

Unlock the Rock

Part 1: A route map
out of lockdown
& starting to end
confinement

May 2020



HM Government
of Gibraltar

No 6 Convent Place

Task Force Restart & Recover

“...we join with all nations across the globe in a common endeavour, using the great advances of science and our instinctive compassion to heal. We will succeed - and that success will belong to every one of us. We should take comfort that while we may have more still to endure, better days will return: we will be with our friends again; we will be with our families again; we will meet again.”

Her Majesty Queen Elizabeth II
5 April 2020

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1 - The Chief Minister's Foreword - 'We've won round 1'

In mid-March, we were receiving advice of the potential for COVID-19 to kill hundreds of Gibraltarians. This was a harrowing moment. We were told, based on an extrapolation of the effect the disease had in China and Italy, that the Gibraltar Health Authority could be completely overwhelmed by patients, without the capacity to provide intensive care for those who might need it. We started work on rules to triage access to essential equipment based on the chances of survival of each patient. Such was the potential devastation of our community we were asked to envisage, that we considered a Government of National Unity. The Cabinet agreed that the Deputy Chief Minister, the Hon Dr Joseph Garcia MP, and I should reach out to the Leader of the Opposition, the Hon Dr Keith Azopardi QC MP. We have been working closely together since then, alongside the Hon Roy Clinton on financial matters, and recently held an unprecedented joint press conference at No 6 Convent Place. On 23 March, a law was passed preventing freedom of movement and association so that individuals were prevented from leaving home other than for defined purposes. Those over 70 had been subject to a more restrictive order a week before.

In the time since then, we have seen Gibraltar change many aspects of what was called "normal". We have established a 248-bed field hospital at Europa Point Sports Facility, which can surge further up to 300 beds. We have multiplied by over five times the number of available ICU beds and the number of ventilators. We have seen the community raise just shy of £2m for the GHA. We have transformed our ability to carry out tests in Gibraltar for COVID-19.

At the time of writing this foreword, the numbers of persons who are infected with COVID-19 in Gibraltar is less than a handful. There have been no deaths at all from COVID-19 in Gibraltar. No COVID-19 patients have required ventilation in

Gibraltar. There are no COVID-19 patients in any ward at St. Bernard's Hospital. No patients have used the Nightingale facility.

Today, it is clear that Gibraltar and the Gibraltarians have won the first round against the virus.

We cannot, however, become complacent. We have won the first round against COVID-19 because of the way in which we have observed the regulations which restricted freedom of movement and association. Now, we must work together also to observe the more nuanced rules that will apply going forward. As we calibrate the return of different sectors of the economy and the end of restrictions against personal freedom, we have to be careful not to allow a return of the virus to run riot in our community. That is what makes this process of 'unlocking the Rock' almost harder than the introduction of the lockdown in mid-March.

Mass testing, aggressive contact tracing and the imposition of self-isolation (if necessary by compulsion) will be the backbone of how we return to normality. What is clear, is that the new world into which we emerge after lifting the rules of confinement will be very different. We must be alive to the contribution that pollution has made to the spread of the virus and how obesity increases its ability to kill people. We must take steps to promote better, all-round public health. That is why we will be implementing measures to limit the use of vehicles and to promote walking and cycling more as part of dealing with this pandemic. All these things are related and connected.

Essentially, now we are moving into a situation where there will be fewer legal restrictions on our citizens. We have been true to our commitment not to keep in place legal restrictions on your constitutional rights for one moment longer than necessary.

More of what we will be doing will be advisory - to help all of us understand how to avoid catching the virus through good respiratory and general hygiene, through observation of 'the rules of social distancing' (a new terminology that will likely be with us for some time to come) and through the use of non-invasive technology designed to respect our privacy but alert us to having come into contact with a person diagnosed with the disease. It is difficult to see how we will start to see these things as normal. Yet, humanity has a great ability to adapt. What is clear is that our values will change, for the better, to appreciate some fundamentals more. Additionally, much of what we will need to be doing going forward will be to show our own self-discipline in observing the new norms and rules of social distancing.

The economic consequences of the shutdown of our society will likely be the hardest to overcome. We will have worked well in combination with all representative groups in our community. In the COVID-19 Emergency Liaison and Advisory Committee (CELAC), we have enjoyed the benefit of the support and advice of the Unions, the Chamber of Commerce and the Federation of Small Businesses and the Gaming and Financial Services industry representative bodies. We have been able to design measures to protect employment and to protect businesses. We will continue to do so and we will add new measures to those we have already successfully deployed.

As we look forward to the next twelve weeks, we must be conscious that as our understanding of this disease changes, our approach may change too. The things we have set out in this document may also have to change. Some of the changes we envisage may be accelerated. Others may have to be reversed or slowed down further. It will not be easy to get this right if we are to learn the lessons of earlier pandemics where second waves were more devastating than first waves.

I implore every single Gibraltarian and every resident of the Rock to work with us and bear with us as we graduate towards the final phase in this process, 'ROCK UNLOCKED'. Every time

any of you feels frustrated by the fact that your freedoms are curtailed, please understand that we feel the same way and will not tolerate such a curtailment for a moment longer than we are advised is necessary.

This is our first Task Force Restart and Recover document. More will follow as necessary when we have clearer timelines and as we reach agreements across the social spectrum on relevant matters.

We have a good story to tell so far. As we move forward into this uncharted territory, sticking together, we will win every round against COVID-19.



Fabian Picardo QC MP
CHIEF MINISTER
12 May 2020

2 - Director of Public Health - Foreword

When I first took my appointment as Director of Public Health in Gibraltar, I was as conscious as all other public health professionals of the possibility of a flu-like epidemic affecting humanity. SARS and MERS had already given us plenty of warning in the past two decades. Little could I have imagined that in my first fifteen months here we would see the arrival of COVID-19.

With our bespoke Gibraltar 'social lockdown' we have done a great job in Gibraltar of suppressing the first instances of the arrival of the virus. Now, we must try to do as great a job of the process of 'unlocking the Rock'. That will not be easy and will be fraught with difficulty and danger in equal measure.

SARS-CoV-2 is the virus that causes the disease COVID-19. It is a zoonosis (a disease in animals that is communicable to humans) that came, it appears, from bats, via pangolins, into humans. Its spread into a pandemic was not inevitable, but the inability to contain it in Wuhan, China demonstrated why it was going to be so difficult. As we have become more familiar with this pathogen, SARS-CoV-2 continues to perplex like a virological trickster.

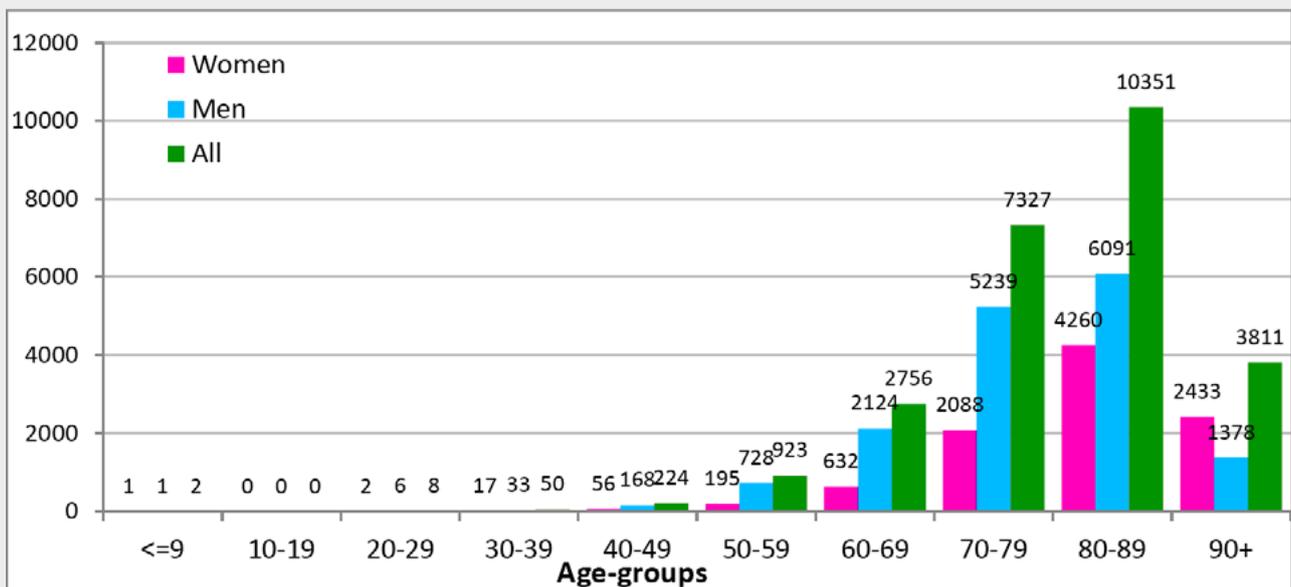
The infectivity of this virus appears to be higher than influenza and the lethality also is much higher. We now believe that the true case fatality rate will be between 0.6-1.2 percent of cases.

Death seems to be weighted towards the elderly, especially in those aged over 70, and these are not deaths in those who might have died anyway, as the chart below from the Italian element of the pandemic shows [\[1\]](#).

The majority of cases have a mild disease with few, if any, symptoms. Infectivity seems to begin before symptoms have manifested and that is what has made infections by SARS-CoV-2 so difficult to contain.

We have been part of the Iberian component of the pandemic which has resulted in Spain, according to current data, having nearly a quarter of a million cases and over 25,000 deaths [\[2\]](#). Our rate of infection, per million, has been similar to that in Spain, though the numbers are much lower due to our small population.

We have been fortunate as the mortality rate has not followed the same trend; our heightened levels of surveillance of all deaths overseen by

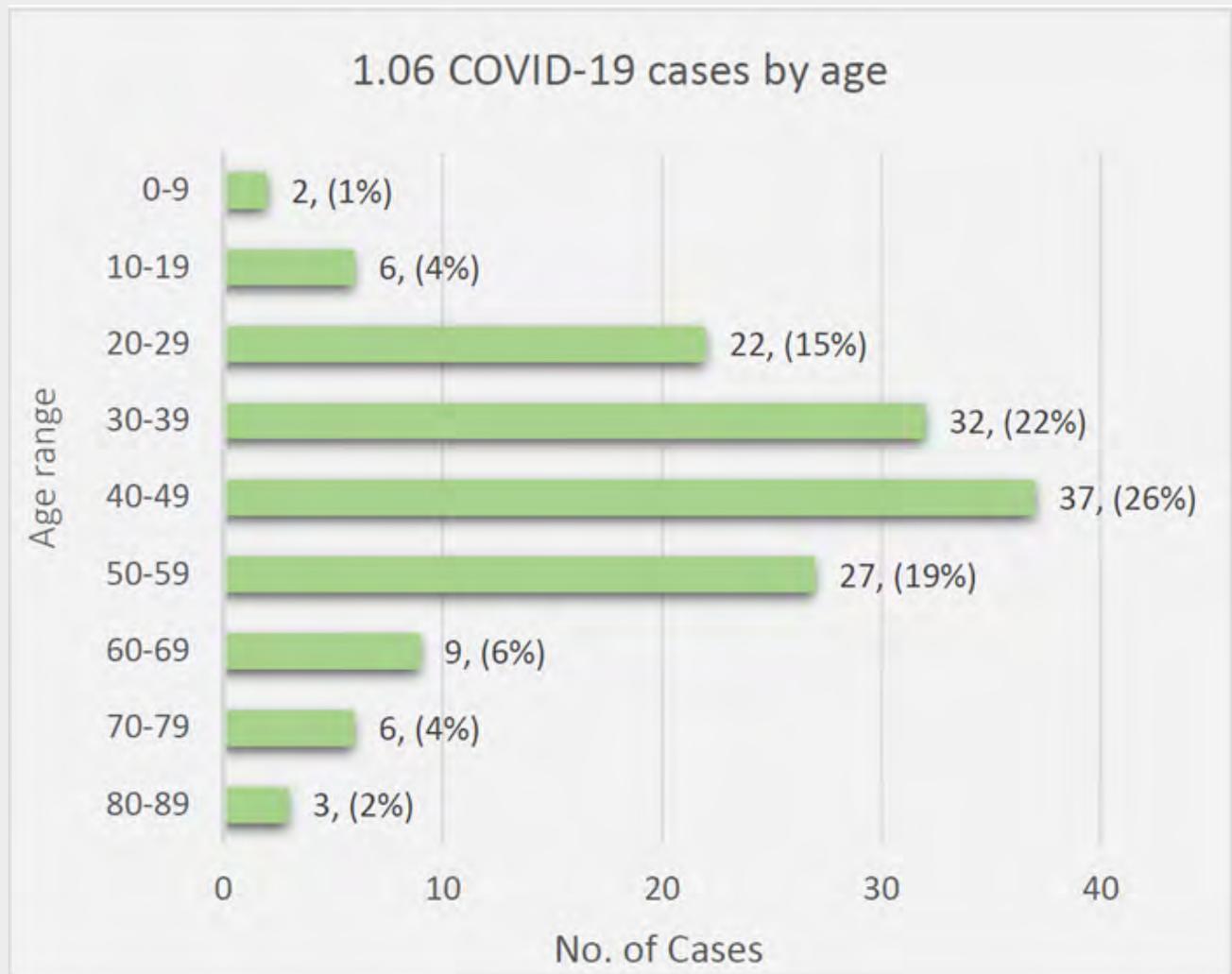


a medical examiner system that requires digital autopsies by CT scanner, retention of blood/urine samples and pharyngeal swabbing means we have more assurance of identifying all deaths from COVID-19 than almost any other jurisdiction. As we have swabbed aggressively, we have seen a different pattern of cases than reported elsewhere with more women than men (78 vs 62) and an average age of only 43 years.

Public Health is more than just epidemiology, though. According to the Faculty of Public Health it is, “the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society”. Therefore, for fighting this pandemic, it requires the organised efforts of society as represented in the systems and organisations within Gibraltar. This means everyone who plays a part in helping protect the people of Gibraltar, not merely the GHA, but also includes politicians, volunteers, non-

governmental organisations, as well as all the statutory elements that make up the Civil Service, the RGP, HM Customs Gibraltar, GDP, BCA, MOD Gibraltar and so on.

It is the marshalling and the collective focus by all elements of Gibraltar that has enabled us to enhance our preparation for COVID-19. This has been an enormous task that has been achieved in a short timescale. It is a tribute to Gibraltar. The political leaders of all parties have been quick to grasp the existential nature of the threat that is SARS-CoV-2. That there are so many tertiary trained individuals throughout all of Gibraltar’s various Departments and Ministries has meant that scientific and clinical knowledge has been rapidly turned into action. The spread of Gibraltarians around the world has also been significant as it has enabled us to access skills such as those of Dr Nick Cortes in the United Kingdom NHS, who has been pivotal in making available testing that Gibraltar would



not otherwise likely have been able to access for use by the Laboratory at the GHA.

The People of Gibraltar have been first and foremost in this endeavour. It is their adherence to the lockdown process that has saved the lives of our citizens. The effusive, intense and typically Mediterranean street culture of touching, shaking hands, hugging and kissing was prevalent here but is now a distant memory. Our senior citizens have managed to exist behind an almost hermetic seal it would have been difficult to envisage, let alone deliver, only a few months ago.

As to how we move to restoring our freedoms, there is no evidence-base outside of historical accounts, however. This is where we need to be careful to evaluate each impact, and to act rapidly to dampen any outbreak. The more aggressively we seek out and isolate each new case, the greater will be the freedoms we can enjoy. The WHO has indicated that there are six conditions we need to meet, and that any release needs to be managed carefully and tailored to the local context.

This strategy and approach demonstrates how we may migrate to a post-COVID-19 world in

the context of our history, and location. Our journey so far has shown that the impossible is not as difficult as we might have once thought. The future is a destination that we can reach if we proceed there slowly and cautiously but also as a single community all working together under an engaged and transparent governance and leadership.

Our guiding principle will be to entirely release citizens of all ages from the restrictions which have been imposed by law as soon as possible. We will seek to do so in two phases. The first will be to align the regulations affecting the over-70s with those affecting the general population. The next will be to release all the restrictions affecting the freedom of movement and retain only necessary restrictions on the freedom of association (gatherings) and then only for as long as is strictly necessary and no more.

Let us all help each other to get to that future.

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Director of Public Health, Gibraltar

(1) https://www.epicentro.iss.it/en/coronavirus/bollettino/Report-COVID-2019_23_april_2020.pdf

(2) <https://www.worldometers.info/coronavirus/>

3 - The Lockdown and the Law

Since 23 March 2020, legal restrictions have been in place in Gibraltar which have impacted the habitual freedoms of movement and association which are protected by the Gibraltar Constitution^[3]. The terms of the lockdown in Gibraltar have, however, been less strict than in most other nations. This was designed in order to ensure that there was greater community support for the measures and that they would be sustainable for longer.

The controls on individual and commercial freedoms were principally imposed by the following pieces of subsidiary legislation (which have been renewed and amended from time to time since they were first made) made under the Civil Contingencies Act and in three broad ways. We set these out in the chronological order they were introduced:

1. The Commercial Lockdown

These were first introduced on 13 March and enhanced as from 17 March. They have been renewed with variations since then. They are contained in the Civil Contingencies Emergency (Coronavirus) (Catering And Other Establishments) (Construction And Shipbuilding and Repair) (No.2) Regulations 2020. These Regulations prohibit the operation of certain businesses entirely and prescribe how some other businesses are able to operate.

