

Meeting Name: STAC

Date & Time: 18/05/2020 0800

1. Introduction and welcome

Minute	A representative from Environmental Health has joined the STAC
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2. Intelligence Update and Recent Changes

Minute	<p>Presentation 1 PH intelligence monitoring metrics</p> <ul style="list-style-type: none"> -6 new cases this weekend-2 new, 4 contacts. No third generation +ve cases. -Currently approx. 50 'active' cases on island -Considering when are people classified as 'recovered'. Using the definition that this is 2 weeks after symptoms clear -Age distribution; there have been very small numbers of children tested as +ve -Large numbers of people referred for testing have come from personal residence via GP. -Death rate is below the total death rate for this time during the last 2 years <p>Presentation 2 R chart preliminary report</p> <ul style="list-style-type: none"> -Rt calculated over a 10 day period. Time lag must be considered to add credibility -There are so many variables and manoeuvres it is difficult to relate one specifically to impact. The Rt represents the prevalent condition and not the characteristics of the virus alone. <p>Should the R number be in the public domain? As it can easily be misinterpreted or misunderstood. R is not in isolation of other factors. It should be an assessment of individual cases due to the nature of small numbers of cases. The small number of cases makes it difficult to effectively represent R.</p> <ul style="list-style-type: none"> -Can this be useful in guiding the re opening of schools? It can be used to inform but not an appropriate statistic in isolation. -R is helpful up to a point but depending on the number and location of cases. For example, if we record new cases in 1 care home the R number will increase and this will be misunderstood out of context -There is need to continue to use metrics in combination, not in isolation <p>Decision: It is not appropriate for this data to be used to guide policy and exit strategy in Jsy</p>
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3. Items for Discussion

Minute	<p>Education exit strategy</p> <ul style="list-style-type: none"> -There are many studies globally on the impact on education and long term outcomes: generally, those that have completed education live longer and healthier lives. -Current evidence of low infection rates in children. Varied response as to if children are 'super spreaders'. Conclusion is looking that they are no greater spreaders than adults. International uncertainty as to the impact of school closure on the transmission and other influences.
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- There are published longer term impacts on health and welfare generally in closing schools
- Varied approaches across other jurisdictions
- Are education looking for advice as to how long into the future are they looking? Suggestion we focus on the period until the summer holidays.
- Are we in agreement that schools should re open?

Decision: All in agreement that schools should open and work should continue to best manage this safely

-There are children at risk [from abuse] at home, likewise children are fearful of Covid outside of the home. This needs clear communications. There has been a decline in child abuse reports as these are often picked up in school. In the wider picture children are at greater risk of other accidents and risk to health above the risk of transmitting Covid-19 at school.

-The need to recognise and be guided by the year groups that need to be prioritised to return to school including reception and year 6 must be taken into consideration.

-This topic is it seems split in to 2 decisions; 1 wellbeing of children going back to school; 2 the risk to the rest of the population.

-Infection rate is same as adults but disease rate is lower. Agreement that the overarching principle is that schools open for all as soon as possible. We have unique opportunity to try out opening schools to see the effect up to the summer holidays to inform how schools re open after the summer holidays.

Decision: STAC advise that schools should open as soon as possible as proposed in the paper as deemed necessary by education specialists

-The priority to go back to school should be for those in reception and year 6.

-Need good communications and reassurance as to how +ve cases are being transmitted and that children are safe. This needs to be backed up with the awareness of the other risks to not going back to school. There is a huge variation in the quality of home schooling and increasing education inequalities. There are few cases of transmissions occurring in school settings. Need to gather this empirical evidence v modelling this needs to be communicated

Decision: Agree to prioritise the groups to go back with the caveat that the aim is to get all children back to school as soon as possible.

-Physical distancing in schools is very difficult this needs to be more pragmatic. The balance of risk is the priority. This is to manage getting as many children as possible back to school.

-If a child is +ve it is important to know where they contracted the virus. The transmission so far has come from adults.

-Communications to schools needs to include advice about increased ventilation in rooms and to encourage lessons to be held outdoors if possible

Questions from the education PowerPoint presentation:

1. Do they think we are in a position where it is safe to start reopening schools? **YES**

2. How slowly / staggered does this need to be? **Yes staggered, the speed is at the decision of education with the caveat that it will be informed by the incidence of +ve cases but with understanding that the aim is for all school children to return safely and timely**
3. Acknowledging that physical distancing and hygiene are particularly difficult in schools and early years settings (generally the younger the child the more difficult) do they agree with our approach to prioritise older primary children who have the greatest educational need for face-to-face learning? **Yes. Whilst encouraging 1m physical distancing**
4. In early years settings do they agree that physical distancing between children under school age is not possible and that an approach based on 'bubbles' which allows them to interact within small, set groups is an acceptable approach? **Yes. The bubble approach is appropriate where possible**
5. What are their thoughts on the level or risk to teachers in the school environment given the potentially higher risk of asymptomatic cases in children? Should teachers therefore be treated differently regarding shielding or PPE? **PPE for children and staff is not required. Staff that are vulnerable should continue to adhere to shielding advice that is relevant to each individual. Both children and staff only need to wear PPE if they become symptomatic at school.**

****The detail of this needs further discussion.**
6. How should we deal with confirmed cases within the school? **If a +ve case occurred it is proposed that the class be closed and contact traced. This needs further discussion.**

**** IM to take up a system to enable contact tracing and testing outside with education colleagues.**

Border test presentation

- There are risks involved with opening borders
- Also risk in the longer term of border closures and the economic impact. Tourism industry has been closed down. Restaurants and attractions cannot be maintained with on island footfall alone.
- We are at risk of losing links to the UK if we do not re open borders. This will change the landscape of travel in Jsy
- Process of testing on arrival discussed
- Can testing on arrival be avoided if people arrive with a negative swab performed within 4 days prior to travel? This is sensible and add in that symptomatic people are not allowed to travel.
- Health and economic reasons are essential to begin travel. IgG is important in this process.
- Are STAC being asking if this pilot can begin on 26th May? In principle yes, but there are other issues to be discussed this will guide the introduction and timeframes.

	<p>-If using Blue islands pre departure controls can be delivered as they are supported by GoJ. This will be difficult to get other travel providers to adhere to. There will be potential huge issues contact tracing.</p> <p>-Opportunity for pre departure testing may not be available to all. If it is not possible then people will have to self-isolate on arrival.</p> <p>Decision: Agree to the proposal with an addition of pre flight test with a second test after arrival.</p> <p>Test to be within 2 days of travel. Timing of second test to be confirmed.</p> <p>Bubble concept</p> <p>-How long are 'bubbles' sustainable? Is it robust over time?</p> <p>-Given the low levels of transmission people are unknowing why they cannot visit each other. This doesn't make sense in a low prevalence situation. This is causing dissatisfaction and is not sustainable. The bubble concept is not high risk.</p> <p>-Are bubbles in addition to the current 5 people message? Group; yes</p> <p>-Bubbles will 'explode' to become a larger connected bubble.</p> <p>-Does not address vulnerable people who cannot leave their home or have visitors</p> <p>-Proposal is that that families can mix within the household bubble</p> <p>-Shielding is down to personal choice</p> <p>-Difficult to manage; those at risk, shared care households for children.</p> <p>-If children are at school, then they will be mixed so the bubble will be expanded.</p> <p>Action: Discussion paper to be expanded.</p>
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4. AOB

Minute	<p>AOB</p> <p>2nd phase serology comments welcomed by email in the next 2 days</p> <p>Next meeting 12 Wednesday</p>
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