

Coronavirus Control Plan: Alert Levels in Wales

A guide to restrictions



Ministerial Foreword

In Wales – just as in the rest of the world – we have all endured a long and difficult 2020. The approval of the first COVID-19 vaccine earlier this month, and the promise of more to come, coupled with the start of our vaccination programme in the last week, has been a genuine breakthrough in the pandemic. This brings with it the promise of a brighter future next year.

The process of vaccinating everyone will take time; it will be a while before we see the benefits of this vaccination programme and a future without restrictions to our daily lives – what we could call alert level zero. We hope we will reach this stage before too long.

At the moment, the situation in Wales is very serious – coronavirus is present in all our local communities and is accelerating. Our NHS is under pressure. We need strong measures to bring the virus under control and to protect public health.

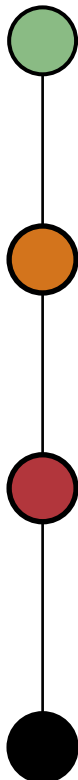
We also need everyone to help by not just following the rules but by making small changes to their daily routines and lives and reducing the contact they have with other people. This virus thrives on human contact – whenever we spend time with others there is a risk we will either catch or pass on coronavirus.

This plan updates the framework we put in place in May, which was developed when we started to ease restrictions. It sets out four alert levels, aligned with the measures we will put in place to control the spread of the virus and protect people's health, depending on the state of coronavirus across Wales and other key indicators. Crucially, we set out how and when there will be movement between these alert levels for Wales.

This approach will provide greater certainty for people and businesses across Wales about what legal restrictions will be put in place, depending on the level of risk, helping them to plan for the future.

Following the advice of the UK Scientific Advisory Group on Emergencies (SAGE), this approach draws on what has worked elsewhere in the UK and lessons from our own experience. These all-Wales measures are designed to be as simple, fair and clear as possible. They also reflect the advice we have had from our own Technical Advisory Group (TAG), which coordinates scientific and technical advice to support Welsh Government decision-makers during emergencies. TAG has indicated that a national approach to restrictions is most likely to be understood and effective. However, should there be clear evidence of a sustained and ongoing variation between parts of Wales, the alert levels approach allows for regional and localised application.

More important than any rules, regulations or guidance is the way each one of us responds to the virus. Measures and regulations at any alert level will only be successful if we all reduce our exposure to the virus by keeping the contacts we have with other people to a minimum – at home, in work and when we go out.

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- Alert level one (low risk)**
This represents the level of restrictions closest to normality, which are possible while infection rates are low and other preventative measures, such as social distancing and working from home, remain in place.
 - Alert level two (medium risk)**
This includes additional controls to limit the spread of coronavirus. These may be complemented by more targeted local actions to manage specific incidents or outbreaks.
 - Alert level three (high risk)**
These represent the strictest restrictions short of a firebreak or lockdown. This responds to higher or rising level of infections where local actions are no longer effective in containing the growth of the virus.
 - Alert level four (very high risk)**
Restrictions at this level would be equivalent to the firebreak regulations or lockdown. These could either be deployed as a preventative firebreak or as a lockdown measure.

We are very aware of the challenges many people and businesses continue to experience as a result of the restrictions we have put in place to control coronavirus and protect people's health.

We are grateful to people and businesses across Wales for their continued efforts to tackle this virus. As we begin the process of rolling out the COVID-19 vaccine throughout Wales, we can be optimistic but we must also be cautious. We all need to work together to Keep Wales Safe.



Mark Drakeford MS
First Minister of Wales



Vaughan Gething MS
Minister for Health and Social Services

Strategic Context

In May, the Welsh Government set out a traffic light-style approach to the easing of the regulatory restrictions in place during the first wave of the pandemic (*Unlocking our society and economy: continuing the conversation*¹).

This moved from lockdown, through red, amber and green stages in different areas of our lives – for example, seeing family and friends, getting around, education and care for children. At that point in the pandemic, there were many uncertainties about coronavirus and the effectiveness of mitigations was unknown. The approach was cautious and involved moving at different speeds in different areas, based on the best evidence available at the time.

In August, the Welsh Government published the *Coronavirus Control Plan for Wales*². This describes the approach to managing coronavirus in Wales, from prevention, through to local action to manage outbreaks and incidents, to all-Wales measures.

The all-Wales measures identified the potential need to tighten restrictions over the winter period but with an ambition to be more tailored and targeted. The broad approach set out in the *Coronavirus Control Plan* remains relevant, in particular the need for all of us to play our part in preventative actions. We believe individual and local action is the most important first line of action we can all take in response to this virus.

This refreshed plan sets out in more detail how national measures described in the *Coronavirus Control Plan* will be introduced in a more predictable way, revisiting the principles of the traffic light system.

This will provide greater certainty for people and businesses across Wales about what legal restrictions will be put in place, depending on the underlying level of risk in Wales and other key factors. This level of risk will change over time and the indicators used will also need to change.

For example, once the majority of people who are most at risk of coronavirus-related serious illness are vaccinated, we expect coronavirus-related pressures on the NHS to be lower. This, in turn, may make overall confirmed case numbers a less useful indicator of future pressures. It will be important to balance a range of different indicators.

