Residential Performance Company
Infectious Disease / Outbreak Plan

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1. Introduction

National Youth Ballet is committed to keeping the young people and staff on its residential courses safe and well. Infections are common and for most people the risk of severe disease is low. Infections can be acquired at home or in the community and brought into settings or acquired and spread within the setting.

The following infectious diseases plan should be referenced both before, during and after a residential course to ensure that the following objectives are met:

- NYB has all the information it needs before a residential course to ensure the best possible outcomes if an infectious disease occurs during the course
- Staff, students, parents, and carers are fully informed before the course as to how NYB will manage any infectious diseases that occur
- NYB follows national guidance and processes to limit the spread of infectious diseases and notifies the applicable agencies where relevant if an infectious disease occurs during the course
- Clear communications related to an infectious disease outbreak are shared with parents and carers in a timely fashion
- NYB learns from any experiences that have occurred during the course and uses these, along with feedback from staff, students, parents, and carers, to improve processes for future courses.

NYB will continue to make best endeavours to act in a responsible way to protect its community and to protect the overall RPC Company and our overall product and performance, and will encourage all the NYB community to take responsible measures to ensure their own wellbeing as well as that of others.

The material used within this plan is taken from UK Health Security Agency (UKHSA) guidance and is referenced throughout.

If there are any concerns related to an infectious disease during the residential, then consider contacting the local Health Protection Team (see sections 6 and 7 for more detail).

For residential courses at Elmhurst Ballet School, contact the

UKHSA West Midlands Health Protection Team

0344 225 3560

Out of hours for health professionals: 01384 679 031

https://www.gov.uk/health-protection-team

2. Prior to the residential course

a. Information gathering (from 2024 onwards)

If a person attending the course develops an infectious disease, it is important to know how vulnerable other attendees of the course are to that infection to reduce spread and protect people at the greatest risk of significant illness if they become infected. NYB recognises that there are many factors that can improve our ability to best mitigate against and manage an infectious disease outbreak and NYB will do its best to protect our overall ability as a performance company to deliver our activity safely, in-person, to protect our rehearsals and live performances.

From 2024, NYB will endeavour to request the following information of all attendees (staff and students) before the course and store this information confidentially in the attendee's medical record.

i. Clinical vulnerability (people at risk of more serious disease). As part of the Residential Participation Questionnaire, NYB will ask whether the person has a medical condition that makes them at higher risk of contracting an infection, or at risk of more severe illness or other consequences because of contracting the infection. This includes people with impaired immune defence mechanisms either because of a medical condition or due to treatment they are receiving (known as being immunosuppressed) or (in the case of staff) being pregnant

   If an attendee who may be at higher risk due to their immunosuppressed status is thought to have been exposed to an infection in the setting, the individual, parents, or carers should be informed immediately so they can seek further medical advice from their GP or specialist as appropriate. If a pregnant person is exposed to an individual with measles, mumps, rubella, slapped cheek syndrome or chickenpox, they should consult their midwife or GP immediately as contact with these illnesses can affect the pregnancy and/or development of the unborn baby.

   In the case of an infectious disease outbreak e.g. measles, it may also be necessary to ask attendees, both participants and staff whether they are up to date with the UK routine immunisation schedule / whether they have been immunised for measles. If not, it may be necessary to ask them to go home if there are any cases (see section 5c).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055877/UKHSA-12155-routine-complete-immunisation-schedule_Feb2022.pdf

Information sharing (from 2024 onwards)

It is important that attendees of an NYB residential course (staff and students) and parents/carers are made aware of the following prior to the course:

- NYB has a residential infectious diseases/outbreak plan and that it may be necessary for the attendee to return home if they do develop an infectious disease or in some cases if they are at higher risk of contracting an infectious disease (for example, if there is a measles outbreak and they are not immunised).
- They will be notified if there is an outbreak of an infectious disease within the setting, or a single case of a more severe infection (such as measles or meningitis) and informed of next steps, maintaining confidentiality of the identity of the infected person.
- They may also be notified following the course if NYB are subsequently made aware of a case of infectious disease after the course.
- Attendees who are showing the symptoms of an infectious disease or have been diagnosed by a health professional or diagnostic test should be advised to contact NYB prior to travelling to the course and should not attend the residential course for the minimum period recommended, if required, and until well enough. People with mild respiratory symptoms such as a runny nose, sore throat, or slight cough who are otherwise well and do not have a high temperature can attend the course, but NYB should be informed on arrival.

