

Safer Travel Guidelines Review: Final Report

Safer Travel Guidelines Review Panel

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States of Jersey
States Assembly



États de Jersey
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1. Chair's Foreword



Deputy Rob Ward – Chair

This is the second report from the Panel which has worked with an urgency that reflects the current situation we all face. We have a number of key findings which have led to recommendations that we hope are constructive and add to the options available to increase the safety of our travel arrangements. Clarity of guidelines, clarity of reasoning behind them and clarity of plans are the key to a successful system that enables our island to be protected. Improvements in testing, tracing, and the need for compliance to rules and advice are other essential elements.

I would like to thank the Panel for their work, and the scrutiny officers who have produced a report in a limited time frame and during a time of significant workload. We intend for this to be the final report from the panel that was set up to give an immediate response to a particular policy, that of the Safer Travel Guidelines. However, the Panel will remain available should more work be needed as we move through the winter months. We are ready to respond to the changing environment caused by the ongoing pandemic.

2. Executive Summary

Since its establishment on 6 July 2020 the Safer Travel Guidelines Review Panel has scrutinised the Government of Jersey's policies and guidelines for inward travel to the island during the COVID-19 pandemic following acceptance of P.84/2020 – A Safer Travel Period: States Assembly Approval on 2 July 2020.

These Guidelines have been updated to negate issues and risks highlighted through their operation. This has been particularly important as Europe moves into the winter period and neighbouring jurisdictions experience an increase in infections from the virus.

The re-introduction of travel on 3 July 2020 has undoubtedly impacted Islanders, both positively and negatively. On one hand, the freedom to travel has allowed residents to leave the island for holidays, to visit friends or family or to continue business on and off Jersey. On the other, the number of positive cases of the virus in the island has risen due to inbound travel, with the Guidelines causing anxiety for those individuals who have chosen to, or need to, socially distance.

On the whole the policy of isolation for inbound travellers, especially once based on a Red, Amber, Green rating system, has struck the right balance to date by keeping transmission of the virus low, whilst enabling travel to and from the island for Islander's wellbeing and allowing continued economic activity. The requirement to self-isolate until a negative result has been received, irrespective of where an individual is arriving from (as recommended by the Panel in its Interim Report) has now been implemented. The Panel believes this has strengthened the Island's defences against the virus further.

However, various exemptions to self-isolation rules remain for essential or 'critical' workers and children and which need further clarity. A firm policy in relation to the return of University students is still in development.

Testing of individuals on arrival has been greatly aided by the introduction of the on-island lab facility. However, this is still building capacity, which has led to the necessity to prioritise day 0 tests over others. The Panel is hopeful that once the facility's operation is reinforced, all tests can be conducted on-island which would lead to quicker results, allowing individuals to return to the community in a timelier manner.

The Panel is pleased to hear of the success that the track and trace, as well as the monitoring and enforcement team, have achieved. However, as a vital part of the Safer Travel Guidelines there are further actions that could increase their effectiveness, namely the earlier procurement of airline manifests and greater follow-up investigation of individuals following their arrival.

The Guidelines still rely heavily on the goodwill of those arriving into Jersey and the Panel believes that greater emphasis of the negative effects of false declarations or breaching self-isolation is needed.

Finally, the Panel believes that Government communication could be improved to further increase understanding and compliance of the regulations. It is suggested that this could be achieved through materials complementing the primarily digital resources currently available, as well as further promotion of the repercussions for breaching self-isolation requirements.

3. Key Findings and Recommendations

Key Findings

KEY FINDING 1: Inbound travel has significantly impacted the number of positive COVID-19 cases within Jersey. The number of non-travel related infections of COVID-19 in Jersey remained relatively low from July until September. However, the Panel notes the number of active cases has been rising rapidly since October 2020

KEY FINDING 2: The Safer Travel Guidelines was implemented on the understanding of “balanced risk”.

KEY FINDING 3: Medical statistics and forecasts of onward infections have developed over time based upon testing regimes and accuracy of tests.

KEY FINDING 4: Medical advisors acknowledge that risks are perceived differently by different people, and a balanced approach is needed.

KEY FINDING 5: The Safer Travel Guidelines has used natural decrease of traveller numbers due to infection rates in neighbouring counties, within its strategy.

KEY FINDING 6: The RAG rating will likely lead to fewer incoming travellers and more of those travelling will face isolation for greater periods of time.

KEY FINDING 7: The Safer Travel Guidelines has impacted islanders’ mental wellbeing both positively and negatively.

KEY FINDING 8: The Safer Travel Guidelines has directly reintroduced COVID-19 into the community.

KEY FINDING 9: Onward transmission has started to impact islanders.

KEY FINDING 10: Recommendation 4 of the Panel’s Interim Report, calling for self-isolation of all arrivals, has now been carried out, bar isolation within Government provided facilities.

KEY FINDING 11: Self-isolation requirements have been updated to match the risk of infection from travellers, as well as capacity of testing systems.

KEY FINDING 12: Very few individuals choose not to participate in border testing.

KEY FINDING 13: Current policy assumes that children at boarding schools are appropriately isolated from surrounding communities before travel.

KEY FINDING 14: Policies for university students returning to Jersey were still being finalised at the time of this review.

KEY FINDING 15: Exemptions to isolation requirements for essential workers are reviewed on a case by case basis.

KEY FINDING 16: It is assumed that groups of visiting workers will segregate themselves from the larger community.

KEY FINDING 17: Day 0 tests have been prioritised for on-island analysis, leading to a difference in times to receive test results.

KEY FINDING 18: The on-island testing facility is still building capacity and will be used for subsequent (day 5) tests, as well as community testing.

KEY FINDING 19: Further testing capacity is envisaged, pending quality assurance of equipment.

KEY FINDING 20: The contract tracing team is now resourced, however, some procedures still slow the tracing of individuals.

KEY FINDING 21: The majority of direct contacts are traced within 24 hours. There has been at least one positive case of which the source cannot be traced.

KEY FINDING 22: The Jersey COVID alert app will not be mandatory for travellers, although will be strongly recommended. Furthermore, self-isolation on notification by the app that an individual has come into contact with a positive case will not be mandatory.

KEY FINDING 23: The Jersey COVID alert app is now compatible with those used in the UK.

KEY FINDING 24: Some individuals may not be contacted for 72 hours when failing to respond to Government SMS messages.

KEY FINDING 25: There have been some issues with the SMS text message system for a minority of individuals.

KEY FINDING 26: The monitoring and enforcement team have carried out a significant number of actions to check adherence to rules.

KEY FINDING 27: There are individuals who continue to breach self-isolation requirements.

KEY FINDING 28: There is difficulty in investigating the truthfulness of the declaration on the travel registration form and in declaring travel history.

KEY FINDING 29: Areas of the Safer Travel Guidelines continue to rely on the good will of individuals travelling to the island.

KEY FINDING 30: Communication of the Safer Travel Guidelines remains predominately electronic and digital in nature.

KEY FINDING 31: Further transparency in the decision making behind Safer Travel Policies is still needed and timely communication of future changes to the Guidelines continues to be an issue.

KEY FINDING 32: Various actions are taking place to compliment the Safer Travel Guidelines during the upcoming winter.

Recommendations

RECOMMENDATION 1: As infection rates have increased in neighbouring jurisdictions stricter self-isolation periods must be considered. Specifically, from immediate effect, those travelling from Green regions should isolate until a day 5 negative test. Urgent consideration should also be given to the requirement for those travelling from Amber regions to isolate for 14 days.

RECOMMENDATION 2: As it has been shown that children and students are capable of transmitting the virus, from immediate effect, they should be treated the same in relation to self-isolation rules and inbound travel, to decrease the risk of further school closures and onward transmission.

RECOMMENDATION 3: Clear, contingent planning for the return of university students must be undertaken, including a firm policy on what provision and support will be made available to enable them to self-isolate safely on their return. This should be finalised and announced by the Government without delay.

RECOMMENDATION 4: Greater clarity and formalised, publicly available rules for visiting workers, should be provided before the end of November 2020.

RECOMMENDATION 5: As soon as practical, enable day 5 testing through the on-island lab as a priority to allow people to return to the community in a timely and safe manner.

