

Coronavirus Control Plan: Alert Level Zero

(July 2021)



Ministerial Foreword

The ongoing pandemic continues to be challenging time for everyone in Wales, especially for all those families who have lost a loved one to this awful virus and all those suffering from long-COVID.

We all look forward to a time when we are no longer living in the shadow of coronavirus and the restrictions, which have been – and continue to be – necessary to protect us all. I want to thank everyone across Wales, for the sacrifices they have made and for their everyday efforts to keep Wales safe.

Vaccination has changed our relationship with the virus and we are on the brink of a new phase of the pandemic. Thanks to the hard work of the thousands of people who have worked tirelessly on our successful vaccination programme, we can be hopeful of a future with fewer restrictions.

As we publish this summer 2021 update of our *Coronavirus Control Plan*, over 72% of adults in Wales have been double-vaccinated. We are confident having two doses of the vaccine weakens the link between infections, serious illness, hospitalisations and deaths.

This means the higher case rates, which we are currently seeing as a result of the delta variant, are not leading to the same levels of serious illness which we saw in the first two waves of the pandemic. The other harms from the pandemic, including those associated with restrictions, are now beginning to outweigh the direct harms from the virus and we need to reflect that in our approach to managing coronavirus.

However, we need to be clear – this does not mean the pandemic is over. Coronavirus continues to be with us. It will continue to infect people and, in those who are unvaccinated or not fully vaccinated, the risk of becoming seriously ill or needing hospital treatment is much higher.

We all need to continue to work together to keep levels of coronavirus under control - if case rates rise unchecked, there is an increased risk of long-term harm to people from long-COVID, and a greater risk that more people will develop serious illnesses, need hospital treatment and die. This in turn puts the NHS under unsustainable pressure, the response to which could require new restrictions.

The scientific evidence also suggests new variants, which may not respond to the vaccines, are more likely to emerge when cases of coronavirus are at high levels.

Our response to the pandemic to date has been a collective effort – the public, the government, employers, businesses, trade unions, health and social care providers, and the third sector have all worked together. We have a duty to continue to do so to help keep the virus under control as we enter this new phase of the pandemic.

This updated version of the *Coronavirus Control Plan* sets out how we can move beyond the current alert level one measures to a new “alert level zero”, which will see us gradually move away from complex legal restrictions.

We have not yet reached a position where we can remove all protections and – in line with the latest scientific and public health advice – we will keep some measures in place at alert level zero. We will provide information, public health guidance and support to help you make informed decisions about how to stay safe.

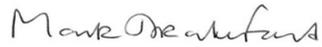
Protective behaviours continue to be very important – these include keeping your distance wherever possible; minimising the number of social contacts and time spent with them; meeting outdoors or in well-ventilated places; avoiding crowded places wherever possible and wearing a face covering when that’s not possible. Face coverings will continue to be required by law in some settings, such as public transport and healthcare.

At alert level zero:

- There will be no legal limits on the number of people who can meet others, including in private homes, public places or at events.
- All businesses and premises will be able to reopen.
- Carrying out a coronavirus risk assessment will continue to be a legal requirement for businesses, employers and event organisers.
- Businesses, employers and other organisations will still be required to take reasonable measures to manage the risk of coronavirus at their premises.
- The reasonable measures to be taken, such as physical distancing and other controls, will be for each organisation to consider depending on the nature of the premises and the risks of exposure to coronavirus identified.
- People should continue to work from home wherever possible. If you are unwell you should self-isolate and get tested.
- Face coverings will remain a legal requirement indoors in public places, such as on public transport, in shops and when accessing healthcare. The use of face coverings in the workplace should also be considered by businesses and employers as part of their coronavirus risk assessment.

Alert level zero is another important step towards the stage where we can live with an endemic virus.

We will all need to do our part as organisations, employers and individuals to keep Wales safe.



Mark Drakeford MS
First Minister of Wales



Eluned Morgan MS
Minister for Health and Social Services

Context

Background

Since the beginning of the pandemic in March 2020, the Welsh Government has published the following frameworks which described the data, the approach and the principles we have taken into account to respond to, and contain the spread of the virus.

- *Leading Wales out of the coronavirus pandemic: a framework for recovery*¹ (April 2020).
- *Unlocking our society and economy: continuing the conversation*² (May 2020) set out a cautious and gradual approach to the restrictions using a traffic light system.
- The *Coronavirus Control Plan for Wales* (August 2020) provided the whole system approach and highlighted the vital role of local and regional responses.
- The *Coronavirus Control Plan: Alert Levels for Wales*³ (December 2020) set out measures based on a framework of four alert levels.
- In *Coronavirus Control Plan: Alert Levels in Wales – Coming out of lockdown*⁴ (February 2021) we outlined the impact of the variant first identified in Kent (now designated as alpha) and how we would respond.
- In *Coronavirus Control Plan: Revised Alert Levels in Wales*⁵ (March 2021) we updated our alert level framework to reflect the latest evidence about the alpha variant and the impact we hoped to see from the rollout of vaccination.

The principles and approaches set out in these frameworks continue to apply. This means balancing the harms of different responses and restrictions. These harms are not only the direct and indirect health impacts but also those that exacerbate inequalities, negatively affect mental health and wellbeing or harm our economy.

