

COVID-19 Winter Strategy Update 2021-2022

October 2021

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Summary

Preserving and building on our progress in managing COVID-19

Jersey has made huge gains in the prevention and management of COVID-19 this year, resulting in daily life and work returning to as near to normal as possible.

The objective of this strategy is to preserve these gains, but also recognise that winter brings greater risk. We know the Delta variant is highly transmissible, and we will all be using indoor settings much more. Added to these factors are other seasonal diseases like flu, which will add pressure to our health system.

Both Islanders and the Government must be watchful, and be prepared to act quickly when needed, according to rapidly changing levels of risk. If infection numbers are rising, it is better for us all to modify our behaviour accordingly; instead of allowing spread to have more serious impacts, thus requiring firmer restrictions on our daily lives.

Keeping our defences strong

In the summer (third) wave in Jersey, only 1% of those infected were hospitalised, compared to 4% last winter in Jersey's second wave. The reason for this improvement is vaccination, which is delivering its promise. But whilst vaccination is our best defence, it cannot be our only defence. Public Health and Scientific and Technical Advisory Cell (STAC) expect there to be another wave of infection over winter in Jersey, and COVID-19 remains a dangerous illness for many. Our shared challenge is therefore to keep the impact on health, work and normal life of future rises in infection as limited as possible.

The commitment from Government

Leading up to and over the winter, the Government will:

- continue to maximise the uptake of COVID vaccinations, including the vaccination programme for young people, and Islanders eligible for booster doses
- be ready for rises in infections with resilience plans, particularly for our health system and education, and with contingency plans if needed
- maintain a strong test, trace, isolate discipline to suppress spread
- put control of risk in the hands of Islanders, by making Lateral Flow Tests (LFTs) available to everyone
- make it easier for people to travel by removing the need for fully vaccinated arrivals to test and isolate on arrival at our ports, and by implementing a Digital Covid Status Certification solution
- support those suffering with Long COVID with a pathway of advice and services.

Our request to Islanders

There are a few simple and easy steps we can all take to keep ourselves and others safe:

- getting the COVID vaccine and participating in the flu vaccine programme this winter
- isolating if you have symptoms, PCR testing, and then isolating if confirmed positive
- utilising on demand LFTs at home or the workplace to protect yourself and others
- increasing ventilation over the winter months, particularly as we gather inside
- continuing to practice good hand and respiratory hygiene, as the rates of winter illness increase and circulate in our community
- using mouth and nose coverings in indoor spaces where physical distancing is difficult, with the reminder that they protect you and others
- reducing the number of people we gather with regularly if there is a rise in cases, to help reduce the chain of transmission and avoid clusters/outbreaks of infection.

Looking to the future

By delivering on these shared commitments, we can lower the risk of using greater restrictions to control infections. If we must deploy contingency measures, our first response will be to make voluntary requests of Islanders, such as working from home. Legal restrictions will be our very last resort.

Beyond the risks that this winter presents, it is the Government's firm intention to continue scaling back key measures, working towards the point where we can judge the pandemic emergency as concluded.

PART 1: Building on our progress

Introduction

The past year has been difficult for everyone, but life in Jersey is gradually returning closer to normal. Significant progress has been made in reducing COVID-19 infection levels, following the peaks we saw in January and July 2021. Even though the number of infections over July was large, our excellent progress in vaccination meant the levels of severe disease were much lower than before. Because of the sustained actions and behaviours of Islanders, our community is truly open and functioning, culminating in the move to the final stage of the reconnection roadmap, Stage 7, on 26 August.

Jersey is learning to adapt to life with COVID-19. Some sensible measures are still in place, but most legal restrictions are now set aside. Our community's willingness to get vaccinated, to test and isolate if they are a direct contact or have symptoms, and to adopt actions and behaviours that reduce transmission have been the biggest factors in getting us where we are today.

Our gains have not been easily won, but by working together we have managed the risk of COVID-19 to public health whilst maintaining daily life, learning and the economy with much lighter restrictions than many other countries.

The emergence of the highly transmissible Delta variant has shown us that the pandemic can change things quickly and unexpectedly. Our progress is positive but, there is still a high level of unpredictability, which will be heightened in the colder months. The Government of Jersey can be clear, alongside most other jurisdictions, that the Pandemic Emergency phase is not yet concluded.

As set out in this document, vaccination has reduced risk, but a range of threats including new variants, vaccine waning, and the infectiousness of the Delta variant all mean that the next few months are highly unpredictable.

Long COVID has been identified as a serious, yet largely unforeseen, consequence of the global COVID-19 pandemic which can cause significant ongoing morbidity. We recognise that some Islanders will already be living with ongoing symptoms from a previous COVID-19 infection and the number of those affected will continue to grow.

As we approach winter, our abiding objective must be to keep Islanders safe, but in so doing, preserve and build on our hard-won gains. Thus, we will aim not to return to greater restrictions unless the evidence shows they are required to prevent greater harm to lives and livelihoods.

