

COVID-19 Post-Emergency Strategy

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1. Executive Summary

It has been over two years since Jersey reported its first case of COVID-19. Over the past two years, the Government of Jersey has responded quickly to an unprecedented and continually evolving virus which posed a threat to our way of life, the mental and physical health of Islanders, and the continuity of businesses and critical services. We have worked closely with Islanders and businesses to safeguard our collective public health and protect livelihoods.

The strong position the Island is now in is due to the high uptake of vaccination in the Island, and the reduced risk posed by the current dominant variant, Omicron. This has led to a shift from Government led measures towards a personal approach from Islanders to manage and assess their own health and risks.

How the data and science has changed

- We now have high confidence the Omicron variant causes less severe disease
- Jersey has achieved a high level of vaccination coverage and our vulnerable population is well protected
- Protection has also increased through the natural immunity of recovered cases of COVID-19

We can see the positive effect of high vaccination coverage and lower disease severity in Jersey's recent data, as well as in the global data and evidence. These factors allow us to change strategy. Although risks remain, the evidence informs us that we can step down from managing COVID-19 as a public health emergency.

This strategy update is intended to comprise the period from March to June 2022, although many aspects of the strategy are intended to be more enduring. As before, COVID-19 strategy updates will be issued if and when there is significant change in disease context and government policy.

What de-escalation means for Jersey

- De-escalation enables the Government to remove legal restrictions such as masks, border controls and mandatory self-isolation
- Islanders and organisations will be equipped with tests, vaccines, advice, and treatment. Our strategy is to equip the Island with these tools, which enable us all to act relative to our own risk, and an ever-changing outlook
- As Government measures step back, we all become more personally responsible for our actions and behaviour

Our post-emergency priorities

1. **Reduce disruption:** Omicron may be less severe, but it still causes sickness, and is much more infectious than previous variants. We have a shared interest in keeping Jersey moving by minimising the impact on businesses and critical organisations such as schools, care homes and the hospital
2. **Maintain vaccination levels:** Sustaining vaccination levels across the community will continue to provide effective levels of protection as we begin to rely less on legislative and non-pharmaceutical interventions employed before the delivery of the vaccination programme

3. **Protect the vulnerable:** Vaccination provides excellent general protection, but many individual Islanders need greater support. The Government and agencies will continue to provide a range of support to our fellow Islanders at higher risk from COVID-19
4. **Respond to risk:** Re-escalation may be needed. The future risk from COVID-19 is uncertain, and we may need to respond with targeted measures should a new variant pose greater threat or challenges

Our key actions to deliver our priorities

We will continue with a **centralised vaccination model** supported by responsive mobile delivery as the best way of maintaining our high vaccination uptake. New care pathways are already being established to provide vulnerable Islanders with the latest anti-viral **treatments**. A greater focus on **personal and organisational responsibility**, supported by tools like self-administered tests will be the way to keep each other safe. Our wealth of current **guidance and data** will be replaced by more targeted and streamlined information, in line with the latest evidence. We will continue to improve the digital **Covid Status Certification** offer to Islanders, enabling travel in an increasingly open world. And our **contingency plans** will be set to respond to a range of scenarios, so that we react quickly to increased risk.

Recovery and renewal

The step down from emergency status allows us to invest in recovery. Our strategy contains a range of projects designed to address inequities and harms resulting from the pandemic. This focus will be strengthened further over 2022 and beyond.

