



PUBLIC HEALTH GUIDANCE FOR EVENTS IN HAMPSHIRE

INTRODUCTION

This guidance has been co-produced between Hampshire County Council's Public Health Team and the UK Health Security Agency (UKHSA) South East Health Protection Team (UKHSA SE HPT), utilising UKHSA's national guidance for infectious diseases which can be found here - [Infectious diseases: detailed information - GOV.UK](#) and [Communicable disease outbreak management guidance - GOV.UK](#)

The purpose of this information pack is to provide public health guidance to be used in event planning and pre-event communications to the public and staff (section 1), and to support a public health response to an on-site incident or outbreak of infectious disease (section 2). Response advice is provided in the form of action cards for specific types of infectious diseases. The guidance can be used as a framework against which to make assessments of readiness to prevent and respond to public health threats so as to satisfy the Safety Advisory Group.

All the information in this document should be used in conjunction with other planning advice (for example, Health and Safety Executive's 'Events Safety Guide').

The management principles outlined in the document can be effective at limiting the spread of viral and bacterial infections if implemented well.

Contents

| | |
|---|----|
| Section 1:..... | 3 |
| Public Health Considerations for Planning and Pre-arrival communications..... | 3 |
| General hygiene and infection prevention and control precautions..... | 3 |
| Vaccinations..... | 4 |
| Sexual health..... | 4 |
| Section 2:..... | 5 |
| Response to incidents or outbreaks of infectious diseases..... | 5 |
| Action Card for Gastrointestinal Outbreaks..... | 5 |
| Recommendations for actions..... | 5 |
| Action Card for Rash Presentations – Measles..... | 8 |
| Recommendations for action..... | 8 |
| Action Card for Bacterial Meningitis Case..... | 10 |
| Recommendations for action..... | 10 |
| Appendix 1: Medical Centre Facilities..... | 12 |
| Appendix 2: Contacting UKHSA..... | 14 |
| Appendix 3: Contacts..... | 15 |
| Appendix 4: Questionnaire for investigation of reports of food poisoning/gastro- enteritis/rashes..... | 16 |

Section 1:

Public Health Considerations for Planning and Pre-arrival communications

The information on this page has been compiled to support organisers consider the public health aspects and infection, prevention, and control considerations around event planning. The sections below include information for event planners, as well as information event planners may want to provide to attendees.

As part of event communications, we strongly encourage event organisers include public health messaging as relevant. The information and links in this document are useful to inform and support this. The Council's communications team can provide support with this, working with the Public Health team.

There are several useful links embedded into this page, and we strongly recommend reviewing the information on these links regularly as information may change.

General hygiene and infection prevention and control precautions

Good hand hygiene and provision of adequate hand-washing facilities are extremely important for any event to minimise the spread of infection. Particular situations also pose a higher risk where the need for hand hygiene is critical such as contact with animals or their faeces or when there is increased contact with environmental contamination (mud) during adverse weather or sports events.

Event organisers should therefore ensure that attendees have access to suitable hand-washing facilities located at appropriate sites such as toilets, close to petting or animal interaction areas, in food areas, and in camping fields. It is strongly recommended that there is an adequate supply of soap and running water. Event attendees should be encouraged to wash their hands regularly with soap and water.

Further advice is available from UKHSA and Health and Safety Executive (HSE)

[UKHSA handwashing advice](#)

Adequate hand-washing facilities are particularly important *for any event where contact with animals may occur* to prevent the spread of infections from animals or their environment to people.

Further advice is available from UKHSA and Health and Safety Executive (HSE)

[How to have a fun and healthy farm visit with the family – UK Health Security Agency](#)

[Preventing or controlling ill health from animal contact at visitor attractions or open farms - HSE](#)

Although hand washing with soap and running water is best, event organisers can also recommend attendees bring some useful skin care products to the event, such as alcohol gel and baby wipes. It is important that attendees understand that alcohol gel may not be effective in preventing transmission of gastrointestinal infections.