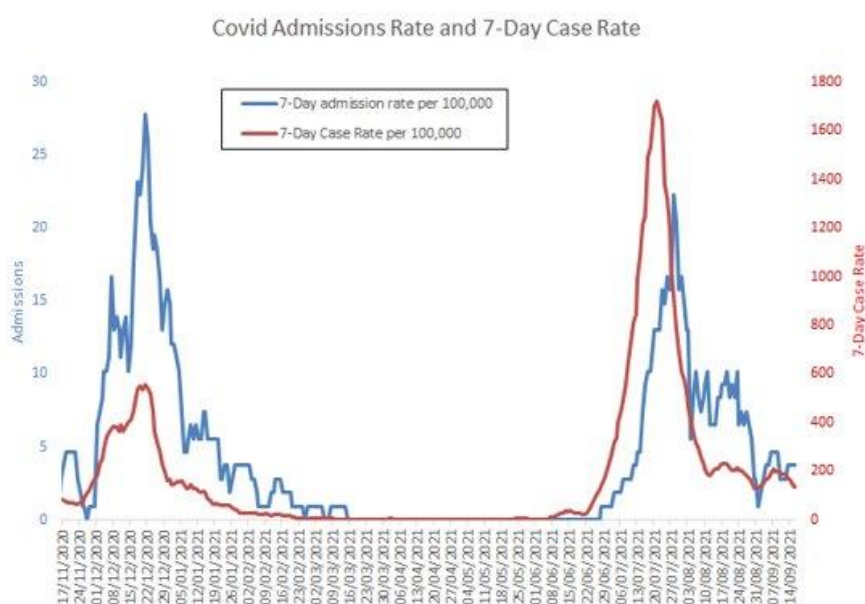
It is within this context that the Government of Jersey is introducing its COVID-19 Winter Strategy 2021-22. This strategy explains what we, as a community, must do over the coming autumn and winter to sustain the progress made and prepare the Island for the challenges that it is likely to face. We will achieve these objectives by:

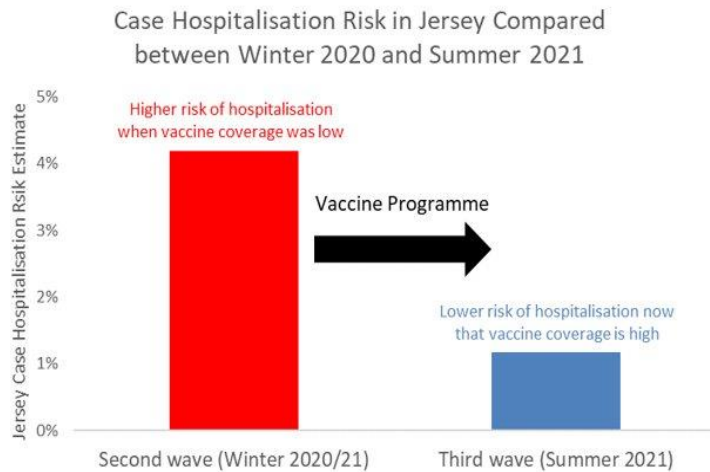
1. making best use of pharmaceutical interventions, principally COVID-19 and flu vaccines, and where available, antivirals
2. maintaining a strong test, trace and isolate discipline for positive cases
3. protecting our safe spaces like hospitals and care homes
4. increased emphasis on use of on demand, self-administered Lateral Flow Device Testing (LFT)
5. keeping each other safe with thoughtful and sensible behaviour
6. ensuring we keep workplaces and education settings running and livelihoods protected at times of greater risk
7. ensuring that those Islanders living with Long COVID have a clear pathway for safe and effective care

The vaccination effect – why we can move forward with greater confidence

The successful rollout of the Island’s vaccination programme has had a significant impact on tackling COVID-19. As of 17 October 2021, 83% of eligible Islanders have received at least one dose, and 79% are now fully vaccinated, comprising 69% of Islanders in total.

This achievement means that winter 21/22 is a very different challenge from 20/21. The evidence for this positive change can be seen in Jersey’s data. In our second wave of infection in Jersey, over the 20/21 winter (due to the Alpha variant), about 4% of all positive cases were hospitalised. In our third wave, over summer 2021 due to the more infectious and virulent Delta variant, only about 1% of cases were hospitalised. The following charts explain this remarkable change:





The radical reduction in the numbers of people with severe disease means that Health and Community Services (HCS) were under less pressure from hospitalisation and death in the third wave, demonstrating very clearly the protective effect that the vaccine has in reducing severe disease in our community.

The limitations of vaccination and previous infection

Vaccination is our best defence but cannot be our only defence. The third wave in Jersey occurred at a time when the vaccination programme was incomplete, but also when most adults were fully vaccinated. Yet the infection rate climbed very steeply and resulted in a far greater number of infections (over 5,000), than in previous waves when the population were completely unvaccinated. This coincidence of high levels of vaccination *and* a significant wave of infection may seem counter intuitive, but there are clear reasons why this is the case:

