of Unspent Convictions. May is also referenced in Schedule 2 and the explanatory notes.
- 3.5 The following changes are therefore proposed (with additional text marked in bold and deleted text struck through) as Proposition 2(b):

29.(3)	All persons elected shall within seven days of being elected or re-elected and subsequently during the month of <del>May</del> <b>July</b> annually make and lodge with the Greffier a Declaration of Interest.
29.(7)	All persons elected shall within seven days of being elected or re-elected and subsequently during the month of <del>May</del> <b>July</b> annually make and lodge with the Greffier a Declaration of Unspent Convictions.
Schedule 2	This form must be returned to Her Majesty's Greffier not later than the <del>31st May</del> <b>30th June 20**</b> .
Schedule 2 Part 9	Name and address of each organisation from which a payment was received in the period from 1st <del>May</del> <b>June 20**</b> to <del>30th April</del> <b>31st May 20**</b> §
Schedule 2 Part 10	Declare all gifts and material benefits received by you, a close family member or associate in the period from 1st <del>May</del> <b>June 20**</b> to <del>30th April</del> <b>31st May 20**</b> § which are of a value greater than 1% of basic allowance payable to States Members.

Explanatory Notes final page	Declarations must be made annually between the 1st and the 31st <del>May</del> <b>July</b> The information required in Parts 9 and 10 is in respect of the 12 months ending on the previous <del>30th April</del> 31st May
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### Interpretation

- 3.6 Rule 33, 'Interpretation', states "the Greffier" means Her Majesty's Greffier, and includes any Deputy Greffier. In March 2020, a States' Greffier was appointed whose principal function is to act as Clerk to the States of Deliberation and as such to perform the functions conferred on Her Majesty's Greffier by the Reform (Guernsey) Law, 1948, as amended and 'The Rules of Procedure of the States of Deliberation and its Committees'.
- 3.7 It is therefore recommended that the definition contained in the Rules of Procedures is changed to read as follows as Proposition 2(c):

<p>"the Greffier" means Her Majesty's Greffier, and includes <b>the States' Greffier and</b> any Deputy Greffier</p>
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### States' Trading Supervisory Board: Succession Planning

- 3.8 On the 26th February, 2020, the States considered propositions and a policy letter from the Policy & Resources Committee and the States' Trading Supervisory Board ('STSB') entitled '[Succession Planning](#)'. The States [resolved](#) to extend the terms of office of the STSB's Non-States' Members for a short period beyond the end of the 2016 – 2020 political term and, at the most, no later than 31st December, 2020 (i.e. six months). This was intended to provide some short-term continuity as the States moves into their next political term, whilst also allowing the newly elected States' Members of the STSB sufficient time to review the Board's required skills mix and determine whether or not the time was right to refresh that part of its membership with new Non-States' Members.
- 3.9 Given the States of Deliberation agreed to postpone the General Election originally scheduled for June 2020, and has agreed a revised Election date of 7th October, 2020, Rule 37.(2) requires amendment, as set out below (with additional text marked in bold and deleted text struck through) and in Proposition 2(d):

Rule 37. (2)	The term of office for members of the States' Trading Supervisory Board who are not sitting members of the States shall expire no later than <b>six months after</b> <del>the December of any year in which</del> the end of a States' term <del>occurs</del> .
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- 3.10 The States' Trading Supervisory Board is under resolution to report back to the States no later than the 26th May 2021 States' Meeting with its longer-term succession planning proposals for the STSB beyond 2020.

#### Quorum

- 3.11 Rule 40 sets out the provisions relating to a quorum of a Committee. Rule 40.(5) and (6) make specific reference to arrangements after the 2016 Election and need to be updated, as proposed below (with additional text marked in bold and deleted text struck through) as Proposition 2(e):

Rule 40.(5)	<del>During May, 2016</del> <b>After an Election</b> , when a Committee is not yet constituted or is inquorate and an urgent decision is required, the insufficiency of members shall be replaced as follows.
Rule 40.(6)	From 00.01 on the <del>1st of May, 2016</del> <b>first day of the political term</b> until the election of the President, Policy & Resources Committee, a number of former members of the <b>Policy &amp; Resources Committee</b> <del>Policy Council</del> (as it was constituted on the <b>final day of the previous term</b> <del>30th of April, 2016</del> ) who have been re-elected as Members of the States shall act as if they were members of the Committee in question...

#### Removing other references to May dates

- 3.12 It is suggested changes are made to remove other references to 2016 as proposed below (with additional text marked in bold and deleted text struck through) as Proposition 2(f):

Rule 3.(6)	On receipt of an original proposition or set of original propositions the Greffier shall allocate it an identification number which shall be used in all official references to it. This shall be in the form "P. year / serial number of proposition" (e.g. P. <del>20XX16</del> /1). Any matter relating to the original proposition or set of original propositions, that is to say an amendment, sursis, letter of comment or other motion on it, shall have the same identification number as the principal item with a distinguishing code (e.g. P. <del>20XX16</del> /Amdt 1).
Rule 3.(19)	The Policy & Resources Committee shall have the right to submit letters of comment on items submitted for consideration by the States. The Scrutiny Management Committee shall also have the right to submit letters of comment on items submitted for consideration by the States. Any letter of comment shall be submitted to the Greffier for publication and he or she

	shall cause it to be circulated as if it was an original proposition under the terms of paragraph (5) and it shall be given the same identification number as the principal item with a distinguishing code (e.g. P. 20 <del>XX16</del> PRC Lett Com or P. P. 20 <del>XX16</del> SMC Lett Com).
Rule 54.(2)	The constitutions and mandates of all Committees of the States <del>as at the 1st of May, 2016</del> are set out in Appendix A to these Rules.
Rule 60	These Rules <del>shall come</del> <b>came</b> into operation on the 1st of May, 2016.
Appendix A	MANDATES OF COMMITTEES OF THE STATES <del>WITH EFFECT FROM THE 1ST OF MAY, 2016</del>

#### 4 Remote attendance at Committee Meetings

- 4.1 The Committee presented a policy letter entitled '[Remote Attendance at Meetings of Committees of the States](#)' at the March 2014 meeting. This set out the arguments for and against allowing remote attendance at meetings and potential changes to the Rules of Procedure of the States of Deliberation and their Committees. The changes were rejected by the States in 2014.
- 4.2 The Rules do not preclude members who are not physically present from participating in discussion at meetings of Committees of the States but they cannot be recorded as having been present and they are not permitted to vote.
- 4.3 On 18th March, 2020, the States of Deliberation approved the Propositions attached to the [Remote attendance at Committee Meetings and extending proxy voting at States' Meetings](#). At present, Members can only attend and vote at Committee Meetings remotely if the Presiding Officer has made a determination upon representations from the Civil Contingencies Authority in light of circumstances prevailing in the Island which make it appropriate for Rules 40.(9) & (10) to have effect.
- 4.4 All States' Members are now in possession of the hardware and software to facilitate remote attendance at Committee meetings, and new Members will be provided with the same. The software is simple to use and worked effectively during lockdown to facilitate Committee Meetings.
- 4.5 While the Committee does not believe using MS Teams for conducting meetings should become the norm, it does believe there is merit in extending the Rules to give Members the flexibility to attend Committee meetings remotely in certain circumstances, for example:
- to hold a meeting at short notice or out of hours;
  - to enable a person who may be shielding or advised to stay at home for other reasons to attend; or

- to enable a Member off-Island for States' business to attend and fully participate in the meeting.

4.6 The Committee therefore recommends that Rules 40.(8) to (10) are deleted and substituted as follows:

(8)	If a member of a Committee of the States, who has obtained the prior permission of the person who will preside at the meeting, is in communication with the other members by telephonic communication, live television link or any other means of telecommunication, so that each member can hear or read what is said or communicated by each of the others, each member in such communication is deemed (subject to paragraph (10) below) to be present and participating at the meeting of the Committee for all purposes, including the quorum and voting.
(9)	It shall be at the absolute discretion of the person who will preside at the meeting to decide whether or not to agree to the request and in so deciding the person presiding may take into account any factors whatsoever which are considered relevant.
(10)	In the event that the telephonic communication, live television link or any other means of telecommunication fails or is corrupted or confidentiality is compromised, the person presiding at the meeting shall have discretion at any point during the meeting to determine that a member who is in a remote location is no longer to be regarded as in attendance.
(11)	Paragraphs (8) to (10) of this Rule apply to meetings of sub-committees of Committees of the States established under Rule 54.(3).

## 5 Compliance with Rule 4

- 5.1 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.
- 5.2 In accordance with Rule 4.(1), the Propositions have been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications.
- 5.3 In accordance with Rule 4.(4) of the Rules of Procedure of the States of Deliberation and their Committees, it is confirmed that the propositions above

have the unanimous support of the Committee.

- 5.4 In accordance with the provisions of Rule 4.(5) of the Rules, the Committee informs the States that its duties and powers include advising the States on “the practical functioning of the States of Deliberation”.
- 5.5 As set out above, Rule 1.(1) of the Rules of Procedure of the States of Deliberation and their Committees require the Committee to bring forward this policy letter at this time to fulfil its responsibilities. The Committee has consulted with the Policy & Resources Committee in respect of the dates of the Special States’ Meetings.

Yours faithfully

N. R. Inder  
President

J S Merrett  
Vice-President

P T R Ferbrache  
J P Le Tocq  
E A McSwiggan

**Schedule 1**

**Dates for the first day of States' Meetings**  
(all Wednesday, except where indicated)

<b>2020</b>	
<b>States Meeting</b>	<b>Statements</b>
4th November	Policy & Resources Committee Committee <i>for</i> Economic Development
25th November	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure Development & Planning Authority
15th December	<b>Budget Report</b> (Tuesday)
16th December	Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care Overseas Aid & Development Commission
<b>2021</b>	
<b>States Meeting</b>	<b>Statements</b>
27th January	Committee <i>for</i> Home Affairs The States of Alderney
24th February	Scrutiny Management Committee States' Assembly & Constitution Committee
17th March	<b>P&amp;R Plan Phase 1 Report</b>
24th March	States' Trading Supervisory Board Transport Licensing Authority
28th April	Policy & Resources Committee Committee <i>for</i> Economic Development
26th May	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
16th June	<b>States of Guernsey Annual Accounts</b> Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care
14th July	Committee <i>for</i> Home Affairs

8th September	Policy & Resources Committee Committee <i>for</i> Economic Development
29th September	<b>P&amp;R Plan Phase 2 Report</b>
13th October	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
2nd November (Tuesday)	<b>Budget Meeting &amp; Policy Letter of the Committee for Employment &amp; Social Security on uprating of non-contributory benefits</b>
24th November	Committee <i>for</i> Employment & Social Security Development & Planning Authority
15th December	Committee <i>for</i> Health & Social Care Overseas Aid & Development Commission

<b>2022</b>	
<b>States Meeting</b>	<b>Statements</b>
26th January	Committee <i>for</i> Home Affairs The States of Alderney
16th February	Scrutiny Management Committee States' Assembly & Constitution Committee
30th March	Policy & Resources Committee Committee <i>for</i> Economic Development
27th April	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
25th May	Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care
21st June (Tuesday)	<b>Policy &amp; Resource Plan (Annual Report) &amp; Accounts</b>
29th June	States' Trading Supervisory Board Transport Licensing Authority
13th July	Committee <i>for</i> Home Affairs
7th September	Policy & Resources Committee Committee <i>for</i> Economic Development
28th September	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure

19th October	Committee <i>for</i> Employment & Social Security Development & Planning Authority
1st November (Tuesday)	<b>Budget Meeting &amp; Policy Letter of the Committee for Employment &amp; Social Security on uprating of non-contributory benefits</b>
23rd November	Committee <i>for</i> Health & Social Care Overseas Aid & Development Commission
14th December	Committee <i>for</i> Home Affairs

<b>2023</b>	
<b>States Meeting</b>	<b>Statements</b>
25th January	The States of Alderney
15th February	Scrutiny Management Committee States' Assembly & Constitution Committee
29th March	Policy & Resources Committee Committee <i>for</i> Economic Development
26th April	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
24th May	Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care
20th June (Tuesday)	<b>Policy &amp; Resource Plan (Annual Report) &amp; Accounts</b>
28th June	States' Trading Supervisory Board Transport Licensing Authority
19th July	Committee <i>for</i> Home Affairs
6th September	Policy & Resources Committee Committee <i>for</i> Economic Development
27th September	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
18th October	Committee <i>for</i> Employment & Social Security Development & Planning Authority
7th November (Tuesday)	<b>Budget Meeting &amp; Policy Letter of the Committee for Employment &amp; Social Security on uprating of non-contributory benefits</b>

22nd November	Committee <i>for</i> Health & Social Care Overseas Aid & Development Commission
13th December	Committee <i>for</i> Home Affairs

<b>2024</b>	
<b>States Meeting</b>	<b>Statements</b>
24th January	The States of Alderney
21st February	Scrutiny Management Committee States' Assembly & Constitution Committee
20th March	Policy & Resources Committee Committee <i>for</i> Economic Development
24th April	Committee <i>for</i> Education, Sport & Culture Committee <i>for the</i> Environment & Infrastructure
22nd May	Committee <i>for</i> Employment & Social Security Committee <i>for</i> Health & Social Care
18th June (Tuesday)	<b>Policy &amp; Resource Plan (Annual Report) &amp; Accounts</b>
26th June	States' Trading Supervisory Board Transport Licensing Authority
17th July	Committee <i>for</i> Home Affairs



## Rota of Statements under the provisions of Rules 10(4) and (5)

	20/21	20/21	21/22	21/22	22/23	22/23	23/24	23/24
Policy & Resources Committee	04.11.20	28.04.21	08.09.21	30.03.22	07.09.22	29.03.23	06.09.23	20.03.24
Committee for Economic Development	04.11.20	28.04.21	08.09.21	30.03.22	07.09.22	29.03.23	06.09.23	20.03.24
Committee for Education, Sport & Culture	25.11.20	26.05.21	13.10.21	27.04.22	28.09.22	26.04.23	27.09.23	24.04.24
Committee for the Environment & Infrastructure	25.11.20	26.05.21	13.10.21	27.04.22	28.09.22	26.04.23	27.09.23	24.04.24
Committee for Employment & Social Security	16.12.20	16.06.21	24.11.21	25.05.22	19.10.22	24.05.23	18.10.23	22.05.24
Committee for Health & Social Care	16.12.20	16.06.21	15.12.21	25.05.22	23.11.22	24.05.23	22.11.23	22.05.24
Committee for Home Affairs	27.01.21	14.07.21	26.01.22	13.07.22	14.12.22	19.07.23	13.12.23	17.07.24
Development & Planning Authority	25.11.20		24.11.21		19.10.22		18.10.23	
Overseas Aid & Development Commission	16.12.20		15.12.21		23.11.22		22.11.23	
Scrutiny Management Committee	24.02.21		16.02.22		15.02.23		21.02.24	
States' Assembly & Constitution Committee	24.02.21		16.02.22		15.02.23		21.02.24	
States' Trading Supervisory Board	24.03.21		29.06.22		28.06.23		26.06.24	
The States of Alderney	27.01.21		26.01.22		25.01.23		24.01.24	
Transport Licensing Authority	24.03.21		29.06.22		28.06.23		26.06.24	

**THE STATES OF DELIBERATION**  
**of the**  
**ISLAND OF GUERNSEY**

**COMMITTEE *FOR* HEALTH & SOCIAL CARE**

DEVELOPING THE LEGISLATIVE FRAMEWORK NECESSARY FOR VACCINATION AGAINST SARS-COV-2: THE VIRUS CAUSING COVID-19

The States are asked to decide:-

Whether, after consideration of the Policy Letter entitled ‘Developing the legislative framework necessary for vaccination against SARS-CoV-2 - the virus causing COVID-19’, they are of the opinion:-

1. ☐ To agree, in line with the published Exit framework, that the implementation of a voluntary vaccination programme in the Bailiwick of Guernsey is a key element of the Bailiwick’s response to mitigating against the risks presented by the global presence of the SARS-CoV-2 virus;
2. ☐ To authorise the Committee *for* Health & Social Care to implement the voluntary vaccination programme following consultation with the Policy & Resources Committee and Principal Committees and the relevant committees of the States of Alderney and the Chief Pleas of Sark;
3. ☐ To agree to amend existing legislation as set out in the Policy Letter to provide the framework necessary for the expedient implementation of a vaccination programme, including in circumstances where such a vaccine has only temporarily been authorised, recognising, notwithstanding the potential clinical and legal risks, the international effort and commitment to accelerating the availability of the vaccination while maintaining the standards for vaccine quality, safety and efficacy;
4. ☐ To agree that the Prescription Only Medicines (Human) (Bailiwick of Guernsey) Ordinance, 2009 should be amended in the manner described in the Policy Letter;
5. ☐ To approve the draft Ordinance entitled “The Prescription Only Medicines (Human) (Bailiwick of Guernsey) (Amendment) Ordinance, 2020”, attached at the Appendix to the policy letter, and to direct that the same shall have effect as an Ordinance of the States; and
6. ☐ To direct the Committee *for* Health & Social Care to consult (to the extent that it has not already done so) with lead committees of the States of Alderney and the Chief Pleas of Sark in order to establish whether Alderney and Sark wish to be included in the vaccination programme.

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.

#### EXPLANATORY MEMORANDUM

The amendments will enable a vaccine designated by the Committee for Health & Social Care to be sold, supplied and administered in the Bailiwick of Guernsey in accordance with a Patient Group Direction issued under that provision, despite existing restrictions on the sale, supply and administration of prescription only medicines. The Committee would be authorised to designate any COVID-19 vaccine it considers appropriate, as long as the vaccine has a recognised marketing authorisation, or a temporary authority issued under the Human Medicines Regulations 2012.

The amendments will also authorise the Committee to specify by regulations the classes of persons, in addition to registered healthcare professionals, allowed to administer the designated vaccine. A Patient Group Direction for the sale, supply and administration of the designated vaccine will need to be signed by the Director of Public Health, in order to have effect.