¹ *Unlocking our society and economy: continuing the conversation*, Welsh Government, 15 May 2020. Available at: gov.wales/unlocking-our-society-and-economy-continuing-conversation

² *Coronavirus Control Plan for Wales*, Welsh Government, 18 August 2020. Available at: gov.wales/coronavirus-control-plan-wales

More communication about the levels of risk within Wales can help provide signals to inform people's behaviour. It will be some time before we can return to "normal" without restrictions. Therefore, the only sustainable solution for us all is to adapt our behaviour to the underlying levels of risk. This means limiting our contacts with others as soon as risk levels rise. It also means self-isolating as soon as we develop symptoms.

The legal restrictions described in this document are a last resort. No government wants to place these restrictions and constraints on people's freedoms and on the economy.

It is important to remember we can all be carriers of coronavirus without knowing it, and we should act accordingly. Restrictions can be avoided if we all change our behaviour and avoid doing those things that can spread the virus. Unfortunately, restrictions become necessary when the virus begins to spread. We recognise these are blunt instruments, which may seem unfair on those who minimise risks and on those premises that are scrupulous in doing the same. But the virus does not discriminate and can present itself in any environment, which is why a universal approach is necessary.

Behaviours

A statement about the pre-Christmas non-pharmaceutical interventions (NPIs) by the Technical Advisory Group³ highlighted the importance of all of us adopting effective behaviours to combat the spread of coronavirus:

- The virus spreads when an infected person comes into contact with one or more uninfected people. An infected person may not display any symptoms.
- The likelihood of an infectious person passing on the virus to an uninfected person depends on how closely those people interact with each other. Some environments and behaviours are more likely to enable the virus to transmit.
- Social distancing and quarantining remains highly effective at reducing the risk of infecting others, if observed correctly.
- Pre-isolating for one incubation period (10 days) would be an effective way of lowering your risk of infecting others. This might mean avoiding people you don't live with for 10 days before you meet with someone, especially if they are vulnerable.
- Self-isolation remains essential for anyone with COVID-19 symptoms.
- The best way to protect older family members is not to expose them to potential infection if possible, although we recognise that many people do not have a choice as they provide care for older relatives or live in multi-generation households. This does not mean confining all older people is an effective, or acceptable, way of responding to the pandemic.

3 gov.wales/technical-advisory-group-statement-regarding-non-pharmaceutical-interventions-pre-christmas-period

- Survey data continues to indicate a degree of household mixing between people who are not in the same extended household. This is accompanied by a misunderstanding of the risks of transmission associated with meeting others. The evidence suggests increased mixing indoors poses a substantial risk.
- The fewer households and individuals mix, the lower the risk of transmission, hospitalisation and deaths.

Evidence from surveys indicates that many people say they follow the guidelines and regulations in Wales. These actions have had a positive impact in helping to control coronavirus. However, even greater efforts are required to minimise the spread of the virus – it is important we all continue to make every effort to reduce our risks. This means thinking about ‘what we should do’ not ‘what we can do’.

Small breaches of these behaviours can have a big impact if lots of people do the same things. Everyone needs to play their part.

As a government, we will provide clear guidance about what we are asking people to do and why, based on the best available evidence. Providing a clear rationale for the restrictions being imposed is important. Evidence will not always be conclusive as we continue to learn about coronavirus and how it spreads. We must therefore take a cautious approach when the risk is highest.

Sticking to behaviours which have been communicated for many months remains at the heart of what we are asking people to continue to do for their own health and for others. These include:

- Avoiding mixing with other households.
- Maintaining hand hygiene and physical distancing.
- Wearing a face covering where required to do so.
- Working from home wherever possible.
- Keeping your home well ventilated.

The start of the COVID-19 vaccine programme is a real glimmer of hope in what has been a very difficult year but this is not the end of the pandemic. It is more important than ever that we continue to follow the rules and reduce our contacts with other people during the winter months. There is no room for complacency.

We will continue to make every effort to promote these necessary behaviours and support people in their efforts to follow the guidance and regulations in place at any point in time in different settings.

As set out by our Technical Advisory Group⁴, this could include financial and practical forms of support and promoting positive alternatives to risky activities. It may also involve helping identify situations where it may be difficult to avoid risky behaviours, finding acceptable solutions, and providing simple, easy-to-follow advice. This advice will be co-produced with other partners where possible such as trade unions, employers, health boards, local councils and the police. Our focus will continue to be to engage, explain and encourage. Enforcement will be a last resort.

4 gov.wales/technical-advisory-group-behavioural-insights-support-post-fire-break-wales

Vaccines, testing and the future

Vaccines

Vaccines are an important tool in protecting people. The purpose of the COVID-19 vaccine is to reduce cases of serious disease and to protect vulnerable individuals and institutions. As the vaccine is rolled out in Wales, we will be learning a lot, including looking at evidence of the vaccine's effects on transmission in the community, how long immunity lasts and how different groups respond, such as those which are clinically extremely vulnerable.