- vaccination is highly effective against severe disease, but not impenetrable. Studies show the Medicines and Healthcare Regulatory Agency (MHRA) approved vaccines provide severe disease protection of over 90%. This protection is less in the elderly. When we have a large wave of infection of a highly transmissible disease, a small percentage of vaccinated individuals will still get infection, especially the more vulnerable. Maximising vaccination across the population will mitigate against this
- the COVID-19 vaccine is not 100% effective and protection may decline over time but vaccination remains the best protection and is 70 – 80% effective at preventing serious disease
- not everyone on the Island is able to receive a vaccine. For example, children of a certain age. And a minority of adults have chosen not to be vaccinated at this time. These unvaccinated groups provide opportunities for greater spread
- the immunity provided by two doses of MHRA approved vaccines wanes over time. Studies show that protection wanes after approximately four to five months, particularly in those at risk and the older population. This is why it is essential that Islanders in at risk groups and those over 50 take up the offer of a booster jab as soon as they are contacted by the vaccination team

- stronger evidence is beginning to emerge of the risk of re-infection. Those with a prior infection tend to have good protection for a period of 6 months, but the risk of reinfection is greater after that time. Additional vaccination helps reduce the chance of infection but not completely.

Part 2: Our challenge over winter

Introduction

Given the impact of vaccination, the management of COVID-19 over the autumn and winter will help embed the transition from enforceable, restrictive measures towards guidance and personal judgement of risk.

As the balance of control shifts away from Government and towards Islanders, we all have an even greater responsibility to protect ourselves and others. Very few matters are now the subject of law, but our safety continues to rely on Islanders doing the right things, such as:

- performing Lateral Flow Tests, if you are a direct contact, and regularly as part of the home and community testing programmes
- staying at home and isolating when positive with COVID-19, or awaiting results if symptomatic
- observing hand hygiene practices
- wearing face coverings in crowded settings
- taking care not to expose older and vulnerable people to significant risk
- checking indoor spaces are well ventilated

Managing COVID-19 in this way, recognising that it will continue to be present at varying levels for the foreseeable future, will help avoid having to return to the more restrictive measures that were put in place last winter.

However, we know the pandemic can change course rapidly and unexpectedly, as we have seen with the emergence of the Delta variant. Although our progress is positive, it remains hard to predict with great certainty what will happen over the coming months as we spend more time indoors and gather with loved ones and friends for events and seasonal celebrations.

There are several variables we need to take into consideration as we move into the autumn and winter period, including the continued uptake of the vaccination, the extent to which immunity declines over time and how rapidly, and whether a new variant emerges that changes our assessment of the risks.

COVID-19 and winter illnesses

Over the end of autumn and winter, we will be taking account of:

- the risk of increased transmission due to the Delta variant, particularly as we spend more time indoors with more people
- waning immunity from vaccination, specifically in the at-risk priority and older age groups
- the interaction of COVID-19 with other respiratory diseases that may impact our population, especially our vulnerable community, and settings like the hospital and care homes

- the risk to our economy if business continuity, critical infrastructure and education provision is affected.

Winter is always a challenging time for our health services. This winter could be particularly difficult due to the impacts of COVID-19 alongside the anticipated significant increase in seasonal respiratory diseases such as influenza and respiratory syncytial virus (RSV).

The impact of flu and other seasonal viruses may be greater this winter than in other winters due to the low levels we saw over winter 20/21 due to COVID-19 restrictions. Furthermore, there is considerable uncertainty over how these pressures will interact with the trajectory of COVID-19 cases.

This means that there may be a heightened risk:

- to the vulnerable who are susceptible to these viruses and more serious disease or death
- of infection levels in staff in the health care sector, and critical services that may impact on staffing continuity
- of infection in the general population that impacts on business continuity and education.

The interaction between COVID-19 infection, increased levels of respiratory disease and waning immunity (particularly in the higher risk population) over winter means that we must still maintain resilience where we can in order to keep levels of disease low.

Over the winter period we will be spending more time inside, gathering together at seasonal events and celebrations in ideal environments for heightened transmission of the Delta variant, or other emerging variants of concern. It is important that we keep our guard up and have plans in place to respond to these challenges, particularly as traditional seasonal illness symptoms are hard to differentiate from COVID-19.

Part 3: Islanders and the Government of Jersey: A partnership for protection

Throughout the pandemic, we have implemented a series of measures to keep Islanders safe. Over the summer, Islanders' willingness to adhere to pandemic restrictions allowed us to contain the spread of the virus to an extent where it was safe to lift the remaining mitigations.

Although the majority of these restrictions have been eased, it is important to remember that the risks posed by COVID-19 have not disappeared. Now, as we enter into autumn and winter, Islanders and Government must continue to work together to avoid restrictions becoming necessary. We must all follow Government guidance on COVID-safe behaviours, take personal responsibility for keeping our community safe and manage risks according to each of our unique circumstances. The small and easy actions we all take will be crucial to containing the spread of the virus if we see a further wave of infection, without resorting to the implementation of bigger and more limiting restrictions.

Building on the success of the Island's COVID-19 Vaccination Programme

Jersey's vaccination programme has been highly successful, and has been well received by the population, with 83% of eligible islanders coming forward for vaccination. The programme has been delivered through a range of pathways: at the mass vaccination centre at Fort Regent, through mobile units which visited care homes and those unable to attend the vaccination centre, and also through "rock-up" clinics in popular and easily accessible locations.