In addition, the amendments will enable the Committee to carry out or coordinate vaccination programmes for SARS-CoV-2 and influenza vaccinations and immunisations using the designated vaccine or other medicinal products, where necessary. This would be done under a protocol approved by the Committee or occupational health schemes, or both.

The amendment Ordinance provides sufficient flexibility to allow for any conditions that the UK puts in place to provide further safeguards around the administration of a vaccine temporarily authorised via Regulation 174 of The Human Medicines Regulations 2012 to be applied locally.

It is recommended that in the circumstances, in addition to considering local recommendations and the national and international evidence, it would be appropriate for the Committee for Health & Social Care to have a duty to consult with the Policy & Resources Committee and the relevant committees of the States of Alderney and the Chief Pleas of Sark before making such regulations that name specific vaccines for use in this way.

**THE STATES OF DELIBERATION**  
**of the**  
**ISLAND OF GUERNSEY**

**COMMITTEE *FOR* HEALTH & SOCIAL CARE**

DEVELOPING THE LEGISLATIVE FRAMEWORK NECESSARY FOR VACCINATION AGAINST SARS-  
COV-2: THE VIRUS CAUSING COVID-19

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

10th August, 2020

Dear Sir

**1 Executive Summary**

- 1.1□ This Policy Letter seeks the States' approval of the attached 'Prescription Only Medicines (Human) (Bailiwick of Guernsey) (Amendment) Ordinance, 2020 (the "amendment Ordinance") at Appendix 1, to ensure that a voluntary vaccination programme for the Bailiwick can be introduced as soon as possible as a means to minimise the effects of infection of SARS-CoV-2, the virus that causes COVID-19 disease.
- 1.2□ Making amendments to the Prescription Only Medicines (Human) (Bailiwick of Guernsey) Ordinance, 2009<sup>1</sup> (POM Ordinance) at the earliest opportunity will ensure that Public Health Services are able to make the practical and operational arrangements necessary for a voluntary vaccination programme in conjunction with national colleagues. This will ensure that the Committee *for* Health & Social Care ("the Committee") is able to put in place the necessary steps to offer a vaccination programme when a vaccine becomes available. The Committee would like to thank the Presiding Officer for agreeing that the draft Ordinance may be laid in conjunction with the propositions and accompanying policy letter.
- 1.3□ It is proposed to follow the current recommendations of the Joint Committee on Vaccination and Immunisation (JCVI), which provides expert advice to the UK Government on all matters relating to vaccine usage. The programme will prioritise the allocation of the vaccine to targeted cohorts of the population that are most at risk of the adverse effects of COVID-19, representing approximately 35,000 individuals, or 55% of the population. Vaccination will be offered on a voluntary basis,

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<sup>1</sup> <http://www.guernseylegalresources.gg/CHttpHandler.ashx?id=69540&p=0>

in line with current Bailiwick vaccination policies.

- 1.4□ The amendments will enable a vaccine designated by the Committee to be sold, supplied and administered in the Bailiwick of Guernsey in accordance with a Patient Group Direction issued under that provision, despite existing restrictions on the sale, supply and administration of prescription only medicines. The Committee would be authorised to designate any COVID-19 vaccine it considers appropriate, as long as the vaccine has a recognised marketing authorisation, or a temporary authority issued under the Human Medicines Regulations 2012<sup>2</sup>.
- 1.5□ A Patient Group Direction (PGD) enables some registered health professionals, such as Nurses or Midwives, to supply and administer a medicine without it being prescribed in the usual manner (on an individual patient basis). PGDs are only to be used in limited situations where an advantage to patient care can be gained, without compromising safety, and where there is clear accountability and governance arrangements in place. Further information on PGDs can be found in paragraph 5.5.
- 1.6□ The amendments will also authorise the Committee to specify by regulations the classes of persons, in addition to registered healthcare professionals, allowed to administer the designated vaccine. A Patient Group Direction for the sale, supply and administration of the designated vaccine will need to be signed by the Director of Public Health, in order to have effect.
- 1.7□ In addition, the amendments will also enable the Committee to carry out or coordinate vaccination programmes for SARS-CoV-2 and influenza vaccinations and immunisations using the designated vaccine or other medicinal products, where necessary. This would be done under a protocol approved by the Committee or occupational health schemes, or both.
- 1.8□ It is recommended that in the circumstances, in addition to considering local recommendations and the national and international evidence, it would be appropriate for the amendment Ordinance to require the Committee to have a duty to consult with the Policy & Resources Committee and the relevant committees of the States of Alderney and the Chief Pleas of Sark before making such regulations that name specific vaccines for use in this way. The Committee also intends to consult more broadly with all principal Committees and Alderney and Sark in respect of the vaccination programme.
- 1.9□ The amendment Ordinance provides sufficient flexibility to allow for any conditions that the UK puts in place to provide further safeguards around the administration of a vaccine temporarily authorised via Regulation 174 of The Human Medicines Regulations 2012 to be applied locally.
- 1.10□ The unknown risks of a COVID-19 vaccine must be balanced against the predicted outcomes of not providing an available vaccine during a declared global pandemic.

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<sup>2</sup> <https://www.legislation.gov.uk/uksi/2012/1916/contents>

STAC advise that while no vaccination process can ever be risk free and individuals may always experience unexpected reactions to any new medication, on balance it considers that the risks of not proceeding with a COVID-19 vaccination programme outweigh the clinical risks, although these will continue to be monitored during the remaining clinical trial period and continually during the programme.

- 1.11□ The Policy Letter therefore focuses on the legislative framework that will allow a vaccination programme, offered to high risk groups as specified in paragraph 5.21, to be implemented as described in this Policy Letter.

## **2 Background**

- 2.1□ The pandemic has had a significant global impact since early 2020 on all aspects of life. While the early adoption of a successful “test, track and trace” strategy, together with a mandated period of self-isolation under specific circumstances and a range of non-pharmaceutical interventions (such as social distancing measures) and strong border controls, have been successful in eliminating the SARS-CoV-2 virus from our community, the Bailiwick has not been immune from the far-reaching effects of COVID-19 disease.
- 2.2□ The continued presence of SARS-CoV-2 across the world – particularly in our close neighbouring jurisdictions – presents an ongoing risk to the health and wellbeing of our population.
- 2.3□ As a result, those entering the Bailiwick, other than from the Isle of Man with whom the Bailiwick shares an ‘air bridge’, are currently subject to mandatory self-isolation periods of up to 14 days and are liable to prosecution and a fine of up to £10,000 in the event of non-compliance. There are, however, certain groups for whom self-isolation is not required. Critical workers, those attending the UK for healthcare treatment and some business travellers are permitted to enter the Bailiwick, and while other safeguard measures are in place, this may introduce the virus back into the Bailiwick. The threat of COVID-19 illness and further deaths therefore continues to impact on the community.
- 2.4□ The pandemic has also had a significant impact on the economy. Modelling predicts that the economic impact will see a loss of GVA<sup>3</sup> of approximately £300m in 2020. The States has therefore published a recovery strategy<sup>4</sup> to guide the resumption of business-as-usual, albeit in a different way prior to the pandemic.
- 2.5□ The transition to Phase 6 of the Exit Framework<sup>5</sup>, which would see the Bailiwick’s return to the global community, will rely on robust strategies to mitigate against the

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<sup>3</sup> Gross Value Added – calculated as Gross Domestic Product (GDP) before the inclusion of taxes and the removal of subsidies on products.

<sup>4</sup> States of Guernsey. Revive and Thrive: Our strategy for Guernsey Together  
<https://www.gov.gg/CHttpHandler.ashx?id=126523&p=0>

<sup>5</sup> <https://covid19.gov.gg/guidance/exit>

effects of the virus should there be a local re-emergence. It is therefore to be expected that a comprehensive and multi-faceted approach to living with the threat and/or presence of SARS-CoV-2, will be key to long term control of the virus.

- 2.6□ The protective immunity provided by a vaccine to some cohorts of the Bailiwick population is therefore an important strand of this risk mitigation strategy and will become increasingly important as the border restrictions are eased. When this happens, there is an increase in the likelihood of an imported infection with the possibility of onward transmission to local residents. It is anticipated that a vaccine will provide some protection to the most vulnerable in the community. It is unclear, at this stage, whether the effect of the vaccine will provide protection against infection or reduce the severity of COVID-19 disease.
- 2.7□ The approach set out in this Policy Letter will enable the Bailiwick to be part of a vaccination programme that aligns with the recommendations of Public Health England (PHE). Public Health Services is represented at the bi-weekly PHE COVID-19 Vaccination Programme Board<sup>6</sup> meetings and has been granted observer status at the meetings of the Joint Committee on Vaccination and Immunisation (JCVI).<sup>7</sup> A dedicated Bailiwick COVID-19 Vaccination Planning Taskforce has been established and reports to the local Science and Technical Advice Cell (STAC). The membership of STAC includes a wide variety of senior medical and other healthcare professionals, including statutory officials. STAC is chaired by the Director of Public Health and has endorsed PHE's vaccination programme recommendations.

### **3 The need to be part of a COVID-19 vaccination programme**

- 3.1□ At the time of writing, there has been no new or (known) active cases of COVID-19 since 30<sup>th</sup> April 2020. The Bailiwick has become part of what is commonly known as the 'Bailiwick Bubble,' allowing Islanders free movement between Guernsey, Alderney, Sark and Herm without the need for any social distancing or non-pharmaceutical measures. Enabling the progression to Phase 6 of the Exit Framework will be greatly enhanced by the availability of a vaccine that will protect the most vulnerable in the community.
- 3.2□ The offer of a SARS-CoV-2 vaccine could provide protection to those most vulnerable within the community at a time when seasonal influenza ('flu'), and other respiratory viruses usually seen in the winter months, will be circulating. In addition to individual protection, an effective vaccination programme (potentially involving both a SARS-CoV-2 vaccine and flu vaccines) also aims to maintain the resilience of healthcare services so the demand does not exceed capacity at the same time as winter pressures

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<sup>6</sup> Public Health England is an executive agency, sponsored by the Department of Health and Social Care Public. It exists to protect and improve the UK's health and wellbeing, and reduce health inequalities. Within this remit, they advise on the implementation of vaccination programmes. A Vaccination Programme Board has been set up especially to advise on the implementation of a COVID-19 vaccine.

<sup>7</sup> The Joint Committee on Vaccination and Immunisation (JCVI) is an independent Departmental Expert Committee and a statutory body. It advises UK health departments on immunisation.



are being experienced. A large resurgence of COVID-19 cases could see divergence of resources away from non-COVID-19 care, for example, through the postponement of surgical procedures.

- 3.3□ The above factors are considered to be sufficient justification for STAC, through the Bailiwick COVID-19 Vaccination Planning Taskforce, to recommend that the Bailiwick aligns the local vaccination strategy with the approach being recommended by PHE following advice from the JCVI, which is to proceed with a voluntary vaccination programme at the earliest opportunity. A letter from the Chairperson of STAC to the President of the Committee can be seen in Appendix 2.

#### **4 The development of vaccines against the virus which causes COVID-19**

- 4.1□ Given the impact of the virus globally, a number of different research organisations and drug manufacturers are involved in developing potential vaccines. It is anticipated that receiving a vaccine would: (i) reduce the risk of contracting the virus if exposed; or (ii) reduce the severity of the effects of COVID-19 disease should the virus be contracted, thereby making recovery more likely in particularly vulnerable groups. Under normal circumstances, most vaccine development programmes take more than five years for a product to be brought to market, however initial suggestions indicated that a vaccine for COVID-19 could be developed within a considerably accelerated 12-18 month timescale, thanks to the enabling factors detailed in paragraph 6.1 of this Policy Letter. Current trial progress suggests there may be a vaccine available before the end of 2020, possibly as early as October 2020.
- 4.2□ At the time of writing, there are 16 candidate vaccines in the process of clinical evaluation, with a further 125 at pre-clinical evaluation stage. Some vaccines will shortly be entering official clinical trial stage.
- 4.3□ While steps are being taken by regulatory bodies to review certain aspects of the vaccine trial in an effort to speed up the overall approval processes<sup>8</sup>, it is not anticipated that full regulatory approval by way of a marketing authorisation from the European Medicines Agency (EMA) or the UK Medicines and Healthcare products Regulatory Agency (MHRA) will be in place when a vaccine becomes available. Should this be the case, special temporary measures (“temporary authority”) set out in Regulation 174 of the UK Human Medicines Regulations 2012<sup>9</sup> will allow the United Kingdom to proceed with a vaccination programme ahead of full regulatory approval being granted.
- 4.4□ Regulation 174 specifies that the usual legal requirements for authorisation of a medicine do not apply to the sale or supply of that medicine if it has been authorised by the Secretary of State for Health and Social Care (the ‘Secretary of State’) on a

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<sup>8</sup> [https://www.ema.europa.eu/en/documents/leaflet/infographic-fast-track-procedures-treatments-vaccines-covid-19\\_en.pdf](https://www.ema.europa.eu/en/documents/leaflet/infographic-fast-track-procedures-treatments-vaccines-covid-19_en.pdf)

<sup>9</sup> The Human Medicines Regulations 2012 are available to download from: <https://www.legislation.gov.uk/uksi/2012/1916/contents/made>



temporary basis in response to the suspected or confirmed spread of pathogenic agents, toxins, chemical agents or nuclear radiation which may cause harm to humans.

- 4.5□ Regulation 174 also allows for conditions to be built into an authorisation in this way. Officers have been in regular dialogue with UK counterparts and understand that conditions might be made for any authorisation under Regulation 174 to be specified to be as close as possible to the normal responsibilities carried by the holder of a marketing authorisation under the usual, non-emergency routes.
- 4.6□ It is expected that the Secretary of State, following discussion with Public Health England, will use the powers set out in Regulation 174 of the Human Medicines Regulations 2012, and on the recommendation of the MHRA and the JCVI, to temporarily authorise the use of a COVID-19 vaccine in the UK.
- 4.7□ The Health Protection (Vaccination) Regulations 2009<sup>10</sup> place a duty on the Secretary of State to ensure, as far as is reasonably practicable, that the recommendations of the JCVI are implemented where relating to new provision for vaccination under a national programme or to changes required to existing provision. The JCVI is an independent Departmental Expert Committee and a statutory body<sup>11</sup> whose mandate includes making recommendations for the approval of any drugs to be used in vaccination programmes and for advising the Secretary of State accordingly.
- 4.8□ The Bailiwick COVID-19 Vaccination Planning Taskforce is similarly keen to ensure that the Bailiwick is ready to vaccinate so that a vaccine can be procured from the NHS supply chain when it becomes available. However, a vaccine that has been recommended in this way would, by law, be considered 'unlicensed' in the sense of being able to be assembled and distributed, and 'unauthorised' in terms of being able to be sold or supplied for use in humans.
- 4.9□ A number of legislative changes locally would therefore be required to enable a vaccination programme to go ahead in the Bailiwick on these terms, as set out below.

## **5 The legislative framework for medicines regulation in the Bailiwick**

- 5.1□ The Medicines (Human and Veterinary) (Bailiwick of Guernsey) Law, 2008 provides the legal and regulatory framework for the regulation of medicines. Section 35 sets out a range of additional provisions that may be established in relation to Prescription Only Medicines and these are set out in the Prescription Only Medicines (Human) (Bailiwick of Guernsey) Ordinance, 2009<sup>12</sup> ("POM Ordinance"). This describes, among other things, the descriptions or classes of medicinal products defined as Prescription Only

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<sup>10</sup> <https://www.legislation.gov.uk/ukxi/2009/38/contents/made>

<sup>11</sup> Further information about the JCVI is available from:  
<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>

<sup>12</sup> The POM Ordinance is available from Guernsey Legal Resources -  
<http://www.guernseylegalresources.gg/CHttpHandler.ashx?id=69541&p=0>

Medicines and those groups of registered professionals regarded as appropriate practitioners to administer such medicines to specific cohorts of the population.

- 5.2□ The following provides further background information about the usual supply of medicines to a patient to provide the context for the legislative amendments required for the COVID-19 vaccination programme.

*The usual supply of medicines to a patient*

- 5.3□ How a medicine is supplied to a patient ordinarily depends upon its classification from the Medicines and Healthcare products Regulatory Agency (MHRA) in one of three categories:

- Prescription Only Medicine (POM);
- Pharmacy (P); or
- General sales list (GSL).

- 5.4□ POM and P medicines can generally only be sold or supplied via a pharmacy or under the supervision of a Pharmacist. POMs must be sold or supplied according to a prescription that has been prescribed by a health practitioner, such as a Doctor or Nurse Prescriber. GSL medicines can be sold 'over the counter' from a wider range of premises, such as supermarkets, as long as the medicines are pre-packed and the premises can be locked.

*What is a Patient Group Direction?*

- 5.5□ A PGD provides an exemption from these restrictions by allowing some registered health professionals, such as Nurses or Midwives, to supply and administer a medicine without it being prescribed in the usual manner. PGDs are only to be used in limited situations where an advantage to patient care can be gained, without compromising safety, and where there is clear accountability and governance arrangements in place.

- 5.6□ A PGD itself is a set of written instructions that clearly defines the circumstances under which a medicine can be supplied or administered. This framework will specify, among other things:

- The timeframe in which the medicine can be supplied or administered;
- The category of health professional who can supply or administer it;
- The clinical condition or situation to which the direction applies;
- A pre-defined group of patients;
- Details regarding appropriate dosage and the route and frequency of administration; and
- Relevant warnings and information on adverse reactions.

- 5.7□ A full list of particulars that must be included in a PGD in Guernsey is set out in Schedule II, Part One of the POM Ordinance.