The emphasis should not be on herd immunity at this stage. Instead, the focus will be on protecting the most vulnerable to reduce hospital admissions and deaths. This is why, like the other UK nations, the Welsh Government is following the advice of the Joint Committee on Vaccination and Immunisation (JCVI) which recommended that the first priorities should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems. We have already started vaccinating these priority groups. This needs to be completed before we can deliver the vaccine to the rest of the population.

We are on the road to recovery, but it will take time. Until we know more about the vaccines and their impact on community transmission, it is too early to consider removing restrictions. We must all continue to adjust our behaviour to minimise risks, regardless of whether we have been vaccinated or not. Safety measures and rules will have to be in place well into 2021 to keep us all safe.

Many people who were previously shielding – the clinically extremely vulnerable group – have weakened immune systems, cannot fight infection well and may not respond well to vaccines. It is vital they and everyone else continue to follow official advice about social distancing, hand hygiene and using face coverings, even if they have been vaccinated.

Testing strategy

If you have symptoms of coronavirus – a high temperature, a new or continuous cough or a loss or change in taste or smell – you should isolate as soon as they appear and then have a test.

Our network of testing sites continues to grow and develop, which means that getting a test is quicker and easier for everyone.

A person is infectious before symptoms develop, so isolating as soon as possible is critical for stopping the spread of coronavirus. People can pass on the virus without symptoms so it is important everyone contacted by the NHS Wales Test Trace Protect service follows its advice if asked to isolate. It is now a legal requirement in Wales to self-isolate if advised by the NHS Wales Test Trace Protect service. If you have been in close contact with someone who has contracted coronavirus, you risk spreading it to others if you do not self-isolate.

To help those people who face financial hardship if asked to self-isolate, we have introduced financial support for people on low incomes and social care staff.

New testing technology – including rapid-result tests, which help identify coronavirus in people without symptoms – is now being rolled out in Wales. About a third of people with COVID-19 do not have symptoms and people can also transmit the disease before the onset of symptoms. Using the new rapid tests to screen people can potentially pick up infection at an earlier phase, reducing the risk of onward transmission. We are prioritising the roll out of these tests for screening health and social care staff.

We will also look at how we use these new rapid tests to limit the impact of self-isolation on people who are identified as contacts of a positive case, potentially helping to reduce the economic and social harms that can arise. This includes the potential for serial testing of contacts, including school bubbles to reduce the impact of self-isolation on learning, livelihoods and well-being.

Looking to the future

As we have seen over recent weeks and months, the situation can change rapidly. The approval of vaccines opens up a new range of possibilities and, depending on what we learn over the coming weeks, may influence our approach to future restrictions.

New testing technologies also provide us with new tools, which could support alternative approaches to the restrictions set out in this document. New treatments may emerge, which will also change the balance of risk and help us to move through the alert levels more quickly.

For all these reasons, we will keep the restrictions under close review.

We believe the framework set out in this document will help us to navigate the difficult winter period ahead of us and give us a longer-term plan for 2021. We will have an opportunity to re-evaluate our approach in the spring when we will know much more about the impact of the vaccination programme, how we can use testing to support our approach and other scientific advancements in our understanding and treatment of coronavirus.

Until then, we will keep the overall framework under regular review, so we can adjust the approach and ensure the restrictions remain proportionate to the risk level. At the same time, we will aim for stability to provide a predictable framework for our partners and, as far as possible, maintain consistency across the UK now that we have broadly similar frameworks.

However, it is important to recognise that we do not expect to be able to make substantive relaxations until the spring and summer of 2021. Even with new vaccines, this will be a difficult winter period and we will all need to play our part to Keep Wales Safe.

Alert levels and what they mean

Learning lessons

Following the rise in infections across the UK and around the world through the autumn, we have learned from the different approaches adopted across the UK.

In September and October we adopted local restrictions⁵, based on the local health protection area model. On October 23, a 17-day firebreak was introduced, on the clear advice of our scientific and medical advisers⁶. The firebreak replicated many of the measures of lockdown. The approach to the firebreak in Wales was informed by the review of non-pharmaceutical interventions (NPIs) carried out by SAGE, which recommended a short circuit-breaker intervention⁷.

In England, a three-tier approach was introduced, until this led to the need for a month-long lockdown in November and a strengthened tier system. In Scotland, an approach based on five levels has been introduced, which included a level four – a set of measures equivalent to a lockdown, which has been applied in parts of Scotland over a period of three weeks. Northern Ireland has tightened its national restrictions, leading to a version of lockdown, which has been applied twice in recent months.

SAGE has reviewed the effectiveness of these different approaches⁸. This analysis resulted in the strengthening of the English tiers on 2 December. The SAGE analysis has recently been updated⁹. The Technical Advisory Group advising the Welsh Government has also looked at the effectiveness of the restrictions in Wales¹⁰. This analysis and other evidence has informed the restrictions adopted in Wales from 4 December and the approach set out in this document.