The summer and autumn months have shown that whilst some vaccinated individuals may still get COVID-19, MHRA approved vaccines are highly effective at preventing severe disease, hospitalisation and death. Vaccination provides protection for 80% of people from infection, which prevents onwards transmission of disease.

However, emerging evidence shows that protection against infection afforded by the vaccine wanes over time, after a period of four to five months, and may also be related to the emergence of the Delta variant. It has been fortuitous that vaccines developed when the Alpha variant was dominant have been so effective against the more infectious Delta variant.

In particular, waning of vaccine effectiveness against hospitalisation and illness is being observed globally amongst individuals aged 65 and above, in vulnerable and frail individuals and those with underlying medical conditions compared with healthy adults. As of the 17 October, it has now been over 6 months since we reached 80% uptake for those over 60 years of age receiving 2 doses.

We have already begun carrying out advice from the Joint Committee on Vaccination and Immunisation (JCVI) and UK Chief Medical Officers:

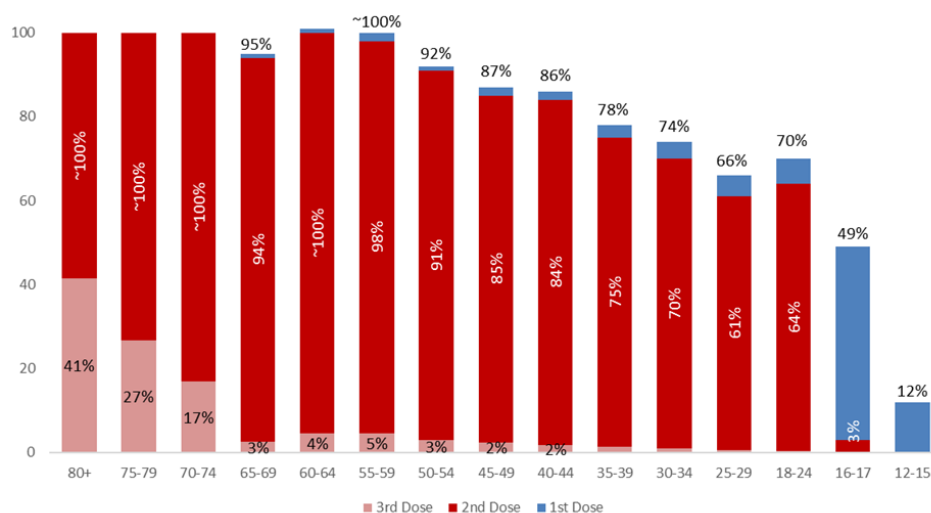
- people over the age of 12 with severely weakened immune systems are being offered a third vaccine dose as a part of their primary COVID-19 vaccination schedule. People who need a third dose are those who had a severely weakened immune system around

the time they had their first two doses and may not have produced a sufficient immune response

- a third booster dose of the vaccine to Islanders who are more at risk of serious disease from COVID-19 is in progress. This includes those who were vaccinated in the early stages of the vaccination programme:
 - Islanders living in residential care homes for older adults
 - adults aged 50 years or over
 - all health and social care workers
 - Islanders aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, including adult carers
 - adult household contacts of immunosuppressed individuals.

Furthermore, we have extended the vaccination programme to all 12 to 17 year olds, based on JCVI and UK Chief Medical Officer findings. These children are now being offered a first dose of vaccine. As at 17 October 2021, 933 12 to 15 year olds have already come forward for vaccination (or 20% of this age group). Progress of vaccination in this age group will protect our children and young people from infection, provide stability to their education provision, and avoid disruption such as that caused by higher levels of infection in 12 to 17 years olds in the summer.

First, Second and Third dose COVID-19 vaccine uptake across age groups in Jersey, as at 3 October 2021:



This winter, the Government of Jersey will continue delivering the COVID-19 vaccine programme, so that we can maximise levels of take-up in:

- The 12 to 17 age groups where vaccine coverage is lowest which will provide protection to children and young people
- Islanders who are hesitant by communicating the safety, effectiveness and protective effects of vaccination
- the number of unvaccinated islanders by focusing on increasing their ability to get the vaccine

We will improve levels of immunity for those at risk with booster jabs by:

- offering boosters for waning immunity in at risk groups and over 50s, six months after their last dose
- monitoring studies and recommendations for extending booster jabs to the general population

Heightened levels of flu that may circulate this coming winter means we must take action to reduce levels of flu infection in our community. The annual seasonal flu campaign has begun and over the coming months we will:

- carry out the annual nasal flu vaccine programme for children and young people in education settings. This will reduce infection which can be serious for this section of our population, who can also spread flu more easily to other members of our community
- vaccinate HCS, care home and other health care staff to protect our safer spaces
- provide free vaccination for those clinically at risk and over 50 years old through Primary Care
- offer the flu vaccine at the same time to anyone attending for their COVID-19 booster vaccine

We will also need to efficiently test and treat other respiratory diseases alongside COVID-19. The Island has a long-standing process in place to deal with the clinical diagnosis and treatment of recurring seasonal respiratory illnesses such as flu and RSV. This winter we will also screen for COVID-19 using multiplex testing within HCS which tests for COVID-19, Flu A, Flu B and RSV.