### *When are PGDs used?*

- 5.8□ The use of a PGD is common place as part of a seasonal flu vaccination programme. Seasonal flu is an unpredictable but recurring pressure that health services face. Scientists track the circulation of flu viruses around the world to develop a vaccine each year that will offer the best protection to the strains of flu that are circulating, or are predicted to circulate, in a given geographical area. Once a vaccine is available, health services implement a seasonal flu vaccination programme and use a PGD to assist in vaccinating a large number of people in a relatively short period prior to the beginning of the winter flu season.
- 5.9□ As is the case with other vaccines, it is considered that a programme of COVID-19 vaccination would be most efficiently implemented using a PGD. A PGD is the most straightforward mechanism set out in the legislation which allows for group prescriptions to be made for a mass vaccination programme and prevents the need for a prescription to be provided on an individual or restricted group basis in these circumstances. The conditions that must be satisfied for a PGD to be used are set out in [Schedule 2](#) to the POM Ordinance.
- 5.10□ The proposed amendment Ordinance has been drafted to allow an early COVID-19 vaccination programme to proceed. It addresses two specific issues that would otherwise delay the implementation of a COVID-19 vaccination programme in the desired timeframe:
1. Allow for an ‘unlicensed’ or unauthorised vaccine to be administered using a PGD; and
  2. Allow for a wider range of health practitioners to administer the vaccine.

#### ***i) Allow for an ‘unlicensed’ or unauthorised vaccine to be administered using a PGD***

- 5.11□ The Medicines (Human and Veterinary) (Bailiwick of Guernsey) Law, 2008 (the “Medicines Law”) currently requires that all medicinal products used in the Bailiwick must have a marketing authorisation and regulations made by the Committee<sup>13</sup> under section 7(3) of the Medicines Law automatically recognise both a United Kingdom marketing authorisation (i.e. from the MHRA) and a European Union marketing authorisation (i.e. from the EMA) in the Bailiwick.
- 5.12□ Section 15(2)(g) of the POM Ordinance also states a condition for the sale, supply or administration of a prescription only medicine through the use of a PGD that *“at the time the medicine is sold, supplied or administered, a recognised marketing authorisation is in force in respect of it...”*

- 5.13□ Given the rate at which a vaccine is being developed for COVID-19, it is expected that a product which has not yet received a full marketing authorisation<sup>14</sup> from the MHRA or the EMA will be authorised for supply – on a temporary or conditional basis - by the Secretary of State. Regulation 174 of The Human Medicines Regulations 2012, which applies in England, Wales, Scotland and Northern Ireland, makes provision for the Secretary of State to waive the usual requirements for an authorisation in a number of emergency-like situations, including in response to a suspected or confirmed pathogenic agent. The reference to the spread of pathogenic agents in Regulation 174 means the powers are available in a pandemic situation.
- 5.14□ Although those Regulations do not appear to state any further criteria for such temporary authorisations, officers have been in constructive dialogue with UK counterparts and understand that the UK is considering drafting conditions around the use of an unlicensed vaccine that is authorised for temporary supply under Regulation 174. The conditions would ensure that a temporary authorisation is as close as possible to the normal responsibilities of a marketing authorisation. Further, the Health Protection (Vaccination) Regulations 2009 require the Secretary of State to ensure, so far as is reasonably practicable, that the recommendations of JCVI are implemented, and where those recommendations relate to new provisions for vaccination under a national vaccination programme in response to a question referred to the JCVI by the Secretary of State are based on an assessment which demonstrates cost-effectiveness<sup>15</sup>.
- 5.15□ At this time, the JCVI has advised that prior to producing any final guidance on potential COVID-19 vaccines, it requires further data from the vaccine manufacturers on their efficacy and immunogenicity<sup>16</sup> in different age and risk groups, the effects of the vaccine on acquisition and transmission, transmission dynamics of SARS-CoV-2 in the UK population and further epidemiological, microbiological and clinical data on COVID-19.
- 5.16□ A review of the clinical trial data and any subsequent recommendation by the JCVI would provide some level of independent assurance that the selected vaccine is safe and effective. However, the JCVI is an expert advisory committee, not a licensing authority, and therefore its recommendation alone would not permit the use of the vaccine in the Bailiwick under the current legislative framework.
- 5.17□ An amendment to the POM Ordinance is therefore required to recognise locally those medicines approved under Regulation 174 of the Human Medicines Regulations 2012 by the Secretary of State, to enable vaccines approved in this way to be administered to Bailiwick residents and their administration managed using a PGD. Section 2 of the

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<sup>14</sup> Whilst it may be that a conditional or partial authorisation is received from the regulatory bodies at the same time, the timescale for a marketing authorisation being received for the vaccination programme is presently unknown.

<sup>15</sup> See the Code of Practice for the JCVI (June 2013) and reg. 2 of the Health Protection (Vaccination) Regulations 2009.

<sup>16</sup> Immunogenicity refers to the ability of a substance to provoke an immune response

amendment Ordinance, which is appended for approval by the States, recognises this decision in respect of vaccines for the virus which causes COVID-19 only.

- 5.18□ It is proposed that, through the amendment Ordinance, the Committee would be given a power to make regulations to specify the named vaccines that may be used for this purpose, when this information becomes known. This would allow the Committee to identify “designated vaccines” by regulations, taking into account any advice and recommendations issued by the JCVI and any other expert body providing advice, as well as any information provided by the Secretary of State.
- 5.19□ In addition, the Committee would need to make regulations under section 15 of the Medicines Law to exempt these “designated vaccines” from the prohibitions in sections 7 and 8. These sections relate to the sale, supply, assembly and other dealings with unlicensed and unauthorised medicinal products that will be carried out in connection with a mass vaccination programme and the PGD that will be operated by Health & Social Care. For the avoidance of doubt, the Committee already has the power to do so under the existing provisions set out in the Medicines Law.
- 5.20□ The amendment Ordinance will also allow for any conditions that the UK enacts to provide further safeguards around the administration of a vaccine temporarily authorised via Regulation 174 to be applied locally, by way of conditions and requirements that may be specified in the PGD. In addition, conditions may be imposed in any exemption regulations made under section 15 of the Medicines Law.

**(ii) *Allow for a wider range of health practitioners to administer the vaccine***

- 5.21□ The JCVI has published interim guidance on proposed priority groups for vaccination to be offered, as follows:
- Frontline health and social care workers; and
  - Those at increased risk of serious disease and death from COVID-19 infection including, but not exclusive to;
    - Adults over the age of 50 years; and
    - Those who met the medical case definition of “extremely vulnerable” and who were previously advised to shield.
- 5.22□ It is considered essential to offer vaccination to frontline health and social care workers as they are likely to have close contact with the most unwell patients with COVID-19 should the virus reappear in the community. This will ensure that health and social care services, many of which are vital, can continue to operate through the winter period that ordinarily sees an increase in bed occupancy at the Princess Elizabeth Hospital due to seasonal flu.
- 5.23□ Such is the potential impact of serious disease and death due to COVID-19 disease in those over the age of 50 years, their inclusion is recommended in the vaccination programme. By way of example, individuals over 65 years are usually considered to be

at higher risk of morbidity from seasonal flu and are routinely offered an annual vaccination.

- 5.24□ Applying the above JCVI recommendations to the local demographic, it is estimated that this would result in 35,000 people being offered the vaccine in the Bailiwick. This represents approximately 55% of the population.
- 5.25□ Part II, Schedule 2 to the POM Ordinance provides for the classes of individuals who are registered health professionals and who may be specified as suitable to administer Prescription Only Medicines authorised under a PGD. It is not expected that all registered groups set out in this Schedule would be involved in a COVID-19 vaccination programme, for example, registered speech and language therapists. However, there are a number of non-registered practitioners such as Healthcare Assistants for whom it would be considered appropriate to offer suitable training to enable them to administer a COVID-19 vaccine by injection, under the guidance of an appropriate registered health professional (for example, a Registered Nurse). This is not currently permitted by Schedule 2 and therefore a legislative amendment by Ordinance would be required to expand the groups of workers involved. This may include, for example, Healthcare Assistants, Ambulance Technicians, First Aiders and Nursing Associates.
- 5.26□ It is suggested that an amendment to the POM Ordinance should provide for the Committee to take powers under the Ordinance to specify by regulations the categories of persons who may administer a designated vaccine for COVID-19 under a PGD.
- 5.27□ Expanding the pool of ‘vaccinators’ is essential to facilitate the vaccination of a large number of people during a relatively short time frame. This is particularly important if the vaccine involves a two dose schedule and its administration cannot occur at the same time as a seasonal flu vaccine.
- 5.28□ In order to increase political scrutiny locally of the process adopted, it is recommended that included in the regulation making powers is a responsibility for the Committee to consult with the Policy & Resources Committee. This recognises that neither the need to progress expediently, nor the potential need for a decision during the election period or shortly afterwards, should detrimentally affect the rigour applied to decision making. This is considered especially important as, depending on timing, it may not be possible to provide regular updates to the Assembly depending on how the precise timings relate to the election period. The requirement to consult with the Policy & Resources Committee is captured in section 2(d) of the attached amendment Ordinance. The amendment Ordinance would also require the Committee to consult the Policy and Finance Committee of the States of Alderney and the Medical & Emergency Services Committee of the Chief Pleas, before making those regulations.

*Protocols and occupational health schemes for vaccinations and immunisations against SARS-CoV-2 and influenza virus*

- 5.29□ In addition, the Committee seeks the States' approval to amend the POM Ordinance

to allow for mass vaccinations against SARS-CoV-2, any influenza virus or both, in accordance with a protocol approved by the Committee, if this becomes necessary in light of the threat posed by Covid-19 or any other pandemic.

- 5.30□ The Committee also seeks approval to amend the POM Ordinance to provide for occupational health schemes operated by the Committee or any other person under an arrangement with the Committee, to be used as part of such mass vaccination programmes, where groups of registered healthcare professionals will be authorised to administer the vaccine under the direction of a doctor.

## **6 Safety considerations for the use of an ‘unlicensed’ product**

- 6.1□ The safety measures that are required for the development and criteria for marketing authorisation of any vaccine remain in place in respect of the development of vaccines for the SARS-CoV-2 virus. The following steps, among other things, are being taken by medicine regulatory authorities<sup>17</sup> to expedite vaccine development:

- Providing guidance to developers on the best methods and study design to yield the scientifically robust evidence required to determine the safety, efficacy and quality of the vaccine against COVID-19;
- Reviewing and evaluating data while the development of the vaccine is ongoing. Assessing data as they become available will shorten the marketing authorisation processing time because much of the data have already been scrutinised; and
- Shortening review times for applications to extend the indications for use of an already approved medicine, if it is being developed or repurposed for treatment or prevention of COVID-19.

- 6.2□ Under normal circumstances vaccine development takes on average over five years. The use of whole genomic sequencing and second and third generation vaccine development techniques has further significantly reduced this timescale for scientists developing potential COVID-19 vaccines.

- 6.3□ The use of any new medicine or vaccination will always present an element of risk, which must be carefully balanced against the expected outcomes of not using it. While it is expected that clinical trial data for any vaccine against the virus causing COVID-19 will identify adverse effects that occur regularly among users or which become apparent in the short term, those side effects that are low in frequency or arise in the medium to long term period following administration of the drug are less likely to be identified. For this reason, a manufacturer is highly likely to request an indemnity from a government to cover any claim for personal injury or death arising from the use of a

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<sup>17</sup> European Medicines Agency “Fast-track procedures for treatments and vaccines for COVID-19”

[https://www.ema.europa.eu/en/documents/leaflet/infographic-fast-track-procedures-treatments-vaccines-covid-19\\_en.pdf](https://www.ema.europa.eu/en/documents/leaflet/infographic-fast-track-procedures-treatments-vaccines-covid-19_en.pdf)



given medication (save, possibly, very narrow exceptions relating to negligence during the manufacturing process).

- 6.4□ During the H1N1 (Swine Flu) pandemic of 2009-10, the vaccine 'Pandemrix' was approved by the EMA for use across the European Union. The manufacturer, GlaxoSmithKline, was given an indemnity as described above by the UK Government.
- 6.5□ Pandemrix was later linked to the development of narcolepsy, a chronic sleep disorder where a person falls asleep at inappropriate times, in children. Research concluded that around one in every 52,000<sup>18</sup> vaccinations led to childhood narcolepsy. As a result, the administration of Pandemrix to those aged under 20 years ceased. Personal injury claims on this basis are met by the UK Government because of the indemnity provided to GlaxoSmithKline, which was deemed an acceptable level of risk considered in the context of the threat posed by the H1N1 virus at that time and the expected outcomes that would have likely occurred had a vaccination programme not taken place.
- 6.6□ The Vaccine Damage Payments Act 1979 provides a legal framework for payments to be made out of public funds where severe disablement occurs as a result of vaccinations against certain diseases. The payment scheme under that Act provides for a one-off tax-free payment of £120,000. If civil proceedings are brought in respect of the disablement, any payment made under the scheme must be treated as paid on account of any damages awarded in those proceedings. No such legislation or scheme exists in the Bailiwick.
- 6.7□ As is the case with other new medicines, it is possible that any adverse reactions that may occur infrequently or in the medium or long term because of a COVID-19 vaccine might not be known for many years, or they may occur in only a very small proportion of persons in particular cohorts, as with the Pandemrix example above. This unknown risk must be balanced against the predicted outcomes of not providing an available vaccine during a declared global pandemic. STAC advise that while no vaccination process can ever be risk free and individuals may always experience unexpected reactions to any new medication, on balance it considers that the risks of not proceeding with a COVID-19 vaccination programme outweigh the clinical risks, although these will continue to be monitored during the remaining clinical trial periods of all the candidate vaccines currently in development and will continue during a vaccination programme. It should be recognised that the question of ensuring as far as possible, the safety of the programme is a key priority for governments and scientists across the world.
- 6.8□ The reasonable worst-case modelling by Public Health Intelligence at the beginning of the pandemic advised that without any mitigating actions taken against the SARS-CoV-2 virus, it could be expected that the Bailiwick could see approximately 1,200 deaths from COVID-19. As there is currently no evidence to confirm whether or not those already infected with the virus will have immunity from re-infection and because the

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<sup>18</sup> <https://www.nhs.uk/news/medication/swine-flu-jab-narcolepsy-risk-is-very-small/>



Bailiwick has seen so few cases, it is considered that Islanders are as susceptible now, should the virus re-emerge in the community, as when the pandemic unfolded locally in March.

- 6.9□ While it is acknowledged that much has been learnt since March 2020 about how to mitigate against the effects of the virus, the concerted efforts of the whole community that are required to mitigate against an outbreak are not without other risks to the health and wellbeing of the population in the widest sense.
- 6.10□ Notwithstanding the above, it is the case that any new to market medication or vaccination must be closely monitored and adverse reactions recorded on a national database to support the early identification of any emergent concerns. This system already exists in the form of the 'Yellow Card Scheme'<sup>19</sup>, which allows practitioners to report adverse drug reactions, medical device adverse incidents, defective medicines and medicines which are counterfeit. It is operated by the MHRA and a specific reporting mechanism for COVID-19 incidents is already in place. The Yellow Card Scheme has been in operation in the Bailiwick for some time.

#### *Risk and liability considerations for the Bailiwick*

- 6.11□ In the UK, it is recognised that if the Government asks a manufacturer, entity involved in the appropriate supply chain, or health care professional (including those appropriate workers set out in paragraph 5.25) to supply or administer an unlicensed medicine in response to a public health emergency, it is not appropriate that that entity or individual should be liable for the consequences of any unknown adverse effects of that medicine. To this effect, Regulation 345 of the UK Human Medicines Regulations 2012 stipulates that manufacturers and their employees and any healthcare professional are immune from civil liability resulting from use of a medicine in accordance with recommendations or requirements for the use of the medicine without an authorisation. This reflects the provisions of Article 5 of the EU Medicines Directive (2001/83) under which EU Member States are required to confer immunity from civil liability on both the manufacturers who supply the medicine in this type of situation and those healthcare professionals who administer it. However, the Human Medicines Regulations 2012 do not apply in the Bailiwick, so that provision and the statutory immunity would not apply to claims relating to any adverse events, if they occur, following the use of that vaccine in the Bailiwick. It is anticipated that the States of Guernsey would be required to indemnify the manufacturer (and appropriate supply chain) and those with whom the States of Guernsey contracts to supply and administer the vaccine. As a consequence, in the worst-case scenario, the States of Guernsey might have a significant liability arising from, as yet unknown adverse effects of the proposed vaccination, together with the financial costs associated with potential medical care and benefit payments for such individuals; in the best case, there might be no adverse effects and thus no liability accruing to the States; and there is a range of possibilities between those positions.

- 6.12□ The Committee is currently focused on enabling the legislative framework that would

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<sup>19</sup> <https://yellowcard.mhra.gov.uk/>

allow a voluntary vaccination programme to be implemented as described in this Policy Letter, recognising that questions around liability are an important but separate workstream further complicated by not knowing, at this time, the actual vaccine (or type of vaccine) that may be given a temporary authorisation for use in the pandemic. This work will therefore mature over the coming weeks and months.

- 6.13□ To support this wider work, and prior to the commencement of any vaccination programme, a sub-group is being formed, with membership to include subject matter experts, to consider potential risks and to produce a risk-allocation model along with any appropriate mitigation (such as statutory immunity and/or a vaccine damages' payment scheme). The Committee will additionally consult with the Policy & Resources Committee and the Principal Committees and the relevant committees in Alderney and Sark in respect of the vaccination programme to identify any concerns relating to individual mandates.

## **7 Financial implications of implementing a voluntary COVID-19 mass vaccination programme**

- 7.1 The purchase and administration of a vaccine will incur a substantial cost which is, as yet, unquantified but is likely to be in the range of £1.1m to £2.1m depending on, amongst other things, the type of vaccine; dosage required; and administration arrangements. Should a vaccine programme be implemented, the Committee will request the Policy & Resources Committee to exercise its existing delegated authority to approve funding from the Budget Reserve for the in-year costs and/or to make appropriate provision in the recommended 2021 Cash Limit.
- 7.2 As detailed above, there is a potential significant liability should there be found to be significant adverse effects resulting from the vaccine after its implementation and the possible steps to mitigate this risk are being considered under a separate workstream.

