



Committee *for*  
Health & Social Care

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

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## Foreword

On behalf of the Committee *for* Health & Social Care, I am pleased to present this exit framework, setting out a provisional transition plan for the gradual easing of restrictions in the Bailiwick of Guernsey, which are in place in response to the COVID-19 – Coronavirus pandemic. It describes a series of transitional measures for restoring business activity and for allowing the community to take part in a greater breadth of social, cultural and recreational activities on a phased basis. Central to this is the need to protect the health of the island from infection with SARS-CoV-2, the virus that causes COVID-19.

The first case of COVID-19 was diagnosed on the 9<sup>th</sup> March 2020 in an infection acquired through travel to Tenerife. Initial cases seen in Guernsey were mostly travel-related or identified through contacts of known cases. The Bailiwick risk profile increased with the identification of the first case of infection acquired through unexplained community transmission of the virus which led to the Bailiwick going into full lockdown on the 25<sup>th</sup> March 2020.

The efficacy of this full lockdown, with the implementation of stringent non-pharmaceutical interventions (NPIs)<sup>1</sup> and promotion of a hygiene message, is demonstrated by a ‘flattening of the curve’ (see pages 18 and 29). This has meant that we are seeing a reduction in the number of infections, 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 full lockdown and other NPI measures are lifted remains to be determined, both globally and for the Bailiwick. The questions of ‘when?’ 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 if it is possible to move forward to the next stage 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, which 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.

The time that we will spend in each phase will be informed by the release triggers, but the phases may be longer than indicated in this framework depending on the evidence presenting at that stage. This document reflects the need to 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 -

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

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 hope to be 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. Consideration will be given to increasing the number of households we can share our time with, as we progress through the different phases. This will allow us to gradually move away from our household bubble to a Bailiwick-wide bubble.

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 will learn from new public health evidence to make decisions along the way and will keep you informed on this journey. Some of the later phases of the suggested transition have less detail about can be expected, but will be further developed over time. This document will be refreshed as events unfold and populated with more information as it becomes available.

The needs of the Bailiwick are considered in this document, but at this stage it takes a generic approach by focusing on what types of activity will be permissible from a public health perspective. If there is a need for more detailed information that takes account of the specific needs of the communities in Alderney, Sark or Herm, this will be developed as events unfold.

This exit framework does not currently include reference to the wider delivery of public services and how we might expect, as a community, to be able to access the full range of services that were available before lockdown began. Medical appointments, rescheduling of operations, and other similar issues we know are essential are being looked at more closely under the lead of the Medical Director.

It also doesn't discuss education in any detail or provide an indication of when schools might reopen, or when nursery, childcare or other early years' settings may be able to operate. We understand that this is important for many households, for a number of reasons and it hasn't been forgotten. Detailed work is being completed, as a priority, to model a number of different options for transitioning back to school or college, based on public health evidence and educational needs. Further information will be made available as soon as possible.

We recognise that islanders will also have questions about when it will be possible to travel outside of the Bailiwick for business or pleasure. Whilst we do not have definitive answers for this at present, it is important to acknowledge the possibility of a re-emergence of infection from outside of the Bailiwick. Travel restrictions therefore remain of vital importance in managing our response to the risk of COVID-19 as we exit from lockdown safely and it is expected to be quite some time before we are able to open our borders fully again. More details will be provided as we head through the phases set out in this exit framework.

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](mailto: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. 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 purpose of the Committee for Health & Social Care to **“protect, promote and improve the health and wellbeing of individuals and the community.”**

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 must be considered alongside the need to protect islanders from infection with the virus that causes COVID-19. The need to align 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 will be 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 contacts of cases who are then isolated, monitored and, if necessary, tested to interrupt the cycle of onward transmission from index cases<sup>2</sup>.

The containment efforts focused on stopping transmission completely in an effort to prevent any community transmission of COVID-19. This was followed by the introduction of a wider range of

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

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 follow up of cases of COVID-19 in the Bailiwick. This was augmented by the implementation of stringent non-pharmaceutical interventions (NPIs). These measures preceded the Bailiwick going into lockdown on the 25<sup>th</sup> March 2020, as outlined below.

How exactly the outbreak will evolve when full lockdown and other NPI measures are lifted remains to be determined, both globally and for the Bailiwick. The certain consequence of relaxing current measures is that COVID-19 cases will increase. The questions of ‘when?’ 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.

One such approach was to focus on the development of ‘herd immunity’<sup>3</sup> as a goal for sustainable protection was not considered optimal for the Bailiwick, for two reasons. 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 of these studies show that people who have recovered from infection have antibodies to the virus. However, there is uncertainty as to whether the presence of antibodies to SARS-CoV-2 confers immunity to subsequent infection by this virus in humans.<sup>4</sup>

South Korea has followed a ‘Trace, Test, Treat’ strategy. As of the 30<sup>th</sup> March 2020, 9,661 cases were recorded with 158 deaths out of a population of 50 million people. This process has involved high volume, sustained testing. By the 20<sup>th</sup> March 2020, South Korea had conducted 316,664 tests.<sup>5</sup> This has involved ‘drive-through’ testing pods - a similar approach that has been used in the Bailiwick. In addition, contact tracing and quarantine measures have been introduced. This process was augmented by strict social distancing and imposed lockdowns on specific facilities with outbreaks, but not whole areas or regions. However, schools were closed, people were encouraged to work from home and large gatherings were stopped.<sup>6</sup>

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<sup>3</sup> 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.

<sup>4</sup> WHO.int. 2020. *"Immunity Passports" In The Context Of COVID-19*. [online] Available at: <<https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>> [Accessed 26 April 2020].

<sup>5</sup> Our World in Data. 2020. [online] Available at: <<https://ourworldindata.org/covid-testing>> [Accessed 30 April 2020].

<sup>6</sup> National University of Singapore, 2020. *COVID-19 Science Report: Lockdowns*. COVID-19 Science Report. [online] Saw Swee Hock School of Public Health. Available at: <[https://sph.nus.edu.sg/wp-content/uploads/2020/04/COVID-19-Science-Report-Lockdowns-20-Apr\\_updated.pdf](https://sph.nus.edu.sg/wp-content/uploads/2020/04/COVID-19-Science-Report-Lockdowns-20-Apr_updated.pdf)> [Accessed 17 April 2020].



## Lockdown

The Bailiwick went into lockdown on the 25<sup>th</sup> March 2020 at 00.01 hours.

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

- Requiring people to stay at home, except for very limited purposes.
- Closing non-essential shops and community spaces.
- Stopping all gatherings of more than two people in public, except for those who live alone who are 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 25<sup>th</sup> March 2020.

Table 1: Results from the 24<sup>th</sup> March 2020 immediately preceding lockdown

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

Through Civil Contingencies Authority Regulations (the Emergency Powers (Coronavirus) (Control of Premises) (Bailiwick of Guernsey) Regulations, 2020, and the Emergency Powers (Coronavirus) (Control of Events, Gatherings and Meetings) (Bailiwick of Guernsey) Regulations, 2020. subsequently incorporated into the Emergency Powers (Coronavirus) (General Provision) (Bailiwick of Guernsey) Regulations, 2020) and successive 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 lockdown has seen 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 has also been 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.

The Direction had effect throughout the Bailiwick until 23:59 hours on 7<sup>th</sup> April 2020.

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.

Discussion at the Strategic Co-ordinating Group<sup>7</sup> on the 6<sup>th</sup> April 2020 supported a further slight adjustment to the current guidance for business and community (through the Committee *for* Health & Social Care's Direction). This was prompted in part as a result of feedback from the business community and the general public. The focus was to extend the scope of goods that could be purchased and provided through solo home delivery. Consultation took place with the Law Officers, who provided legal advice on the proposal, and Public Health team, who were supportive of the amendments. Goods and services were then predominantly being procured and couriered from the UK, so the measure opened up this retail channel, provided that retailers and customers adhered to the new Direction (Direction No. 3) made by HSC on 7<sup>th</sup> April 2020 and revised guidance.

In addition, following drafting of the Excess Deaths guidance, the Law Officers recommended that Ministers of Religion (and other faith leaders) should be included as essential workers so as to put beyond doubt their ability to conduct funeral services and provide support to surviving partners and families.

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<sup>7</sup> The Strategic Co-ordinating Group (SCG) is comprised of strategic responders from the relevant agencies involved in the response to the current COVID-19 situation. Its purpose is take overall responsibility for the multi-agency management of the COVID-19 situation, and to establish the policy and strategic framework for other coordinating activity.

On the 7<sup>th</sup> April 2020, the States of Guernsey confirmed that ‘lockdown’ restrictions would remain in place, following a 14-day review. The only change to the then current restrictions was that non-essential retailers were permitted to carry out home deliveries, provided that was done in line with Direction No. 3 referred to above and guidance to mitigate the risk of spreading the coronavirus. This change came into effect at 00:01 hours on the 8 April 2020. The restrictions were being kept under constant review with regular meetings of the Civil Contingencies Authority and modified by the Committee *for* Health & Social Care further to 2 additional Directions (No. 4, made on 18<sup>th</sup> April 2020 and which ceased to have effect on 24<sup>th</sup> April 2020, and No. 5, which came into force on 26<sup>th</sup> April 2020). The most recent modifications to the initial “lockdown” regime made by Direction No. 5, when taken together with relevant guidance, have 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.

## 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 internationally. These NPIs have generally been scaled up over time in response to the magnitude of the outbreak in each respective country. However, the precise effect of each intervention can only be estimated. Nevertheless, these measures have been shown to be effective at reducing the transmission of pandemic influenza and we must assume they are also beneficial for COVID-19.<sup>8</sup>

In response to the global COVID-19 pandemic, a wide range of NPIs have been implemented. Information from the UK Government published on the 16<sup>th</sup> March 2020 considered the categories of NPIs illustrated in table 2.

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<sup>8</sup> Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

Table 2: Categories of Non-Pharmaceutical Interventions (NPIs)<sup>9</sup>

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

Additional NPIs not included in the ICL paper include:

- personal protective measures such as hand hygiene;
- environmental measures such as disinfection and ventilation; and
- travel related measures such as travel restrictions.<sup>10</sup>

A review of the scope and timing of NPIs, their description and when they were introduced into the Bailiwick is outlined in Table 3.