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Event organisers should stay alert to any national or local public health advice that may be in place during the time of the event, to ensure

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| | <p>alignment with it. Communications to attendees relating to such advice can be amplified at this time.</p> <p>Event organisers may also wish to suggest that attendees defer attendance to the event should they be experiencing any infectious disease symptoms such as respiratory, gastro-intestinal or rash, to prevent transmission to staff and other attendees.</p> |
| <p>Vaccinations</p> | <p>Event organisers can help raise awareness of vaccine programmes that protect against infections such as measles and meningitis, by prompting staff and attendees to check their vaccination status with their GP before they go to festivals and large events.</p> <p>Information regarding vaccinations could be included in the pre-event information sent to attendees.</p> <p>Measles: MMR (measles, mumps and rubella) vaccine - NHS Meningitis: MenACWY vaccine - NHS</p> <p>If the event is in the autumn or winter months, then those eligible should also be encouraged to get the COVID-19 and/or flu vaccine.</p> |
| <p>Sexual health</p> | <p>Event organisers should raise awareness and encourage attendees to consider their sexual and reproductive health before arriving at an event. This includes planning ahead, bringing condoms, and knowing where to access reliable information or testing.</p> <p>Information about consent, drinking safely, and making informed choices is also important, particularly for younger people or those attending multi-day events.</p> <p>Information can be found on the following pages:</p> <p>Home - Let's Talk about It (letstalkaboutit.nhs.uk) Guide to sexual health services - NHS (www.nhs.uk)</p> |

Section 2:

Response to incidents or outbreaks of infectious diseases

Action Card for Gastrointestinal Outbreaks

During the event period (i.e. set up, event period or breakdown) if there is an increase in the number of cases of diarrhoea and /or vomiting who are all linked (same group/tent/toilet facility area, catering provision etc) this should be notified to the Organiser and the local Health Protection Team.

The likely cause of the potential symptoms should be considered and notified if it is thought to be an infectious agent (food, water or person-to person transmission).

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| Transmission Route: | Person to person by the faecal oral route, from contaminated food, aerosols of projectile vomit and from environmental contamination, including contaminated water and soil | |
| Incubation Period: (length of time from acquiring the infection to developing symptoms) | Salmonella | 12- 48 hours |
| | Cryptosporidiosis | 2 - 10 days |
| | Campylobacter | 2 - 5 days |
| | E-Coli | 2 - 4 days |
| | Norovirus | 12 - 48 hours |
| Exclusion: | <p>Isolation of cases would be preferable whilst unwell. Organisers should consider how best to facilitate this and may include restriction to their accommodation and removal from site/send home as soon as able.</p> <p>It is critical that festival staff (especially those that handle food) do not return to work until 48 hours after symptoms have stopped.</p> | |

Recommendations for actions during all stages of festival when people are on site (to prevent outbreaks)

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| Hand Hygiene: | <ul style="list-style-type: none"> • Festival goers and staff should be encouraged to wash their hands before eating and drinking and after going to the toilet • Physical "Wash Your Hands" signage and consideration to digital messaging. • Hand washing with liquid soap and running water wherever possible. |
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| | <ul style="list-style-type: none"> • Paper towels should be used for drying hands and a wastepaper bin provided for disposal. • Alcohol gel is not effective against norovirus, but it can be used in addition to soap and water • UKHSA handwashing advice |
| <p>Cleaning and disinfection:</p> | <ul style="list-style-type: none"> • All eating surfaces should be thoroughly cleaned with hot water and a detergent and then disinfected using a hypochlorite / bleach (e.g. Milton) solution, (dilution rate of 1,000 parts per million) after every use. • It is recommended that toilets are cleaned and disinfected frequently (using same process and agents as above). Their condition must be monitored during the day with a view to an extra clean if required. • Always wear appropriate Personal Protective Equipment (PPE) when cleaning such as disposable gloves and aprons, and thoroughly wash hands on completion. • The areas that should be cleaned and then disinfected should include: <ul style="list-style-type: none"> ➤ All areas of the toilet including frequently touched surfaces. ➤ Wash basins, taps and drinking water taps ➤ Frequently handled and shared staff items such as radios, telephones and computer equipment, vehicle keys, steering wheels etc. <p>Organisers should be confident that the cleaning agents used in toilet blocks are suitable for reducing the bacteria and viruses to a non-infectious level.</p> |
| <p>Public spillage incident:</p> | <p>Vomit or diarrhoea:</p> <ul style="list-style-type: none"> • Cover the excreta/vomit spillages immediately with appropriate material, (paper towel or sand). • Always wear appropriate PPE e.g. gloves when disposing of faeces/vomit. Consider mask if there is a concern about splash contamination to the face. • After removing the spillage, clean the surrounding area with warm soapy water, followed by disinfection with a hypochlorite solution of 1,000 parts per million. Always clean a wider area than is visibly contaminated (including walls and door of toilet) • The area where the incident has occurred should be cleared and ventilated as soon as possible. • Organisers may want to consider provision of spillage kits in strategic areas. |
| <p>Food Safety:</p> | <ul style="list-style-type: none"> • Food handlers who are taken unwell during an outbreak should NOT continue working to avoid contamination of the catering areas or food. Exclusion from work at least 48 hours after symptoms have stopped. • Food Traders MUST have their own designated area for cleaning equipment, toilets and hand washing facilities. • Food handlers must ensure they are fully compliant with food hygiene procedures |