Within the community we have also established a service which will continue to screen for COVID-19 using regular LFT and PCR testing as we have during the pandemic, determining either the diagnosis of COVID-19 or indicating another respiratory illness and putting in appropriate isolation, clinical management and treatment.

These measures will be beneficial in two ways. Firstly, it will help to more easily distinguish between COVID-19 and other illnesses that share the same symptoms. Secondly, it will help reduce the burden to Islanders who will be required to isolate if they are positive with symptoms of COVID-19, but may have a different respiratory infection.

Clinicians will continue to employ effective therapeutic treatment of COVID-19 which are available to them. Furthermore, as advances in antiviral treatments progress, HCS will explore how and when best to implement their use as recommended by the MHRA. This is in addition to the existing treatments used for influenza.

We are currently developing a multi-disciplinary clinical and patient care pathway across primary, community and secondary care to provide an integrated approach for Islanders living with Long COVID. We expect this pathway to be finalised, implemented and communicated in the coming months.

This pathway will support those living with symptoms of Long COVID through services across primary, community and secondary care. It will empower Islanders through modern approaches, navigating care choices alongside ensuring the necessary resources and support for self-care by providing:

- information and awareness
- assessment of symptoms, testing to exclude other causes
- expert health professional review
- access to community support
- digital applications to support symptom management and self-help

Testing and tracing

We have developed a world leading Test and Trace system, which has served to protect Islanders, support normal life, and help guide our path through the pandemic. We currently run four testing programmes using a range of testing technologies and different frequencies of testing, in order to reflect and respond to the relative risk of different sections of the population.

As we move into the winter period, it remains vital that we retain the ability to identify active COVID-19 infection and take proportionate steps to limit spread through identification of contacts and isolation of positive cases. At the same time, advances in testing technology have enabled us to broaden our approach allowing islanders to more easily take responsibility for their own testing needs and make good risk-based decisions.

We have adjusted our deployment of border testing under the Safer Travel Policy in response to changes in risk both on-island and internationally, thereby achieving a balance of protection while supporting the connectivity needs of islanders. As we move forward, the protection afforded by vaccination will enable us to continue to rationalise our border interventions to safely improve connectivity, whilst retaining the ability to react to sudden or unexpected changes in epidemiological risk, particularly through the emergence of new variants of concern globally.






Similarly, our testing infrastructure and vaccination protection have enabled us to adjust our contact tracing measures to reduce transmission and minimise societal disruption. This balance will continue with a targeted focus on the identification and supported isolation of actively infectious cases through the winter months.

Our successful response to the COVID-19 challenge requires our continued pursuit of scientific knowledge of COVID-19 in Jersey and elsewhere. Central to this challenge is the empirical analysis of local data and testing to inform our strategic decision making; this is a new feature of our work leading into the winter period.

The following steps form a central part of our COVID-19 winter strategy:

- the continued availability of rapid on-demand PCR tests processed in on-Island facilities for those displaying symptoms of COVID-19 or identified as Direct Contacts
- the expanded deployment of Lateral Flow Device Testing (LFT) to make on demand, self-administered LFT available to all islanders
- the removal of testing requirements for arriving passengers based on vaccination status or recent COVID-19 infection combined with ongoing ability for passengers to test before arrival
- ongoing adherence to the UK list of high-risk travel destinations with continued enhanced testing and isolation requirements
- the continued risk-based focus of testing and isolation on the highest risk cohorts of arriving passengers
- the retention of mandatory isolation requirements for confirmed COVID-19 cases and higher risk arrivals only
- ongoing co-ordinated epidemiological surveillance to inform our COVID-19 response drawing on all available inputs and expertise.

The table below illustrates the ambition to reduce streamline testing requirements across all testing programmes whilst retaining safety. As we transition out of a pandemic emergency state, we will take a risk-based approach to the simplification, reduction and timely removal of each of the testing programmes (please note dates are indicative of general intent, and are subject to review based on the current and evolving evidence):

		CURRENT	Simplify, reduce, remove – based on continued progress		FUTURE
		Sept 2021 Testing Regimes	Autumn / Winter 2021	Est Spring 2022	
 Active Case Control	Symptomatic	PCR <u>isolate</u> if positive	Continue with current testing		
	Direct Contacts	PCR and LFT	Continue with current testing	Further review	
 Safe Places	PCR and LFT	Simplify testing	Consider requirement		
 Community Testing	PCR and LFT	Simplify testing	Consider requirement		
 Safer Travel	PCR <u>isolate</u> based on vaccination status	Covid Status Certification (CSC) system	Consider requirement		
 Epidemiological Surveillance	Currently part of other testing categories	Options to be developed as other categories simplified, reduced and removed			

Active Case Control: To identify and isolate cases, stop cases from becoming clusters and stop clusters from becoming outbreaks – includes the two groups most likely to test positive: those with symptoms of Covid-19 and those who are the direct contacts of a positive case

Safe Places: Protecting vulnerable and enclosed populations and preserving our vital services – asymptomatic testing for anyone entering, living and working in enclosed communities, and those delivering health & emergency services – includes HCS, Care Homes, Domiciliary Care Agencies, GP & Dentist Practices, Emergency Services and Prison

Community Testing: Asymptomatic case finding to reduce the spread of the virus in the community – includes the schools LFT programme, community workplace LFT programme and expanded offer of LFT to all islanders

Safer Travel: Safely manage our borders – targeted testing of inbound passengers based on the current risk as outlined by the Safer Travel Policy

Epidemiological Surveillance: Understand the evidence – currently the other testing programmes provide data which allows analysis of the cases, testing programmes and overall trends; as these are simplified, reduced and removed, a new way of collecting data needs to be developed to understand the spread and potential impact of COVID on the Island.

