Exit from Lockdown-
A Framework for Lifting the COVID-19
Restrictions in the Bailiwick of Guernsey

Version 5 – 4th June 2020
<table>
<thead>
<tr>
<th>Document version number</th>
<th>Summary of changes made to the document</th>
<th>Date of approval by the C/FHSC</th>
<th>Publication date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1</td>
<td>n/a</td>
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<td>5th May 2020</td>
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</table>
| Version 2               | • Recreation time in Phase 2 increased from 2 hours to 4 hours per day (updated on p.36 and p.50)  
  • Table of Contents updated (p.3)  
  
  | 6th May 2020            |                                    |                  |
| Version 3               | • Definition of Phase 3 updated (p.37-38)  
  • Changes in Phase 3 include:  
    o limited non-essential retail on a pilot basis (p.37 & p.49)  
    o updated guidance for businesses (p.46-51)  
    o childminders/nannies of children of essential workers able to operate, subject to controls (p.38 and p.50)  
    o expansion of the household bubble from 2 households to 4 households in total, on a reciprocal basis (p.38 & p.56)  
    o public gatherings of up to 10 people for wedding ceremonies and funeral services only (p.38, p.56-57)  
  • Table of contents updated (p.3)  
  | 13th May 2020          |                                    |                  |
| Version 4               | • Table of contents updated (p.3)  
  • Updating of the foreword (p.4–8)  
  • Background section updated  
    o This was to reflect changes to adaptive triggers and ‘immunity passports‘ (p.10–11)  
  • Direction 6, 7, 8 and 9 included (p.13–14)  
  • Clarification on the authorisation of non-pharmaceutical interventions (p.16)  
  • Updated considerations for the over 65s and vulnerable groups (p.18)  
  • Exit from lockdown consideration section  
    o Wider considerations section (p.20).  
  • Changes in Phase 4 include:  
    o non-essential retail expanded |                                    |                  |
o non-essential travel permitted but with compulsory self-isolation on return

- Updated information included from ECDC Technical Report and information from the COVID-19 World Health Organisation Strategy Update included (p.26–28)
- Graphs and tables update (p.19–24)
- Technical information from the World Health Organisation and the European Centre for Disease Prevention and Control included (p.23–26)
- Vaccine information updated (p.30)
- Immunity permits updated (p.31–32)
- Information on the Bailiwick Enhanced Testing Strategy included (p.33)
- Further information on the consequences of easing measures included (p.34)
- Updated modelling graphs (p.34–35)
- Information on the World Health Organisation Public Health criteria to ease lockdown (p.37–38)
- Full lockdown timing update (p.40)
- Phase 1 timing update (p.41)
- Phase 2 timing update (p.42)
- Phase 3 timing update (p.43)
- Updated Phase 4 guidance (p.45–47)
- Updated Phase 5 guidance (p.47)
- Updated Phase 6 guidance (p.48–49)
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Foreword

On behalf of the Committee for Health & Social Care, and with the agreement of the Civil Contingencies Authority, I am pleased to present this revised version of the exit framework. This builds upon the provisional transition plan published on 5th April 2020 for 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 island residents from infection with SARS-CoV-2, the virus that causes COVID-19. The practical implementation of this framework will continue to be dependent upon the continued support of the Civil Contingencies Authority and informed by the Bailiwick’s experiences.

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

The efficacy of this full lockdown, with the implementation of stringent non-pharmaceutical interventions (NPIs) and promotion of a hygiene message, is demonstrated by a ‘flattening of the curve’ (see pages 20 and 35).\(^1\) 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.

How exactly the outbreak will evolve when lockdown and other NPI measures are lifted remains to be determined, both globally and for the Bailiwick. If undetected cases remain in the community lockdown easing may spur new cases through increased person-to-person contact. The questions of when case numbers may increase and by how much cannot be answered with certainty but must be considered, and so far as possible mitigated, in any exit framework. It is important that any local framework must take into account the Bailiwick-specific needs and demographics.

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 Committee for Health & Social Care as to whether further efforts should be taken to contain the virus. Containment efforts may require a step back to an earlier phase. If the evidence is compelling to do so, it may be necessary to roll back through a number of phases to mitigate against the presenting public health risk.

\(^1\) Non pharmaceutical interventions (NPIs) include public health interventions such as social distancing, border closure, school closure, and working from home in order to limit physical contact with others as well as hygiene messages such as hand washing
The time spent in each phase is informed by the release triggers, but the phases may be longer than indicated in this framework depending on the evidence presenting at that stage. Conversely, as has been demonstrated, if the evidence is favourable, we may be able to progress though the phases more rapidly.

This document reflects the need to ensure that we are proportionate, and balance the risks posed by COVID-19 with the broader health and wellbeing 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 with the aim of reaching a Bailiwick-wide bubble 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. We continue to develop the detail of the later phases of the suggested transition and the document will be refreshed as events unfold and populated with more information as it becomes available. We will continue to focus on ensuring that the approach is proportionate to the public health risks. Where there is a need for more detailed consideration of the specific needs of the communities in Alderney, Sark or Herm, this will be developed as events unfold.

Medical appointments, rescheduling of operations, and other similar issues we know are essential are being looked at more closely under the leadership of the Medical Director.

The framework does not detail the decisions being made in respect of how schools or colleges will operate. This is outside the remit of the Committee for Health & Social Care but has been proactively managed by the Committee for Education, Sport & Culture, in line with their mandated responsibility for pre-schools, primary, secondary and further education, equally informed by the latest Public Health advice.

We recognise that islanders will also have questions about when it will be possible to travel outside of the Bailiwick for business or pleasure. While this falls outside of the remit of the Committee for Health & Social Care, with the agreement of the Civil Contingencies Authority, in this updated version an allowance is included for non-essential travel in Phase 4. As has been in place for all such travellers since March for all individuals entering the Bailiwick, there will be compulsory self-isolation on return. Travel to areas with on-going community transmission of the virus that causes COVID-19 carries an infection risk, and this risk needs to be taken into consideration by travellers.
However there are exceptions and exemptions for essential and compassionate travel, which were set out by Public Health on 18th March 2020.

Whilst we do not have a definitive solution to this at present, it is important to acknowledge the possibility of a re-introduction of infection from outside of 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. One option is to open our borders when a vaccine or effective treatment becomes available, though this may not be a reality for the foreseeable future. Alternative strategies may include an evaluation of the risk of infection in a particular jurisdiction, with possible ‘air’ or ‘sea-bridge’ connections to places with acceptable low prevalence rates, similar to the approach used pre-lockdown to prioritise SARS-CoV-2 testing based on travellers’ country of origin.

This document is unlikely to provide answers to all of the questions you might have regarding what lockdown means for 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. Please contact COVID-19 enquiries on tel: 01481 717118 or email: covid19enquiries@gov.gg if you need more information or would like to provide your feedback.

Recent weeks have been challenging for us all, but everyone has helped to make a difference and to 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. Thank you.

Deputy Heidi Soulsby
President
Committee for Health & Social Care
Lifting the Lockdown Restrictions: Strategic Aims and Broad Principles

The strategic aims for a phased transition through lockdown relate to the authority granted to the Committee for Health & Social Care through successive regulations issued under the Civil Contingencies (Bailiwick of Guernsey) Law, 2012 to further the Civil Contingencies Authority’s role in preventing, controlling and mitigating the impact of COVID-19 on the Bailiwick.

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. The need to ensure proportionality, and to align with the wider health and wellbeing of islanders as we progress through the different phases of lockdown, 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 (“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 was, and still is, followed by a programme of extensively 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.\(^2\)

The containment efforts focused on stopping transmission completely in an effort to prevent any community transmission of COVID-19. This was followed by the introduction of a wider range of control and public engagement measures including limiting travel; further improvement of public awareness through the media; press conferences; a telephone helpline and dedicated website, together with the introduction of on-island testing on Guernsey which serves the whole of the Bailiwick. The latter allowed for wider and timelier identification, as well as retesting of cases of COVID-19 in the Bailiwick to confirm recovery. This was augmented by the implementation of stringent non-pharmaceutical interventions (NPIs). These measures preceded the Bailiwick going into lockdown on the 25\(^{th}\) March 2020, as outlined below.