2. Our Most Vulnerable - the Over-70s

These were first introduced with effect from 17 March. They are primarily intended for the protection of the group of our population identified as most at risk. The provisions are contained in the Civil Contingencies Emergency (Coronavirus) (Health Protection Measures) (70s and Over) Regulations 2020. These Regulations control the rights of all citizens over seventy years of age in

the population to move and associate freely and prescribes what activities can be carried out by such citizens over the age of seventy in Gibraltar.

3. The General Social Lockdown

This was introduced with effect from 24 March to respond firmly to a growth in the number of cases and stall the growth of the virus. These measures are contained in the Civil Contingencies Emergency (Coronavirus) (Health Protection Measures) (Under 70s) Regulations 2020. These regulations control the rights of the general population to move and associate freely and prescribes what activities can be carried out by citizens in Gibraltar.

While all these Regulations have been successively amended from their original form and renewed to unaligned end dates, the Cabinet took the decision to keep these under review every 7 days to achieve a degree of consistent, uniform and dynamic review for the need and effectiveness of these measures.

In strict observance of the rule of law, each of these Regulations were made ONLY because the Government had medical advice, from the Director of Public Health and the acting Medical Director of the Gibraltar Health Authority, that a failure to take pre-emptive measures to restrict personal movement and business activities could give rise to a situation which could threaten damage to human welfare in Gibraltar^[4]. The Government has had the benefit of the legal advice, from the Attorney General, that the measures proposed would therefore be proportionate to the aim of the derogations permitted from the protections of the relevant sections of the Constitution, as these specifically also provide that they can be derogated from by a law that is made in the interests of public health ^[5].

³ The relevant impacted provisions of the Gibraltar Constitution Order 2006 are Sections 11 (protection of freedom of assembly and association) and 13 (protection of freedom of movement).

Unlocking Gibraltar requires a gradual relaxation of these Regulations, which will amount to making amendments to each of them. Any such amendment, which purports to be a continued derogation from a Constitutional freedom, will therefore also need to comply with the criteria that it is made on the advice of the medical professionals and in the interest of public health. Additionally, it must also be proportionate under the advice of the Attorney General.

Our guiding principle will be to entirely release citizens of all ages from the restrictions which have been imposed by law as soon as possible. We will seek to do so in two phases. The first will be to align the regulations affecting the over 70 year olds with those affecting the general population. The next will be to release all the restrictions affecting the freedom of movement and retain only necessary restrictions on the freedom of association (gatherings) and then only for as long as is strictly necessary and no more.

⁴ Section 3(1) of the Civil Contingencies Act 2007:

(1) Where the Government believes that an event or situation threatens damage to human welfare in Gibraltar it may make regulations to prevent, mitigate or control the effects of that event or situation.

⁵ Section 11(2)(a) and Section 13(3)(d)(i) of the Gibraltar Constitution Order 2006.

4 - Our Approach to Unlocking

Gibraltar has succeeded in reducing the rate of community infection of the COVID-19 virus. That means that the virus is infecting fewer people every day, not more. This is technically expressed as a reproductive rate below 1 (expressed as $R_0 < 1$). The R_0 in Gibraltar is now close to 0. Any relaxation of the lockdown regulations creates a likelihood of increased community infection. For that reason, the pace of relaxation of the lockdown will have to be gradual.

Maintaining the lockdown also, however, creates risk of serious harm to public health generally, giving rise to recognised risks to life and wellbeing from other eventualities such as lack of exercise, issues of mental health, a lack of hospital treatments and screenings and an absence of vitamin D from lack of exposure to daylight.

For those reasons, the approach of Public Health Gibraltar and HM Government of Gibraltar will be to prioritise public safety and security by seeking to continue to suppress the spread of the virus as much as possible. This will mean that restrictions will be removed gradually, prudently and asymmetrically. There will be no flick of an 'off switch' that will provide a safe and secure immediate return to 'normality' as it was before lockdown. In addition, the 'unlocking' will require mass (including random) and specific (of those with symptoms) testing in order to identify and isolate both asymptomatic and symptomatic infected persons who may otherwise spread the virus more widely.

The prevailing international understanding of the virus (at least, on the date on which this document is being issued), is that there is unlikely to be a timely vaccine to immunise the world's population. Additionally, there is no clear clinical advice on what, if any, medication is effective in the treatment of patients suffering the worst effects of the infection.

As a result, the overwhelming body of opinion,

and the advice which is received by the Government, is that mechanisms must be put in place for 'normal life' to continue, insofar as may be possible, with COVID-19 still being present in the community. This advice is based on the principle that what the lockdown sought to achieve was the suppression of the infection rate of the virus, in order to avoid the GHA being overwhelmed by the numbers of patients requiring care. The lockdown was not intended to pretend that it was possible to achieve the complete elimination of the virus by keeping the population in lockdown, especially given the reality of the daily influx of cross-frontier workers, but that we should get as close to that as possible.

In order to, therefore, ensure continued success in the suppression of the virus, whilst allowing a limited return of freedom of movement and association, it will be necessary to quickly identify those who are symptomatic and asymptomatic carriers of the infection. This will require widespread testing in the community. In some circumstances, this may have to occur at, or near to, entry points to Gibraltar or even beyond Gibraltar's borders.

The relaxation will be approached in a six-phase process ending with a final phase which is ROCK UNLOCKED.

The Phases, the first of which began on 2 May, will be based on principles designed to marry your safety and security with your fundamental freedoms.

The COVID-19 pandemic has rocked the world. The case for lockdown was powerful so that we could minimise the spread of the virus and better manage any strain on medical resources. It is here to stay for the foreseeable future and we must learn to live with it. We have been successful in this first phase of management and control for now. But we cannot sit still. Nor is it sustainable for our collective physical and mental well-being or economic survival for us to remain in an impossibly restrictive container for a moment longer than is necessary.

We must therefore balance the need to continue to manage the public health risks with ensuring we restore some individual and commercial freedoms which will in turn foster some economic and social regeneration.

But we must all understand that for this foreseeable future we are not going back to what it was. We are restoring freedoms within a new environment of working and social practices. Additionally, the success or failure of these measures depends on a partnership between each of us. It will rely on respect for the new boundaries and enjoyment of your freedom within necessary restrictions. The more respect there is for these new boundaries, the more we will be successful in managing and controlling the spread of the virus and the more freedoms we will gradually be able to restore. So we depend on you as much as you depend on us.

The following principles will influence what happens in the next few months

Necessity

As we explained at the time, we only introduced the lockdown measures because it was necessary to do so – to prevent a surge of cases that would collapse the health services and to save lives. This has come at a high economic

cost and the cost of limits to personal freedoms. We will make a continuous judgment as to what is necessary to balance safeguarding the public as much as possible from the public health risks and restoring economic and social normality and freedoms as soon as possible.

Freedom

We have said often that the restrictions should not be in place for a moment longer than is necessary and so high on our list of principles is the restoration of freedoms as quickly as we can within the confines of the overall management of the pandemic.

Managing the Virus

We will be guided by public health advice. How far we can unlock and whether we can continue to unlock or, if necessary, re-impose restrictions will depend on the state of spread of the virus and how the health system is coping with this.

Dynamism & Regular Reviews

While the object of the Unlocking process is to restore freedoms, we are in a delicate global situation in which, because there is no vaccine, it is impossible to guarantee that restrictions will only gradually be lifted. It means that we will need to keep the situation under constant review and will reimpose restrictions if the need arises. The desired direction of travel will be towards greater freedoms, with buffer periods between the lifting of restrictions so that we can gauge their effectiveness and regular reviews of the overarching strategy.

Phases

It follows that this cannot all be done in one go. The virus has shown us how quickly it spreads. We will therefore apply a staged approach which will be gradual, cautious and transparent. We will keep you informed and also keep this under constant review. You can see the detail of the Phases of Unlock the Rock in Chapter 7.

Transparency Of Information

We will keep you informed of developments relating to COVID-19, its spread and impact throughout our community

Data & Information

To underpin this strategy over the next few months we are committed to a comprehensive and robust testing policy. You can read more about our plans in these regards later in this Chapter (Antibody testing) and in our Chapter on Testing for COVID-19 (Chapter 20). This will cover symptomatic persons (Chapter 19) as well as periodic random testing. We will also pursue vigorous contact tracing (Chapter 21), testing of contacts and mandatory self-isolation where necessary. Any technologies used will respect personal freedoms and data protection laws with their introduction used to combat and manage the virus, for no other purpose and for the time that we are managing this crisis only.

A New Working & Social Environment

New working practices and social distancing customs will need to be in place for the foreseeable future. Without these the liberalisation of restrictions will bring the virus back hard. We cover this extensively in Chapter 10.

Social Co-Operation

We are all in this together. Our success depends on what each of us contribute and how we respect the new environment and do not abuse it. We can and should enjoy the freedoms we have within the necessary restrictions. How quickly we emerge and how we do so will depend on this social partnership between each member of our community. You can make this work if you own this strategy for your sake and that of your friends and family.

Political Co-Operation

As we have done to date, we will continue to seek to work with Opposition colleagues and to seek consensus when it comes to matters relating to the pandemic.

Re-starting the Economy

There has already been a first phase of measures through the BEAT initiative. We will continue to work with CELAC, business groups and the unions and announce various other initiatives via Task Force Future.

Supporting Individuals & Families

This is a time of great strain for individuals and families. We are aware of this and through diverse strategies will be ensuring there is community support for individuals and families. We will particularly continue the work with the most vulnerable.

Testing

Additionally, we will require the cooperation of members of the public (which in the context of Gibraltar will engage the non-resident, working population as much as the resident population) to accept random testing and to quickly volunteer information about the onset of symptoms without concern for economic loss or peer opprobrium. Cooperation will also be required for effective contact tracing (supported by technology, if possible, and in keeping with Data Protection rules and guidance) and for self-isolation.

Only in this way will we be able to ensure that the Gibraltar Health Authority will be able to identify sufferers informing and thereby provide the best standard of care for those who need it - whether as a patient or relative, carer or friend of a patient.

IT SHOULD BE NOTED that this strategy will necessarily involve the risk and, indeed, the probability, that the number of infected residents of Gibraltar - and the number of infected persons seeking to access Gibraltar, principally for work - will increase. It will be important to ensure that these numbers remain suppressed enough for the original objective of the lockdown to continue to be achieved (namely, that the infection rate of the virus should remain low enough that it would avoid the GHA being overwhelmed by the numbers of patients requiring care).

The Government will also seek to continue to provide support for employers, employees and the self-employed, as well as businesses generally in the period beyond the lockdown. The COVID-19 Emergency Liaison and Advisory Committee (CELAC), made up of unions and trade organisations, will continue to meet to provide context for the Government's assistance to the business community and to workers in our economy.

In the process of relieving the lockdown, the Government will continue to make all relevant information public as soon as it is verified, in order to ensure that the public have transparently available all the data which is informing the decision-making process. This will also engender continued public trust in the decisions being taken and the consequences thereof, as well as providing accountability for decisions taken.

The process of changing regulations and permitted behaviour will be pursued with the maximum possible clarity in order to ensure that individuals and families are able to clearly understand what actions are allowed from different times. It should be noted, however, that the medical understanding of the COVID-19 virus is changing and that as a direct result, there may need to be changes to the manner in which the relaxation or the tightening of lockdown rules progresses in coming months.

The preparation of this document draws on the work and publications of the World Health Organisation as well as the work of Public Health England and other international bodies.

Antibody Testing

In addition to the approach set out above, and as another strand of our determination to tackle COVID-19 with every tool at our disposal, we will embark on an antibody testing regime at a scale and speed not seen elsewhere in the world. The Government is committed to ensuring that the entirety of the local community and most of the registered cross-border workforce shall be tested for Coronavirus antibodies using the EU-

approved Abbott test. This is one of a growing range of tests available globally and consists of a blood test which provides confirmation in minutes of whether or not the person tested has already contracted Coronavirus.

We have won the first round of the fight against Coronavirus notwithstanding the fact that our opponent is a silent killer, lurking in the shadows, ravaging communities around the world but impossible to spot in most of those who have contracted it. We have been fighting blind, yet we have fought the good fight.

As we go into round two, the virus remains as deadly as it ever was, but we join in this next phase of the battle with a veritable new arsenal of knowledge, strategies and technologies that we simply did not have six short weeks ago. In March we were facing the uncertainty and the concern of simply not knowing how far the virus had already spread nor the extent to which it would bring pain to our community. Today, we have the best health resources, the best people and the testing capacity to deal with a second or third surge, but we do not propose to rest on our laurels or 'wait and see'. We are also in a position now, which we weren't in as recently as mid-March to be able to start answering very important questions about COVID-19 in Gibraltar.

Taking advantage of the antibody testing opportunity and the fact that we are a small and tightly knit community, we will work hard to shine a light on those important and unanswered questions.

We will be blind no more.

We will no longer be formulating policy exclusively on the basis of preparing for the worst and hoping for the best. With the data our antibody testing programme will yield, we will quickly develop a much clearer understanding of the progress of COVID-19 in our community, enabling us to target our attention and resources on the basis of what we KNOW, and not

what we THINK, or HOPE. We will be able to formulate policy based on FACT, informing the speed with which we approach the Unlock the Rock process. It will also provide you with the comfort that the process of unlocking is being undertaken in line with decisions based on the best, most accurate data about the virus in the specific Gibraltar context.

5 - Triggers for Unlocking and Relocking

Conditions for unlocking

The Director of Public Health has advised that the precautionary principle must be applied. There is no proven path for release from lockdown. Four conditions therefore had to be met in order for Gibraltar to consider beginning a process of relieving the lockdown.

These are conditions principally designed to ensure that the Gibraltar Health Authority is able to deal with a potential surge of COVID-19 cases, if such a surge were to become a reality.

The first condition is that the total number of confirmed COVID-19 cases is rising at a pace of 7 or less new cases per day;

The second condition is that the number of confirmed COVID-19 admissions to hospital is 4 or less per day;

The third condition is that the number of confirmed COVID-19 patients requiring treatment with ventilators at any one time is 3 or less; and

The fourth condition is that of all confirmed and active COVID-19 cases, cases affecting the over 70 year olds represent no more than a maximum of 25% of the total current number of confirmed and active cases.

Once those four conditions have been met, the process of slowly and prudently unlocking

must be undertaken with a view to reversing any measure of relief which advice may suggest has led to a discernible increase in the number of cases. Additionally, the unlocking must be accompanied by the mass and specific testing regime and a scrupulous pursuit of the rules of social distancing and the other measures provided for herein.

It should be noted that a decision on whether or not to reverse unlocking measures and tighten or return to full lockdown again will be made on different criteria, subject to advice of the Director of Public Health and the acting Medical Director of the Gibraltar Health Authority and subject to consideration by the Cabinet, in consultation with the Leader of the Opposition, and with the advice of the Attorney General as to the proportionality and Constitutionality of any measures then proposed. Locking down again will be a reconsideration, in effect, of the matters that led to the original lockdown and not a reverse application of the triggers that led to the decision to ease it.

Reversing Gear - the relocking criteria

The first steps to be taken will involve modest changes to the Regulations. Gradual return of sectors will mean that there is less risk of an unexpected rise in cases of infection requiring hospitalisation.

In every instance, activity will return to each sector strictly subject to the observation of the rules of social distancing, as more particularly set out in Chapter 6.

Additionally, the pace of the relief to be introduced is designed to ensure that the implementation of mechanisms to test for, identify and isolate new cases of COVID-19 are being effectively deployed in Gibraltar. Already, temperature

scanners are operating at entry points. More work is required, however, on the issue of wide-scale testing being commercially available and deployable on a day basis as people call in sick with symptoms – especially those who are cross-frontier commuters.

The issue of the exact criteria for review is subject to small statistical random error. The fact that we will be screening vigorously will mean that we will have better intelligence more quickly, and so may be better able to understand the effect of some of the measures taken.

Intelligence about the movement and interaction of our citizens with each other will also enhance the accuracy of our assessments, as that is collected from the contact tracing app being developed. The Government is advised that it is a combination of factors that could move us towards an arena of concern, namely the overall number of cases, the rate of daily growth and absolute numbers.

The overall number of cases.

The impact of having large numbers of known cases as a context is important as it shows that there are greater levels of risk of further community spread. Given the higher numbers screened, we believe that anything exceeding 1,000 active cases in the context of Gibraltar is a cause of concern.

The rate of daily growth.

This is an important driver of RO and therefore suggests, when sustained, that there may be momentum building for a surge. We think therefore that it would be prudent if a daily rate of more than 14.28% (1:7) is sustained for more than 5 days there would be need to review progress.

Absolute numbers

Modelling suggests that 20 cases per day, based on the previous 2 conditions will mean that a surge is unavoidable. A rate of 10 new cases can, however, subside spontaneously. This means that extra vigilance is required when the rate exceeds 10 new cases per day, but is still below twenty.

We recognise that the rate of admission to hospital is a more robust measure, as is admission to ICU, but the fact is that people have already suffered from infection for 10 days or more at that point, and any impact will therefore take a similar period of 10-14 days to reduce that impact, which may be too late.

6 - The Rules of Social Distancing, Respiratory Hygiene and Detection

In order to be able to relieve the lockdown regulations, it will be necessary to ensure that the public is required to observe the rules of social distancing and the provisions as to personal hygiene and the measures designed to avoid transmission of the virus.

The World Health Organisation is developing its advice as more is known about the virus and how it behaves as it mutates and as science better enables us to understand it.

Public Health Gibraltar carefully considers the advice of the WHO and Public Health England, as well as the public health authorities of other nations, in order to adapt this advice to the particular circumstances of Gibraltar.

The relaxation of the rules of lockdown can only happen on the premise that the public will observe, and where necessary may be compelled to do so by law enforcement, the new norms of social distancing and hygiene which will have to be adhered to for coming months or longer.