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| <p>Information and Communication:</p> | <ul style="list-style-type: none"> • Utilise health and safety inductions with crew to pass any messages • Pre-event information to all attendees – tickets and website • Use of social media platforms linked to event to pass information • Utilisation of signage, LED boards, during event • Utilisation of onsite communications with crew e.g., radio messaging timed just before mealtime • Provision of information for coach companies bringing festival goers to event • STEC-O157-information-leaflet.docx • Stop norovirus spreading poster |
| <p>Business Continuity:</p> | <ul style="list-style-type: none"> • Priority should be given to Crew Catering, Event Control, Site Security and back of house communal areas. • If possible have separate crew catering areas. |

Action Card for Rash Presentations – Measles

An outbreak is defined as two or more epidemiologically linked cases that occur within one incubation period of each other (i.e. the second case occurs between 7 and 21 days of the first case) NB: A single case of suspected measles would be investigated by the Health Protection Team

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| Transmission Route: | Via respiratory route, airborne droplet spread and with direct contact with nasal or throat secretions |
| Incubation Period: | 7-21 days. Infectious 4 days before onset of rash and 4 days after |
| Exclusion: | If measles is suspected advise that individual needs to go home, preferably not on public transport |
| Signs and Symptoms: | Runny nose, cough, conjunctivitis, fever and Koplik Spots inside cheeks (white spots). Rash can appear as flat red or brown blotches beginning on the face and spreading over the body. |

Recommendations for action

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| Pre-Event | <ul style="list-style-type: none"> Please use event website and information pages to give message of importance of MMR vaccine prior to attending event. Festival Banner 1 ,Festival Banner 2 ,Festival Banner 3 Medical Centre staff should be appropriately vaccinated, and other staff members should be encouraged to check their status prior to attendance. |
| During Event | <ul style="list-style-type: none"> Individuals with suspected measles infection should be isolated as quickly as possible to prevent further spread, not left in waiting area or communal area of medical centre. In addition, if case is transferred to hospital ensure that receiving medical facility is made aware of possible diagnosis to minimise transmission risk. Individuals with suspected measles infection should be advised to leave event and go home as soon as possible. This may require someone coming to pick them up as they should not go on public transport, as measles is highly infectious. Ask them to contact a friend to get their personal belongings, keep them in an isolated area of medical centre to avoid them going back into event environment. Ensure disposal of tissues and other items used by the case in appropriate waste bins. Make a list of contacts and provide them with advice regarding signs and symptoms of measles as incubation period typically around 10 – 12 days from exposure to onset of symptoms (so they may become unwell after festival has finished) The Health Protection Team would investigate cases of measles and support organisers regarding advice or appropriate messaging/use of social media / website for the wider population of the event. Clinicians are reminded that measles is a notifiable disease and as such should be informing the local Health Protection Team. |

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| | <ul style="list-style-type: none"> • Oral Fluid Test Kits can be available in some instances. Liaise with local Health Protection Team with regards to arranging couriering of kits and testing at local lab. |
| Post Event | <ul style="list-style-type: none"> • In event of case or outbreak: Due to prolonged incubation period event organisers may want to consider posting warn and inform style messages on their social media or website regarding signs and symptoms to be alert to. |
| Information | <p>Measles - NHS NHS vaccinations and when to have them - NHS</p> |