## **8 Compliance with Rule 4**

- 8.1□ 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.
- 8.2□ In accordance with Rule 4(1), the Propositions have been submitted to Her Majesty's Procureur for advice on any legal or constitutional implications.
- 8.3□ In accordance with Rule 4(4) of the Rules of Procedure of the States of Deliberation and their Committees, it is confirmed that the propositions above have the unanimous support of the Committee.
- 8.4□ In accordance with Rule 4(5), the Propositions relate to the duties of the Committee *for* Health & Social Care to protect, promote and improve the health and wellbeing of individuals and the community.

- 8.5□ Also in accordance with Rule 4(5), the Committee has consulted the Policy & Resources Committee regarding the amendment Ordinance that specifies that it be consulted prior to the Committee *for* Health & Social Care making regulations.
- 8.6□ The Membership of STAC includes, among others, several statutory officials, including the Medical Officer of Health, the Chief Pharmacist who also fulfils the role of Chief Inspector, and the Medical Director. The Committee has further requested the advice of the Medicines Committee, in accordance with section 3 of the Medicines (Human and Veterinary) (Bailiwick of Guernsey) Law, 2008. Arrangements are also being made for the Ethics Committee to consider proposals relating to a local vaccination programme.
- 8.7□ Details of the proposed vaccination programme and the associated legislative amendments were also shared with the Civil Contingencies Authority for information. As the POM Ordinance has effect across the Bailiwick of Guernsey, the Committee has duly corresponded with the relevant Committees of Alderney and Sark, who have confirmed their support for the Committee's direction.

Yours faithfully

H J R Soulsby  
President

R H Tooley  
Vice-President

E A McSwiggan  
R G Prow  
D A Tindall

R H Allsopp, OBE  
Non-States Member

# **The Prescription Only Medicines (Human) (Bailiwick of Guernsey) (Amendment) Ordinance, 2020**

**THE STATES**, in pursuance of their Resolution of the 18<sup>th</sup> August, 2020<sup>a</sup>, and in exercise of the powers conferred on them by sections 35 and 132 of the Medicines (Human and Veterinary) (Bailiwick of Guernsey) Law, 2008<sup>b</sup>, and all other powers enabling them in that behalf, hereby order:-

## **Amendments to Ordinance of 2009.**

1. The Prescription Only Medicines (Human) (Bailiwick of Guernsey) Ordinance, 2009<sup>c</sup> ("**the principal Ordinance**") is amended as follows.

2. In section 15 of the principal Ordinance –

(a)□ in subsection (2) –

(i)□ in paragraph (e), immediately after "Schedule 2", insert "  
", or in the case of a designated vaccine, either so specified or prescribed by regulations made by the Committee for Health & Social Care",

(ii)□ in paragraph (g), immediately after "of it", insert ",

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<sup>a</sup> Additional Billet \*\* of 2020.

<sup>b</sup> Order in Council No. V of 2009; as amended by Ordinance No. XXIV of 2009; No. XLI of 2013; No. IX of 2016.

<sup>c</sup> Ordinance No. XXV of 2009; as amended by No. XXV of 2010; No. IX of 2016.

unless that medicine is a designated vaccine",

(iii)□ immediately after paragraph (g), insert the following paragraph –

"(ga) in the case of a designated vaccine, the medicine is sold, supplied or administered in accordance with any conditions or requirements specified in the Patient Group Direction under subsection (4)(c)(ii), and",

(b)□ for subsection (3), substitute –

"(3) In this section –

**"the coronavirus"** means the Severe Acute Respiratory Syndrome Coronavirus 2, the virus causing the disease COVID-19,

**"designated vaccine"** means a medicinal product that, for the time being, is designated by regulations made by the Committee for Health & Social to be used for vaccination or immunisation against the coronavirus, being a medicinal product –

(a) that is authorised by the licensing authority under regulation 174 of the Human Medicines Regulations 2012 on a temporary basis (whether with or without conditions), or

(b) for which a recognised marketing authorisation is in force,

**"excepted person"** means –

(a)□ a doctor or dentist, or

(b)□ a person lawfully conducting a retail pharmacy business, and

**"licensing authority"** has the meaning given by regulation 6(2) of the Human Medicines Regulations 2012," and

(c)□ in subsection (4), immediately after paragraph (b), insert "and" and the following paragraph –

"(c) in the case of a designated vaccine –

(i)□ is also signed by the Director of Public Health, who may be one of the persons signing the direction for the purposes of paragraph (a), and

(ii)□ may include any conditions or requirements relating to the sale, supply or administration of the medicine considered appropriate by the person issuing the direction.", and

(d)□ immediately after subsection (5), insert the following subsection –

"(6) Before making any regulations under subsection (2) or (3), the Committee for Health & Social Care shall consult the Policy &

Resources Committee of the States of Guernsey, the Policy and Finance Committee of the States of Alderney and the Medical & Emergency Services Committee of the Chief Pleas."

3. Immediately after section 15 of the principal Ordinance, insert the following section –

**"Protocols relating to coronavirus and influenza vaccinations and immunisations.**

15A. (1) The restrictions imposed by section 35(4) of the Law do not apply to the sale, supply or administration of a designated vaccine or any other medicinal product –

- (a) for parenteral administration, and
- (b) used for vaccination or immunisation against the coronavirus or influenza virus (of any type),

that meets conditions A, B and C.

(2) Condition A is that the sale or supply is made, or the medicinal product administered, while a disease (which may be neither the disease caused by the coronavirus nor influenza) is, or in anticipation of a disease being imminently –

- (a) pandemic, and
- (b) a serious risk or potentially serious risk to human health.

(3) Condition B is that the sale, supply or administration is in accordance with the conditions and requirements of a protocol that is approved by the Committee for Health & Social Care.

(4) Condition C is that the protocol specifies (amongst other matters)—

- (a) ☐ the classes of persons permitted to administer the medicinal product under the protocol,
- (b) the process by which a person of the specified class is designated, and by whom, as a person authorised to administer the medicinal product under the protocol,
- (c) requirements as to the recording of the name of a person who, on any particular occasion, administers the medicinal product under the protocol, and
- (d) any other conditions or requirements subject to which the sale, supply or administration of the medicinal product is permitted to take place under the protocol.

4. In section 20(1) of the principal Ordinance, insert the following definitions in the appropriate alphabetical order –

""**the coronavirus**"" has the meaning given by section 15(3),"

""**designated vaccine**"" has the meaning given by section 15(3),", and



""**occupational health scheme vaccinator**" means a person who is employed or engaged by a person operating an occupational health scheme, and who is—

- (a) ☐ a registered nurse or registered midwife,
- (b) ☐ a registered operating department practitioner, registered paramedic or registered physiotherapist, or
- (c) ☐ a pharmacist,".

5. In Schedule 1 to the principal Ordinance –

- (a) ☐ in Part II, immediately after paragraph 6, insert the following paragraph –

"7(a). The Committee for Health & Social Care, or any person with whom that committee has entered into an arrangement for the sale, supply or administration of a designated vaccine or any other medicinal product,	7(b). A designated vaccine or any other medicinal product used for vaccination or immunisation against the coronavirus or influenza virus (of any type) sold or supplied to a person operating an occupational health scheme mentioned	7(c). The sale or supply of the designated vaccine or other medicinal product is in the course of an occupational health scheme mentioned in entry 7(a) and is made, if not by a doctor, by an occupational health scheme vaccinator
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operating an occupational health scheme, and occupational health scheme vaccinators employed or engaged by them.	in entry 7(a) in response to an order in writing signed by a doctor or an occupational health scheme vaccinator.	acting in accordance with the written directions of a doctor as to the circumstances in which such medicinal products are to be used.",
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and

(b) in Part III, immediately after paragraph 5, insert the following paragraph –

"5A(a). The Committee for Health & Social Care, or any person with whom that committee has entered into an arrangement for the sale, supply or administration of a designated vaccine or any other medicinal product, operating an	5A(b). A designated vaccine or any other medicinal product used for vaccination or immunisation against the coronavirus or influenza virus (of any type) sold or supplied to a person operating an occupational health scheme mentioned in entry 5A(a) in	5A(c). The administration of the designated vaccine or other medicinal product is in the course of an occupational health scheme mentioned in entry 5A(a), and the individual administering the medicinal product is, if not a doctor, an occupational health
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occupational health scheme, and occupational health scheme vaccinators employed or engaged by them.	response to an order in writing signed by a doctor or an occupational health scheme vaccinator.	scheme vaccinator acting in accordance with the written directions of a doctor as to the circumstances in which such medicinal products are to be used."
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**Extent.**

6. This Ordinance has effect throughout the Bailiwick of Guernsey.

**Citation.**

7. This Ordinance may be cited as The Prescription Only Medicines (Human) (Bailiwick of Guernsey) (Amendment) Ordinance, 2020.

**Commencement.**

8. This Ordinance shall come into force on the 28<sup>th</sup> August, 2020.

Deputy Heidi Soulsby  
President, Committee *for* Health & Social Care  
Le Vauquiedor Office  
St Andrews  
Guernsey  
GY6 8TW

7<sup>th</sup> August 2020

Dear Deputy Soulsby

### **COVID-19 Vaccination Programme**

I write in my capacity as Chair of the Science and Technical Advice Cell (STAC) to provide a summary of the work undertaken by the local COVID-19 Vaccination Planning Task Force to explore the local considerations regarding the implementation of a voluntary COVID-19 vaccination programme once such vaccines are available.

As you are aware, STAC is established to provide timely and co-ordinated advice on scientific and technical issues, providing recommendations to the Strategic Coordinating Group and, in turn, to the Civil Contingencies Authority or, as in this case, the Committee *for* Health & Social Care. It provides a dedicated forum to bring together subject matter expertise to serve as an advisory group, reflecting on both local evidence and linking to national bodies as appropriate. STAC has been meeting since February 2020 and has, over this time, worked on many key initiatives including the initial modelling and the transition through the Exit Framework. A specific sub-group has been established as the local COVID-19 Vaccination Planning Task Force.

From the first iteration of the Exit Framework, it was recognised that the widespread availability of a vaccine would be a significant milestone and considerable efforts have been invested in understanding the policy, legislative and operational considerations associated with expediently rolling out a vaccination programme of the anticipated scale and complexity as would be needed for COVID-19. To support this a dedicated Vaccination Planning Task Force was established, reporting to STAC, which has benefited from Bailiwick Public Health Services' representation at bi-weekly Public Health England COVID-19 Vaccination Programme Board meetings, The Bailiwick's Public Health Services also have been granted observer status at COVID-19 extraordinary Joint Committee on Vaccination and Immunisation (JCVI) meetings.

It is important to stress that despite the efforts being invested into the development of a vaccine by scientists, pharmaceutical companies, governments and other agencies globally, there remains, at this stage, a number of unknowns in respect of the end product, including when it will be available, how it will need to be administered and how long its protection may last.

**Given this uncertainty, STAC's primary recommendation is that steps be taken as a priority to establish a suitably flexible legislative framework which enables the Bailiwick to respond expediently as soon as a vaccination is available, including at a stage where the product is unlicensed. This will enable Public Health Services to continue to engage with the UK partners to discuss the practical and operational considerations and for STAC to continue to keep under careful review emerging international evidence.**

While many vaccines take five years or more to develop, it is important to note that as a coronavirus, the virus which causes COVID-19 has many similarities to those which cause severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). This means that there was already a body of information which has been used to inform a new vaccine's development and this will accelerate the process. In addition new vaccine development technologies, utilising genomic sequencing, have supported a more rapid development process for some of the candidate vaccines. Recommendations from Public Health England is that jurisdictions across the British Isles should aim to be ready to administer a vaccination programme from early October. While in practice, it is unlikely that a vaccine will be available at this date, it will ensure that the planning has concluded ahead of winter pressures being felt.

Central to the international efforts are measures seeking to ensure the quality, safety and efficacy of COVID-19 vaccines. Clinical trial data for any vaccine aims to identify adverse effects that occur regularly among users or which become apparent in the short term, but it is acknowledged that individuals may have questions about the possibility of side effects that are low in frequency or which arise in the medium to long term period. Recognising that Committee members will equally want reassurances as to the extent of the considerations undertaken by STAC, I have set out below some questions which I anticipate may be asked.

***What is the likely nature of the vaccine and what are the risks that might be associated with such a vaccine?***

Live vaccines use a weakened (attenuated) form of the virus that causes a disease. This kind of vaccine prompts an immune response without causing disease. Live virus vaccines often need extensive safety testing and they should not be administered to people who are clinically immunosuppressed due to the potential risks. While possible, it is considered unlikely that the COVID-19 vaccine will be a live attenuated vaccine.

As the name suggested, inactivated vaccines use an inactive version of a virus causing an immune response but not infection. It is possible that a COVID-19 vaccine may fall into this

category. This type of vaccine often requires multiple doses, followed by booster doses, to provide long-term immunity. However the risks associated with such vaccines are low. Common side effects include tenderness at the site of administration, headaches etc. Very rarely anaphylaxis – a severe allergic reaction – may occur which is why appropriately trained professionals are always onsite. Work will be ongoing as part of the development of the vaccine to understand any side effects through the clinical trials.

A number of COVID-19 candidate vaccines are currently in development around the world, all of which are using advanced technology. I have included information on possible candidate vaccines for the Bailiwick (although I cannot be sure that these are the ones that will be made available to us). STAC's recommendation is, and will be, that the Bailiwick adopts the vaccines recommended and supplied by the Department of Health in England and Wales.

One of these candidate vaccines is currently being developed by researchers at Imperial College in London. It is possible that this is a vaccine that could be made available for use in the Bailiwick. When this vaccine is injected into muscle cells, the cells will take up the tiny fat droplets and the RNA contained in the vaccine. Once inside the cell, the self-amplifying RNA produces copies itself, which can instruct the cell's own machinery to make the coronavirus protein. This process takes place in the cytoplasm of the cell and so doesn't affect or change the cell's own genetic material. The muscle cells will then produce large quantities of the spike protein – but not the whole virus. Some of the proteins will be presented on the surface of the muscle cells, as part of the normal process and will therefore trigger an immune response. Potential advantages of such vaccines include long-term immune responses, vaccine stability and more rapid large-scale manufacture. However, these RNA based vaccines do create some issues with storage, requiring freezing at significantly sub-zero temperatures, which is not the case with some of the other vaccines. RNA based vaccines also have a tendency to invoke an inflammatory response and require careful design to manage this.

A further potential vaccine candidate uses non-replicating viral vector as developed by the Oxford Group. This adenovirus vaccine vector (ChAdOx1), was chosen as a suitable vaccine technology for a SARS-CoV-2 vaccine as it can generate a strong immune response from one dose (although there is uncertainty whether it will require one or two doses to protect against COVID-19) and it is not a replicating virus, so it cannot cause an ongoing infection in the vaccinated individual. This also makes it safer to give to children, the elderly and anyone with a pre-existing condition such as diabetes. These adenoviral vectors are a very well-studied vaccine type, having been used safely in thousands of subjects, from 1 week to 90 years of age, in vaccines targeting a number of different diseases, for example, SARS and Lassa Fever.

More recently, the UK Government announced that they had entered into pre-vaccine agreements with two further companies on the 20<sup>th</sup> July, with BioNTech/Pfizer and Valneva.

This portfolio contains three differing vaccines created using different technologies. On the 29<sup>th</sup> July it was announced that the UK Government had also entered into another pre-vaccine agreement with Sanofi Pasteur/GlaxoSmithKline.

As is the case with any new medicines, it is possible that any adverse reactions that occur infrequently or in the medium or long term because of a COVID-19 vaccine. These therefore may not be apparent in the early clinical trials and indeed these side-effects may not be known about for many years, or they may occur in only a very small proportion within particular cohorts. Previous examples in the case of other vaccinations have included the occurrence of childhood narcolepsy in one in every 52,000 vaccinations in the case of one particular type of Swine Flu vaccine.

However, in general adverse events following immunisation are rare and coordinated national reporting in the UK supports monitoring and timely review of vaccination programmes, as was seen in the case of the rotavirus immunisation in babies. A very small increase in intussusception after the administration of rotavirus vaccine, from 120 in 100,000 to 122 in 100,000 was noted. This led to a change in schedule for the vaccine, placing an age limit on the first dose (15 weeks of age) to reduce this risk.

As with all vaccines the worst immediate case scenario would involve an anaphylactic reaction to the vaccine with the potential to cause death. The Oxford Vaccine Knowledge Project reports that the current rate of anaphylactic reaction to any vaccine in the UK is around 1 in 900,000. Consideration of this risk is integrated into all of the Bailiwick's vaccination programmes with the appropriate equipment and staff available to manage any anaphylactic reaction.

There have been some concerns raised around the suggestion that those whom have SARS-CoV-2 antibodies may be susceptible to a vaccine-enhanced illness (VEI). VEI is a rare reaction, however it can occur when an individual who has previously cleared an infection and developed antibodies is vaccinated against the same virus. In the majority of viruses no ill effects occur, however in rare cases vaccination can stimulate an incomplete or weak immune response which does not clear the virus but instead enhances the severity of infection. This phenomenon has been noted in one coronavirus that infects cats (feline infectious peritonitis) and has caused problems in the development of the Sanofi-Pasteur vaccine against dengue. The JCVI are currently considering the evidence around this situation and they may suggest not vaccinating those individuals who have SARS-CoV-2 antibodies, however, at present, this seems unlikely.