1 *Leading Wales out of the coronavirus pandemic: a framework for recovery*, Welsh Government, 24 April 2020 <https://gov.wales/leading-wales-out-coronavirus-pandemic>

2 *Unlocking our society and economy: continuing the conversation*, Welsh Government, 15 May 2020: <https://gov.wales/unlocking-our-society-and-economy-continuing-conversation>

3 *Coronavirus Control Plan: Alert Levels for Wales*, December 2020: <https://gov.wales/coronavirus-control-plan-alert-levels-wales>

4 *Coronavirus Control Plan Coming out of Lockdown* <https://gov.wales/coronavirus-control-plan-alert-levels-wales-coming-out-lockdown>

5 *Coronavirus Control Plan Revised Alert levels in Wales* (March 2021) <https://gov.wales/sites/default/files/publications/2021-05/coronavirus-control-plan-revised-alert-levels-in-wales-march-2021.pdf>

The balance of harm is changing

This revised framework has been updated based on what we know about the delta variant and the newer methods, such as vaccination and testing, now at our disposal to keep levels of coronavirus under control. We also revisit our indicators and criteria, as our previous stated ambition to keep cases low is no longer proportionate when balanced against other harms in the context of high levels of vaccination coverage.

Recent data⁶ indicates the number of people with COVID-19 in Wales who are hospitalised has decreased from around 10% in December 2020 – before the introduction of COVID-19 vaccines – to 2.8% on 26 June 2021. It also shows a large reduction in the ratio of deaths to cases following the introduction of COVID-19 vaccines, from 3.5% in December 2020 to 0.5% on 26 June 2021, mostly as a result of high levels of the over-70s being double-vaccinated.

The success of the vaccination campaign, coupled with this emerging data, gives us confidence that the link between infections, serious illnesses requiring hospitalisation and deaths has been weakened. This means the restrictions on businesses and the way we live our lives are no longer likely to be a proportionate response to the direct threat from coronavirus. Despite having relaxed many restrictions there are still major constraints on our economy and social lives, affecting our wellbeing, mental health, and compounding inequalities.

This is the right time to set out new measures beyond alert level one, which we can expect to remain in place over the summer months. We have called this alert level zero. Retaining some measures at alert level zero are necessary because the virus continues to be in circulation in our communities and the vaccination campaign is not yet complete – around 30% of adults (around 45% of our population) are not yet fully vaccinated. We also need to recognise that some groups are at continued high risk of adverse COVID outcomes even after being vaccinated, such as people who are immunosuppressed.

We are confident the balance of harms is shifting. Before the introduction of vaccinations, higher rates of confirmed cases would have led to unsustainable pressure on our NHS and the introduction of progressively stricter restrictions. However, direct harms from COVID are lower, thanks to the success of the vaccination programme.

Why are we worried about case rates at all?

While we can look ahead with some optimism, we can't be complacent as coronavirus has not gone away. Case rates are currently rising due to the increased transmissibility and related spread of the delta variant in Wales and the rest of the UK. The delta variant has quickly become the new dominant form of the virus in the UK since its introduction, probably as a result of international travel, a few months ago.

6 TAG advice 2 July <https://gov.wales/advice-coronavirus-technical-advisory-cell>

We need to maintain some protective measures and behaviours to continue to suppress coronavirus because:

- A significant and prolonged rise in the number of cases increases the likelihood of new variants emerging. This could result in variants against which the vaccines may be less effective.⁷
- Very high levels of infection will cause increased hospital admissions – as no vaccine is 100% effective. The relationship between cases and severe illness has been weakened but it has not been severed. Large numbers of admissions could risk overwhelming the NHS, at a time when it is dealing with the backlog of non-COVID work.
- The risk of more people suffering from long-COVID – this already adversely affects the daily lives of almost a million people in the UK and 1.4% of the Welsh population⁸. This could cause a range of long-term harms.
- High levels of infection will result in large numbers of people needing to self-isolate. This leads to workforce absences which can cause economic and other harms to individuals and businesses. Significant numbers of absences can affect the delivery of services, including the NHS.

Working together

Our response to the pandemic has been a collective effort between the public, government, employers and businesses, health and social care providers and others. We have a duty to continue to work together to help keep the virus under control.

For the public, this means continuing to practise protective behaviours. We will need to continue to think of others as well as considering the risk to ourselves in the way we live our lives. This means isolating and getting tested if we have symptoms; washing our hands and practising good sneeze etiquette; minimising the number of social contacts and time spent with them; meeting outside wherever possible and opening windows where we can't; and wearing face coverings in crowded and indoor areas, including on public transport to protect others.

We will keep regulations in place to provide the legal basis for some proportionate controls and support others to manage risks. Our approach is set out in this document and we will continue to provide advice and guidance on managing risk, working closely with Public Health Wales and other experts. We will continue to follow the data and latest scientific advice and put in place contingency plans should we need them. This will include planning for the winter.

⁷ WHO COVID-19 Virtual Press conference transcript - 7 June 2021 (who.int)

⁸ Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 July 2021, ONS (data from 4 week period to 6 June) <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1july2021>

Local government has played a critical role and will continue to do so, managing local risks, supporting businesses, providing advice and carrying out enforcement. A wide range of local partners have supported national, regional and local responses and will continue to do so; from the police to local health professionals, to many others.

Employers, businesses and social partners have made extraordinary efforts to keep their staff, customers and service users safe. They will need to continue to carry out coronavirus risk assessments and to act on them to keep taking reasonable precautions. Keeping appropriate controls in place will help ensure staff are not off work isolating and reassure customers.