Initial indications as we progress through lockdown release are that the combined effect of measures taken has exceeded expectations. However, it remains early days and we need to assess how the outbreak will evolve as we progressively remove restrictions. Our success has meant that we have been able to modify our adaptive triggers and progress more rapidly from Phase 1 to Phase 4. Despite our achievements, the possible consequence of relaxing current measures is that we may see new, previously undetected cases in the Bailiwick. The questions of when this increase may occur and by how much? cannot be answered with certainty but must be considered, and so far as possible mitigated, in any exit framework. Looking at other jurisdictions can provide us with useful information, but any local framework must take into account the Bailiwick-specific needs and demographics.

Reliance on the development of ‘herd immunity’ as a goal for sustainable protection was not considered optimal for the Bailiwick, for two reasons.\(^3\) First was the reduced ability of local healthcare surge resources to cope with additional cases of COVID-19 with a single hospital in Guernsey; and second was some uncertainty about whether immunity from prior exposure is long-lasting for this disease. This has also been considered in the context of so-called ‘immunity passports’. Here the World Health Organisation (WHO) has continued to review the evidence on antibody responses to SARS-CoV-2 infection. They note that most studies show that people who have recovered from infection have antibodies to the virus. However, there is uncertainty as to

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

\(^3\) Herd immunity occurs when most of a population is immune to an infectious disease. This provides indirect protection to those who are not immune to the disease.
whether the presence of antibodies to SARS-CoV-2 confers immunity to subsequent infection by this virus in humans. Specifically the WHO state:

“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.”

This is supported by European Centre for Disease Prevention and Control technical paper on travel (12th May 2020) which 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”.

South Korea followed a ‘Trace, Test, Treat’ strategy. Early indications of the success of this model were influential in shaping the local response. By 30th March 2020, S. Korea had recorded 9,661 cases with 158 deaths out of a population of 50 million people. High volume, sustained testing was a key attribute of the response and again this shaped the planning undertaken in Guernsey. By 20th March 2020, South Korea had conducted 316,664 tests. Drive-through testing pods were used to good effect and contact tracing and quarantine measures proved to be useful and effective. This process was augmented by strict social distancing and imposed lockdowns on specific facilities with outbreaks, but not whole areas or regions. Schools were closed, people were encouraged to work from home and large gatherings were stopped.


Lockdown

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

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

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

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

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

<table>
<thead>
<tr>
<th>Table 1: Results from 24th March 2020 immediately preceding lockdown</th>
</tr>
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<tbody>
<tr>
<td><strong>Number of samples taken</strong></td>
</tr>
<tr>
<td>398</td>
</tr>
</tbody>
</table>

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 has been 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 means that exceptions and exemptions have been made to enable flexibility for individuals, families, service providers and employers who have a specific and clear need.

The Directions set by the Committee 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 to ensure 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, which is why the Director of Public Health has been able to exercise discretion in her statutory powers when considering whether to require individuals entering the Bailiwick to self-isolate for example. In limited circumstances, where there is a time sensitive need for individuals to be allowed to work in Guernsey in order to fulfil a critical role, 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.

Between 25th March and 29th May, the Committee has made nine separate Directions, a summary of which is set out below.

<table>
<thead>
<tr>
<th>Direction</th>
<th>Date Range</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direction 1</td>
<td>25th March 2020–29th March 2020</td>
<td>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.</td>
</tr>
<tr>
<td>Direction 2</td>
<td>29th March 2020–7th April</td>
<td>Amendments to the definitions of essential worker and clarity through new Authorisations issued regarding vehicle maintenance for essential workers.</td>
</tr>
<tr>
<td>Direction 3</td>
<td>8th April–18th April</td>
<td>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.</td>
</tr>
<tr>
<td>Direction 4</td>
<td>19th April–24th April</td>
<td>Expanded home delivery permitted to include non-essential retail.</td>
</tr>
<tr>
<td>Direction 5</td>
<td>25th April–8th May</td>
<td>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 bubble and the operation of outdoor leisure facilities.</td>
</tr>
<tr>
<td>Direction 6</td>
<td>9th May–15th May</td>
<td>Increased permitted recreational time from 2 hours to 4 hours.</td>
</tr>
<tr>
<td>Direction 7</td>
<td>16th May–29th May</td>
<td>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.</td>
</tr>
<tr>
<td>Direction 8</td>
<td>18th May–29th May (in force concurrently with Direction 7)</td>
<td>Minor technical drafting points.</td>
</tr>
<tr>
<td>Direction 9</td>
<td>30th May–(in force until) 12th June</td>
<td>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).</td>
</tr>
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Since first publishing the Exit framework on 5th April 2020, the Committee has 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, the Committee has done so and will continue to do so. This has seen the Committee move to Phase 4 with effect from the end of May 2020. However should circumstances deteriorate, the Committee will move at a slower pace and/or revert to an earlier stage if evidence shows that this is necessary to protect previous gains and safeguard Public Health.

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-19.⁹

Globally a wide range of NPIs have been implemented. Information from the UK Government published on 16th March 2020 considered the categories of NPIs illustrated in Table 2.

### Table 2: Categories of Non-Pharmaceutical Interventions (NPIs)\(^\text{10}\)

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

Additional NPIs not included in the ICL paper include:

- Personal protective measures such as hand hygiene;
- Environmental measures such as disinfection and ventilation; and
- Travel related measures such as travel restrictions.\(^{11}\)

A review of the scope and timing of NPIs, their description and when they were introduced into the Bailiwick is outlined in Table 3. It must be noted that not all of the below fall under the authority of the Committee for Health & Social Care but are included for completeness, acknowledging that they collectively provide the context in which the Committee has made decisions.

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\(^{10}\)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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Border restrictions</td>
<td>Measures to restrict travel from outside into the Bailiwick</td>
<td>6&lt;sup&gt;th&lt;/sup&gt; February 2020: Compulsory self-isolation for people returning from defined affected areas</td>
</tr>
<tr>
<td></td>
<td>Avoiding crowding in airports and other transport hubs</td>
<td>25&lt;sup&gt;th&lt;/sup&gt; February 2020: Countries defined as Group A and B countries with compulsory self-isolation for 14 days for all travellers returning from Group A counties and self-isolation from Group B countries if symptoms develop</td>
</tr>
<tr>
<td></td>
<td>Compulsory self-isolation of returning travellers</td>
<td>18&lt;sup&gt;th&lt;/sup&gt; March 2020: Travel restrictions for all but essential travellers and returning citizens</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18&lt;sup&gt;th&lt;/sup&gt; March 2020: Compulsory self-isolation for all people returning to the Bailiwick, irrespective of country of origin</td>
</tr>
<tr>
<td>Isolation / Quarantine</td>
<td>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</td>
<td>18&lt;sup&gt;th&lt;/sup&gt; February 2020: COVID-19 made a notifiable disease and SARS-CoV-2 a notifiable agent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18&lt;sup&gt;th&lt;/sup&gt; February 2020: Compulsory self-isolation of all cases and contacts of COVID-19</td>
</tr>
<tr>
<td>Contact tracing</td>
<td>Robust and thorough contact tracing of those likely to have been exposed to infection from known cases; testing of symptomatic contacts of cases</td>
<td>From first confirmed case on 9&lt;sup&gt;th&lt;/sup&gt; March 2020</td>
</tr>
<tr>
<td>Schools</td>
<td>Enhanced social distancing measures</td>
<td>10&lt;sup&gt;th&lt;/sup&gt; March 2020: Enhanced social distancing measures introduced into schools</td>
</tr>
<tr>
<td></td>
<td>Closures of schools and pre-school settings across the Bailiwick</td>
<td>16&lt;sup&gt;th&lt;/sup&gt; March 2020: School closure</td>
</tr>
<tr>
<td>Crowding</td>
<td>Measures to avoid crowded places, for example banning large gatherings or only associating with members from your own household</td>
<td>20&lt;sup&gt;th&lt;/sup&gt; March 2020: All licenced premises closed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25&lt;sup&gt;th&lt;/sup&gt; March 2020: All gatherings of more than two people in public stopped</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25&lt;sup&gt;th&lt;/sup&gt; March 2020 People asked to stay at home, except for very limited purposes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26&lt;sup&gt;th&lt;/sup&gt; March 2020: Guidance issued on shielding the most vulnerable in the population for 12 weeks</td>
</tr>
</tbody>
</table>
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.\textsuperscript{12}

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.\textsuperscript{13}

Early information on the efficacy of travel bans on imported cases of COVID-19 are beginning to emerge. A recent study on 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.\textsuperscript{14} 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.