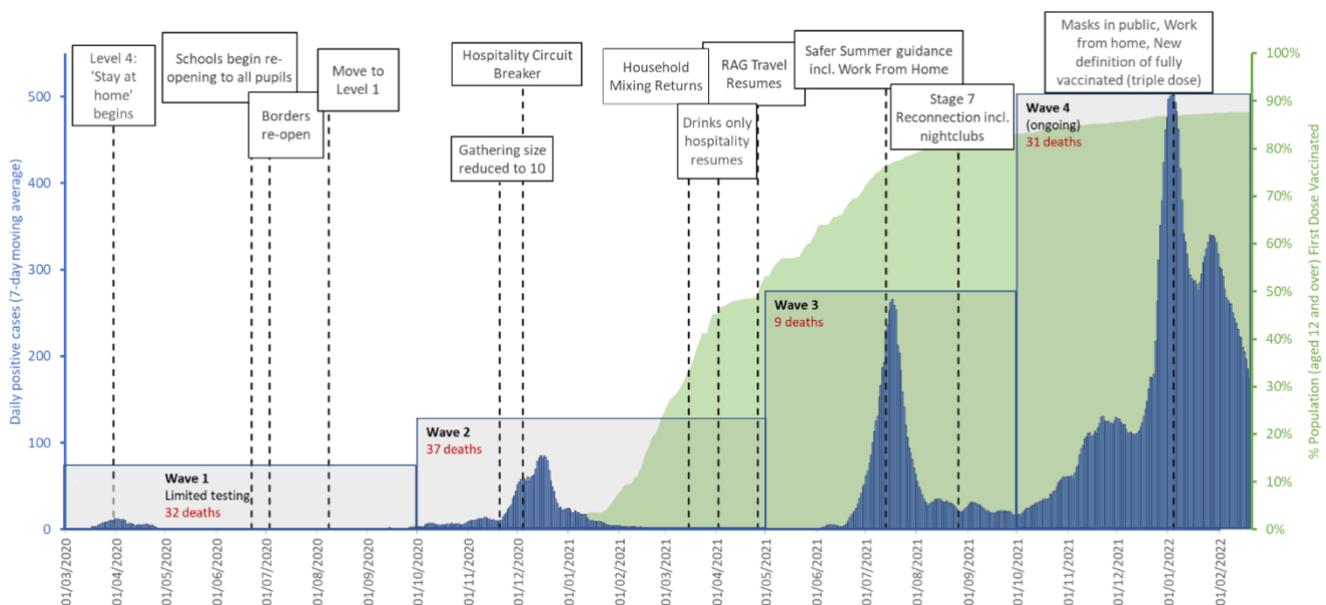
2. The data and evidence for de-escalation

The Current Outlook

- Our high vaccination coverage has significantly reduced the number of people becoming seriously ill because of COVID-19
- Immunity after infection has added to our level of protection
- Evidence strongly indicates that the Omicron variant is less severe than previous variants, resulting in fewer people becoming seriously ill
- Vaccination provides a reduced but still high level of protection against Omicron
- The risk we face will increase should vaccination coverage reduce in the future
- There remains a risk from new variants of concern

While COVID-19 infection remains high in Jersey, the risk presented by the disease is now significantly lower compared to earlier stages of the pandemic. The high protection that vaccines offer against severe disease, together with the excellent vaccine coverage achieved amongst Jersey's population, means that the risk of hospitalisation and death is significantly reduced. Some risks remain, for which mitigation is needed, especially for vulnerable Islanders. However, the overall level of risk is much lower, so general de-escalation of COVID-19 mitigations is now appropriate.

Figure 1 summarises the four waves of COVID-19 infection in Jersey since March 2020 (in blue). Key mitigations and milestones are shown in black, and the roll-out of vaccinations is shown in green. COVID-19 related deaths are indicated in red and show that despite cases being approximately 9 times greater in the current wave (wave 4) compared to last winter (wave 2), fatal outcomes are much less likely in the most recent wave.



Nevertheless, very high infection rates will still result in some people becoming seriously ill, although at a lower rate. Social and economic disruption due to non-severe sickness and self-isolation also becomes a greater issue as broader restrictions reduce in stringency. As such, we cannot afford to ignore prevalence and still need to aim to minimise spread of infection.

