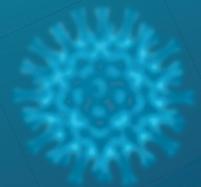
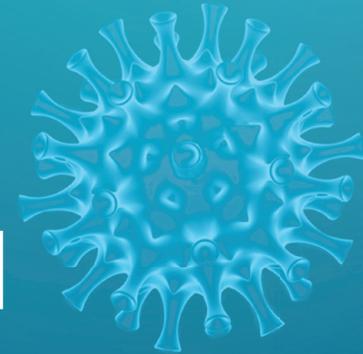




# **CORONAVIRUS** **EXECUTIVE APPROACH** **TO DECISION-MAKING**



**WE ALL  
MUST DO IT  
TO GET  
THROUGH IT**



STAY HOME



KEEP DISTANCE



WASH HANDS

## MINISTERIAL FOREWORD

The lives and livelihoods of all of us have been severely affected in the past weeks by the impact of the Coronavirus pandemic and the measures we have needed to put in place to control the infection.

While it feels like Coronavirus has been in our midst for a long time, the first recorded case here was actually only 10 weeks ago on 27 February 2020.

This is the biggest public health crisis we have faced in living memory and, as a five party Executive, our priority is to help keep people safe and to support those who have faced real hardship as a result of the pandemic. Alongside that we are also focusing on the future - for when we have put this behind us.

This document looks ahead and sets out the approach that we will adopt in the regular reviews of the Coronavirus Regulations. These have placed unprecedented restrictions on the way we all live our lives.

This has been an extraordinary ask in what are extraordinary times and the vast majority of our community have complied with the Regulations. As a society, we should be proud of the way we have responded.

It is also clear that, without those restrictions and the very high levels of compliance right across our community, the pain and suffering from Coronavirus would have been very much greater and the impact on our health service would have been far more severe.

We know that as we begin to consider, as an Executive, how best to move towards reducing those restrictions, there will be different and competing views about the nature and timing of the measures to be relaxed. Our approach will be to look to the future - to recognise that we need to do things differently - and to retain the flexibility to respond as new information comes to light.

In pursuit of this, we will be led by the science and not by a calendar setting artificial deadlines. We will take the best medical and scientific advice available to us into account in reaching the judgements required, but we also want to be honest and say that the decisions we reach - whether to keep the restrictions or relax them at any point - will require judgements that balance the continued need to control the spread of infection, with the impacts the restrictions are having on our health, well-being, economy and way of life. There is no single or easy answer

to this complex issue, but we will endeavour to reach sound judgements, based firmly on the medical and scientific evidence and best practice and we ask that you would continue to abide by those restrictions that are considered necessary.

We must do this if we are to minimise the risk of needing to reintroduce restrictions at a later stage.

The truth is that we will not see a return to all of the normal ways of living we had before the pandemic in the short to medium term at least. This pandemic has affected all of our lives in multiple ways and it will take a whole of society approach and collective effort if we are to minimise its impact, and then make the best possible recovery from it.

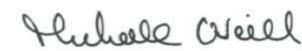
Alongside that, as we recover from the pandemic, we don't want to lose the changes to our ways of working and living that have been positive. We have seen the beneficial impact on our environment and, as we move forward, we will build on that during recovery. For instance, recent weeks have seen less car travel and more daily exercise and we want to encourage these behaviours after the restrictions end.

Your efforts throughout this unprecedented period have helped to flatten the curve of infection and save lives; and we thank you for that.

**We can continue to do so with your help.**



**The Rt Hon Arlene Foster MLA**  
First Minister



**Michelle O'Neill MLA**  
Deputy First Minister

## 1. CURRENT POSITION

### Pandemic progression

**1.1** As of 10 May, in Northern Ireland, 33,440 individuals have been tested for Coronavirus; there have been 4,149 laboratory-confirmed cases and 438 deaths have been reported. Overall case numbers are continuing to rise but at a slower rate than before.

**1.2** At the time of the first review of the restrictions, modelling had indicated that the peak of the first wave of the pandemic in Northern Ireland would be between 6 and 20 April 2020. It is now clear that the peak for hospital admissions and ICU occupancy occurred during the first part of this period, and that there has subsequently been a gradual decline in both, reflecting a reduction in transmission of the virus here and progression of the epidemic.

