Herne and Broomfield Parish Council

High Consequence Infectious Disease Policy

July 2024

1. Introduction

1.1. Herne & Broomfield Parish Council actively seeks to protect the Councillors, Volunteers and Staff working for and on behalf of the council and its activities. As such, and following any current Public Health England (PHE) and government guidelines, the following policy applies to any High Consequence Infectious Disease (HCID) as defined by PHE

1.2. This policy sets out the general principles and approach that the Parish Council will follow in respect of an HCID outbreak in the United Kingdom with an imminent threat of infection in the Parish of Herne & Broomfield.

2. Scope of the policy

2.1. The main areas of concern for the parish council with respect to HCIDs are:

· Remaining an effective council

· Safety & Health of Councillors, Contractors, Staff, Volunteers and Members of Public.

3. Activation of the policy

3.1. This policy is considered to be activated, when

- There is an active outbreak of a HCID in the United Kingdom with an imminent threat of infection in the Parish of Herne & Broomfield; and
- The Chairman and the clerk request its activation, and this is resolved in a meeting of the Parish Council. It may also be necessary if due to the HCID the council is not quorate for meetings.

  OR

- The government of the United Kingdom suspends all public meetings.

4. Deactivation of the policy

4.1. This policy is considered to be deactivated, when

- The imminent threat of infection in the Parish of Herne & Broomfield has passed; and
- The government of the United Kingdom has reinstated all public meetings.

5. Definition of High Consequence Infectious Disease

5.1. A HCID is defined as:

- acute infectious disease
- typically has a high case-fatality rate
- may not have effective prophylaxis or treatment
- often difficult to recognise and detect rapidly
- ability to spread in the community and within healthcare settings
- requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely

5.2. HCIDs are further divided into contact and airborne groups:

- contact HCIDs are usually spread by direct contact with an infected patient or infected fluids, tissues and other materials, or by indirect contact with contaminated materials and fomites
- airborne HCIDs are spread by respiratory droplets or aerosol transmission, in addition to contact routes of transmission

5.3. The current list of HCIDs as defined on www.gov.uk (02/07/2024)

Contact HCID	Airborne HCID
Argentine haemorrhagic fever (Junin virus)	Andes virus infection (hantavirus)
Bolivian haemorrhagic fever (Machupo virus)	Avian influenza A H7N9 and H5N1
Crimean Congo haemorrhagic fever (CCHF)	Avian influenza A H5N6 and H7N7*
Ebola virus disease (EVD)	Middle East respiratory syndrome (MERS)
Lassa fever	Mpox (Monkeypox) (Clade I only)**
Lujo virus disease	Nipah virus infection
Marburg virus disease (MVD)	Pneumonic plague (Yersinia pestis)
Severe fever with thrombocytopaenia syndrome (SFTS)	Severe acute respiratory syndrome (SARS)***

*Human-to-human transmission has not been described to date for avian influenza A(H5N6). Human to human transmission has been described for avian influenza A(H5N1), although this was not apparent until more than 30 human cases had been reported. Both A(H5N6) and A(H5N1) often cause severe illness and fatalities. Therefore, A(H5N6) has been included in the airborne HCID list despite not meeting all of the HCID criteria.

**Based on the new WHO nomenclature, the mpox virus is comprised of 2 clades: Clade I (formerly Congo Basin (Central African) Clade) and Clade II (formerly West African Clade). Clade II consists of the subclades Clade IIa and Clade IIb, with the latter subclade referring mainly to the group of variants circulating in the 2022 global outbreak.

***No cases reported since 2004, but SARS remains a notifiable disease under the International Health Regulations (2005), hence its inclusion.

At any such time as a new disease is classified as a HCID, it shall be treated as if it were in the list above and this policy shall apply.

6. Matters relating to staff – The Clerk

6.1. The Parish Council offices will remain open as long as possible, depending on direction from the government and/or illness. During any active outbreak of a HCID in the UK, it may be necessary for contact with the clerk and other employees to be made via email and phone or possibly meeting by appointment only.