Safer Travel Policy

Since its introduction on 3 July 2020, the Safer Travel Policy has balanced the protection our borders can provide with the need for connectivity to the UK and elsewhere. Over the last 15 months, it has remained under constant review in order to ensure the policy always reflects any emerging evidence, international best practice and changing levels of risk.

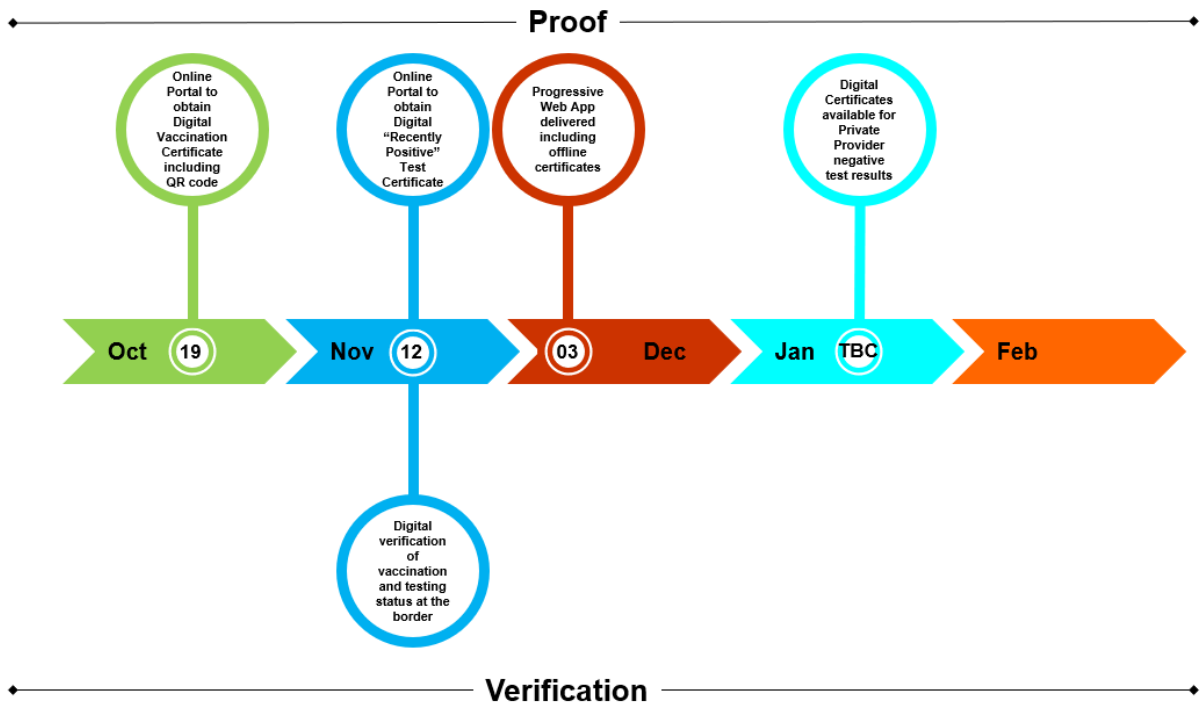
The most recent update to the Safer Travel Policy (implemented on 2 November 2021) will remove testing requirements for those who can demonstrate full vaccination status, recent recovery from COVID-19 infection or have undertaken a PCR test before departure to Jersey, benefitting the majority of passengers while retaining a proportionate level of protection.

COVID Status Certification

Covid Status Certification is the process by which individuals are able to evidence that they have been vaccinated, and/or had previous infection with COVID-19, and/or a recent negative COVID-19 test. A COVID Status Certification scheme also requires systems to be in place to verify the vaccination status of individuals.

We have made pivotal developments to enable Islanders to demonstrate proof of their vaccination status both in physical and digital form. As we progress into winter, we will ensure that this provision is expanded to encompass additional vaccination doses, evidence of a previous positive PCR test and evidence of a recent negative test. We will continue to work closely with the UK and international partners to ensure that our systems are compatible and comprise of the very most up-to-date technologies.

We've already delivered secure paper certificates for all Islanders who have completed a full vaccination course, as well as single dose letters and an interim digital solution to facilitate travel and domestic use in France. Below is a timeline showing the aspirations for the next few months. As the diagram shows, Jersey residents will benefit from a comprehensive digital solution that incorporates not only vaccination status but also proof of a previous positive test and recent negative test results.



COVID safe behaviour – how together we can keep each other protected

Islanders have made a conscientious effort to change their behaviours over the past year and a half. These collective efforts have protected us all and reduced the impact of the pandemic. Over winter, whilst the harm of COVID-19 is still with us, it will be important for Islanders to keep their guard up and continue simple behaviours and actions that we know help reduce the transmission of COVID-19.