<sup>9</sup>Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

<sup>10</sup> Neil M Ferguson, Daniel Laydon, Gemma Nedjati-Gilani et al. Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. Imperial College London (16-03-2020), doi: <https://doi.org/10.25561/77482>.

Table 3: Non-Pharmaceutical Measures in place in the Bailiwick

Measure	Description	Date
<b>Border restrictions</b>	<p>Measures to restrict travel from outside into the Bailiwick</p> <p>Avoiding crowding in airports and other transport hubs</p> <p>Compulsory self-isolation of returning travellers</p>	<p>6<sup>th</sup> February 2020: Compulsory self-isolation for people returning from defined affected areas.</p> <p>25<sup>th</sup> February 2020: Countries defined as Group A and B countries with compulsory self-isolation for 14 days for all travellers returning from Group A countries and self-isolation from Group B countries if symptoms develop.</p> <p>18<sup>th</sup> March 2020: Travel restrictions for all but essential travellers and returning citizens.</p> <p>18<sup>th</sup> March 2020: Compulsory self-isolation for all people returning to the Bailiwick, irrespective of country of origin.</p>
<b>Isolation / Quarantine</b>	<p>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</p>	<p>18<sup>th</sup> February 2020: COVID-19 made a notifiable disease and SARS-CoV-2 a notifiable agent.</p> <p>18<sup>th</sup> February 2020: Compulsory self-isolation of all cases and contacts of COVID-19.</p>
<b>Contact tracing</b>	<p>Robust and thorough contact tracing of those likely to have been exposed to infection from known cases; testing of symptomatic contacts of cases</p>	<p>From first confirmed case on 9<sup>th</sup> March 2020</p>
<b>Schools</b>	<p>Enhanced social distancing measures</p> <p>Closures of schools and pre-school settings across the Bailiwick</p>	<p>10<sup>th</sup> March 2020: Enhanced social distancing measures introduced into schools.</p> <p>16<sup>th</sup> March 2020: School closure.</p>

Measure	Description	Date
<b>Crowding</b>	Measures to avoid crowded places, for example banning large gatherings or only associating with members from your own household	<p>20<sup>th</sup> March 2020: All licenced premises closed.</p> <p>25<sup>th</sup> March 2020: All gatherings of more than two people in public stopped</p> <p>25<sup>th</sup> March 2020 People asked to stay at home, except for very limited purposes.</p> <p>26<sup>th</sup> March 2020: Guidance issued on shielding the most vulnerable in the population for 12 weeks.</p>
<b>Workplace closures and remote working measures</b>	Closures of workplaces with advice to work remotely where possible	<p>25<sup>th</sup> March 2020: Closure of all but essential workplaces.</p> <p>7<sup>th</sup> April 2020: Lockdown extended but relaxation of non-essential deliveries under strict guidance.</p>

Local measures, as outlined above, were implemented quickly with a focus on emerging evidence. The key aim of these interventions is to reduce the effective reproduction number,  $R_0$  (the average number of new infections resulting from each positive case) with a view to bringing the pandemic under control.<sup>11</sup>

The optimal duration and combination of NPIs remains unclear. Studies from pandemic influenza have also shown that the timing and duration of interventions will impact on effectiveness. For example, for influenza there are restricted benefits to time-limited interventions, with a potential reduction in mortality by up to 30% being eroded if the control was applied too late or lifted too early.<sup>12</sup>

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.<sup>13</sup> In the Bailiwick, the proportion of positive cases which have been imported by returning travellers has substantially reduced since travel advisories and restrictions came into force (see Figure 1). These restrictions remain of vital importance to protect the community from further importation of infection.

<sup>11</sup> DOI: <https://doi.org/10.25561/77731>. Accessed 10<sup>th</sup> April 2020.

<sup>12</sup> Bootsma, M. and Ferguson, N., 2007. The effect of public health measures on the 1918 influenza pandemic in U.S. cities. *Proceedings of the National Academy of Sciences*, 104(18), pp.7588-7593.

<sup>13</sup> Anzai, A., Kobayashi, T., Linton, N., Kinoshita, R., Hayashi, K., Suzuki, A., Yang, Y., Jung, S., Miyama, T., Akhmetzhanov, A. and Nishiura, H., 2020. Assessing the Impact of Reduced Travel on Exportation Dynamics of Novel Coronavirus Infection (COVID-19). *Journal of Clinical Medicine*, 9(2), p.601.

## 2. The Over 65s and Vulnerable Groups

With the implementation of strict new measures coming into force in the Bailiwick from Wednesday 25<sup>th</sup> March 2020, it was recommended that anyone over 65 or who has an underlying medical condition did not leave their house unless it is essential. This is 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 propose to work with the community to look at how we can minimise risks to these groups. They will not be expected to stay in lockdown indefinitely. However, the over 65s and vulnerable groups need to be aware of the risks to themselves, as well as the wider community, when leaving their homes and ensure that these risks are mitigated as far as possible.

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 an exit framework will continue to focus on providing testing and support for this sector.

## 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].<sup>14</sup> 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 to indicate prior

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<sup>14</sup> Imperial College COVID-19 Response Team, 2020. *Report 13: Estimating The Number Of Infections And The Impact Of Non-Pharmaceutical Interventions On COVID-19 In 11 European Countries*. Imperial College COVID-19 Response Team. [online] Imperial College COVID-19 Response Team. Available at: <<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77731/10/2020-03-30-COVID19-Report-13.pdf>> [Accessed 10 April 2020].

infection. However, the current data does indicate a significant vulnerability to re-introduction into the Bailiwick from multiple sources should border restrictions be relaxed.

Linked to this is the role of asymptomatic and pre-symptomatic people in the maintenance of community infection. Based on data from Japanese evacuees from Wuhan, the estimated asymptomatic percentage is 30.8% [95% CI 7.7%–53.8%].<sup>15</sup>

The lag time between becoming infected, developing symptoms, and then the progression to severe symptoms also needs to be considered. The mean incubation period for COVID-19 is believed to be 4–5 days (range 1–14 days)<sup>16</sup> and it is estimated that it would take five days from the onset of symptoms to the point of hospitalisation for those cases where severe disease will develop.<sup>17</sup> Acting ahead of the next phase may be beneficial in controlling the outbreak. Flattening the curve, through NPIs, is also essential to maintain capacity in hospitals.

However, control measures inevitably have large societal and economic impacts and each measure will need to be justified. As the COVID-19 pandemic progresses, we need to try and quantify the impact of interventions, not only on the direct impact of COVID-19 on human health, but also looking at the wider determinants of health and wellbeing.

The risk of a second wave of the virus needs to be considered. If we continue on our pathway of the successful in eradication of SARS-CoV-2 from our community, any re-emergence of infection will then arise from outside of the Bailiwick. Importation of infection into the Bailiwick was apparent in early March 2020, with this declining rapidly with the imposition of strict border controls in the latter part of March 2020.

This exit framework does not specifically consider when it will be possible to travel outside of the Bailiwick for business or pleasure. Travel restrictions therefore remain of vital importance in managing our response to the risk of COVID-19 as we exit from lockdown safely and it is expected to be quite some time before we are able to open our borders fully again.

As some restrictions are currently in place to limit the movement between Islands in the Bailiwick, consideration also needs to be given to the appropriate time at which it will be possible for our communities to come together in a Bailiwick bubble.

Furthermore, consideration has been given to the emergence of a possible second wave, specifically relation to any further requirements in our current and future healthcare capacity. This is particularly important for the future safe and effective management of second, or subsequent,

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<sup>15</sup> National University of Singapore, 2020. *COVID-19 Science Report: Lockdowns*. COVID-19 Science Report. [online] Saw Swee Hock School of Public Health. Available at: <[https://sph.nus.edu.sg/wp-content/uploads/2020/04/COVID-19-Science-Report-Lockdowns-20-Apr\\_updated.pdf](https://sph.nus.edu.sg/wp-content/uploads/2020/04/COVID-19-Science-Report-Lockdowns-20-Apr_updated.pdf)> [Accessed 17 April 2020].

<sup>16</sup> UKOT COVID-19 modelling information summary. Released 23/03/20. Email attachment (from PHE Global Public Health UKOT Representative) to Director of Public Health.

<sup>17</sup> Imperial College COVID-19 Response Team, 2020. *Report 9: Impact Of Non-Pharmaceutical Interventions (Npis) To Reduce COVID-19 Mortality And Healthcare Demand*. [online] Imperial College COVID-19 Response Team. Available at: <<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>> [Accessed 16 March 2020].



waves of COVID-19. For this reason, the planned expansion of hospital bed capacity is continuing. 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 helpline on tel: 01481 756938 or 01481 756969.

## Current Analysis of Cases of COVID-19

### 1. Case numbers and distribution

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

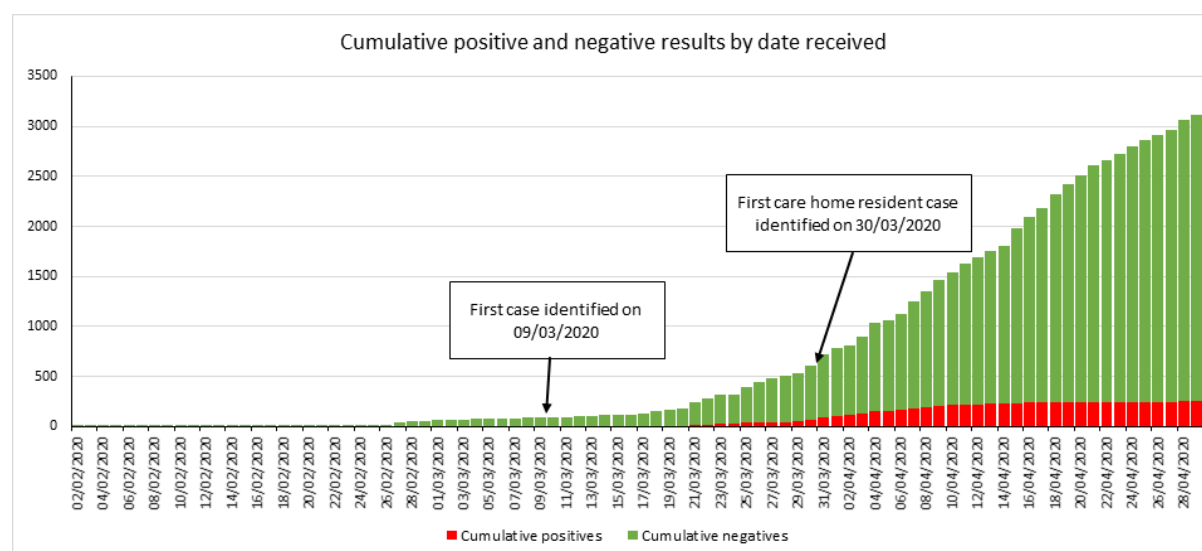


Figure 1: Cumulative positive and negative results by date of sample receipt

The case summary of the first 251 cases is illustrated in Figure 2. We are defining recovery as having no virus detectable on their nose / throat swab on day 14 or later if a person is still symptomatic on day 14. Active cases are the total number of cases minus those who have recovered or are deceased.