**1.3** It is currently unclear how long those who have recovered from Coronavirus will retain immunity. Furthermore, at present, best estimates suggest that less than 5% of our population are likely to have had the infection and recovered, which is not a sufficiently high level of population immunity to confer protection from further spread of the virus.

### The significance of 'R'

**1.4** 'R' is a measure of virus transmission. Following the implementation of social distancing and other restrictions contained in the Regulations, R for community transmission has fallen to less than 1, meaning that every new case of Coronavirus results in less than one additional new case. The most recent estimates indicate that our R is currently approximately 0.8. This has resulted in a levelling off in hospital admissions, ICU occupancy and deaths and, provided that restrictions remain in place and public adherence remains at current levels, we would expect each of these to fall slowly and steadily in the coming weeks, reaching low levels by mid-summer.

**1.5** In order to prevent an increase in the Coronavirus epidemic, it will be necessary to maintain R at or below 1. We want to lower the reproduction rate, as any relaxation in social distancing or other restrictions will be associated with an increase in R. There is no relaxation that could be made to current restrictions without risk. However the degree of risk will vary from low to high depending on the measures which are relaxed. The approach we are taking is only to implement relaxations which give a reasonable prospect of R remaining below 1.

**1.6** Following any changes, it will take at least 2-3 weeks for the new value of R to become apparent with confidence, although it may be possible to estimate the effect of changes more rapidly through modelling.

### Legislation

**1.7** The Northern Ireland Executive has taken decisive action to address the pandemic. On 28 March 2020, the Executive agreed Regulations that introduced restrictions to slow the spread of Coronavirus, help our Health and Social Care system cope with the situation and ultimately save lives. The Regulations required the closure of certain businesses and prohibited anyone from leaving their house except for very limited reasons. The Regulations also banned gatherings of more than two people from outside the same household.

**1.8** The reasons to leave our homes include the need to:

- work, or deliver voluntary or community services, where that cannot be done at home;
- go to a shop for food or a chemist for medication;
- carry out basic necessities such as taking our animals to the vet;
- take exercise either alone or with others who live in the same house as we do;
- get medical assistance;
- help a vulnerable person that we are caring for, or to provide emergency assistance;
- donate blood;
- attend a funeral of a close family member or someone that we live with;
- fulfil a legal obligation;
- access critical public services; and
- move house if absolutely necessary.

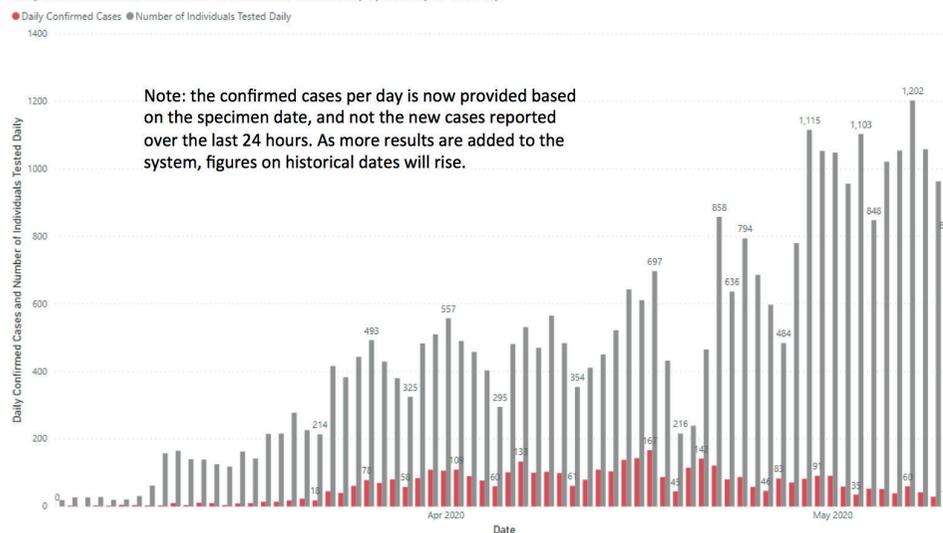
**1.9** In addition, the Executive has stopped or reduced a range of public services delivered by Government and sent clear and consistent advice that people should stay at home unless they have a reasonable excuse for doing so.

**1.10** Alongside that, in order to respond to the problems caused by the restrictions, the Executive has put in place a wide range of measures to help citizens, employees and businesses who have been badly affected through no fault of their own.