RECOMMENDATION 6: Before the end of December 2020, investigate and agree suitable data protection protocols, approved by the Information Commissioner, for more expedient retrieval of plane manifests, in order to be able to identify direct contacts quicker.

RECOMMENDATION 7: With immediate effect, promote the Jersey Covid Alert app pre-departure to all travellers, including those departing Jersey, and ensure strong suggestion of self-isolation if notified of a positive case interaction before contacting the helpline.

RECOMMENDATION 8: With immediate effect, individuals who fail to respond to wellness SMS text messages for 36 hours should be followed up to ensure symptomatic individuals are not interacting with the larger community.

RECOMMENDATION 9: With immediate effect, bolster enforcement team's visits to those in self-isolation to check for adherence to the rules.

RECOMMENDATION 10: Further communication of the importance of self-isolation and the consequences for not doing so i.e. fines, should take place by December 2020, to help build greater compliance.

RECOMMENDATION 11: The travel registration form should be amended with immediate effect to deal specifically with the matter of truthful declaration of travel history. Consideration should also be given to ways in which this message can be reinforced to travellers, including the consequences for non-compliance.

RECOMMENDATION 12: Consideration should be given to the prioritisation of non-digital communication of the Safer Travel Guidelines as soon as possible.

RECOMMENDATION 13: Decisions surrounding the Safer Travel Guidelines must be made in a timely manner, with options clearly communicated ahead of time to allow for inclusion of the States Assembly and Scrutiny in any decision making.

RECOMMENDATION 14: Simple, clear, and frequent communication of the Safer Travel Guidelines must continue through the winter period.

4. Introduction

The Review

The Safer Travel Guidelines Review Panel was formed on 6 July 2020 as a direct response to the States Assembly approval of P.84/2020 – A Safer Travel Period: States Assembly Approval.

P.84/2020 – Vote for a Safer Travel Period: States Assembly Approval was adopted by the States Assembly 37 votes to 12 on 1 July 2020, with one amendment also passed, to require the Government to maintain a list of countries designated as safe for travel.¹ As a result, the Government published the Safer Travel Guidelines online, with all passengers travelling to Jersey required to adhere to them for travel from 3 July 2020.

P.89/2020 – Open Border Arrangements was passed, as amended, almost unanimously by the Assembly on 14 July 2020. This went some way to improve the original proposition, stating that incoming passengers should not visit any hospital, residential care home, nursing home, domiciliary care setting or the prison, or visit anyone at high risk of Covid-19, until they have completed their required period of self-isolation and/or received a negative PCR test result.²

The Panel carried out a preliminary review of the Safer Travel Guidelines and published an Interim Report on 24 July 2020,³ this outlined findings and recommendations of the Panel based upon the initial Guidelines and Safer Travel Period. A Ministerial Response was presented to the States Assembly on 4 September 2020.⁴ Further updates to the Guidelines have since taken place during implementation, as such the review has continued in order to track their success.

Key Issues:

The Panel is primarily concerned with the Government's Safer Travel Guidelines and has considered:

- Are the Guidelines fit for purpose?
- Are the Guidelines accessible?
- Are the Guidelines in the best interest of Jersey?
- What are the broader implications of the Guidelines for Jersey, for example, in terms of budget, public health and emergency services?

The Panel's Terms of Reference can be found in Appendix 2 of this report.

Methodology

During the first phase of this review the Panel worked rapidly to collect evidence to match the immediacy of the introduction of the Guidelines. This included studying public hearings held by both the Corporate Services and Health and Social Services Scrutiny Panels, public responses, briefings to the Panel, and available online resources. Following the publication of its Interim Report, the Panel has continued to gather evidence through these methods as well as conducting its own public hearing with the Minister for Health and Social Services on 13 October 2020.

¹ <https://statesassembly.gov.je/Pages/Votes.aspx?VotingId=5857>

² <https://statesassembly.gov.je/assemblypropositions/2020/p.89-2020amd.pdf%20- P.3>

³ [Safer Travel Guidelines Review: Interim report, S.R.2/2020, 24 July 2020](#)

⁴ [Safer Travel Guidelines Review: Interim Report \(S.R.2/2020\) – Response of The Minister For Health And Social Services](#)

5. Impact of the Safer Travel Guidelines: an overview

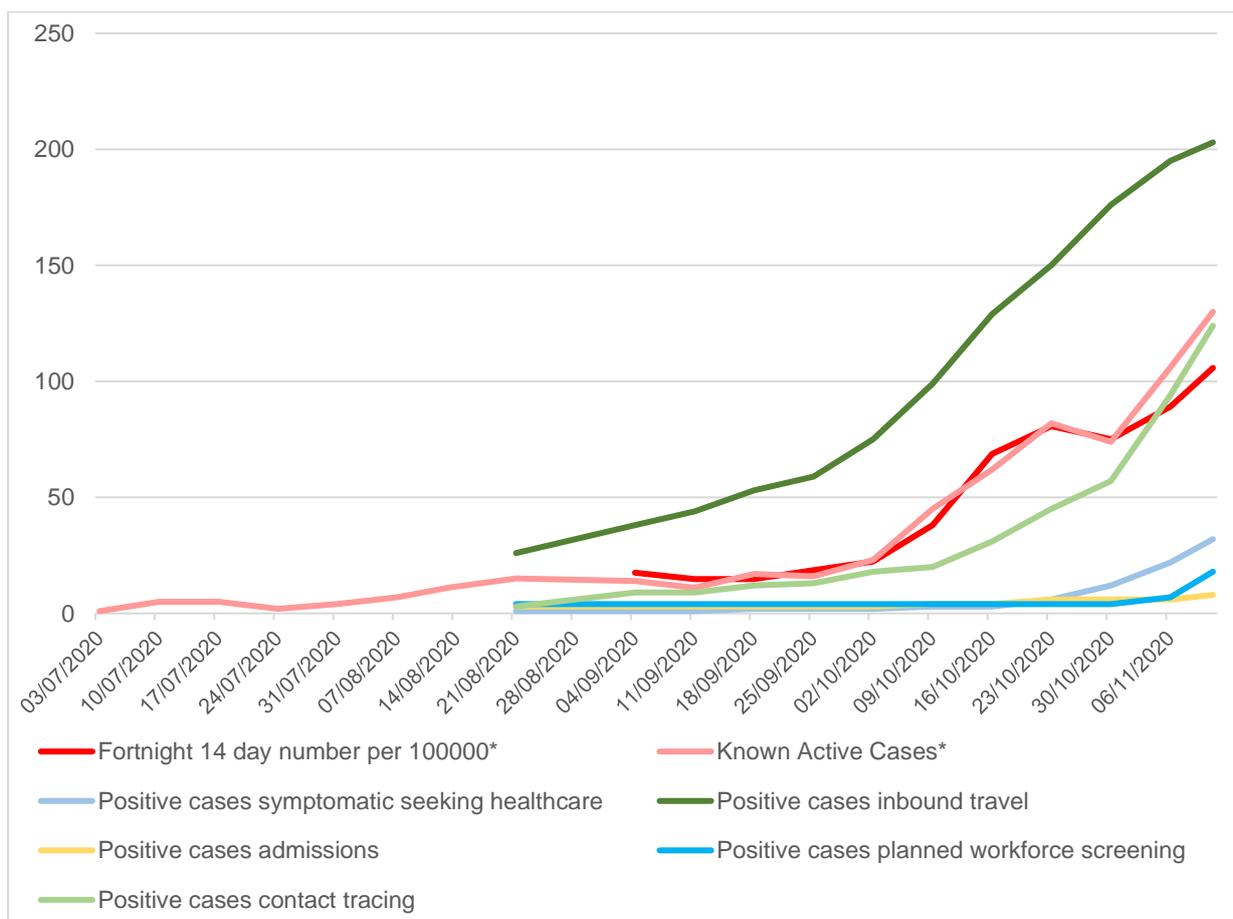
Overview of the number of cases since borders re-opened

During a briefing with the Minister for Health and Social Services the Panel was informed that the Safer Travel Guidelines had continued largely unchanged since its introduction on 3 July 2020, as it had been working well and received positively by incoming travellers. It was also highlighted that the Guidelines had been deemed successful in limiting and controlling infection of COVID-19.⁵

Indeed, positive cases identified through symptomatic individuals seeking health care, admission screening (to healthcare) and planned workforce screening remain relatively low, as highlighted in figure 1. However, it should be highlighted that these have been carried out in a much lower frequency at around 18% of total tests carried out since 1 July 2020. It can also be recognised that contact tracing has led to a rise in positive cases identified.

