

Source: Chinese Centre for Disease Control & Prevention, 18 Feb 2020



**KELBROOK AND SOUGH
PARISH COUNCIL**

RISK ASSESSMENT AND BUSINESS CONTINUITY RESPONSE TO COVID19

1.0 Introduction

On 31 December 2019, Chinese authorities notified the World Health Organization (WHO) of an outbreak of pneumonia in Wuhan City, which was later classified as a new disease: COVID-19.

- 1.1. On 30 January 2020, WHO declared the outbreak of COVID-19 a “Public Health Emergency of International Concern” (PHEIC). On 11th March WHO categorised the outbreak as a pandemic. And subsequently stated on 14th March that Europe is now the centre of the pandemic
- 1.2. UK Chief Medical Officers HAD classified the risk to the UK as moderate. This has now been raised to high as of 12th March
- 1.3 On 10 February, the Secretary of State for Health and Social Care, Matt Hancock, announced strengthened legal powers to protect public health. The Health Protection (Coronavirus) Regulations 2020 have been put in place to reduce the risk of further human-to-human transmission in this country by keeping individuals in isolation where public health professionals believe there is a reasonable risk an individual may have the virus.
- 1.4 On 3rd March the Government published its response plan to the virus which consists of 4 phases
 - Contain: detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible (This includes individuals at risk of carrying the virus being asked by NHS111 to self-isolate for 14 days. Individuals testing positive are placed in quarantine (either under appropriate medical care or at home) and are required to undergo further testing with two negative results before being released from quarantine.
 - Delay: slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season. This may involve social distancing measures including closure of schools and cancellation of public events.

- Research: better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
 - Mitigate: provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy
- 1.5. The main public health campaign messages from the Government are as follows:
- wash your hands with soap and water often – do this for at least 20 seconds
 - always wash your hands when you get home or into work
 - use hand sanitiser gel if soap and water are not available
 - cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
 - put used tissues in the bin straight away and wash your hands afterwards
 - try to avoid close contact with people who are unwell
 - do not touch your eyes, nose or mouth if your hands are not clean
- 1.6 As of 12th March, the Government announced it was moving from containment phase into delay phase. New advice has been issued as follows:
- Anyone who shows certain symptoms is now required to self-isolate for 7 days, regardless of whether they have travelled to affected areas. This means people should stay at home and avoid all but essential contact with others for 7 days from the point of displaying mild symptoms, to slow the spread of infection
- The symptoms are:
- a high temperature (37.8 degrees and above)
 - a new, continuous cough
- Individuals are no longer asked to call NHS 111 to go into self-isolation. If their symptoms worsen during home isolation or are no better after 7 days contact NHS 111 online at 111.nhs.uk. If they have no internet access, they should call NHS 111. For a medical emergency dial 999.
- 1.7 The Government has announced that it will be considering further social isolation measures including banning large public events as from next week. Whilst schools remain open at this time closure may be considered at a later date. It should be noted that breaking news over the weekend indicates elderly people may be quarantined for 4 months and other drastic measures may need to be implemented including forced requisitioning of buildings as temporary hospitals.