The protection effect of vaccination

Jersey has good vaccination coverage across the population. As at 20 February 2022, 88% of Islanders aged 12 and over had received at least one dose of a COVID-19 vaccine. Coverage of the older, more vulnerable age groups is very high, with an estimated 90% of Islanders aged 50 and over having received all three doses of the vaccine. Figure 2 is a graphical representation of the total population of Jersey (including children) and shows the extent of vaccine coverage as at 20 February 2022 (each person represents 1% of Islanders).

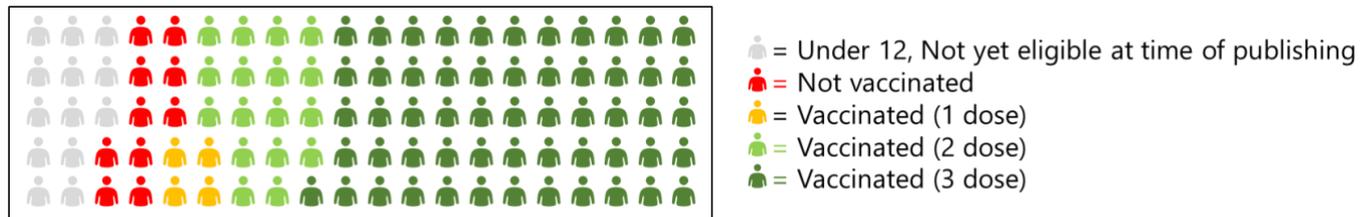


Figure 1 - Jersey vaccination coverage

COVID-19 vaccines provide excellent protection against severe disease, including against the Omicron variant. While the Omicron variant is known to evade vaccine immunity to some degree and can infect some of those who have been vaccinated, the protection it offers against severe disease and death remains highⁱ.

Infection levels in the Island have inevitably been lower as a result of the vaccination programme. Local data shows that between July and December 2021, unvaccinated Islanders were estimated to be 3 to 4 times more likely to test positive for COVID-19 compared to those who had received at least two doses of the vaccine.ⁱⁱ Over the same period of time, the estimated relative risk of admission to Jersey General Hospital due to clinical COVID-19 for those aged 40 years and over was 3.5 to 14.4 times greater in those who received fewer than two doses of the vaccine compared to those who received two or more doses.ⁱⁱⁱ

Reduced disease risk for the Omicron variant

Omicron is the dominant variant in Jersey and the UK at present. It is designated a “Variant of Concern” as it is highly transmissible and displays immune evasion properties.^{iv} Omicron’s propensity to reinfect is demonstrated by UK and local data. The data suggests that the proportion of monthly positive cases in Jersey that are probable reinfections is higher since Omicron was detected on-Island in December 2021.^v

While Omicron has a substantial transmission advantage over other variants, evidence from multiple analyses in the UK and South Africa indicates that Omicron presents a lower risk of severe disease than previous variants, partly because it is intrinsically milder, and partly due to immune protection provided by prior infection and vaccination. This means that the risk posed by COVID-19 is reduced while Omicron remains the dominant variant.

Residual risks

The emergence of a future variant, which would require a significant change in response, remains a possibility. We have seen over the last year the emergence of two very different variants; Delta, which was more transmissible but also more severe than the variants that preceded it; and Omicron, which has been able to out-compete Delta due to its increased transmissibility but is inherently milder than Delta. A future variant with increased severity, the ability to evade the vaccine immune response, and increased transmissibility could emerge anywhere in the world.

The success of the vaccination programme has been fundamental to the relaxations of measures afforded to date. Waning of the protection provided by vaccination against severe disease, hospitalisation, and death, has been observed at around 6 months after a second dose. Therefore, the booster dose reinforces protection against these severe outcomes. However, the future waning of vaccine effectiveness remains a key risk in the ongoing response to COVID-19, and so future booster doses may be required.