**1.11** At the time the Regulations were made, the scientific modelling work suggested that, in a Reasonable Worst Case scenario where no social distancing measures were introduced, there could be up to 15,000 deaths from the pandemic.

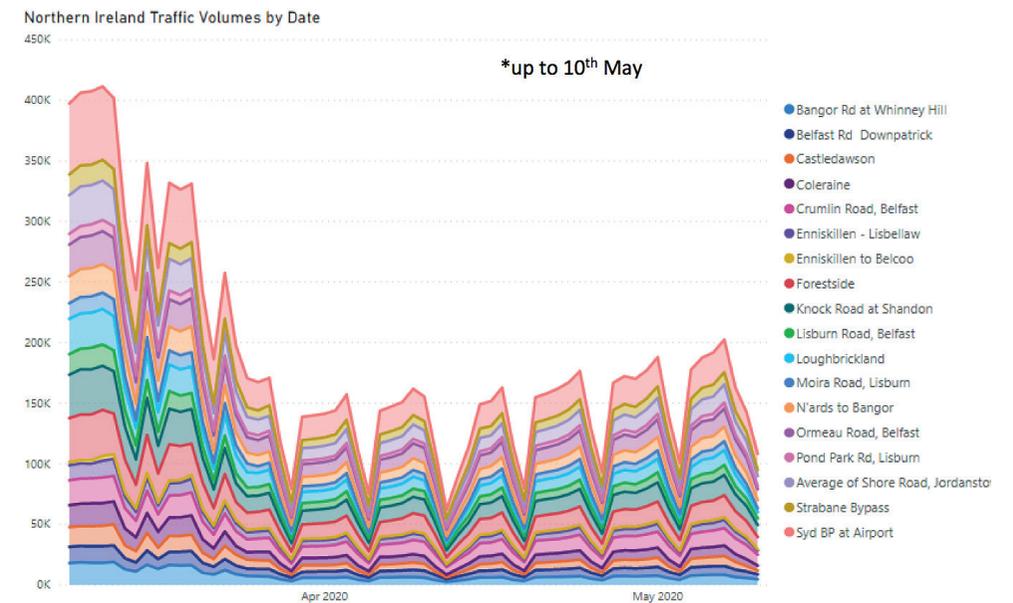
**1.12** The public have reacted to the public health emergency by showing very high levels of compliance with the Regulations. As a result of those actions, the revised modelling has since indicated that the Reasonable Worst Case scenario within the first 20 weeks of the pandemic is now 1,500 deaths. This clearly illustrates both the importance of the Regulations, their effectiveness and the impact in terms of lives saved as a result. The chart below shows the rise in the number of tests conducted per day and the indications of a fall in the number of confirmed cases.

Daily Confirmed Cases and Number of Individuals Tested Daily by Date (up to 10th May)



**1.13** It is clear that the actions of the public have made a huge difference. Everyone has contributed to saving lives. In addition to the Regulations, we have also been clear in promoting a **#stayhome** message. We have also encouraged as many people as possible to work from home across all sectors. We know that the overall approach has been really tough for many people and particularly for those who have been asked to shield themselves. We applaud the many volunteers who are providing help and support to others and the sense of community support that has sustained so many.

**1.14** As one example of the high levels of acceptance of the restrictions, the chart below shows the much lower levels of traffic volume in the weeks since the restrictions were introduced. Some of the recent rises are likely to be as a result of increased amounts of work related journeys.



**1.15** The pandemic has taken a very heavy toll in lives lost and others facing serious illness. We all owe a huge debt of gratitude to key workers who have kept essential services going in a range of different areas. We owe a very particular debt to those who work in our Health and Social Care system who have placed themselves at personal risk to save the lives of fellow citizens.

**1.16** At present, the greatest single concentration of the disease is in our care homes. The Executive has an ongoing focus on how best to respond to meet the needs of this sector. Action has already been taken including:

- £6.5m additional funding for care homes announced by Minister of Health, Robin Swann MLA;
- The expansion of testing for all staff and all residents in care homes with a potential outbreak or cluster of infections;
- The testing of all individuals being admitted to care homes from any setting, the testing of patients to be discharged from acute hospital to care homes 48 hours prior to discharge and the isolation for 14 days of all those being discharged from hospital to care homes;
- The issue of Personal Protective Equipment (PPE) and revised guidance on the use of PPE, care for residents in a care home setting and staff redeployment;
- Partnership working between Health and Social Care Trusts and care home providers to ensure safe levels of staffing in care homes; and
- Partnership working between the Public Health Agency and the Regulation and Quality Improvement Authority to provide expert advice and support.