2.1 Sources of Information

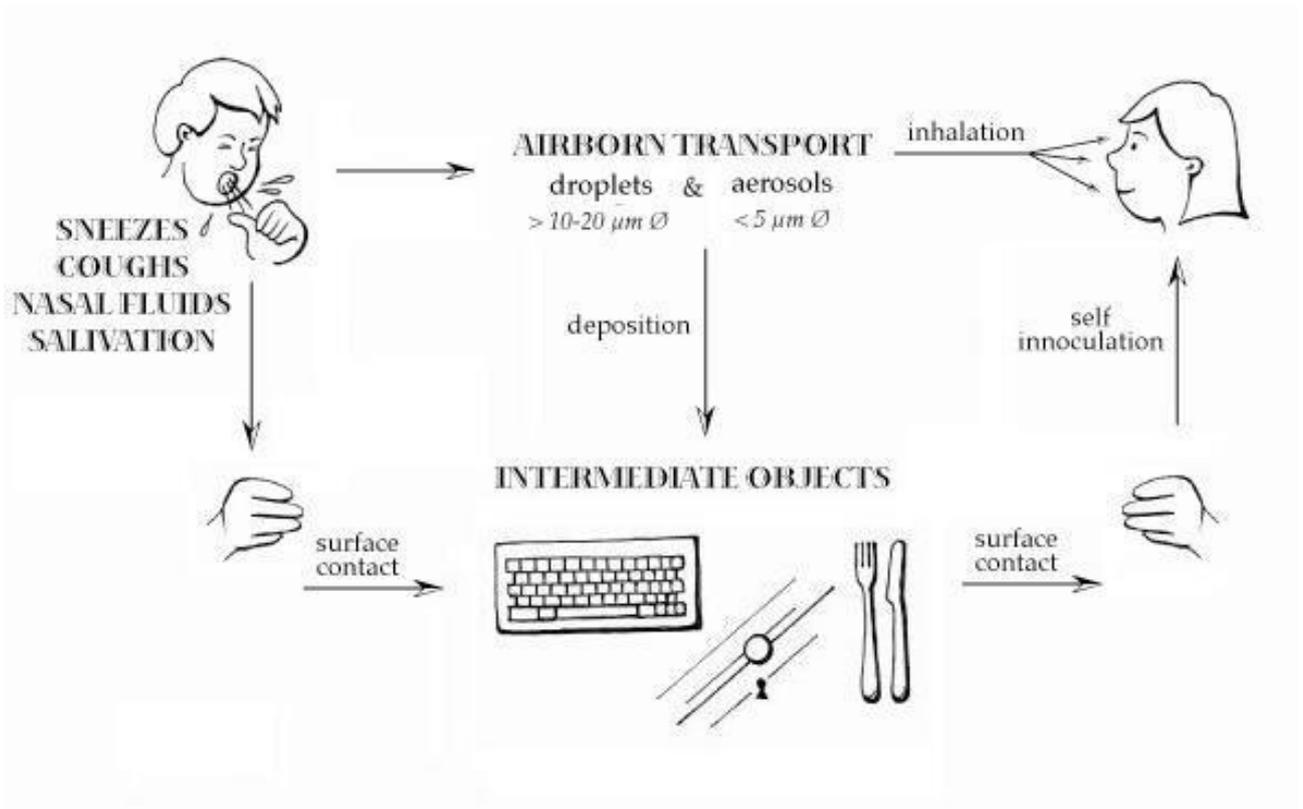
- 2.1. The Council will be acting on information and guidance available from the following sources to which all Councillors, staff and members of the public will be signposted.
- (2.1.a) Coronavirus – UK Government Response
<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>
- (2.1.b) General information to the public
<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>
- (2.1.c) Guidance for non-clinical settings – Employers and Businesses
<https://www.gov.uk/government/collections/covid-19-guidance-for-non-clinical-settings-and-the-public>

- (2.1.d) NHS Overview, symptoms and advice
<https://www.nhs.uk/conditions/coronavirus-covid-19/>
 - (2.1.e) Government Action Plan
<https://www.gov.uk/government/publications/coronavirus-action-plan>
 - (2.1.f) Government Advice for Self-Isolation at home
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection>
 - (2.1.g) WHO – Getting Workplace ready
https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?sfvrsn=359a81e7_6
- 2.2. In the preparation of this updated risk assessment and the subsequent business continuity plan, additional information/guidance has been utilised by the Clerk from the following sources:
- (a) Research published by Chinese Centre for Disease Control
 - (b) WHO website technical guidance
 - (c) Society of Local Council Clerks
 - (d) National Association of Local Councils
 - (e) Local Government Association information for Councils
<https://www.local.gov.uk/coronavirus-information-councils>
 - (f) Ellis Whittam (Employment and Health & Safety Advisers)
 - (g) National Joint Councils for Local Government Service – Advisory notice 6th March

3.0 Key facts underpinning the risk assessment

The following information has been used to underpin the risk assessments.