The willingness of the population to engage with protective strategies will be instrumental in protecting the community as we move forward. For example, maintaining the excellent vaccination uptake seen to date will be crucial, and if uptake of future boosters is low, the strength of Jersey's COVID-19 defences will diminish. Furthermore, Islanders' adherence with the remaining guidance and their willingness to be tested for COVID-19 will remain a risk in the ongoing management of the pandemic.

There are a minority of Islanders who remain unvaccinated, and a small number of individuals who have received vaccination but for whom the vaccine may not protect them against severe disease, as no vaccine has 100% efficacy. These groups remain vulnerable to severe outcomes caused by COVID-19 infection. Finally, the long-term consequences of infection, and the scope, characteristics, and longevity of "Long COVID" symptoms remain uncertain. The potential for long term effects of COVID-19 supports the need to ensure good vaccine driven protection.

3. De-escalation measures already implemented

The reduced risk to our Island has already allowed us to review our approach and begin to step down measures (see appendix A).

Safer Travel Policy

Given the reduced risk, we have suspended all COVID-19 border requirements, returning arrangements to pre-pandemic terms for all arriving passengers. This is an important step in normalising our management of COVID-19 and will benefit many aspects of Island life. This suspension will remain under review with readiness for redeployment of proportionate measures at the border being a central feature of our contingency planning.

Test, Trace, and Isolate

We have built a test and trace system with skilled staff, fast and reliable PCR capacity, and a secure supply of lateral flow tests (LFTs). As we de-escalate, we will target our testing capacity to provide rapid, on-demand PCR testing for symptomatic cases and those with a positive LFT result only. LFT screening of non-symptomatic cases is a highly effective tool when prevalence is high and the universal LFT offer to all Islanders will remain in place. We will review our COVID-19 testing strategy again as we enter the summer months.

Supported by enhanced testing, the Government led contact tracing process has been scaled down with Islanders taking lead responsibility for the notification of their contacts.

By the end of March, the legal requirement to isolate after a positive test result will be replaced by clear guidance enabling Islanders to make informed decisions about their own health management, while ensuring their decisions protect people and places that remain vulnerable to COVID-19. This guidance will be supported by the continued availability of LFTs for all Islanders for the immediate future. It is recognised that some sectors may continue to adopt infection control measures reflective of their functions and responsibilities.

Non-Pharmaceutical Interventions (NPIs)

When faced with escalating waves of infection, we have responded by asking Islanders to comply with requirements, such as the legal requirement to wear masks in public places. Given the reduction in risk, these have now been removed in law but remain important aspects of voluntary guidance. Some entities and businesses may choose to continue with their own policies as a condition to protect their workforces and the public.

Governance and legislation

The COVID-19 pandemic required Government to respond at a scale and pace unprecedented in recent times. Entering the next phase of our response allows us to review the oversight and advisory functions which have delivered us out of the emergency phase; this includes the future role of the Scientific and Technical Advisory Cell (STAC), and the arrangements for Ministerial oversight of COVID-19. Work to refocus these and other key bodies is underway.

Acknowledging the exceptional nature of the COVID-19 legislative powers, we have already allowed some aspects of legislation to expire, and we will only retain the minimum powers required to enable our critical services to operate effectively and ensure the Island can efficiently respond in the event of escalating or unforeseen risk (see appendix A).

4. Our post emergency COVID priorities

Our Post-Emergency strategy identifies three priority objectives to be achieved through six primary areas of activity:

Objective 1 Reduce disruption

Our focus, as indicated in our 2020/2021 Winter Strategy has been shifting from suppression of infection rates to managing the impact of COVID-19 in our community. This approach relies on the continued commitment of Islanders to act responsibly to manage the disease, most importantly through the decision to be vaccinated. Vaccination remains our most effective defence against COVID-19.

The virus has not gone away, and we must expect that some of our protective measures will become long-term features of our day to day lives. By continuing to follow simple voluntary guidance, we can add to the protection of vaccination and therefore reduce the impacts of COVID-19.