5 Summary of the effectiveness and harms of different NPIs, SAGE 58, 21 September 2020. Available at: www.gov.uk/government/publications/summary-of-the-effectiveness-and-harms-of-different-non-pharmaceutical-interventions-16-september-2020

6 The UK's 4 nations' autumn interventions, Impact of Interventions Task and Finish Group (TFG) of the Scientific Advisory Group for Emergencies (SAGE), SAGE 69, 19 November 2020. Available at: www.gov.uk/government/publications/impact-of-interventions-tfg-the-uks-4-nations-autumn-interventions-19-november-2020

7 The UK's 4 nations' autumn interventions (update), Impact of Interventions Task and Finish Group (TFG) of the Scientific Advisory Group for Emergencies (SAGE), SAGE 70, 26 November 2020. Available at: www.gov.uk/government/publications/impact-of-interventions-tfg-the-uks-4-nations-autumn-interventions-update-26-november-2020

8 Effectiveness of NPIs in the Local Health Protection Zones and the Firebreak in Wales, Technical Advisory Group, 13 November 2020. Available at: www.gov.wales/sites/default/files/publications/2020-12/technical-advisory-group-effectiveness-of-non-pharmaceutical-interventions-in-the-local-health-protection-zones-and-the-firebreak-in-wales.pdf

9 The UK's 4 nations' autumn interventions (update), Impact of Interventions Task and Finish Group (TFG) of the Scientific Advisory Group for Emergencies (SAGE), SAGE 70, 26 November 2020. Available at: www.gov.uk/government/publications/impact-of-interventions-tfg-the-uks-4-nations-autumn-interventions-update-26-november-2020

10 Effectiveness of NPIs in the Local Health Protection Zones and the Firebreak in Wales, Technical Advisory Group, 13 November 2020. Available at: www.gov.wales/sites/default/files/publications/2020-12/technical-advisory-group-effectiveness-of-non-pharmaceutical-interventions-in-the-local-health-protection-zones-and-the-firebreak-in-wales.pdf

The main lessons from the recent experience in Wales and the UK are:

- The NPIs used for the local interventions in Wales appear to have less impact than national interventions.
- The impact of the national interventions in Wales appear to wane over time and become less impactful.
- Restrictions in tier three in England and level three in Scotland have been sufficient to shrink the epidemic in some areas – the stricter the measures, the greater the effect.
- The impacts of lower-level restrictions across the UK were much less clear.

Overall, the restrictions in all parts of the UK were imposed on the activities and settings that represent the highest risk of transmission taking place as a result of riskier behaviour. These are behaviours during which social distancing is not maintained, where people meet with others, where they are indoors in an area that may be poorly ventilated, or where people spend a lot of time together. The location may be relatively low risk but the behaviour that results from those places being open can raise the risk.

A strong example is the ‘night out’, which is a particularly risky activity as it involves a lot of social interaction in different places and the consumption of alcohol increases risky behaviours.

It is clear from the recent firebreak and lockdowns across the UK that they are a particularly effective combination of interventions, as they cut the number of infections and reduce the number of hospital admissions. These stay-at-home restrictions are also the most socially and economically costly interventions as they require people to avoid contact with others and shut down large parts of the economy.

There is a trade-off between the severity of the interventions and their duration. Where these are time-limited and can avoid the need for prolonged future restrictions, the short-term cost is likely to be outweighed by the longer-term benefit.

Previous regulations and impact assessments

In considering setting alert levels for Wales, we have previously adopted a series of regulations which provide broadly equivalent restrictions to those in England's tiers and Scotland's levels.

The regulations introduced from 4 December have been designed to align with level three in Scotland and tier three in England. The regulations in place during our firebreak were similar to those in place at level four in Scotland and England's recent lockdown. The regulations in place over the summer might be closest to tier one/level one and those in place after the firebreak closest to tier two/level two.

By taking these as a starting point for a new set of alert levels for Wales, we can look at how they might need to change to reflect the evidence of the effectiveness of NPIs and recent work on the socio-economic impacts of interventions. We have also undertaken equality and children's right impact assessments of the proposed levels to inform the exact measures proposed.

These impact assessments have influenced all alert levels. In particular, they have led to the following changes in the most restrictive level of firebreak or lockdown (alert level four), even if this means a longer period at alert level four to compensate for any associated additional mixing or mobility as a result:

- As far as possible, all pupils should remain in school or education at alert level four.
- Places of worship will remain open with strict mitigations.
- Click-and-collect will be allowed for non-essential retail – this will allow people to access goods and services not sold in open premises (without relying on delivery). This may help address potential issues in accessing replacement goods like phones or computers, which people rely on to avoid isolation.

What are the risk levels?



Alert level one (low risk):

This represents the closest to normality we are likely to experience until the summer and the widespread roll-out of vaccines.

At this alert level we might expect to see:

All new infections being reported can be accounted for by contact tracing teams.

Low levels of community transmission and no evidence of wider transmission.

Minimal introduction of infection into closed settings (such as care homes, schools, and prisons).

Sustained low incidence rates.

Slightly higher incidence rates may be tolerable if explained by outbreaks being understood and managed.



Alert level two (medium risk):

This includes additional controls to ensure sustained low incidence (consistent with alert level one). These may be complemented by more targeted local restrictions put in place by incident management teams (IMTs) and others to manage specific incidents or outbreaks.