- 3.1. This is an enveloped respiratory virus spread in aerosols/droplets via person to person direct contact and indirect contact with infected surfaces/hands. Main transmission routes are therefore as follows:



The key to managing the risk of contracting the virus is to limit the opportunities for spread/transmission. This not only includes the main campaign measures suggested by NHS England in respect of hand sanitisation and reducing aerosol transmission by using tissues, but also adopting procedures for surface decontamination of “multi-use touch points” such as door handles, keypads etc.

3.2. This is a novel virus hence unlike influenza, there is no natural immunity/vaccine. Therefore it is likely a high proportion of people will become infected (current estimates are 80% of the UK population) and according to the Governments action plan up to 20% of the Council's staff/Councillors may be infected during the peak of the outbreak. Business continuity planning is therefore key to maintaining Council services and corporate decision-making capabilities.

3.3. Of 44,672 confirmed cases in China

- 80.9% (or 36,160 cases) were considered mild
- 13.8% (6,168 cases) severe (requiring hospitalisation)
- 4.7% (2,087) critical (requiring assisted ventilation/intensive care)

(Source - China Centre for Disease control)

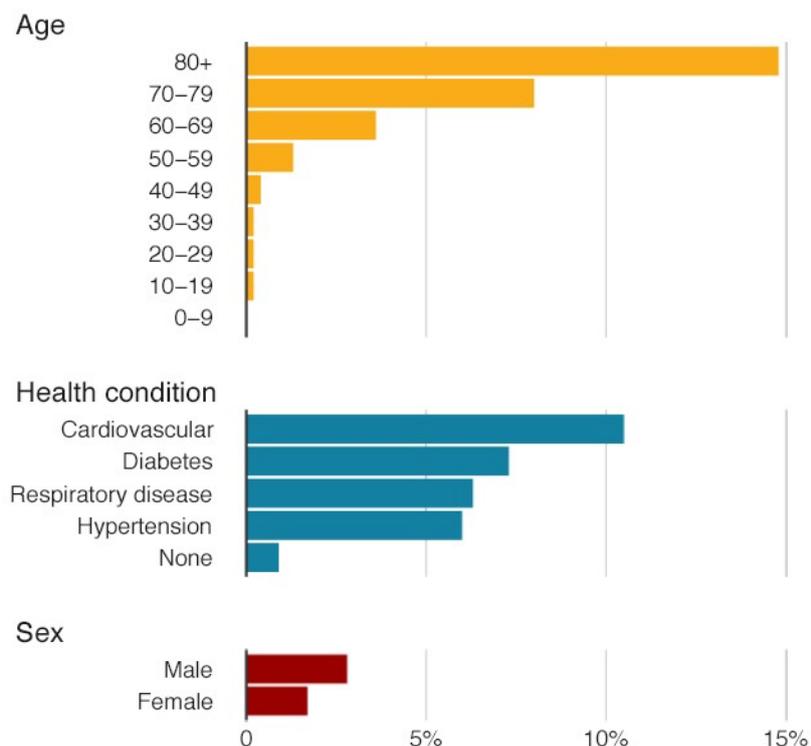
Children can be infected and can have a severe illness, but based on current data overall illness seems rarer in people under 20 years of age

So far, there has been no obvious sign that pregnant women are more likely to be seriously affected

3.4. The population segments at most risk of severe disease/death are those over 60 or with underlying medical conditions including diabetes, cancer, cardiovascular and renal issues and respiratory issues.