The new norms relate to keeping a minimum distance between individuals who are not of the same household, the use of masks in certain situations and the timely reporting of symptoms of COVID-19.

Social Distancing: keeping far enough apart

In order to avoid the transmission of the COVID-19 virus, it is recommended by the WHO that persons should maintain between 1 and 2 metres distance between themselves and others. The reason for this is that when someone coughs, sneezes, or speaks they spray small liquid droplets from their nose or mouth which may contain virus. If another person is too close, they can breathe in the droplets, including the COVID-19 virus if the first person has the disease.

No Large Gatherings: avoiding crowded places

It will be advisable, and laws will provide, for the public to avoid congregating in crowded places. Where people come together in crowds, they are more likely to come into close contact with someone that has COVID-19 and it is more difficult to maintain physical distance of between 1 and 2 metres.

Masks

There has been international controversy over recommendations as to the use of masks outside of the clinical setting. The WHO does not make a categorical recommendation on the use of masks outside the clinical setting, drawing a distinction between use of masks in the open air and their use indoors.

Masks: an imperfect remedy recommended for use indoors

It is important to remember that masks are not a substitute for other, more effective ways to protect yourself and others against COVID-19 such as frequently washing your hands, covering your cough with the bend of an elbow or tissue and maintaining a distance of between 1 and 2 metres from others. In circumstances **INDOORS** where it is not possible to keep between 1 and 2 metres, we will be requiring the use of masks. The use of masks should be undertaken in keeping with the rules set out by the WHO.

Masks: when to be used inside

The WHO advises that currently, there is not enough evidence for or against the use of masks (medical or other) in healthy individuals in the wider community. However, the WHO is actively studying the rapidly evolving science on masks and continuously updates its guidance. For that reason, Public Health Gibraltar is advising that when individuals are inside buildings, or vehicles (including Public Service Vehicles, especially

buses) in situations where they are not able to observe the rules of social distancing from other persons, masks must be used to protect others from the potential that a person is an asymptomatic carrier of COVID-19.

Masks: people exhibiting symptoms of COVID-19

The WHO advises that anyone who is sick, with mild symptoms such as muscle aches, slight cough, sore throat or fatigue, should isolate at home and use a medical mask according to the WHO's recommendation on home care of patients with suspected COVID-19. Coughing, sneezing or talking can generate droplets that can cause the spread the infection. These droplets can reach the face of others nearby and land on the surrounding environment. If an infected person coughs, sneezes, or talks while wearing a medical mask, this can help to protect those nearby from infection. For that reason, such persons should use masks if they live with others as well as being very conscious of the other relevant rules of hygiene. If a person who exhibits these symptoms needs to go to a health facility they should wear a medical mask, but before attending any such facility, a person should contact **111** if their illness is suspected to be COVID-19.

Temperature Scanners: another imperfect method of detection

The WHO advice on how effective thermal scanners are in detecting people infected with the Novel Coronavirus is clear. The WHO advises that thermal scanners are effective in detecting people who have developed a fever (i.e. have a higher than normal body temperature) because of infection with the Novel Coronavirus. However, they cannot detect people who are infected but are not yet sick with fever. This is because it takes between 2 and 10 days before people who are infected become sick and develop a fever. The Government has, however, already started implementing the use of temperature scanners at entry points into Gibraltar and in other areas of Gibraltar. These will be required in certain work places. Details of these requirements will be

issued separately. The Government has already started the process of rolling out this technology at the land frontier.

Personal Hygiene: Wash your hands

Although it has now been repeated incessantly, the WHO advice is that washing your hands frequently is a key way to prevent the spread of the virus. The WHO insists on regularly and thoroughly cleaning your hands with an alcohol-based hand rub or washing them with soap and water. Washing your hands with soap and water or using alcohol-based hand rub kills most viruses that may be on your hands. This will therefore continue to be an important part of the community's response to the COVID-19 pandemic. Although this may seem basic, it is essential.

Good Respiratory Hygiene: Catch It, Bin It, Kill It!

Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or a tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands. Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.

Detection: protect yourself and others

Those who are experiencing the symptoms of COVID-19 must ensure that they comply with the rules on self-isolation. They should ensure that they do not go out and that they are tested as soon as possible. They should ring **111** to be tested without having to attend at St Bernard's Hospital or the Primary Care Centre.

[3] The relevant impacted provisions of the Gibraltar Constitution Order 2006 are Sections 11 (protection of freedom of assembly and association) and 13 (protection of freedom of movement).

[4] Section 3(1) of the Civil Contingencies Act 2007: (1) Where the Government believes that an event or situation threatens damage to human welfare in Gibraltar it may make regulations to prevent, mitigate or control the effects of that event or situation.

[5] Section 11(2)(a) and Section 13(3)(d)(i) of the Gibraltar Constitution Order 2006.

Protect yourself and others from getting sick

Wash your hands



- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste



Wash your hands

Wash your hands with soap and running water when **hands are visibly dirty**



If your **hands are not visibly dirty**, frequently clean them by using alcohol-based hand rub or soap and water



Protect others from getting sick

When coughing and sneezing **cover mouth and nose** with flexed elbow or tissue



Throw tissue into closed bin immediately after use

Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick



Protect others from getting sick



Avoid close contact when you are experiencing cough and fever

Avoid spitting in public



If you have fever, cough and difficulty breathing **seek medical care early** and share previous travel history with your health care provider



7 - THE SIX UNLOCKING PHASES: An overview of the plan

In order to try to ensure that the public in Gibraltar has a good way of understanding how we are working to end confinement and loosen the lockdown regulations, the Government has prepared a visual to reflect the terms of this paper.

The route map reflects the need to pause and wait between different stages to see whether the effect of the relief provided against the lockdown regulations has resulted in a spike of cases of COVID-19 and a surge of patients requiring care from the Gibraltar Health Authority.

The relaxation will be approached in a six-phase process ending with a final phase which is **ROCK UNLOCKED**. The Phases, the first of which began on 2 May, will be as follows:

PRE-UNLOCK PHASE 1 **29 April 2020**

Over-70s were permitted to exercise – aligning regulations with the under-70s cohort. Specific areas of Gibraltar are disinfected and access is allowed only to the over-70s.

UNLOCK PHASE 1 **02 May 2020**

Retail establishments free to re-open between 10:00 and 17:30. In order to operate, retailers will need to put in place measures to comply with the rules of social distancing, although that may mean that fewer people can be inside a shop at any one time and queuing outside must be properly managed. Where the rules of social distancing cannot be observed, masks are required to be worn by staff members in retail outlets. Retail outlets required to provide sanitising gels at places of access and egress to shops.

Hairdressers and beauticians can re-open with strict controls on social distancing and the wearing of masks in order to minimise the possibilities of potentially, unwittingly transmitting infections to clients. Services must be offered on a strictly 'by appointment' basis to avoid persons gathering in waiting areas. Strict hygiene rules will also be implemented.

Estate Agents offices and premises re-opened as from the 2 May, subject to the observance of the rules of social distancing. When showing properties, social distancing must be observed by Estate Agents also and it is advisable that, inside properties, face masks should be worn.

Personal Trainers will be able to resume work from 2 May where their training sessions are held outdoors. If a trainer offers services simultaneously to more than one client at any time, they must ensure that each person is at least between 1 and 2 metres apart, and the number of persons per training session must be no more than two.

04 May 2020

Self-contained construction sites can open under a permit from the Chief Technical Officer. Operation of construction sites will be subject to permits that will provide very strict controls about access and operation. Construction workers will have to remain on site and move from their homes (or, where relevant, from their point of entry into Gibraltar) to the site. Construction workers will not be permitted to leave construction sites during their working hours. Deliveries required for the operation of construction sites will have to be arranged with those supplying materials so that they can be delivered by employees who will not be exposed to those working on site. Interaction on construction sites will have to be – insofar as possible – in keeping also with the rules of social distancing. Where the rules of

social distancing cannot be observed, masks will have to be worn even if work is being carried out in the open air. Additionally, access to all construction sites by employees will require a control of the temperature of all employees on a daily basis. Any employee who registers a high temperature will have to be tested and will have to self-isolate until test results are available. Minor works inside homes or office buildings will still not be permitted until **UNLOCK PHASE 2**.

The Gibraltar Health Authority will start the process of screening patients for urgent assessment. Lists will be updated. Relevant urgency levels will be assigned to patients. Urgent patients will be given appointments for interventions as necessary.

06 May 2020

Shipbuilding and ship repair can recommence but only with strict observation of the rules of social distancing and the wearing of masks. Additionally, access to all ship repair sites by employees will require a control of the temperature of all employees on a daily basis on the same basis as those accessing construction sites.

14 May 2020

Over 70s Regulations will be extended to 21 May 2020 to be co-terminus with regulations affecting the general population.

PAUSE... OBSERVATION OF INCREASES IN NUMBERS OF COVID-19 INFECTIONS

UNLOCK PHASE 2

18 May 2020

Daily 4pm press conferences will end. Final press conference posted by Chief Minister.

Family & Friends

Visiting friends and relatives under the age of 70 in their homes will be permitted. Gatherings should, nonetheless, be kept below 12 persons. It will be important to keep a note of persons visited or persons visiting you for contact tracing purposes.

In the event that a person has any of the symptoms of COVID-19, they will have an obligation to self-isolate and should neither visit a friend or relative nor should they permit anyone to visit them until they have been tested and are negative for the virus. If you have any symptom, you must always self-isolate.

Exhibitions, Museums and Libraries

Exhibitions, Museums, Libraries, etc may be opened after 18 May, provided access is limited, with persons previously making an appointment online or by telephone.

The Retail Sector

Shops will initially only have been able to re-open from 10:00 until 17:30. The first review date will be on 1 June, for a return to normal hours.

Education

Will continue in keeping with the plan provided for in Chapter 13. Last week of extended hours supervision and crèche.

Cultural activities and workshops

Cultural activities and workshops will be organised which will be provided for online or will be open to children of school years that will not be returning to school before September.

Health

Clinical activity will continue in keeping with the plan provided for in Chapter 14.

Sports

Will restart in keeping with the table provided for in Chapter 18.

Gymnasiums

Commercial gymnasiums may now re-open, but only in keeping with a permit from the Director of Public Health. Even then, gym staff will need to ensure that they observe the rules of social distancing with clients and staff must wear a mask. Additional detailed rules will be provided.

Private gymnasiums (e.g., in residential estates) are able to operate. Patrons should observe the rules of social distancing.

Minor Works Inside a Dwelling, Office or Other

Minor works inside dwellings, offices or other buildings will be permitted in **UNLOCK PHASE 2** as from 18 May 2020 with a permit from the Chief Technical Officer.

Personal Trainers

Personal trainers can now offer services in their studios or clients' homes, observing the rules of social distancing with clients. The trainers must wear a mask.

21 May 2020

Regulations restricting freedom of movement

The regulations affecting the freedom of movement of all citizens, regardless of age, are repealed. The advice remains to stay at home. Restrictions on freedom of association (gatherings) will continue.

28 May 2020

Parliament & Democracy

In the event that the numbers of cases of infections and those hospitalised remains under control, the Government will convene a meeting of Parliament in the last week of May (likely Wednesday 28 May) as part of **UNLOCK PHASE 2**. The Government will consult with

the Opposition on the appropriate dates to reconvene the Referendum on Abortion and the work of the Parliamentary Select Committees.

PAUSE...

OBSERVATION OF INCREASES IN NUMBERS OF COVID-19 INFECTIONS

UNLOCK PHASE 3

1 June 2020

Stand down from Major Incident. Command structure posture ends.

The Retail Sector

Review of opening hours. Extension from 09:00 to 19:00 considered.

Public Transport

A specific plan to make public transport safe is being developed for **UNLOCK PHASE 3**. It will likely be necessary to wear a mask inside buses. This requirement may be introduced ahead of the rollout of the renewed services.

Line Wall Road

In the first instance, the areas of Line Wall Road between Orange Bastion in the north and Duke of Kent House in the South, shall be closed to all vehicular traffic, other than residents with an appropriate parking permit, public service vehicles and those delivering (who will only have access with electric vehicles from January 2022), those with electric vehicles and Blue Badge holders. Bicycle lanes will feature also. This will be a potential flagship benefit arising from the pandemic.

Chatham Counterguard

In order to facilitate this leisure area being better able to accommodate patrons, the area in front of the restaurants will be closed to vehicular traffic. Bicycle lanes will feature also.

Europort Avenue

This has been closed in one direction for some time. Given that this area, when it reopens, will feature three schools, access will be limited to residents and as a laydown area for schools. We will consult widely on the best format for this particular road. Bicycle lanes will feature also.

Religious Worship

The Government recognises the importance that those with strong religious beliefs put on ceremonies for communal worship. The restrictions which have been put in place in respect of such ceremonies have been a demonstration of the sense of responsibility of religious leaders and is greatly appreciated by the Government. It is proposed that ceremonies for communal worship should not return until **UNLOCK PHASE 3**, which is not likely until after 31 May.

Theatrical and Musical Performances, Dance Schools, etc.

Theatrical, musical and other performances may be allowed in **UNLOCK PHASE 3** after 31 May provided they are carried out without a live audience and filmed and/or broadcast or streamed.

Tourist Sites

Tourist sites will not operate for now. The Government will not be promoting tourist arrivals to Gibraltar in **UNLOCK PHASE 3**. We will re-evaluate matters in coming weeks once we have seen the effect of the unlocking measures envisaged in this document.

Flights to London

British Airways will continue to operate its flights to Heathrow, four-times-a-week, through to the end of July. Matters related to proposed quarantine arrangements may affect this service.

Restaurants

In **UNLOCK PHASE 3**, as from 1 June, if things have moved positively and without any set-backs, we expect restaurants will be permitted to open in some form – but if we do suffer set-

backs in other areas, restaurants may be set back also, perhaps as far as July. All will be required to operate on a maximum of 50% occupancy (depending on lay out and public health advice) in order to be able to create appropriate social distancing between patrons.

Cafeterias

It is likely that cafeterias will be able to re-open with some restrictions as apply to restaurants. The operators of cafeterias should expect to be providing a new layout for persons attending their establishments.

Education

Year 2 in Lower Primary; Year 6 in Upper Primary and in Hebrew Primary return to school for part of the day. Reduced hours will help with the transition back to school and will facilitate social distancing measures.

Years 2 and 6 are split into 2 halves. Half attend 10:00 - 12:00 and the other half attend 13:00 - 15:00.

Parents will be advised in advance of plans specific to their child.

The Secondary year group will also be split into smaller groups and students will be advised of the specific times they are required to attend.

Each Primary and Secondary school continues to receive other children in their school whose parents need to work or who otherwise fall into category 3.

Home learning will continue to be available for all year groups that have not been brought back into school. It will also continue to be delivered to those attending the childcare supervision facilities. Home learning will cease for Year 2, Year 6 and the Secondary year group that is brought back to school. Home learning platforms will be used to offer support to children who are unable to attend school. St Martin's remains open as it is operating at the moment.

Sport

Some sports will resume in keeping with the table provided for in Chapter 19.

PAUSE... OBSERVATION OF INCREASES IN NUMBERS OF COVID-19 INFECTIONS

UNLOCK PHASE 4 16 June 2020

Bars

It is likely that bars will be able to re-open with some restrictions. The operators of bars and pubs should expect to be providing a new layout for persons attending their establishments.

Beaches and bathing

Official bathing season starts. Consideration will be given to normal operation of the beaches. Consideration also given to restricted access to Europa Pool and the GASA Bathing Pavilion for over-70s.

PAUSE... OBSERVATION OF INCREASES IN NUMBERS OF COVID-19 INFECTIONS

UNLOCK PHASE 5 29 June 2020

Public Gatherings

Consideration of increasing attendance at Weddings, Religious Ceremonies and other public gatherings.

Review Restrictions

Review and re-evaluation of any outstanding restrictions still effective in certain areas.

ERS

We will review a return to family visits at our Elderly Residential Services facilities.

Restaurants

Consideration given to allowing restaurants to operate with greater levels of occupancy.

PAUSE... OBSERVATION OF INCREASES IN NUMBERS OF COVID-19 INFECTIONS

UNLOCK PHASE 6 15 July 2020

Review all aspects of the implementation of this plan. Consider posture for the return of full-time education in September.

Review and re-evaluation of any outstanding restrictions still effective in certain areas.

PAUSE... OBSERVATION OF INCREASES IN NUMBERS OF COVID-19 INFECTIONS

ROCK UNLOCKED 1 August 2020 (aspirational date)

Observe the rules of social distancing. Constant review of potential for new clusters or new waves of the virus.

Public Health Gibraltar and GHA stay alert for any re-incidence of clusters of COVID-19

8 - Over-70s and the Vulnerable

The statistical evidence continues to highlight that the COVID-19 virus is particularly dangerous for those over the age of 70. It is for that reason that the regulations which relate to the over-70s have been stricter and were introduced earlier than those that relate to the general population.

The medical advice given to the Government specifically provided that continuing to restrict the movement of the over-70s is of benefit to the protection of the lives of that cohort.

Additionally, however, the medical advice suggests that the restrictions that were already in place should be ameliorated by the introduction of provisions that will allow the over-70s to exercise and to leave their homes to carry out that exercise, in addition to the exemptions the regulations already provide for.

In the circumstances, the Government has already introduced a new provision which will permit those in the over-70s and vulnerable cohort to leave their homes to exercise.

The provision is identical to the permission in the regulations for the under-70s to allow the general population to exercise. It is not a provision which is restrictive as to time or area when exercise may be taken. The Government is, nonetheless, additionally, providing areas which are cordoned off from the general population and made available for the exclusive use of the over-70s and vulnerable for defined periods on working days. These areas also benefit from disinfection.