At this alert level we might expect to see:

Almost all new infections reported are responded to by contact tracing teams.

NHS Wales Test Trace Protect evidence shows, while the majority of cases can be accounted for, there is emerging evidence of onward transmission from previously identified risks.

There is increasing introduction of infections in closed settings, such as care homes, and in the community.

Likely to be multiple clusters and increased community transmission.



Alert level three (high risk):

This represents the strictest restrictions short of a firebreak or lockdown. At this alert level, the restrictions at alert level two and supportive local actions are no longer effective in containing the growth of the virus or a wider spread.

At this alert level we might expect to see:

Not all new infections are being investigated.

Resources are targeting clusters and incidents in high risk settings (for example care homes).

Widespread community transmission evidenced by number of small household and social clusters which cannot be linked.

Significant impact on closed settings.

Numerous cases which are linked to workplaces.

Hospital admissions increasing on a trajectory that would lead to unsustainable levels and care homes in red, delaying discharge and causing bottlenecks.

Incidence rates in over 60s increasing.



Alert level four (very high risk):

Restrictions at this level would be equivalent to a firebreak or lockdown.

At this alert level we might expect to see:

Very high or exponential growth of cases with widespread introduction into closed settings.

NHS Wales Test Trace Protect is prioritising the most vulnerable, and backward contact tracing is no longer feasible as there are too many cases.

Epidemiological review shows random spread of virus across Wales without a comprehensive understanding of transmission drivers.

Evidence that national and local mitigating measures no longer proving effective.

Health and social care under significant pressure and not sustainable, elective procedures are being cancelled across the board and capacity limits reached or about to be breached.

Clinically extremely vulnerable

Advice for people who were previously shielding – those who are classed as clinically extremely vulnerable – at each alert level will be published separately.

Moving between levels

Principles

Building on the lessons from SAGE and TAG, we know that intervening early is more effective and that time-limited interventions are likely to be more effective than open-ended restrictions with no end date.

Our initial experience of local restrictions, based on the local health protection areas model, and the lessons from the early approach to the tier system in England, suggested an incremental approach can slow the spread of coronavirus, but it was not enough. These measures simply delayed more stringent restrictions coming into effect, rather than halting growth and reducing infections.

Our firebreak was effective but the behaviours after it ended were not consistent with keeping infection rates low. This points to a more gradual approach to relaxing restrictions, even though the risks and required behaviours are much better understood.

- Any firebreak or lockdown should be for a defined period of time but this needs to be balanced against the level of risk at the time. This may mean a longer period of intervention to bring infection rates under control.
- We should intervene quickly when cases rise and cannot be easily explained, rather than wait for thresholds to be breached.
- This may mean, for example, moving straight to alert level three from alert level one to reverse a rapid growth in infections.
- Moving down the alert levels should not take place until there is a sustained decline or stabilisation in infections at a suitable rate to move to the next alert level down.

Escalation and de-escalation approach





The criteria set out below will be used to help assess the risk level for different parts of Wales and for Wales as a whole. These are already monitored and assessed by the Welsh Government, Public Health Wales and incident management teams across Wales.

These have been compared with what is known about the approaches being adopted in England and Scotland in the respective tier and level systems. All the UK nations share the goal of suppressing the virus as much as possible – we are therefore seeking to align as far as possible to deliver on that ambition.

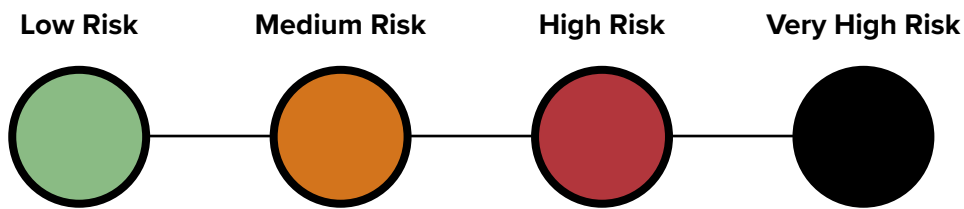
The table below translates the principles to illustrate that moving down an alert level will only take place once an improvement is established. Moving down will be one level at a time.

Escalation, however, may happen quickly and may involve moving up more than one alert level at a time to prevent the rapid spread of coronavirus. Following escalation up a level(s) any subsequent de-escalation would be unlikely for a number of weeks, as it takes around two weeks to see an effect and further time to establish whether that change has been sustained.

The severity of alert level four measures may make it suitable for shorter periods to provide a short sharp shock before the situation necessitates a longer period of time at that highest level.

Spread of virus and health outcomes	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Deteriorating	Alert Level two/three (escalate)	Alert level three (escalate)	Alert level four (escalate)	Alert level four (maintain)
Stable	Alert level one (maintain)	Alert level two (maintain)	Alert level three (maintain)	Alert level four (maintain)
Improving (recent)	Alert level one (maintain)	Alert level two (maintain)	Alert level three (maintain)	Alert level four (maintain)
Improvement (established)	Alert level one (maintain)	Alert level one (de-escalate)	Alert level two (de-escalate)	Alert level three (de-escalate)

Indicators



The indicators set out in the *Coronavirus Control Plan*¹¹ have been updated with the areas which will be monitored to determine which alert level applies. These are not mechanical thresholds – they are broad principles, which will be used to inform balanced judgments. These indicators will be kept under review and revised when necessary, for example to take account of increased mass testing and the rate of vaccination. We will closely monitor all these indicators – and other relevant factors – in combination with local intelligence.