While no vaccination process can ever be risk free and individuals may always experience unexpected reactions, on balance STAC consider that the risks of not proceeding with a vaccination programme outweigh the clinical risks of infection with SARS-CoV-2. Evidence continues to be collated on the longer term effects of COVID-19 on individuals and this body of information will only grow over the coming months and years. Early indications from two published vaccine trial papers (the Oxford ChAdOx1 vaccine and Pfizer's mRNA

vaccine) are that localised and systemic reactions are common, however in most cases mild. These include pain and tenderness at vaccine site, chills, fatigue, a headache, feeling feverish, malaise, joint pain, muscle aches and nausea. The prophylactic use of an antipyretic appears to reduce the length of symptoms and in the majority of cases subsided within 48 hours of vaccination. It is impossible to predict any long term health issues related to vaccination at this stage. I am unable to provide any information on potential medium or long-term adverse effects.

***What does “unlicensed” vaccination mean in terms of testing/ authorisation? Is there any additional risks associated with such status?***

Legislative and regulatory frameworks are generally, and rightly, based on the presumption that lengthy development processes will have taken place to ensure the quality, safety and efficacy of the product. This process will incorporate initial development, laboratory testing and a series clinical trials increasing in size.

The seriousness of the COVID-19 pandemic is well recognised, with the European Commission’s communication on the EU Strategy for COVID-19 vaccines explaining “The scale of the crisis means that time pressure is unprecedented: every month gained in the deployment of a vaccine will save many lives, many jobs and many billions of euros.” This means that steps are being taken to compress the standard timeframe by providing guidance to developers, running clinical trials in parallel with investing in production capacity and securing raw materials so that production can start as soon as those trials are concluded, or even earlier.

While steps are being taken by regulatory bodies to review certain aspects of the vaccine trial in an effort to speed up the overall approval processes, it is not anticipated that full regulatory approval by way of a marketing authorisation from the European Medicines Agency (EMA) or the UK Medicines and Healthcare products Regulatory Agency (MHRA) will be in place when a COVID-19 vaccine first becomes available. Instead steps will be taken in the UK for the Secretary of State to use specific legislative powers and on the recommendation of the MHRA and taking into consideration the guidance produced by JCVI, to temporarily authorise the use of a COVID-19 vaccine in the UK. These specific legislative provisions were included so to recognise those circumstances where in emergency-like situations it is in the public interest to act more expediently than the traditional regulatory processes may normally allow.

When considering the administration of a vaccine, the risks of the vaccine must be balanced against the consequences of infection with the naturally-occurring viral infection. It is estimated that between 30 and 40% of cases develop a symptomatic infection. Of the people that do develop symptoms, current data indicates that 40% have mild symptoms without hypoxia (problems with the level of oxygen in the blood) or pneumonia, 40% have moderate symptoms and non-severe pneumonia, 15% have significant disease including severe pneumonia, and 5% experience critical disease with



life-threatening complications. Critical disease includes acute respiratory distress syndrome (ARDS), sepsis, septic shock, cardiac disease, thromboembolic events, such as pulmonary embolism and multi-organ failure. Furthermore, evidence is growing that the longer-term consequences of more severe complications associated with the inflammatory response may be considerable in those who experience critical and life-threatening illness. Rare neurological and psychiatric complications, which can also occur in patients without respiratory symptoms, include stroke, meningo-encephalitis, delirium, encephalopathy, anxiety, depression and sleep disturbances.

The risk of severe disease and death is higher in people who are older, male, from deprived areas or from certain non-white ethnicities. Certain underlying health conditions, as well as obesity, increase risk in adults. The proposed vaccine programme is therefore targeted at these at risk groups, including the over 50s, as well as frontline health and care staff. Here one could argue that, given the acute and long-term consequences of a naturally occurring infection, the risks of receiving the vaccine are likely to be far less than the risks of a naturally occurring infection.

Consideration also needs to be given to the wider consequences of not proceeding with a vaccination programme to protect the most vulnerable in our society. This includes the need to retain restrictions on travel and some form of testing and self-isolation and the impact on the wider physical and mental health of islanders.

Whilst the level of vaccination proposed (approximately half of our population will be eligible to receive the vaccine currently) will not protect the Bailiwick completely against a second wave, the vaccine will provide protection for our most vulnerable islanders. This in turn will also provide some protection for our critical healthcare infrastructure.

***What are the risks to the States of Guernsey from proceeding with a vaccination programme?***

There are risks associated both with proceeding and not proceeding with a vaccination programme, as outlined above. There are risks associated with unforeseen adverse consequences of the vaccine, both for any individuals concerned and for the States of Guernsey, which could have a financial responsibility for any damages' claims or for the payment of resulting medical care or benefit payments. In the worst-case scenario, the States of Guernsey might have a significant liability arising from, as yet unknown adverse effects of the proposed vaccination, possibly running into hundreds of millions of pounds, together with the financial costs associated with potential medical care and benefit payments for such individuals; in the best case, there might be no unknown adverse effects and thus no liability; and there is a range of possibilities between those positions.

There is also the potential that individuals could seek to take action if vaccinations were not available locally.

This is a complex area of work and therefore a specific sub-group has been formed including subject matter experts to consider the risks and produce a risk-allocation model and policy with appropriate mitigation. From this group's analysis – which is due to report back by early-September – further proposals will be presented to the Committee setting out the risks and liabilities associated with the vaccine programme in the Bailiwick, both in respect of those risks normally associated with vaccine delivery, as well as those associated with an unlicensed or new vaccine, and whether or not any mitigation of the potential liability to the States might be appropriate and possible. This brings with it significant policy considerations, including options-appraisal and consultation, but this could be progressed as a priority. While there is the potential that the States could be liable for substantial damages and the financial costs of medical care and benefit payments for large numbers of people, should the States of Deliberation approve the vaccination programme and accept the potential for adverse effects to occur, it is important to stress that at this stage STAC's recommendation is limited to the making of enabling legislative changes in case needed.

Steps are being taken to invite officers from the Policy & Resources Committee to join the sub-group, recognising that the strategic and wide ranging implications of this work-stream.

### ***How will the vaccination process work?***

The Joint Committee for Vaccination and Immunisation (JCVI) have submitted an initial guide to groups to be vaccinated<sup>1</sup>. However, the confirmation of these groups is reliant on further efficacy and safety data from the research trials and community risk stratification that may create additional groups.

If a vaccination programme that focuses on herd immunity is proposed, based on the transmissibility profile of SARS-Cov-2, it has been suggested that a community will need around 70% of the population to be immune (either through vaccination or recovery after infection)<sup>2</sup>.

A vaccine that results in herd immunity is not being considered as the first option. The groups that are currently being targeted are those that are likely to suffer more severe consequences of infection with the virus that causes COVID-19. These are the risk groups, including people with specific clinical conditions, the over 50s and health and care workers (calculated at 34,300 people in the Bailiwick).

While individuals will be invited to participate in the vaccination programme, participation will be entirely voluntary. The operational immunisation programme will be run to the

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<sup>1</sup> JCVI 2020 <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi/interim-advice-on-priority-groups-for-covid-19-vaccination>

<sup>2</sup> John Hopkins University 2020 <https://hub.jhu.edu/2020/04/30/herd-immunity-covid-19-coronavirus/>

same exacting standards as the current Bailiwick immunisation programmes, requiring participants to give their informed consent before the vaccination is administered. Information around the vaccine, any potential known side effects and the licencing status of the product will be provided in various forms, including written information leaflets, vaccine manufacturer product inserts, verbal conversations and media postings. Careful consideration will be given to ensuring the information available is accessible to all, and transparent in its acknowledgement of the limitations of some of the evidence available, including that of all the side-effects of the product.

***Does Guernsey need a vaccination programme?***

While Guernsey has, fortunately, fared well through the pandemic thanks to the community's collective adherence to the guidance that has been in place, the threat of COVID-19 remains as real as it did in March and April of this year. The current absence of known cases does not remove the risk of imported infections through those entering the island – despite the safeguards in place on Bailiwick entry – and the Bailiwick's current position within Phase 5b – where social distancing is not observed – presents a particularly high risk should there be a case of community seeding.

The absence of non-pharmaceutical interventions within the Bailiwick has allowed the community to return to a much more normal way of life than other jurisdictions, where education remained closed or only partially open, social distancing persisted and leisure activities remain restricted. This has supported the health and wellbeing of the whole island and the introduction of a vaccination for those who meet the criteria and wish to be vaccinated will support the maintenance of this situation.

It is difficult to model the protective effect of the vaccination programme, should the uptake be sub-optimal. However, there will still be individual protection for those receiving the vaccine.

I hope this information is of help. Please do not hesitate to contact me if you require any further information.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Nicola Brink', with a horizontal line underneath.

**Dr Nicola Brink**

Director of Public Health  
States of Guernsey

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 10<sup>th</sup> 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 10<sup>th</sup> 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

10<sup>th</sup> August 2020

Dear Sir

#### **1. Executive Summary**

- 1.1 At its meeting held on 22<sup>nd</sup> May 2020, following consideration of P.202/93 – Dates of States’ Meetings – 1<sup>st</sup> September 2020 to 31<sup>st</sup> 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 – 1<sup>st</sup> September 2020 to 31<sup>st</sup> 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](mailto: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 6<sup>th</sup> version of the plan since the publication of the first transition plan on 5<sup>th</sup> 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 9<sup>th</sup> 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 25<sup>th</sup> 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).<sup>1</sup> 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 5<sup>th</sup> 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 8<sup>th</sup> 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.

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<sup>1</sup> 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 20<sup>th</sup> 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 8<sup>th</sup> 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 7<sup>th</sup> 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 18<sup>th</sup> 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.<sup>2</sup>

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 5<sup>th</sup> 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 20<sup>th</sup> 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 6<sup>th</sup> 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.

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<sup>2</sup> 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 25<sup>th</sup> 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 25<sup>th</sup> March 2020.

Table 1: Results from 24<sup>th</sup> 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 25<sup>th</sup> March and 19<sup>th</sup> 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
<b>Direction 1</b>	25 <sup>th</sup> March 2020–29 <sup>th</sup> 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.
<b>Direction 2</b>	29 <sup>th</sup> March 2020–7 <sup>th</sup> April	Amendments to the definitions of essential worker and clarity through new Authorisations issued regarding vehicle maintenance for essential workers.
<b>Direction 3</b>	8 <sup>th</sup> April–18 <sup>th</sup> 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.
<b>Direction 4</b>	19 <sup>th</sup> April–24 <sup>th</sup> April	Expanded home delivery permitted to include non-essential retail.

<b>Direction 5</b>	25 <sup>th</sup> April–8 <sup>th</sup> 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.
<b>Direction 6</b>	9 <sup>th</sup> May–15 <sup>th</sup> May	Increased permitted recreational time from 2 hours to 4 hours.
<b>Direction 7</b>	16 <sup>th</sup> May–29 <sup>th</sup> 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.
<b>Direction 8</b>	18 <sup>th</sup> May–29 <sup>th</sup> May (in force concurrently with Direction 7)	Minor technical drafting points.
<b>Direction 9</b>	30 <sup>th</sup> May–12 <sup>th</sup> 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).
<b>Direction 10</b>	5 <sup>th</sup> June – 13 <sup>th</sup> June	Phase 4 – replicated Direction 9 but extended licensed premises opening hours to 2330
<b>Direction 11</b>	14 <sup>th</sup> June – 19 <sup>th</sup> June	Phase 4 – as per Direction 10  On expiration of Direction 11, the Bailiwick entered Phase 5a

Since first publishing the Exit framework on 5<sup>th</sup> 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.<sup>3</sup>

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

Table 3: Categories of Non-Pharmaceutical Interventions (NPIs)<sup>4</sup>

Intervention	UK Description	Bailiwick of Guernsey equivalent
<b>Case isolation in the home</b>	Symptomatic cases stay home for 7 days from symptom onset, modified to 10 days on 30 <sup>th</sup> 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.
<b>Home quarantine / self-isolation</b>	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.
<b>Social distancing of those aged &gt;65</b>	Personal and physical interactions reduced.	Social distancing advice.
<b>Social distancing of entire population</b>	Personal and physical interactions reduced.	Social distancing advice.
<b>Closure of schools and Universities</b>	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

<sup>3</sup> 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>.

<sup>4</sup> 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.<sup>5</sup>

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 25<sup>th</sup> 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
<b>Border restrictions</b>	Measures to restrict travel from outside into the Bailiwick.	6 <sup>th</sup> February 2020: Compulsory self-isolation for people returning from defined affected areas.
	Avoiding crowding in airports and other transport hubs.	25 <sup>th</sup> 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 <sup>th</sup> March 2020: Travel restrictions for all but essential travellers and returning citizens.
		18 <sup>th</sup> March 2020: Compulsory self-isolation for all people returning to the Bailiwick, irrespective of country of origin.
		17 <sup>th</sup> August 2020: Reinstatement of Group A and B countries with modified self-isolation

<sup>5</sup> 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.
<b>Isolation / Quarantine</b>	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 <sup>th</sup> February 2020: COVID-19 made a notifiable disease and SARS-CoV-2 a notifiable agent.  18 <sup>th</sup> February 2020: Compulsory self-isolation of all cases and contacts of COVID-19.
<b>Contact tracing</b>	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 <sup>th</sup> March 2020
<b>Schools</b>	Enhanced social distancing measures  Closures of schools and pre-school settings across the Bailiwick	10 <sup>th</sup> March 2020: Enhanced social distancing measures introduced into schools  16 <sup>th</sup> March 2020: School closures
<b>Crowding</b>	Measures to avoid crowded places, for example banning large gatherings or only associating with members from your own household	13 <sup>th</sup> March: Social distancing advice (2 metres) introduced  20 <sup>th</sup> March 2020: All licenced premises closed  25 <sup>th</sup> March 2020: All gatherings of more than two people in public stopped  25 <sup>th</sup> March 2020 People asked to stay at home, except for very limited purposes  26 <sup>th</sup> March 2020: Guidance issued on shielding the most vulnerable in the population for 12 weeks
<b>Workplace closures and remote working measures</b>	Closures of workplaces with advice to work remotely where possible	25 <sup>th</sup> March 2020: Closure of all but essential workplaces  7 <sup>th</sup> 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.<sup>6</sup>

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.<sup>7</sup>

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.<sup>8</sup> 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.<sup>9</sup>

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 25<sup>th</sup> 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

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

<sup>7</sup> 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.

<sup>8</sup> 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.

<sup>9</sup> <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 28<sup>th</sup> 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%].<sup>10</sup> 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.<sup>11</sup> Acting promptly when indicators suggest imminent community spread may be beneficial in controlling the

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<sup>10</sup> 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](https://sph.nus.edu.sg/wp-content/uploads/2020/04/COVID-19-Science-Report-Lockdowns-20-Apr_updated.pdf)> [Accessed 17 April 2020].

<sup>11</sup> 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 8<sup>th</sup> 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 9<sup>th</sup> March 2020 in a person returning from holiday in Tenerife. The cumulative total of case numbers, as of the 4<sup>th</sup> August 2020, is illustrated in Figure 1.



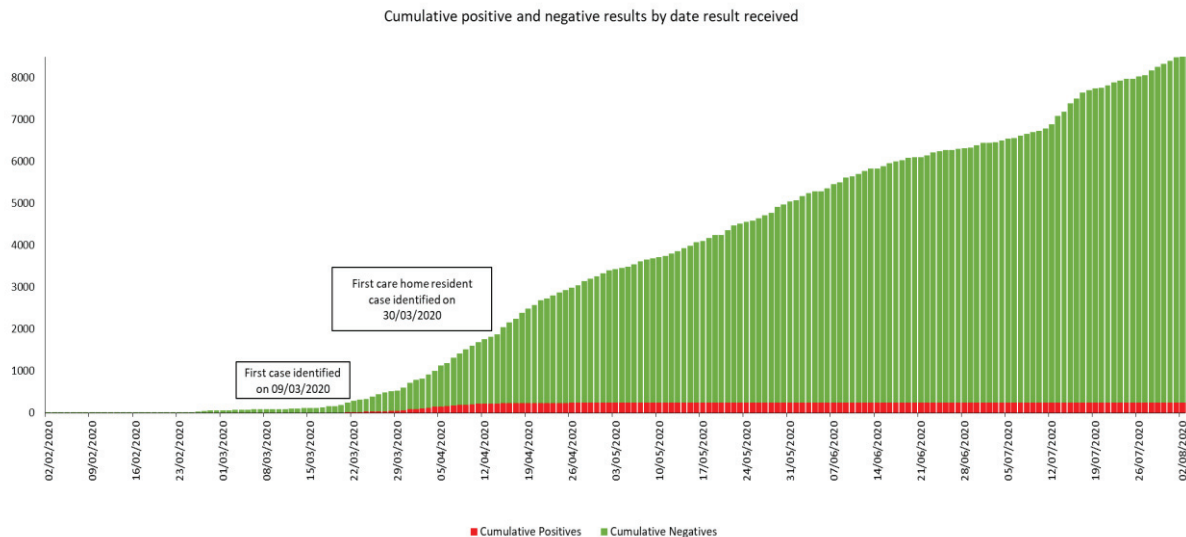


Figure 1: Cumulative positive and negative results by date of sample receipt

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.