As discussed in the Panel’s Interim Report once the borders opened, 2 cases of COVID-19 from asymptomatic passengers were detected in the first 2 days. Within 10 days of reopening, there had been 4 cases detected (1 of these subsequently was found to be a false-positive). This figure has continued to rise and as of 11 November 2020 there have been a total of 396 positive cases identified since 1 July 2020, 203 of which were from inbound travel.⁶

Figure 1 – Accumulative positive cases from 3 July 2020⁷



⁵ [Safer Travel Guidelines Review Panel Record of Meetings, 17 September 2020](#)

⁶ <https://www.gov.je/health/coronavirus/pages/coronaviruscases.aspx>

⁷ [Coronavirus \(COVID-19\): Number of coronavirus \(COVID-19\) tests and confirmed cases in Jersey, 23 October 2020](#)

Safer Travel Guidelines Review

When reviewing the number of positive cases, it is clear to see that inbound travel has significantly impacted the ratio of positive cases per 100,000 population within the island. It can also be emphasised that the number of positive cases has risen at a dramatic rate as neighbouring jurisdictions have faced increasing infection, a topic touched upon in the Panel's public hearing:

Deputy R.J. Ward:

Since Friday (9th October 2020) obviously it has been reported that there are a significant number of new cases, we have 61 active cases. How concerned are you about the numbers that were reported?

The Minister for Health and Social Services:

When one considers all that is happening in the U.K. (United Kingdom), the rising incidence of infection there, and of course most of our travel comes from the U.K., then it cannot be too much of a surprise that we are seeing that reflected in our numbers. But I believe that we should not concentrate solely on headline number but we should still look at the way the Island is addressing COVID. Those people arriving are tested and we have an excellent track and trace system, so we have no uncontrolled spread of the virus in the Island. The numbers are still very low. So more than 99 per cent of passengers test negative.

Deputy R.J. Ward:

Can you confirm then that all of those positive arrivals at the weekend, who were not self-isolating or even those who said that they were, have had their contacts traced?

The Minister for Health and Social Services:

Those who have tested positive will be going through the contact tracing process.⁸

KEY FINDING 1: Inbound travel has significantly impacted the number of positive COVID-19 cases within Jersey. The number of non-travel related infections of COVID-19 in Jersey remained relatively low from July until September. However, the Panel notes the number of active cases has been rising rapidly since October 2020

Rationale for the policy to date

The Minister for Health and Social Services, as well as the Council of Ministers as a whole, has maintained that the Safer Travel Guidelines has been put forward as a measure of "balanced risk", keeping the economy and islander's healthy, both long term, and in response to COVID-19.

Maintaining connectivity was given as one of the largest reasons for the rapid opening of the borders. The island has seen a return to a number of routes operated by airlines who may not have reinstated their routes to Jersey had the border restrictions remained in place. It is yet to be seen what impact the fall in the number of travellers and potential lockdown within the UK, will have upon the island's connections.

⁸ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.3](#)

The need for open travel to allow essential workers in and out of the island has also been highlighted as a key part of the rationale. During a briefing with the Minister for Health and Social Services there was specific mention to areas of public interest, such as mental health services suffering potential staffing issues due to the closed borders.

Inward travel of tourists had been mentioned as a necessary boost for the suffering hospitality industry. However, although no figures were received by the Panel it was informed that the majority of those traveling into the island were Jersey residents. Indeed, as we now enter the winter period, traveller numbers have been stated as naturally reducing.⁹

KEY FINDING 2: The Safer Travel Guidelines was implemented on the understanding of “balanced risk”.

During a briefing with the Minister for Health and Social Services, the Panel was informed that the number of day trip visitors had also dropped significantly, as French regions close to Jersey had been given higher RAG ratings, meaning individuals would have to self-isolate for 5 days from arrival. It was stated that the policy around day trips were being discussed further by the Policy team. It was also highlighted that no positive cases had been caused by day trippers.¹⁰

The Panel was advised that when forming the Safer Travel Guidelines, a figure of one in 1000 or 1100 positive cases from the UK, or Green rated areas, were expected, provided symptomatic individuals did not travel. It was expected that there would be 1 in 7000 cases of onward transmission.¹¹ Earlier meetings of STAC had identified figures of 1–9 local infections per 1,000 travellers if three tests were carried out,¹² it is unclear how this figure relates to the RAG rating, as it was later stated that the positive cases from Amber or Red rated regions would be higher, and indeed this seems to have become the main focus for prioritisation of border testing.

Deputy Medical Officer of Health:

This morning when I asked for a summary of where we are since 1st October, I was told we had 58 positives, excluding any new ones today, of which 49 were arrivals, 29 were from green countries, 13 from amber, 7 from red. Of those 49, 44 were day zero positives and 5 were day 5 positives. Now, those are arrivals. All those are arrivals. Additionally, we had 9 other cases. One was an admission, one was in healthcare and a direct contact and 7 were direct contacts. So that is the information I have.¹³

KEY FINDING 3: Medical statistics and forecasts of onward infections have developed over time based upon testing regimes and accuracy of tests.

During the public hearing held on 13 October 2020, the Deputy Medical Officer for Health reiterated that although there had been occasions that some would have preferred measures to change more rapidly, public health advice was highly respected:

Deputy Medical Officer of Health:

I think it is true to say that although we, from a public health point of view, come with one perspective we do work with the government and others to take into account other

⁹ [Safer Travel Guidelines Review Panel Record of Meetings, 17 September 2020](#)

¹⁰ [Safer Travel Guidelines Review Panel Record of Meetings, 17 September 2020](#)

¹¹ [Safer Travel Guidelines Review Panel Record of Meetings, 17 September 2020](#)

¹² [Scientific and Technical Advisory Cell, Record of Meetings, 4 June 2020](#)

¹³ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.16](#)

perspectives and try to ensure that the philosophy within the public health approach is embedded in the final plan that would be implemented. Clearly being within health and public health we have a particular approach to things and we try to embed that approach within the wider context to try to ensure that we cover as many eventualities as possible bearing in mind that COVID is not the only risk that we need to manage; the whole point is to reduce risk overall. That includes not just COVID risk but others as well, and that is why it is necessary and vital to take all the risks into account.

Deputy M.R. Higgins:

I accept that but can I ask, do you note in the minutes if you have reservations?

Deputy Medical Officer of Health:

I think there are always going to be occasions when some would prefer certain things to move more quickly than others and that is I think inevitable as people try hard to balance the response to the variety of risks that are being faced at any one time. So some will clearly perceive one risk to be in fact a greater threat than another risk among the panoply of risks, but by and large that balance is achieved¹⁴.

KEY FINDING 4: Medical advisors acknowledge that risks are perceived differently by different people, and a balanced approach is needed.

The Panel was informed that the rising number of cases in neighbouring countries, certainly England, would lead to higher classification within the RAG regional rating, which would in turn naturally lead to less travel due to the requirement to isolate on arrival, as well as local lock down measures in the individual's departing region.

The Minister for Health and Social Services:

Can I say that I do not think we need to close the borders or at least not at this stage? I think we need to classify the areas that people travel from and that will be the limitation on travel that we need because anyone choosing to travel - assuming the borders remain open - we will be able to control in a measured way. I think the reality is we will see far less travel with the numbers of areas in the U.K. turning amber and red.

Deputy M.R. Higgins:

Instead of taking decisions ourselves are you really relying on the airlines themselves to say: "We can no longer operate economically" or are you relying on the U.K. Government to say: "We are really going to clamp down on that area" and therefore it is going to restrict travel to Jersey? So are you making the decisions or are you basing them on what the airlines are doing and what the U.K. Government is doing?