2. The Over 65s and Vulnerable Groups

With the implementation of strict new measures coming into force in the Bailiwick from Wednesday 25\textsuperscript{th} March 2020, it was recommended that anyone over 65 or who has 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 risk as far as possible. With the

\textcolor{red}{\textsuperscript{12} DOI: https://doi.org/10.25561/77731. [Accessed 10 April 2020].}
progression to Phase 3 some social distancing measures were being 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 healthcare professional. Now in Phase 4, 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 rather than in the community. The Bailiwick, by contrast, moved early to acquire the equipment required to perform testing locally and has sustained and expanded community testing since the earliest opportunity. The attack rate is the percentage of the population that contracts the disease in an at risk population during a specified time interval. In Europe the attack rate has been estimated at 4.9% on average [95% CI 1.9%-11.0%]. For the UK the estimate is 2.7% [95% CI 1.2%-4.5%] and France 3.0% [95% CI 1.1%-7.4%]. This suggests that the populations of Europe, and our closest neighbours, are not close to herd immunity, which would require a minimum of 85% population immunity to prevent infection. The attack rates in the Bailiwick, and in Europe, do need to be further investigated with population-based serological studies which will measure the presence or absence of antibodies to COVID-19 as an indicator of indicate prior infection. However, the current data does indicate a significant vulnerability to re-introduction into the Bailiwick from multiple sources should border restrictions be relaxed.

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15 CI: Confidence Interval. A 95% confidence interval is a range of values that you can be 95% certain contains the true mean of the population.

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%].

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. Acting promptly when indicators suggest imminent community spread may be beneficial in controlling the outbreak. Flattening the curve, through NPIs, is also essential to maintain capacity in hospitals.

The risk of a second wave of the virus also needs to be considered. If we continue on our pathway towards elimination of SARS-CoV-2 from our community, 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.

While not a matter for consideration by the Committee for Health & Social Care, continued focus continues to be given across the States of Guernsey to travel restrictions; recognising they remain of vital importance in managing our response to the risk of COVID-19 as we exit from lockdown safely. This will be considered separately under the auspices of the Civil Contingencies Authority as the focus on this update is to expedite the progression to Phase 5 of the exit from lockdown. Whilst this may be when a vaccine or effective treatment becomes available, it is acknowledged that these may not be available for the foreseeable future. Alternative strategies may include an evaluation of the risk of infection in a particular jurisdiction, similar to the approach used pre-lockdown to prioritise SARS-CoV-2 testing to those returning from higher risk countries of origin.

A second wave of infection could put pressure on healthcare capacity. For this reason, the planned expansion of hospital bed capacity has been completed. However, the maintenance of strict border controls is a key component in mitigating against the risk 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.

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Current Analysis of Cases of COVID-19

1. Case numbers and distribution

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

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

As well as the 14 deaths that have occurred among positive cases, there have been an additional 3 presumptive COVID-19 deaths.

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.

![Total cases by case grouping (%)](image1)

**Figure 4: Total Cases by Grouping (%)**

![Active cases over time by case grouping](image2)

**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.

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.

![Age and Sex profile of COVID-19 cases](image)

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

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

4. Analysis of symptoms

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

Following an analysis of the symptoms present in the first 150 COVID-19 cases in the Bailiwick, and considering emerging reports of symptomatology in international publications, testing criteria were broadened from the 8th April 2020 to include:
- Fever (rigors, chills, difficulty getting warm, high temperature);
- Muscle ache (fatigue, exhaustion);
- Headache (sinus pain, pain around eyes);
- Loss of smell/taste;
- Cough (usually as a late symptom);
- Sore throat;
- Shortness of breath, chest tightness; and
- Over 80s and 90s – loose stool, mild fever, increased confusion and a person being described as ‘not themselves’, with a cough presenting later.

The case definition was modified to identify more positive COVID-19 cases through testing which, in turn, allowed better control and containment of infections.

5. Mortality

Details of deaths registered in Guernsey from 1st January to the 18th April 2020 were extracted by the Health Intelligence Unit, Public Health Services, on 23rd April 2020. 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 4, shaded) where one would expect the impact of COVID-19 mortality to have been seen.

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

19 Guernsey Greffe Death Registrations, 2020
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 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.

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<table>
<thead>
<tr>
<th>Week</th>
<th>2010-19 all registrations average</th>
<th>2020 all registrations</th>
<th>2020 (excluding COVID and Possible/Probable COVID)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>12</td>
<td>9</td>
<td>12 (7–19)</td>
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<tr>
<td>15</td>
<td>20</td>
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<td>12 (7–20)</td>
</tr>
<tr>
<td>16</td>
<td>8</td>
<td>5</td>
<td>11 (5–18)</td>
</tr>
</tbody>
</table>

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

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

On 12th May the European Centre for Disease Control produced a technical report setting out considerations relating to travel and efforts to reduce the spread of COVID-19 in Europe. While travel is not within the remit of the Committee for Health & Social Care, 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.

At present, neither the UK nor France meets both of these criteria. Additionally the situation is complicated by the fact that the UK and France are both used by local travellers as gateway countries for onward travel to other destinations. At present, the Bailiwick has no robust means of verifying the ultimate source countries for travellers entering the Bailiwick through our nearest neighbours. This leaves the Islands vulnerable to introductions of infection from any part of the world.

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 near-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.20

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

The WHO published a COVID-19 Strategy Update on the 14th April 2020. Here they outline that for many countries and communities, managing a controlled and deliberate transition from a scenario of community transmission to a sustainable, steady state of low-level or no transmission is, at present, the best-case outcome in the short and medium term in the absence of a safe and effective vaccine. 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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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.22

**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.

**However, Public Health Services considers that it is of paramount importance not to lose the gains achieved by the implementation of lockdown.**

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.23

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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 that are trying to develop a vaccine, it is uncertain as to when this will be available for clinical use.

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 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.

This approach has therefore been discounted as a way forward for the Bailiwick. However, it remains our intention 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 R0 figure to around 1 (the maximum value at which an epidemic

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may be brought under control). Moving from full lockdown to a position where all suppression and mitigation interventions were removed at the same time would, certainly, lose the gains made to date. In the absence of any ongoing NPIs the outbreak would gain momentum once more with possible devastating consequences for the Bailiwick.

In principle, the favoured approach would be if it were possible to remove 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 (R0) as much as possible to below or very close to 1.

3. Adaptive triggering

A further model prosed 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

Combining adaptive triggering with other measures could mean that any period of lockdown might be of shorter duration and may prevent 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. Consideration would need to be given to how the effect of erratic hospital activity could be minimised to prevent over-triggering. This is particularly relevant for a small jurisdiction where relatively small numbers of cases are occurring. Combining an adaptive trigger utilising a number of triggers, for example a combination of ICU admission, with ward admissions, mortality rates and evidence of community seeding would provide 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 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.