Action Card for Bacterial Meningitis Case

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| Transmission Route: | Person to person through respiratory droplets and direct contact with nose and throat secretions – sneezing, coughing. Close prolonged contact, i.e., sharing a tent at an event, intimate kissing. |
| Incubation Period: | 3-5 days |
| Exclusion: | Individual should be isolated and transferred to the closest Emergency Department, preferably by ambulance with paramedic support as soon as possible. |
| Signs and Symptoms | <ul style="list-style-type: none"> • sudden onset of a high temperature (fever) • a severe and worsening headache • dislike of bright lights (photophobia) • vomiting and/or severe diarrhoea or stomach pains • painful joints/ stiff neck • pale and blotchy skin • very cold hands and feet • fitting • confusion/ delirium • drowsiness/ difficulty waking that can deteriorate into a coma • In some cases, a characteristic rash develops and may start as a cluster of pinprick blood spots under the skin, spreading to form bruises under the skin. <ul style="list-style-type: none"> ○ The rash can appear anywhere on the body. It does not fade when pressed under the bottom of a glass (the tumbler test). • symptoms can appear in any order and not all may occur |

Recommendations for action

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| Pre-Event | <ul style="list-style-type: none"> • Event attendees and staff should be encouraged to have vaccinations as per UK schedule. • Awareness training should be given to all staff regarding signs and symptoms of Meningococcal disease and sepsis. |
| During Event | <ul style="list-style-type: none"> • Anyone with suspected bacterial meningitis should be transferred urgently to hospital. • Ensure the attending clinician notifies the local Health Protection Team • Complete event Questionnaire in as much detail as possible as close contact details are important. They may require urgent chemoprophylaxis in addition to written information regarding signs and symptoms. • Staff to follow all infection control measures |

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| Post Event | <ul style="list-style-type: none"> The Health Protection Team will be involved in the management of a case and will support the organisers if case is confirmed. The use of warn and inform style messages on event social media and event website to alert the wider population of the event will be considered. |
| Information | <p>Meningitis - NHS NHS vaccinations and when to have them - NHS</p> |

Appendix 1: Medical Centre Facilities

An outbreak would be declared when:

Two or more people experiencing a similar illness are linked in time or place

Or

A greater than expected rate of infection occurs, compared with the usual background rate for the place and time

Event organisers should be satisfied that Medical Facilities are run with assurances of policies and procedures in place.

There should be specific guidance on the reporting of an outbreak in place at the event, in terms of who to report to in the first instance. It is important to have these criteria in place and that everyone working in the medical centre is aware of the procedure.

Please follow specific Event Guidance and report any outbreaks to local Health Protection Team as soon as possible.

Preventing the spread of any infectious agent is important and the table below details some of the recommendations to consider within the medical centre.

| Things to consider | What | When |
|-----------------------------|---|---|
| Toilet Facilities | <ul style="list-style-type: none"> Should have separate for staff and event goers | Throughout event |
| Cleaning of facility | <ul style="list-style-type: none"> Consider effective handling and disposal of used and soiled items (double bagging for offsite laundering, clinical waste facilities) All hard surfaces should be thoroughly cleaned with hot water and a detergent and then disinfected using a hypochlorite / bleach (e.g., Milton) solution, (dilution rate of 1,000 parts per million) after every use e.g., desks, IT equipment, phones and radios. Staff should use appropriate PPE (gloves and aprons) | Throughout event, but cleaning carried out on a more regular basis during outbreak situation. |

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| Isolation | <ul style="list-style-type: none"> • Consider allocation of staff duties to minimise cross infection e.g., cohorting staff to care for infected person. • Isolation area for affected individuals. <p>(This could be a different area away from the main medical centre)</p> | <p>In an outbreak situation where there are multiple affected individuals with same symptoms.</p> |
| Additional Staff | <ul style="list-style-type: none"> • Consideration to rotas and availability of extra staff should the need arise | <p>Additional staff may be required in an outbreak situation /</p> <p>If there is increased staff sickness affecting the running of medical centre /</p> <p>If an isolation area has been set up requiring staffing.</p> |
| Faecal pots and forms availability | <ul style="list-style-type: none"> • Medical centre could consider holding a supply of faecal pots and forms, (usually from onsite environmental health colleagues.) • Ensure labelling of samples is done correctly, to facilitate tests being completed promptly. • Ensure plan in place to transport samples to local lab. Health Protection team may be able to support this if required. | <p>In an outbreak situation where able to obtain samples to identify organism.</p> |
| Monitoring and surveillance | <ul style="list-style-type: none"> • Having pre-printed/ designed event questionnaires in medical centre. • Consider having a large map of site with grid references to enable the quick identification of any sources of infection | <p>See pages 13 & 14</p> <p>These should be available all way through event for medical staff to use to inform event management team, environmental health and UKHSA.</p> |

Appendix 2: Contacting UKHSA

Title Reporting to UKHSA by telephone.