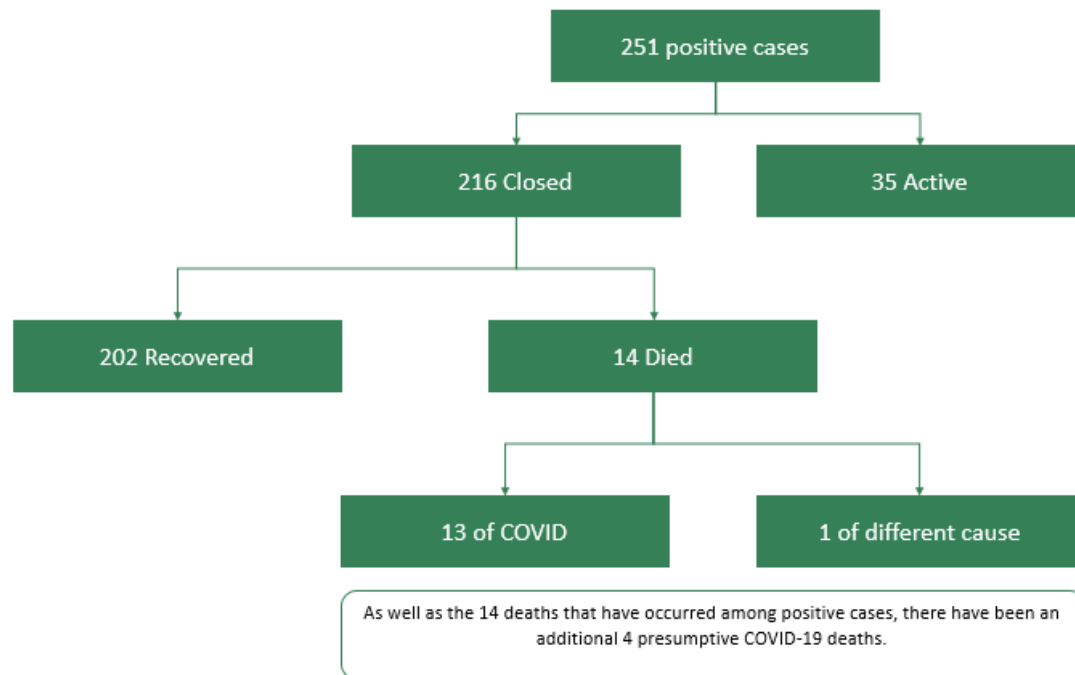


Figure 2: Case Summary

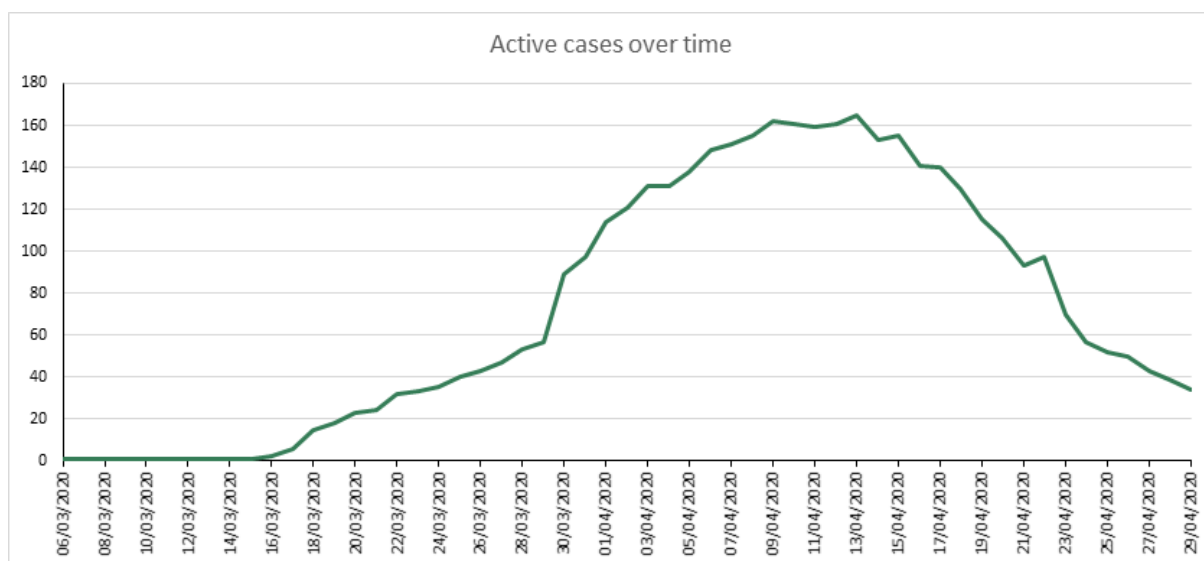


Figure 3: Active cases by Date of Diagnosis

## 2. Categorisation of cases

Bailiwick cases 1–251 were examined. Five main descriptive categories emerged. These are illustrated below in Figures 4 and 5.

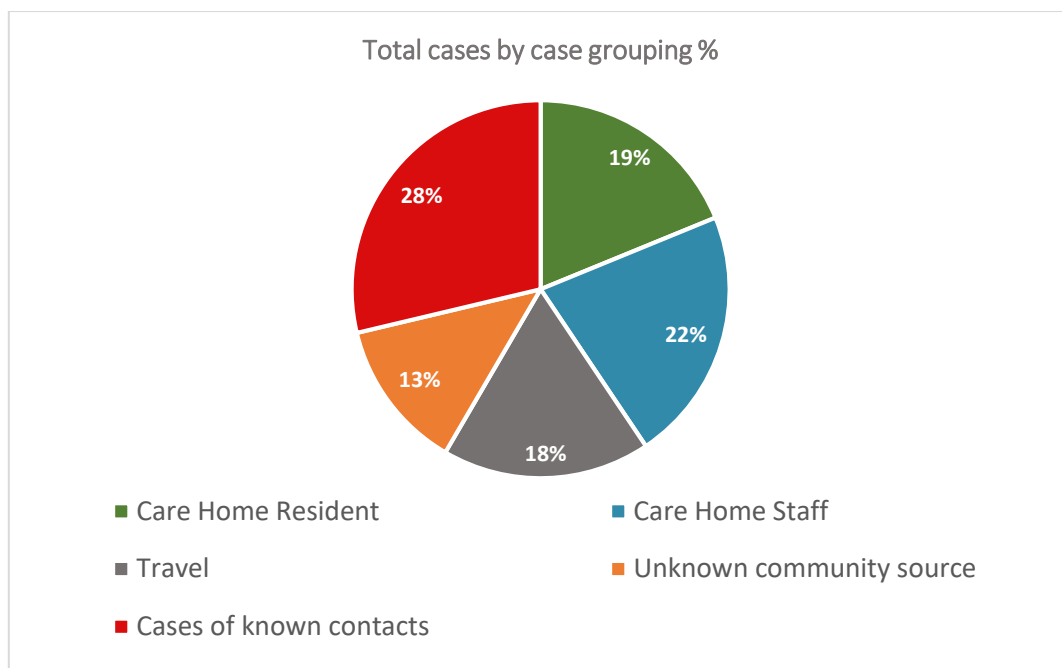


Figure 4: Total Cases by Grouping (%)

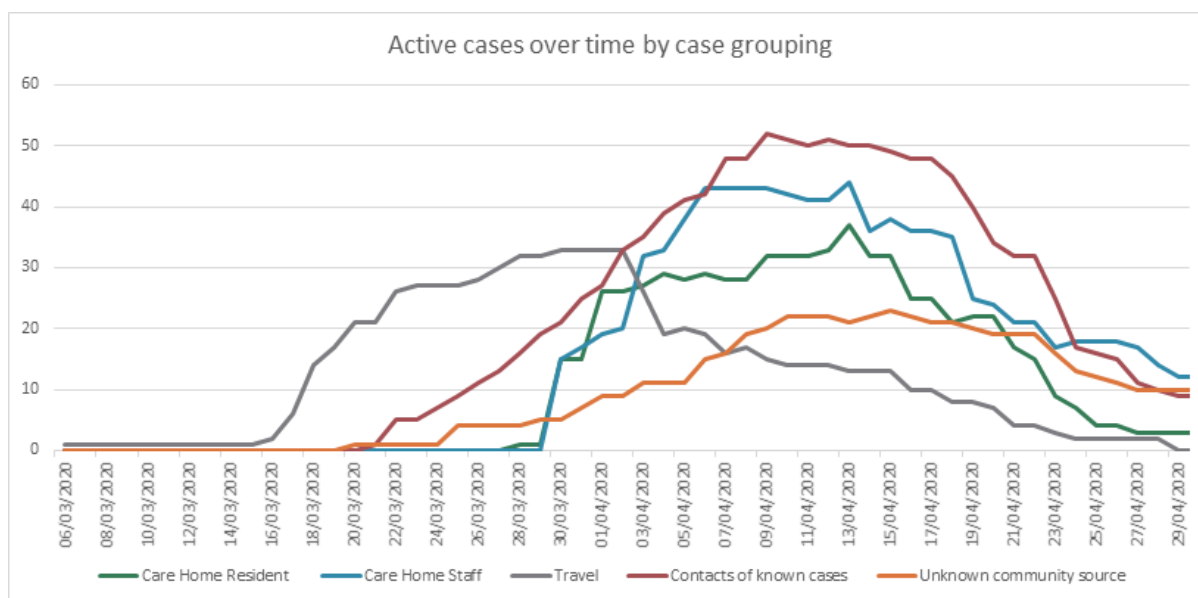


Figure 5: Case Grouping by Date of Diagnosis

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

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

### 3. Demographics

On the 28<sup>th</sup> April 2020, an analysis of the 247 confirmed cases showed that:

- 64% of cases were among females; 36% among males;
- Infections have been recorded in individuals aged from 0 to 99 years;
- 96% of infections have been in adults aged 18 and over; 4% have been among children under age 18.