We will continue to ask people to work from home wherever they can.

Health and care providers will continue to provide care in way that strikes a balance between direct and indirect harms. This includes the challenge of continuing non-COVID services while simultaneously guarding against direct COVID harm.

As we relax restrictions, we are asking employers, businesses and the public to continue to take proportionate measures to manage the ongoing risks to their health and their employees' health. We will need everyone's ongoing help to keep Wales safe and to keep coronavirus under control.

The delta variant

Since late May, the delta variant has become the dominant variant across the UK in Wales and on 6 July accounted for more than 98% of new cases. The majority of delta cases are currently in people under 30.

Of the 3,666 confirmed delta cases at 6 July, 48.8% were unvaccinated, 33.6% had received their first dose and 17.6% were fully vaccinated. Thirty-eight people of the 3,666 confirmed delta cases had been hospitalised (1%). This underlines the effectiveness and importance of being fully vaccinated.

All analyses of the delta variant indicate that it is more transmissible than the alpha variant and vaccine effectiveness against symptomatic infection is reduced (especially after one dose). The vaccines still offer a high degree of protection against the delta variant, particularly following the second dose.

Current estimates are that:

- A single dose of vaccine is 35% effective against symptomatic disease from delta, compared to 49% effective against alpha.

- A second dose gives 79% effectiveness against delta and 89% effectiveness against alpha.

- A single dose is around 80% effective against hospitalisation from delta; and around 78% effective against hospitalisation from alpha.

- A second dose gives around 96% protection from hospitalisation from delta; and around 93% prevention from hospitalisation from alpha.⁹

As the incidence of Covid-19 cases rises, there is an increased risk of the emergence of new variants. Variants could emerge from within the UK as well as being imported from other countries.

There are currently four variants of concern (VoC) and nine variants under investigation (VUI). Of note is the Lambda variant, which has been associated with significant rates of community transmission in several countries but none in Wales to date. We continue to closely monitor all these variants closely.

It is important we isolate if we have any symptoms of coronavirus – or if required to when returning from travelling overseas – and get tested to ensure we can quickly identify and manage any new variants.

Vaccination is very important in our response to the pandemic – we encourage everyone to take up the offer of vaccination and to complete the two-dose course. We remain vigilant in terms of other new variants that could emerge which could evade the protection of current vaccines or have increased transmissibility. While vaccines are highly effective, around 90% of the population will need to be either vaccinated with two doses or have acquired immunity through infection to prevent ongoing chains of transmission.¹⁰

9 Public Health England Technical Briefing: SARS-CoV-2 variants of concern and variants under investigation in England

10 SPI-M-O: Summary of further modelling of easing restrictions – Roadmap Step 4, 9 June S1287_SPI-M-O_Summary_Roadmap_step_4.pdf (publishing.service.gov.uk) <https://www.gov.uk/government/publications/spi-m-o-summary-of-further-modelling-of-easing-restrictions-roadmap-step-4-9-june-2021>

Vaccinations

We achieved our milestone of offering a first dose of the vaccine to all eligible adults in Wales and at least 75% take up for priority group 10 (age groups 18-49), ahead of our end-of-July target. The Wales COVID-19 vaccination programme is regarded as the most effective and efficient in the world.

Progress to 12 July

First doses:

- over **90% of adults** in Wales have received their first vaccine

- over **77% of priority group 10** (18-49 year olds) in Wales have now received their first vaccine

Second doses:

- over **72% of adults** in Wales are fully vaccinated

- over **90% on average of priority groups 1 to 9** (all those over 50, health and social care workers and the most vulnerable including care home residents and those with underlying health conditions) are fully vaccinated.

Our priorities

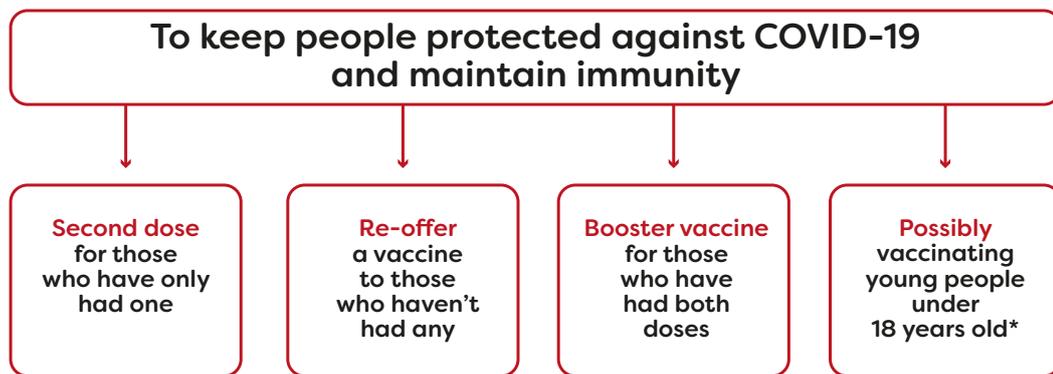
Our aim is to achieve high take-up rates in all priority and age groups of both doses of the vaccine to maximise protection against the virus, including against the delta variant. By the beginning of April, we had offered vaccination to all those in priority groups one to nine – these groups represent around 99% of preventable deaths from COVID. Take-up was over 90%, which exceeded our target of 75%.¹¹

The uptake of the COVID-19 vaccine in Wales remains extremely high but there are still a number of people across all age ranges who, despite receiving more than one offer, remain unvaccinated. We operate a ‘no one left behind’ principle and have put in place support for people who may have special requirements or particular difficulties to ensure equitable uptake.