3. During the course

All young people and staff should contact their House Parent or the onsite NYB medical team immediately if they develop any symptoms that could indicate an infectious disease – this includes but is not limited to diarrhoea; vomiting; respiratory symptoms such as coughing or sneezing; fever; unexplained rash.

The onsite medical team should contact NHS 111 if necessary for advice on clinical management of the case. They should undertake a risk assessment of the situation, considering likely diagnosis, number of cases and need for isolation. **They should consider whether they should notify the Health Protection Team (HPT) – see sections 6 and 7.** The NYB senior leadership team should be informed. If there is an outbreak (more than one linked case) or a single suspected or confirmed case of a more severe infection, in consultation with external medical advice, then all attendees and parents/carers should be informed.

The management of the following infectious diseases or scenarios are covered in more detail in section 6: Chickenpox (varicella) and shingles; diarrhoea and vomiting; measles; meningitis; respiratory infections (including COVID-19 and influenza); scarlet fever.

Information on the management of other infectious diseases can be found here: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z

Many infectious diseases can be managed by reinforcing the measures recommended in Preventing and controlling infections and by:

- encouraging all people who are unwell not to attend the setting or remain separate from others, wherever possible – further guidance on exclusion periods is available for specific infectious diseases
- ensuring occupied spaces are well ventilated and let fresh air in
- reinforcing good hygiene practices such as frequent cleaning and hand hygiene

4. Following the course

Attendees who show the symptoms of an infectious disease or have been diagnosed by a health professional or diagnostic test within two weeks following the course should be advised to contact NYB to inform them of the suspected diagnosis. NYB should then consult with the onsite medical team to decide if it is necessary to inform all attendees of this diagnosis, maintaining confidentiality of the identity of the infected person.. This may be in consultation with the local HPT.

If there have been any cases of infectious disease during the residential course, then the NYB senior leadership team should coordinate a debrief of the management of the situation following the course to assess whether there are any lessons to be identified for future courses and enter this into the NYB Lessons Learned Log. This may also extend to surveying attendees and parents/carers to evaluate the response.

5. Standard infection control precautions

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/preventing-and-controlling-infections

a. Hand hygiene

- Hand hygiene is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and/or vomiting and respiratory infections.
- Ensure all individuals have access to liquid soap, warm water, and paper towels. Bar soap should not be used. Alcohol hand gel can be used if hands are not visibly dirty. Alcohol hand gel is not effective against organisms that cause gastroenteritis, such as norovirus.
- Advise all individuals to clean their hands after using the toilet, before eating or handling food, after playtime and after touching animals.
- All cuts and abrasions should be covered with a waterproof dressing.

b. Respiratory and cough hygiene

- Coughs and sneezes spread diseases. Covering the nose and mouth when sneezing and coughing can reduce the spread of infections. Discourage spitting
- Encourage all individuals, particularly those with signs and symptoms of a respiratory infection to follow respiratory hygiene and cough etiquette, specifically, to:
    - cover nose and mouth with a tissue when coughing and sneezing, dispose of used tissue in a waste bin, and clean hands
    - cough or sneeze into the inner elbow (upper sleeve) if no tissues are available, rather than into the hand
    - keep contaminated hands away from their eyes, mouth and nose
    - clean hands after contact with respiratory secretions and contaminated objects and materials

c. Cleaning

- Keeping settings clean, including equipment, reduces the risk of transmission. Effective cleaning and disinfection are critical in any setting, particularly when food preparation is taking place.
- Cleaning with detergent and water is normally all that is needed as it removes most germs that can cause diseases.