Death rate varies by age, health and sex

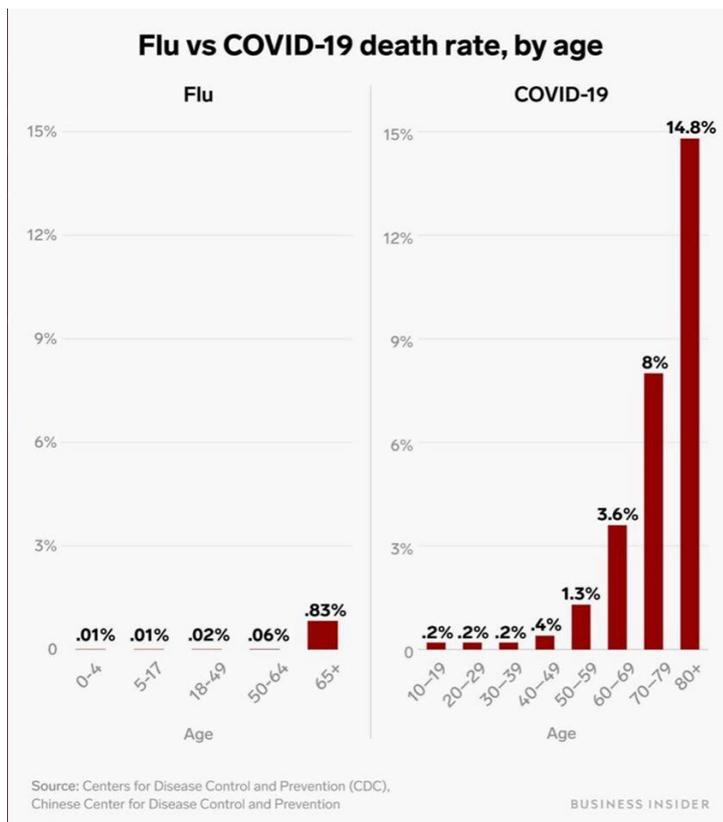
Proportion of deaths among confirmed cases



Source: Chinese Centre for Disease Control & Prevention, 18 Feb 2020



The death rate will be significantly higher in the elderly (who are immunised against flu) than for an influenza outbreak as the following comparison shows:



- 3.5. Transmission of the virus is no longer contained or restricted to direct contact with people travelling abroad. The virus is now spreading within the community.
- 3.6. Unlike flu, there is a much longer incubation period, and people start shedding the virus at a much earlier stages before any symptoms are showing (pre-symptomatic phase) Although studies in China show the incubation period can range from 0-27 days. WHO have determined a quarantine/isolation period of 14 days to be appropriate. Most people start showing signs between 5-11 days post infection.
- 3.7. Data available suggests the virus can survive in the air for at least 3 hours, on cardboard for 24 hours and on hard surfaces (e.g. stainless steel, melamine etc) for up to 72 hours, possibly longer. In respect of infection by close contact, advice is to limit contact to no more than 15 minutes and to stand more than 2m distance.
- 3.8. Once recovered from the virus, an individual has immunity. Tests are still being conducted to understand how long after recovery infectious viral particles (as opposed to fragments of viral RNA) are shed. Recent published research indicates that people with mild symptoms stop shedding infectious virus after about day 10 of the onset of symptoms. This is relevant in respect of how soon after recovering from coronavirus staff can return to work and Council can resume business.

- 3.9. The key risk of exposure is therefore from pre-symptomatic staff, Councillors or members of the public having contracted the virus and subsequently attending Council activities and thereby transmitting the virus to others.
- 3.10. The Council cannot determine or control what people do away from the workplace.

4.0 Current position

As of 9am on 14 March 2020, 37,746 people have been tested in the UK, of which 36,606 were confirmed negative and 1,140 were confirmed as positive. 21 patients who tested positive for COVID-19 have died.

A daily bulletin is issued at 2pm giving the number of confirmed cases. There is a 24-hour delay before details of the locations of the confirmed cases are released by Public Health England.

The government has announced that it will not be testing people with mild symptoms for coronavirus who are self-isolating. Therefore, the number of confirmed cases will not accurately reflect the extent to which the population is infected.