¹¹ COVID-19 vaccination programme weekly update: 20 April 2021 | GOV.WALES
<https://gov.wales/covid-19-vaccination-programme-weekly-update-20-april-2021>

Looking ahead

As we have learned more about the virus, its variants and how effective the vaccines are, it has become clearer that managing the virus is likely to be a long-term challenge. To maintain immunity, four areas of focus will be needed for the next phase of our vaccination strategy:



* awaiting further JCVI advice

The vaccination programme is now working on the twin track aims to:

- **Keep increasing first dose take-up**, by reoffering the vaccine and reaching out into communities to persuade hesitant and resistant groups, particularly amongst the younger age ranges and on closing the equity gaps. Uptake amongst the younger age ranges are slower and health boards have plans in place to target this group. We will be taking targeted action to tackle the barriers which are preventing some people from taking up their offer of a vaccine. The vaccine programme has made a clear commitment to ensure equity of opportunity and access for all. Priority will be given in July and August to reach out into communities with a concerted and visible joint effort to enable anyone who hasn't as yet had a jab to take up their offer of a vaccine; and
- **Increasing second dose take-up** which we know is essential for full and longer term protection, including against delta and other variants. We have asked health boards to use their flexibility to reduce the period between 1st and 2nd doses to 8 weeks. As take up of the first dose of vaccine for priority groups 1 to 4 (the most at risk from COVID-19) has now reached over 90%, we also want to achieve this high level of take up of the second dose.

The vaccination strategy published in June said that, subject to vaccine supply we expected to offer all those that come forward for vaccination (by the end of June), a second dose by the end of September. Subject to people coming forward for their second dose, **85% of people could be fully vaccinated by early August. It should be noted that this is dependent on take up of first doses.**

Booster vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) has provided interim advice about the autumn booster campaign, which will start with the most vulnerable groups and their carers from September. There are some further questions and clinical trials to conclude, such as which vaccines will be used, and the final advice will be provided at the end of August. In the meantime, preparatory work is underway and health board plans have been submitted.

Vaccinating young people

The Medicines and Healthcare Products Regulatory Agency (MHRA) has reviewed clinical trial data in children aged 12 to 15. It has concluded the Pfizer-BioNTech COVID-19 vaccine meets the high standards of safety, effectiveness and quality required and has authorised its use for young people aged 12 to 15.

We are awaiting JCVI advice about whether young people aged 12 and over should be vaccinated or whether vaccination is best targeted at certain groups of children, determined by their age or clinical risk factors. No decision has yet been made.

For all of these COVID-19 vaccine interventions, we will need to be mindful of how they can be delivered alongside other important vaccine programmes such as the annual flu and catch-up school-aged immunisation programmes in the autumn. We will be working closely with health boards.

Test, Trace and Protect

As described in Test Trace Protect strategy,¹² helping those with COVID-19 and their contacts to self-isolate has been highly effective and has made a material difference in keeping people safe during the pandemic. It has also shown the value of locally-delivered public services; the capability of our public servants and digital workforce, and the efficiency and innovation of the organisations involved are a source of pride.

¹² Welsh Government Strategy for testing the general public and tracing the spread of Coronavirus in Wales Test Trace Protect | GOV.WALES

In total, between 21 June 2020 and 3 July 2021:

- Of the 182,573 positive cases eligible for follow-up, 99.6% were reached and asked to provide details of their recent contacts
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- Of the 407,873 close contacts eligible for follow-up, 95.0% were successfully contacted and advised accordingly, or had their case otherwise resolved.

Test, Trace, Protect will need to adapt to respond to the pandemic over the coming months to remain proportionate to the risks from COVID-19 and the wider harms. We will:

- continue to deploy our testing strategy to identify people who are infected or infectious; to protect vulnerable people; target outbreaks and enhance community surveillance and support education and workplaces
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- contact people who have COVID-19 and their close contacts, providing advice and support – both financial and practical – to help them self-isolate, break the chains of transmission and reduce the risk to others. A range of work is currently underway including pilots, behavioural insights work and research to improve support for people self-isolating which will inform our future approach.

Self-isolation

Self-isolation if you have COVID-19 symptoms or a positive test result will continue to be required – it remains an important means of breaking the chains of transmission.

But as we move into the new phase of the pandemic, we have considered the evidence around the vaccine programme delivery, delta variant and transmission of the virus. We recognise self-isolation can cause direct and indirect harms and we will only retain requirements where they remain proportionate and necessary.

It is our intention to remove the requirement for people who are fully vaccinated to self-isolate if they are a close contact of someone who has tested positive and we will discuss with partners putting additional safeguards in place for people who work in health and social care settings. We are also having further discussions with stakeholders on the requirements for children and young people who are contacts to self-isolate.

Final decisions will be made as part of the next review, due by 5 August. In the meantime the existing rules apply.

If you have symptoms of coronavirus or if you test positive, you will need to self-isolate whether you have been fully vaccinated or not.

International Travel

Measures to prevent new coronavirus infections being imported – especially new variants – as a result of international travel are important and will remain part of the measures required over the summer at alert level zero.