Alert level one (low risk)

Key indicators:

Confirmed case rate less than 50 per 100,000 people rolling seven-day average (depends on testing, local outbreak control and degree of community transmission).

Confirmed case rates for over 60s remain low.

Projection of future case incidence rates over next two weeks do not anticipate significant rises.

Test positivity below 3% over seven days (this may be influenced by the testing strategy).

Forecast of Welsh population estimated to have COVID-19 is less than 0.25%.

Rates of change in the indicators above – an established rapid increase may merit escalation without needing any particular thresholds to be reached.

Hospital capacity being managed effectively and any potential pressure from increased cases is at least five to six weeks away.

No unmitigated concerns from local health professionals (including any from incident management teams or outbreak control teams).

No unmitigated concerns raised by relevant local authority leaders or local partners.

¹¹ www.gov.wales/coronavirus-control-plan-wales

Alert level two (medium risk)

Key indicators:

Confirmed case rate between 50 and 150 cases per 100,000 people rolling seven-day average (depends on testing, local outbreak control and degree of community transmission).

Confirmed case rates by age will suggest direction of travel (escalate/de-escalate).

Confirmed case rates for over 60s not suggesting rapid growth (rapid growth to lead to escalation, sustained declines potential for de-escalation).

Projection of future case incidence rates over next two weeks does not suggest significant rises (which may lead to escalation).

Test positivity more than 3% over seven days (this may be influenced by the testing strategy).

Forecast of Welsh population estimated to have COVID-19 is between 0.25% and 0.75%.

Rates of change in the indicators above. An established rapid increase may lead to escalation without needing any particular thresholds to be reached.

Hospital capacity concerns and likely pressure from increased cases is at least four to five weeks away.

Concerns from local health professionals being managed (including any from incident management teams or outbreak control teams).

Local action being taken by relevant local authority leaders and views of local partners on escalation/de-escalation risks taken into account.

Alert level three (high risk)

Key indicators:

Confirmed case rate more than 150 cases per 100,000 people rolling seven-day average (depends on testing, local outbreak control and degree of community transmission).

Confirmed case rates for over 60s not suggesting rapid growth (rapid growth to lead to escalation, sustained declines potential for de-escalation).

Projection of future case incidence rates over next two weeks not anticipating significant rises (which may lead to escalation).

Test positivity over 5% over seven days (this may be influenced by the testing strategy).

Forecast of Welsh population estimated to have COVID-19 is between 0.75% and 1%.

Rates of change in the indicators above. An established rapid increase to lead to escalation without needing particular thresholds to be reached.

A reliable estimate of the Reproduction number (R_t) includes 1 within 95% confidence interval.

Hospital capacity concerns and likely pressure from increased cases is four to five weeks away.

Concerns from local health professionals being managed (including any from incident management teams or outbreak control teams).

Local action being taken by relevant local authority leaders and views of local partners on escalation/de-escalation risks taken into account.

Alert level four (very high risk)

Key indicators:

Confirmed case rate more than 300 cases per 100,000 people rolling seven-day average (depends on testing, local outbreak control and degree of community transmission).

Confirmed case rates for over 60s suggesting rapid growth.

Projection of future case incidence rates over next two weeks anticipating significant rises to more than 500 cases per 100,000 people.

Test positivity above 10% over seven days (this may be influenced by the testing strategy).

Forecast of Welsh population estimated to have COVID-19 is more than 1%.

A reliable estimate of the Reproduction number (R_t) has a lower confidence interval of at least 1.

Rates of change in the above indicators. An established rapid increase to have led to this alert level without thresholds necessarily having been reached.

Hospital capacity and likely pressure from increased cases in three weeks exceeding capacity.

Serious concerns from local health professionals not able to manage local issues (including incident management teams or outbreak control teams).

Local action ineffective and local authority leaders and other local partners consulted.

National, regional or local intervention

The alert levels and the measures set out below will allow for assessment and action at any geographical level. As noted earlier, the evidence we have so far points to the most effective interventions being at a national level. Regulations are currently applied at an all-Wales level, given the patterns of infection we have seen across Wales. This reflects the fact that, while some areas lag others, widespread community transmission means it is only a matter of time before all areas face high levels of infection.

There are benefits and risks to taking varying restrictions in different areas of Wales:

- National restrictions are simpler and easier to understand but run the risk of taking a disproportionate response to localised outbreaks and rising levels of infection in a particular area.
- Regional areas may be difficult to define, but can recognise regional patterns, whilst also being more practical for messaging and reflect more realistic travel areas.
- Targeting interventions at the local authority level or lower can be more focused on hotspots, but may be a disproportionate response if indicators are heavily skewed by small populations. Travel restrictions in small local authority areas may seem disproportionate and not reflect the reality of normal travel in an interconnected area.