The Minister for Health and Social Services:

Well, as I said before, those elements come into the mix also, so we are taking decisions but we cannot avoid those decisions made outside our control also.¹⁵

The Minister for Health and Social Services went as far to reassure the Panel:

¹⁴ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.25-6](#)

¹⁵ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.27](#)

The Minister for Health and Social Services:

I can give that assurance, Chair. We are not hell bent on keeping our air links coming in several times a day and the like, so we as Ministers operate in accordance with our strategy causing the least overall harm and balancing the risks of the Island, but we see increasing risks arising from the rate of infection so we are responding, we are taking measures and it will mean that we will place greater control over our borders for the benefit of protecting Islanders' health and well-being..¹⁶

KEY FINDING 5: The Safer Travel Guidelines has used natural decrease of traveller numbers due to infection rates in neighbouring counties, within its strategy.

KEY FINDING 6: The RAG rating will likely lead to fewer incoming travellers and more of those travelling will face isolation for greater periods of time.

RECOMMENDATION 1: As infection rates have increased in neighbouring jurisdictions stricter self-isolation periods must be considered. Specifically, from immediate effect, those travelling from Green regions should isolate until a day 5 negative test. Urgent consideration should also be given to the requirement for those travelling from Amber regions to isolate for 14 days.

Impact on islanders' mental wellbeing

The balance of risk mentioned in forming the Safer Travel Guidelines unquestionably had an impact on the lives and mental wellbeing of islanders, both positively and negatively.

Nearly a quarter of the submissions made to the Panel by members of the public detailed their concerns over the wellbeing of those needing to continue to social distance, or take extra precautions, which they may not have done with more stringent border controls in place.¹⁷

“Finally, are there any forms of checks being made on people who've been asked to self-isolate? I feel that the government needs to be more transparent in the information that they are sharing. This would allow other residents such as myself to make informed decisions/assess risk and perhaps feel confident to venture into for example town.”

The Panel has been informed that this factor had been considered on many occasions when developing the Safer Travel Guidelines, however other factors relating to mental wellbeing, such as the ability to leave Jersey to see family, also impacted islanders.¹⁸

KEY FINDING 7: The Safer Travel Guidelines has impacted islanders' mental wellbeing both positively and negatively.

¹⁶ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.29](#)

¹⁷ [Public Submission, 4 August 2020, page 1](#)

¹⁸ [Safer Travel Guidelines Review Panel Record of Meetings, 17 September 2020](#)

Impact of COVID-19 cases directly relating to inbound travel

Cases of COVID-19 related to travel have been directly impacting various sectors within the island, namely schools, emergency services and essential key workers.

Multiple positive cases have now been identified within classrooms which have forced school class “bubbles” into isolation.¹⁹ It is unclear, due to privacy concerns, whether these cases have been linked directly to travelling families. This point was raised by a concerned member of the public:²⁰

“Travel (a luxury) should not jeopardise access to education (a necessity). Please don’t allow the travel of a few risk to a whole class being quarantined for 2 weeks”

At the time of the Panel’s public hearing, on 13 October 2020, one case had been recorded in a school and it was confirmed the case was linked to travel, although there was no firm answer given whether self-isolation requirements would have prevented the situation.

Deputy I. Gardiner:

Yes, and regarding the school, the question was it contact tracing or inbound travel, the source of the transmission?

Deputy Medical Officer of Health:

It was related to travel and, of course, being related to travel could be either an arrival or a direct contact of an arrival. The relevant classroom has been contacted and we are making bespoke arrangements for managing the testing of the direct contacts given the age of the children. This is not to say that we are decreasing our vigilance or increasing risk, we are just trying to make it as child friendly an approach as possible.

Deputy I. Gardiner:

The last question, could it have been prevented if the self-isolation upon arrival was introduced?

Deputy Medical Officer of Health:

I do not believe so. I will have to look at the precise details of the case but that school case would not have fallen under that umbrella.²¹

There have also been cases reported amongst essential workers, for example a positive case led to the isolation of an entire Fire Fighter watch. This is concerning to the Panel given the importance of their role within society and how emergency services would be able to maintain sufficient numbers to be able to respond in a crisis or emergency.²²

The Panel further notes that, as at the time of writing, a group of 6 healthcare workers in one Government Department have tested positive for Covid-19 and are self-isolating along with

¹⁹ [Jersey Evening Post, Covid: Anger over letter that allowed pupil back in school, 18 October 2020](#)

²⁰ [Public Submission, 4 August 2020, page 7](#)

²¹ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.6-7](#)

²² [Bailiwick Express, Covid cases at St. Saviour’s Primary School and Fire Service, 15 October 2020 \[online\]](#)

their direct contacts.²³ The Government has offered reassurance that healthcare workers, amongst others, are being asked to participate in an enhanced testing programme to identify infections and prevent clusters forming. However, the rise in infection rate and the possibility of a detrimental impact on healthcare, as well as other essential services, is of growing concern to the Panel.

KEY FINDING 8: The Safer Travel Guidelines has directly reintroduced COVID-19 into the community.

KEY FINDING 9: Onward transmission has started to impact islanders.

6. Inbound travel: isolation requirements

Policy on isolation

During the Panel's preliminary investigations, it became apparent that the largest issue felt by those who were unhappy with the Safer Travel Guidelines was the lack of self-isolation requirement for those traveling to the island with lower infection rates. Over half of submissions received by the Panel directly mentioned that this should be implemented. Recommendation 4 of the Panel's Interim Report suggested this be required, however, the recommendation was rejected as the Government had not yet been advised to make such a change.

Following the rise in cases in neighbouring jurisdictions, the Government updated their Red, Amber, Green (RAG) Policy, which was first introduced on 24 July 2020.²⁴ The updates introduced a day 5 test for Green rated travellers, however did not require isolation until the on-island testing facility had reduced the average turnaround of test results to below 12 hours. Further updates to the RAG ratings were also included, namely the raising of the thresholds for infection rates to be counted towards an Amber rating, to bring the ratings in line with other jurisdictions, as well as using lower-tier local authority (LTLA) regions in allocation of ratings.²⁵

Table 1 – Update to the RAG rating and isolation requirement 7th October 2020

| Rating | Previously | New |
|--------|--|---|
| Green | Day 0 test No Quarantine Up to 25 cases per 100,000 (14 day average) | Day 0 test and day 5 test Quarantine until negative result of day 0 test (TBC once test turn around time averages 12 hours) Up to 50 cases per 100,000 (14 day average) |
| Amber | Day 0 and Day 5 test Quarantine until negative result of day 5 test 25 to 120 Cases per 100,000 (14 day average) | Day 0 and day 5 test Quarantine until negative result of day 5 test 50 to 120 Cases per 100,000 (14 day average) |
| Red | Day 0 test | Day 0 test |

²³ <https://www.channel103.com/news/jersey-news/group-of-healthcare-workers-test-positive-for-coronavirus/>

²⁴ <https://www.gov.je/News/2020/Pages/CountriesRiskAssessment.aspx>

²⁵ [ITV, Jersey's threshold for regions becoming 'amber' rises, 29 September 2020](#)

| | | |
|--|---|---|
| | Quarantine for 14 days on arrival | Quarantine for 14 days on arrival |
| | Over 120 cases per 100,000 (14 day average) | Over 120 cases per 100,000 (14 day average) |

Further requirement for those incoming passengers from Green jurisdictions or regions to self-isolate until they had received a negative result from their day 0 test was further debated by the States Assembly on 7 October 2020 through P.122/2020, which, following an amendment by the Minister for Health and Social Services, introduced that requirement from 13 October 2020.²⁶

KEY FINDING 10: Recommendation 4 of the Panel’s Interim Report, calling for self-isolation of all arrivals, has now been carried out, bar isolation within Government provided facilities.

KEY FINDING 11: Self-isolation requirements have been updated to match the risk of infection from travellers, as well as capacity of testing systems.

The Panel has been informed that very few incoming travellers had chosen not to participate in the border testing and self-isolation scheme or interact with the track and trace team:

Director, Testing and Tracing:

You also asked a question about the number of people who declined to be tested; so the information I have from our monitoring team is that since 4th August only 7 people have declined to be tested.²⁷

The Minister for Health and Social Services:

It is possible although we have seen that that has not happened. We have not had community spread in the Island and in large part our track and trace system has been very successful, and it has had a good response. We are a small Island and people have spoken about it. People have been proud of the way it has worked, and it has kept us safe through the summer. I acknowledge we must ramp up activity and we have to deal with this surge over the weekend and the situation around us in the U.K.²⁸

KEY FINDING 12: Very few individuals choose not to participate in border testing.