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.”

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

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

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

Of additional consideration is that this strategy is only potentially most advantageous in communities where a high proportion of people are thought to have been infected already. Conversely this would pose least advantage (except for targeted testing among specific groups e.g. medical staff) where a low proportion of people are thought to have been infected. Researchers have modelled the possible percentage of the total population affected, as indicated in table 4. These results indicate that only the minority of European populations have been infected in the past two months. In the Bailiwick, where we know our containment measures have been effective at reducing spread of the virus, we would expect to see the same low infection rates at population level. Whilst these results need to be interpreted with caution, they are currently indicative of the problems of relying on population-based immunity. This model also presents some serious ethical considerations where people may try to become infected with SARS-CoV-2 so that they could return to work sooner.

More detailed population-based analyses in the Bailiwick are planned, but a strategy of immunity-release has been discounted because of the ethical considerations outlined above.

Table 5: Percentage of total population infection as of the 28th March 2020

<table>
<thead>
<tr>
<th>Country</th>
<th>% of total population infected (mean [95% credible interval])</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>1.1% [0.36%-3.1%]</td>
</tr>
<tr>
<td>Belgium</td>
<td>3.7% [1.3%-9.7%]</td>
</tr>
<tr>
<td>Denmark</td>
<td>1.1% [0.40%-3.1%]</td>
</tr>
</tbody>
</table>

France 3.0% [1.1%-7.4%]  
Germany 0.72% [0.28%-1.8%]  
Italy 9.8% [3.2%-26%]  
Norway 0.41% [0.09%-1.2%]  
Spain 15% [3.7%-41%]  
Sweden 3.1% [0.85%-8.4%]  
Switzerland 3.2% [1.3%-7.6%]  
United Kingdom 2.7% [1.2%-5.4%]

The results presented above are from March 2020. However, recent data from the Office for National Statistics in the UK 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.30

The cumulative count of COVID-19 positive cases for Guernsey at the time of this analysis (n=219) represents 0.3% of the Guernsey population (95%CI 0.3–0.4).

5. Regular population-based testing

Weekly PCR testing for the Bailiwick is another potential strategy to identify and capture current and emerging infections for the containment of COVID-19. This would depend on the availability of reagents and other testing materials as well as the logistical and workforce requirements of carrying out whole-Bailiwick testing.

The Bailiwick Enhanced Testing Strategy will provide important additional assurance as we ease out of lockdown. This programme will provide greatly increased testing for the virus that causes COVID-19 from late June 2020 in an attempt to find any remaining undetected SARS-CoV-2 infections in the Bailiwick of Guernsey and to interrupt onward viral transmission. Testing will be offered irrespective of the presence of symptoms. This proactive case-finding programme will be critical to support efforts to move the islands safely out of lockdown and towards an acceptable ‘new normal’.

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.

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 consider the

30 [Accessed 5th June 2020]

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/28may2020
possibility of pre-symptomatic transmission, and in contrast to some other jurisdictions, takes the more conservative approach of including the 24 hours before the case became 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.

All lockdown exit strategies, or modification of lockdown parameters, need to balance the immediate infectious risk to our population, together with the wider impact on the wellbeing of islanders, which includes economic wellbeing.

The Bailiwick Approach

1. The local epidemic is currently 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).

We are assuming 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 32 days on the 1st June 2020.
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 from 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 reversed this with a flattening and then reversal of the epidemic curve, as illustrated in Figure 10.
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.

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.

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.
3. Consequence of easing measures

The success of the interventions introduced in the Bailiwick will inevitably mean 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 needs 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.

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.\(^{32}\)

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\(^{31}\) Guernsey Health Intelligence Unit

4. Indefinite lockdown until a vaccine is available

Indefinite lockdown 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.

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 earlier and more proactive community testing 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, trace and quarantine’ as the backbone of the release strategy;
- That this is linked to an adaptive trigger or triggers that could lead to a return to lockdown;
- That progression through the phases of lockdown should be informed by Public Health analysis on the current risk to the Bailiwick from COVID-19, social and economic wellbeing. We have called these our ‘release triggers’;
- That exploration of the further expansion of testing for the virus that causes COVID-19 needs to be scoped to further support the release of the Bailiwick from lockdown.

The interlinking model for transition from lockdown is illustrated in Figure 13.
The proposal supports the need for us to retain, and build on, the gains achieved since the 25\textsuperscript{th} March 2020. This will use a backbone of testing, case identification, quarantine and contact tracing that will link with a phased release. The adaptive triggers to return to lockdown, as well as the release triggers for the staged easing of lockdown are outlined below.

On the 12\textsuperscript{th} 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.\textsuperscript{33}

**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.

Education and the re-opening of schools has been subject to further detailed consideration based on complex assessments and is not considered in detail in this document. Further information to support the transition for exiting from lockdown on a phased basis, as it applies to educational and early years’ settings (nurseries, child minders, etc.) has been announced separately.

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’ and ‘release triggers’ are described in each phase:

- **Adaptive 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 that the presence of only one adaptive 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; and

- **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 has a large increase in activities across the islands, then a longer time period has been recommended. This is to try and ensure, as far as possible, that the gains achieved during previous lockdown phases are maintained. This work is being augmented by modelling the $R_0$ value$^{34}$.

The triggers outlined in this document, and the timescales suggesting the minimum time that may be spent in each phase, are indicative only and may be varied if new evidence becomes available or if other factors need to be taken into account at that time.

**The details presented for the later phases of release from lockdown should be considered to be provisional only at this time and may be subject to later amendment.**

Further information about the phased release from lockdown for the economy is provided in Appendix A.

More information about increasing access to a greater range of social, cultural and recreational activities through the different phases of lockdown is summarised in Appendix B.

**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$^{th}$ March–8$^{th}$ 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.

$^{34}$ The Basic Reproduction Number. The number of cases expected to result from one initial case.
Phase 1

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

Phase 2

- **Definition**
  - Full Lockdown with some gardening, building and other trades now able to work under strict controls. Some limited recreational activity with social distancing measures.
  - Restricted movement of community, all non-essential businesses closed or operating remotely and with no contact with householders.
  - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
  - Some retail business permitted to offer contactless home delivery. Social distancing measures maintained.
Some limited outdoor activities will be allowed, for a maximum of 2 participants (subject to social distancing). Private pleasure boating and other waterborne activities permitted, together with flying light aircraft for maintenance and servicing, with restrictions.

Expansion of the household bubble to one additional household.

2 hours of recreation permitted as per the arrangements above. This will be kept under review and may be extended later during this phase.

2 hours of recreation time increased to 4 hours with effect from 7th May 2020.

### Timing

- Additional recreational activities with effect from 00:01 2nd May 2020.

### Includes the following modifications from full lockdown:

- **Business and work-related activities:** restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders.

- **Recreation:** Expansion to include private pleasure boating and other waterborne activities permitted, together with flying light aircraft for maintenance and servicing, subject to observing social distancing. Limited outdoor activities where social distancing can be maintained, such as golf (excluding driving range), singles tennis and other similar activities, including 1:1 sport coaching/personal training for coach/trainer + 1 other person only. Limited to 2 people only even if from the same household.

- **Social Connectivity:** Each household can add one other household to their household bubble. This needs to be a reciprocal arrangement with all parties agreeing to exist in a larger household bubble. Expansion of these household bubbles can include the over 65s, as long as they are aware of the risks and are able to maintain good hygienic standards. Social distancing within the expanded household bubble is not necessary. **This is for home activities only and NOT for activities away from the household premises.**

### Release triggers for progression to Phase 3 include:

- Stable or reducing cases of COVID-19 acquired through unexplained community transmission in a rolling consecutive four week period from the start of Phase 2.