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

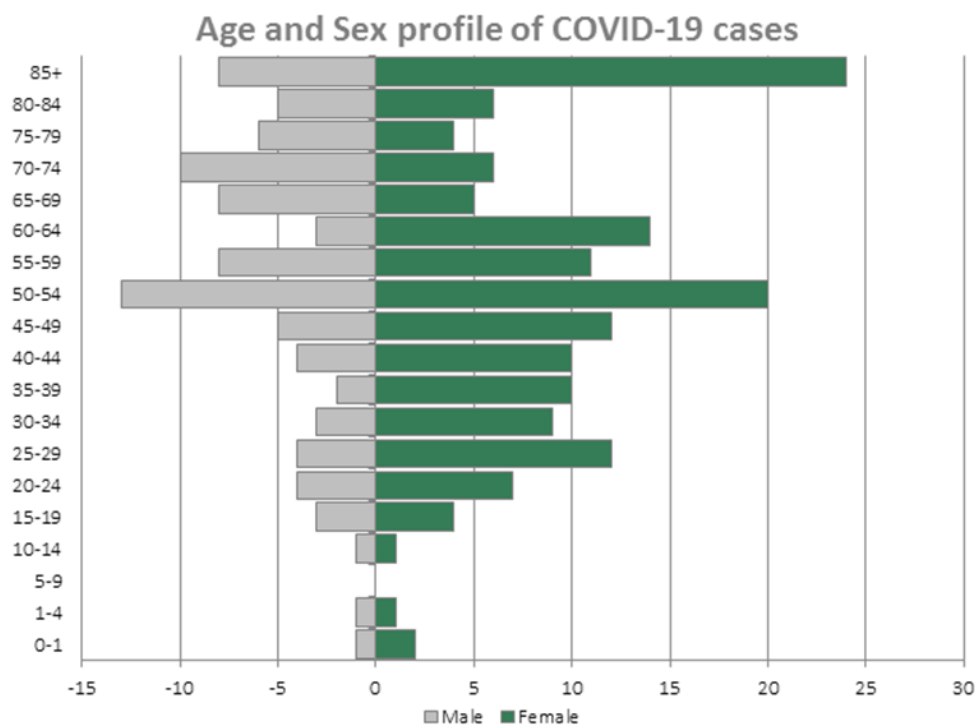


Figure 6: Age-sex distribution of Bailiwick cases 1–247

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

### 4. Analysis of symptoms

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

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

- Fever (rigors, chills, can't get 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, will allow better control and containment of infections.

## 5. Mortality

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

The first death from COVID-19 occurred in Guernsey during week 13 and was registered in week 14. Therefore it is weeks 14 to 16 (Table 4, shaded) where one would expect the impact of COVID-19 mortality to be seen.

Table 4: Death registrations in Guernsey during weeks 1–16 of 2020,  
with comparison figures from 2010–19

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

<sup>18</sup> 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 are seeing excess mortality from other causes as a secondary, indirect effect 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 suggests there has been no adverse impact on all-cause mortality to date.

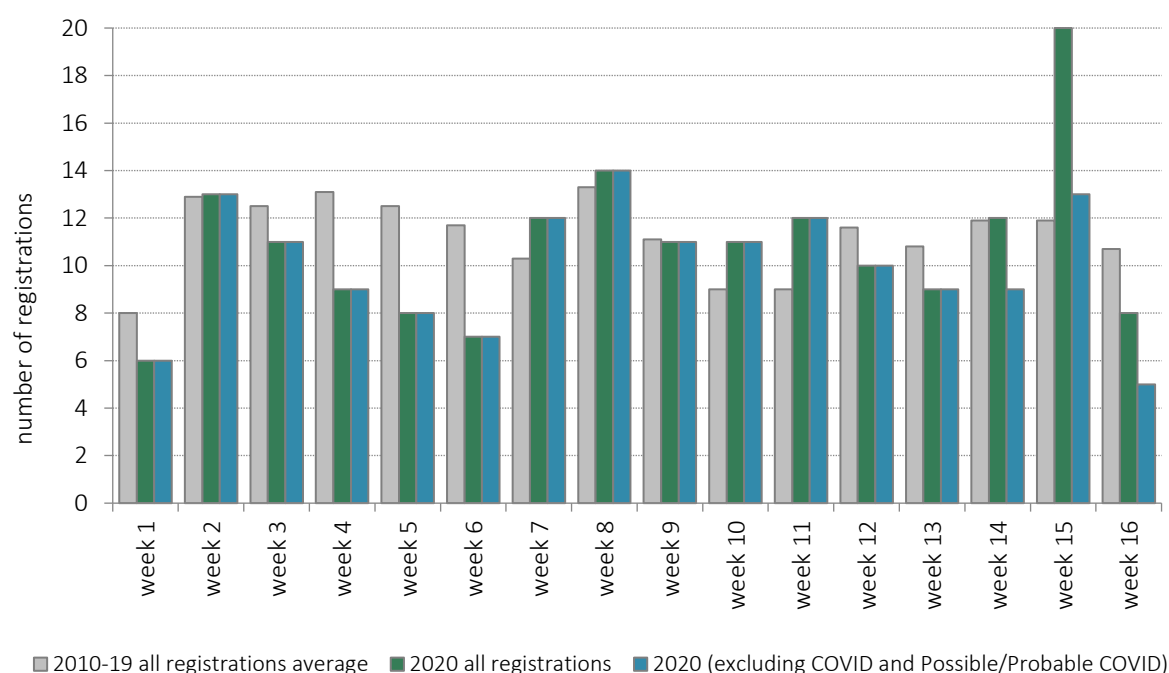


Figure 7: Weekly death registrations during 2020 and 2010–19

## 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.<sup>19</sup>

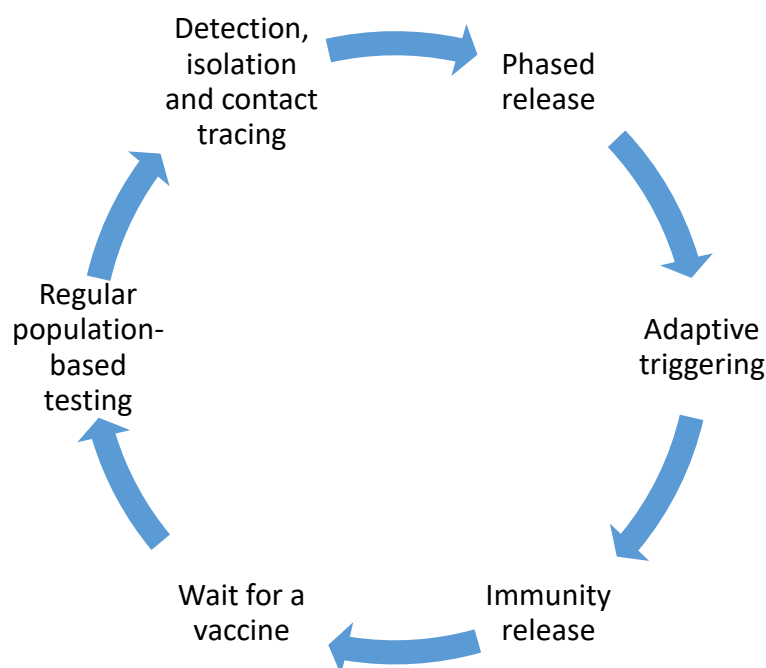


Figure 8: Strategies to exit lockdown<sup>20</sup>

## 1. Lockdown until vaccine available

From a health-protection viewpoint, remaining in lockdown until a vaccine is available would be the best option for minimising morbidity and mortality from COVID-19. However, whilst there are a number of companies that are trying to develop a vaccine, it is likely to be 12 months or more until a vaccine becomes commercially available.

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 will 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.

<sup>19</sup> Tony Blair Institute for Global Change, 2020. *Suppression Exit Strategies For Lifting Lockdown: Measures For The UK*. [online] Tony Blair Institute for Global Change. Available at: <<http://Tony Blair Institute for Global Change>> [Accessed 5 April 2020].

<sup>20</sup> Tony Blair Institute for Global Change, 2020. *Suppression Exit Strategies For Lifting Lockdown: Measures For The UK*. [online] Tony Blair Institute for Global Change. Available at: <<http://Tony Blair Institute for Global Change>> [Accessed 5 April 2020].

## 2. Phased release from lockdown

Research from Imperial College, London suggests that of all measures taken so far, only full lockdown may have reduced the  $R_0$  figure to around 1 (the maximum value at which an epidemic may be brought under control).<sup>21</sup> 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 ( $R_0$ ) as much as possible to below or very close to 1.

## 3. Adaptive triggering

A further model proposed by Imperial College London, is that of “adaptive triggering”. This uses Intensive Care (ICU) hospital admissions passing a given threshold to trigger a return to more stringent control measures. A possible approach would be to use this in combination with a phased release, where some measures are retained.<sup>22</sup>

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.<sup>23</sup> 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.

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<sup>21</sup> Imperial College COVID-19 Response Team, 2020. *Report 13: Estimating The Number Of Infections And The Impact Of Non-Pharmaceutical Interventions On COVID-19 In 11 European Countries*. Imperial College COVID-19 Response Team. [online] Imperial College COVID-19 Response Team. Available at: <<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77731/10/2020-03-30-COVID19-Report-13.pdf>> [Accessed 10 April 2020].

<sup>22</sup> Imperial College COVID-19 Response Team, 2020. *Report 13: Estimating The Number Of Infections And The Impact Of Non-Pharmaceutical Interventions On COVID-19 In 11 European Countries*. Imperial College COVID-19 Response Team. [online] Imperial College COVID-19 Response Team. Available at: <<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77731/10/2020-03-30-COVID19-Report-13.pdf>> [Accessed 10 April 2020].