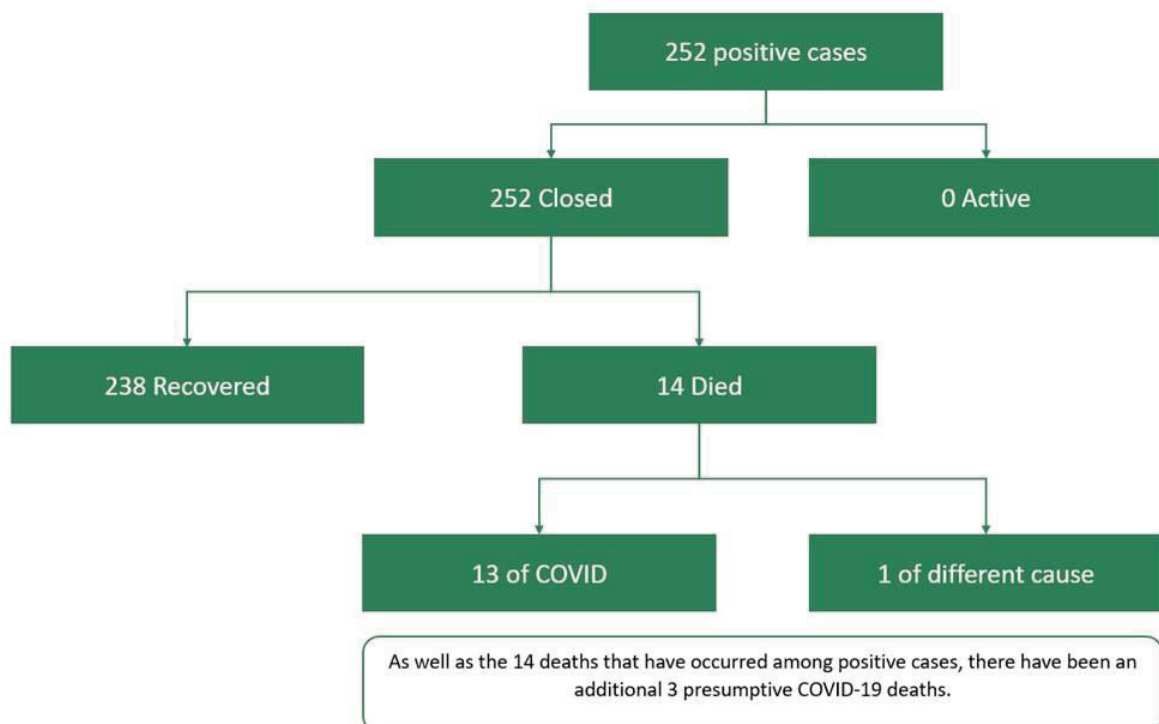


Figure 2: Case Summary

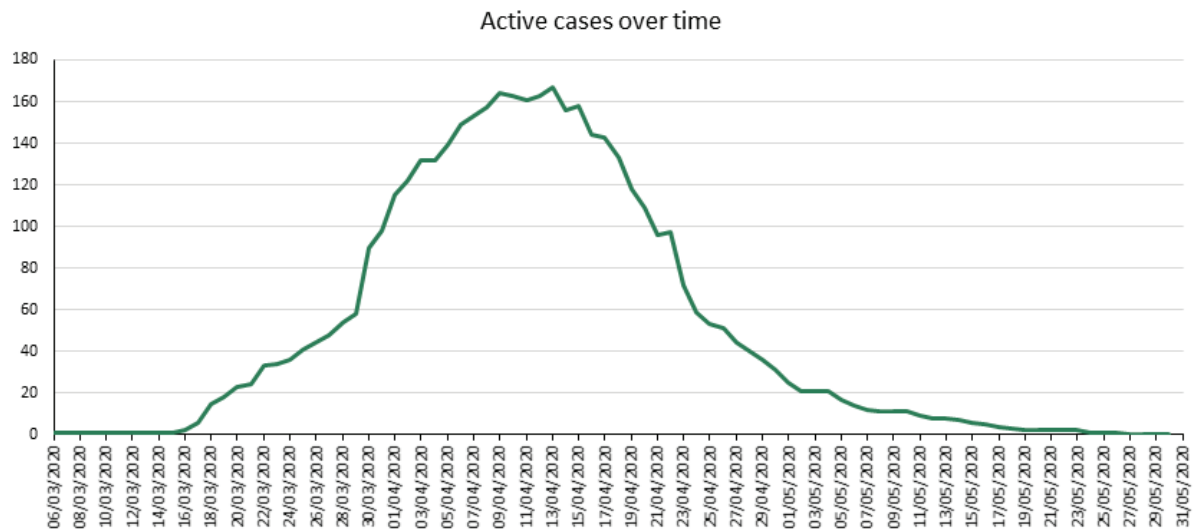


Figure 3: Active cases by Date of Diagnosis

## 2. Categorisation of cases

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

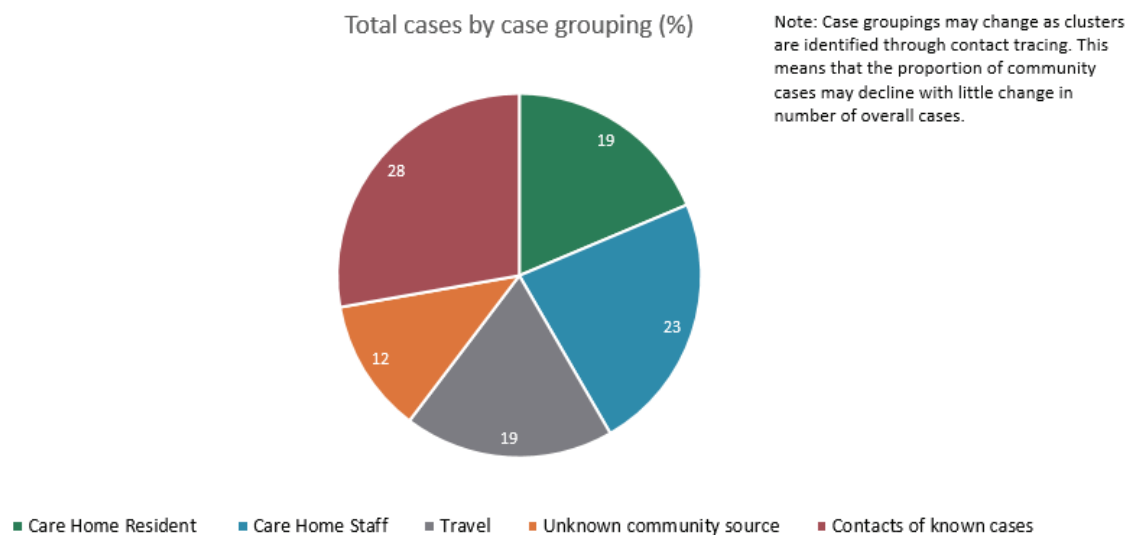


Figure 4: Total Cases by Grouping (%)

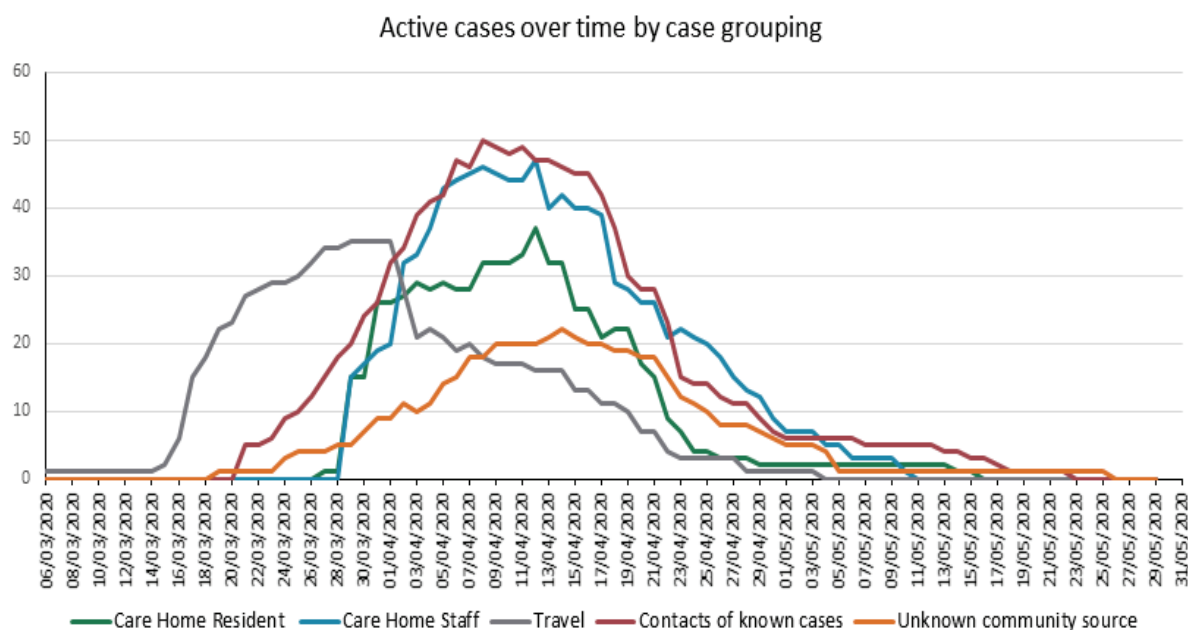


Figure 5: Case Grouping by Date of Diagnosis

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.

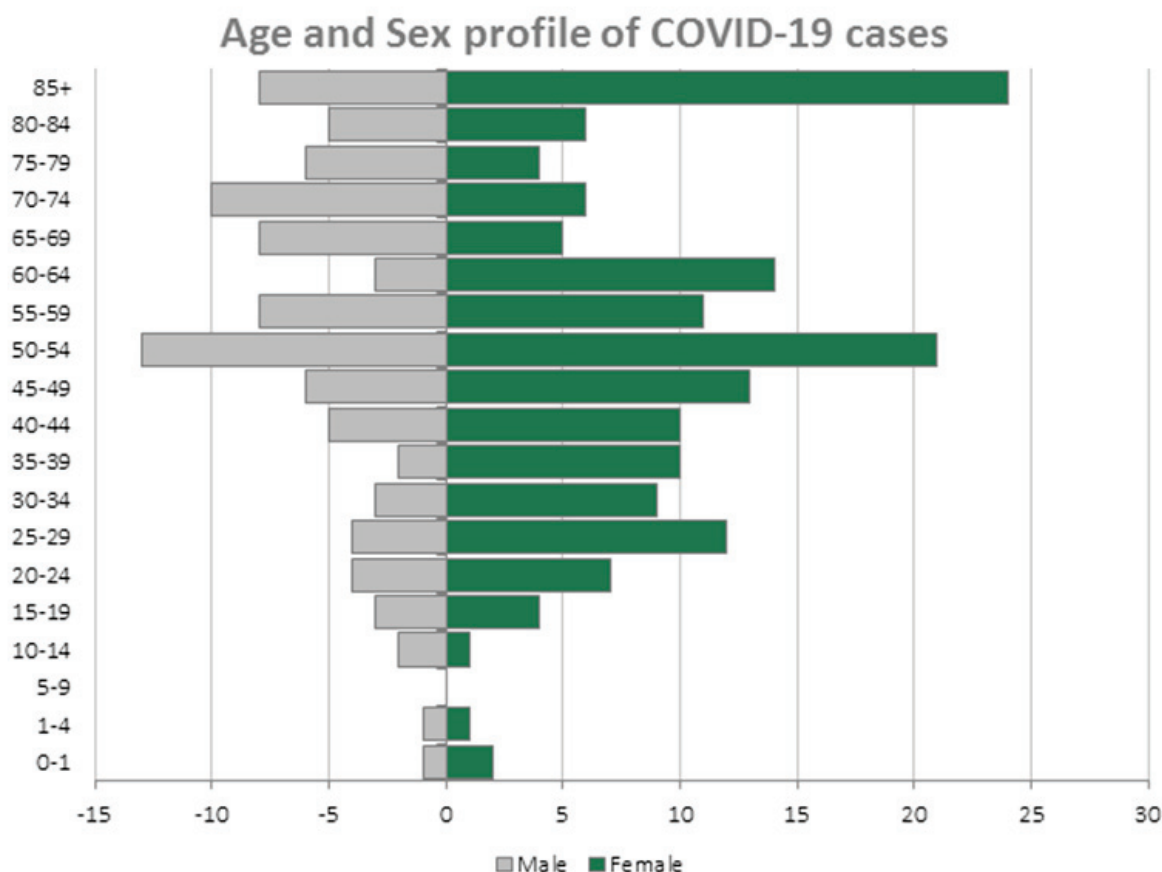


Figure 6: Age-sex distribution of Bailiwick cases 1–247

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 8<sup>th</sup> 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 1<sup>st</sup> January to the 18<sup>th</sup> April 2020 were extracted by the Health Intelligence Unit, Public Health Services, on 23<sup>rd</sup> April 2020.<sup>12</sup> 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

<sup>12</sup> 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.

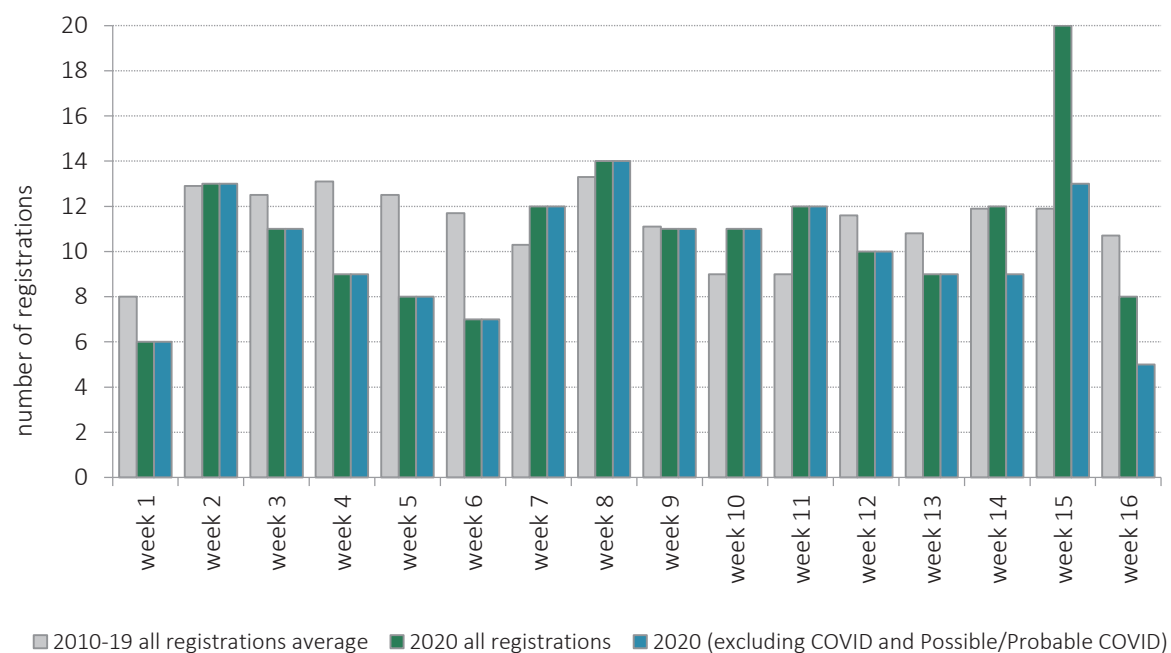


Figure 7: Weekly death registrations during 2020 and 2010–19

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

On 12<sup>th</sup> 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.<sup>13</sup>

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<sup>13</sup> 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 14<sup>th</sup> 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.<sup>14</sup> 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).

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<sup>14</sup> <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.<sup>15</sup>

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<sup>15</sup> <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.<sup>16</sup>

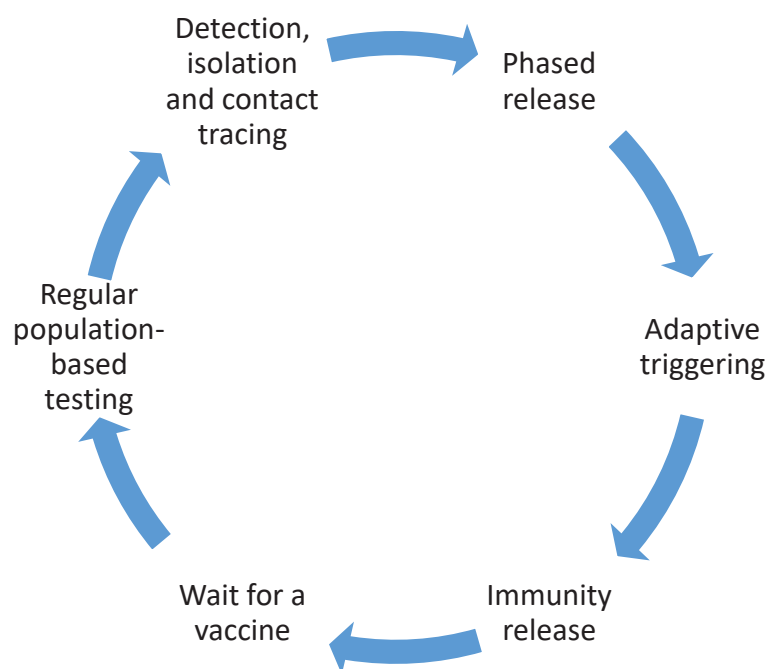


Figure 8: Strategies to exit lockdown<sup>17</sup>

### 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

<sup>16</sup> 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].

<sup>17</sup> 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).<sup>18</sup> 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 retained<sup>25</sup>.

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 passed<sup>25</sup>. 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

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<sup>18</sup> 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.<sup>19</sup>

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.”<sup>20</sup>*

□

The ECDC technical paper on travel (12<sup>th</sup> 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”.<sup>21</sup>*

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.<sup>22</sup>

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.

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<sup>19</sup> 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].

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

<sup>21</sup> 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.

<sup>22</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveys/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 18<sup>th</sup> 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 8<sup>th</sup> August 2020.