New variants present one of the biggest risks to the success of our vaccination programme and our overall response to bring coronavirus cases down, and keep them, under control. If a variant that our vaccines are not effective against establishes itself in the UK, we could once again see high levels of serious illness, hospitalisations and deaths.

Our strong advice continues to be that people should avoid all non-essential international travel – this is the year to holiday in the UK. We will continue to work across the UK to agree common safeguards to reduce risks from international travel.

Continued testing and certain quarantine requirements for arriving international travellers will need to remain in place for the foreseeable future. While we hope these can be reduced over time, we must also recognise that the restrictions protect the hard-won freedoms within the UK.

We launched a new digital service for Welsh residents to obtain vaccination certificates on 25 June. This will enable people who have been fully vaccinated in Wales to view their vaccination status and to download the certificate for use when travelling internationally. This information is equivalent to that provided by the NHS app in England.¹³

Paper certificates are also available for people who cannot or do not want to use the digital option. Around 20,000 paper certificates have been issued so far.

13 SPI-B Policing and Security Subgroup: Health status certification in relation to COVID-19 legitimacy and enforcement considerations, 9 December 2020
<https://www.gov.uk/government/publications/spi-b-policing-and-security-subgroup-health-status-certification-in-relation-to-covid-19-legitimacy-and-enforcement-considerations-9-december-2020>
SPI-B: Health status certification in relation to COVID-19, behavioural and social considerations, 9 December 2020
<https://www.gov.uk/government/publications/spi-b-health-status-certification-in-relation-to-covid-19-behavioural-and-social-considerations-9-december-2020>

Our approach to alert level zero

Over the course of this pandemic, we have had to introduce restrictions on people's rights and freedoms to protect people's health and keep people safe. These restrictions have been proportionate to the level of risk and have been reviewed every three weeks.

We are confident the high levels of vaccination in Wales has weakened the link between infection and serious illness and hospitalisation – this means the current wave of increasing cases caused by the delta variant, will not cause the same levels of serious illness, hospital admissions and deaths as in the previous waves. However, it will still be important that, through our collective efforts, we keep cases under control to prevent lasting health harms from long-COVID and a spike in the number of people who need hospital care as a result of contracting COVID-19.

We will retain our existing alert level framework for now because the future continues to be uncertain and we need to allow for all possible contingencies, including the need to re-impose control measures if necessary.

We will introduce a new alert level zero, in which there will be a greater emphasis on advice and guidance rather than regulation.

We know the majority of people will act responsibly but as a government we need to do all we can to support people and create the right conditions to enable people to do so.

Any move to alert level zero will be underpinned by ongoing support and information about how to manage risk effectively.

We will continue to focus on the unequal impacts COVID-19 has had, and continues to have, taking care not to exacerbate these. A key example is the need to protect those who are most exposed to COVID-19 risks, for example, staff in public services, transport, hospitality and service sectors and retail who have regular and frequent contact with the public. Retaining a focus on these risks through formal coronavirus risk assessment aims to help identify and mitigate them. We will also seek to ensure that nobody is left behind when it comes to vaccination and we will monitor the progress of the pandemic carefully in different parts of Wales, paying particular attention to areas where there are lower levels of vaccine uptake.

In our Children's Rights Impact Assessment and Equality Impact Assessment we recognise that a move away from legal restrictions is within the context of different groups of society and different groups of children and young people being disproportionately impacted by the pandemic. We will continue to identify and seek to mitigate the impacts on those groups most affected, including people from Black, Asian and minority ethnic backgrounds, disabled people, people in lower socioeconomic groups and children classed as vulnerable. As we lift restrictions we need to achieve more equitable outcomes for these groups.

There has also been a cumulative impact of many of the restrictions on different groups of people including on children and young people. Easing restrictions to alert level zero will not reset the playing field for many groups of people and we will continue to try and mitigate the impact on those who have been disproportionately affected.

Indicators and criteria for monitoring

We have revised our basket of indicators to reflect the emergence of the delta variant and the success of the vaccination programme. These indicators, together with local intelligence and expertise, help determine the point at which we need to take action.

Indicators will continue to include the case rate (seven-day rolling average) as a key leading indicator with which there is still a measurable relationship with hospitalisations and deaths (albeit much weakened). A rise in cases may no longer represent the same risk as it once was because of the weakened link but sustained very high rates will still be a concern. Other key leading indicators include:

- COVID-19 case to admissions ratio
- COVID-19 case to deaths ratio
- vaccine efficacy and uptake of current COVID-19 vaccines offered
- population immunity levels (focus by age bands and/or priority groups, particularly as children have not been offered vaccinations)
- outbreaks in care homes or other closed settings where there are vulnerable people
- NHS hospital pressures (length of stay in hospitals as well as the number of hospital admissions and NHS staff self-isolating)
- COVID-19 case rates in the UK (especially areas close to Wales, which can be a driver in Wales such as the North West of England)
- Test Trace Protect performance.

The Incidence Management Teams use a number of indicators from a "RAG" rating table to assess the COVID-19 risk and have a set of actions to take at each risk level. The indicators for a high risk and a very high risk situation closely align to the leading indicators above.

The full basket of indicators is updated in Annex A. The assessment of indicators is not a mechanistic process. To inform decision-making, we analyse and assess the data from the indicators, insights from modelling and the experience of other countries alongside professional expert advice and intelligence from local partners. The leading indicators set out above will enable us to most quickly determine whether COVID-19 is creating harms such that remedial action may be needed.