Exemptions to isolation

Exemptions to the isolation rules do exist amongst essential workers and returning students. Permissions are given under the direction of the Minister for Health and Social Services, taking into account the situation of the individual, group or business.²⁹

²⁶ [States Assembly Hansard, 7 October 2020](#)

²⁷ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.23](#)

²⁸ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.14](#)

²⁹ [Covid-19 \(Screening, Assessment and Isolation\) \(Jersey\) Regulations 2020](#)

University and boarding school students

At the time of the public hearing on 13 October 2020, strategy was still being formalised as to the best approach to university students returning to the island:

Interim Director, Public Health Policy:

...first of all with pupils that are at boarding school in the U.K., I think we have to, in general terms, apply a level of sensitivity to the fact that those are children first and foremost and, indeed, their arrangements at school may be providing a level of plausible and evidence-based security around the transmission or infection of the virus that can be dealt with on a slightly different basis. But, as I say, we are looking at that. In terms of university students, you will be well aware that the younger adult population, certainly in the U.K. and in other European countries, has been of particular concern as a vector for the diseases into older and potentially more vulnerable populations. So with the return of university students, and the quite different infection profiles that may sit on particular university campuses, it is a slightly different policy question that we are looking at about how the Island can be afforded the best protection from those university students returning. I do not want to sort of comment on what I think the determination by Ministers will be this week at this point, but I think that is the general way in which those 2 constituencies are being looked at in terms of return.³⁰

The Government has made the decision that those children returning from overseas, such as boarding schools, do not need to isolate in line with the region they had been residing in, and would be allocated a Green rating, providing that they have written confirmation from the parent, supported by the school or setting that:

- the child has spent the previous 14 days at the school
- there have been no positive test results in the school for the previous 14 days
- the child has not stayed overnight anywhere else on the way to Jersey
- the child has had no symptoms in the past 14 days³¹

This was based on the belief that these children would likely have had little interaction with positive cases due to the measures put in place by the schools to reduce the risk of infection.

The Panel notes that the Student Loan Support Group has called for urgent information on isolation information for returning students over the Christmas period, particularly where these students have limited capacity to be able to self-isolate safely for 14 days or where they have family members who are vulnerable.³²

KEY FINDING 13: Current policy assumes that children at boarding schools are appropriately isolated from surrounding communities before travel.

³⁰ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.9](#)

³¹ <https://www.gov.je/news/2020/pages/boardingschoolstudents.aspx>

³² <https://www.channel103.com/news/jersey-news/call-for-urgent-information-on-isolation-rules-for-returning-students/>

RECOMMENDATION 2: As it has been shown that children and students are capable of transmitting the virus, from immediate effect, they should be treated the same in relation to self-isolation rules and inbound travel, to decrease the risk of further school closures and onward transmission.

KEY FINDING 14: Policies for university students returning to Jersey were still being finalised at the time of this review.

RECOMMENDATION 3: Clear, contingent planning for the return of university students must be undertaken, including a firm policy on what provision and support will be made available to enable them to self-isolate safely on their return. This should be finalised and announced by the Government without delay.

Essential workers

Essential or ‘critical’ workers, such as visiting and seasonal workers within construction, hospitality and agricultural industries have been granted isolation exemption under specific conditions:

- the person is travelling to Jersey for the purpose of completing critical work
- the worker’s presence is required to keep services or businesses running
- the worker’s physical presence is required in the Jersey workplace
- the worker’s specific skill is not readily available in Jersey
- the role is time-critical in terms of urgency and / or duration of work
- it would be impossible, unreasonable or dangerous for the worker to complete the isolation period before beginning work.

Individuals can apply for permission not to isolate via a digital form online at gov.je. It should be noted that permission not to isolate is only for the period of work or travelling to and from work. At all other times the individual must isolate for the required period.

The policy states that unless the work is exceptionally urgent or time critical, workers will normally be required to isolate until they have received a first negative test result before starting work.³³

The Panel wrote to the Minister for Health and Social Services to seek further clarity on the policy, specifically the number of individuals who have travelled to Jersey under this exemption and the categories of workers being granted such exemptions. The Minister responded detailing that during the period 20 October – 4 November 2020 applications were approved for a total of 153 workers. The Minister was unable to provide a specific breakdown of this number in relation to categories of workers, however, did advise that some of these workers were aircraft engineers, baggage handling systems engineer, maintenance and refurbishment at La Colette, healthcare professionals, construction workers, sewage works engineers and an elevator commissioning engineer.³⁴

³³ [Government of Jersey website](#)

³⁴ [Letter to the Panel from the Minister for Health and Social Services, 5th November 2020](#)

The subject of visiting farmworkers was discussed during the public hearing, where the Panel discovered that this particular category of workers were isolating in groups or ‘bubbles’ together:

The Minister for Health and Social Services:

Can I add that the arrangements agreed with the farming companies are that the workers they bring in undertake 5 days mandatory isolation. We would not have agreed it otherwise. That has been from the start of talking with them that that was agreed. That is not something new and the farmers are able to enforce that. We check, we monitor and the workers understand the rules before they come in.

Deputy R.J. Ward:

Sorry to interrupt you, Minister. Is that group isolation? Because it is, I think, a well-known fact that ... I think cramped is an absolutely adequate word to describe the accommodation for farm workers. Are we not putting some people at risk who may not be infected but are then asked to isolate in cramped accommodation with one or 2 who may be? Or are they isolating individually as the word “isolation” suggests to me? That is the way I picture it.

The Minister for Health and Social Services:

No, they are not isolating individually, they are isolating as a group. I do not wish to infer that they are in cramped accommodation, but as a group is what is happening...

Dr Ivan Muscat offered further reassurance:

Deputy Medical Officer of Health:

In relation to exemptions, they are few and we look at it either on an individual passenger arrival basis, dependent upon their precise business, duration of stay in Jersey and likely contacts and obviously try to minimise risk within that context. Where we can organise pre-departure testing we do and a number of people do manage to do that. In the context of a collection of workers then, the sort of bubble context, they isolate from the rest of the community and only go out working within their bubble, both in terms of travel to work and while working, and they remain within that bubble until they have negative screens all around, not just ... so, of course, if we do find a positive within such a group then the other individuals within that group are labelled direct contacts and we manage the whole situation as a product of direct contacts. That then takes us into the rules that normally apply to any such situation.³⁵

KEY FINDING 15: Exemptions to isolation requirements for essential workers are reviewed on a case by case basis.

KEY FINDING 16: It is assumed that groups of visiting workers will segregate themselves from the larger community.

RECOMMENDATION 4: Greater clarity and formalised, publicly available rules for visiting workers, should be provided before the end of November 2020.

³⁵ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.10-12](#)

7. Controlling the spread of the virus from inbound travel

On-island lab and 12-hour testing

The Panel's investigations highlighted the importance of rapid test turnaround in controlling the spread of COVID-19, with recommendation 5 of the Interim Report suggesting that every resource should be put into increasing on-island testing capacity and reducing test turn-around times, which was accepted by the Minister.

With the creation of the on-island testing facility, average test turnaround times have been dramatically reduced when the facility is utilised. The Panel has learnt that the use of the on-island lab has primarily been targeted to day 0 tests, with subsequent tests continuing to be sent off island, primarily due to the facility's capacity. This has led to relatively longer turnaround times for the subsequent testing.³⁶

Deputy I. Gardiner:

You said the day 5 second test takes up to 50 hours to come back, are you concerned about this delay given there is no requirement to self-isolate on day 5 when they are waiting for 50 hours and now we know that 20 per cent of the tests yesterday came back positive on day 5?

Deputy Medical Officer of Health:

Initially, as you know, the turnaround time was quite lengthy but that too has improved and of late the turnaround time for off-Island tests has started to approach 24 hours. As we go forward with the increasing capacity that I was discussing earlier from the airport laboratory, day 5 tests will also be undertaken on-Island, reducing the turnaround time in relation to that to somewhere close to 9, maximum 12 hours.