<sup>23</sup> Imperial College COVID-19 Response Team, 2020. *Report 13: Estimating The Number Of Infections And The Impact Of Non-Pharmaceutical Interventions On COVID-19 In 11 European Countries*. Imperial College COVID-19 Response Team. [online] Imperial College COVID-19 Response Team. Available at: <<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77731/10/2020-03-30-COVID19-Report-13.pdf>> [Accessed 10 April 2020].



## 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.<sup>24</sup>

Furthermore, 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.<sup>25</sup> 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 can return to work.

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

Table 5: Percentage of total population infection

Country	% of total population infected (mean [95% credible interval])
Austria	1.1% [0.36%-3.1%]
Belgium	3.7% [1.3%-9.7%]
Denmark	1.1% [0.40%-3.1%]
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%]

<sup>24</sup> WHO.int. 2020. "Immunity Passports" In The Context Of COVID-19. [online] Available at: <<https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>> [Accessed 26 April 2020].

<sup>25</sup> Imperial College COVID-19 Response Team, 2020. *Report 13: Estimating The Number Of Infections And The Impact Of Non-Pharmaceutical Interventions On COVID-19 In 11 European Countries*. Imperial College COVID-19 Response Team. [online] Imperial College COVID-19 Response Team. Available at: <<https://spiral.imperial.ac.uk:8443/bitstream/10044/1/77731/10/2020-03-30-COVID19-Report-13.pdf>> [Accessed 10 April 2020].

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. This strategy has not been discounted and will be kept under review, possibly for use in a modified form with other approaches in the future.

## 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 has also led to a broadening of the case definition in the Bailiwick, allowing for the wider identification of any community cases. Local contact tracing programmes also consider the possibility of pre-symptomatic transmission, and so contact tracing, 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. These exit strategy 'trade-offs' are shown in Figure 9.



Figure 9: Exit Strategy Trade-Offs<sup>26</sup>

## 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 10. Each positive test result is plotted against the day that symptoms began (or against testing date if no symptom-onset date is available). This illustrates a model mitigated by social distancing (SD) alone. The definition used here for SD is “All households reduce contact outside household, school or workplace by 75%. School contact rates unchanged, workplace contact rates reduced by 25%.”<sup>27</sup>

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.

<sup>26</sup> Tony Blair Institute for Global Change, 2020. *Suppression Exit Strategies For Lifting Lockdown: Measures For The UK*. [online] Tony Blair Institute for Global Change. Available at: <<http://Tony Blair Institute for Global Change>> [Accessed 5 April 2020].

<sup>27</sup> Imperial College COVID-19 Response Team, 2020. *Report 9: Impact Of Non-Pharmaceutical Interventions (Npis) To Reduce COVID-19 Mortality And Healthcare Demand*. [online] Imperial College COVID-19 Response Team. Available at: <<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>> [Accessed 16 March 2020].

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. So, what this shows is that our case numbers are currently decreasing. 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.

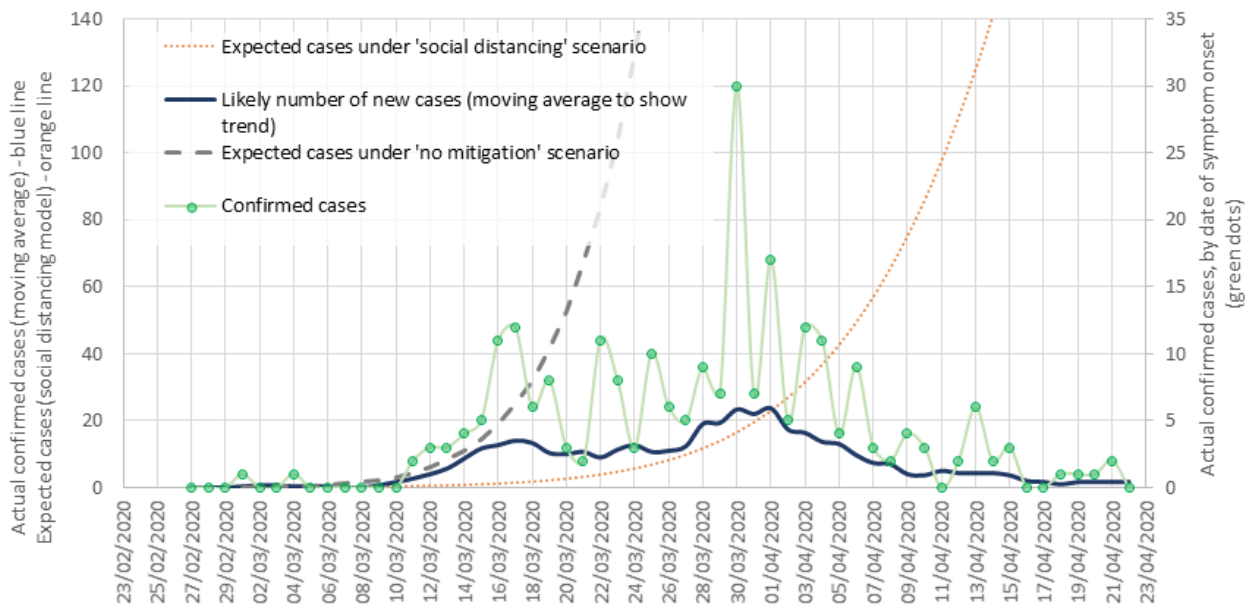


Figure 10: Five day moving model to illustrate trends in infection

Figure 11 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 11.

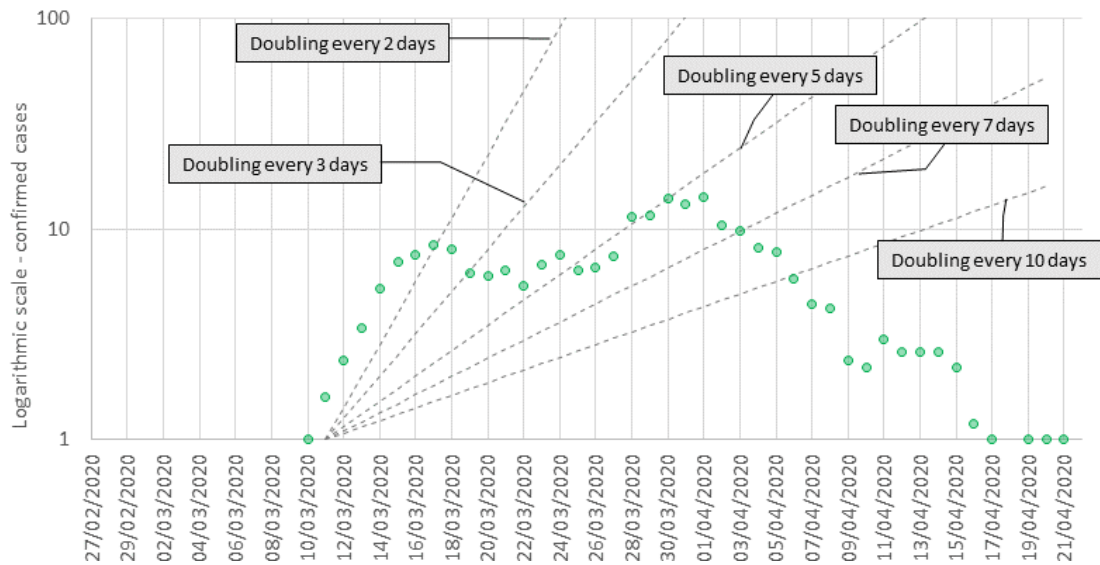


Figure 11: Confirmed Cases with doubling times

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

Figure 12 illustrates the number of contacts identified per case before and after lockdown was introduced. The lag observed in the number of contacts per case aligns with the average incubation period from the time of infection to the development of symptoms of COVID-19.

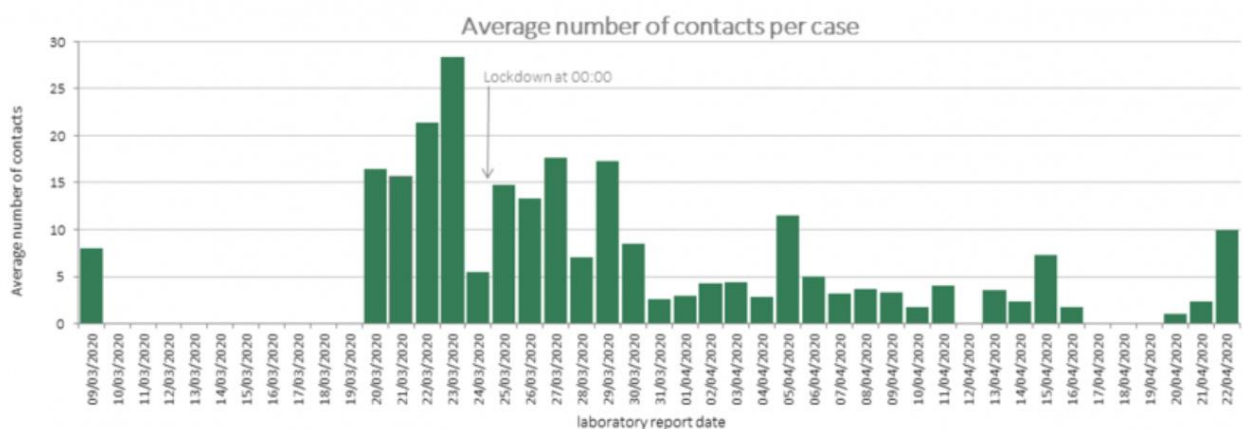


Figure 12: Average number of contacts per case before and after lockdown was introduced in the Bailiwick

Linked to this are testing rates as illustrated in Figure 13 which show high levels of community testing.