- No new clusters of infections that pose a risk of onward transmission in the Bailiwick for a consecutive four week period from the start of phase 2.

- Hospital admissions for COVID-19 stable or decreasing for a rolling consecutive four week period from the start of Phase 2.

- The continued availability of local testing for the virus that causes COVID-19.

### Adaptive triggers for reversal to an earlier Phase include:

- More than ten cases of unexplained community transmission in the previous 4 weeks.

- The identification of new clusters of infection which pose a significant risk of onward transmission in the Bailiwick.

- Evidence of significant community non-compliance with requirements for maintaining social distancing and hygiene.

- If on-island testing to detect the virus that causes COVID-19 was no longer available.

- Hospital admissions for newly diagnosed cases of COVID-19 show an increasing trend.

- Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.
Phase 3

- **Definition**
  - Easing of lockdown with a progression towards greater social and economic activity within the Bailiwick with appropriate restrictions still in place to manage the ongoing risk.
  - Further parts of the local economy able to function on a limited basis. This includes some limited non-essential retail on a pilot basis, with social distancing and hygiene measures in place.
  - Consideration may be given to expanding recreation time further and increasing the range of permissible recreational activities.
  - Restrictions on work practices, group gatherings (with limited exceptions), hand hygiene requirements and social distancing will remain in place.
  - The household bubble consisting of two households may now double up again so that the bubble contains four households. This agreement must be reciprocal.
  - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days. Spot checks will be carried out.

- **Timing**

- **Justification for early progression to Phase 3**
  - The Bailiwick progressed to Phase 3, one week ahead of schedule.
  - Critical to inform this decision was:
    - There had been no new cases of infection with SARS-CoV-2 diagnosed in the 16 days prior to the 16th May 2020 (at the time of decision-making there had been no new cases in the preceding 11 days).
    - The last case of infection was diagnosed as a result of unexplained community transmission on the 21st April 2020.
    - Hospital admission in the Princess Elizabeth Hospital were stable or decreasing.
    - There was no health intelligence indicating there were individual or clusters of cases with symptoms consistent with COVID-19 which posed a risk for on-going community transmission of the virus.
    - The Emergency Department did not report any concerns relating to possible COVID-19 activity.

- **Eased lockdown with the following:**
  - **Business and work-related activities**: some non-essential businesses will be able to resume in line with the guidance in Appendix A. This may include an expansion of the types of businesses able to operate. Hotels, restaurants and bars will remain closed, but takeaway food services may be able to open for collection and delivery, subject to controls. Childminders/nannies of the children of essential workers will be able to operate, subject to controls.
  - **Recreation**: Recreation time remains at 4 hours. Gatherings permitted in this phase include wedding ceremonies (not receptions) and funerals (not wakes) for a maximum of 10 people only, in addition to officials or celebrants. Public Health measures must be in place. Other venues where activity is higher risk are unlikely to be permitted to open in
this phase. Places of worship may open for individuals to pray by themselves. With the exception of wedding ceremonies and funeral services, congregation services not allowed. Other outdoor sports and outdoor recreational activities with limited social contact may be permitted.

- **Social Connectivity:** Possible options for extending our social connectivity through a measured expansion of the household bubble initiative are included in this phase. Up to four households may bubble together in total. This may be formed by the joining of two bubbles both of which comprise two households that have already formed a bubble, or by the addition of one or two single household bubbles with a two household bubble, For the avoidance of doubt, existing bubbles cannot ‘split’ and re-form with different households.

- **Release triggers for progression to Phase 4:**
  - No new cases of COVID-19 acquired through unexplained community transmission in the previous consecutive 8 weeks. Weeks in Phase 2 with no community transmission may count toward this total. This means the minimum time in phase 3 is four weeks and the maximum is not set as it requires 8 consecutive weeks of no community transmission.
  - No new clusters of infections that pose an ongoing threat to the Bailiwick.
  - Hospital admissions for COVID-19 are stable or declining.
  - The continued availability of local testing for the virus that causes COVID-19.
  - These were modified on the 20th May 2020 to:
    - An allowance for early progression to Phase 4 as the Bailiwick had had no new cases of COVID-19 in the past 22 days. This superseded the requirement for no cases of unexpanded community transmission in the preceding 8 weeks.

- **Adaptive triggers for reversal to an earlier Phase include:**
  - A sustained increase in cases of unexplained community transmission.
  - The reappearance of new clusters of infection which pose a risk of onward transmission in the Bailiwick.
  - Evidence of significant community non-compliance with public health requirements, including maintaining social distancing and hygiene measures.
  - A sustained increase in new hospital admissions for COVID-19.
  - If on-island testing to detect the virus that causes COVID-19 was no longer available.
  - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

**Phase 4**

- **Definition**
  - This phase represents a further progression towards a more normal level of activity within the Bailiwick. Further parts of the local economy, including retail and hospitality, hairdressers and beauticians, will be able to function although some restrictions on work practices, gatherings and social distancing will remain in place.
  - Recreational time and range of activities permissible are increased.
  - Anyone who has any symptoms consistent with COVID-19, however mild, should stay home and seek medical advice and testing.
  - Social distancing of 2 metres where possible should be maintained but if not practicable a minimum of 1 metre is permissible.
More specifically, a differentiation needs to be made between controlled and uncontrolled environments:

- **Uncontrolled environments** — e.g. supermarkets and other retail outlets, shops, parks, and playgrounds. When out and about, keep at least a 2 metre distance from people you don’t know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details of timings and use of gym equipment, then a 2 metre social distance should be maintained.

- **Controlled environments** — these include places such as work, church, clubs/groups, recreation and sports teams **where a record of attendance is kept**. Keep at least a 1 metre distance between people you don’t live with or who were not part of your extended bubble in Phase 3. In restaurants there needs to be at least one metre between tables and aim for one metre between people sitting at the table if not from the same household or extended household bubble, if possible.

- For gym and sport classes social distancing should aim for two metres but one metre is acceptable.

- Contact sports are specifically excluded here and can only re-start in Phase 5.

- The household bubble is no longer required but gatherings of up to 30 people will be allowed subject to social distancing and hygiene measures. People should aim to maintain a social distance of one metre where possible. Sharing of utensils, cutlery and crockery should be avoided.

- Gatherings of up to 50 will be allowed for weddings and funerals services subject to social distancing and hygiene measures. Wakes and receptions would be subject to a limit of 30 people.

- More than 30 individuals may be present in educational settings, restaurants, hotels and work places which are subject to separate guidance.

- Businesses unable to operate fully or under social distancing restrictions in phases 2 and 3 will be permitted to operate under increased hygiene requirements, with the exception of bars and nightclubs. Other non-essential retail outlets may reopen with social distancing and hygiene measures in place.

- Non-essential travel can occur, but individuals entering the Bailiwick required to self-isolate for 14 days.

- Islanders are encouraged to keep a diary of their activities to facilitate contact tracing, should this be required.

- **Social Connectivity and Travel:** Travel restrictions will remain in place requiring anyone entering the Bailiwick to self-isolate for a period of 14 days. However, non-essential travel, with a 14 day quarantine on return, will be allowed. The impact of the compulsory 14 day self-isolation, together with the community ‘track and trace’ programme, in the UK on community transmission there will be closely monitored. We will also continue to assess other interventions that may be supportive of the easing of border restrictions.

- **Timing**
  - 30th May 2020.
  - **Justification for early progression to Phase 4**
Early progression to Phase 4 was recommended by Public Health Services on the 20th May 2020.

Critical to informing this recommendation was:

- There had been no new cases of infection with SARS-CoV-2 diagnosed in the 20 days prior to the 20th May 2020.
- The last case of infection was diagnosed as a result of unexplained community transmission on the 21st April 2020.
- There were no hospital in-patients with COVID-19.
- There was no health intelligence indicating there are individual or clusters of cases with symptoms consistent with COVID-19 which pose a risk for on-going community transmission of the virus.
- The Emergency Department and Primary Care have not reported 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 should be considered 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. The need for continued social distancing will be reassessed in this phase.