As Government intervention reduces, it is increasingly important for organisations to take charge of the management of COVID-19 across their areas of activity. In the absence of legal requirements, it will be for entities and businesses to establish their own COVID-19 policies informed by voluntary public health guidance.

To enable Islanders and organisations to manage their own health decisions, we will provide the best available COVID-19 data, both locally and internationally, and will continue to ensure that our public health guidance is accessible and reflects the latest data and evidence.

We continue to see significant disruption to children's education through COVID-19 absence for students and staff. Minimising this disruption and providing a safe face-to-face learning environment is a priority of the post-emergency phase (see page 10).

Objective 2: Protect the vulnerable

The evidence indicating a reduced risk of severe illness from the Omicron variant is now strong, but the virus continues to cause varying degrees of illness. For those at increased risk due to age or other health vulnerabilities, we must offer increased protection.

Again, the very best thing we can do to protect those Islanders at greatest risk is to stay up to date with our vaccination schedule.

For those at higher risk, we will deploy additional support including the use of ventilation devices in high-risk environments, providing the tools for higher frequency LFT testing, and ensuring that the most up to date treatment options and clinical pathways are available to help with recovery if COVID-19 is contracted.

We will prioritise our higher risk settings such as our hospitals, care homes, and the prison through providing increased testing, enhanced guidance, and prioritising the work of our COVID Safe team to support these communities.

Objective 3: Respond to risk

As we de-escalate our measures, the importance of risk assessment and preparedness increases. We have seen that the trajectory of the pandemic can change quickly, and we must be ready to react decisively and effectively in the event of escalating or unexpected risk.

We will continue to analyse the pattern of the virus on Island and elsewhere and report clearly and regularly to Islanders ensuring they have the necessary data to make their own informed decisions.

In all areas, we are now better prepared to tackle the various challenges COVID-19 brings. We have built an agile testing infrastructure including the establishment of an on-Island PCR laboratory supported by skilled testing staff, complemented by a secure supply and stock of LFTs. Our Coronavirus Helpline and COVID Safe team have an established body of experience and knowledge with which to support Islanders and our organisations as we exit the emergency phase.

The international understanding of what is effective to manage COVID-19 has grown at pace and will inform our contingency planning.

5. Achieving our objectives

Vaccination and treatment

Global evidence^{vi} shows that vaccination is, and will continue to be, our best protection against COVID-19. The very best thing that any of us can do to protect ourselves and loved ones against infection and illness, and to reduce the disruption caused by the disease is to take up the offer of vaccination. It is never too late to get vaccinated and the offer of vaccination remains open indefinitely.

Our vaccination programme will continue to be guided by the advice provided by the UK Joint Committee on Vaccination and Immunisation (JCVI) and the UK's Chief Medical Officers. We will continue to review our vaccine delivery programme to ensure that it encourages maximum uptake and is as accessible as possible to all eligible Islanders.

This includes the recently announced offer for all 5-11 years old to receive two doses of vaccine, and a further Spring roll-out of booster doses to the most at risk and older age groups.

A centralised vaccination centre provides the means to efficiently and cost effectively vaccinate large numbers of Islanders. This type of provision has worked well for our Island to date and provides a strong foundation for vaccinating those who can book appointments or 'walk in' without a pre-booked appointment. For those who are housebound, living in care homes or other institutional settings, or who for other reasons are not able to attend the centre (currently at Fort Regent), the service will continue via outreach or mobile clinics. The vaccination centre will retain the ability to scale up, whenever needed, in response to future variants and JCVI guidance.

Treating COVID-19 illness

Clinical knowledge and treatments for those who become ill with COVID-19 have improved since the start of the pandemic:

- Antiviral medication is now available for use in the community for at risk groups and for inpatients to reduce the risk of hospitalisation and death
- Corticosteroid, and various other treatments, have been approved for inpatient use as an effective means of treating severe disease
- In hospital care pathways have developed over time, improving outcomes for patients

Personal and Organisational Responsibility

Our post-emergency strategy embeds the movement away from Government led interventions to providing Islanders and organisations with the necessary information and tools to make sensible and informed decisions.