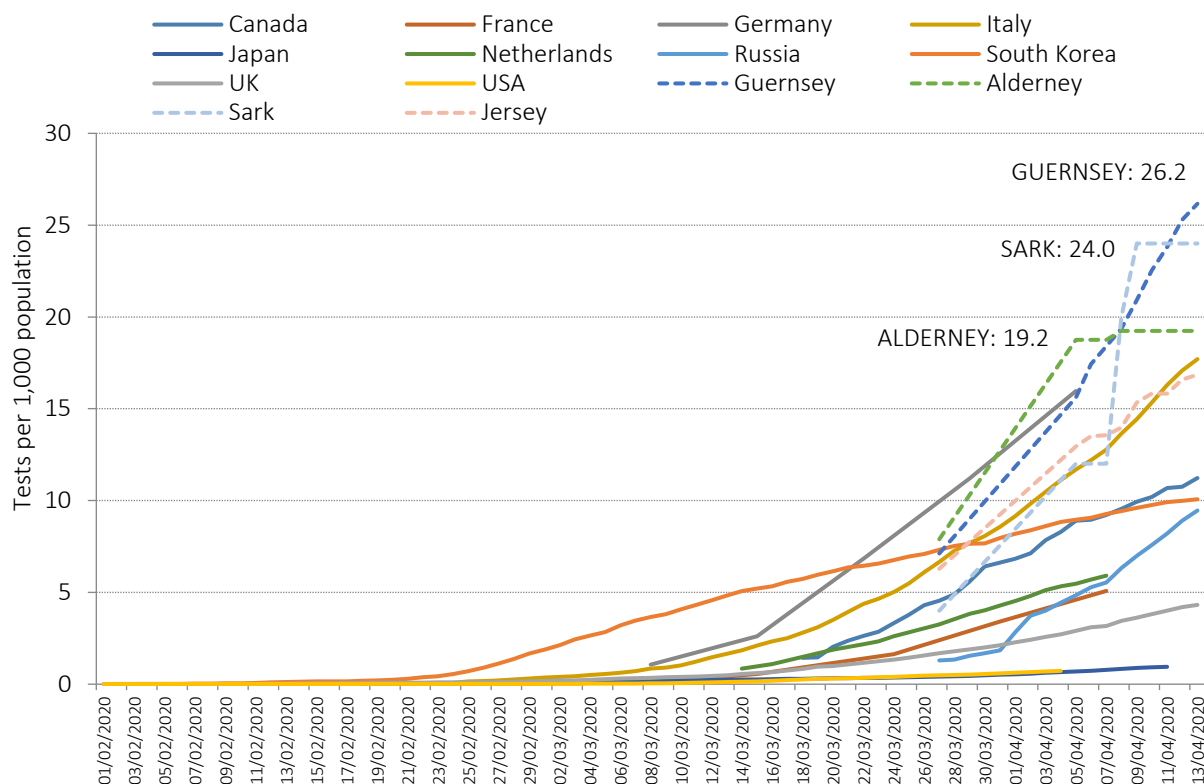


Figure 13: Tests per 1,000 population up to 13<sup>th</sup> April 2020<sup>28</sup>

### 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.

### 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.

<sup>28</sup> Guernsey Health Intelligence Unit

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

## Public Health Recommendations for Easing of Lockdown

No modification of lockdown is without risk and the challenge is to balance the infectious risks of SARS-CoV-2 with the wider impact on the health and wellbeing of the Bailiwick. The Bailiwick is not equivalent to the UK, having brought in robust NPIs earlier, as well as rolling out an 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 are:

- 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 would 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 14.

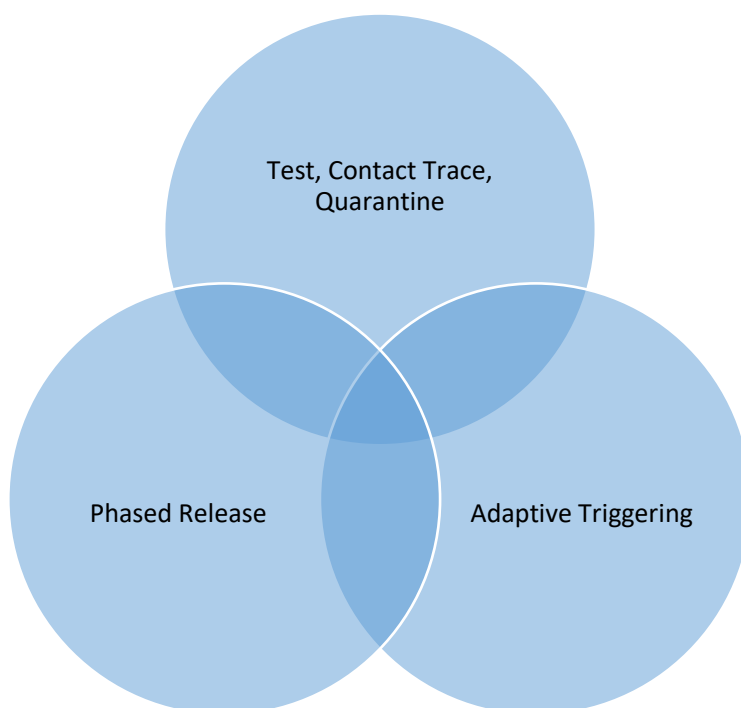


Figure 14: A Bailiwick Approach for Modifying Lockdown

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

A key consideration to ensure that easing of lockdown restrictions is as risk-free as possible, is the continued availability of on-island testing for SARS-CoV-2. Expansion of the programme to explore wider population-based testing would also enhance the confidence in our estimates of the prevalence of infection in the community. This is being explored as an additional safety measure.

## 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 is subject to further detailed consideration based on complex assessments and is not included 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.) will be made available when possible.

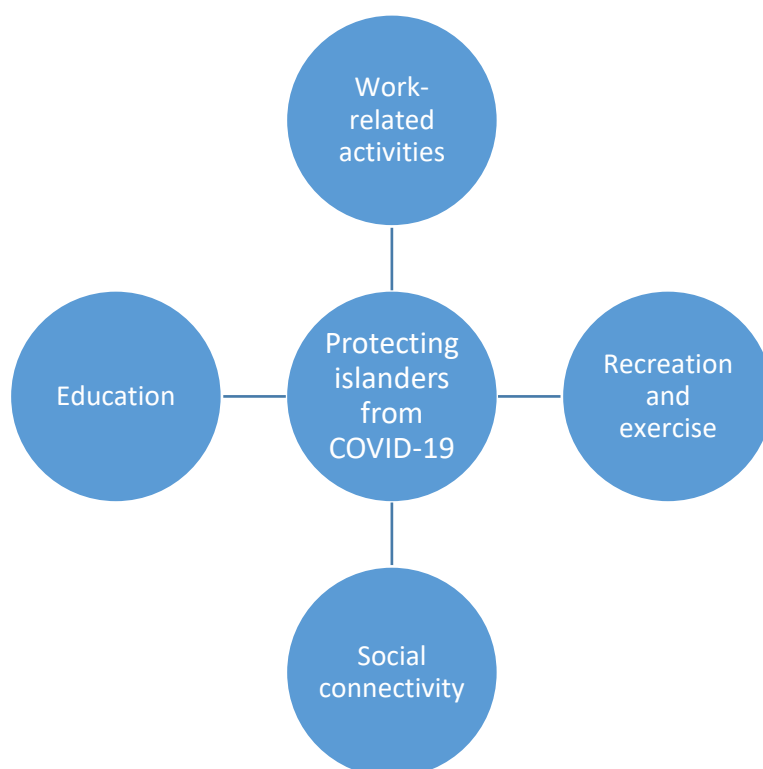


Figure 15: Components of lockdown release



## Phases of Lockdown Release

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

A number of 'adaptive triggers' 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 is 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 lockdown are maintained. This work is being augmented by modelling the R value.

The triggers outlined in this document, and the timescales suggesting the minimum time that may be spent in each phase, **are indicative only** and might 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<sup>th</sup> March to 8<sup>th</sup> April 2020
- **Release Triggers for progression to Phase 1:**
  - Evidence of a reduction in the number of new cases following the introduction of full lockdown.
  - The continued availability of local testing for the virus that causes COVID-19.
  - Identification of the need for islanders to access certain goods to promote home working and support activities associated with the 'stay at home' message.

## Phase 1

- **Definition:**
  - Full lockdown (as above) with restrictions on all but essential business activities, except retail home delivery.
  - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
- **Timing**
  - 8<sup>th</sup> April – 24<sup>th</sup> April 2020
- **Same as full lockdown with the following modifications:**
  - **Business and work-related activities:** restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders.
  - **Recreation:** Unchanged from full lockdown.
  - **Social Connectivity:** Islanders need to remain within their household bubble for non-work activities.
- **Release Trigger for progression to Phase 2 include:**
  - Evidence of stable or reducing numbers of new cases numbers following the progression to Phase 1.

- Evidence of compliance for the majority of islanders to the 'stay at home' message with generally good community engagement.
- The need to consider the broader issues connected to the health and wellbeing of islanders.
- The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to full lockdown include:**
  - More than 10 cases of unexplained community transmission in the previous 4 weeks.
  - The identification of new clusters of infections which pose a significant risk of onward transmission in the Bailiwick.
  - Evidence of significant community non-compliance with public health requirements, including maintaining social distancing and hygiene measures.
  - If on-island testing to detect the virus that causes COVID-19 was no longer available.
  - Hospital admissions for newly diagnosed cases of COVID-19 show an increasing trend.
  - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

## Phase 2

- **Definition**
  - **Full Lockdown with some gardening, building and other trades now able to work under strict controls. Some limited recreational activity with social distancing measures.**
  - Restricted movement of community, all non-essential businesses closed or operating remotely and with no contact with householders.
  - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
  - Some retail business permitted to offer contactless home delivery. Social distancing measures maintained.
  - Some limited outdoor activities will be allowed, for a maximum of 2 participants (subject to social distancing). Private pleasure boating and other waterborne activities permitted, together with flying light aircraft for maintenance and servicing, with restrictions.
  - Expansion of the household bubble to one additional household.
  - 2 hours of recreation permitted as per the arrangements above. This will be kept under review and may be extended later during this phase.
- **Timing**
  - Started from the 25<sup>th</sup> April 2020.
  - Additional recreational activities with effect from 00.01 2<sup>nd</sup> May 2020.
- **Includes the following modifications from full lockdown:**
  - **Business and work-related activities:** restriction on all but essential business activities, except retail home delivery and those businesses where strict social distancing and hygiene can be observed and with no contact with householders.