**1.17** The Executive recognises the severe impact of the Coronavirus on care homes and its impact on some of the most vulnerable in our society. As a result, the Executive has confirmed that the Department of Health will implement an urgent expansion and intensive programme of testing for residents and staff in care homes. This expansion is expected to commence immediately.

**1.18** There is also a wider health impact. Prior to Coronavirus, our health and social care system was already facing huge strategic challenges in the form of an ageing population, increasing demand, long and growing waiting lists, funding constraints on the health service, workforce pressures and the emergence of new and more expensive treatments. All of these pressures have been exacerbated by Coronavirus. Elective and diagnostic services have had to be curtailed. At the end of December 2019 there were some 305,000 patients on the outpatient waiting list, more than 90,000 waiting for inpatient and day case admissions and more than 141,000 patients waiting for diagnostic tests. As of 22 April 2020, more than 9,000 elective care and inpatient admissions had been cancelled, of which more than 2,000 were red flag referrals.

**1.19** The Coronavirus pandemic is not only a public health emergency but also an economic emergency. Our priority is to do everything we can to protect individuals and livelihoods which support families and communities across Northern Ireland.

**1.20** The pandemic will cause severe social and economic damage. As such, action is required both to suppress the virus and mitigate the negative impact on livelihoods - at the same time. The macro-economic consequences of the pandemic can be summarised as follows:

- Huge economic impacts that might normally take months or years to unfold have occurred in a matter of days and weeks. Most countries have responded with 'lockdowns' and 'industry shutdowns';
- Initial assessments put the overall output within the NI economy at 25-30% below normal. A similar assessment, produced for the whole of the UK by the Office for Budget Responsibility (OBR) suggests that output could be 35% below normal. At these rates, every month of lockdown will reduce annual output at the end of the year by around 2% to 3%. In simple terms, on its own, each month of shutdown is akin to a large recession;
- The shutdown of many industries in Northern Ireland has resulted in the widespread furloughing of workers. There have been far fewer examples of large scale redundancies by firms, and that is a sign that the policy is working. However, the data is indicating that unemployment is being disproportionately concentrated in certain categories. This could plausibly include the self-employed, those on temporary or on zero-hours contracts and those who have only been with their employers for a short time;
- A baseline scenario modelled by EY estimates that 78,000 jobs could be lost over the year, with 175,000 furloughed or lost at the peak of the crisis (Q2). If the outbreak is prolonged, then EY forecast 132,000 jobs could be lost over the year and 257,000 furloughed or lost at the peak of the crisis (expected to be Q3 if prolonged);
- The Ulster University Economic Policy Centre (UUEPC) have estimated that the unemployment rate could reach 6%. This equates to an increase of around 30,000 unemployed people.

**1.21** Many businesses, individuals and communities will be anxious about the future, and will be looking for assurances that there is a pathway through this. While we cannot promise that every business or every job will be saved, we will do all in our power to protect individuals and livelihoods which support families and communities across Northern Ireland.

**1.22** The impact of the Coronavirus has also been felt right across our society - it has changed the way we all conduct our everyday lives. The Executive therefore wants to rebuild, preserve and develop those aspects of our lives that are most important to us. Moving forward, we will assist with the adjustment to the new way of living.

## 2. BASIS FOR DECISION MAKING

**2.1** The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 came into force on 28 March 2020. In the first review, required on or before 18 April 2020, no changes were made. Since then, adjustments have been made to allow family members to visit the graves of their loved ones while adhering to social distancing and to clarify the grounds on which it is reasonable to travel for the purpose of exercise.

**2.2** The most recent review took place on 7 May 2020. It concluded that the current legislative framework should remain in place. Each review is a major decision point and the Executive takes its responsibilities for these decisions very seriously.

**2.3** As context to its reviews, the Executive will take account of measures to reduce transmission, including the increased availability of testing, the use of surveillance or tracking methodology and contact tracing for those who test positive for Coronavirus or who meet an appropriate clinical case definition. Where IT solutions, such as Apps, can assist, we will use them and encourage you to do the same. However, no matter how good such Apps are, they will have limited value unless used widely across society.