The medical advice in respect of the over-70s is identical for those who are suffering vulnerabilities arising from or leading to immunosuppression. Emerging evidence also suggests that obesity may make individuals more susceptible to the disease.

In the longer term, the medical advice continues to be that the over-70s are at greater risk if they are not subjected to some continuing restrictions on or recommendation against movement, association and assembly. The Government is considering making available bathing facilities exclusively to the said cohort for those who might wish to take up that opportunity. These may include the GASA Bathing Pavilion and the Europa Pool facility. The decision of the Government is to replace legal restrictions with strong recommendations and advice to the over-70s to stay at home.

The current rules will therefore be amended by 21 May to permit the over-70s freedom of movement (including to attend hairdressers or beauticians by prior appointment and where the persons attending the client who is over 70 are wearing a mask) as is the case for the general population. The restriction will be on the freedom of association (gatherings).

Those who are over 70 and vulnerable may, under the existing regulations, leave their homes to shop, go to a bank or financial institution, exercise pets, work, attend medical appointments, for emergencies, care for a person with disabilities or otherwise as may be absolutely necessary.

The Government will continually review with Public Health Gibraltar whether any rules relating to the confinement of those over 70 should again be made compulsory or whether these should continue as advisory recommendations.

General physical activity guidelines and advice to over-65s

The general advice from the GHA and the NHS (alongside Public Health Gibraltar and Public Health England) is that older adults should do some type of physical activity every day. Any type of activity is good. The more the better.

Adults aged 65 and over should:

- Aim to be physically active every day. Any activity is better than none. The more, the better, even if it's just light activity;
- Do activities that improve strength, balance and flexibility on at least 2 days a week;
- Do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity if you are already active, or a combination of both; and
- Reduce time spent sitting or lying down and break up long periods of not moving with some activity.



9 - Daily Life

Our lives will, to an extent, change for good until there is a vaccine or treatment for COVID-19. What the Government wants to achieve is to provide as near to normality as possible and no infringement on civil liberties. In order to achieve that, we will need to seek to put in place mechanisms to provide protection to the general population where possible, strong advice on how best to prevent the spread of the virus, and move away from the laws restricting movement.

In this part, we set out how life will change in many areas of daily life and sectors of our community that have been affected by the pandemic.

Remember that this is a live document that may change as we move forward in the relaxation of the lockdown rules. We may find that there is a need to reverse measures we have introduced to relax the lockdown or that we may find we can move a little faster than we expected, although the latter is unlikely.

Public Transport

A specific plan to make public transport safe is being developed for **UNLOCK PHASE 3**. It will likely be necessary to wear a mask inside buses. This requirement may be introduced ahead of the rollout of the renewed services.

Children

Our children have not been going to school, but they have been able to go out once a day. That will continue for now. Although children are considered to be relatively safe from the virus, they are potential carriers of it. They will be able to return to school as soon as it is safe for them, for their teachers and for the rest of society to do so. The section of this document that deals with 'Education' addresses the needs of children more closely.

Family & Friends

Visiting friends and relatives in their homes or public places will be permitted in **UNLOCK PHASE 2** from 18 May 2020. Gatherings should, nonetheless, be kept below twelve persons. **It will be important to keep a note of persons visited or persons visiting you for contact tracing purposes.**

In the event that a person has any of the symptoms of COVID-19, they will have an obligation to self-isolate and should neither visit a friend or relative nor should they permit anyone to visit them until they have been tested and are negative for the virus. If you have any symptom you must always self-isolate.

Religious Worship

The Government recognises the importance of religious ceremonies and communal worship, particularly for those with strong religious beliefs. The restrictions which have been put in place in respect of such ceremonies have been a demonstration of the sense of responsibility of religious leaders and is greatly appreciated by the Government. It is proposed that ceremonies for communal worship should not return until **UNLOCK PHASE 3**, which is not likely until after 1 June.

Funerals & The Mortuary

Funerals and attendance at a mortuary after the death of a friend or loved one will continue to be discouraged until we reach **ROCK UNLOCKED**.

Weddings

It will be permissible to carry out the administrative aspects of wedding ceremonies in **UNLOCK PHASE 1**, as from Monday 4 May. However, it should be noted, that for those holding a wedding ceremony, the persons permitted to be present shall be only the couple, the person conducting the ceremony, two witnesses and the parents and any children of

the couple. The persons attending, other than the couple getting married, must observe the rules of social distancing and personal hygiene.

Boating

Boating is already permitted, and will continue on the same basis, unchanged. You will be required to stay within your home unit in your vessel. Only people who live in the same home as you can be on your vessel until **UNLOCK PHASE 2**.

Parliament & Democracy

In the event that the numbers of cases of infections and those hospitalised remains under control, the Government will convene a meeting of Parliament on 28 May as part of **UNLOCK PHASE 2**. The Government will consult with the Opposition on the appropriate date to reconvene the Referendum on abortion and restart the work of Parliamentary Select Committees.

Sport

A detailed strategy on how sport will return to Gibraltar, and the allocations of the Gibraltar Sports and Leisure Authority facilities, appears in the relevant section of this guide.

It is the Government's ambition, based on a combination of the evolving advice we have in relation to transmissibility of the virus in the beach context, and the hope that the initial phases of the unlocking process yield the desired results in maintaining the spread of the virus at manageable levels, that we will see a normal bathing season, with normal beach going. We do not want to see any restrictions on our ability to attend beaches

Theatrical and Musical performances, dance schools, etc.

Theatrical and Musical performances, dance schools, etc.

Theatrical, musical and other performances may be allowed in **UNLOCK PHASE 3** after 1 June provided they are carried out without a live audience and filmed and/or broadcast or streamed.

In **UNLOCK PHASE 6**, after 1 August, live audiences may be permitted provided seating arrangements are such that the minimum distance is maintained and queues, etc, are controlled. Hand sanitiser gel must be available at all venues. Temperatures will be scanned at the entrances, including that of performers.

These arrangements will be reviewed after 1 September.

Exhibitions. Museums, Libraries, etc may be opened in **UNLOCK PHASE 2**, after 18 May, provided access is limited, with persons previously making an appointment online or by telephone. Hand sanitiser gel must be available at all venues.

Dance schools, academies, etc. may open concomitant with the opening of schools, subject to discussion between each of them and the Department of Culture.

In **UNLOCK PHASE 2**, after mid-May, cultural activities and workshops will be organised which will be provided online or will be open to children of school years that will not be returning to school before September.

Beaches

It is the Government's ambition, based on a combination of the evolving advice we have in relation to transmissibility of the virus in the beach context, and the hope that the initial phases of the unlocking process yield the desired results in maintaining the spread of the virus at manageable levels, that we will see a normal bathing season, with normal beach going. We do not want to see any restrictions on our ability to attend beaches.

10 - Work Life and Business

As our daily life will change, so will the way in which we do business. Most, but not all, businesses will be able to restart to do some business. All businesses will have to take steps to keep their employees and customers safe.

Commercial activity is key to economic development and public health, not least as a result of strong economies having the ability to fund strong systems of health care for their populations.

It is nonetheless important to try to keep street traffic density low.

In All Workplaces

In all workplaces, the rules of social distancing will have to become commonplace and will have to be observed as enforceable rules of health and safety. These will be a legal requirement which HMGoG will impose by legislation. Additionally, these rules will be as important to employers as they will be to employees.

Employers will want to ensure that the rules are observed to avoid widespread contagion of its employees that could lead to the business being unable to continue to operate.

Employees will want to ensure that they are not putting themselves, or being put by the employer or fellow employees, at risk of contracting the virus.

This will mean maintaining physical distancing, keeping records of who comes into contact with who, where possible, avoiding large gatherings at work, disinfecting surfaces and maintaining the very highest standards of hygiene.

The Government will therefore legislate to require that a COVID-19 Officer shall be appointed in respect of every workplace. The responsibilities of the COVID-19 Officer will include ensuring

that hand sanitisers are available, that the rules of social distancing can be observed in the layout of work places and such other obligations as the legislation shall require.

We are all in this together and in the same way as employees must be given the confidence to declare that they are suffering from COVID-19 symptoms, employers must equally be given the confidence that the process of testing employees exhibiting symptoms will happen without delay.

Office Environments

Working from home will continue to be recommended generally for all those who are able to.

Those who work in office environments should consider continuing to use video conferencing to replace meetings where this would obviate the need for travel or for gatherings in which the rules of social distancing cannot be properly observed.

Where the rules of social distancing cannot be observed, it is advisable that masks should be worn.

Employers will need to provide hand sanitiser gels at places of access and egress to offices.

Cleaning of offices and equipment will have to be very regular and will have to involve disinfection.

The Retail Sector

Shops which have been closed by the regulations have been able to re-open as part of **UNLOCK PHASE 1**, from Saturday 2 May. In order to be able to re-open, retailers must put in place measures to comply with the rules of social distancing in areas where people have to queue. This may mean that much fewer people can be inside a shop at any one time and queuing outside must be properly managed also. Where

the rules of social distancing cannot be observed, masks will have to be worn by staff members in retail outlets.

Retail outlets will need to provide hand sanitiser gels at places of access and egress to shops.

Shops will initially only be able to re-open from 10:00 until 17:30. The first review date will be in **UNLOCK PHASE 3**, after 1 June.

Assessments will be made of the manner in which the operation of retail outlets might lead to any increases of the spread of infections. In the event that the public health advice were to be that the operation of retail outlets, or the gathering of people arising as a result, is aiding the spread of COVID-19, these arrangements would have to be revised. If the advice suggests that the initial re-opening does not propagate the spread of the virus, then from some appropriate moment in June, shops would be able to re-open from 09:00 until 19:00. Subject to the same assessments continuing, and the public health advice, all restrictions in respect of opening hours will be lifted from some time in June.

Estate Agents

Offices and premises managed by Estate Agents will have to ensure social distancing but have been able to re-open in **UNLOCK PHASE 1** as from 2 May also. When showing properties, social distancing must be observed also and it is advisable that face masks should be worn.

Construction Sites

Construction sites have remained open in the United Kingdom and Spain (subject to a hiatus of some weeks) whilst in Gibraltar they have largely been closed. Only some sites have remained open and these have required a permit from the Chief Technical Officer in order to operate. These permits have numbered up to 27 at any one time. Gibraltar has been the only European jurisdiction where construction has remained closed.

All self-contained construction sites will be able to re-open with a permit from the Chief Technical Officer as from **UNLOCK PHASE 1**

from Monday 4 May. Operation of construction sites will, however, be subject to very strict controls on access and operation.

Construction workers will have to remain on the site and move from their homes (or, where relevant, from their point of entry in Gibraltar) to the site. Construction workers will not be permitted to leave construction sites during their hours of work. Deliveries required for the operation of construction sites will have to be arranged with those supplying materials so that they can be delivered by employees who will not be exposed to those working on site. Interaction on construction sites will have to be - insofar as possible - in keeping with rules of social distancing. Where the rules of social distancing cannot be observed, masks will have to be worn even if work is being carried out in the open air. Additionally, access to all construction sites by employees will require a control of the temperature of all employees on a daily basis and that any employee who registers a high temperature will have to be tested and will have to self-isolate until tests results are available. Random testing will be carried out on sites also.

Minor Works Inside a Dwelling, Office or Other

Minor works inside dwellings, offices or other buildings will not be permitted until **UNLOCK PHASE 2**, depending on how infections progress, and only then with strict observation of the rules of social distancing and the wearing of masks. Contractors/workers will not be permitted to leave work sites during their hours of work. Deliveries required for the conduct of works will have to be arranged with those supplying materials so that they can be delivered by employees who will not be exposed to those working on site.

Interaction on work sites will have to be - insofar as possible - in keeping with rules of social distancing. Additionally, access to all work sites by employees will require a control of the temperature of all employees on a daily basis

and that any employee who registers a high temperature should not be granted access to the works site and will have to be tested and self-isolate until tests results are available.

Shipbuilding and Ship Repair

Shipbuilding and ship repair has been permitted at the Gibdock facility since Wednesday the 6 May but only with strict observation of the rules of social distancing and the wearing of masks. Ship repair at any other site or on any vessel in British Gibraltar Territorial Waters require a permit from the Chief Technical Officer and the Captain of the Port. Additionally, access to all ship repair sites or operations by employees require a control of the temperature of all employees on a daily basis and that any employee who registers a high temperature should not be granted access to the works site and will have to be tested and self-isolate until test results are available.

Hairdressers, Beauticians etc

Hairdressers and beauticians have been able to commence offering services again as from 2 May in **UNLOCK PHASE 1**.

Hairdressing services must now be offered on a strictly 'by appointment' basis. This is designed to avoid persons gathering in waiting areas.

Persons providing hairdressing and beautician services will be required to wear masks in order to minimise the possibilities of potentially, unwittingly transmitting infections to clients.

Persons providing hairdressing and beautician services will be required to wash their hands regularly and, at least, between different clients.

Tourist Sites

Tourist sites will not operate for now. The Government will not be promoting tourist arrivals to Gibraltar in **UNLOCK PHASE 3**. We will re-evaluate matters in coming weeks once we have seen the effect of the unlocking measures envisaged in this document.

The Catering Industry

The rules that apply to the catering industry will largely remain the same for the majority of May.

Restaurants

We welcome the excellent work that has been done by so many of our restaurants in providing their delicious offering by delivery and take away with the army of delivery drivers that have been providing a service during the period of lockdown.

The opening of restaurants for the public cannot yet commence. We are, nonetheless, preparing a plan for the operation of restaurants in coming weeks with new layouts and new provisions to assist with the observation of the rules of social distancing.

In **UNLOCK PHASE 3**, as from 1 June, if things have moved positively and without any set-backs, we expect restaurants will be permitted to open in some form – but if we do suffer set-backs in other areas, restaurants may be set back also, perhaps as far as July. All will be required to operate on a maximum of 50% occupancy (depending on lay out and public health advice) in order to be able to create appropriate social distancing between patrons.

All members of staff will be required to wear masks. Every time a table changes, tables, chairs and menus will be disinfected. Each table will consist of no more than six people and will be spaced 1 to 2 metres apart. Restaurants will initially be permitted to operate by reservation only in order to limit the numbers of persons accumulating in waiting areas and to prevent people from going out without a reservation.

Bars

It will not be possible for bars to re-open during the month of May. It is likely that bars will be able to re-open during **UNLOCK PHASE 3** but this will very much depend on whether or not restrictions might need to be reimposed in future. Even then, the operators of bars and

pubs should expect to be providing a new layout for persons attending their establishments.

Cafeterias

It will not be possible for cafeterias to re-open during the month of May. It is likely that cafeterias will be able to re-open during **UNLOCK PHASE 3** but this will very much depend on whether or not restrictions might need to be reimposed in future. Even then, the operators of cafeterias should expect to be providing a new layout for persons attending their establishments.

Discotheques/Nightclubs

The rules that apply to discotheques and nightclubs will remain the same for now. On the basis of the health advice received by Government, the ongoing requirements relating to social distancing and the nature of these particular businesses, it is envisaged that it will be some time before a reopening of these venues can be properly contemplated.

Gymnasiums

Commercial gymnasiums must remain closed for now. The Government expects to be in a better position to assess re-opening of commercial gyms in **UNLOCK PHASE 2**, but this will very much depend on whether or not restrictions might need to be reimposed in future. Even then, gym staff will need to ensure that they observe the rules of social distancing with clients and staff must wear a mask. Additional detailed rules will be provided.

Personal Trainers

Personal trainers have been able to resume work from 2 May in **UNLOCK PHASE 1** where their training sessions are held outdoors and to a maximum of two clients at any one time. If trainers offer services to more than one client at a time, they must ensure that each person is at least between 1 and 2 metres apart.

Where trainers offer their services directly to clients in their own homes or studios, they cannot yet resume their services. The Government expects to be in a better position to assess personal trainers providing their services in clients' homes or in their own studios in **UNLOCK PHASE 2**, but this will very much depend on whether or not restrictions might need to be reimposed in future. Even then, they will need to ensure that they observe the rules of social distancing with clients and the trainer must wear a mask.

11 - Access to Gibraltar by Land, Sea and Air

The greatest threat to Gibraltar of a return of large numbers of persons infected with COVID-19 will be from arrivals from outside Gibraltar. It is unrealistic, however, to pretend that Gibraltar can operate as an island, without cross-frontier workers or without human arrivals from the United Kingdom.

As a result, the Government will implement a strategy in order to allow for efficient entry and exit from Gibraltar, whilst at the same time minimising, insofar as is reasonably practicable, the risk of persons with the virus coming into Gibraltar and spreading it widely in our community.

This strategy will involve a number of strands.

Temperature Scanning

The first strand will be the deployment of temperature scanners at all entry points to Gibraltar. This will mean the presence of such facilities at Gibraltar International Airport, at the land frontier with Spain and at the Cruise Terminal. The deployment commenced on 2 May. Similar testing will be required in respect of a reporting berth for other arrivals in Gibraltar by sea. (It is accepted that this solution is imperfect. Temperature scanners will detect high temperatures but not COVID-19, which symptomatic carriers can reduce, if they wish to dupe these mechanisms for detection. Additionally, such a solution will be harder to implement in relation to persons who may enter Gibraltar in a vehicle.) Further, such temperature scanners will also be deployed in the areas around the frontier and airport as well as at other points in the City, in other Government buildings and by private sector employers.

Field testing

As testing develops, it is hoped that it will be possible to deploy field testing in situations outside of Gibraltar or at entry points. This would enable Gibraltar to provide a service to residents and non-residents alike on a daily basis. The plans being developed would provide for workers to be tested at home or in the drive-in area at Rooke (or elsewhere) in Gibraltar.