This card gives you the contact number for UKHSA and details of the information the Health Protection team will require to help you manage your outbreak.

Who Those members of staff that are responsible for informing UKHSA of an outbreak i.e., Environmental Health Officer, Event Management team, Medical Centre

When to report: An increase in the number of sickness cases reported due to diarrhoea and/or vomiting or single cases of suspected measles, meningitis etc.

Phone: 0344 225 3861, UKHSA South East Health Protection Team

What UKHSA or Environmental Health will ask for:

- Name and address of the event, including the postcode
- Contact person's name and phone number
- Number of attendees at event
- Number of individuals affected, split between staff and attendees
- Date of first illness (onset date)
- Duration of symptoms with details of symptoms
- Details of any episodes of public vomiting
- Details of food outlets/ food handlers affected
- Are there any common factors around the affected individuals e.g.
 - Location of campsite / tent
 - Any specific venue within the festival
 - Food outlets used
 - Other shared facilities used e.g., toilets, drinking water stand pipe, showers
- Use the questionnaire at medical centre and grid referenced map to highlight areas of possible transmission.

Appendix 3: Contacts

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| Title: | Contacts and further information |
| Description: | This card provides details of the main contacts who can help you during an outbreak. |
| Who: | Those members of staff that are responsible for informing UKHSA of an outbreak. |

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| UKHSA South East Health Protection Team | Monday – Friday 09.00 – 17.00 0344 225 3861 | Out of Hours: 0344 225 3861 |
| Southampton General Hospital | 02380777222 | Lab: 02381 206408 |
| Queen Alexandra Hospital | 02392 286000 | Lab: 02392 286201 |
| Winchester Hospital | 01962 863535 | Lab: 01256 313312 |
| Basingstoke Hospital | 01256 473202 | Lab: 01256 313312 |
| | | |
| Event Management Onsite | | |
| Health and Safety Onsite | | |
| Environmental health office Onsite | | |
| Security Onsite | | |



UK Health
Security
Agency

Appendix 4: Questionnaire for investigation of reports of food poisoning/gastro-enteritis/rashes

PATIENT DETAILS

| | | | |
|--|---|-----------------------------|-----------------------|
| First name: | | Surname/family name: | |
| Date of birth: | | Age: | |
| Sex: | Male / Female (Please circle) | Home tel no: | |
| Home address: | | | Mobile tel no: |
| Postcode: | | E-mail address: | |
| Accommodation Location and Type: | | | |
| Name / contact details of parent/guardian if appropriate: | | | |
| Are you working at Event? (including voluntary) | Where: What: Food Handler: Date and time of last work shift: | | |

Please give details of the people (including children) who you have been sharing accommodation with

| Name | Date of Birth | Contact details if known |
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ILLNESS DETAILS

| | | | |
|---|-----------------|-------------------------------|----------------------------|
| Date of first symptoms: | | Time symptoms started: | |
| What symptoms do you have? (Please ✓ all that apply and provide dates) | | | |
| | Y/N | Date | |
| Diarrhoea | | | Stomach pain |
| Nausea | | | Blood in stool |
| Vomiting | | | Headache |
| Cough or cold | | | Fever e.g. >38°C |
| Rash, indicate where on body and description | | | |
| Have you been in contact with anyone with a rash in last 7 days (details in box) | | | |
| Anything Else of Note | | | |
| Did you submit any stool samples | Yes / No | If yes, where to and when | |

FOOD AND WATER HISTORY

4.1 Please list as far as you are able, all the food, water and drink you consumed in the 5 days before your illness. Please give details of where you bought/ obtained the food.

| Days before onset | Date | Breakfast | Lunch | Evening meal | Snacks |
|-------------------|------|-----------|-------|--------------|--------|
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| 2 | | | | | |

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