**2.4** The Executive has agreed that the ongoing reviews of the Regulations will consider the following criteria;

**i)** Evidence and analysis relating to the pandemic, including the latest medical and scientific advice, the estimated level of transmission and the impact of relaxations on the future trajectory of the pandemic;

**ii)** Capacity of the health and social care services to deal with Coronavirus cases as well as the need to resume normal services;

**iii)** Assessment of the wider health, societal and economic impacts of the Regulations, including identifying the areas where greatest benefit and lowest risk would result from relaxation.

**2.5** The public health analysis relating to the pandemic will always be the most important consideration, and we are committed to maintaining our approach of minimising the harm caused by the pandemic and avoiding the Health and Social Care system being overwhelmed as a result of an increase in people falling seriously ill. However, the pandemic will also cause severe social and economic damage. As such, action is required on both fronts to suppress the virus and mitigate the negative impact on livelihoods. That will become more acute as and when current support mechanisms from Government are tapered down or end.

### Guiding principles

**2.6** Bearing in mind the primary purposes of the Regulations - minimise the numbers of cases and deaths, and ensure as far as possible that the health care system has the capacity to care for Coronavirus patients and care for all patients, present and future - the Executive has adopted the following principles to be applied when considering whether a specific restriction or requirement should be retained, withdrawn or modified.

- **Controlling transmission.** Progress on the path of recovery depends primarily on controlling the rate of transmission. The key metric for this purpose is the reproduction number 'R'. A restriction or requirement should only be relaxed when there is a reasonable prospect of maintaining R at or below 1.
- **Protecting healthcare capacity.** The healthcare system should have sufficient capacity to treat Coronavirus patients while phasing in the reintroduction of usual health and care services. The system should not be allowed to be overwhelmed by a second or subsequent wave of the pandemic.
- **Necessity.** In accordance with the terms of the Regulations, a specific restriction or requirement should be retained only as long as it is considered necessary to prevent, protect against, control, or provide a public health response to the incidence or spread of Coronavirus.

- **Proportionality.** The detrimental impacts on health, society and the economy that can reasonably be attributed to the restriction or requirement should be tolerated only as long as the risks associated with withdrawal or modification are assessed to be more severe.
- **Reliance on evidence.** Proposals for change or for the retention of a restriction or requirement should be informed by the best available evidence and analysis.

**2.7** These align closely with the WHO guidance, published 24 April 2020, which recommends that any step to ease restrictions must meet six criteria:

- Transmission is controlled;
- Health system capacities are in place to detect, test, isolate and treat every case and contact;
- Outbreak risks are minimised in special settings like health facilities and nursing homes;
- Preventive measures are in place in workplaces, schools and other places where it's essential for people to go;
- Importation risks can be managed; and
- Communities are fully educated, engaged and empowered to adjust to the 'new norm'.

**2.8** In addition to drawing on the WHO guidelines, our guiding principle of proportionality ensures that the Executive will consider at every stage whether the benefits of the restrictions in controlling transmission and protecting health service capacity continue to outweigh and justify the very significant damage the restrictions are inflicting on our society, economy and wider health outcomes.

### North/South and East/West collaboration

**2.9** As we face the same challenges as others, we are working closely both on a four nations basis within the UK and on a North/South basis with the Irish Government. The Chief Medical Officer and other senior experts work closely on a four nations basis with their counterparts in GB on evidence, analysis and likely future progression of the disease. In North/South terms, the cooperation is facilitated by a Memorandum of Understanding entered into by the two Chief Medical officers. This has facilitated regular policy and professional meetings

between the Chief Medical Officers and respective teams in Northern Ireland and the Republic of Ireland. Recognising the island as a single epidemiological unit, data and modelling of the course of the epidemic in NI and the RoI has been undertaken and research commissioned from the Institute of Public Health in Ireland and Northern Ireland on the longer term health consequences of the current social distancing measures.

**2.10** The Executive is committed to good co-operation on both an East/West and North/South basis, as well as learning from other jurisdictions elsewhere too. Rightly, however, the decisions on the future approach to the restrictions are for the Executive to take based on the best analysis of the situation here and internationally.

**2.11** It is anticipated that the approach to be taken as the restrictions are relaxed will continue to be based on common principles across these islands, although there may be times when there are nuanced differences of approach as a result of the circumstances in differing jurisdictions or of the timing of decision-making.