It is vital that Islanders continue to monitor their own health and are alert to the symptoms of COVID-19. If we develop symptoms, the right thing to do is to isolate and book a PCR test. Aside from vaccination, this is the next most important thing we can do to protect our loved ones and each other.

Regular LFT testing for people without symptoms has become a part of everyday life for Islanders and is an especially important measure when prevalence is moderate or high.

We will continue to offer free PCR testing for all Islanders with symptoms or a positive LFT result until at least June 2022.

From April, we will continue to review and refine our asymptomatic testing offer so it remains proportionate to the prevailing case rates, and this will be supported by the ongoing universal provision of free LFTs to Islanders until at least June 2022.

This will be alongside the guidance that everyone should use an LFT at least twice per week. Those who work in higher risk environments or in critical services have separate guidance advising them to do an LFT more frequently. Again, it is important that Islanders who receive a positive LFT isolate and book a PCR test to confirm their result.

Our testing programmes are significant in enabling us to navigate out of the emergency phase. We will review our COVID-19 testing strategy again as we enter the summer months.

Our Post-Emergency Testing Strategy

COVID-19 testing remains a vital tool for us to protect public health and reduce disruption. Our updated testing strategy focuses on:

- Self-booked, on demand PCR tests for symptomatic cases and after +ve LFT
- Free LFT for all Islanders – guidance for everyone to take 2 x tests a week
- Daily LFT testing in schools, high risk and critical services
- Guidance for additional LFT before attending events or visiting vulnerable people

We know that COVID-19 is primarily spread through airborne transmission and the evidence demonstrating the effectiveness of improved ventilation to reduce transmission is now strong. Simply opening windows, particularly in busy enclosed public spaces, is a highly effective means of reducing risk and will be actively encouraged across all public health guidance in the future.

Similarly, the use of masks in enclosed and crowded environments is an effective means of reducing transmission. While the legal requirement to wear masks has ceased, many Islanders will choose to continue wearing masks to protect their own health and the health of others. Individual organisations and businesses may choose to request that masks are worn in their premises or when accessing their services in order to protect their staff, other service users, and operations. Islanders have established a positive culture of respecting each other's decisions on mask-wearing, which will be embedded further as we exit the emergency phase.

Reducing the number, duration, and proximity of social engagements with each other, in order to reduce risk of transmission has become a small but permanent new feature of our day to day lives. Again, as we grow to live alongside the virus, we must expect that the decision to reduce contact through physical distancing, avoiding greetings, or working from home when possible, will remain important measures for many Islanders.

For industry and organisations, the cessation of mandatory requirements marks a transition to increased individual responsibility for the management of COVID-19. The integration of COVID-19 measures into business-as-usual processes will be a lasting feature of the pandemic and something all organisations, including the Government of Jersey (as an employer and customer focused organisation), will be required to prioritise. Supported by voluntary public health guidance, measures will involve the continued review of COVID-19 risk assessments and business continuity measures, the consideration of mask wearing or working from home, emphasis of regular LFT testing, and the encouragement of vaccination within workforces.

School and Early Years Settings

COVID-19 continues to disrupt education through student and staff sickness. As such, customised policies and measures will be deployed across education settings:

- Individual education policies on masks, managed group activities and attendance after a positive test result to remain in place
- Ventilation, including the installation of air filtration devices, will be prioritised in education settings
- Increased, daily, LFT testing for students and staff for the immediate future
- In-school vaccination for eligible groups

Guidance and support

As we ask Islanders and organisations to take greater responsibility for their management of COVID-19, we must ensure that we provide the highest quality public health guidance.