- In the event of an outbreak of infection at your setting, your UKHSA health protection team (HPT) may recommend enhanced or more frequent cleaning, to help reduce transmission. This is covered in the Managing outbreaks and incidents.
- Advice may also be given to increase cleaning of areas with particular attention to hand touch surfaces that can be easily contaminated such as door handles, toilet flushes, taps and communal touch areas.

d. Ventilation

- Ventilation is the process of introducing fresh air into indoor spaces while removing stale air. Letting fresh air into indoor spaces can help dilute air that contains viral particles and reduce the spread of COVID-19 and other respiratory infections.
- All settings should keep occupied spaces well ventilated to help reduce the number of respiratory germs. Open windows and doors as much as possible to let fresh air in (unless it is unsafe to do so, for example, do not keep fire doors open). Try to open higher-level windows to reduce draughts, where it is safe to do so.

6. Management of specific infectious diseases or scenarios

https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z

a. Chickenpox and shingles

Chickenpox is a mild and common childhood illness that most children catch. Chickenpox is most common in children under the age of 10. Nine out of 10 adults are immune because they had chickenpox during childhood. People usually catch chickenpox in winter and spring, particularly between March and May.

Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The spotty rash starts with fluid filled blisters which then scab over and eventually drop off. Some people have only a few spots, but other people can have spots that cover their entire body. In most people, the blisters crust up and fall off naturally within one to 2 weeks.

Chickenpox in children is considered a mild illness. There is no specific treatment but there are pharmacy remedies that may alleviate symptoms. These include paracetamol to relieve fever, and calamine lotion and cooling gels to ease itching. Chickenpox tends to be more severe in adults and they tend to have a higher risk of developing complications.

Some children and adults are at higher risk of serious problems if they catch chickenpox, including:

- pregnant women
- newborn babies
- people with a weakened immune system

These people should seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms. They may need a blood test to check if they are protected from (immune) chickenpox.

Shingles is caused by the chickenpox virus. When people get chickenpox, the virus remains in the body. It can be reactivated later and cause shingles if someone's immune system is lowered.

Shingles presents as a blistering rash in the area supplied by the affected nerve, usually only one side of the body. It can be very painful. Most people recover fully. There is often altered sensation before the rash appears, accompanied by 'flu like' symptoms.

Chickenpox is highly infectious and spreads by respiratory secretions or by direct contact with fluid from blisters.

Direct contact with fluid from the blisters of a person that has shingles can cause chickenpox in someone who has never had it before.

People with chickenpox are generally infectious from 2 days before the rash appears and until all blisters have crusted over (usually 5 to 6 days after the start of the rash).

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

What to do

Send any individual with chickenpox home. Keep the individual away from the setting until all blisters have crusted over. In cases of shingles, the decision to exclude an individual will depend on whether the rash or blisters can be covered.

Keep the individual away from the setting if they have a weeping shingles rash that cannot be covered.

You do not need to contact your UKHSA HPT, unless the setting also has cases of scarlet fever circulating.

Ensure that anyone who is at higher risk (pregnant women, newborn babies, and people with a weakened immune system) seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms.

Advise individuals, parents or carers to seek immediate medical advice if the individual with chickenpox is seriously ill or if they develop any abnormal symptoms such as: the blisters becoming infected or they develop a pain in their chest or difficulty breathing. Avoid contact with other people for at least 5 days from the onset of the rash and until all blisters have crusted over (if chickenpox) or can be covered (shingles)

Do not allow the individual to return to the setting until all the blisters have dried and crusted over.

Consider informing all staff, students, parents and carers, maintaining confidentiality of the identity of the infected person.

b. Diarrhoea and vomiting (including suspected food poisoning)

Diarrhoea and vomiting may be due to a variety of causes including bacteria, viruses, parasites, toxins or non-infectious diseases. Gastrointestinal infections are spread when the germs enter the gut by the mouth or when contaminated hands or objects are put in the mouth or after eating or drinking contaminated food or drinks.