**2.12** In the absence of a vaccine or an effective treatment for Coronavirus, we have to recognise the risk that the numbers infected will grow again at a future point and may require some restrictions to be re-imposed. We want to avoid that situation and will therefore act with the long term health and wellbeing of people in mind.

## 3. A PARTNERSHIP APPROACH

**3.1** For our society to make the best possible recovery from Coronavirus, we will all need to work together. This means that we all have responsibilities in the recovery process and it is important that we all play our part.

**3.2** As an Executive we will:

- Continue to resource the Health and Social Care system to fight Coronavirus and meet the other health needs of the population;
- Put in place robust arrangements to test, track and trace those infected by, or at risk of infection from, Coronavirus;
- Set out clear guidance for everyone in the community including specifically for those who need to self-isolate;

- Provide guidance to all those affected as the current restrictions are relaxed;
- Provide enforcement powers as necessary to PSNI and other public bodies to address any small minority who may seek to ignore the rules in place;
- Support the most vulnerable in our society;
- Seek to enable social distancing in public places and public buildings; and
- Continue to be transparent in our approach through regular statements to the Assembly, briefings to Assembly Committees and media briefings and by explaining fully our decisions at each review point.

### 3.3 We ask that you will:

- Follow the approach set out in the Regulations at any given time and the advice being offered by the Government based on medical and scientific evidence. That includes undertaking activities permitted by the Regulations but also following the current **#stayhome** advice while that remains in place;
- Wash your hands regularly and in line with the best practice guidance;
- Have good respiratory hygiene in terms of coughing or sneezing into a tissue or the crook of your elbow;
- Follow the social distancing guidelines and remain two metres away from those outside your household to the greatest extent possible;
- Consider the use of cloth face coverings (mouth and nose) for short periods of time when you are in enclosed spaces where social distancing cannot be maintained. For example when using public transport and while in some shops; and
- Abide by the need to self-isolate, either because you have symptoms or because you have been in touch with someone who has symptoms or has tested positive for Coronavirus. This includes if contacted by the contact tracing arrangements in place.

**3.4** We also ask and expect those in society with responsibilities to exercise them in line with the public health guidance of the day. So there is an onus on businesses, schools, churches, sporting organisations and many others to show how they can accommodate the current social distancing and other requirements if they are seeking agreement to recommence their activities. For example, for businesses, that means meeting their legal duty and following best practice for

their workforce by ensuring social distancing is observed wherever possible and by meeting all of the other relevant guidance. This will require many businesses and their employees to find new working practices. We recognise that the vast majority of people are committed to ensuring best practice and will act responsibly but, where this does not take place, there are legally enforceable measures in place.

**3.5** Increasingly, as people return to work, we understand that some people will be concerned for their safety when travelling or attending work. The Regulations and supporting best practice guidance are there to provide confidence that as and when activities are permitted it will be as safe to do so as possible. The steps laid out in the next section build on what is already permitted currently. The Executive will take a risk-based rather than calendar-based approach at all stages.

**3.6** If we all work in partnership, we will have the best chance of successfully reducing the transmission of the disease and in recovering from the major health, societal and economic damage that has been done to our community. That, in turn, will put us in the best possible place for future growth on all fronts. The alternative is too grim to contemplate - more of us losing our lives or our loved ones, our health services being overwhelmed, and greater economic and societal suffering. In these circumstances, the need to re-introduce restrictions will become unavoidable.

## 4. A STAGED APPROACH TO RELAXING RESTRICTIONS

**4.1** At this time, everyone is looking ahead to the point at which relaxations to the current unprecedented restrictions can be introduced. We share that ambition.

**4.2** We recognise that many people would like to see a timetable set for the relaxation, as well as a clear description of what each step will comprise. Our approach will take account of the trajectory of the pandemic, as well as the best medical and scientific advice available at the time of each review. That evidence, which will include an analysis of actions taken in other countries and jurisdictions who are further along in this wave of the pandemic, is constantly evolving.

**4.3** The Executive shares the aspiration of all of you - to return to a more normal way of living our lives soon. While this will take significant time, we can guarantee that we will not retain the restrictions for any longer than is absolutely necessary. However it is important that when taking decisions now, we recognise the risk of having to re-introduce restrictions if cases rise sharply again. That is why we will only decide to relax restrictions when we are sure that that is in the long term interest of the health and wellbeing of the population.