This will enable us to reduce sickness over the winter months from respiratory illness such as flu, RSV and COVID-19. Doing so will help our children remain in school, mitigate further loss on household income, and keep essential services and businesses open as they recover from the impact of the pandemic. We want everyone to continue enjoying the normality we have collectively worked to regain.

The Government of Jersey is continuing to work hard to keep Islanders safe. Safe spaces are being protected from COVID-19; our hospitals and care homes are not currently impacted by the harsher restrictions that were in place previously. This means that vulnerable Islanders can be cared for, receive the treatment they need and be visited.

The COVID Safe Team will continue to offer advice, practical guidance and support on COVID-19 protection measures, alongside proactive support to anyone impacted by COVID-19 in a workplace. The team have fostered excellent relationships with businesses, our education settings and other organisations.

Islanders have already shown they can come together to follow advice and good practices to keep us all safe. This winter, we are asking Islanders to continue practicing the measures outlined below, which reflect the lower level of harm Islanders now face and the freedoms that have been gained.

Following these actions will help us limit the spread of COVID-19 and other illnesses.

Continued requests to Islanders

- getting the COVID vaccine and participating in the flu vaccination programme this winter
- isolating and getting a PCR test if you have symptoms of COVID-19 to protect the people around you and continuing to isolate if positive with COVID-19
- being mindful of the increased risk and your activities if you are a direct contact
- utilising on demand LFTs at home or the workplace to protect yourself and others
- increasing ventilation over the winter months, particularly as we gather inside with more people
- continuing to practice good hand and respiratory hygiene, as the rates of winter illness increase and circulate in our community
- using mouth and nose coverings in indoor spaces where physical distancing is difficult, with the reminder that they protect you and others
- reducing the number of people we gather with regularly if there is a rise in cases, to help reduce the chain of transmission and avoid clusters/outbreaks of infection.

We will carry out a targeted communication plan that encourages and reminds Islanders of the importance of these actions.

Part 4: Maintaining resilience

Over the course of the pandemic, the unprecedented transmissibility of the virus in combination with its ability to mutate into different variants has made it difficult to predict the future with certainty. As a result, it is crucial that we maintain our resilience in key areas so that we are as prepared as possible to manage the enhanced pressures we will likely observe over winter.

Health and Community Services winter and COVID-19 preparedness

It is vital that we ensure our hospital and community health settings, including Primary Care, are able to cope with the enhanced challenges posed by the winter months. We must remain able to provide elective care and treatment for patients and we must mitigate the added burden of COVID-19 severe disease and death. Significant delays to elective surgeries and treatments were a result of the restrictions implemented over the pandemic period. It is now more important than ever to ensure our health service delivers its commitments to these individuals.

Health and Community Services (HCS) and wider system partners are in the annual process of developing winter plans for 2021/22 and, consistent with the previous two winter periods, this will include COVID-19 resilience.

HCS plans to maintain preparedness for COVID-19 over winter and these plans are being developed based on:

- learning from previous winter planning and the impact from COVID-19 in 2020/21
- ensuring overall bed occupancy is within sustainable levels (<85%), alongside refreshed winter bed modelling.
- revising Emergency Department and Unscheduled Care capacity and demand modelling
- sustaining COVID Backlog activity
- ensuring sufficient 'Hot' and 'Cold' patient flow to manage any spike in COVID-19 or other high-risk infections such as norovirus and flu.

Education and early years settings

Throughout the pandemic, we have worked hard to minimise disruption to school, college and nursery settings. Jersey has done well in keeping the majority of children and young people in continuous face-to-face learning, which is vital for their development and achievement, as well as their health and wellbeing. Our objective over the winter period is to ensure that all children and young people are engaged safely in face-to-face learning; to minimise any disruption; and to support and protect staff who have worked so hard to give children and young people the best experience possible throughout the pandemic.

Over the winter period, we will continue to maintain a range of measures in education and early years settings to mitigate the risk of COVID-19 transmission. These measures are required to remain in place due to the unique environment of schools, colleges and nurseries, where

there is a large unvaccinated population, and close proximity and prolonged contact. The measures we introduced at the beginning of the autumn term, and which will remain in place during the winter period, include:

- support the extension of the Pfizer/BioNTech COVID-19 vaccine to students aged 12 to 15, alongside existing vaccination for 16 to 17-year-olds
- introduce carbon dioxide monitoring to ensure adequate ventilation measures in school buildings
- continue to encourage home-based Lateral Flow testing for all secondary school students and staff in education and early years settings
- promote personal protective behaviour in education and early years settings such as good hygiene and cleaning practices, face coverings, year group bubbles, and adequate ventilation.

The measures are intended to be proportionate to the risk of COVID-19 transmission in education and early years settings, whilst ensuring that children and young people are not put at a disadvantage. We will keep the measures under regular review and intend to loosen or remove them where the evidence supports doing so. In some instances, it may be necessary to introduce additional measures – whether in all education and early years settings or on a localised setting-by-setting basis – to address increased outbreaks or clusters of COVID-19 cases over the winter period. At all times, we will weigh the benefits of managing transmission against any educational drawbacks and ensure that any additional measures are put in place for the shortest timeframe possible.