Deputy I. Gardiner:

But the second part of the question, tests on day 5 long turnaround and maybe we need to look into requirement to isolate, taking into account that now we had 20 per cent tested positive from day 5.

Deputy Medical Officer of Health:

Certainly with the current RAG rating, if you are within the amber category you need to isolate until you have a negative day 5 result. Within the green category currently you need to isolate until you have a negative day zero result and then undertake a day 5 test.³⁷

KEY FINDING 17: Day 0 tests have been prioritised for on-island analysis, leading to a difference in times to receive test results.

Dr Muscat further informed the Panel that the on-island lab was being further improved to meet higher demand:

³⁶ [Safer Travel Guidelines Review Panel Record of Meetings, 17 September 2020](#)

³⁷ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.19](#)

Deputy Medical Officer of Health:

The turnaround time over the last week or so has been of the order of 9 hours from OpenCell which is very good going. The anticipated passenger numbers this week is up to about 1,000 and I think OpenCell can manage that per day. They did receive new robotics last week I believe which they installed and that should allow them to ramp up to the anticipated 2,000 later on this month. I cannot give you a precise date for that but it is in the near future.³⁸

Regions have continued to move through the RAG ratings, with the majority of the UK now being classed as Amber or Red. In the public hearing, the Panel highlighted the need to reduce the subsequent test result times in order to allow returning islanders to return to the community in as quick a time as possible following a day 5 negative test.³⁹ The Panel was informed that plans were in place to include the analysis of subsequent tests in the on-island facility:

The Minister for Health and Social Services:

...Can I just add that the day zero testing is now being conducted through our on-Island facility. The day 5 testing is, of course, not arrivals and that is being conducted through the U.K. labs at the moment, but we are working to a position in the next couple of weeks where the day 5 testing will also be conducted on Island and the results will be produced on-Island, and therefore it will achieve the same turnaround time as the day zero testing.⁴⁰

The Panel was also informed in the public hearing that new testing technologies are being reviewed to further reduce test turnaround time. However, it was emphasised that there was first a necessity to calibrate and ensure quality of the tests and procedure.⁴¹

The Panel notes that during the period 1 – 24 October 2020, of the 139 positive Covid-19 tests carried out, 17.2% were positive on either day five, or day eight, having previously tested negative.⁴²

KEY FINDING 18: The on-island testing facility is still building capacity and will be used for subsequent (day 5) tests, as well as community testing.

KEY FINDING 19: Further testing capacity is envisaged, pending quality assurance of equipment.

RECOMMENDATION 5: As soon as practical, enable day 5 testing through the on-island lab as a priority to allow people to return to the community in a timely and safe manner.

Contact tracing

The significant rise in the number of positive inbound travel cases in October raised concern for the Panel, with it becoming apparent that the rapid identification of individuals who had

³⁸ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.18](#)

³⁹ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.20](#)

⁴⁰ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.11](#)

⁴¹ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.18-9](#)

⁴² <https://www.itv.com/news/channel/2020-11-02/172-of-jerseys-positive-cases-identified-through-day-five-and-eight-tests>

come into contact with positive cases as being key to reducing the risk of the spread of the virus indirectly from travel.

In the public hearing, the Panel questioned the resources available to the contact tracing team, as well as the average time it took to identify and individuals who may be required to isolate following interaction with a positive case:

Director, Testing and Tracing:

I mentioned earlier on that we have between 45 and 55 individuals in the contact tracing team and that they work shifts. Generally, we have 14 people on a contact tracing team on any one shift. Today we have 22 people because, of course, we have a surge in demand given the number of positive cases we have had and the number of direct contacts that therefore need to be contacted. We have had 101 direct contacts from those positive cases over the weekend. Every one of those has been contacted already. As I mentioned earlier on, there may be additional direct contact so we are keeping in touch with those positive cases in case they remember other direct contacts that we then need to contact quickly. So, 101 direct contacts, all of them have been contacted already and we have additional staff working today and going forward because of the surge over the weekend.

Deputy R.J. Ward:

What was the time it took to contact those positive cases? Was that within 24 hours, was it within 2 days, has it happened today? I suppose because also over the weekend ... you will have had the data over the weekend, it is just not published until Monday. What is the turnaround time for contacting a contact of a positive case?

Director, Testing and Tracing:

Yes, I mentioned earlier on the contact tracing team works 7 days a week, so as soon as we get a positive case in, regardless of the day of the week, we contact that positive case. We have 101 direct contacts and we have 22 people today working, so we work through those direct contacts as quickly as we can. The majority are contacted as soon as we get their names and find their contact details. Some of them take a little bit longer because, for example, if we are contacting someone who has been sitting next to the positive case on the plane, we need to get the flight manifest first. But the majority are contacted within 24 hours but as quickly as we can work through them and given the numbers working in contact tracing.

Deputy R.J. Ward:

A couple of things from that. The 101 cases that have been contacted, will they be tested? What about if they were sat in a restaurant? I know the vast majority were coming back to the Island, but if you are visiting you may not necessarily be aware of perhaps the time and what restaurant you are in. If you asked me what restaurant I was in at the weekend ... well, I was not, but I may not remember anyway. What about those 2 scenarios? First of all, are the 101 direct contacts sent for testing?

...

Deputy Medical Officer of Health:

The usual protocol with direct contacts is to ask them to self-isolate and to test them on days zero, 5 and 8 and if they are negative after the day 8 test then they can stop self-isolation. If at any point they become positive then of course we manage that individual as another index and contact trace in relation to that person. We do not contact trace in relation to named contacts unless they have been found to be positive.⁴³

The Panel believes that successful implementation of the Safer Travel Guidelines in protecting the public is dependent upon the rapid identification and contacting of any individuals who have been in contact with positive cases.

During the public hearing with the Minister for Health and Social services it was highlighted that there were areas of delay outside of the contract tracing team's control:

Director, Testing and Tracing:

As soon as we get a positive case we ask the airline for the manifest and 2 of the airlines respond very quickly, so generally within 3 to 4 hours they send us the manifest, one of the airlines is a little slower but they are improving in terms of the time that it takes to get us that information. So the majority is between 3 to 4 hours we have that full manifest and we can start phoning those passengers.

Deputy M.R. Higgins:

Considering the police and customs get a general declaration of what passengers are going to be on an airline so they can be ready for ones who are on their watch list, why have you not sort of arranged with the airlines to get the seating plans up front and only have to use them if you get a positive case?

Director, Testing and Tracing:

I think the airlines are reticent to share that passenger information because of data protection requirements. So obviously when we have a positive case there is a very strong public health reason for them sharing that personal data which is covered by data protection.

Deputy M.R. Higgins:

Have there been discussions with the Information Commissioner on the data protection question and whether it can be sped up?

Director, Testing and Tracing:

We get the manifest as quickly as we can from the airlines so I do not think that discussions around data protection would increase the speed of getting those manifests from the airlines.

Deputy M.R. Higgins:

It would take away their fears if the Information Commissioner was satisfied.⁴⁴

The Panel highlights that with changing demographics of inbound travellers, students etc., as well as the greater prevalence of cases overseas leading to a larger proportion of those rated

⁴³ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.12-3](#)

⁴⁴ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.24-5](#)

Amber, more emphasis should be placed upon the rapid return of day 5 test results. This will theoretically allow those travelling into the island to return to the community in a timelier manner, reducing the risk of non-compliance, as well as allowing for the quicker identification of contacts of any positive cases that are discovered in shared households.

KEY FINDING 20: The contract tracing team is now resourced, however, some procedures still slow the tracing of individuals.

RECOMMENDATION 6: Before the end of December 2020, investigate and agree suitable data protection protocols, approved by the Information Commissioner, for more expedient retrieval of plane manifests, in order to be able to identify direct contacts quicker.