We will regularly review the information provided to Islanders to ensure that it is accurate, evidence based and easily accessible to as many people as possible. Beyond the use of formal written guidance, the COVID-19 Helpline and COVID Safe teams will continue to be resources of support available to Islanders and businesses.

Support for Islanders and Organisations

- The COVID helpline will continue to provide Islanders with person-to-person guidance on all COVID-19 policies
- The COVID Safe team will support higher risk settings and be available to businesses for advice and guidance.
- Where there are persistent or intensive outbreaks, the COVID Safe team will be available to respond, with the option of targeted contact tracing and infection control guidance

Surveillance and reporting

Over the last two years we have invested in our network of public health intelligence functions to ensure we have the best international and local information to inform our decision making and contingency planning.

Many Islanders have grown used to accessing COVID-19 data and statistics to better understand the scale of the disease and to help inform their decisions. The shift away from Government led measures elevates the importance of providing Islanders with timely and accurate information to support their personal choices. We will continue to gather and report COVID-19 data on a weekly basis while constantly reviewing the range of information provided to ensure it meets Islanders' needs.

COVID Status Certification (CSC)

The requirement to demonstrate a COVID status, i.e., vaccination history, test results, or recent COVID-19 recovery, is likely to remain a feature of life for the foreseeable future, particularly for international travel. We have worked to ensure that Islanders are provided with the necessary documentation and digital evidence to navigate international requirements through the Covid Status Certification system (CSC). We will continue to invest the necessary resources to support the CSC project and within our contingency planning we will develop an ability to incorporate CSC verification into arrivals processes at the borders if necessary.

Contingency planning

We must be ready to respond to challenges as COVID-19 changes and the virus itself mutates, potentially into more concerning variants. As we de-escalate measures, our strategic focus shifts to contingency planning.

We will prioritise contingency arrangements at our border to ensure we are positioned to reintroduce requirements under the Safer Travel Policy quickly if required. Nevertheless, we have seen with each infection wave that variants spread extremely quickly across international borders regardless of screening or isolation requirements. As such, we must be prepared to manage further variations of the virus on-Island with minimal disruption to our lives.

To underpin our contingency arrangements, we will retain the minimum legislative powers required. Specifically, we will seek to extend the COVID-19 (ENABLING PROVISIONS) (JERSEY) LAW 2020 until autumn, thereby retaining the power to make regulations at short notice if required. We will also seek to extend the COVID-19 (SCREENING, ASSESSMENT AND ISOLATION) (JERSEY) REGULATIONS 2020 for the same period, thereby allowing urgent intervention at the border or a return to mandatory isolation requirements for confirmed or suspected cases if necessary. Regardless of these extensions, all COVID-19 legislative powers will have lapsed or will be inactive by the end of March.

As such, our contingency planning will continue to prioritise business continuity planning across Government and critical national infrastructure while supporting businesses and industry to protect their operations through high quality guidance, testing and support.

All aspects of our infrastructure have grown to meet the unprecedented COVID-19 challenge. As we de-escalate and absorb COVID-19 into business-as-usual processes we will ensure that we retain the physical, digital, technical, medical, and staffing resources required to proportionately respond if required.

While the Omicron variant poses a reduced risk of severe illness, its higher transmissibility has led to elevated case rates and widespread social disruption, particularly to children's education. As such, our contingency planning will continue to prioritise business continuity planning across Government and critical national infrastructure, while supporting businesses and industry to protect their operations through high quality guidance, testing, and support.

6. Economic, health and social recovery

COVID-19 has impacted the mental and physical health and wellbeing of our population both through the direct effects of infection but also the many indirect harms of our required response.

Post-emergency, our strategic focus shifts towards recovery and future wellbeing. The challenge will be considerable with the wellbeing and socio-economic impacts of the pandemic likely to be felt over many years to come.

The Government has already responded to many of the more immediate economic impacts of the pandemic through, for example, the Co-funded Payroll Scheme and the Economic Recovery Fund.