The most commonly reported bacterial infections are salmonella and campylobacter, usually associated with food poisoning. The most commonly reported viral infection is norovirus, usually associated with person-to-person transmission. However, as a general principle, all cases of gastroenteritis should be regarded as potentially infectious unless there is good evidence to suggest otherwise.

A liquid stool is more likely to contaminate hands and the environment than a formed stool and is therefore a greater risk. Vomit, like liquid stool, may also be highly infectious such as when there is norovirus circulating in the setting. Infection can also be spread when the affected person vomits. This is because aerosols can spread the organism directly to others and contaminate the environment. A person will be infectious while symptoms remain.

People affected by infectious gastrointestinal diseases may have diarrhoea and/or vomiting.

Diarrhoea is defined as 3 or more liquid or semi-liquid stools (type 6 or 7) within a 24-hour period in adults and older children or any change in bowel pattern in young children.

The incubation period (the delay between infection and the appearance of symptoms) will vary depending on the cause of the infection.

What to do

Isolate and if possible, exclude (send home) the infected individual until 48 hours after symptoms have stopped and they are well enough to return.

Contact your UKHSA HPT if there if there are 2 or more cases with similar symptoms linked in time or place. For some gastrointestinal infections, longer periods of exclusion are required. For these

groups, your UKHSA HPT, or the local authority Environmental Health Officer (EHO) will advise you if any action is required.

Encourage individuals to implement good hand hygiene practices.

Clean kitchen and toilet areas regularly (for more details, see cleaning).

Use PPE when handling blood or bodily fluids such as vomit or diarrhoea.

Consider informing all staff, students, parents and carers if there is an outbreak, maintaining confidentiality of the identity of the infected person.

c. Measles

Measles is a highly infectious viral infection. Symptoms include a runny nose; cough; conjunctivitis (sore, itchy, watery, red and sticky eyes); high fever and small white spots (Koplik spots) inside the cheeks. Around day 3 of the illness, a rash of flat red or brown blotches appear, beginning on the face, behind the ears and spreading over the body. The incubation period is between 10 to 12 days but can vary from 7 to 21 days.

Measles is highly infectious and transmitted via airborne or droplet spread, or direct contact with nasal or throat secretions of infected persons. Cases are infectious from 4 days before onset of rash to 4 days after, where the date of the rash onset is day 0.

The MMR (measles, mumps and rubella) vaccine is the safest and most effective way to protect against measles. People need 2 doses of MMR to be protected against measles, mumps and rubella.

During coronavirus (COVID-19), there has been a significant drop in children getting vaccinated with MMR and other childhood vaccines. Measles is highly infectious so even a small decline in MMR vaccine uptake can lead to significant increases in cases.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

What to do

Send home the infected individual.

Contact your HPT to discuss whether the residential course can continue. Consider sending home any staff or students who are unvaccinated or partially vaccinated with the MMR vaccine.

Any attendees or staff who are unvaccinated or partially vaccinated with the MMR vaccination should be encouraged to seek advice from their general practitioner or practice nurse.

Advise individuals with a weak immune system, pregnant staff (if they are unsure of their immunity, that is have not had either measles or 2 measles vaccines) to seek prompt medical advice. When contacting the GP or midwife they should inform them that there has been exposure to a case of measles.

Inform all staff, students, parents and carers, maintaining confidentiality of the identity of the infected person.

d. Meningitis and meningococcal septicaemia

Meningococcal meningitis and septicaemia require immediate medical attention.

Meningitis is a general term that describes an inflammation of the membranes covering the brain and spinal cord. It can be caused by a range of germs including bacteria or viruses. Bacterial meningitis is less common but more serious than viral meningitis and needs urgent medical attention. In some cases, bacterial meningitis can lead to septicaemia (blood poisoning).

Common signs and symptoms of meningitis and septicaemia include fever, severe headache, photophobia, neck stiffness, non-blanching rash (see glass test), vomiting, drowsiness. Not all the symptoms will be present, and cases can have symptoms of meningitis and septicaemia.