Outside of Gibraltar we will seek to enter into arrangements with commercial health care providers to enable cross-frontier workers to be tested without the need to enter the jurisdiction.

Quarantine

Different options for voluntary or mandatory self-isolation (or other methods of quarantine) are being considered. These will likely operate on a reciprocal basis if imposed on those travelling from Gibraltar.

12 - The Public Sector

The public sector has made tremendous efforts to continue providing services during the period of the pandemic. Officers in the public sector have devised ways of working – both in public facing services and in respect of internal administration – which have enabled services to continue to be provided seamlessly and in keeping with the directions of public health advice.

The combination of the lockdown and ensuring public safety, while remaining operational, has required a radical change in the way that services have been delivered to our community, as well as the working practices of many civil and public servants. Government counters have been closed, but the civil and public service has succeeded in continuing the provision of services.

A short-term transformation in both these aspects has taken place and this has been enabled, in large measure, by the use of technology in an unprecedented way. Led by the Information Technology and Logistics Department, and other public service IT sections, this has been of great benefit because the existing foundation of the Government's eGov programme has been accelerated. In short, this sector has organically become more efficient, practical and pragmatic. We must therefore continue to build upon the work that has already been done to be able to enhance services further as we progress with the Public Service Reform Programme initiated in 2019. We must do this in partnership with frontline officers and with unions, not least in recognition of the work that senior officers in the public sector and their unions have delivered in the pandemic period.

The closure of public counters, in particular, has forced both officials and the public to adapt to alternative ways of working, both in terms of services as well as for payments. This has forced everyone to think differently about

how we conduct business in the public sector. The situation has forced a move away from reliance on undertaking business in person in the traditional way and alternative, simplified arrangements have been made across the board. Now that these are in place, and both the public and the service provider have become used to this new way of working, it would undoubtedly be a shame to reverse the progress by going back to the former, more laborious working practices.

This streamlining of services in a different format has proved to deliver a more efficient service all round. We are of course mindful that a significant number of elderly people rely on the public sector and may find automation and technology difficult. We will work closely to safeguard their needs and interests to ensure that no one is left out or left behind during this period of modernisation, as they have not been during the pandemic. The needs of this sector of our community will remain a paramount consideration for the Government of Gibraltar.

Similarly, the staffing levels within the civil service will also be prioritised, and the established complement of the civil service will be maintained as per 2011, to ensure we retain the tremendous talent that has been demonstrated within the public sector. This difficult period has shown that many traditional working practices were out of sync in a modern and dynamic Gibraltar, but has also revealed the professionalism of public servants, and their ability to diversify and adapt.

We will look at the best of the changes that we have implemented already and continue to improve and enhance them so that when we return to 'normal', we return to a new and even better normal which makes the public sector not just a better working environment for its staff, but also offers better services to the public who we serve.

As we focus on the public sector going forward,

we will harness all the best working practices that have been developed, with a view to retaining them and, where possible, enhancing them further. We will strive to embark upon a process of continuous development, with the aim of creating an unparalleled and effective public service.

Any efficiencies realised through modernisation will be reinvested back into the sector to deliver a high-performance public sector for Gibraltar.

13 - Education

The Department of Education has developed, in discussion and agreement with the NASUWT, a roadmap for a return to school.

The four guiding principles of the plan proposed by the Department of Education are designed to prioritise the safety and security of all the children, teachers and other staff in schools, as well as the safety and security of the whole community. The four principles are as follows:

1. A gradual, slow return to schools to be achieved with a prudent pause between each step.

2. Public health advice on social distancing and hand hygiene to be respected throughout the period to the end of the summer term.

3. Children who are at a critical stage of their learning journey are brought back first, with some children being brought back to each school.

4. The Department and schools will maintain, to the extent and for as long as possible, the following services:

a. home learning for those not able to attend school;

b. childcare supervision facilities for those parents who need to work and who are unable to arrange alternative childcare without involving relatives over the age of 70;

c. extended hours for children of key workers who need to work shifts.

RATIONALE FOR THE ORDER OF YEARS BROUGHT BACK TO SCHOOL FIRST

In assessing the rationale for the order of the year groups brought back to school first, the Department has considered every aspect of the needs of the children in different years of education.

Years 2 and 6 will be moving to a new school in September. Transition work is completed with these pupils during this term, in order to prepare them for the transition to their new school. It is critical to do some of this work with these children.

The Department has therefore decided it will start off with Year 2 attending each Lower Primary school – split up into smaller groups, together with children from other year groups who require supervision.

Additionally, Year 6 will attend each Upper Primary school - split up into smaller groups, together with children from other year groups who require supervision.

We will also have Year 6 attending the Hebrew Primary School – split up into smaller groups, together with children from other year groups who require supervision.

There will be one year group attending Bayside, Westside and the College, together with children from other year groups who require supervision. We will monitor announcements in the UK relating to the secondary curriculum before deciding which year group will start first.

CRITERIA FOR ATTENDING CHILDCARE SUPERVISION FACILITIES

The criteria which determines which parents will be able to send children to childcare supervision facilities will be the following:

1. Children whose parents need to work and who are unable to arrange alternative childcare without involving relatives over the age of 70;

2. Children attending St Martin's;

3. Children not falling in categories 1 and 2 above but where there are special circumstances requiring attendance at a childcare supervision facility and this is approved by the Director of Education (for example, looked after children or vulnerable children);

4. As from 25 May, these childcare supervision facilities will be available for children of school age enrolled in Government schools who fall within one of the above categories.

Time	Framesteps
Week 1 - 4 May	No change in current arrangements.
Week 2 - 11 May	Hold posture
Weekend supervision ceases on Sunday 17 May	
Week 3 - 18 May	Hold posture
Extended hours & crèche facilities cease on 22 May	
Week 4 - 26 May	EDU STEP 1 - Years 2, 6, and one year group at Secondary start. They will attend for 2 hours, either morning or afternoon.
Week 5 - 1 June	Hold posture
Week 6 - 8 June	Hold posture
Summer hours start	
Week 7 - 16 June	EDU STEP 2 - Year groups which have been attending school will attend in the morning. In addition, we will consider whether any further year groups will be brought back.
Week 8 - 22 June	Hold posture
Week 9 - 29 June	Hold posture
Week 10 - 6 July	Hold posture
END OF TERM: 07 July	

DETAILS OF PLAN

The Department of Education, observing the above principles, therefore proposes to put in place the following plan:

Week 1 - 4 May

No change in current arrangements.

Week 2 - 11 May

Weekend supervision ends on Sunday 17 May.

Week 3 - 18 May

Last week of extended hours supervision and crèche.

Week 4 - 26 May

Year 2 in Lower Primary; Year 6 in Upper Primary and in Hebrew Primary return to school for part of the day. Reduced hours will help with the transition back to school and will facilitate social distancing measures.

Years 2 and 6 are split into 2 halves. Half attend 10:00 - 12:00 and the other half attend 13:00 - 15:00.

Parents will be advised in advance of plans specific to their child.

The Secondary year group will also be split into smaller groups and students will be advised of the specific times they are required to attend.

Each Primary and Secondary school continues to receive other children in their school whose parents need to work or who otherwise fall into category 3.

Home learning will continue to be available for all year groups that have not been brought back into school. It will also continue to be delivered to those attending the childcare supervision facilities. Home learning will cease for Year 2, Year 6 and the Secondary year group that is brought back to school. Home learning platforms will be used to offer support to children who are unable to attend school.

St Martin's remains open as it is operating at the moment.

Weeks 5 (1 June) and 6 (8 June)

Arrangements continue as above.

Week 7 - 16 June

Summer hours start.

All year groups introduced in week 4 attend school but all now attend in the morning. Arrival and dismissal times will be staggered to help with social distancing. Parents will be advised in advance of the details pertinent to their child.

Each Primary and Secondary school continues to receive other children in their school whose parents need to work or who otherwise fall into category 3.

Home learning continues as above.

St Martin's remains open as it is operating at the moment.

The Department of Education and HMGoG will evaluate the situation at this time and, if appropriate, will consider whether any additional year groups can start attending school.

Weeks 8 (22 June), 9 (29 June) and 10 (6 July)

Arrangements continue as above.

End of term on Tuesday 7 July.

STRATEGIES TO MITIGATE RISKS

Above all, our main priority will be to safeguard the wellbeing of all children and staff in our buildings and under our care. Working with Public Health Gibraltar, risk assessments will be carried out to ensure adequate social distancing measures are adopted.

Staggered entry and dismissal will operate to avoid larger gatherings.

There will be regular and more frequent cleaning.

Consideration is also being given to how to handle break times and the ratio of the approximate numbers of children to adults in class. This work is ongoing.

In order to ensure and maintain parental confidence, a letter will be sent to parents advising them of the different measures being adopted to mitigate risks. This letter will include arrival and dismissal times and procedures and will ask children to bring a pencil case with their own equipment (including a pencil, pen, ruler, eraser, sharpener and coloured pencils) so that we reduce the need for sharing and maintain social distancing.

SOCIAL AND EMOTIONAL REINTEGRATION

We are aware that returning to school after the COVID-19 lockdown is going to be hard and will be a very different experience for every school and for children, staff and parents.

We will all have been changed by the experience of the Coronavirus. It will take time for us to adjust to the 'new' normal. We will need to recognise and allow for this by acknowledging that we need to be patient and understanding to each other and ourselves. The re-establishment of routines may be difficult. We know that this is difficult and a source of anxiety at the beginning of every term, but this will be on a larger scale. This will not just be for school routines; it will also be for those basic daily life routines, such as sleep and getting up.

We recognise that children will have grown over the time that they have been out of school and so their uniform may not fit. Furthermore, children might not have the correct items for the summer uniform that the improving weather will necessitate. We have therefore made the decision that children will not be required to attend school in uniform. Children should come comfortably dressed in clothing appropriate for the school setting and the weather.

Different people will have had very different experiences during the lockdown. It will take time to re-establish and re-learn the expectations of school behaviour and learning. We ask parents to work closely with school staff to ensure we can safeguard the children's physical and emotional wellbeing during this period of adjustment. The majority of children will have become used to being with their parents and immediate family for an extended period. Being away from them is a potential source of anxiety. Children will have had a myriad of different life experiences and parents' and teachers' responses will be key to how children are able to reintegrate into school and the people that they will become.

A key focus in school will be on rebuilding relationships and establishing routines. Schools will work sensitively with the aim of establishing a firm basis for children from which they can move on. We need to be aware that this will not happen overnight.

We are acutely aware that the impact of all issues will be even greater for those with special needs. School closures will have had an impact on their learning, as will issues of being or not being in school, managing change, routines and anxieties. The transition of these children will need to be managed with enhanced sensitivity.

Many children will be looking forward to the return to school but may find being around people difficult, frightening and overwhelming. We will need to be aware of this and support these children.

As always, we ask parents to work closely with school staff to ensure that, through communication, we can make this transition 'back to school' as smooth and stress-free as is possible, for all those involved – children, parents and staff alike.

The Department will develop a strategy in relation to the wearing of masks, if appropriate, in close consultation with Public Health Gibraltar and the Gibraltar Committee of the NASUWT.

ENHANCED SCHOOL BUS SERVICE

Government we will be conducting a review/assessment of school bus services in connection with the return to school as contemplated by the plan in the continued pursuit of environmental objectives. Further details in this regard will be made available at the appropriate time.

PRIVATE SCHOOLS

The principles and steps set out above will apply to private schools. The Government will, however, consider any proposal from private schools which differs from this, provided that they meet public health guidelines for the protection of children, staff and the rest of the community and are in line with the principle of a slow, gradual and staged approach to the reopening of schools.

14 - GHA - Restarting Clinical Activity

COVID-19 has had a significant impact on routine clinical activity. Many, if not all, elective and semi-elective surgical procedures have been cancelled globally since the beginning of the pandemic. PPE has become essential for a lot of procedures. The impact from delayed surgical, diagnostic and screening interventions will not become apparent until much later.

For those reasons the GHA's current working hypotheses and proposals will address these issues with the following 12-point plan:

1. Surgical, diagnostic and screening interventions cannot be delayed indefinitely. Re-introduction will need to be controlled and risks will need continual assessment;

2. Where COVID-19 is present in surgical patients, outcomes have been shown to be poor;

3. Risk assessment of patients before deciding if an intervention is appropriate, will be provided by an objective Scoring Tool (Section 3) that will be recorded in the patient's clinical record, and can be audited in the case of any adverse outcome;

4. The restart programme will be gradual and stepwise to ensure that before any increase in clinical activity, Public Health are able to provide an overall assessment of the community presence of COVID-19;

5. Low levels of COVID-19 (Green assessment) will mean a move on to the next step up of clinical activity;

6. Moderate levels of COVID-19 (Amber assessment) will mean clinical activities to remain at the same level in terms of numbers of patients and interventions, until a reduction in COVID-19 levels when the next step-up will be triggered;

7. High levels of COVID-19 (Red assessment) will mean a cessation of clinical activity until a reduction in community infection levels;

8. Patients over 70 years old represent a greater risk, but arguably have a greater need for medical intervention due to co-existing medical conditions and the need to maintain mobility, independence and quality of life;

9. The roadmap to restarting clinical activity will follow the Public Health proposed 'Releasing Lockdown Roadmap', allowing at least 3-week gaps between step-ups in activity to allow for any surge in COVID-19 cases to occur, and preserve resources (material and human) to deal with any surge;

10. Common to all departmental start-up plans will be the following:

a. Initial telephone consultation to ensure intervention is still necessary and assign priority based on waiting time since referral and any deterioration of symptoms;

b. Patient to be questioned over the telephone to determine any risk of COVID-19 infection, and if the patient is at increased risk of infection;

c. Intervention lists will start as half lists with gaps between patients to minimise patient contact with each other;

d. Smaller numbers of patients being invited for any consultation or intervention will mean less impact if a clinical service has to be turned off once again. In the initial stages, clinical services must be able to be turned off in 24 hours.

11. Clinical services and interventions will not be offered to those over 70 years old in the early stages of restart, but will follow the release of lockdown measures for this age group specifically;

12. Screening services may be argued to represent a greater risk to an individual of COVID-19 infection, than the benefit of the screening procedure in terms of detecting occult disease. Nevertheless, screening services must be restarted at a pace perhaps one or two steps behind that of elective procedures and interventions:

a. Initial screening services to prioritise those patients needing screening follow-up or review;

b. Colon cancer screening (stool tests) to be considered a priority and to start soonest;

c. Full screening services proposed to restart by July.

Added value services identified in pandemic

Additionally, those clinical services recently put in place as pandemic measures and found to be of long-term clinical value will be retained as new standard operating procedures and will be explored and resourced to ensure best practice and resource resilience. These will include, but will not be limited to:

i. 111/190 Integrated Urgent Care service;

ii. Primary Care Centre and Secondary Care Outpatient Telephone and Video Consultations;

iii. Continued deflection of non-urgent consultations from A&E;

iv. Consider locating the Chemotherapy Suite more permanently in the Cancer Relief Centre or at an SBH location;

v. Consider an Acute Clinical Service located in Elderly Residential Services;

vi. Managed Service for all Diagnostic Equipment;

vii. New Theatre Sterile Services Unit (TSSU);

viii. Mortuary to be located away from SBH;

ix. Continuation of the scanning of corpses as alternative, additional tool for pathological assessments;

x. Surgical Assessment Unit to be retained in the location by A&E (Mortuary location).

**CONDITIONS 1-4 MET
FOR RELEASE OF LOCKDOWN**

GO



01 MAY 2020

**WAITING LIST PATIENTS CALLED AND SCREENED, LISTS
UPDATED AND URGENCY LEVELS ASSIGNED TO PATIENTS
URGENT PATIENTS INVITED FOR INTERVENTION**



...wait 3 weeks



22 MAY 2020

**HALF LISTS OF INTERVENTIONS TO START WITH GAPS IN
BETWEEN PATIENTS TO PREVENT PATIENT CONTACTS**



...wait 3 weeks



12 JUNE 2020

**SCREENING SERVICES TO START (ROUTINE MAMMOGRAPHY,
COLON CANCER SCREENING, CERVICAL SCREENING)**



...wait 3 weeks



03 JULY 2020

**FULL LISTS OF INTERVENTIONS, SCREENING
AND FULL CLINICAL ACTIVITY RESTARTED**

15 - Mothballing Nightingale

In the first week of April the new Europa Point Sports Complex (the new home of Rugby, Cricket and Squash in Gibraltar) was converted into a field hospital facility. The facility was named 'Europa Point Hospital, GHA Nightingale Facility' ("Nightingale"). In a matter of weeks Nightingale was up and running and able to cater for 238 beds, with the capability to surge even further and provide a total of 300 beds. Oxygen could be provided extensively to all patients via various methods.

The establishment of Nightingale was led by the Civil Contingencies Coordinator. Assistance in the establishment of Nightingale was provided by British Forces Gibraltar under a request for Military Assistance to the Civilian Authorities (a 'MACA' request). The request for MACA assistance was principally fulfilled by the man power provided under the Direction of the Commander of British Forces in Gibraltar, by the Royal Gibraltar Regiment. Additional assistance was provided more widely by British Forces Gibraltar.

The clinical responsibility for the facility was to be under the care of the GHA. A group of privately sourced nurses were flown over from the United Kingdom to man the facility.

Nightingale has not taken even one patient. It

has not been required as there has been no influx of patients at the GHA's main St Bernard's Hospital at Europort.

As a result, Nightingale is to be mothballed. Her Majesty's Government of Gibraltar considers this is the prudent course of action until such time as there is a vaccine or medical cure for COVID-19, or until otherwise advised by Public Health Gibraltar.