As we exit the emergency response phase, we will ensure that we are best able to understand the impacts of the pandemic and thus target support through listening directly to the experiences of Islanders and analysing cross-departmental anonymised data.

The Government Plan for 2022 includes social recovery projects targeting the needs of those Islanders most in need of additional support.

The projects include:

- **Early Years:** We are supporting 0–5-year-olds and their families whose normal development has been negatively affected by the pandemic. We will provide support for improvement in communication, learning, and social and emotional development, which will help strengthen future mental health and resilience.
- **Children and Young People’s Education, Health and Wellbeing:** We are working to ensure children who have been impacted by changes in learning do not fall behind and have appropriate mental health and wellbeing support to recover from pandemic disruptions.
- **Children’s Dental Health:** We will provide access to preventative dental health checkups and treatments for primary school age children who had dental care delayed while these services were closed.
- **Further Education:** We are providing targeted adult learning to those most impacted by isolation, disconnection, and employment disruption.
- **Long COVID:** We have established a multi-disciplinary team to assess and treat Long COVID in the community through primary care, and where necessary through secondary care referral. People living with Long COVID will benefit from access to appropriate treatment, community services, and self-help support to help both physical and mental health recovery.

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Appendices

Appendix A – Record of Approved De-Escalation Decisions

No.	Focus	Decisions	Relevant Date
1	Masks	Remove the legal requirement in all settings under COVID-19 Workplace Restrictions Order 2020. Separate policies in schools and health & care settings to continue as required.	Tuesday 1 February
2	Work from home	Remove current recommendation for Islanders to 'work from home where possible'.	Tuesday 1 February
3	Ventilation	To prioritise the importance of ventilation, CO2 monitoring and air filtration systems within guidance. To approve the installation of air filtration devices within education settings and care homes.	Immediately
4	Safer Travel Policy	Suspend all requirements under the Safer Travel Policy. Retain the option of contingency border interventions in the event of an escalation in risk.	7 February
5	Testing	Retain PCR testing for symptomatic individuals and those with positive LFT results.	Ongoing
6		Reduce and simplify asymptomatic screening to twice weekly LFT universal offer. In schools and health & care settings daily pre-attendance LFT is recommended.	By 7 February
7		End guidance to report negative LFT results (except to release from isolation).	By 7 February
8	Contact Tracing	Conclude Government led contact tracing, including school led, and replace with voluntary self-notification of contacts.	By 7 February
9		Remove the legal requirement for businesses to collect contact details.	Tuesday 1 February

10	Isolation	<p>Conclude the mandatory isolation requirement for positive cases. To be replaced with guidance centred on self-assessment through symptoms checking and LFT testing.</p> <p>Separate policies in schools and health & care settings to continue as required.</p>	By 31 March
11	Legislation	<p>Retain the COVID Enabling Law, and Screening, Assessment and Isolation (SAI) Regs for contingency purposes (they would be unused from April).</p>	Until August
		<p>Conclude all other COVID-19 Regulations and Orders subject to Ministerial review.</p>	By 31 March
12	STAC	<p>Instruct the accountable officer to coordinate a review of the function of STAC in consultation with the Chair.</p>	By 28 February
13	Ministerial	<p>De-escalate the use of CAM, as key individual Minister roles within the post-emergency strategy are clarified.</p>	By 28 February
14	Reporting	<p>Approve a phased reduction of the range, volume and frequency of internal and external data reporting.</p>	Phased to April
15	Public Strategy	<p>Develop a Post-Emergency COVID-19 Strategy for approval by Ministers and publication.</p>	By 28 February
16	Public Guidance	<p>Instruct officers to review and update all public COVID guidance: to improve accessibility, simplicity and to reflect the most up to date scientific evidence.</p>	By 28 February
17	Education	<p>To refresh education policies, followed by a schools based COVID-19 campaign including communications to parents, children and staff.</p>	By 7 February