- **Timing**
  - To be determined.

- **Eased lockdown with the following:**
  - **Business and work-related activities:** This phase should be considered 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:** Wider 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 ‘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, track 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.

**Phase 6**

**Definition**

This marks a return to greater world-wide connectivity for the Bailiwick.
A decision to move to Phase 6 is not one for the Committee for Health & Social Care but needs to be informed by Public Health advice, conditions in other jurisdictions, together with actions available to mitigate risk. This decision will be made by the Civil Contingencies Authority.

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.35

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-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.  

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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<table>
<thead>
<tr>
<th>PHASE</th>
<th>DESCRIPTION</th>
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</table>
| Full Lockdown (25 March–8 April 2020) | **Full lockdown: restriction on all but essential business activities**  
Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped.  
Strict contact tracing and case isolation. |
| Phase 1 (8–24 April 2020)   | **Full lockdown: restriction on all but essential business activities, except retail home delivery**  
Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped.  
Strict contact tracing and case isolation.  
**Contactless home delivery**  
Retail businesses are permitted to offer contactless home delivery subject to:  
- a limit of no more than 2 individuals on site at any time with a strict observance of social distancing  
- strict adherence to guidance on delivery services. |
| Phase 2 (25 April–15 May 2020) | **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**  
Social distancing measures strictly enforced and some low-risk businesses open where minimal contact can be maintained.  
**All businesses in the Bailiwick (Guernsey, Alderney and Sark) resuming operation during phase 2 must notify the Environmental Health team**  
Permitted businesses to include: |
Office-based businesses

- **Office staff must work remotely where at all possible.** Access to office premises should be strictly limited and permitted only where strictly necessary for the business to function and only if social distancing guidelines can be complied with.
- Where necessary for the functioning of the business a limited staff presence (up to a maximum of 5 people) will be allowed in offices, under the following restrictions:
  - The site can be divided into “work zones” in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of up to 5 people the entire site.
  - Adequate handwashing facilities and/or hand sanitiser must be available for all employees.
  - Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines (NB. suitable cleaning guidance for shared spaces to be agreed with Public Health)
- Where necessary for the functioning of the business, businesses may be permitted to have more than 5 people on site with an individual risk assessment by Environmental Health.

Gardening, building and other trades with no household contact

- Business activities involving outside work, such as gardening and window cleaning where there is no contact with the public or householders and social distancing can be maintained.
- Limited small domestic construction activity. The following would be permitted:
  - 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:
    - All persons working on a site are members of the same household, or
    - The site can be arranged in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site.
    - Adequate handwashing facilities and/or hand sanitiser must be available for all employees
    - Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines.
### (Phase 2 continued)

- Those operating sites reliant on temporary toilet facilities should contact Environmental Health for further advice
  - Internal work on an *unoccupied* promises will be permitted if operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site.
  - Internal work on properties where there is a household in residence will not be permitted by members outside the household unless required in an emergency.

#### Building wholesale and supply

- Can operate and supply the building trade and domestic needs within social distancing restrictions.
  - Staff operating the site are able to maintain social distancing at all times:
    - All persons working on a site are members of the same household, or
    - The site can be arranged in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site.
    - Adequate handwashing facilities and/or hand sanitiser must be available for all employees
    - Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines
  - Goods may be delivered by contactless delivery or contactless collection
  - Access for trade customers to the site should be strictly limited to ensure contact is minimised by either:
    - Allowing access by appointment only
    - Strictly limiting the number of customers on site at any one time to ensure social distancing can be maintained
    - Ensuring payment is made by contactless means

*Note that operation of the construction industry to a limited extent is likely to increase the level of sea freight in operation.*

#### Vehicle servicing and sales (including cars, bikes and marine)

- Vehicle maintenance and servicing may resume where it can be conducted by a single individual or where strict social distancing can be maintained. All vehicles should follow disinfection procedures on arrival at and before departure from servicing sites.
- Marine servicing, maintenance and repairs may be resumed ashore whether on vessels laid up, in the water, in marinas or on owners’ properties.
### Phase 2 (continued)

- Adequate handwashing facilities and/or hand sanitiser must be available for all employees.
- Where services are being offered on sites where multiple mechanics may wish to operate they must be able to comply with the same conditions as building trades regarding ensuring social distancing and maintaining distance and hygiene standards in shared facilities such as bathrooms and kitchens.
- People should not share vehicles with people outside their household in order to deliver or collect vehicles.
- Vehicle sales may be resumed where this can be conducted without direct contact and on an appointment basis. Vehicles must be disinfected in accordance with guidelines before and after any test drives and before the sale is completed.

#### Retail outlets, garden centres and other businesses

- Home delivery and/or contactless collection (see guidelines) will continue to be permitted.

#### Property sales and business transactions

- Activities to enable listing, viewing, survey and sale of property under certain strict conditions limiting contact with householders and only with householder’s agreement:
  - Visits can be conducted by no more than one person (or two members of the same household) and that such visits should be conducted under strict hygiene guidelines including the ventilation of the property.
  - The property has been fully vacant for at least 7 days prior to any visits; or
  - If the property is inhabited:
    - No one living in the household is symptomatic or has had symptoms in the last 48 hours, under a compulsory isolation order or awaiting a test result for COVID-19;
    - No member of the household is considered medically vulnerable; and
    - No member of the household is present in the house during any necessary visit.

Property and estate agents are encouraged to use video facilities in order to reduce the need for in-person visits where possible.
| Phase 3  
(16<sup>th</sup> May  
2020–29<sup>th</sup> May)  
(Phase 3 continued) |
|---|

Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering. Detailed planning of this phase remains limited and may be subject to amendment as events progress.

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.

To open in Phase 3 the retailer/operator/individual will need to ensure that:

- Any business recommencing activities in Phase 3 must notify Environmental Health but those already operating under the guidance are not required to (re)notify. They must, however, continue to comply with the revised guidelines.
- They are aware that their premises may be inspected by Environmental Health if there are concerns about compliance with Phase 3 guidance.
- There are appropriate hand washing facilities and access to hand sanitiser.
- There are strict hygienic precautions and appropriate cleaning protocols in place for toilet facilities.
- Toilet facilities are operated on a ‘1 person in, 1 person out’ basis.
- That a strong message of “Stay at home if you are not well even if only with mild symptoms” or for individuals who are shielding or particularly vulnerable is strongly endorsed by the business/establishment.
- There are 2 metre social distancing zones in place.

Other measures will be necessary for the use of communal staff rooms/kitchens:

- No food should be prepared in the staff room.
- Beverages can be prepared subject to strict hygienic precautions.
- Staff should only use their own utensils and wash these themselves or place in a dishwasher.
- Staff using the communal staff room should adhere strictly to social distancing of 2 metres.
- The room should be well-ventilated.
- Time spent in the staff room must be limited to a maximum of 15 minutes.
- Employers must ensure that employees work and remain in defined work groups.
- Staff must drink their beverage or eat their food at their workstation, if possible.
- Workplaces must have evidence of rigorous daily cleaning programmes, including the cleaning of workstations and equipment.
- Records are maintained of which employees are working each day and the details of any off-site visits.
Employers are responsible for ensuring that guidance is adhered to.

**Office based businesses**

- Homeworking should still be encouraged as the preferred method of working.
- Office based businesses must continue the majority of activity from home. Formal restrictions on the numbers of people permitted in offices are removed, subject to being able to maintain strict social distancing of 2 metres.
- Social distancing must be maintained in staff rooms and other shared common areas. Care should be taken not to share utensils, etc. Where appropriate, members of the public may attend office buildings for appointments, subject to prior bookings being made and social distancing being maintained.