- **Recreation:** Expansion to include private pleasure boating and other waterborne activities permitted, together with flying light aircraft for maintenance and servicing, subject to observing social distancing. Limited outdoor activities where social distancing can be maintained, such as golf (excluding driving range), singles tennis and other similar activities, including 1:1 sport coaching/personal training for coach/trainer + 1 other person only. Limited to 2 people only even if from the same household.
- **Social Connectivity:** Each household can add one other household to their household bubble. This needs to be a reciprocal arrangement with all parties agreeing to exist in a larger household bubble. Expansion of these household bubbles can include the over 65s, as long as they are aware of the risks and are able to maintain good hygienic standards. Social distancing within the expanded household bubble is not necessary. **This is for home activities only and NOT for activities away from the household premises.**
- **Release triggers for progression to Phase 3 include:**
  - Stable or reducing cases of COVID-19 acquired through unexplained community transmission in a rolling consecutive four week period from the start of Phase 2.
  - No new clusters of infections that pose a risk of onward transmission in the Bailiwick for a consecutive four week period from the start of phase 2.
  - Hospital admissions for COVID-19 stable or decreasing for a rolling consecutive four week period from the start of Phase 2.
  - The continued availability of local testing for the virus that causes COVID-19.
- **Adaptive triggers for reversal to an earlier Phase include:**
  - More than ten cases of unexplained community transmission in the previous 4 weeks.
  - The identification of new clusters of infection which pose a significant risk of onward transmission in the Bailiwick.
  - Evidence of significant community non-compliance with requirements for maintaining social distancing and hygiene.
  - If on-island testing to detect the virus that causes COVID-19 was no longer available.
  - Hospital admissions for newly diagnosed cases of COVID-19 show an increasing trend.
  - Other indicators becoming apparent to Public Health Services indicating sub-optimal containment of the virus that causes COVID-19.

### Phase 3

- **Definition**
  - **Easing of lockdown with a progression towards a more normal level of activity within the Bailiwick.**
  - Further parts of the local economy able to function on a limited basis.
  - Recreation time is also expanded and the range of permissible recreational activities is increased.
  - Restrictions on work practices, gatherings and social distancing will remain in place.
  - Consideration may be given to extending our social connectivity through a measured expansion of the household bubble.

- No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
- **Timing**
  - To be determined
- **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, with some possible lessening of restrictions for those already able to operate, such as hygiene measures and social distancing requirements. Hotels, restaurants and bars will remain closed, but takeaway food services may be able to open, subject to controls.
  - **Recreation:** Recreation time increased. Some public venues such as libraries and museums may be permitted to reopen but there will be restrictions placed on the size, duration and nature of gatherings. Other venues where activity is higher risk are unlikely to be permitted to open in this phase. Places of worship may open for individuals to pray by themselves. 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 may be considered. Further details will be made available at a later stage.
- **Release triggers for progression to the Phase 4 include:**
  - 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.
- **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 Guernsey. 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. Consideration to be given to expanding our household bubble. Gatherings will be allowed subject to social distancing and hygiene measures.
  - 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.
  - No non-essential travel and anyone returning to the Bailiwick to self-isolate for 14 days.
- **Timing**
  - To be determined
- **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.
  - **Recreation:** Recreation time increased. 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 and with possible restrictions on the maximum number of people in attendance (to be confirmed), 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.
  - **Social Connectivity:** Possible options for extending our social connectivity through a measured expansion of the household bubble initiative may be considered. Further details will be made available at a later stage.
- **Release triggers for progression to Phase 5 include:**
  - No cases of COVID-19 acquired through unexplained community transmission in the previous 8 consecutive weeks with no weeks carried over from Phase 3.
  - No new clusters of infections that pose a risk of inward 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.

- 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 bars and nightclubs, able to function.**
- **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.
  - **Recreation:** Wider availability of all recreational activities, including contact team sports and lightening of restrictions on public gatherings. Children's playgrounds may reopen.
  - **Social Connectivity:** Islanders will now live in a Bailiwick bubble. Travel restrictions will remain in place requiring anyone returning to the Bailiwick to self-isolate for a period of 14 days.
- **Release triggers for progression to Phase 6 include:**
  - No cases of COVID-19 acquired through unexplained community transmission in the previous 4 weeks.
  - No new clusters of infections.
  - No new hospital admissions for COVID-19 in the last month.
  - 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.
  - The reappearance of new clusters of infection.
  - Evidence of significant community non-compliance with public health requirements.
  - 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

- Detailed consideration will be given to Phase 6 - the Bailiwick's return to global community - in due course, as part of the post-pandemic era.
- This is likely to only occur when there is a vaccine available or the public health risk assessment indicates that COVID-19 no longer poses a significant threat to the health and wellbeing of islanders.



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

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

<p><b>(Phase 2 continued)</b></p>	<p><b><u>Office based businesses</u></b></p> <ul style="list-style-type: none"> <li>• <u>Office staff must work remotely where at all possible</u>. Access to office premises should be strictly limited and permitted only where strictly necessary for the business to function and only if social distancing guidelines can be complied with.</li> <li>• Where necessary for the functioning of the business a limited staff presence (up to a maximum of 5 people) will be allowed in offices, under the following restrictions: <ul style="list-style-type: none"> <li>▪ The site can be divided into “work zones” in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of up to 5 people the entire site.</li> <li>▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees</li> <li>▪ 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 PH)</li> </ul> </li> <li>• Where necessary for the functioning of the business, businesses may be permitted to have more than 5 people on site with an individual risk assessment by Environmental Health.</li> </ul> <p><b><u>Gardening, building and other trades with no household contact</u></b></p> <ul style="list-style-type: none"> <li>• Business activities involving outside work, such as gardening and window cleaning where there is no contact with the public or householders and social distancing can be maintained</li> <li>• Limited small domestic construction activity. The following would be permitted: <ul style="list-style-type: none"> <li>○ Outside or indoor trades with no contact with the public or householders. Preferably work will be conducted with one person per site but sites may be permitted to have multiple employees on site provided: <ul style="list-style-type: none"> <li>▪ All persons working on a site are members of the same household, or</li> <li>▪ The site can be arranged in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site.</li> <li>▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees</li> <li>▪ Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines.</li> </ul> </li> </ul> </li> </ul>
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<p><b>(Phase 2 continued)</b></p>	<ul style="list-style-type: none"> <li>▪ <b>Those operating sites reliant on temporary toilet facilities should contact Environmental Health for further advice</b></li> <li>○ Internal work on an <i>unoccupied</i> premises will be permitted if operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site.</li> <li>○ <b>Internal work on properties where there is a household in residence will not be permitted by members outside the household unless required in an emergency.</b></li> </ul> <p><b><u>Building wholesale and supply</u></b></p> <ul style="list-style-type: none"> <li>• Can operate and supply the building trade and domestic needs within social distancing restrictions. <ul style="list-style-type: none"> <li>○ Staff operating the site are able to maintain social distancing at all times: <ul style="list-style-type: none"> <li>▪ All persons working on a site are members of the same household, or</li> <li>▪ The site can be arranged in such a way as to ensure operators can work safely while maintaining social distancing of co-workers of at least 2m at all times with a maximum of 5 people on the entire site.</li> <li>▪ Adequate handwashing facilities and/or hand sanitiser must be available for all employees</li> <li>▪ Shared facilities such as kitchens, site offices and toilets are used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines</li> </ul> </li> <li>○ Goods may be delivered by contactless delivery or contactless collection</li> <li>○ Access for trade customers to the site should be strictly limited to ensure contact is minimised by either: <ul style="list-style-type: none"> <li>▪ Allowing access by appointment only</li> <li>▪ Strictly limiting the number of customers on site at any one time to ensure social distancing can be maintained</li> <li>▪ Ensuring payment is made by contactless means</li> </ul> </li> </ul> </li> </ul> <p><b><i>Note that operation of the construction industry to a limited extent is likely to increase the level of sea freight in operation.</i></b></p> <p><b><u>Vehicle servicing and sales (including cars, bikes and marine)</u></b></p> <ul style="list-style-type: none"> <li>• Vehicle maintenance and servicing may resume where it can be conducted by a single individual or where strict social distancing can be maintained. All vehicles should follow disinfection procedures on arrival at and before departure from servicing sites.</li> <li>• Marine servicing, maintenance and repairs may be resumed ashore whether on vessels laid up, in the water, in marinas or on owners' properties.</li> </ul>
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<p><b>(Phase 2 continued)</b></p>	<ul style="list-style-type: none"> <li>• Adequate handwashing facilities and/or hand sanitiser must be available for all employees</li> <li>• Where services are being offered on sites where multiple mechanics may which to operate they must be able to comply with the same conditions as building trades regarding ensuring social distancing and maintaining distance and hygiene standards in shared facilities such as bathrooms and kitchens</li> <li>• People should not share vehicles with people outside their household in order to deliver or collect vehicles.</li> <li>• Vehicle sales may be resumed where this can be conducted without direct contact and on an appointment basis. Vehicles must be disinfected in accordance with guidelines before and after any test drives and before the sale is completed.</li> </ul> <p><b><u>Retail outlets, garden centres and other businesses</u></b></p> <ul style="list-style-type: none"> <li>• Home delivery and/or contactless collection (see guidelines) will continue to be permitted</li> </ul> <p><b><u>Property sales and business transactions</u></b></p> <ul style="list-style-type: none"> <li>• Activities to enable listing, viewing, survey and sale of property under certain strict conditions limiting contact with householders and only with householder's agreement: <ul style="list-style-type: none"> <li>○ Visits can be conducted by no more than one person (or two members of the same household) and that such visits should be conducted under strict hygiene guidelines including the ventilation of the property</li> <li>○ The property has been fully vacant for at least 7 days prior to any visits; or</li> <li>○ If the property is inhabited that: <ul style="list-style-type: none"> <li>▪ No one living in the household is symptomatic or has had symptoms in the last 48 hours, under a compulsory isolation order or awaiting results of testing for Covid 19;</li> <li>▪ No member of the household is considered medically vulnerable; and</li> <li>▪ No member of the household is present in the house during any necessary visit.</li> </ul> </li> </ul> </li> </ul> <p>Property and estate agents are encouraged to use video facilities in order to reduce the need for in-person visits where possible.</p>
<p><b>Phase 3</b></p>	<p><b><i>Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering. Detailed planning of this phase remains limited and may be subject to amendment as events progress.</i></b></p> <p><b>This phase represents a progression towards a more normal level of activity within the Bailiwick with further parts of the local economy able to function on a limited basis. Restrictions on work practices, gatherings and social distancing will remain in place.</b></p>