We publish a summary of key data each week in a situation report on our website.¹⁴

Local and regional response

The need for local action is central to the local prevention and outbreak control plans put in place across Wales. These have recently been updated and local authorities and local health professionals will continue to work with local and regional partners to manage local risks.

While we hope that outbreaks can be managed and addressed locally, we need to ensure we have contingency plans in place should the rates of infection across Wales reach unsustainable levels. The alert level framework provides us with flexibility to put regulations in place at local, regional or national level. We hope we will not need to introduce new restrictions but if they become necessary we will carefully consider the proportionality of any measures we introduce.

Our revised indicators, described above and in annex A, coupled with local intelligence and professional expertise will determine whether further action is needed. The balance of harms has shifted and the criteria for re-imposing severe restrictions will be higher.

Alert level zero (baseline measures)

Alert level zero sets out the health protection measures which will remain in place to continue to minimise the spread of the virus, particularly among the vulnerable and those who have not yet been fully vaccinated. We hope to move to alert level zero on 7 August, subject to no new variants of concern being identified in Wales; hospital admissions and deaths from COVID-19 remaining at relatively low and manageable levels and if the vaccination programme continues as expected. By early August we anticipate that 85% of adults will have received two doses of the vaccination, which represents a high coverage that would enable a more substantive release of restrictions. This is dependent on people taking up their second doses at the same rate as the first.

Advice from the UK's Scientific Advisory Group on Emergencies (SAGE) and our Technical Advisory Group (TAG) about the effectiveness of the range of protective behaviours and other measures has been considered in developing alert level zero. In particular, the hierarchy of control measures has been prioritised and alert level zero has been designed to retain some of the most effective protective measures.

The most effective measures are those that prevent infectious people from circulating and transmitting the virus – these include core elements of the TTP system, such as getting tested and self-isolating when a person has symptoms.

The next most effective are those that limit the chance of an infected person going somewhere where they can infect others, for example, continuing to encourage people to work from home.

It is also important we continue to be focused on the inequity COVID-19 has caused and we take care not to exacerbate it. For example, we need to protect those most exposed to coronavirus risks, even at lower levels of prevalence. This includes staff in public services, in hospitality and service sectors and retail who have regular and frequent contact with the public. Retaining a focus on these risks through formal risk assessment will be central to our approach. A further example is the need to consider the impact on groups who are less likely to be vaccinated – children under 18, people from some minority ethnic communities – especially when they are concentrated in one geographic area or setting.

Principles for Alert level zero

Alert level zero measures have been designed based on the following principles:

- a. They provide the maximum degree of easement possible, recognising the wider harms of restrictions, whilst minimising the spread of the virus.

- b. They support reconstruction of the economy, a return to financial viability for businesses and more normal operation of public services.

- c. Remaining restrictions on individual freedoms should as far as possible be those which have a relatively small detrimental effect and do not contribute to accumulation of inequalities or wider harms.

- d. Measures should include those which help to embed long-term positive behaviours and trends linked to wider Welsh Government policy goals.

Coronavirus Risk Assessments and Reasonable Measures

We will retain the legal requirement for a coronavirus-specific risk assessment to be carried out by businesses and other organisations. Despite other regulations being relaxed, workplaces and public spaces will still need to put in place mitigations to minimise risks. There is already a requirement for employers to ensure the safety of staff and the requirement for an additional coronavirus risk assessment should continue to complement this duty. The requirement to consult staff on the risk assessment will also be retained.

The coronavirus risk assessment – as now – will need to consider what reasonable measures can be put in place to manage the risks of exposure to coronavirus. Although reasonable measures will still be required to be taken the Regulations will provide greater flexibility for businesses in determining what is required to manage risks.

Most significantly the regulations will no longer give particular prominence to 2 metre physical distancing as there may now be alternative way of minimising risk. In addition, they will not set out specific requirements for licensed premises such as table service. Nor will they specify what needs to be in place for retail premises, such as making announcements. Each business or organisation will need to consider what measures are reasonable to put in place, which should include a combination of measures.

Businesses and other organisations will continue to need to provide information about the risks and measures taken on premises. In addition, there is now a specific obligation on employers to inform their employees of the risks identified in risk assessments and of the reasonable measures taken to minimise them.

Face coverings

Wearing face coverings in indoor public places has been a feature of the pandemic since mid-2020 and there remains a high degree of public support for this protective measure in some situations.

There is some evidence that face coverings may provide a partial protective effect against transmission of Covid-19.¹⁵ They are more effective if most people in a particular setting are wearing them. There is therefore a benefit to maintaining a regulatory requirement for wearing face coverings in some circumstances or settings – particularly during periods when there are higher levels of coronavirus circulating across Wales. This includes healthcare settings, on public transport, including in taxis, and in other indoor settings that are open to the public.

Public transport vehicles, taxis and school busses are usually small, enclosed spaces and there are limited alternative options for people if they be concerned about their individual risk. If a train or bus is crowded it may not be possible for people to choose not to get on if it is their only route to work, for example.

Health and social care settings are high-risk environments, where vulnerable and ill people may be at increased risk and where large numbers of people can be present at one time. Retaining a requirement for face coverings in these areas can help protect others who may not have a choice to visit there.

The requirement to wear face coverings in most other indoor regulated settings will also be retained at alert level zero at first. We expect to gradually ease the legal requirement to wear face coverings, though the requirements on public transport and in healthcare settings are likely to be in place longest.