Consideration will also be given on how to entirely dismantle Nightingale whilst keeping it ready to redeploy again. This could be in relation to this pandemic or any future public health emergency or major incident. Having obtained the beds and other equipment and material, it will be necessary to ensure that the investment made in this respect is maintained.

In the United Kingdom the temporary hospital in Excel in London at the Excel conference centre has similarly been mothballed. The London Nightingale was the first in England to be opened, with others following across the country. Temporary hospitals in Birmingham and Harrogate have not treated any patients, and are also being kept ready for a second peak of hospitalisations but has not treated any patients. A facility opened in Manchester, designed to treat up to 4,000 patients, has had just a handful of patients to deal with.



16 - Gibraltar Courts Service

The Gibraltar Courts Service has continued to operate during this COVID-19 period. Both the Supreme and Magistrates' Courts are pivotal in the administration of justice in our community and both Courts have continued to hear cases during the lockdown to ensure that justice has continued to be served.

The Court counters have not been closed completely, with arrangements made for these to be opened on particular days for specific purposes. Since 8 April, the original procedure was relaxed by the Chief Justice and criteria issued to also enable the hearing of non-urgent applications. The take-up of this relaxation by parties has been limited, but where applications have been filed, they have been listed for hearing. Hearings have been undertaken with lawyers appearing in court, using video links and teleconferencing facilities.

In the coming weeks, the Supreme Court will start to make arrangements to list and hear more cases. In cases where applications are to be heard in person, this will be done where appropriate social distancing between the parties can be achieved.

It is likely that the first cases to be listed by the Court will be those which were adjourned during the lockdown period and which have not been reinstated by the parties since the relaxation of the rules.

In an endeavour to progress matters, the Courts Service will continue to consider the expansion of current services, always following public health advice, in order to mitigate the risk to court users.

17 - Environment, Transport, Leisure, Beaches and Bathing

Matters related to the environment, transport and leisure have all been greatly impacted by the lockdown. Additionally, the new rules of social distancing which are to be observed as the lockdown is released will require changes to be made to the way in which buses are used.

A number of these areas need to be addressed now at the beginning of the process of relieving the lockdown rules.

Traffic

The weeks of social lockdown have seen a reduction in traffic. This has had a marked positive effect on pollution. It is proposed that the opportunity be taken to implement new traffic flow arrangements which will be designed to seek to persuade more people to walk or cycle to work each day. This will require that buses should also be adapted, at least initially, for passengers to be able to maintain social distancing.

Line Wall Road

In the first instance, the areas of Line Wall Road between Orange Bastion in the north and Duke of Kent House in the South, shall be closed to all vehicular traffic other than electric vehicles, residents with an appropriate parking permit, blue badge holders, bicycles and public service vehicles and those delivering (who will only have access with electric vehicles from January 2022).

Chatham Counterguard

In order to facilitate this leisure area being better able to accommodate patrons, the area in front of the restaurants will be closed to vehicular traffic.

Europort Avenue

This has been closed for some time. Given that this area, when it reopens, will feature three schools, access will be limited to residents and as a laydown area for schools. We will consult

widely on the best format for this particular road. Bicycle lanes will feature also.

Beaches & Bathing

Our strong preference is to seek to liberalise attendance at beach and bathing facilities in the usual way by the time that our schools would have broken up for summer, in mid-July.

In **UNLOCK PHASE 4** we expect to be able to start the Bathing Season as close to normality as possible

In case that may not be possible and we are studying less optimal options to ensure access to beaches and bathing pavilions for all during the summer months. Additionally, we are conscious that the weather in Gibraltar can be warm and inviting of visits to the beach and bathing pavilions before mid-July.

In this respect, the important thing to note is that the rules of social distancing must be observed and in order to ensure that, the Government may have to keep beaches and bathing pavilions closed or strictly controlled. This could therefore be a very abnormal summer, even though that is the last thing any of us would want to see, but it may be the reality that we are facing.

In **UNLOCK PHASE 4** we expect to be able to start the bathing season as close to normality as possible.

People with Disabilities

The Government is conscious of the need to ensure, as ever, that facilities for those with disabilities are provided during the summer months. Planning is underway to ensure that if areas are provided to the over 70s, this does not negatively impact those with disabilities.

18 - Sport

Sport plays a hugely significant role in our community, as evidenced by the massive increase in physical and outdoor activity we have seen during the last six weeks. It is equally hugely important that we get our sports men and women, in as many disciplines as possible, back to doing what they love the most. This process of unlocking will present its own challenges, but Gibraltar will, as it always does on the sporting scene, rise to the challenge and prevail.

The process of returning sports to the community will be conducted by reference to four key factors: this process will be a marathon, not a sprint; it will put Public Safety in Pole Position; it will require Sport-specific supervision; and will depend on the availability and nature of the facilities required.

A marathon, not a sprint

The unlocking of sporting activity in Gibraltar will take time if we are to do it safely, putting public health concerns top of the agenda. The Government is working to develop a strategy that takes into consideration all relevant factors, including the re-opening of some of our schools and how that might impact on sporting requirements.

Public safety in pole position

The protection of the safety and security of the citizens of Gibraltar is the single most important objective for the Government in this respect, as it is in all other areas of its competence. To this end, the relevant authorities are liaising and engaging with sporting associations to develop risk assessments which form, and will continue to form, the basis of the guidance issued in this document.

It is as a result of efforts made by all of us during the lockdown phase that we can now look forward to getting the community playing sports once more and we do not intend to squander that advantage by a reckless and overly keen unlocking of sports in Gibraltar.

The Public Health considerations which will form a key component of the protocols sporting entities will need to follow centre around hygiene and the proper maintenance and disinfecting of facilities. Booking systems must now allow sufficient time to enable cleaning and disinfecting to be carried out. Showering facilities, for example, will not and must not be available during the initial phases of the Unlock the Rock programme.

A regular review of outcomes and the progress of COVID-19 cases will be undertaken and strategies revisited/protocols strengthened accordingly.

It is important to note that the resumption of specific sports will only be allowed once an action plan/risk assessment has been submitted for review and approval to the GSLA. Once approved, said plans will be subject to an ongoing process of monitoring and review, in particular in respect of those sports not under the direct remit of the GSLA. Any failure to comply with approved plans and any other conditions imposed on the resumption of activity will result in revocation of the GSLA's approval pending renewed compliance with relevant protocols. The GSLA will be contacting relevant associations well in advance of anticipated start dates as part of the Unlocking process.

The Rules of the Game

This Sport-specific supervision, as alluded to above, goes hand in hand with the general principles and guidance issued by Public Health Gibraltar. Some sports can readily be, and are already being, enjoyed (cycling, running), whilst other sports are unlikely to be capable of being engaged until the latter stages of the process of

Unlocking the Rock

At this initial stage of the unlocking process, invasion and most ball sports cannot be considered, given that it will be practically

impossible to keep to social distancing requirements. These are to include, but are not limited to, basketball, football, netball, hockey and rugby. There is an entirely unavoidable and natural level of contact associated to these kinds of sports and it would be a challenge to observe social distancing in most instances of anything resembling 'normal' training and play. It is therefore envisaged that it is unlikely that these sports will be able to resume any time soon.

Racquet sports are also likely to be subject to significant limitation. The analysis is based on individual and racquet sports in the main and even then only singles activities will be permitted. As set out above, relevant sporting entities will be asked to provide detailed action plans for a return to a 'normal' practice of the sport. These plans should only consider the individual element of the sport as any activities undertaken in pairs or in groups is not acceptable.

Public Health Gibraltar will also need to consider that in racquet sports there is a risk of cross-contamination given that e.g. tennis balls will be shared. The invasion sports, with the addition of the Climbing Association (climbing wall at 47 Bayside), will also be asked to submit action plans for consideration for a potential restart on the 15 June. It is again imperative to note that these plans cannot include any competitive element that includes contact.

Availability of Facilities

The availability of facilities will, in addition to the other three factors set out above, impact on the ability of our sports men and women to re-engage with their sports over the coming weeks and months.

Certain areas reserved typically for the practice of local sports are otherwise taken up as part of COVID-19 or related initiatives which may take some time to unwind. The availability of facilities will be monitored and sporting clubs accommodate as best can be in the circumstances. The Europa Sports complex is currently unavailable for use given the creation

of the Nightingale facility. The detail relating to the mothballing of that facility and the residual impact that initiative may have on those facilities is yet to be fully considered and determined.

The use of all other facilities will, as alluded to above, be considered on a case by case basis, by reference mainly to continuing civil contingency needs as a priority.

Conclusion

All unlocking measures of any sport or sport/private clubs will be done in a slow, gradual manner and phased in as and when the HMGoG Civil Contingency Strategic Group determines on the advice given by the Director of Public Health. To this end, dates provided are indicative and will be dictated by Public Health Gibraltar.

It is imperative that conditions, rules and sanitation measures are clearly communicated to all users. Failure to adhere to these rules may result in the removal of allocations from the relevant entities and/or premises being shut down.

It is not currently anticipated, though subject to review, that the Summer Sport and Leisure Programme will run in any capacity this summer. Any changes to this policy will be communicated in due course, if circumstances and progress on the Unlocking programme permit.

Discussions are still ongoing in relation to the Stay and Play programme.

Analysis of Sports and associated considerations

Sports/Dates	Phase 2 (18 May)	Phase 3 (1 June)	Phase 4 (16 June)	Phase 5 (29 June)	Remarks
Athletics (track) - certain field events	Seniors	Juniors (certain age groups)	Juniors (remaining age groups)		Staggering of junior age groups needs strict regulations
Badminton	Seniors	Juniors (certain age groups)	Juniors (remaining age groups)		Consideration to equipment sanitation issues
Billiards/Snooker	Seniors	Juniors			
Boxing		Seniors	Juniors (certain age groups)	Juniors (remaining age groups)	Hygiene needs to be strictly adhered to.
Canoeing		Seniors (at BSC)	Juniors (at BSC)		Sanitisation of safety equipment
Chess	Coaches are vulnerable adults so close consultation is required with GCA.				
Cricket (Nets)		Seniors	Juniors		Nets to be provided at the BSC
Cycling	Practised on public highway and is quite popular as it stands				
Darts		Seniors	Junior Academy		Facility needs to be identified to set up boards away from social clubs and Europa Sports Complex
Martial Arts			Seniors Taekwondo	Juniors	Very close consultation is required with each individual discipline
Pool	Seniors	Juniors			
Rhythmic Gym/Artistic Gym		Activity can start as all participants are Juniors			
Rowing		Seniors	Juniors		
Sailing		Seniors	Juniors		
Shooting (Clay/Pistol/Rifle)	Seniors	Juniors			
Swimming	Senior Squads Only	Junior Squads			Only use of 25m pool for organised sessions allowed
Table Tennis		Seniors	Juniors		
Tennis (including Padel)	Seniors	Juniors			
Ten Pin Bowling	To be considered with the general opening of King's Bastion Leisure Centre				
Triathlon	Active as with GASA Senior Squads				Part of general programme

The notes below provide a more detailed explanation of how the different sports can unlock their phases

Sports	Facility	Restrictions	Hygiene/Sanitations regimes	Other considerations/Remarks
Angling/Fishing	Sea Fronts/Beaches	(as per DoE rules)	All anglers must have sanitation/ disinfectant liquid and must keep 2m away from any other anglers in the vicinity	If onboard a boat, only persons from the same household are permitted until UNLOCK PHASE 2. Only individual fishing initially is allowed from shore-based locations. Only the use of personal equipment will be permitted.
Athletics (track) - certain field events	Bayside Sports Complex (BSC)	Limited numbers on the track at any one time. No mass sessions for juniors. Restrictions on the older youth age groups given that younger groups have higher dependency on coaches.	Standard sanitisation of common areas/ provision of hand sanitisers. No group runs; only individual work allowed.	Simple activity to control given that it is presently being undertaken in public spaces. It is easy to sterilise BSC by allowing ingress or egress via Pitch no2 Car Park. If juniors are to be involved, staggered arrival and exit timings. Reduced groups for toilet and water breaks for juniors.
Badminton	Bayside Sports Complex/ Westside School/Bayside School/St Anne's Middle School/ St Joseph's Upper and Lower Primary/Bishop Fitzgerald School	Singles training/matches	Standard sanitisation of common areas/ provision of hand sanitisers. Disinfecting of racquet grips and shuttlecocks prior to and at the end of the session.	Sessions to be staggered to allow for court and toilet cleaning.
Billiards/Snooker	The Crucible, Jumper's Bastion	Reduced number of players in the club at any one time. Consideration to individual practice only to be allowed. Limit use of club owned cues and recommend use of personal cues only.	Standard sanitisation of common areas/ provision of hand sanitisers. In-depth disinfecting of all balls, cues and associated equipment.	Hard to enforce restrictions given that there is no official HMGoG presence on site.
Boxing	GABA/Wellington Boxing Club	Reduced groups. Bag work and general fitness. No sparring or shadow boxing allowed.	Standard sanitisation of common areas/ provision of hand sanitisers. Disinfecting of all bags and associated equipment. Thorough handwashing and sanitising before hand-strapping. In-depth facility cleaning regime required.	Hard to enforce restrictions given that there is no official HMGoG presence at either of the clubs. Higher risk than others on the list so could form part of Phase 2.
Canoeing	Bayside Sports Complex – Boathouse	Small groups. Participants will need to access water and enter and exit canoes/kayaks unassisted. Staggered arrival.	Standard sanitisation of common areas/ provision of hand sanitisers. Extensive and in-depth clean and disinfecting of all canoes/kayaks before and after all sessions. Slipway and pontoon requires extensive cleaning also.	Consideration to be given to prohibit the sharing of safety equipment such as life jackets. This is particularly relevant if juniors are allowed.
Chess	Several locations in school or any space within any facility. Only chairs and tables required	Players further apart than usual. Even when taking an opponent's piece, only owner of the piece to remove from the board.	Standard sanitisation of common areas/ provision of hand sanitisers. Disinfecting of pieces and boards before and after each match.	Chess could be played on iPad, thus avoiding risk altogether (or as much as reasonably possible).
Cricket	Bayside Sports Centre (Cricket Nets)	One batsman/one bowler.	Standard sanitisation of common areas/ provision of hand sanitisers. Cricket balls need to be sanitised before and after use	Europa Sports Complex is unavailable for the foreseeable future.
Cycling	Public highway	As per current social distancing restrictions.	Cleaning of bicycles and all equipment/gear after every session.	Being undertaken as per current restrictions.

Sports	Facility	Restrictions	Hygiene/Sanitations regimes	Other considerations/Remarks
Darts	George Federico Darts Hall – not accessible. Social clubs or boards set up in a communal facility, eg Central Hall	Limited Boards set up thus limiting numbers. Singles only practice/matches. No team events. Staggered sessions to avoid congregation outside venues. Electronic scoring to avoid the use of paper. iPads/tablets to be sanitised after every use.	Standard sanitisation of common areas/ provision of hand sanitisers. Darts tend to be personal pieces of equipment only touched by the owner but boards need to be disinfected.	N/A
Martial Arts	Several clubs around Gibraltar	Only allow those that have individual disciplines that do not involve contact, ie Poomsae in Taekwondo. Reduced numbers in clubs with gaps in between sessions to avoid congregation.	Standard sanitisation of common areas/ provision of hand sanitisers. No safety equipment required if no contact is allowed. Deep clean of clubs, mats in particular.	Hard to enforce restrictions given that there is no official HMGoG presence at any of the clubs. Higher risk than others on the list, so could form part of Phase 2.
Pool	North Jumpers Premises	As with Billiards/Snooker	As with Billiards/Snooker	
Rhythmic/Artistic Gymnastics	Victoria Sports Hall, Bishop Fitzgerald School, St Joseph's Upper and Lower Primary	Reduced numbers per session allowing social distancing on the mats. Only use personal apparatus. Social distancing with coaches. No group training	Standard sanitisation of common areas/ provision of hand sanitisers. In-depth cleaning of mats after every session. Apparatus, even personal, disinfected before and after every session	Given the enhanced cleaning regime that is required, as with others, Rhythmic Gymnastics could be considered for Phase 2.
Rowing	Mediterranean and Calpe Rowing Clubs	If gymnasiums are to be used, thorough clean of equipment before and after use. Single sculling only. Ergometers can be used in open areas. Limited amount of users at any one time. No use of communal/social premises.	Standard sanitisation of common areas/ provision of hand sanitisers. Cleaning of ergometers in between sessions, if permitted. Disinfecting of oars and sculls after every session.	Hard to enforce restrictions given that there is no official HMGoG presence at either of the clubs. The nature of the activity is not as restrictive as contact sports. They will have to introduce by-laws and rules to abide by all Civil Contingency Measures.
Sailing	RGYC	Only sailing boats that are used by individuals. Limited amount of users at any one time.	Standard sanitation of common areas/ provision of hand sanitisers. Disinfecting of all equipment before and after use.	Hard to enforce restrictions given that there is no official HMGoG presence at the club. The will have to introduce by-laws and rules to abide by all Civil Contingency Measures.
Shooting (Clay/Pistol/Rifle)	Clay Target Range	Limited numbers. No use of club guns unless sanitised before use by another person. No use of communal/social premises.	Standard sanitisation of common areas/ provision of hand sanitisers. Disinfecting of ammunition and firearm prior to shoot; firearms post shoot also. Thorough disinfection of firing points after every shooter.	Hard to enforce restrictions given that there is no official HMGoG presence at any of the clubs. The issuing of ammunition by armourers would need to be carefully regulated.