6.2. The Parish Office is in the Herne Centre, rooms at the Centre are used for Parish Council meetings.

6.3. In the event of a HCID outbreak the National Joint Council for local government services (NJC) will issue guidance for employers which the council will follow. A summary of the most recent guidance during the COVID-19 outbreak of 2020 is detailed below

6.3.1. Employees who are sick or unfit for work need to focus on their recovery.

6.3.2. As per Part 2 Para 10.9 of the 'Green Book', if an employee is fit for work but decides, or is instructed, to self-isolate, their absence should not be recorded as sickness absence. We would expect all options for home or remote working to be explored with the employee. As they are 'well' at this stage they should stay on normal full pay for the duration of the self-isolation period until such time as they are confirmed to have contracted any such HCID, at which point they transfer to sickness absence leave and the usual provisions of the sickness scheme will apply.

6.3.3. In circumstances where an employee decides to self-isolate following a holiday, without instruction from the authorities it is not unreasonable for the employer to ask for some evidence such as an email from a holiday operator that shows the dates of the holiday, the resort location and flight details. However, it will probably not be possible in all cases for an employee to produce any evidence, so employers will need to use their discretion when trying to establish the facts behind the employee's decision to self-isolate.

6.3.4. If an employee is caring for someone who has or may have a HCID, this period of absence should also be regarded as self-isolation. Given the employee may then have been in direct contact with the virus we would expect only working from home arrangements to be then considered for the duration of the incubation period. Employers should keep in touch to support employees.

6.3.5. Following any school closures, employers should be fully supportive of employees with childcare responsibilities and consider flexible working arrangements, including adapting working patterns to care for children or dependants or taking time off, whether this is special leave, annual leave or flexible working.

7. Public Meetings

7.1. It is a requirement of the Local Government Act 1972, that council business shall be conducted at public meetings of the council and any committees.

7.2. Councillors and other volunteers can choose to not attend public meetings. As an officer of the council, the Clerk cannot choose to not attend meetings.

7.3. Due to the nature of local government and considering the Councillors and Members of Public who attend meetings, there is a high percentage of attendees who would be considered “high risk” with respect to all of the HCIDs listed in Section 5.3. As such, to protect the health of all attendees, public meetings are suspended during the active period of this policy.

8. Delegated Authority

8.1. To allow the council to operate on a minimum requirement basis, the following items are delegated to the Clerk for the duration of the activation of this policy.

8.1.1. Planning applications, after consultation with the planning committee, a summary response will be circulated to the committee for comment prior to submission to the District Council by the Clerk.

8.1.2. Finance

8.1.2.1. All standard recurring payments will be paid by the Clerk/RFO at the appropriate time to prevent any late charges, such as salaries, utility bills and any necessary expenditure for the Centre.

8.1.2.2. If a meeting of full council is not possible, the clerk will circulate the schedule of payments, prior to payment.

8.1.2.3. All payments will be formally authorised by the full council at the next full council meeting.

8.1.2.4. Where this policy is activated over the end of the financial year, the RFO will prepare the end of year accounts in accordance with normal procedures and circulate to all councillors. On the acceptance, they will be signed by the RFO, Clerk and Chairman as applicable for submission to the external and internal auditors. The accounts will be accepted by resolution at the next full council meeting.

8.1.3. Responses to other communications. The Clerk will circulate at the earliest opportunity, any communication from any 3rd parties which would normally be presented, these will mostly be email, in order to keep members informed.

8.1.4. In accordance with LGA 1972, S101, where this policy is activated during a meeting of the council the meeting will be adjourned. Using the delegated authority as detailed in 8.1.1 to 8.1.3, the Clerk will endeavour to close out as much of the remaining agenda, the results of which will be reported to the council after the adjournment when the rest of the agenda is considered. Unless this is the only item on the agenda.

9. Review of the policy

9.1. This policy was approved by the Parish Council and will be reviewed annually.