Although the Dept of Health and Social Care, Public Health England and the NHS are leading on the UK response to the outbreak, the Town Council nevertheless has a duty of care to staff, Councillors and members of the public to conduct its own risk assessments at local level specific for its activities and take steps accordingly.

5.0 PEOPLE AT RISK

The Council cannot control what people do in their personal time and how they choose to respect (or not) the guidance from HM Gov or indeed take additional steps to limit their exposure (such as taking holidays, visiting public places etc). Councillors and Members of the Public have a choice in whether they undertake Council activities however staff do not.

It may be that decisions in respect of working from home for these members of staff may need to be taken at an earlier stage.

In addition, some members of staff care for close family members in vulnerable groups. Their specific concern is not that they become infected but that they unknowingly transmit the virus during the 14-day asymptomatic period to their vulnerable relatives. Again, if they have vulnerable dependents, then decisions on working from home may need to be made at an earlier stage.

5.1. Administrative Staff

Risk of infection to employees – currently low due to lone working. Staff are advised to follow Government guidelines.

Risk of infection from each other – relies on all members acting responsibly and following all precautions to keep the work area free from contamination and not coming into work if they feel ill.

Risk from Members of Public – No Members of the Public can meet with the Clerk without prior arrangement. It is advised not to meet in small confined rooms, to ensure they are 2m away and limit contact time to no more than 15 minutes. As the incidence of infection within the local community increases, members of the public will be asked to wear a surgical mask to reduce infective droplets released into the office atmosphere.

5.2. Councillors

Risk from staff, each other and members of the public whilst Attending Council meetings/events and undertaking constituency work with residents

5.3 Members of Public

In particular Members of Public attending Council meetings; please see advise above and Government announcements.

6.0 MEASURES

The measures adopted will be defined by whether the Government is still working to contain the virus or merely delay it. The point at which further measures will need to be undertaken, including working from home, will be determined by when the first cases start to be confirmed in the local community.

6.1. INFECTION CONTROL MEASURES – hand and surface sanitisation

6.2. INFECTION CONTROL MEASURES –Self Isolation, Working from Home, And Phase 2 Social Isolation Measures

a) Self Isolation

The NJC have issued guidance on the response by Employers to paid absence from work owing to coronavirus in accordance with the Green Book terms and conditions. To avoid calling a further meeting, this will be considered at an emergency meeting as part of the overall procedure in dealing with the Covid19 situation.

Self-isolation: Currently any order for self-isolation will be given by NHS 111 either as a result of contact tracing or as a result of the individual contacting them for advice. This will be treated as absence with full pay but not as sickness absence. Employees who are actually ill will be treated as off sick with associated sick pay in the usual manner. However, Employees cannot just unilaterally decide to self-isolate without providing the Town Council with reasonable justification in order to qualify for full pay.

It is important that all staff and Councillors inform the Town Clerk if they are ordered to self-isolate or feel ill as this will impact the risk assessments.

b) Working from Home

The Clerk already works from home and will continue to do so.

c) Cancellation of Public meetings

It is a legal requirement that all Council and committee meetings must be open to the public (except for discussion of sensitive matters). Therefore, either the meeting takes place with Members of the Public attending if they wish, or it is cancelled. Options exist to ask everyone to wear surgical masks to limit release of infectious particles into the room and people can choose not to attend. At some point it is possible the Government will ban public gatherings. Until then, Councillors and Members of the Public attending meetings run the risk of infection.

The NALC Legal Team are investigating whether an alternative to holding face to face meetings (e.g. video conferencing with live streaming to the public) can be utilised by Local Councils during a period of risk to public safety, or whether total suspension of the council decision making process is the only option. This information will be shared as soon as it is known.

BUSINESS CONTINUITY PLANNING

There are two aspects to business continuity planning—

The Clerk has not had sufficient time to put together a full business continuity plan in writing, and address current and future delegation of authority matters - however they will provide suggestions at the meeting.