The Panel questioned if there had been any time in which a contact could not be traced, or if there were any positive cases for which a source could not be identified:

Deputy Medical Officer of Health:

Over the last 10 or more days we have only noted one individual in whom we have not yet identified the source. We have tested some 50 contacts of that individuals and have yet to determine a source, or indeed a transmission, an onward transmission. It may be that we will not be able to get further than we have so far in that scenario.⁴⁵

Although a single case, the Panel is concerned that the source of the case could not be identified, and the situation proves the importance of both self-isolation and timely test results in limiting the spread of COVID-19. This has indeed been the advice of the World Health Organisation from the start of the pandemic.⁴⁶

KEY FINDING 21: The majority of direct contacts are traced within 24 hours. There has been at least one positive case of which the source cannot be traced.

Covid-19 Track and Trace App

Another tool in tracing COVID-19 was implemented by the Government in the form of the “Jersey Covid Alert app”, launched on 14 October 2020. The Panel questioned the implications of being informed that an app user had been in the vicinity of a positive case:

Director, Strategy and Innovation:

Helpfully in Jersey because of our size and because of the capability we have built through our contain programme around testing and contact racing already we do not have to rely on automated notifications or indeed rely simply on isolation as an intervention. To put that in plainer English, the app will tell you to phone the contact tracing team and they will be able to give you a more bespoke service than perhaps you have received through that app, and equally the response to that service is more likely to include a degree of testing and isolation that can offer a more accurate assessment of whether you have been exposed rather than simply a notification to isolate for a period of time.⁴⁷

⁴⁵ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.6](#)

⁴⁶ [World Health organisation, Media Briefing on COVID-19, 16 March 2020](#)

⁴⁷ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.21](#)

The Panel is slightly concerned on the reliance on an individual's good will and use of common sense to isolate before speaking to the advice team should they be notified they have been in contact with a positive case by the app. These concerns are further added to as the Panel was advised of the non-requirement to download or actively use the app upon arrival.⁴⁸

The Panel is, however, pleased to note that interoperability with the Protect Scotland and StopCOVID NI tracing apps was announced on 28 October 2020⁴⁹ Furthermore, that this interoperability was extended to the NHS COVID-19 and Beat Covid Gibraltar apps, announced on 6 November 2020.⁵⁰

The Panel was informed that Jersey's app has been designed in such a way to be simple and anonymous, storing as minimal information as possible to ensure privacy rights and to allow for greater take up on release.⁵¹

KEY FINDING 22: The Jersey COVID alert app will not be mandatory for travellers, although will be strongly recommended. Furthermore, self-isolation on notification by the app that an individual has come into contact with a positive case will not be mandatory.

KEY FINDING 23: The Jersey COVID alert app is now compatible with those used in the UK.

RECOMMENDATION 7: With immediate effect, promote the Jersey Covid Alert app pre-departure to all travellers, including those departing Jersey, and ensure strong suggestion of self-isolation if notified of a positive case interaction before contacting the helpline.

Monitoring and enforcement

Key Finding 3 of the Panel's Interim report stated that the Guidelines relied heavily on the goodwill of arriving passengers to follow self-isolation rules rather than compulsion of law. The Panel's concerns have been somewhat eased, however they still remain relevant. For example, the time that an individual will be contacted if failing to respond to a monitoring message has not been reduced (recommendation 7 of the Interim report).

Furthermore, the reliance on automated text messages has faced technical issues. For example the Minister has confirmed that some mobile networks' spam filters have blocked Government SMS, albeit it is suggested that a minority of users have been affected.⁵² A reduced timescale for follow up actions may allow for quicker identification of individuals impacted by this.

KEY FINDING 24: Some individuals may not be contacted for 72 hours when failing to respond to Government SMS messages.

KEY FINDING 25: There have been some issues with the SMS text message system for a minority of individuals.

⁴⁸ [Public hearing with the Minister for Health and Social Services, 13th October, p.22](#)

⁴⁹ <https://www.gov.je/News/2020/Pages/CovidAppInteroperability.aspx>

⁵⁰ <https://www.gov.je/News/2020/Pages/CovidAlertUK.aspx>

⁵¹ [Public hearing with the Minister for Health and Social Services, 13th October 2020, p.21](#)

⁵² [Letter from Minister for Health and Social Services to the Panel, 12 October 2020](#)

RECOMMENDATION 8: With immediate effect, individuals who fail to respond to wellness SMS text messages for 36 hours should be followed up to ensure symptomatic individuals are not interacting with the larger community.

The Panel was told that Environmental Health and Health and Safety teams were proactively visiting businesses to ask how they are taking contact details, and that this was continually reviewed to improve procedures. There is evidence of Government officers visiting individuals who are self-isolating, as both welfare check-ups and to ensure adherence.⁵³

Over 3000 checks have been made on islanders who should be self-isolating, which is to be commended, however this may be easy to circumnavigate. For example, it does not take long for an individual to visit a shop, thinking nothing of the potential harm of their actions, for which it would admittedly be difficult for the monitoring and enforcement team to combat. This has been seen in cases such as a fine levied against a couple, of £800 each, after they were caught failing to self-isolate when required to do so.⁵⁴

There are also those who will go further to flout the isolation rules. The latest individual, who was fined £6,600, was caught after repeatedly disregarding the self-isolation rules whilst visiting the island. Although the Panel appreciates the larger fine may deter further breaking of isolation rules, the case reaffirms the reliance on an individual's morals, as the individual had already been warned not to break isolation before being discovered to be breaking the rules on more than one occasion. This leads to questions around the ability of the enforcement team to rapidly cease an individual's breaching of the isolation rules.⁵⁵

KEY FINDING 26: The monitoring and enforcement team have carried out a significant number of actions to check adherence to rules.

KEY FINDING 27: There are individuals who continue to breach self-isolation requirements.

RECOMMENDATION 9: With immediate effect, bolster enforcement team's visits to those in self-isolation to check for adherence to the rules.

RECOMMENDATION 10: Further communication of the importance of self-isolation and the consequences for not doing so i.e. fines, should take place by December 2020, to help build greater compliance.

As regions have moved into more severe RAG ratings the potential for fraudulent registration remains. The Panel has heard that no cases have been identified due to the difficulty of investigating individuals' information:

The Deputy of St. John:

Have you discovered any forms that have been incorrectly filled in where information is either false or withheld or whatever?

Director, Testing and Tracing:

⁵³ [Safer Travel Guidelines Review Panel Record of Meetings, 17 September 2020](#)

⁵⁴ <https://www.gov.je/News/2020/Pages/Self-IsolationRules.aspx>

⁵⁵ <https://www.gov.je/news/2020/pages/finebreachisolation.aspx>

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It is extremely difficult to identify where somebody has put in false information. We do know that for some people their mobile phone number that they input for example may not be quite correct, sometimes they will transpose a couple of numbers, but that is one of the reasons why if people do not respond to their wellness checks we send them an email. Then if they do not respond to their email we telephone them.⁵⁶

The Minister for Health and Social Services noted the difficulty of monitoring travel history by the Government of Jersey and the necessity of evidence being required before authorities would be able to act upon suspicions of a false declaration. The Minister has stated that on the Panel's advice he will consider the possibility of amending the form and related messaging to specifically deal with the matter of truthful declaration of travel history.⁵⁷

KEY FINDING 28: There is difficulty in investigating the truthfulness of the registration form and in declaring travel history.

KEY FINDING 29: Areas of the Safer Travel Guidelines continue to rely on the good will of individuals travelling to the island.

RECOMMENDATION 11: The travel registration form should be amended with immediate effect to deal specifically with the matter of truthful declaration of travel history. Consideration should also be given to ways in which this message can be reinforced to travellers, including the consequences for non-compliance.

8. Government communications

Communications Strategy

Throughout the safer travel period

The Panel notes that communication of the Safer Travel Guidelines, as well as the decision-making process, has improved. This may be due to the rapid way in which the Guidelines were implemented in July. For example, as highlighted in the Interim Report, communication from the Government has been problematic throughout the development of the Guidelines. For instance, passengers who travelled to Jersey on the Commodore Clipper were given confusing and conflicting information by being told that they would be tested on arrival when they should have been informed that they had to book a test at the airport drive-in facility within 24 hours.

Information around the Guidelines remains predominantly electronic, however the Panel was advised in the public hearing that around 5-10 people a day make use of the telephone helpline if they require assistance. It was also highlighted that 12-15% do not complete a pre-registration form before arriving in the island.⁵⁸

KEY FINDING 30: Communication of the Safer Travel Guidelines remain predominately electronic and digital in nature.