Spread is from person to person through respiratory droplets and direct contact with nose and throat secretions. About 10% of us carry the bacteria harmlessly in our nose and throat. Close and prolonged contact is needed to pass the bacteria to others (such as contacts in a household setting or intimate kissing) only a small proportion of people develop meningitis or septicaemia if they come into contact with it. For this reason, only people that have had significant close contact with the case in the previous 7 days will be offered antibiotics and immunisation later if applicable.

The incubation period varies but for bacterial meningitis the incubation is between 2 and 10 days. The case is considered non-infectious 24 hours after taking appropriate antibiotic treatment.

There is no effective medication for the treatment of viral meningitis, but symptoms are usually much milder.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

What to do

The infected individual is likely to be admitted to hospital and should not be allowed to return until they have been treated with antibiotics and recovered (unlikely to return to the course). Do not exclude close contacts unless they have symptoms suggestive of meningococcal infection.

Inform the health protection team so that they can undertake a risk assessment tracing and organise antibiotics for close contacts.

Ensure all staff and students are aware of the symptoms of meningitis and septicaemia.

Inform all staff, students, parents and carers, maintaining confidentiality of the identity of the infected person.

e. Respiratory infections (including COVID-19 and influenza)

Respiratory infections are common, particularly during the winter months. Symptoms can be caused by several respiratory infections including the common cold, COVID-19, flu, and respiratory syncytial virus (RSV). For most individuals, these illnesses will not be serious, and they soon recover.

People with respiratory infections can experience a range of symptoms including a runny nose, high temperature, cough and sore throat. It is not possible to tell which germ someone is infected with based on symptoms alone.

Respiratory infections can spread easily between people. Sneezing, coughing, singing and talking may spread respiratory droplets from an infected person to someone close by.

Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to those who may use or touch them, particularly if they then touch their nose or mouth.

What to do

Isolate and if possible exclude (send home) any affected individual who has a high temperature and are unwell until they no longer have a high temperature and are well enough to attend the setting.

Do not exclude individuals with mild symptoms such as a runny nose, sore throat, or mild cough, who are otherwise well.

Contact your UKHSA HPT if there is a rapidly increasing number of staff or student reporting acute respiratory infection or evidence of severe disease due to respiratory infection, for example if a child, young person or staff member is admitted to hospital

Encourage individuals to implement good respiratory hygiene practices.

Advise all individuals to follow the Living safely with COVID-19 and other respiratory infections guidance.

If there is an outbreak, consider informing all staff, students, parents and carers, maintaining confidentiality of the identity of the infected person.

f. Scarlet fever and invasive Group A streptococcal infection (iGAS)

Scarlet fever (sometimes called scarlatina) is a bacterial illness caused by Streptococcus pyogenes, or group A streptococcus (GAS). It mostly affects young children.

A wide variety of bacteria and viruses can cause tonsillitis and other throat infections. Most are caused by viruses but streptococci bacteria account for 25 to 30% of cases. It produces toxins (poisons), which cause a rash.

Symptoms vary but in severe cases there may be high fever, difficulty swallowing and tender enlarged lymph nodes. The rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance.

The scarlet fever rash may be confused with measles. The fever lasts 24 to 48 hours. Scarlet fever is usually a mild illness but is rarely complicated by ear infections, rheumatic fever which affects the heart, and kidney problems. Invasive Group A streptococcus (iGAS) is a severe, life-threatening infection.

Scarlet fever is highly infectious and is spread by close contact with someone carrying the bacteria. The incubation period is 2 to 5 days.

Coughing, sneezing, singing and talking may spread respiratory droplets from an infected person to someone close by.

Droplets from the mouth or nose may also contaminate hands, eating and drinking utensils, toys or other items and spread to others that use or touch them, particularly if they then touch their nose or mouth.

Note that symptoms may present differently dependent on the skin tone. This guidance is not intended to act as a diagnostic tool. If concerned, refer to a clinician and follow appropriate and proportionate measures in the meantime.