We will begin this process by relaxing the (already limited) legal requirement to wear face covering in hospitality settings from 7 August.

We are starting with with the exception of hospitality premises because for the majority of time people spend there, they are already not required to wear a face covering because of the exemption that applies when consuming food or drink. In addition people can generally choose not to visit such premises if they are at high risk of severe illness if they contract the virus. However, hospitality businesses must still carry out a coronavirus risk assessment and can still decide to retain the requirement for face coverings on their premises. In addition, although it will no longer be a legal requirement we continue to advise people to wear a face covering wherever practical in these environments.

¹⁵ Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis - The Lancet
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)

Retaining the requirement to wear face coverings most regulated indoor settings, especially in a period of rising cases, will support vulnerable people, including those who were previously shielding, to feel more confident when leaving their homes.

As with the current regulations, the requirement will apply to all people unless they are exempt and at all times unless the context makes this impossible. These requirements will be kept under review, in particular when rates fall across Wales.

The Education Minister has written to all schools and colleges to set out that wearing face coverings in the classroom will no longer be recommended from September.

Schools and colleges are moving to a Local Infection Control Decision Framework developed with the sector that will determine how some interventions, including use of face coverings, are used dependent on the level of risk identified locally.

Domestic use of the NHS COVID pass as proof of vaccination

There are currently no plans in Wales to mandate the use of COVID status certification as a condition of entry of visitors to any setting. However, the infrastructure has been developed (via the NHS COVID pass) and the Welsh Government will make the COVID pass available for wider use should businesses and individuals choose to use the system.

The NHS COVID pass is currently being used to facilitate international outbound travel and in England as a discretionary tool for entry into major events. The UK Government is also encouraging its use following England's 'step 4' in nightclubs and other premises from 17 July.

Working from home

We asked those who could work at home to do so as part of Wales' overall efforts to control the spread of the virus. We will encourage people to continue to work from home where they can.

SAGE and TAG have been clear that working from home is one of the key protective behaviours that can help minimise transmission rates.¹⁶ By continuing to work from home where we can, we are able to provide more freedoms in other areas. Working from home will be retained in our statutory guidance as one of the reasonable measures an employer can take to mitigate risks.

¹⁶ Consensus statement from the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O) for the Scientific Advisory Group for Emergencies (SAGE), 30th June 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000410/S1298_SPI-M-O_Consensus_Statement.pdf

There are many other reasons to encourage working remotely for part or all of the week. Benefits for local economies, businesses, individuals and the environment include: a reduction in travel time and expense; more flexibility and better work-life balance; increased productivity; less traffic, especially at peak times; less air and noise pollution; and the opportunity to redesign our towns and city centres.

It is very important that if people have symptoms of coronavirus, they do not come into work. Supportive sickness and working-from-home policies can help prevent the spread of coronavirus in workplaces, which could lead to outbreaks and even more people having to self-isolate or falling seriously ill.

There will still be people who need to return to offices and workplaces, including for their own wellbeing. Where people do need to come into an office or workplace, employers have a responsibility to keep people safe. Employers must continue to carry out a specific coronavirus risk assessment and take all reasonable measures to minimise the risk of exposure to coronavirus, such as physical distancing and improved ventilation.

We will engage with the UK's Government Flexible Working Task Force to explore whether giving employees a right to work from home could be enshrined in reserved employment law.

Education

As we move to alert level zero we would expect childcare and play settings, schools, colleges and universities to be operating as close to normal as possible. The fundamental principle will continue to be that the most effective way to prevent transmission of COVID-19 in our childcare and educational settings is to 'stop infection being brought into the setting'. If a child, learner or member of staff tests positive for coronavirus or has any of the COVID-19 symptoms they should self-isolate and not attend the childcare or education setting and get a test.

The continued emphasis on good hand hygiene and effective cleaning and ventilation measures would continue, along with the use of risk assessments as a basis for informing any mitigating measures that may be necessary at local level, including the wearing of face coverings in education settings. All childcare and education settings would be encouraged to continue to implement the control measures outlined in our guidance to the sector which is regularly reviewed.

Support for business

We announced on 30 June that businesses in Wales which continue to be affected by coronavirus restrictions will receive between £1,000 and £25,000, to cover the period up to 31 August. Any venue or business closed by regulations would be eligible for between £5,000 and £25,000. Our Cultural Recovery Fund, which is available to organisations and individuals in the arts, creative, cultural, events and heritage sectors, covers the period until 30 September.

If new restrictions are required in response to a new variant or other emerging public health developments, we will review the need for additional support.

Beyond the emergency phase, if the situation allows, we intend to deliver a business development and recovery fund, which will support businesses with match funding to relaunch, develop and grow. This will be aligned with the priorities set out in the *Programme for Government*¹⁷.

Our existing Economic Futures Fund allows us to be flexible in how we can help meet business need and the Development Bank of Wales, with its flexible business finance, also provides additional support.

We do not have the levers to intervene at a payroll level – our schemes have been designed to complement the UK Government's Job Retention Scheme and the Self Employed Income Support Scheme. These UK-wide schemes, and other interventions, should not be withdrawn before the economy is ready.

Communications and public health promotion

Throughout the pandemic the Welsh Government has kept people throughout Wales informed about the latest public health situation and the regulations. We have used all the communications channels available to us, including media engagement, social media and advertising and will continue to use this approach.