Critical National Infrastructure

Throughout the pandemic our objective has been to avoid a rise in COVID-19 hospitalisation that would put unsustainable pressure on the hospital, as well as protecting the Islands vital supply chains and services. Although we have experienced a significant decline in COVID-19 cases over the summer, there is heightened risk of a surge in cases as we move into the winter months.

We must be mindful that a significant spike in cases risks causing pressure to HCS and the delivery of other critical services that the Island relies on. A surge also threatens to affect the availability of the critical infrastructure workforce who become ill or are required to isolate.

Therefore, we must continue to protect these vital services from the harm caused to their delivery as a consequence of a significant rise in COVID-19.

We are taking the following actions to support this objective:

- Health and Community Services have developed a COVID-19 response strategy to prepare for a potential surge in cases. Business continuity plans are in place to mitigate

against loss of service and ensure core functionality is maintained. Such mitigations include delaying non-elective surgeries and reconfiguring wards to direct resources where need is most acute

- continuing to monitor all the relevant data so that we are able to act swiftly if there is an indication that the hospital risks becoming overwhelmed. In evaluating the risk to the hospital, key metrics include: hospital occupancy for COVID-19 and non-COVID-19 patients, intensive care unit capacity, admissions in vaccinated individuals, and the rate of growth in admissions
- working with departments on winter planning and contingency arrangements to achieve a consistently strong state of readiness
- ensuring emergency capabilities continue to be maintained, including the supply of PPE and the operational readiness of the hospital
- continuing to use business continuity plans and identify which areas (such as construction, hospitality, food, parking and transport) could release staff into emergency response teams. (In other areas such as waste and water, critical infrastructure needs to be maintained for the safe functioning of the island and so staff will not be released from these areas)
- supporting the wellbeing of those in response teams (such as Contact Tracing, Monitoring and Enforcement, the Vaccination team and the Covid Helpline) as the pandemic has placed considerable pressure and time requirements on them, especially those in key roles
- we are considering widening the training available for individuals who lead emergency responses across Government to provide greater capacity and resilience.

The Government has established structures in place to respond to incidents and emergency events. In March 2020, the Government established the command process for escalation of the Covid-19 situation through the Strategic (Gold) and Tactical (Silver) response teams.

Part 5: Contingency measures

The purpose of contingency measures

Contingency measures should be used with clear risks in mind. Based on our current understanding of COVID-19, the two principal risks we are seeking to manage are:

1. Significant incidence of severe disease, leading to pressure on hospital capacity
2. Significant incidence of sickness leading to business failures, including for Jersey's critical national infrastructure such as ports, utilities, blue light services and healthcare.

What may change to require contingency measures

Our shared experience of the 2021 summer wave of infection suggests that infection rates may need to exceed a 14 day rate of over 1000 per 100,000 for a sustained period for there to be significant pressure on health services requiring contingency measures to be used.

However, there are a number of factors which, either individually or in combination could necessitate the implementation of further steps to manage the spread of COVID-19. These factors include:

- new variants, or greater than expected impact of the current (dominant) Delta variant
- high levels of indoor social mixing without sensible mitigations, which cause spread to be faster than expected
- lower than expected take up of COVID and flu vaccinations in eligible populations
- waning immunity combined with lower than expected take up of the vaccine booster programme
- high levels of healthcare utilisation for other diseases such as flu, lowering levels of COVID-19 resilience.

Steps the Government may take if needed

It is the Government's intention not to use contingency measures. However, two steps are envisaged as follows:

Step 1: Stronger voluntary guidance

When infection rates are higher, the evidence in Jersey is that Islanders have reacted by taking small, voluntary steps to reduce exposure to risk. Therefore, as a first step, the Government would introduce voluntary guidance to increase levels of self-mitigation. This guidance would include:

- advice to work from home where possible
- stronger advice to use masks more frequently
- advice to reduce the size and frequency of indoor gatherings
- advice to increase levels of mitigations for indoor events
- advice to increase the frequency of use of Lateral Flow Tests (LFTs).

It is likely Step 1 would be used in circumstances where there is high risk to business continuity, including for critical national infrastructure, but where hospitalisation risk is lower.

Step 2: Legal restrictions

Legal restrictions are a last resort and would only be used where the risks to business continuity and widespread severe disease/hospitalisation have a strong possibility of occurring without firm action.

Such restrictions may include widening the number of settings where masks are mandated, restrictions on the size of informal and organised gatherings, the greater use of isolation requirements for travel and the closure of higher risk workplaces.

Monitoring risk

Jersey has well established processes for managing COVID-19 risk, and a record of acting quickly and effectively when needed. Daily analysis of cases will continue throughout winter, and Public Health in consultation with the STAC will advise Ministers.

However, it can take up to four weeks from the implementation of measures to show through in the infection rate and hospitalisation data. Given this lag, any contingency measures implemented will need to anticipate the trajectory of the disease before it reaches critical levels. A wide range of factors and potential scenarios will therefore be considered to inform Ministerial decisions to deploy any contingency measures. The type and strength of any measures will be subject to the specific prevailing circumstances.

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