Swimming	GSLA Swimming Pool --25m pool only	Limited numbers in the water at any time. No shower facilities but changing rooms made available for changing purposes only by limited amount of people. Water Polo players to use the facility for physical training only.	Standard sanitisation of common areas/ provision of hand sanitisers. Gaps in the session to allow for in-depth cleaning of changing rooms	Accessible swimming pool and aqua aerobics and other activities to be considered as Phase 2 but with strict adherence to number limits with restricted hours of use to allow thorough cleaning of changing rooms and communal areas. This facility is very popular with the high-risk category.
Table Tennis	Bayside Sports Complex/ Governor's Meadow School	Singles matches/training. Staggered sessions to avoid congregations.	Standard sanitisation of common areas/ provision of hand sanitisers. Disinfecting of paddle grips and balls prior to and at the end of the session. Tables will also be thoroughly cleaned after every single use	Junior sessions would have to respect social distancing criteria given that coaching is some times extremely hands-on in terms of grips, serves etc.
Tennis (singles) Padel (singles)	Sandpits	Singles matches/training. Staggered sessions to avoid congregations. Use of personal racquets only. No use of social/communal facilities.	Standard sanitisation of common areas/ provision of hand sanitisers. Disinfecting of grips and balls prior to and at the end of the session.	Hard to enforce restrictions given that there is no official HMGoG presence at the club.
Ten Pin Bowling	KBLC	Limited numbers. Balls to be disinfected with one ball per bowler. No team events/training.	Standard sanitisation of common areas/ provision of hand sanitisers. Disinfecting of lanes, balls and ball returns prior to and at the end of the session. Disinfecting of shoes after every use also required.	Major concern is opening up of KBLC. Possibly defer to Phase 2.
Triathlon	Public Highway/GSLA Swimming Pool Complex 25m	As per Athletics/Cycling/Swimming	As per Athletics/Cycling/Swimming	

19 - Promoting Self-diagnosis of Symptoms

In order to be successful in our test, track and isolate approach to the continued suppression of the spread of COVID-19, we have to ensure that citizens and cross-frontier workers are not in any way dissuaded from coming forward with symptoms of COVID-19.

The most likely reason why people may be discouraged from volunteering with symptoms of COVID-19 would be a fear of losing income as a result. The Government will therefore pursue a strategy to agree mechanisms with the COVID-19 Emergency Liaison and Advisory Committee (CELAC) to provide for an agreed framework for payment to employees in the private sector for absence from work which may exceed statutory sick leave.

In this regard, the Government will consider whether a mechanism derived from the BEAT COVID Measures, might continue to operate in some form until a vaccine or effective cure are identified, in respect of those who are suffering symptoms or those required to self-isolate.

Apart from the financial aspect, it will also be important that the social response should be

to encourage people who have symptoms to be tested. This means that, as peer groups, the whole community should be viewing positively a person who immediately seeks a test upon manifesting symptoms – and viewing negatively a person who fails to seek a test when manifesting symptoms.

In light of the proposed mechanisms to avoid any financial loss and to avoid a person having to travel any great distance for a test, there should be no legitimate excuse for a person not to seek to take a test for COVID-19 once they have manifested with symptoms. The failure to do so should then be very negatively regarded by the persons' peer groups in the rest of the community and society at large.

Additionally, in order to ensure that self-diagnosis can lead to an efficient test for the virus, the Government is considering options to roll out testing outside Gibraltar. This would enable the cross-frontier workers who consider they have symptoms to be tested closer to their homes and in a way that does not require them to come into Gibraltar.

20 - Testing for COVID-19

The strategy set out in this plan requires that we develop a testing capacity that enables us to offer testing to everyone who develops symptoms, in a way that is accessible, both in Gibraltar and in the Campo de Gibraltar. That is the only way in which the principles of “test, trace, isolate, support” will be able to be the essential backbone of how we unlock the Rock. It will also be necessary for people to know what to do if they have symptoms, how to seek a test and where they can get it quickly and efficiently. The need to ensure that results are delivered rapidly and securely will be just as essential.

Setting up these mechanisms will require an unprecedented scale of testing capacity and laboratory capability. We are in the process of establishing a freestanding laboratory facility at the Gibraltar University to be administered by Public Health Gibraltar. This will have the capacity to deal with almost 100 tests a day, ramping to 300 tests a day (1% of the adult population), with the capability to ramp up further to double that if necessary, at peak. We will continue to develop the scale and pace of testing activity in the coming weeks as we roll out different phases of this plan. Using only the Optigene machine, (optimum capacity 620 screening assays per working day) the delivery of 300 swabs per day is feasible within existing resources given a steady supply of wet swabs which has been committed to by the NHS.

It is imperative that if the phased lifting of the Gibraltar lockdown is to be successful, that we minimise the risk of a surge by undertaking asymptomatic screening, contact tracing and quarantining of contacts of patients who test positive. Key to this is:

- Screening a large number of asymptomatic people (aim to start with 1% of the adult population to be swabbed per day ~ 300 swabs per day).
- A rapid turnaround of the results of screening

swabs, preferably within the same day and, as is feasible, within 4 hours.

- Early tracing and quarantining of SARS-CoV-2 positive patient contacts.

Short turnaround times will minimise the impact on quarantine in the population while results are awaited. We believe this is pivotal to the success of the project and maintaining public acceptance. Testing people who have COVID-19 symptoms will enable them to know whether they can resume normal activities because they are negative, or to receive the care and advice they need to help them and their contacts isolate effectively. Although we were initially unable to test for COVID-19 in Gibraltar, we have already rapidly expanded testing capacity nationally and we will have grown it exponentially when we reach the capacity to test up to 620 persons a day at peak and deliver those results.

The testing capacity we need will grow weekly as our strategy develops. We need to be able to cover very large numbers of the population needing tests as quickly as possible as we expect that a large number of people will need to be tested each day. This will be exacerbated by the fact that the symptoms for COVID-19 are similar to the symptoms for many other diseases. For that reason, the advice is that the number of tests required in Gibraltar may not be directly linked to COVID-19 prevalence in our community, but may instead be linked to the presence in our community of a number of the common diseases causing similar symptoms.

As we test those who have symptoms, we will also be continuing to commission and carry out extensive random testing of our frontline staff and in other, private sector industries. This will enable us to find any prevalence of the virus in our community and quickly suppress any new outbreaks or clusters. Having already carried out almost 3,200 tests from the initial outbreak, over 8 weeks, which equates to 10% of the

resident population, we expect we will be testing a significant part of the population each week. This will include testing in the cohort of cross-frontier workers in random samples.

In order to assist those cross-frontier workers who manifest with symptoms whilst outside of Gibraltar, we are also seeking to finalise arrangements for them to be tested in the Campo de Gibraltar or further afield, closer to their homes, by private sector laboratories in Spain. This will obviate the need for them to leave their homes or enter Gibraltar if they are symptomatic.

In addition to the testing for COVID-19 symptoms as set out above, the Government is preparing a detailed antibody testing strategy to work hand in hand with the testing for active cases. This strategy is being developed to maximise the data benefit of identifying those in our community who may have already contracted and recovered from the disease, whether asymptotically or otherwise. With a coordinated, Gibraltar-wide strategy that provides us with a detailed picture of the spread of the virus in Gibraltar we will be able to tailor our approach to unlocking the Rock specifically to the impact of the virus as we expect to understand it. It is anticipated that this strategy will be finalised in coming weeks and that its deployment will coincide with the receipt of testing kits and the completion of relevant training for the medical health team that will be formed to gather samples.

21 - Aggressive Contact Tracing

The strategy for contact tracing as part of the management of the COVID-19 epidemic in Gibraltar, at a time when community transmission of the virus appears to be decreasing, has been adapted from technical guidance on contact tracing for COVID-19 published by the European Centre for Disease Control (ECDC) on 8 April 2020 (1).

The aim of contact tracing is to interrupt the chain of transmission of the virus by identifying those who have been in contact with confirmed cases of COVID-19, and taking appropriate public health action, such as self-isolation and daily self-monitoring of symptoms.

The role of contact tracing varies according to the stage of the epidemic, depending on the number of cases and how widespread transmission is. The ECDC recommends the implementation of extensive contact tracing at the time when community transmission decreases. The table below contains an extract from the ECDC on when contact-tracing measures may be most effective.

The latest evidence on contact management provides a detailed picture of what tracing seeks to identify and when.

- Current estimates suggest a median incubation period of COVID-19 from 5 to 6 days, with a

range from 1 to 14 days. A recent modelling study confirmed that it remains prudent to consider an incubation period of up to 14 days (2)-(3).

- A case may already be infectious up to 48 hours before the onset of symptoms. A recent study reported that 12.6% of case reports indicated pre-symptomatic transmission (4). In addition, the proportion of pre-symptomatic transmission has been inferred through modelling and was estimated to be - in the presence of control measures - at around 48% and 62% in Singapore and China (Tianjin data), respectively (5).

- Transmission is believed to be mainly via respiratory droplets and direct contact with infected people, and indirect contact with surfaces or objects in the immediate environment (6). Recent experimental studies carried out under highly controlled conditions have demonstrated the survival of SARS-CoV-2 on different surfaces as well as in aerosol (7).

- Up to 10% of reported cases in China and up to 9% of cases in Italy were among healthcare workers. It is likely that nosocomial outbreaks (outbreaks in healthcare settings) play an important role in amplifying local outbreaks, and they disproportionately affect elderly and vulnerable populations (8).

(1) ECDC https://www.ecdc.europa.eu/sites/default/files/documents/Contact-tracing-Public-health-management-persons-including-healthcare-workers-having-had-contact-with-COVID-19-cases-in-the-European-Union%E2%80%93second-update_0.pdf

(2) Chinese Center for Disease Control and Prevention. Epidemic update and risk assessment of 2019 novel coronavirus. Beijing: CCDC; 2020. Available from: <http://www.chinacdc.cn/yrdgz/202001/P020200128523354919292.pdf>

(3) Backer JA, Klinkenberg D, Wallinga J. Incubation period of 2019 novel coronavirus (2019-nCoV) infections among travellers from Wuhan, China, 20–28 January 2020. *Eurosurveillance*. 2020;25(5)

(4) Du Z, Xu X, Wu Y, Wang L, Cowling BJ, Meyers LA. Serial interval of COVID-19 among publicly reported confirmed cases. *Emerging infectious diseases*. 2020;26(6).

(5) Ganyani T, Kremer C, Chen D, Torneri A, Faes C, Wallinga J, et al. Estimating the generation interval for COVID-19 based on symptom onset data. *medRxiv*. 2020:2020.03.05.20031815

(6) World Health Organization (WHO). Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations. Geneva: WHO; 2020 [accessed 27 March 2020]. Available from: <https://www.who.int/publicationsdetail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>.

(7) World Health Organization (WHO). Report of the WHO–China Joint Mission on Coronavirus Disease 2019 (COVID-19). Geneva: WHO; 2020. Available from: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>.

(8) Istituto superiore di sanità. Sorveglianza integrata COVID-19 in Italia: Aggiornamento 22 marzo 2020. Rome: Istituto superiore di sanità; 2020. Available from: https://www.epicentro.iss.it/coronavirus/bollettino/Infografica_22marzo%20ITA.pdf

ECDC - ADVICE ON CONTACT TRACING

Contact tracing is an essential measure to fight the ongoing epidemic of COVID-19, in conjunction with active case finding and testing, and in synergy with other measures such as physical distancing. Each country will need to adapt their response to the local epidemiological situation and according to available resources. The rigorous application of contact tracing measures during the period when only sporadic cases are being observed can reduce further transmission and have a major impact on the spread of the outbreak. However, if resources allow, it should also be considered for application in geographical locations of more widespread transmission. Even if not all contacts of each case are identified and traced, contact tracing can still contribute to reducing transmission in combination with other measures such as physical distancing.

Emerging evidence from the response in China and Singapore has indicated that efficient contact tracing helped reduce the time from symptom onset to isolation, and may have substantially reduced the likelihood of ongoing transmission. Contact tracing and quarantine have also been used during periods of widespread transmission in Wuhan and South Korea, together with a range of other measures. Contact tracing also contributes to better understanding of the epidemiology of COVID-19.

Countries in the EU/EEA that still have a limited number of cases should focus their public health efforts on identifying cases and tracing their contacts.

In countries with widespread transmission in some regions but limited transmission in others, contact

tracing plays a key role in containing the outbreak in these lesser affected areas and within closed settings (e.g. prisons, nursing homes). Contact tracing should still be considered in areas of more widespread transmission, wherever possible, and in conjunction with physical distancing measures. If resources are limited, high-risk exposure contacts of each case (close contacts) and contacts who are healthcare workers or work with vulnerable populations should be traced first, followed by as many low-risk exposure contacts as possible. In areas with widespread virus circulation, contact tracing should include at least cases appearing in specific settings such as long-term care facilities, prisons, refugee camps, etc., to reduce transmission and mitigate the impact on vulnerable populations. Furthermore, contact tracing should be performed if the case is a HCW, and it should focus on hospital or general practice contacts, to rapidly identify potentially vulnerable exposed individuals.

However, even if not implemented for all cases when widespread transmission is observed, contact tracing has to be implemented extensively as soon as community transmission decreases.

For countries that have had enforced strict physical distancing measures for a period of time in order to attempt to interrupt the chain of transmission of the virus, case finding measures, including contact tracing, are a priority once the physical distancing measures are lifted, in order to reduce the risk of further escalation. During lockdown periods, countries should aim to review existing public health systems to determine the optimal implementation and timing of reinforced contact tracing measures.

Key Steps in Contact Tracing

The key steps in order to ensure efficient contact tracing is to adapt the methodology to the circumstances of Gibraltar.

There will be an analogue programme for contact tracing. This may subsequently be supplemented by the rolling out of technology – using technology deployed in citizens’ mobile phones - which may assist the GHA in its contact-tracing work.

Step 1: Identify and confirm a case

In Gibraltar, cases of COVID-19 are identified in two ways:

1. Symptomatic individuals report their symptoms to the 111 service (or other clinicians) and are tested if they meet the possible case definition for COVID-19. In this instance, testing (and therefore case confirmation) should be carried out and processed by the laboratory promptly.

2. Asymptomatic (or mildly symptomatic) individuals are screened as part of a wider testing strategy and test positive

Step 2: Identify contacts of confirmed cases

Once a case is confirmed, they should be immediately interviewed in order to collect clinical information and identify their possible contacts **from 48 hours prior to onset of symptoms until the time they self-isolated.**

Where cases may be hospitalised, hospital staff or the treating physician may be able to assist in collecting information either directly from the case or close family members. Information needs to be systematically collected and recorded for each case using a structured questionnaire and should include details on contacts belonging to one of the risk groups for severe COVID-19, and those that work with vulnerable populations (e.g. providing care to the elderly or to immunocompromised people).

Interviews should be conducted by telephone where possible. This will be carried out by the existing **111** cell. This will now be increasing its

capacity with the training of dedicated contact tracers in order to ensure that the cell is not overwhelmed. A **111** Contact Tracing Team will therefore be created alongside the cell. In terms of human power, it is thought that one contact tracer is required for roughly every 4 confirmed cases of COVID-19 .

Step 3: Digital contact tracing apps

By working with Apple (who are working closely with Google) to deploy a decentralised contact tracing system, we will be enhancing the digital infrastructure of the work being done by our contact tracers. The contact tracing technology we will provide will advise those who have been in contact with a person diagnosed as having COVID-19. This will enable them to report for a test. This app uses Bluetooth technology to identify close contacts among other app users, and will be particularly useful for identifying people who have been in close physical proximity but who are not known to them, such as a stranger on our buses or elsewhere. We are seeking interoperability with the digital systems being deployed in Spain, which are likely also to be based on the iOS/Android models. This involves both improving the digital infrastructure that supports the GHA and making available the GHA Contact Tracing App for download both in the Apple App Store and the Google Play Store and on the GHA website. The GHA App would be made available in the UK, Spanish and Portuguese stores to ensure that it will be easily available not just to the resident population but also to the non-resident cross-frontier workers and to ensure that it can be delivered as efficiently as possible. This will also likely significantly improve the take-up of the service. Importantly, we are seeking to deploy a digital solution that creates the least privacy and data protection issues possible.

Definition of a contact

According to the ECDC (9), a contact is defined as any person who has had contact with a COVID-19 case (Table 1) within a timeframe ranging from 48 hours before the onset of symptoms of the case to 14 days after the onset of symptoms. If the case had no symptoms, a contact person is defined as someone who has had contact with the case within a timeframe ranging from 48 hours before the sample which led to confirmation was taken, to 14 days after the sample was taken.

(9) ECDC https://www.ecdc.europa.eu/sites/default/files/documents/Contact-tracing-Public-health-management-persons-including-healthcare-workers-having-had-contact-with-COVID-19-cases-in-the-European-Union%E2%80%93second-update_0.pdf

Step 3: Managing Contacts

Any contacts who are symptomatic will immediately be offered a test for COVID-19.

High-risk exposure contacts should be actively monitored by public health authorities, whereas low-risk exposure contacts could self-monitor for symptoms while observing physical distancing measures and avoiding travel. Table 2 details management according to their level of contact with the confirmed case(s).

Table 1. Classification of contact based on level of exposure

High-risk exposure (close contact)	Low-risk exposure
<p>A person:</p> <ul style="list-style-type: none"> having had face-to-face contact with a COVID-19 case within two metres for more than 15 minutes; having had physical contact with a COVID-19 case; having unprotected direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on); who was in a closed environment (e.g. household, classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for more than 15 minutes; in an aircraft, sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated [23] (if severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered close contacts); A healthcare worker or other person providing care to a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case, without recommended PPE or with a possible breach of PPE [24]. 	<p>A person:</p> <ul style="list-style-type: none"> having had face-to-face contact with a COVID-19 case within two metres for less than 15 minutes; who was in a closed environment with a COVID-19 case for less than 15 minutes; travelling together with a COVID-19 case in any mode of transport*; A healthcare worker or other person providing care to a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case, wearing the recommended PPE [24].