**4.4** We are committed to sharing with you as clear a future approach as we can. None of us can be certain what will happen in relation to the pandemic in coming weeks and months, so for that reason we need to retain the flexibility to act in line with the best information available at the time. But we also accept that many people need to be able to plan ahead and have the hope of more normality. So we have set out below some indicative steps for the relaxation of restrictions.

**4.5** This process will be a dynamic one in which the Executive will continue to review and refine the approach to decision making in light of the best evidence available. As more evidence is available and plans develop within sectors, that could include changes to the definitions used for the steps set out below as well as changing which issues fall to be considered at each step. We will be led by the scientific and medical advice and not the calendar. So we will not set dates that give an artificial sense of certainty about the future.

**4.6** The blocks on the following pages set out a series of steps in different aspects of our lives that show the path the Executive will follow in relaxing the restrictions, using the three criteria set out in Section 2 as the evidence base. At each step the blocks show examples of the measures which could be taken. The blocks are not intended to provide a comprehensive picture of all the matters which will arise.

**4.7** All of the areas in the table are interlinked. The Executive will therefore adopt one overall approach to them, rather than treating them as a series of individual decisions. It will consider the cumulative impact of individual decisions on the risk of a further spike in infections. Finally, it is necessary to allow time between each step of relaxations to monitor the impact of those choices on the spread of the virus and on our health system and then to respond accordingly.

**4.8** The Regulations will continue to be reviewed within every three week period. There may be reviews where no change is warranted and others when more change is possible. Each process of review should not be read as being linked to the next step of the relaxations.

### Pathway to recovery:

All steps build on what is currently permitted. Steps do not necessarily apply at the same time in different sectors - e.g. Step 1 for work, may apply at a different time than Step 1 for retail, reflecting the complexity and adaptability of each environment.

Sectoral examples are illustrations, and are not intended to be comprehensive. All steps should be read with the description for the step in mind. Step descriptions are general indicators used to inform risk evaluation at each stage rather than to rigorously define permitted activities.

	Current Position	Step 1	Step 2	Step 3	Step 4	Step 5
<b>Work</b> (Also see note on page 11)	Work permitted subject to following legal requirements and best practice arrangements. Executive has committed to enhancing messaging around what is permissible in terms of work.  Remote working is default position.	Encouragement to those unable to work from home to return to workplace on phased basis subject to legal requirements and best practice arrangements being in place.		Phased return to office and onsite working subject to risk assessment.  Work that can be done from home should be done from home.		All able to return to work subject to mitigations.  Remote working still strongly encouraged and maintained where possible.
<b>Retail</b>	Food and other permitted retail activity subject to following requirements. Many retailers only able to function using takeaway/ collection/delivery.	Large outdoor based retail can open (eg garden centres - though associated cafes and restaurants only able to offer takeaway/collection).	Non-food retail can open where numbers limited and social distancing and other mitigating measures in place as per risk assessment.		Other 'contact' retail (hairdressers, fitness studios, tattoo/piercing) can open subject to mitigations following risk assessment.	Hospitality retail (restaurants, cafes, pubs) can open subject to risk assessment, on a limited basis to start with.
<b>Education</b>	Schools are closed except to accommodate vulnerable pupils and the children of key workers. Measures are in place to support remote learning and to provide outreach services to vulnerable children and special needs pupils.		In addition, subject to risk assessment and adhering to maximum capacities, provision expanded to cover wider definition of key workers as workplace activity gradually increases.	In addition, schools expand provision to accommodate a number of priority cohorts on a part time basis with a blended learning approach involving a combination of in-school and remote learning.	In addition, schools expand provision to accommodate all pupils on a part time basis with a blended learning approach involving a combination of in school and remote learning.	In addition, subject to medical and scientific advice, expand early year school provision to full time basis.
<b>Travel</b>	Public transport will operate with limited capacity to allow for social distancing. Passengers recommended to wear face coverings and to avoid travel on busy routes/during busy periods. Enhanced cleaning regimes in place and staff on buses and trains issued with PPE in line with PHA guidance. People to be encouraged to walk and cycle for short journeys where possible.		Public transport continues to operate but will face challenges in meeting increased demand, especially on peak services, as social distancing requirements remain in place. People to be encouraged to walk and cycle for short journeys where possible.		Public transport continues to operate, but subject to ongoing risk assessment. Demand on peak services, particularly within urban areas likely to increase. Reducing and staggering demand through continued home working and staggered start times for businesses would assist as social distancing requirements remain in place. People to be encouraged to walk and cycle for short journeys where possible.	Public transport operating a full service but subject to ongoing risk assessment. Message about walking and cycling continues to be reinforced.