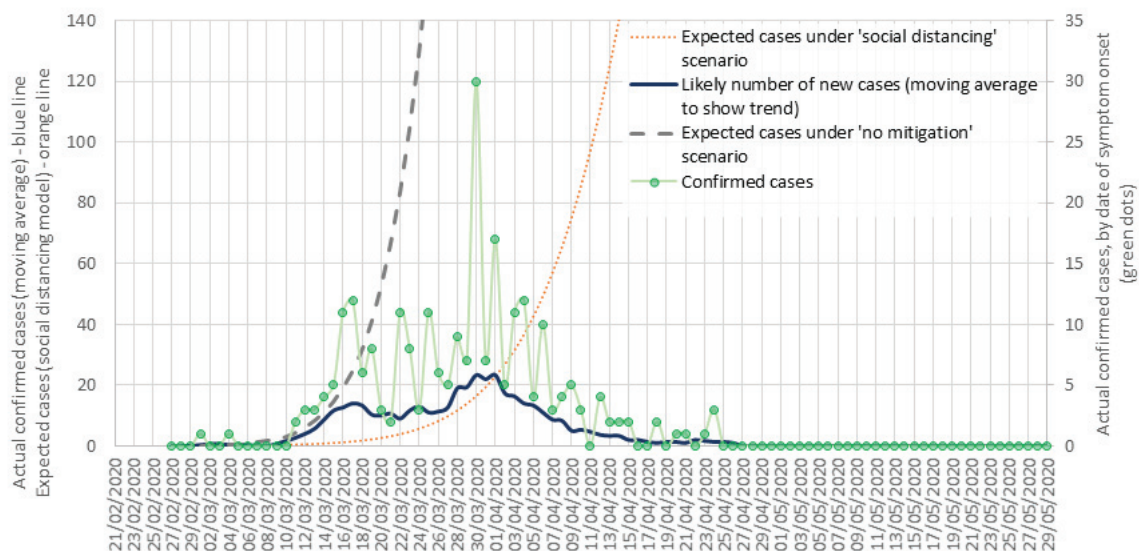


Figure 9: Five day moving model to illustrate trends in infection

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.

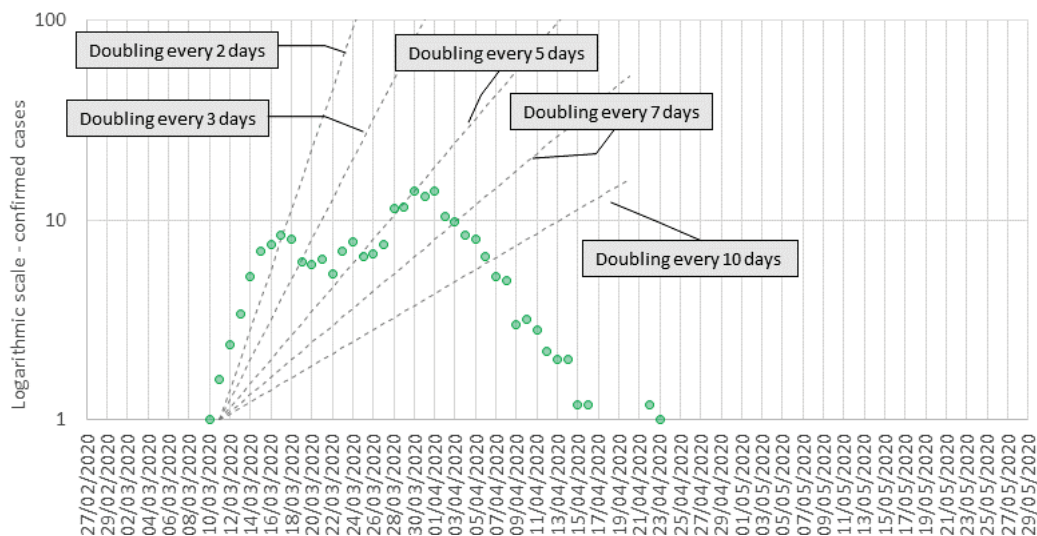


Figure 10: Confirmed Cases with doubling times

## 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.

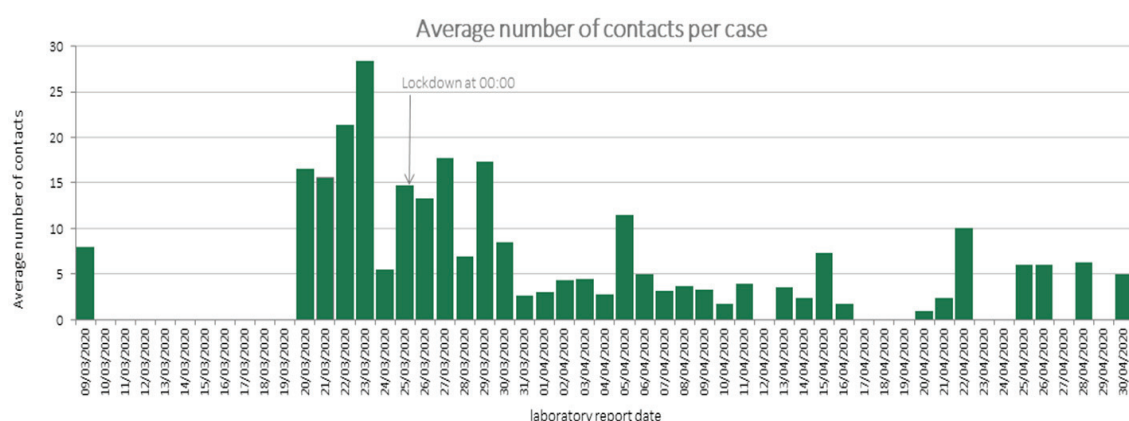


Figure 11: Average number of contacts per case before and after lockdown was introduced



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.

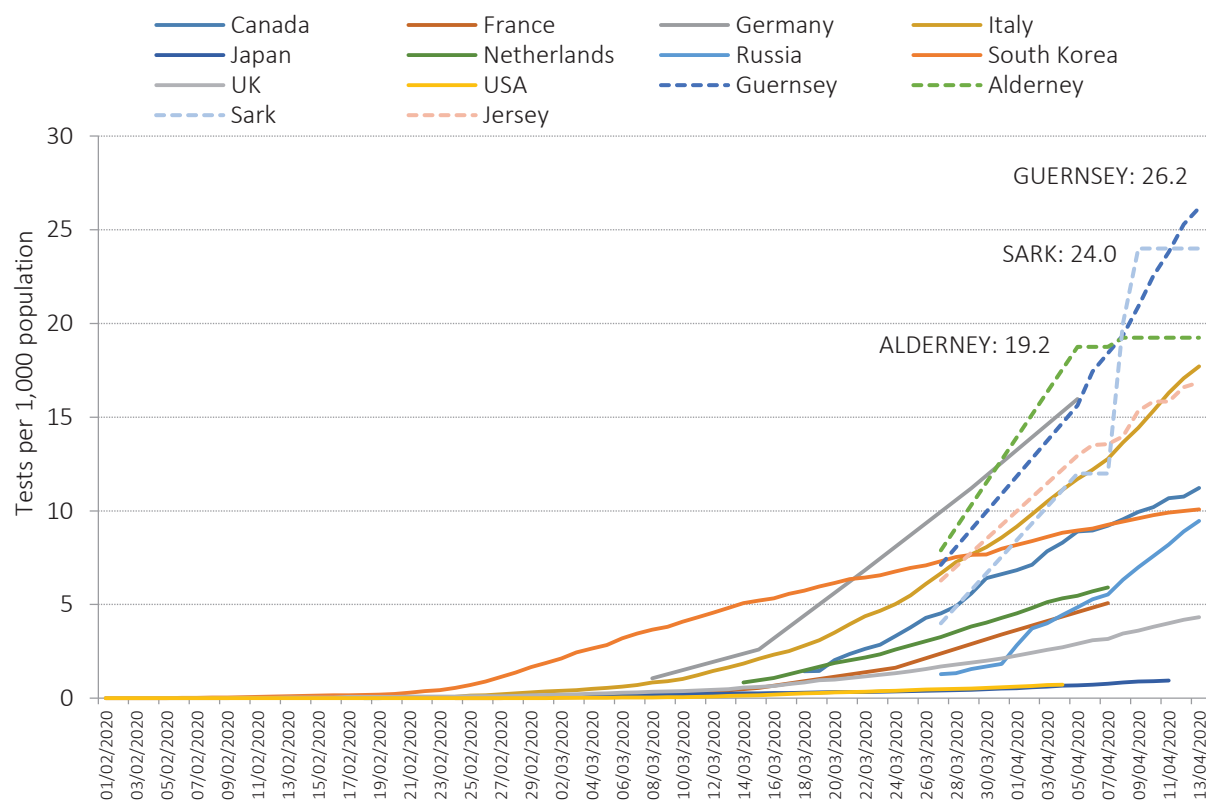


Figure 12: Tests per 1,000 population up to 13<sup>th</sup> April 2020<sup>23</sup>

### 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.

<sup>23</sup> 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.<sup>24</sup>

On 3<sup>rd</sup> 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.

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<sup>24</sup> <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.

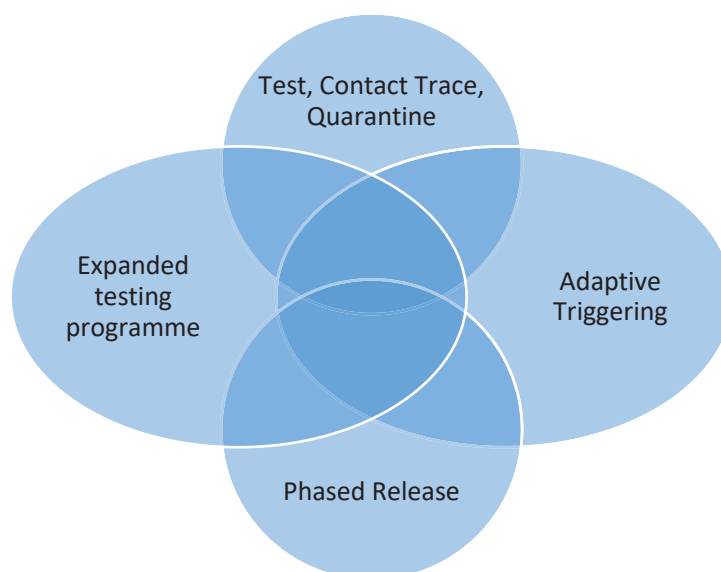


Figure 13: A Bailiwick Approach for Modifying Lockdown

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

On the 12<sup>th</sup> 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.<sup>25</sup>

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<sup>25</sup> 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.

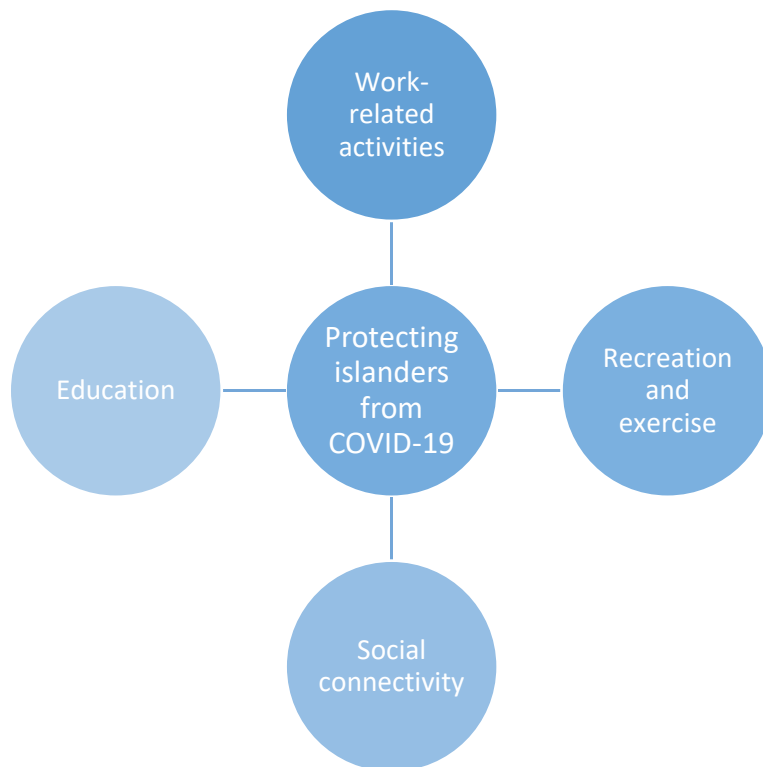


Figure 14: Components of lockdown release

## 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 value<sup>26</sup>.

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<sup>26</sup> 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.<sup>27</sup>

Table 6. Cases detected if infected whilst travelling.

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

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

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

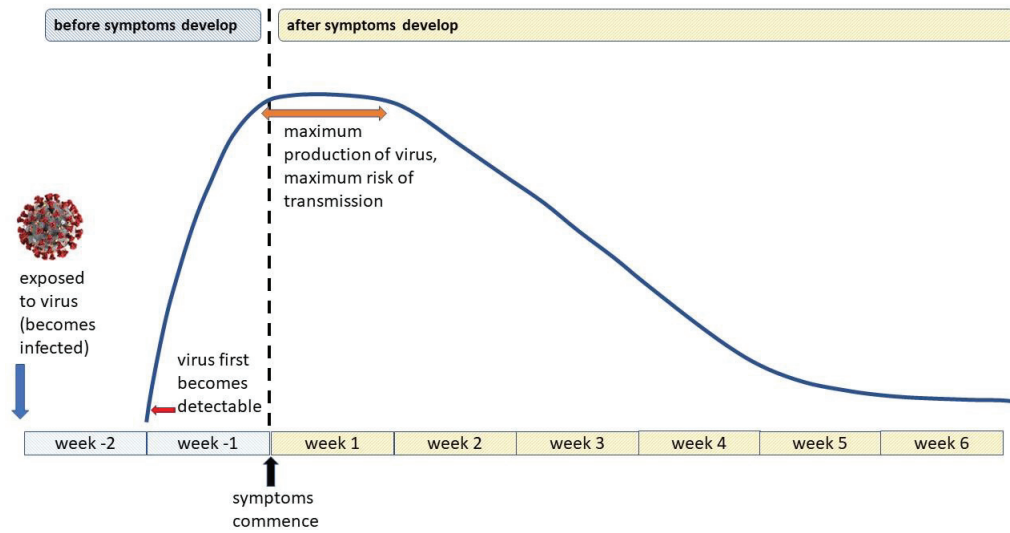


Figure 15: Exposure and infectivity: SARS-CoV-2

## 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 17<sup>th</sup> 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

- ☐ 25<sup>th</sup> March–8<sup>th</sup> 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

- 8<sup>th</sup> April–24<sup>th</sup> 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 7<sup>th</sup> May 2020.
- **Timing**
  - 25<sup>th</sup> April–15<sup>th</sup> May 2020.
  - Additional recreational activities with effect from 00:01 2<sup>nd</sup> 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

- ☐ 16<sup>th</sup> May 2020–29<sup>th</sup> 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 16<sup>th</sup> 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 21<sup>st</sup> 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 20<sup>th</sup> 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**
  - 30<sup>th</sup> May 2020 - 19<sup>th</sup> 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 30<sup>th</sup> May 2020.
    - ☐ The last case of infection was diagnosed as a result of unexplained community transmission on the 21<sup>st</sup> 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**
  - 20<sup>th</sup> 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 20<sup>th</sup> June 2020.
    - The last case of infection was diagnosed as a result of unexplained community transmission on the 21<sup>st</sup> 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;<sup>28</sup>
- ☐ 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 17<sup>th</sup> August 2020. An updated list of Group B and C countries will be available on [gov.gg/coronavirus](https://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:**

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<sup>28</sup> 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:<sup>29</sup>

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-

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<sup>29</sup> <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.<sup>30</sup>

**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.**

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<sup>30</sup> <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><b>Contactless home delivery</b></p> <p>Retail businesses are permitted to offer contactless home delivery subject to:</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> a limit of no more than 2 individuals on site at any time with a strict observance of social distancing</li> <li>• <input type="checkbox"/> strict adherence to guidance on delivery services.</li> </ul>
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><b>All businesses in the Bailiwick (Guernsey, Alderney and Sark) resuming operation during phase 2 must notify the Environmental Health team</b></p> <p>Permitted businesses to include:</p> <p><u>Office-based businesses</u></p>