**Building and other trades**

- Building and other trades are permitted to increase their activity for outdoor work with phase 2 hygiene requirements remaining in place. This means that there are no longer restrictions on the number of people working on each site, but 2 metre social distancing and hygiene measures must be maintained.
- The following is also permitted:
  - Indoor building and allied work within houses is permitted under strict hygienic precautions. However, this will be limited to two people unless Health and Safety guidance indicates more than two people are required, for example to lift a heavy object. All indoor work must be carried out away from the occupiers of the household.
  - If the house or premises is unoccupied more workers can be on site, as long as social distancing of 2 metres is maintained unless closer contact is required on an ad-hoc basis for Health and Safety reasons, for example lifting a heavy object.
  - Activity within occupied households by a limited number of tradesmen may be permitted under strict hygiene requirements, unless
    - Either those attending the household or anyone resident in it has or has had any symptoms consistent with of COVID-19 within the last 48 hours
    - Anyone in the household is under a compulsory isolation order
    - Anyone in the household is considered medically vulnerable
  - This now includes trades such as carpet fitters, curtain fitters, alarm companies, audio visual companies.
<table>
<thead>
<tr>
<th><strong>Building wholesale and supply</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>o 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.</td>
</tr>
<tr>
<td>o 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.</td>
</tr>
</tbody>
</table>

**Other non-essential retail premises**

- Other premises and non-essential retail (including garden retailers) may be able to open to the public with restrictions on the numbers of people permitted as currently applied in food retail and subject to maintaining social distancing measures.
- The initial opening reflects concerns from the community about the availability of clothes and shoes for growing children and to enable individuals to get to work by means other than car or public transport.
- In the first instance a pilot would be run for a period of up to weeks to include:
  - Bicycle shops
  - Sports shops
  - Shops selling clothes and shoes for children
  - Garden retailers
- Other goods cannot be purchased even if sold from the same retail outlet or in a shared retail space.
- Changing rooms must remain closed.
- The above will be operated on a pilot basis and will be extended if the Public Health indicators are favourable and there is evidence of good community compliance.
- Restrictions on the numbers of people permitted, and strict hygienic precautions, aligned to those in place in supermarkets will apply to all retail outlets.
- Play areas, cafes and restaurants within retail outlets cannot open in Phase 3.

**Takeaway food services**

- Takeaway food services are able to operate a food collection or delivery service from the start of phase 3 between the hours of 9am and 10pm daily, subject to appropriate public health measures.
- This is dependent on:
(Phase 3 continued)

- If the takeaway food outlet can adhere to a strict 2 metre social distancing in the kitchen that may be subject to inspection by the Office of Environmental Health and Pollution Regulation.
- The ability of the business to demonstrate that they are able to adhere to strict hygienic precautions.
- The availability of contactless payment as the preferred method of payment.
- The availability of a home delivery service with strict adherence to strict hygienic precautions aligned with the current home delivery guidance.

Takeaway collections subject to social distancing and strict hygiene precautions. A pre-ordering system needs to be in place.

**Vehicle servicing and sales (including cars, bikes and boats)**

- Businesses may be permitted to increase their activity as restrictions on the maximum number of people working on each site are lifted, but with continued Phase 2 cleaning and hygiene requirements remaining in place. 2 metre social distancing must be maintained, unless closer contact is required on an ad-hoc basis for Health and Safety reasons, for example, lifting a heavy object.
- Protocols need to be in place to clean a car after it has been taken for a test drive.

**Manufacturing and warehouse activities (except where these have been deemed essential for international medical supplies)**

- 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.

**Childminders – children of essential workers**

- There are Guernsey Minimum Standards for Childminders on [https://gov.gg/CHttpHandler.ashx?id=106027&p=0](https://gov.gg/CHttpHandler.ashx?id=106027&p=0) and these must be adhered to.
- The following will apply:
  - A childminder/nanny going into an essential worker’s home to care for their children can work as long as early years standards and outcomes are maintained as usual.
  - A childminder or nanny who provides childcare from their own usual place of residence must only provide care for one household’s child/ren. This is in addition to their own children.
o 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.

o A childminder or nanny who provides childcare in the child’s own home can continue to work as normal but must only provide care for one household’s child/ren.
  o 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.

o All childminders/nannies must have access to appropriate hand washing facilities and hand sanitisers.

o All childminders/nannies must have evidence of rigorous daily cleaning programmes. This includes any toys or equipment that is being used.

o All childminders/nannies must provide strong messaging of “Stay at home if you are not well even if only with mild symptoms.”

o Usual lockdown rules re. time outside etc., apply.

Parents need to accept that there is a risk, albeit low, that infection with SARS-CoV-2 could occur with these lockdown easing measures.

Public venues and public events

o 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.

o Other venues where activity is higher risk are unlikely to be permitted to open in this phase.

Phase 4
(30\textsuperscript{th} May onwards)

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.

Working from home, if possible, is still encouraged.

Anyone who has any symptoms consistent with COVID-19, however mild, should stay and home and seek medical advice and testing.
## Businesses unable to operate fully or under social distancing restrictions in Phases 2 and 3

- Will be permitted to operate subject to hygiene requirements.
- Such businesses may include elements of construction that require multiple individuals working in close proximity to perform a task. Where possible social distancing of 2 metres should be maintained where possible, but it is acknowledged that this is not always possible.

### Retail, clubs, etc.

- All retail businesses can re-open, subject to continued cleaning and hygiene requirements in place, including hairdressers and beauticians.
- Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible.
- More specifically, a differentiation needs to be made between controlled and uncontrolled environments:
  - **Uncontrolled environments** — e.g. supermarkets and other retail outlets, shops, parks, the beach and playgrounds. When out and about, keep at least a 2 metre distance from people you don’t know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details of timings and use of gym equipment, then a 2 metre social distance should be maintained.
  - **Controlled environments** — these include places such as work, church, clubs/groups, recreation and sports teams **where a record of attendance is kept**. Keep at least a 1 metre distance between people you don’t live with or who were not part of your extended bubble in Phase 3.
  - **For gym and sport classes social distancing should aim for 2 metres but 1 metre is acceptable.**
  - Contact sports are specifically excluded here and can only re-start in Phase 5.
  - In some circumstances social distancing is difficult, for example in hairdressers. Here direct contact should be minimised as much as possible.

- Compliance with Public Health guidelines is required.
- Restrictions on the numbers in any premises (of customers and staff) will be necessary to comply with social distancing.
- Some business elements may be restricted if they present a particular risk (for example changing rooms may be closed, fitting of clothes or activity that requires physical contact will be restricted).

### Restaurants, hotels, cafés, and pubs
### (Phase 4 continued)

- Will be permitted to open with social distancing and hygiene and cleanliness requirements both in public-facing areas and kitchens.
- Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible.
- In restaurants, cafes and pubs, the following needs to be adhered to:
  - There needs to be at least 1 metre between tables and aim for 1 metre between people sitting at the table if not from the same household or extended household bubble, if possible.
  - Table service only is permitted, no bar / counter service or standing at bars / counters.
  - All facilities are subject to increased hygiene measures in guest rest rooms and for staff. There needs to be procedures in place for cleaning of toilets and restricting access to toilets.
- Restaurants, pubs and cafés need to keep a list of people using their premises, to include the table each individual was sitting at and the timing of this. These records should be kept for 14 days.
- Al fresco dining is encouraged.
- Contactless payment is encouraged.