If there is clear evidence of a sustained variation between parts of Wales, the approach set out in this document allows for regional and local application of the alert levels.

Our experience of the local health protection areas in Wales has shown that a micro-targeted approach was not effective over a period of more than a few weeks. This has also been recognised in England, where a more regional approach has been adopted in the approach to tiers. This reflects the fact that people travel between small local areas and it is therefore very difficult to contain the spread of coronavirus in those areas where there is very high mobility. This appears to have been reflected in parts of Wales during the period of local restrictions; with early restrictions in Caerphilly unable to prevent the spread of coronavirus into nearby areas. Micro-targeted interventions in Llanelli and Bangor had an initial effect, but did not prevent the need for further action.

Our approach to analysing the data will consider patterns and trends between neighbouring local authority areas. If there is evidence of a sustained and clear difference between some parts of Wales compared to others we will consider whether a regional approach would work better for those areas. This might involve a region of neighbouring local authorities – all interconnected and with similar patterns of infection – moving into a different level to other parts of Wales. In considering any options, we will take into account the underlying trends in those and neighbouring areas as well as the views of local health professionals, local leaders and local partners.

Regulatory restrictions at each alert level

We will put in place a single set of regulations to encompass interventions at each of the different alert levels, described above. A set of common provisions will apply to all alert levels (for example the enforcement regime) with separate legal 'schedules' for each alert level. This will enable movement between a stable set of regulations that provides some predictability for planning.

We will review the data and intelligence informing which alert level of restrictions should apply regularly, with a formal review every three weeks. We will publish updates about this analysis so the public understands the direction of travel. This will provide advance notice of whether a future de-escalation may be possible if conditions continue to improve and stabilise. It will also enable us to communicate where conditions are deteriorating, and where additional restrictions may be required.

The common provisions to be included in all alert levels:

- Prohibition on organising events unless permitted under relevant level.
- Requirement to self-isolate if tested positive, contacted by TTP or returning from a country not on the international exempt 'travel list'.
- Taking preventative measures in regulated premises.
- Requirements to wear face coverings.
- Guidance on minimising exposure.
- Enforcement regime and powers.
- Offences and penalties.

The specific restrictions that will apply in each alert level are set out in Annex A.

Restrictions after the winter period





The restrictions set out below will apply during the winter period, which we expect to remain very challenging as normal winter pressures on the NHS are compounded by the continued spread of coronavirus across the UK.





The restrictions in this framework are by no means the final word. The roll-out of vaccines, new treatments, innovations in testing, or other scientific advancements could change the balance of risk. We will keep the regulatory framework under regular review, and we expect the spring and summer of 2021 to require a refreshed approach.





We need to be realistic. The winter will be very challenging and it is likely to be the spring or summer before we can even think about large events or other riskier activities. We realise this will be difficult for those sectors that have been severely constrained, closed for long periods, or who have not been able to restart at all since the lockdown in March. We will work with those sectors to put in place plans for gradually restarting activity in the spring and summer of next year, should conditions permit it.





Annex A: Summary table of regulatory restrictions at each alert level





This table summarises the specific regulatory restrictions that will be in place at each alert level. Beyond these restrictions, people and businesses should act in a way consistent with the risk associated with each alert level. A higher alert level signals a high risk through higher levels of community transmission. At each stage everyone should think about how they can further minimise risk.





	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Restrictions on Gatherings				
Requirement to stay at home	N/A	N/A	N/A	Yes
Meeting in private dwellings	Rule of six, excluding under 11s or extended household	Extended household only	Extended household only	Household (people you live with) or support bubble only
Meeting indoors (regulated premises like café only)	Rule of six, excluding under 11s	Rule of four, excluding under 11s	Rule of four, excluding under 11s	Household or support bubble only
Extended households (exclusive bubble of same people)	Up to three households	Up to two households	Up to two households	Support bubble (single adults or single parents join with any other household)
Meeting outdoors	No more than 30 people, excluding under 11s and carers	Rule of four, excluding under 11s Extended household (if more than four) in public outdoor spaces but not regulated setting	Rule of four, excluding under 11s Extended household (if more than four) in public outdoor spaces but not regulated settings	Household or support bubble only
Private gardens	Rule of six, excluding under 11s	Rule of four, excluding under 11s	Extended household only	Household or support bubble

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Organised Activities and Sports				
Organised indoor activities	Up to 50 people	Up to 15 people	Up to 15 people (restricted by premises closures)	Limited to public and voluntary services
Organised outdoor activities	Up to 100 people	Up to 30 people	Up to 30 people	Not possible
Stadia and events	Outdoor events (restricted numbers) Stadia open to spectators (restricted numbers) Indoor seated or ambulatory events (restricted numbers)	Outdoor events – pilots Stadia closed to spectators Indoor event – pilots	No events Stadia closed to spectators	No events Stadia closed to spectators
Sports and exercise	All permitted in line with guidance and mitigations (e.g. limited indoor contact sports) Professional, elite and designated sports and training permitted	Limited to organised activities rules (15 indoors, 30 outdoors), exceptions for children’s activities Professional, elite and designated sports and training permitted	Limited to organised activities rules (15 indoors, 30 outdoors), exceptions for children’s activities Professional, elite and designated sports and training permitted	Outdoor individual exercise Professional, elite and designated sports and training permitted
Supervised children’s activities	Allowed	Allowed	Allowed	Not possible (education and childcare exemptions remain)