<p><b>(Phase 3 continued)</b></p>	<p><b><u>Office based businesses</u></b></p> <ul style="list-style-type: none"> <li>• Office based businesses would be encouraged to continue the majority of activity from home but formal restrictions on the numbers of people permitted in offices may be relaxed further.</li> <li>• Strict guidance on hygiene measures, cleaning regimens and social distancing will likely remain.</li> </ul> <p><b><u>Building and other trades</u></b></p> <ul style="list-style-type: none"> <li>• Building and other trades may be permitted to return to near normal with certain eased restrictions on social distancing but with phase 2 hygiene requirements remaining in place.</li> <li>• Activity within occupied households by a limited number of tradesmen may be permitted under strict hygiene requirements, unless <ul style="list-style-type: none"> <li>○ 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</li> <li>○ Anyone in the household is under a compulsory isolation order</li> <li>○ Anyone in the household is considered medically vulnerable</li> </ul> </li> </ul> <p><b><u>Building wholesale and supply</u></b></p> <ul style="list-style-type: none"> <li>• Building wholesalers may be permitted to return to near normal with certain eased restrictions on social distancing, but with continued phase 2 cleaning and hygiene requirements in place.</li> <li>• Premises may be open to the public with restrictions on the numbers of people permitted as currently applied in food retail.</li> </ul> <p><b><u>Garden centres and other businesses and non-essential retail</u></b></p> <ul style="list-style-type: none"> <li>• Garden Centres may be permitted to return to near normal with certain eased restrictions on social distancing, but with continued phase 2 cleaning and hygiene requirements in place.</li> <li>• Other premises and non-essential retail may be able to open to the public with restrictions on the numbers of people permitted as currently applied in food retail.</li> <li>• Takeaway food services may be able to recommence, subject to appropriate public health measures, which will include limiting the number of staff working in the restaurant kitchen to 2 people; contactless payment methods, etc.</li> </ul>
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<p><b>(Phase 3 continued)</b></p>	<p><b><u>Vehicle servicing and sales (including cars, bikes and marine)</u></b></p> <ul style="list-style-type: none"> <li>• Businesses may be permitted to return to near normal with eased restrictions on social distancing, but with cleaning and hygiene requirements remaining in place.</li> </ul> <p><b><u>Factory and warehouse activities (except where these have been deemed essential for international medical supplies)</u></b></p> <ul style="list-style-type: none"> <li>• Businesses may be permitted to return with limits placed on the number of people permissible on a site.</li> <li>• Eased restrictions on social distancing and continuation of phase 2 cleaning and hygiene requirements.</li> </ul> <p><b><u>Public venues and public events</u></b></p> <ul style="list-style-type: none"> <li>• Some public venues such as churches, libraries and museums may be permitted to reopen but there will be restrictions placed on the size, duration and nature of gatherings.</li> <li>• Other venues where activity is higher risk are unlikely to be permitted to open in this phase.</li> </ul>
<p><b>Phase 4</b></p>	<p><b><i>Details presented for Phase 4 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.</i></b></p> <p><b>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, hairdressing and beauticians, will be able to function although restrictions on work practices, gatherings and social distancing will remain in place.</b></p> <p><b><u>Businesses unable to operate fully or under social distancing restrictions in phase 2 and 3</u></b></p> <ul style="list-style-type: none"> <li>• Will be permitted to operate under increased hygiene requirements.</li> <li>• Such businesses may include elements of construction that require multiple individuals working in close proximity to perform a task.</li> </ul> <p><b><u>Retail</u></b></p> <ul style="list-style-type: none"> <li>• Retail may be permitted to return to near normal with certain eased restrictions on social distancing, but with continued cleaning and hygiene requirements in place.</li> <li>• Some business elements may be restricted if they present a particular risk (for example changing rooms may be closed, fitting of clothes or activity that requires physical contact will be restricted)</li> </ul>

<p><b>(Phase 4 continued)</b></p>	<ul style="list-style-type: none"> <li>• Restrictions on the numbers in any premises (of customers and staff) will be necessary.</li> </ul> <p><b><u>Restaurants, hotels, cafes, and pubs serving food</u></b></p> <ul style="list-style-type: none"> <li>• Will be permitted to open with social distancing and hygiene and cleanliness requirements both in public facing areas and kitchens.</li> <li>• Restaurants will need to amend layouts of tables to ensure sufficient and respectable distance achieved.</li> <li>• Restrictions on standing at bars within restaurants in line with pre ‘lockdown’ restrictions.</li> <li>• All facilities subject to increased hygiene measures in guest rest rooms and for staff.</li> <li>• Contactless payments encouraged.</li> </ul> <p><b><u>Sport and leisure facilities</u></b></p> <ul style="list-style-type: none"> <li>• All gyms and leisure facilities can reopen.</li> <li>• Additional hygiene measures must be in place and social distancing to be implemented.</li> </ul> <p><b><u>Public venues</u></b></p> <p>May be permitted to open with restrictions on the size, nature and duration of activities.</p> <p>Hairdressers, beauticians and other similar businesses will also be able to operate, with hygiene measures in place.</p>
<p><b>Phase 5</b></p>	<p><b><i>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.</i></b></p> <p><b>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 more limited restrictions on gatherings and social distancing.</b></p> <p><b><u>Bars and Nightclubs</u></b></p> <ul style="list-style-type: none"> <li>• Will be permitted to open</li> <li>• Additional hygiene requirements must be in place and social distancing restrictions may be required leading to a cap on numbers (customers and staff) on the premises at any one time.</li> </ul> <p><b><u>Public venues</u></b></p>

	<ul style="list-style-type: none"><li>• Will be permitted to open but with some restrictions on the size, nature and duration of activities.</li></ul>
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## Appendix B: COVID-19 Pandemic - The Bailiwick of Guernsey: A phased transition framework to restore social, cultural and recreational activity

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

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

<b>(Phase 2 continued)</b>	<p>Where the above involves a business or organisation, the business or organisation will have to notify Environmental Health of their operation and have in place the necessary measures to minimise general social interaction and maintain hygiene. Risk assessments must be available.</p> <ul style="list-style-type: none"> <li>○ Pre-booking for the activity (telephone/on-line) and facilities for pre-payment/payment by card on-site must be available.</li> <li>○ Adequate hand washing facilities and/or hand sanitiser must be available on-site.</li> <li>○ Physical layout of the venue/facility to be adapted where possible to limit social contact between participants.</li> <li>○ Shared equipment must be disinfected between uses.</li> <li>○ Shared toilet facilities must be used by no more than one person at a time and must be regularly cleaned and disinfected in accordance with public health guidelines (NB suitable cleaning guidance for shared spaces to be agreed with Public Health Services).</li> </ul>
<b>Phase 3</b>	<p><b><i>Details presented for Phase 3 should be considered provisional and implementation will be subject to public health triggering. Detailed planning of this phase remains limited and may be subject to amendment as events progress.</i></b></p> <p><b>Restrictions on group gatherings and social distancing will remain in place.</b></p> <ul style="list-style-type: none"> <li>• Recreation time may be increased.</li> <li>• Consideration will be given to further expansion of the household bubble.</li> </ul> <p><b><u>Public venues and public events</u></b></p> <ul style="list-style-type: none"> <li>• Some public venues such libraries and museums may be permitted to reopen but there will be restrictions placed on the size, duration and nature of gatherings. Other venues where activity is higher risk are unlikely to be permitted to open in this phase.</li> <li>• Places of worship may open for individuals to pray by themselves. Congregation services not allowed.</li> <li>• Consideration will be given to increasing the number of people attending funerals, where social distancing and other infection control measures can be maintained. Further guidance will be issued.</li> </ul>

**(Phase 3  
continued)**

**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 Environmental Health of their operation and have in place the necessary measures to minimise social interaction and maintain hygiene. Risk assessments must be available.

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

**Activities NOT permitted**

**Public venues, restaurants, hotels, bars and clubs**

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

Indoor sports not permitted.

<p><b>Phase 4</b></p>	<p><i>Details presented for Phase 4 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.</i></p> <p><b>This phased 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.</b></p> <p>Most businesses open under controls to show that they are able to maintain strict hygiene precautions and social distancing.</p> <p>Consideration will be given to further expansion of the household bubble.</p> <p>Recreation time increased.</p> <p><b><u>Public venues</u></b></p> <ul style="list-style-type: none"> <li>• Restrictions on places of recreation are lifted, with additional hygiene measures or social distancing in place where necessary.</li> <li>• 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.</li> <li>• Coastal kiosks and public toilets open.</li> </ul> <p><b><u>Social gatherings</u></b></p> <ul style="list-style-type: none"> <li>• Some public gatherings, including social, cultural and sporting events may be able to resume with strict social distancing and hygiene measures in place, and with possible restrictions on the maximum number of people in attendance. This may include congregational services with social distancing.</li> <li>• Hotels and restaurants open with social distancing measures in place for dining spaces to ensure sufficient and respectable distance achieved.</li> <li>• Restrictions on standing at bars within restaurants in line with pre ‘lockdown’ restrictions.</li> <li>• Limitations on maximum number of people attending funerals may be lifted, subject to maintaining social distancing.</li> <li>• Parties, weddings or other private social functions will be subject to further guidance.</li> </ul> <p><b><u>Group activities and shared leisure facilities</u></b></p> <ul style="list-style-type: none"> <li>• Non-contact sports and fitness training for other sports may recommence, including indoor activities.</li> <li>• Gymnasiums/fitness studios/indoor personal training allowed to operate, with additional hygiene requirements in place.</li> </ul>
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<b><i>(Phase 4 continued)</i></b>	<ul style="list-style-type: none"> <li>Swimming pools and health suites may be able to open with additional hygiene measures in place. Facilities should be subject to Environmental Health inspection.</li> </ul> <p>High risk venues such as Bars and nightclubs may remain closed or be subject to restrictions.</p>
<b>Phase 5</b>	<p><b><i>Details presented for Phase 5 should be considered provisional and implementation will be subject to public health triggering.</i></b></p> <p><i>Detailed planning of this phase remains limited and may be subject to amendment as events progress.</i></p> <ul style="list-style-type: none"> <li>Contact team sports, such as football, rugby, netball, may recommence (NB non-contact fitness training for these sports may be allowed in Phase 4, subject to maintaining suitable social distancing.)</li> <li>Children's playgrounds will be able to reopen.</li> </ul> <p>Bars and nightclubs may reopen, possibly subject to ongoing social distancing and hygiene measures.</p>