⁵⁶ [Public hearing with the Minister for Health and Social Services, 13 October 2020, p.23](#)

⁵⁷ [Letter from Minister for Treasury and Resources to the Panel, 12 October 2020](#)

⁵⁸ [Public hearing with the Minister for Health and Social Services, 13 October 2020, p.23-4](#)

RECOMMENDATION 12: Consideration should be given to the prioritisation of non-digital communication of the Safer Travel Guidelines as soon as possible.

The Panel was informed that the publication of Scientific and Technical Advisory Cell (STAC) minutes was delayed due to officer capacity issues⁵⁹, however this has continued to be intermittent, with those uploaded on the Government website being 3 months out of date at time of writing. Elements such as this can, in the view of the Panel, build faith in the reasoning behind the Safer Travel Policies.

Timely communication of strategy in the current situation is seen as key to building trust in, and adherence to, the Government's policies, as highlighted in the public hearing:

Deputy K.G. Pamplin:

...But yesterday those updated figures went out very late to the public, first on Facebook, then the website, then Twitter, then the media. We do not have a 24 hour media on the Island and it was up against the breaking news in the United Kingdom and a live press conference by the U.K. Prime Minister. The essential information is important to those who are shielding, we discussed in the Assembly the other day, who are following the advice and seeing numbers creep up, even though they are small, and so I just reiterate the point that all the good work that is going on that we are fully supportive of can be so quickly undermined if it is not communicated effectively...

The Minister for Health and Social Services:

We share all that you have said, Deputy Pamplin. Communication is an important part of the strategy and we recognise it and we will continue in that vein.⁶⁰

KEY FINDING 31: Further transparency in the decision making behind Safer Travel Policies is still needed and timely communication of future changes to Guidelines continues to be an issue.

Planning ahead

The Panel believes that any future strategy changes and relevant information should be communicated well ahead of implementation, with Scrutiny, the States Assembly and general public.

The Panel was informed that the original Guidelines had been developed in a quick timeframe, and that this resulted in P.84/2020 A safer travel period: States Assembly approval being brought to the States Assembly at short notice. The Panel was reassured that the Council of Ministers was not withholding information, with the Minister for Health and Social Services expressing a wish for Scrutiny to contribute to policy development, stating he would endeavour to provide information and draft policy in a timely manner. However, the Minister pointed out that the Government may not be in a position to seek the views of Scrutiny or the wider

⁵⁹ [Panel Meeting Minutes – 17th September 2020](#)

⁶⁰ [Public hearing with the Minister for Health and Social Services, 13 October 2020, p.30](#)

Assembly if there was a need to move swiftly and could therefore not provide blanket assurance on the matter.⁶¹

During the public hearing Dr Muscat outlined some of the forward strategy:

Deputy Medical Officer of Health:

There is increasing COVID around us. Winter will increase the risk of transmission and the severity of disease and we all acknowledge that. There is a plan, if you like, to bring in pre-emptive mitigation factors which initially will have less economic impact. I will mention some of them quickly. The R.A.G. (red, amber, green) rating will hopefully be updated every week at least, surveillance of our essential workers really needs to ramp up significantly and this will latch on to the decrease in passenger demand on our various testing procedures. The surveillance for essential workers that we have in mind will cover many of the people between the ages of 20 and 65, and I know people outside that age will also work of course. Of the 45,000 or so in the 20-65 age group we estimate that we will be screening about 36,000 people on a rotating basis depending on the degree of risk that they face, initially starting with 4, 6 and 8 weeks and then upping that to 2, 4 and 6 weeks depending on the precise work that they undertake. Those in healthcare services will be in the 2 weeks bracket, as you would expect. We do need to ramp up enforcement, and this was touched upon earlier on in this meeting, and that is really, really important and that will include testing when people go into certain venues. The app has been touched upon and that will be launched tomorrow. Masks have also been touched upon, as have closing times. Very importantly we need to remember that in addition to the monitoring of the 20 to 65 year-old age group, the younger ones among that being perhaps the people who spread the infection the most, we also need to turn our attention to shielding the vulnerable and the vulnerable sites - not just vulnerable people but vulnerable sites - so that is care homes and healthcare sites in particular. But also other enclosed institutions, prisons for example, and we will come into that. There is work being undertaken in relation to those groups as we speak and that will continue to improve and evolve as we go along, as do all these things. There is a hospital escalation plan and that too is evolving as we go along. Then further mitigation may need to be undertaken with greater economic impact if the numbers continue to require this. We have done tabletop exercises internally to look at specific situations like for example cases in pubs, cases affecting a whole airplane and that sort of thing, and some of those have been real exercises and have panned out well. Finally, of course we must not forget that need to plan for vaccines and their rapid deployment as soon as they arrive on the Island, and that work is also ongoing.⁶²

Knowledge that this is taking place is reassuring to all and such information should be shared as frequently as possible.

KEY FINDING 32: Various actions are taking place to compliment the Safer Travel Guidelines during the upcoming winter.

RECOMMENDATION 13: Decisions surrounding the Safer Travel Guidelines must be made in a timely manner, with options clearly communicated ahead of time to allow for inclusion of the States Assembly and Scrutiny in any decision making.

⁶¹ [Safer Travel Guidelines Review Panel Record of Meetings, 17 September 2020](#)

⁶² [Public hearing with the Minister for Health and Social Services, 13 October 2020, p.28-9](#)

RECOMMENDATION 14: Simple, clear, and frequent communication of the Safer Travel Guidelines must continue through the winter period.

9. Conclusion

Overall, the Panel sees that the Safer Travel Guidelines, to a large extent, meet the needs of the island. They are set up in a flexible way and have been updated to meet changes in the pandemic. Opinion is, however, divided on the timeliness of these updates.

Furthermore, greater clarity in some areas is required to allow for full accessibility to all those travelling to Jersey, as well as providing reassurance to islanders through the delivery of timely communication.

The impact of the Guidelines on the island as a whole has, so far, largely been positive, allowing for greater freedom and economic stability. However, there continue to be some individuals within the community who are unable to participate in their normal lives due to the fear of positive cases brought into the island through incoming travellers.

With the further advancement in testing regimes and the new requirement to isolate at day 0, the Panel is hopeful that infection rates due to inbound travel will remain at a minimum. However, the coming winter period will be a significant test for the island.

The Panel is mindful that although this report concludes its review, areas within and beyond its remit of COVID-19 will be of continuing concern to the island and must be scrutinised accordingly.

10. Appendices

Appendix 1 – The Panel

The Safer Travel Guidelines Review Panel is made up of:

[Deputy Rob Ward,
Chair](#)



[Deputy Inna Gardiner,
Member](#)



[Deputy Kevin Pamplin,
Member](#)



[Connétable Sadie Le Sueur-Rennard,
Member](#)



[Deputy Trevor Pointon,
Member](#)



[Deputy Mike Higgins,
Member](#)



Appendix 2 – Safer Travel Guidelines Review: Terms of Reference

To review the Government's Safer Travel Guidance in relation to passengers arriving in Jersey during the COVID-19 pandemic, with a view to assessing their:

- Suitability to Jersey
- Clarity
- Accessibility
- Flexibility
- Responsiveness to changes in the pandemic, and
- Impact on Jersey

Appendix 3 – Evidence Gathered

Public Hearings

The Panel accessed information from public hearings held by the Corporate Service Scrutiny Panel and the Health and Social Services Scrutiny Panel:

- Public Hearing with the Chief Minister, 29th June 2020; and
- Public Hearing with the Minister for Health and Social Services, 9th July 2020.

The Panel also conducted its own public hearing:

- Public Hearing with the Minister for Health and Social Services, 13th October 2020.

Transcripts for the public hearings can be accessed via the States Assembly [website](#).

Webcasts for the public hearings can be accessed via the [States Assembly webcast site](#).

Other Evidence Considered

The Panel also received evidence from:

- 56 submissions from 41 individual members of the public
- Ministerial and officer briefings
- Correspondence from the Minister for Health and Social Services
- Hansard
- Other available online resources, such as gov.je



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