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Businesses and services				
Non-essential retail	Open	Open	Open	Closed (click and collect allowed)
Close contact services (hairdressers, nail and beauty salons, tattoo and massage parlours, etc.)	Open	Open	Open	Closed (except medical and related services)
Hospitality (pubs, restaurants, cafes, bars, members clubs) [Table service, other mitigations like collecting contact details, and takeaway at all levels]	Licensed premises can serve alcohol between 6am and 10pm Premises (including BYO) must close by 10:20pm. Limited exceptions	Licensed premises can serve alcohol between 6am and 10pm where it is part of a substantial meal Premises (including BYO) must close by 10:20pm. Limited exceptions	No alcohol for consumption on premises Can open between 6am and 6pm, and for takeaway after 6pm	Closed (except for takeaway and delivery)
Holiday accommodation	Open	Open	Open	Essential only (for work or other reasons)

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Entertainment venues (cinemas, bingo halls, bowling alleys, indoor play centres and areas, casinos, amusement arcades and adult gaming centres, theatres and concert halls)	Open	Open	Closed (drive-in cinema and theatre allowed)	Closed
Indoor Visitor attractions (including museums, galleries, educational and heritage attractions, and heritage sites such as stately homes)	Open	Open	Closed	Closed
Ice skating rinks (public leisure use)	Open	Closed	Closed	Closed
Outdoor visitor attractions (including gardens, museums, theme parks, funfairs, heritage sites, farm attractions, zoos)	Open	Open	Closed	Closed

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Leisure and fitness facilities (gyms, swimming pools, spas, fitness studios)	Open	Open	Open	Closed
Venues for events and conferences	Open	Open for limited activities (e.g. pilot indoor events)	Closed	Closed
Nightclubs and adult entertainment venues	Closed	Closed	Closed	Closed
Community facilities				
Places of worship	Open	Open	Open	Open
Community facilities	Open	Open	Open	Limited opening (e.g. for essential public services)
Crematoriums	Open	Open	Open	Open
Libraries and archive services	Open	Open	Open	Closed to public (click and collect only)
Sports courts, golf courses, enclosed pitches	Open	Open	Open	Closed
Playgrounds, public parks	Open	Open	Open	Open

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Life events Weddings (including humanist), civil partnerships and funerals	Ceremony – limit set by venue Reception / Wake – Organised activity limits (50 indoors, 100 outdoors)	Ceremony – limit set by venue Reception / Wake – Organised activity limits (15 indoors, 30 outdoors) Hospitality restrictions apply	Ceremony – limit set by venue Reception / Wake – Organised activity limits (15 indoors, 30 outdoors) Hospitality restrictions apply	Ceremony – limit set by venue Reception / Wake – Not permitted
Other life events (including bar mitzvahs, baptisms, or others)	Ceremony (if relevant) – set by venue Celebration – Organised activity limits (50 indoors, 100 outdoors)	Ceremony (if relevant) – set by venue Celebration – Organised activity limits (15 indoors, 30 outdoors). Hospitality restrictions apply	Ceremony (if relevant) – set by venue Celebration – Organised activity limits (15 indoors, 30 outdoors). Hospitality restrictions apply	Ceremony (if place of worship) – restricted Celebration – Not permitted

Travel

Travel restrictions

Alert level one (Low risk)



No travel to areas of high prevalence or entry of people from high prevalence areas (level three or higher), without reasonable excuse
International travel allowed

Alert level two (Medium risk)



No travel to areas of high prevalence or entry of people from high prevalence areas (level three or higher), without reasonable excuse
International travel allowed

Alert level three (High risk)







No travel to areas of high prevalence or entry of people from high prevalence areas (level three or higher), without reasonable excuse.
Guidance against travel to lower prevalence areas in other parts of the UK (level two or lower)
Advice against international travel

Alert level four (Very high risk)



Stay at home unless reasonable excuse
No travel into or out of area without reasonable excuse
No international travel without reasonable excuse

	Alert level one (Low risk) 	Alert level two (Medium risk) 	Alert level three (High risk) 	Alert level four (Very high risk) 
Schools and Childcare (additional precautions as move up the levels, such as use of face coverings)				
Childcare providers	Open	Open	Open	Open
Informal childcare	Allowed	Allowed	Allowed	Allowed (but should be essential only)
Primary schools	Open	Open	Open	Open
Secondary schools	Open	Open	Open	Open
Colleges, FE institutions	Open	Open	Open	Open
HE institutions	Open	Open – mix of in-person and remote learning	Open – mix of in-person and remote learning	Open – mix of in-person and remote learning
PRUs, Special Schools and EOTAS	Open	Open	Open	Open