Moving to alert level zero will require a distinct new phase in our communications approach with a greater emphasis on personal responsibility. We will:

- Place more emphasis on normalising protective behaviours to control the spread of the virus and keep ourselves and others safe.
- Focus on advice and guidance rather than restrictions – what people should be doing, as opposed to what they legally can or cannot.

¹⁷ <https://gov.wales/programme-government>

- Provide reassurance for, and encourage sensitivity towards, people who may still be worried about whether it is safe to return to more “normal” way of living.
- Inform people about the risks they face in different venues and activities and how to best mitigate those risks.

This approach is already well-established in our communications campaign, Keep Wales Safe, which will be reviewed and updated as we move beyond alert level one. The campaign will continue to evolve to reflect a change from regulation to guidance and advice, towards persuading and influencing.

The wider UK context will also be taken into consideration and we will align with the other UK administrations when it is appropriate to do so, and if necessary, communicate why our policy response is different as we have done throughout the pandemic.

Conclusion

Our approach will continue to be driven by data and informed by scientific and medical advice to help keep people safe.

The vaccination programme has made an enormous difference to all our lives. Over the summer, we hope to move to the new alert level zero and put in place the measures set out in this updated *Coronavirus Control Plan*. While some restrictions will remain in place to protect people, there will be greater emphasis on providing advice, information and support to help people to make choices to protect themselves and their families. Although vaccines offer protection from COVID-19, we also need to encourage culture and behaviour change in the longer-term so people act on potential COVID symptoms by isolating and taking a test.

We will revisit our approach once again in the autumn as we begin preparations for the winter period; planning for which has already begun. We hope to see a transition to coronavirus being endemic and us being able to manage it in a similar way to, and alongside, other communicable diseases. The progress over the summer and preparations for winter will provide us with the latest data and information to inform those next steps.

Annex A: COVID alert level indicators

Transmission, incidence and prevalence

Rapid surveillance and intelligence – for moving to higher alert levels

What is the rate of transmission in the community, workplaces, care homes, prisons and hospitals? Are rates increasing?

Confirmed case rate per 100,000 people rolling seven-day sum (depends on testing, local outbreak control and degree of community transmission). The lower the case rate, the lower the risk of mutation of the virus due to competition of the vaccine.

Confirmed case rates for all age groups or populations (e.g. student, homeless) and understanding of cases, incidents and outbreaks (see next question).

Test positivity over seven days (this may be influenced by the testing strategy).

An estimate of the Reproduction number based on a COVID-19 positive tests or hospital admissions is less than one.

Are the clusters, incidents and outbreaks identified understood?

Evidence from local health professionals (including any from incident management teams or outbreak control teams).

Evidence from local authorities or local partners.

Additional lagging and forward looking indicators – for moving down the alert level

What is the rate of transmission in the community, work-places, care homes, prisons and hospitals?

ONS COVID Infection Survey – community prevalence estimates

What will the rate of transmission look like going forward?

Forecasts of cases and incidence rates, to avoid significant rises.

A consensus estimate (using multiple data sources) of the Reproduction number

COVID-19 Wastewater sampling (in development)

Are the clusters, incidents and outbreaks identified are under control?

Rapid surveillance and intelligence

NHS Capacity**Rapid surveillance and intelligence –
for moving to higher alert levels****Is current hospital and ICU occupancy at manageable levels?**

COVID-19 confirmed hospital occupancy

Overall hospital occupancy

Hospital admissions

COVID-19 confirmed critical care bed occupancy

Overall critical care bed occupancy

NHS Staff absence due to illness

Intelligence on NHS staff wellbeing

PPE availability

Are admissions related to COVID-19 increasing quickly?

COVID-19 admissions into hospital

CRITCON assessment levels which define capacity of ICUs in a crisis situation

**Additional lagging and forward looking indicators –
for moving down the alert level****Is current hospital and ICU occupancy at manageable levels?**

Rapid surveillance and intelligence

Is there sufficient capacity within hospitals for future out-breaks?

Forecasts of hospital admissions and mortality over next two to six weeks.

	Rapid surveillance and intelligence – for moving to higher alert levels	Additional lagging and forward looking indicators – for moving down the alert level
Mortality	<p>Are mortality rates due to COVID-19 increasing?</p> <p>Public Health Wales COVID-19 mortality estimates</p> <p>Care Inspectorate Wales deaths notifications</p>	<p>Are mortality rates due to COVID-19 increasing?</p> <p>Office for National Statistics mortality estimates</p> <p>Office for National Statistics Care Home mortality estimates</p>
Variants	<p>Which variants are currently in Wales and which is there any evidence of variants that impact established vaccines?</p> <p>Evidence about variants present in Wales and their impact on transmission and health outcomes.</p> <p>Consideration of whether any variants under investigation or variants of concern could impact the effectiveness of the vaccine.</p> <p>Percentage of variants that cannot be linked to travel (in development)</p>	
Immunity and Vaccines	<p>How will the vaccine roll out impact transmission, hospitalisation and fatality?</p> <p>Number of people vaccinated: first, second and any booster doses</p> <p>Effectiveness of the vaccine in protecting individuals, including reinfection</p> <p>Vaccine coverage (take up)</p>	<p>What proportion of the population have some protection against COVID-19, either by previous infection or vaccination?</p> <p>Estimated % of the population that have tested positive for antibodies</p> <p>Infection fatality ratio</p>

This will be supported by additional analysis considering the situation across the UK and internationally.