What to do

Isolate and if possible exclude (send home) the affected individual until 24 hours after commencing appropriate antibiotic treatment. Children or staff who decline treatment with antibiotics should be excluded until resolution of symptoms.

You should contact your UKHSA HPT if there is an outbreak of 2 or more scarlet fever cases within 10 days of each other, or one case of invasive group A streptococcus.

Advise the individual, parent or carer to seek advice from their general practitioner.

Encourage individuals to implement good hand hygiene and good respiratory hygiene practices.

Consider informing all staff, students, parents and carers, maintaining confidentiality of the identity of the infected person.

7. Contacting the health protection team

If you need to contact your UKHSA HPT, they will conduct a risk assessment of the situation based on the information provided, and the type of infection.

The risk assessment will then inform the need for any further actions.

They will ask you to share information to help them assess the size and nature of the outbreak or incident and advise on any recommended actions.

Information will include:

- the type of setting
- total numbers affected (young people and staff)
- total numbers attending (young people and staff)
- any food handlers affected
- the number of classes, rooms, groups affected
- the symptoms experienced
- the date when symptoms started, including a brief overview of the sequence of numbers of new cases since the outbreak started
- any indications of severe disease such as overnight admissions to hospital
- if known, whether any tests or clinical assessments have taken place
- vaccination uptake (for example for MMR and other infections)
- if there are any individuals within the affected group at higher risk from severe disease

Your UKHSA HPT will advise on whether any actions are recommended.

These may include:

- reinforcement of baseline infection prevention and control measures
- communication to parents, carers and students

- exceptionally, temporary advice to reduce mixing among a targeted group
- exceptionally, the temporary use of face coverings in communal areas

They may consider holding an incident management team (IMT) meeting, which would bring together local stakeholders and the appropriate local authority.

When to contact the HPT

There are some situations where you may need to contact your local UK Health Security Agency (UKHSA) HPT.

Find your local HPT contact details

Advice on when and when not to contact the HPT is included for each disease.

Contact the relevant UKHSA HPT for advice if you are concerned and/or have seen:

- Rapidly increasing number of individuals with the same infection
- evidence of severe disease due to an infection, for example if an individual is admitted to hospital[L]
- more than one infection circulating in the same group of people, for example chicken pox and scarlet fever
- an outbreak or serious or unusual illness for example:
    - E.coli 0157 or E. coli STEC infection
    - food poisoning
    - hepatitis
    - measles, mumps, rubella (rubella is also called German measles)
    - meningococcal meningitis or septicemia
    - scarlet fever (if an outbreak or co-circulating chicken pox)
    - tuberculosis (TB)
    - typhoid
    - whooping cough (also called pertussis)

If you do need to contact your HPT, you should prepare information in advance to help them to support you. Find out what information you need in What to expect from contacting your HPT.

Confidentiality

It is important to note that health protection teams (HPTs) are bound to manage personal case details in strict confidence. Therefore, information given to settings from the team for distribution during an outbreak will never name cases or give out any personal details.

Organisations where cases are identified are also bound to manage personal case details in strict confidence.

Read further information on the Personal Information Charter which can be found on GOV.UK.

All personal and medical information gathered by NYB for the purpose of this plan is confidential and will be stored safely and securely on the NYB Google Drive in accordance with our GDPR and Data Retention Policy.

NYB Values	
Safe	We champion healthy and sustainable practice.
Nurturing	We contribute to a mutually positive and nurturing experience.
Respectful	We are respectful of each other, and show this in our interactions with everyone; both online and in person.
Inclusive	We value diversity and proactively seek to create an inclusive environment for all stakeholders.
Communal	We are a community and we grow from our shared experience.
Creative	At our core we are creative and collaborate in our creative process.
Challenging	We challenge perceptions about what ballet is and conventions about who ballet is for.
Sustainable	We acknowledge that there is a climate emergency. We are action-oriented and committed to using our influence, resources and skills to be a positive force for change.
Exceptional	We work hard to create high quality educational and dance experiences.