* Except if sitting in an aircraft as specified in the relevant point in the left column.

Table 2. Key actions for management of contacts

Actions	High-risk exposure (close contact)	Low-risk exposure
Individual	<p>For a period of 14 days after the last exposure to a COVID-19 case, high-risk contacts should be advised to:</p> <ul style="list-style-type: none"> quarantine at home if possible*. If not possible, respect physical distancing measures and avoid travel; daily self-monitoring for COVID-19-compatible symptoms, including fever of any grade, cough, fatigue or difficulty breathing; take and record temperature daily (contacts should avoid the use of fever-reducing medication a few hours before they take their temperature); remain contactable by public health authorities; implement rigorous hand hygiene and respiratory etiquette; self-isolate immediately should symptoms develop and seek medical advice, preferably by phone first, following recommendations of the national/local authorities. 	<p>For a period of 14 days after the last exposure, low-risk contacts should be advised to:</p> <ul style="list-style-type: none"> daily self-monitoring for COVID-19-compatible symptoms, including fever of any grade, cough, fatigue or difficulty breathing; respect physical distancing measures and avoid travel; implement rigorous hand hygiene and respiratory etiquette measures; self-isolate immediately should symptoms develop and seek medical advice, preferably by phone first, following recommendations of the national/local authorities.
Public health authorities	<p>For a period of 14 days after the last exposure to a COVID-19 case:</p> <ul style="list-style-type: none"> Active follow-up of the contacts (e.g. daily phone calls, e-mails, text messages). Contacts can be encouraged to also proactively contact public health authorities as soon as they develop any compatible symptoms, outside of the scheduled follow-up; testing of contacts that develop COVID-19-compatible symptoms if possible** <ul style="list-style-type: none"> if test is negative, continue individual actions for a period of 14 days after the last exposure; if the test is positive, notify the case and initiate contact tracing. 	<p>For a period of 14 days after the last low-risk exposure to a COVID-19 case:</p> <ul style="list-style-type: none"> Encourage low-risk contacts to proactively contact public health authorities if they develop any compatible symptoms; If the contact develops COVID-19-compatible symptoms, follow steps as for high-risk contacts. <p>Based on individual risk assessments, public health authorities may consider excluding low-risk exposure contacts from work if they work with vulnerable populations (e.g. those who provide care to elderly).</p>

* See ECDC technical report on 'Infection prevention and control in the household management of people with suspected or confirmed coronavirus disease (COVID-19)' [25].

**See ECDC 'Guidance for discharge and ending isolation in the context of widespread community transmission of COVID-19 - first update' [26].

Potential Issues

- It takes too much time to confirm a possible case, close contacts have not been managed during that time.

Delays could potentially occur at multiple points:

- *Symptomatic individuals delay reporting their symptoms: this could be for various reasons*

including lack of awareness of the process around calling 111, anxiety about being off work and the associated loss of earnings, etc. This will be dealt with by the temperature scanning, continual advice including leafleting at entry points to Gibraltar and schemes being considered by CELAC to ensure that people are not concerned for their earnings when reporting sick with potential COVID-19.

- *Swabs are not taken immediately - GHA will aim to swab patients on the day that they report their symptoms, either in Gibraltar or via private providers in Spain if that can be agreed.*

- *There are delays in processing swabs in the lab - this could be for various issues including capacity. GHA is looking at adding both capability and resilience.*

- *The lab does not report results immediately. GHA will seek to develop a protocol with the lab for reporting results within a defined period.*

- *Confirmed cases are not informed that they have tested positive. This will be addressed by more efficient responses as indicated above as this will be key to productivity and ensuring individuals reporting symptoms are out of work for as short a period as possible.*

Overwhelmed contact-tracing cell. The number of contacts for just a single individual could be very high, particularly if they are a healthcare worker, for example. We will consider less aggressive contact tracing and focus only on close contacts in cases where contacts spread too widely, although this option involves risks which will have to be assessed by a senior clinician overseeing the work of the **111** Contact Tracing Team.

Low compliance by members of the public. Will require very good public facing communications, particularly around prompt reporting of symptoms and the following of public health advice.

Lack of clear messaging about symptoms of COVID-19. This will therefore require a campaign to ensure clear public messaging around which symptoms to look out for, and immediate self-isolation and calling **111** if they experience those: "The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea. These symptoms are usually mild and begin gradually."

22 - Isolating Infected Patients

Massive random or target testing and aggressive contact tracing on their own will not enable disruption of the transmission of the virus. Indeed, massive amounts of testing for COVID-19 and aggressive tracing will mean nothing and will not assist us in reducing transmission of the virus in our community if those who have come into close contact with confirmed cases do not self-isolate.

We will be requiring persons to self-isolate, not just for their benefit, but to protect the rest of the community and those who could otherwise have come into contact with them. This requirement will be backed up with legislation to compel people to accept the requirement to self-confine. We fully understand that this process of self-isolation is going to be difficult. A number of persons in isolation will require financial and other support. This will also likely include contacts of those diagnosed who do not go on to become unwell despite the fact that they too will need to isolate for a period of 10 days. As Gibraltar is a small territory with small numbers of staff in essential services, pragmatically we will isolate only for 10 days in order to preserve these services. This is the only way to give effect to our strategy to make sure such persons are not going to shed the virus on to others. There is also a high likelihood that some people will have to self-isolate more than once. Some persons may be affected multiple times. This can happen if they are identified as a close contact of a diagnosed individual more than once.

It is for that reason that we will be requiring people who have been in close contact with a diagnosed person to remain at home completely during this time. This will mean isolating themselves as far as possible from other household members. For example, anyone in isolation should not be undertaking outdoor exercise or shopping trips. If they then develop symptoms, any close contacts, such as household members, would then be asked to self-isolate also.

We do recognise that in some instances this may mean that they need to be provided with somewhere to isolate away from the rest of their household. The Government will consider how we might be able to assist with this. Other members of our community will need practical support with food and medicine, whilst ensuring their physical and mental health needs are met. We are working to develop strategies to provide the support that is needed to enable people to isolate comfortably and effectively.

Additionally, to address the instances of persons who, despite knowing they have been diagnosed as positive, are not respecting the requirement to self-isolate, there will likely have to be punitive legal measures in place to compel self-confinement or to enforce confinement by imprisonment or other mechanism for enforced isolation (eg house arrest) as a very last resort.

23 - WHO Myth Busters

The World Health Organisation (WHO) provides a set of FAQs as myth busters in respect of COVID-19 which are reproduced here for ease of reference. These are a useful guide that enable members of the public to understand, in layperson's terms, the reality of the scientific advice as it is to date. It helps people be better able to disregard some of the conflicting opinions they may be hearing from peer groups or reading on social media platforms or forums.

While several drug trials are ongoing, there is currently no proof that hydroxychloroquine or any other drug can cure or prevent COVID-19.

The misuse of hydroxychloroquine can cause serious side effects and illness and even lead to death.

WHO is coordinating efforts to develop and evaluate medicines to treat COVID-19.



World Health Organization

#Coronavirus

#COVID19

27 April 2020

**FACT:
There are currently no drugs licensed for the treatment or prevention of COVID-19**



Hot peppers in your food, though very tasty, cannot prevent or cure COVID-19.

The best way to protect yourself against the new coronavirus is to keep at least 1 metre away from others and to wash your hands frequently and thoroughly.

It is also beneficial for your general health to maintain a balanced diet, stay well hydrated, exercise regularly and sleep well.



World Health Organization

#Coronavirus

#COVID19

27 April 2020

**FACT:
Adding pepper to your soup or other meals DOES NOT prevent or cure COVID-19.**



To date, there is no evidence or information to suggest that the COVID-19 virus is transmitted through houseflies.

The virus that causes COVID-19 spreads primarily through droplets generated when an infected person coughs, sneezes or speaks. You can also become infected by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands. To protect yourself, keep at least 1-metre distance from others and disinfect frequently-touched surfaces. Clean your hands thoroughly and often and avoid touching your eyes, mouth and nose.



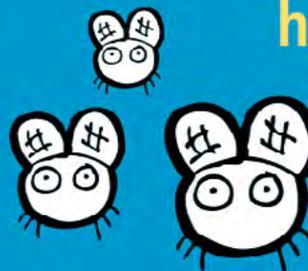
World Health Organization

#COVID19

#coronavirus

5 April 2020

**FACT:
COVID-19 IS NOT
transmitted
through
houseflies**



Do not under any circumstance spray or introduce bleach or any other disinfectant into your body. These substances can be poisonous if ingested and cause irritation and damage to your skin and eyes.

Bleach and disinfectant should be used carefully to disinfect surfaces only.

Remember to keep chlorine (bleach) and other disinfectants out of the reach of children.



World Health Organization

#COVID19

#coronavirus

27 April 2020

**FACT:
Spraying or introducing
bleach or another
disinfectant into your
body WILL NOT protect
you against COVID-19
and can be dangerous**



Methanol, ethanol, and bleach are poisons. Drinking them can lead to disability and death. Methanol, ethanol, and bleach are sometimes used in cleaning products to kill the virus on surfaces – however you should never drink them. They will not kill the virus in your body and they will harm your internal organs.

To protect yourself against COVID-19, disinfect objects and surfaces, especially the ones you touch regularly. You can use diluted bleach or alcohol for that. Make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth and nose.



World Health Organization

#COVID19

#coronavirus

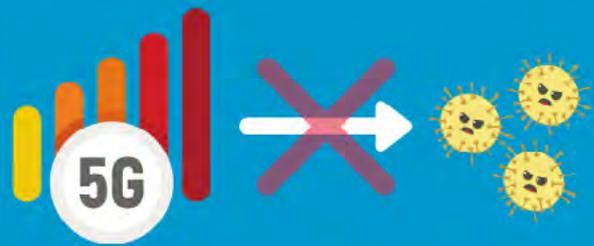
5 April 2020

**FACT:
Drinking methanol,
ethanol or bleach
DOES NOT prevent
or cure COVID-19
and can be
extremely
dangerous**



Viruses cannot travel on radio waves/mobile networks.
COVID-19 is spreading in many countries that do not have 5G mobile networks.
COVID-19 is spread through respiratory droplets when an infected person coughs, sneezes or speaks.
People can also be infected by touching a contaminated surface and then their eyes, mouth or nose.

FACT:
5G mobile networks
DO NOT spread COVID-19



World Health Organization

#Coronavirus #COVID19

8 April 2020

You can catch COVID-19, no matter how sunny or hot the weather is.
Countries with hot weather have reported cases of COVID-19.
To protect yourself, make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth and nose.

FACT:
Exposing yourself to the sun or to temperatures higher than 25C degrees **DOES NOT** prevent nor cure COVID-19



World Health Organization

#Coronavirus #COVID19

27 April 2020

Most of the people who catch COVID-19 can recover and eliminate the virus from their bodies. If you catch the disease, make sure you treat your symptoms. If you have cough, fever, and difficulty breathing, seek medical care early – but call your health facility by telephone first if possible. Most patients recover thanks to supportive care.

FACT:
You can recover from the coronavirus disease (COVID-19). Catching the new coronavirus **DOES NOT** mean you will have it for life.



World Health Organization

#Coronavirus #COVID19

The most common symptoms of COVID-19 are dry cough, tiredness and fever. Some people may develop more severe forms of the disease, such as pneumonia. The best way to confirm if you have the virus producing COVID-19 disease is with a laboratory test. You cannot confirm it with this breathing exercise, which can even be dangerous.

FACT:

Being able to hold your breath for 10 seconds or more without coughing or feeling discomfort DOES NOT mean you are free from the coronavirus disease (COVID-19) or any other lung disease.



World Health Organization

#Coronavirus #COVID19

Frequent or excessive alcohol consumption can increase your risk of health problems.

FACT:

Drinking alcohol DOES NOT protect you against COVID-19 and can be dangerous



World Health Organization

#Coronavirus #COVID19

The COVID-19 virus can be transmitted in any climate, including areas with hot and humid weather.

The best way to protect yourself against COVID-19 is by maintaining physical distance of at least 1 metre from others and frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.



#Coronavirus #COVID19

27 April 2020

FACT:
COVID-19 can be transmitted in areas with hot and humid climates



There is no reason to believe that cold weather can kill the new coronavirus or other diseases.

The normal human body temperature remains around 36.5°C and 37°C, regardless of the external temperature or weather.

The most effective way to protect yourself against the new coronavirus is by frequently cleaning your hands with alcohol-based hand rub or washing them with soap and water.



#Coronavirus #COVID19

FACT:

Cold weather and snow CANNOT kill the new coronavirus



Taking a hot bath will not prevent you from catching COVID-19. Your normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower. Actually, taking a hot bath with extremely hot water can be harmful, as it can burn you.

The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.



#Coronavirus #COVID19

FACT:

Taking a hot bath does not prevent the new coronavirus disease



To date there has been no information nor evidence to suggest that the new coronavirus could be transmitted by mosquitoes.

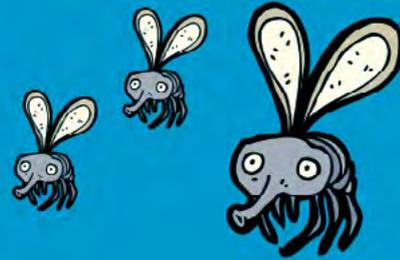
The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.

To protect yourself, clean your hands frequently with an alcohol-based hand rub or wash them with soap and water. Also, avoid close contact with anyone who is coughing and sneezing.



#Coronavirus #COVID19

FACT:
The new coronavirus **CANNOT** be transmitted through mosquito bites



No. Hand dryers are not effective in killing the 2019-nCoV.

To protect yourself against the new coronavirus, you should frequently clean your hands with an alcohol-based hand rub or wash them with soap and water. Once your hands are cleaned, you should dry them thoroughly by using paper towels or a warm air dryer.



#2019nCoV

Are hand dryers effective in killing the new coronavirus?



UV radiation can cause skin irritation and damage your eyes.

Cleaning your hands with alcohol-based hand rub or washing your hands with soap and water are the most effective ways to remove the virus.



#Coronavirus #COVID19

FACT:
Ultra-violet (UV) lamps should not be used to disinfect hands or other areas of your skin.



27 April 2020

Thermal scanners are effective in detecting people who have developed a fever (i.e. have a higher than normal body temperature) because of infection with the new coronavirus.

However, they cannot detect people who are infected but are not yet sick with fever. This is because it takes between 2 and 10 days before people who are infected become sick and develop a fever.



#2019nCoV

How effective are thermal scanners in detecting people infected with the new coronavirus?



No. Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenza type B (Hib) vaccine, do not provide protection against the new coronavirus.

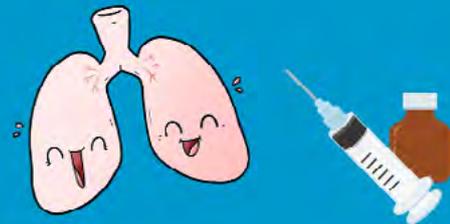
The virus is so new and different that it needs its own vaccine. Researchers are trying to develop a vaccine against 2019-nCoV, and WHO is supporting their efforts.

Although these vaccines are not effective against 2019-nCoV, vaccination against respiratory illnesses is highly recommended to protect your health.



#2019nCoV

Do vaccines against pneumonia protect you against the new coronavirus?



No. There is no evidence that regularly rinsing the nose with saline has protected people from infection with the new coronavirus.

There is some limited evidence that regularly rinsing the nose with saline can help people recover more quickly from the common cold. However, regularly rinsing the nose has not been shown to prevent respiratory infections.



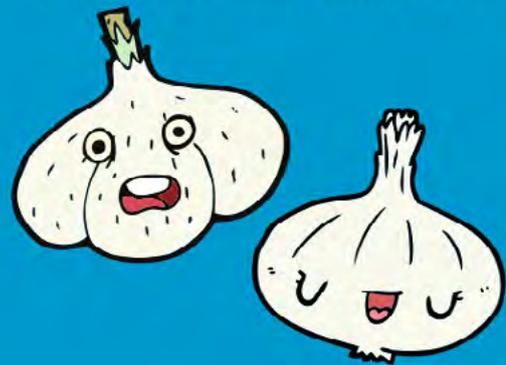
#2019nCoV

Can regularly rinsing your nose with saline help prevent infection with the new coronavirus?



Garlic is a healthy food that may have some antimicrobial properties. **However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus (2019-nCoV)**

Can eating garlic help prevent infection with the new coronavirus?



#2019nCoV

People of all ages can be infected by the new coronavirus (nCoV-2019).

Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.

WHO advise people of all age to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.

Does the new coronavirus affect older people, or are younger people also susceptible?



#Coronavirus

No, antibiotics do not work against viruses, only bacteria.

The new coronavirus (2019-nCoV) is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment.

However, if you are hospitalized for the 2019-nCoV, you may receive antibiotics since bacterial co-infection is possible.



#Coronavirus

Are antibiotics effective in preventing and treating the new coronavirus?



To date, there is no specific medicine recommended to prevent or treat the new coronavirus (2019-nCoV).

However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care.

Some specific treatments are under investigation, and will be tested through clinical trials.

WHO is helping to accelerate research and development efforts with a range of partners.



#Coronavirus

Are there any specific medicines to prevent or treat the new coronavirus?



*“At the start, the outlook seemed bleak,
the end distant, the outcome uncertain.
Never give up, never despair.”*

Her Majesty Queen Elizabeth II
8 May 2020

***“Because better times will come.
We will smile again”***

Fabian Picardo QC MP, Chief Minister
17 March 2020