

## Modelling Questions for SAGE from Welsh Government

### Schools

1. To model impact on  $R_t$  in Wales for schools returning on:
  - 22<sup>nd</sup> June with 3-7 year-olds (40% contact tracing)
  - 22<sup>nd</sup> June with year 6, 11 & 13 with 2m rule (40% contact tracing)
  - 22<sup>nd</sup> June with 1/3 class sizes with 2m rule (40% contact tracing)
  - 22<sup>nd</sup> June with 1/2 class sizes (40% contact tracing)
  - 22<sup>nd</sup> June with 3-7 year-olds (80% contact tracing)
  - 22<sup>nd</sup> June with year 6, 11 & 13 with 2m rule (80% contact tracing)
  - 22<sup>nd</sup> June with 1/3 class sizes for 2m rule (80% contact tracing)
  - 22<sup>nd</sup> June with 1/2 class sizes (80% contact tracing)
2. To model schools returning on:
  - 22<sup>nd</sup> June (with usual summer break) - 1/2 class sizes (80% contact tracing)
  - 1<sup>st</sup> August (with earlier six week summer holiday – no return until August) - 1/2 class sizes (80% contact tracing)
  - 1<sup>st</sup> August (with earlier six week summer holiday – no return until August) - 1/3 class sizes (80% contact tracing)
  - 1<sup>st</sup> September (with usual summer break) - 1/2 class sizes (80% contact tracing)
  - 1<sup>st</sup> September with 1/3 class sizes with 2m rule (80% contact tracing)
3. To model schools returning on:
  - 1<sup>st</sup> August with normal class sizes with three weeks on and one week off – throughout winter period (80% contact tracing)
  - 1<sup>st</sup> August with 1/2 class sizes with three weeks on and one week off throughout winter period (80% contact tracing)
  - 1<sup>st</sup> August with 1/3 class sizes with 2m rule with three weeks on and one week off (80% contact tracing).

Class size data: <https://gov.wales/sites/default/files/statistics-and-research/2019-07/school-census-results-2019-764.pdf>

### Hospitals

4. To model likely impact on  $R_t$  in Wales with:
  - 25% resumption of hospital activity\*, with no improvement in infection control
  - 50% resumption of hospital activity, with no improvement in infection control
  - 75% resumption of hospital activity, with no improvement in infection control
  - 100% resumption of hospital activity, with no improvement in infection control

- 25% resumption of hospital activity, with 40% improvement in infection control
  - 50% resumption of hospital activity, with 40% improvement in infection control
  - 75% resumption of hospital activity, with 40% improvement in infection control
  - 100% resumption of hospital activity, with 40% improvement in infection control
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- 25% resumption of hospital activity, with 80% improvement in infection control
  - 50% resumption of hospital activity, with 80% improvement in infection control
  - 75% resumption of hospital activity, with 80% improvement in infection control
  - 100% resumption of hospital activity, with 80% improvement in infection control

\*Includes planned and unplanned care

Hospital data: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/NHS-Beds>

### **Physical distance**

5. Is the 2 metres distancing guidance appropriate for children? Does 2m assume an adult height and expulsion dynamics?
6. To model likely impact on  $R_t$  in Wales with:
  - A minimum of 2m distancing required in schools
  - A minimum of 1.5m distancing required in schools
  - A minimum of 1m distancing required in schools
  - A minimum of 2m required in any enclosed environment
  - A minimum of 1.5m required in any enclosed environment
  - A minimum of 1m required in any enclosed environment

### **Shielding**

7. Does clinical data show that shielding has been effective? Is there an agreed set of future control methods to prevent both direct and indirect COVID-19 harm in this group?