	Current Position	Step 1	Step 2	Step 3	Step 4	Step 5
Family and Community	Contact should be within own household.	Groups of 4 - 6 people who do not share a household can meet outdoors maintaining social distancing. With the exception of people who are shielding, visits to immediate family allowed indoors where social distancing is possible.  Drive through church services and churches open for private prayer with appropriate social distancing and cleaning of shared contact hard surfaces.	Groups of up to 10 can meet outdoors.	Gatherings can accommodate up to 30 people while maintaining social distancing.	A wider range of gatherings permitted including church services subject to social distancing and other suitable mitigations, such as cleaning of hard surfaces.	Can meet in extended groups subject to social distancing or other suitable mitigations.
Sport, cultural and leisure activities	Exercise permitted.	Outdoor spaces and public sport amenities to open.  Can undertake for example, walking, running, cycling, some water activities, golf, tennis.  Drive through cinema.	Resumption of, for example, team sports training on a non-contact basis in small groups.  Selected libraries open, restricted services.  Open air museums re-open.	Resumption of, for example, team sports training on a non-contact basis.  Museums and galleries open.  Libraries open.  Concert and theatre rehearsals resume.	Resumption of, for example, competitive sport 'behind closed doors' or with limitations on the number of spectators.  Leisure centres and other indoor leisure facilities open.  Outdoor concerts on restricted basis.	Resumption of close physical contact sports.  Return to competitive sport and full use of sporting facilities.  Spectators to attend live events on restricted basis.  Nightclubs, concerts open on a limited basis.
Definition of steps	Regulations define what is currently permitted.	Outdoor activities (work and leisure) during which social distancing can be maintained for individuals who do not share a household contact and where there is no shared contact with hard surfaces.	Indoor activities involving limited contacts of less than 10 mins and interactions of only 2-4 people that maintain social distancing and prevent congregating in places for any extended period.  Outdoor activities involving small groups of less than 10 people during which it may be difficult to maintain social distancing but where contacts are brief (less than 10 minutes).	Indoor activities involving larger number of individuals where social distancing can be maintained for individuals who do not share a household connection.  Outdoor activities involving larger groups of less than 30 people during which it may be difficult to maintain social distancing but where contacts are brief (less than 10 minutes).	Indoor activities involving larger numbers of individuals where social distancing cannot be consistently maintained but contacts are limited and last less than 10 minutes or longer if effective mitigation is possible.  Outdoor gatherings involving larger numbers of individuals where social distancing cannot be easily maintained and multiple contacts of less than 10 minutes are likely.	Indoor gatherings of large numbers of people where social distancing cannot be easily maintained and multiple contacts of more than 10 minutes are likely.

**Note:** The scope to work depends on the ability to take the appropriate mitigating measures. Significant work has been done on these issues by business and trade union representatives under the Engagement Forum chaired by the Labour Relations Agency which resulted in the Workplace Safety Guide. This sets out principles and practical steps to keep workplaces safe. This guidance should be read in parallel with that work and more information is available at the links below.

<https://www.nibusinessinfo.co.uk/content/coronavirus-workplace-safety-guidelines-and-social-distancing>

<https://www.nibusinessinfo.co.uk/content/coronavirus-workplace-safety-guidance-and-priority-sector-list>

## 5. CONCLUSION

**5.1** These are the most challenging times any of us can remember. It will only be by working together in Government and across society that we will minimise the suffering caused by the pandemic, tackle the challenges ahead and seize the opportunities that will arise.

**5.2** The decisions taken by the Executive have all been based on the need to slow the spread of Coronavirus, help our health and social care system to cope and ultimately to save lives.

**5.3** There will be times when there are strongly held but contrasting views on the right decision about the next steps. We have set out the criteria the Executive will use in reaching our conclusions and we will continue to communicate with you about the reasons for the decisions we reach and listen to your views and concerns at every review point.

**5.4** The steps we are all taking are working and, if we continue to work together, they will enable the restrictions to be relaxed in stages when the time is right. In the meantime we ask that you continue to adhere to the Regulations and follow official advice. By doing that, we will be able to remove the restrictions more quickly and restore your freedoms to work, visit and play.