<p><b>(Phase 2 continued)</b></p>	<ul style="list-style-type: none"> <li>● <input type="checkbox"/> <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.</li> <li>● <input type="checkbox"/> 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"> <li>■ <input type="checkbox"/> 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.</li> <li>■ <input type="checkbox"/> Adequate handwashing facilities and/or hand sanitiser must be available for all employees.</li> <li>■ <input type="checkbox"/> 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)</li> </ul> </li> <li>● <input type="checkbox"/> 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.</li> </ul> <p><b><u>Gardening, building and other trades with no household contact</u></b></p> <ul style="list-style-type: none"> <li>● <input type="checkbox"/> 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.</li> <li>● <input type="checkbox"/> Limited small domestic construction activity. The following would be permitted:             <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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"> <li>■ <input type="checkbox"/> All persons working on a site are members of the same household, or</li> <li>■ <input type="checkbox"/> 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.</li> <li>■ <input type="checkbox"/> Adequate handwashing facilities and/or hand sanitiser must be available for all employees</li> <li>■ <input type="checkbox"/> 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.</li> </ul> </li> <li>■ <input type="checkbox"/> <b>Those operating sites reliant on temporary toilet facilities should contact Environmental Health for further advice</b></li> </ul> </li> </ul>
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<p><b>(Phase 2 continued)</b></p>	<div data-bbox="193 188 359 1787"> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> <b>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.</b></li> </ul> </div> <div data-bbox="379 1400 411 1787"> <p><b><u>Building wholesale and supply</u></b></p> </div> <div data-bbox="432 208 981 1787"> <ul style="list-style-type: none"> <li>● <input type="checkbox"/> Can operate and supply the building trade and domestic needs within social distancing restrictions. <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> Staff operating the site are able to maintain social distancing at all times: <ul style="list-style-type: none"> <li>▪ <input type="checkbox"/> All persons working on a site are members of the same household, or</li> <li>▪ <input type="checkbox"/> 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.</li> <li>▪ <input type="checkbox"/> Adequate handwashing facilities and/or hand sanitiser must be available for all employees</li> <li>▪ <input type="checkbox"/> 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</li> </ul> </li> <li>○ <input type="checkbox"/> Goods may be delivered by contactless delivery or contactless collection</li> <li>○ <input type="checkbox"/> Access for trade customers to the site should be strictly limited to ensure contact is minimised by either: <ul style="list-style-type: none"> <li>▪ <input type="checkbox"/> Allowing access by appointment only</li> <li>▪ <input type="checkbox"/> Strictly limiting the number of customers on site at any one time to ensure social distancing can be maintained</li> <li>▪ <input type="checkbox"/> Ensuring payment is made by contactless means</li> </ul> </li> </ul> </li> </ul> </div> <div data-bbox="1002 235 1034 1787"> <p><b><i>Note that operation of the construction industry to a limited extent is likely to increase the level of sea freight in operation.</i></b></p> </div> <div data-bbox="1054 1034 1086 1787"> <p><b><u>Vehicle servicing and sales (including cars, bikes and marine)</u></b></p> </div> <div data-bbox="1107 224 1347 1787"> <ul style="list-style-type: none"> <li>● <input type="checkbox"/> 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.</li> <li>● <input type="checkbox"/> Marine servicing, maintenance and repairs may be resumed ashore whether on vessels laid up, in the water, in marinas or on owners' properties.</li> <li>● <input type="checkbox"/> Adequate handwashing facilities and/or hand sanitiser must be available for all employees</li> </ul> </div>
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<p><b>(Phase 2 continued)</b></p>	<ul style="list-style-type: none"> <li>● <input type="checkbox"/> 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</li> <li>● <input type="checkbox"/> People should not share vehicles with people outside their household in order to deliver or collect vehicles.</li> <li>● <input type="checkbox"/> 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.</li> </ul> <p><b><u>Retail outlets, garden centres and other businesses</u></b></p> <ul style="list-style-type: none"> <li>● <input type="checkbox"/> Home delivery and/or contactless collection will continue to be permitted</li> </ul> <p><b><u>Property sales and business transactions</u></b></p> <ul style="list-style-type: none"> <li>● <input type="checkbox"/> 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"> <li>○ <input type="checkbox"/> 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</li> <li>○ <input type="checkbox"/> The property has been fully vacant for at least 7 days prior to any visits; or</li> <li>○ <input type="checkbox"/> If the property is inhabited that: <ul style="list-style-type: none"> <li>▪ <input type="checkbox"/> 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;</li> <li>▪ <input type="checkbox"/> No member of the household is considered medically vulnerable; and</li> <li>▪ <input type="checkbox"/> No member of the household is present in the house during any necessary visit.</li> </ul> </li> </ul> </li> </ul> <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><b>Phase 3</b> <b>(16 – 29 May 2020)</b></p>	<p><b><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></b></p> <p><b>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.</b></p> <p><b><u>To open in Phase 3 the retailer/operator/individual will need to ensure that:</u></b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> They are aware that their premises may be inspected by Environmental Health if there are concerns about compliance with Phase 3 guidance.</li> <li>○ <input type="checkbox"/> There are appropriate hand washing facilities and access to hand sanitiser.</li> <li>○ <input type="checkbox"/> There are strict hygienic precautions and appropriate cleaning protocols in place for toilet facilities.</li> <li>○ <input type="checkbox"/> Toilet facilities are operated on a '1 person in, 1 person out' basis.</li> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> There are 2 metre social distancing zones in place.</li> </ul> <p><b>Other measures will be necessary for the use of communal staff rooms/kitchens:</b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> No food should be prepared in the staff room.</li> <li>○ <input type="checkbox"/> Beverages can be prepared subject to strict hygienic precautions.</li> <li>○ <input type="checkbox"/> Staff should only use their own utensils and wash these themselves or place in a dishwasher.</li> <li>○ <input type="checkbox"/> Staff using the communal staff room should adhere strictly to social distancing of 2 metres.</li> <li>○ <input type="checkbox"/> The room should be well-ventilated.</li> <li>○ <input type="checkbox"/> Time spent in the staff room must be limited to a maximum of 15 minutes.</li> <li>○ <input type="checkbox"/> Employers must ensure that employees work and remain in defined work groups.</li> <li>○ <input type="checkbox"/> Staff must drink their beverage or eat their food at their workstation, if possible.</li> <li>○ <input type="checkbox"/> Workplaces must have evidence of rigorous daily cleaning programmes, including the cleaning of workstations and equipment.</li> <li>○ <input type="checkbox"/> Records are maintained of which employees are working each day and the details of any off-site visits.</li> </ul>
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<p><b>(Phase 3 continued)</b></p>	<p>Employers are responsible for ensuring that guidance is adhered to.</p> <p><b><u>Office based businesses</u></b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> Homeworking should still be encouraged as the preferred method of working.</li> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> 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.</li> </ul> <p><b><u>Building and other trades</u></b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> The following is also permitted: <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> 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.</li> </ul> </li> <li>○ <input type="checkbox"/> Activity within occupied households by a limited number of tradesmen may be permitted under strict hygiene requirements, unless <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> Either those attending the household or anyone resident in it has or has had any symptoms consistent with COVID-19 within the last 48 hours</li> <li>○ <input type="checkbox"/> Anyone in the household is under a compulsory isolation order</li> <li>○ <input type="checkbox"/> Anyone in the household is considered medically vulnerable</li> </ul> </li> <li>○ <input type="checkbox"/> This now includes trades such as carpet fitters, curtain fitters, alarm companies, audio visual companies.</li> </ul>
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<p><b>(Phase 3 continued)</b></p>	<p><b><u>Building wholesale and supply</u></b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> 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.</li> </ul> <p><b>Other non-essential retail premises</b></p> <ul style="list-style-type: none"> <li>● <input type="checkbox"/> 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.</li> <li>● <input type="checkbox"/> 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.</li> <li>● <input type="checkbox"/> In the first instance a pilot would be run for a period of up to weeks to include: <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> Bicycle shops</li> <li>○ <input type="checkbox"/> Sports shops</li> <li>○ <input type="checkbox"/> Shops selling clothes and shoes for children</li> <li>○ <input type="checkbox"/> Garden retailers</li> </ul> </li> <li>● <input type="checkbox"/> Other goods cannot be purchased even if sold from the same retail outlet or in a shared retail space.</li> <li>● <input type="checkbox"/> Changing rooms must remain closed.</li> <li>● <input type="checkbox"/> 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.</li> <li>● <input type="checkbox"/> Restrictions on the numbers of people permitted, and strict hygienic precautions, aligned to those in place in supermarkets will apply to all retail outlets.</li> <li>● <input type="checkbox"/> Play areas, cafes and restaurants within retail outlets cannot open in Phase 3.</li> </ul> <p><b>Takeaway food services</b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> This is dependent on:</li> </ul>
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<p><b>(Phase 3 continued)</b></p>	<ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> The ability of the business to demonstrate that they are able to adhere to strict hygienic precautions.</li> <li>○ <input type="checkbox"/> The availability of contactless payment as the preferred method of payment.</li> <li>○ <input type="checkbox"/> The availability of a home delivery service with strict adherence to strict hygienic precautions aligned with the current home delivery guidance.</li> </ul> <p>Takeaway collections subject to social distancing and strict hygiene precautions. A pre-ordering system needs to be in place.</p> <p><b><u>Vehicle servicing and sales (including cars, bikes and boats)</u></b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> Protocols need to be in place to clean a car after it has been taken for a test drive.</li> </ul> <p><b><u>Manufacturing and warehouse activities (except where these have been deemed essential for international medical supplies)</u></b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> </ul> <p><b><u>Childminders – children of essential workers</u></b></p> <ul style="list-style-type: none"> <li>● <input type="checkbox"/> There are Guernsey Minimum Standards for Childminders on <a href="https://gov.gg/CHttpHandler.ashx?id=106027&amp;p=0">https://gov.gg/CHttpHandler.ashx?id=106027&amp;p=0</a> and these must be adhered to.</li> <li>● <input type="checkbox"/> The following will apply: <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> A childminder/nanny going into an essential worker's home to care for their children <b><u>can work</u></b> as long as early years standards and outcomes are maintained as usual.</li> <li>○ <input type="checkbox"/> A childminder or nanny who provides childcare from their own usual place of residence must only provide care for <b>one</b> household's child/ren. This is <b>in addition</b> to their own children.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> 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 <b>one</b> household’s child/ren. <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> </ul> </li> <li>○ <input type="checkbox"/> All childminders/nannies must have access to appropriate hand washing facilities and hand sanitisers.</li> <li>○ <input type="checkbox"/> All childminders/nannies must have evidence of rigorous daily cleaning programmes. This includes any toys or equipment that is being used.</li> <li>○ <input type="checkbox"/> All childminders/nannies must provide strong messaging of “Stay at home if you are not well even if only with mild symptoms.”</li> <li>○ <input type="checkbox"/> Usual lockdown rules re. time outside etc., apply.</li> </ul> <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><b><u>Public venues and public events</u></b></p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> Other venues where activity is higher risk are unlikely to be permitted to open in this phase.</li> </ul>
<b>Phase 4</b> <b>(30 May - 19 June 2020)</b>	<p><b>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.</b></p> <p><b>Working from home, if possible, is still encouraged.</b></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><b>(Phase 4 continued)</b></p>	<p><b><u>Businesses unable to operate fully or under social distancing restrictions in Phases 2 and 3</u></b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Will be permitted to operate subject to hygiene requirements.</li> <li>• <input type="checkbox"/> 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.</li> </ul> <p><b><u>Retail, clubs, etc.</u></b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> All retail businesses can re-open, subject to continued cleaning and hygiene requirements in place, including hairdressers and beauticians.</li> <li>• <input type="checkbox"/> Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible.</li> <li>• <input type="checkbox"/> More specifically, a differentiation needs to be made between controlled and uncontrolled environments: <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> Uncontrolled environments — e.g. supermarkets and other retail outlets, shops, parks, the beach and playgrounds.</li> </ul> </li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> Controlled environments — these include places such as work, church, clubs/groups, recreation and sports teams <b>where a record of attendance is kept.</b> 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.</li> <li>○ <input type="checkbox"/> <b>For gym and sport classes social distancing should aim for 2 metres but 1 metre is acceptable.</b></li> <li>○ <input type="checkbox"/> Contact sports are specifically excluded here and can only re-start in Phase 5.</li> <li>○ <input type="checkbox"/> In some circumstances social distancing is difficult, for example in hairdressers. Here direct contact should be minimised as much as possible.</li> </ul> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Compliance with Public Health guidelines is required.</li> <li>• <input type="checkbox"/> Restrictions on the numbers in any premises (of customers and staff) will be necessary to comply with social distancing.</li> <li>• <input type="checkbox"/> 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).</li> </ul> <p><b><u>Restaurants, hotels, cafés, and pubs</u></b></p>
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<p><b>(Phase 4 continued)</b></p>	<ul style="list-style-type: none"> <li>● <input type="checkbox"/> Will be permitted to open with social distancing and hygiene and cleanliness requirements both in public-facing areas and kitchens.</li> <li>● <input type="checkbox"/> Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible.</li> <li>● <input type="checkbox"/> In restaurants, cafes and pubs, the following needs to be adhered to: <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> There needs to be at least 1 metre between tables and <b>aim</b> for 1 metre between people sitting at the table if not from the same household or extended household bubble, if possible</li> <li>○ <input type="checkbox"/> Table service only is permitted, no bar / counter service or standing at bars / counters.</li> <li>○ <input type="checkbox"/> 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.</li> </ul> </li> <li>● <input type="checkbox"/> 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.</li> <li>● <input type="checkbox"/> Al fresco dining is encouraged.</li> <li>● <input type="checkbox"/> Contactless payment is encouraged.</li> </ul> <p><b><u>Sport and leisure facilities and activities</u></b></p> <ul style="list-style-type: none"> <li>● <input type="checkbox"/> All gyms and leisure facilities can reopen, subject to social distancing and hygiene guidelines.</li> <li>● <input type="checkbox"/> Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible.</li> <li>● <input type="checkbox"/> More specifically, a differentiation needs to be made between controlled and uncontrolled environments: <ul style="list-style-type: none"> <li>○ <input type="checkbox"/> 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.</li> <li>○ <input type="checkbox"/> Controlled environments — these include places such as, recreation and sports teams <b>where a record of attendance is kept</b>. 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.</li> <li>○ <input type="checkbox"/> <b>For gym and sport classes social distancing should aim for 2 metres but 1 metre is acceptable.</b> Contact sports are specifically excluded here and can only re-start in Phase 5.</li> </ul> </li> </ul>
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<b>(Phase 4 continued)</b>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Specifically, outdoor children's play areas can reopen but NOT indoor play areas, other than those that are part of the Early Years Services.</li> </ul> <p><u>Travel</u></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Travel for non-essential purposes is <u>permitted, subject to the individual self-isolating on return to the Bailiwick for 14 days.</u></li> <li>• <input type="checkbox"/> Travellers need to be aware of the health risks of travel at the current time, particularly if they fall into a more vulnerable group.</li> </ul>
<b>Phase 5</b> <b>(20 June 2020 until present)</b>	<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"> <li>• <input type="checkbox"/> Will be permitted to open.</li> <li>• <input type="checkbox"/> 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.</li> </ul> <p><u>Public venues</u></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> All will be permitted to open but there may be some restrictions on the size, nature and duration of activities.</li> </ul>
<b>Phase 6</b>	<p>Progression to Phase 6 is set out in the body of this version of the Exit from Lockdown Framework.</p>



## 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><b>Full lockdown:</b> <u>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><b>Permitted activities:</b> 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><b>Activities NOT permitted</b></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><b>Public venues, restaurants, hotels, bars and clubs</b></p> <ul style="list-style-type: none"> <li>Public venues including gymnasiums and sports venues, churches and community centres, theatres and cinemas, restaurants, hotels, bars and clubs remain closed.</li> </ul>



<p><b>Phase 1</b> <b>(8 – 25 April 2020)</b></p>	<p><u><b>Full lockdown: restriction on all social, cultural and group recreational activities. Limited recreation with strict social distancing measures.</b></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><b>Same as Full Lockdown - this Phase is unchanged for social, cultural and recreational activity.</b></p>
<p><b>Phase 2</b> <b>(25 April – 15 May 2020)</b></p>	<p><u><b>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.</b></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 7<sup>th</sup> 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"> <li>● <input type="checkbox"/> <b>Pleasure boating on a private vessel</b> 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.</li> <li>● <input type="checkbox"/> <b>Other waterborne activity</b> (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.</li> <li>● <input type="checkbox"/> <b>Flying light aircraft</b> over the Island/s for maintenance or servicing.</li> <li>● <input type="checkbox"/> <b>Other limited outdoor activities</b>, such as <b>golf</b> (excluding the driving range) or <b>singles tennis</b> – 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.</li> </ul>

<b>(Phase 2 continued)</b>	<ul style="list-style-type: none"> <li> <input type="checkbox"/> <b>1:1 sports coaching or personal training</b> (coach/trainer + 1 other person), <b>outdoors only</b>, subject to strict social distancing and additional hygiene measures being in place where necessary.         </li> </ul> <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"> <li> <input type="checkbox"/> Pre-booking for the activity (telephone/online) and facilities for pre-payment/payment by card on-site must be available.         </li> <li> <input type="checkbox"/> Adequate hand washing facilities and/or hand sanitiser must be available on-site.         </li> <li> <input type="checkbox"/> Physical layout of the venue/facility to be adapted where possible to limit social contact between participants.         </li> <li> <input type="checkbox"/> Shared equipment must be disinfected between uses.         </li> <li> <input type="checkbox"/> 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).         </li> </ul>
<b>Phase 3 (16 – 29 May 2020)</b>	<p><b><i>Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering.</i></b></p> <p><b>Restrictions on group gatherings and social distancing will remain in place. Some limited gatherings, up to a maximum of 10 attendees, with be permitted for wedding ceremonies (not receptions) and funerals (not wakes), in addition to celebrants and officials.</b></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><b><u>Public venues and public events</u></b></p> <ul style="list-style-type: none"> <li> <input type="checkbox"/> 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.         </li> </ul> <p><b>Gatherings</b></p> <ul style="list-style-type: none"> <li> <input type="checkbox"/> 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.         </li> </ul>

- ☐ 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><b>Phase 4</b> <b>(30 May - 19 June 2020)</b></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><b>With regard to social distancing, a differentiation needs to be made between controlled and uncontrolled environments:</b></p> <p><b>Uncontrolled environments</b> — 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><b>Controlled environments</b> — 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><b><u>Public venues</u></b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Restrictions on most places of recreation are lifted, with an emphasis on hygiene measures and social distancing.</li> <li>• <input type="checkbox"/> 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.</li> <li>• <input type="checkbox"/> Coastal kiosks and public toilets open.</li> </ul> <p><b><u>Social gatherings outside of hotels and restaurants</u></b></p>
<p><b>(Phase 4 continued)</b></p>	

	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> 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.</li> <li>• <input type="checkbox"/> Gatherings of up to 50 will be allowed for wedding and funeral services subject to social distancing and hygiene measures.</li> </ul> <p><b><u>Group activities and shared leisure facilities</u></b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Non-contact sports and fitness training for other sports may recommence, including indoor activities.</li> <li>• <input type="checkbox"/> Gymnasiums/fitness studios/indoor personal training allowed to operate, with an emphasis on hygiene measures and social distancing.</li> <li>• <input type="checkbox"/> Swimming pools and health suites may be able to open with additional hygiene measures in place.</li> <li>• <input type="checkbox"/> Facilities will be subject to inspection by the Office of Environmental Health and Pollution Regulation.</li> <li>• <input type="checkbox"/> Outdoor children's play areas can re-open.</li> <li>• <input type="checkbox"/> 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.</li> <li>• <input type="checkbox"/> 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.</li> </ul>
Phase 5 (20 June 2020 until present)	<p><b>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.</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> 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.)</li> <li>• <input type="checkbox"/> All children's extracurricular activities and clubs can recommence (if not already permitted in later stage of Phase 4).</li> <li>• <input type="checkbox"/> Indoor children's play areas can re-open.</li> <li>• <input type="checkbox"/> 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.</li> </ul>