### Sport and leisure facilities and activities

- All gyms and leisure facilities can reopen, subject to social distancing and hygiene guidelines.
- Social distancing of 2 metres where possible should be maintained but a minimum of 1 metre is permissible.
- More specifically, a differentiation needs to be made between controlled and uncontrolled environments:
  - Uncontrolled environments — e.g. parks, beaches and playgrounds. When out and about, keep at least a 2 metre distance from people you don’t know. This is because no record of attendance can be kept. Furthermore if a gym or sport facility cannot keep a record of attendance with details in timings and use of gym equipment, then a 2 metre social distance should be maintained.
  - Controlled environments — these include places such as, recreation and sports teams where a record of attendance is kept. Keep at least a 1 metre distance between people you don’t live with or who were not part of your extended bubble in Phase 3.
  - For gym and sport classes social distancing should aim for 2 metres but 1 metre is acceptable. Contact sports are specifically excluded here and can only re-start in Phase 5.
### Phase 4 (continued)

#### Travel
- Specifically, outdoor children’s play areas can reopen but NOT indoor play areas, other than those that are part of the Early Years Services.
- Travel for non-essential purposes is permitted, subject to the individual self-isolating on return to the Bailiwick for 14 days.
- Travellers need to be aware of the health risks of travel at the current time, particularly if they fall into a more vulnerable group.

### Phase 5

**Details presented for Phase 5 should be considered provisional and implementation will be subject to public health triggering.**

*Detailed planning of this phase remains limited and may be subject to amendment as events progress.*

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.

**Bars and Nightclubs**
- Will be permitted to open.
- Additional hygiene requirements must be in place and social distancing restrictions may be required leading to a cap on numbers (customers and staff) on the premises at any one time.

**Public venues**
- All will be permitted to open but there may be some restrictions on the size, nature and duration of activities.

### Phase 6

Progression to Phase 6 will be considered separately.
### Appendix B: COVID-19 Pandemic — The Bailiwick of Guernsey: A phased transition framework to restore social, cultural and recreational activity.

<table>
<thead>
<tr>
<th>PHASE</th>
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<tbody>
<tr>
<td>Full Lockdown</td>
<td><strong>Full lockdown:</strong> restriction on all social, cultural and group recreational activities. Limited recreation with strict social distancing measures.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<tr>
<td></td>
<td>Islanders need to remain within their household bubble for non-work activities.</td>
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<tr>
<td></td>
<td>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.</td>
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<tr>
<td></td>
<td><strong>Permitted activities:</strong> 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.</td>
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<tr>
<td></td>
<td>Public parks and beaches remain open as places to exercise. 2m social distancing must be maintained.</td>
</tr>
<tr>
<td><strong>Activities NOT permitted</strong></td>
<td>All group activities and close contact exercise, including team sports and hobby clubs.</td>
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<tr>
<td></td>
<td>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.</td>
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<tr>
<td></td>
<td>Diving is not permitted (NB. hyperbaric chamber is closed).</td>
</tr>
<tr>
<td><strong>Public venues, restaurants, hotels, bars and clubs</strong></td>
<td>- Public venues including gymnasiums and sports venues, churches and community centres, theatres and cinemas, restaurants, hotels, bars and clubs remain closed.</td>
</tr>
</tbody>
</table>
**Phase 1**  
*(8–25 April 2020)*

**Full lockdown: restriction on all social, cultural and group recreational activities. Limited recreation with strict social distancing measures.**

Restricted movement of community, all non-essential businesses closed or operating remotely, all non-essential travel stopped. Strict contact tracing and case isolation.

Same as Full Lockdown - this Phase is unchanged for social, cultural and recreational activity.

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**Phase 2**  
*(25 April–15 May 2020)*

**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.**

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.

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.

2 hours of recreation time increased to 4 hours with effect from 7th May 2020.

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.

- **Pleasure boating on a private vessel** permitted with members of own household only or, if the vessel is sufficiently large enough to maintain social distancing guidelines, with one other person from outside of your household.

- **Other waterborne activity** (such as jet skiing) permitted with members of the same household, or with one other person from outside of your household, subject to maintaining strict social distancing.

- **Flying light aircraft** over the Island/s for maintenance or servicing.

- **Other limited outdoor activities**, such as **golf** (excluding the driving range) or **singles tennis** – with a maximum of 2 participants, even if from the same household. Social distancing must be maintained and additional hygiene measures in place, particularly where equipment is shared.
### Phase 2 (continued)

- **1:1 sports coaching** or **personal training** (coach/trainer + 1 other person), **outdoors only**, subject to strict social distancing and additional hygiene measures being in place where necessary.

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.

- 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).

### Phase 3 (16–29th May 2020)

Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering.

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 additional to celebrants and officials.

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.

**Public venues and public events**

- 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.

**Gatherings**

- 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.
The following needs to be in place for any public venue that re-opens:
  o The ability to keep a 2m distance from people who are not in your extended household bubble.
  o There are appropriate hand washing facilities and/or access to hand sanitiser.
  o Access to toilets that have appropriate cleaning processes in place.
  o Regular cleaning of the areas used.
  o 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:
  o Pre-booking for the activity (telephone/online) and facilities for pre-payment/payment by card on-site must be available.
  o Adequate hand washing facilities and/or hand sanitiser must be available on-site.
  o Physical layout of the venue/facility to be adapted where possible to limit social contact between participants.
  o Shared equipment must be disinfected between uses.
  o 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.
| Phase 4 | 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.

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.

With regard to social distancing, 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 that are not from your Phase 3 extended household bubble. This is because no record of attendance can be kept.

**Controlled environments** — these include places such as work, church, clubs/groups, recreation and sports teams where a record of attendance is kept. Keep at least a 1 metre distance between people who are not from your Phase 3 extended household bubble.

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.

Recreation time is unlimited.

**Public venues**
- Restrictions on most places of recreation are lifted, with an emphasis on hygiene measures and social distancing.
- Public venues, including sports venues, churches and community centres, museums, theatres and cinemas may be permitted to open with restrictions on the size, nature and duration of activities. Individual guidance will be available, where necessary.
- Coastal kiosks and public toilets open.

**Social gatherings outside of hotels and restaurants**

**Phase 4 (continued)**

- Gatherings of up to 30 people will be allowed subject to social distancing and hygiene measures. People should aim to maintain a social distance of 1 metre where possible. Sharing of utensils, cutlery and crockery should be avoided. This includes congregational services with social distancing.
- Gatherings of up to 50 will be allowed for wedding and funeral services subject to social distancing and hygiene measures.

**Group activities and shared leisure facilities**

- Non-contact sports and fitness training for other sports may recommence, including indoor activities.
- Gymnasiums/fitness studios/indoor personal training allowed to operate, with an emphasis on hygiene measures and social distancing.
- Swimming pools and health suites may be able to open with additional hygiene measures in place.
- Facilities will be subject to inspection by the Office of Environmental Health and Pollution Regulation.
- Outdoor children’s play areas can re-open.
- Group activities that have been deemed by the Medical Officer of Health to present an increased risk through respiratory droplets will be permitted but need to be carefully risk-assessed and organisers need to consider the risk of infection, particularly in vulnerable groups. This includes participation in choral, woodwind and brass activities. There needs to be a record of people attending any group activities that is kept for two weeks after the event and that will be available for contact tracing, if required. Participants should be at least two metres apart.
- Extra-curricular activities, defined as activities involving children and young people under the age of 18 years that are not directly school, college or childcare related for example sports clubs, dance classes etc. are not permitted during the initial stages of Phase 4. It is planned that this will be reviewed two weeks after the schools have opened.

**Phase 5**

*Details presented for Phase 5 should be considered provisional and implementation will be subject to public health triggering.*

*Detailed planning of this phase remains limited and may be subject to amendment as events progress.*

- Contact team sports, such as football, rugby, netball, may recommence (NB. non-contact fitness training for these sports may be allowed in Phase 4, subject to maintaining suitable social distancing.)
- All children’s extracurricular activities and clubs can recommence (if not already permitted in later stage of Phase 4).
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<td>• Indoor children’s play areas can re-open.</td>
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<td>• 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.</td>
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