

**AIPC AND UFI GOOD PRACTICE GUIDANCE**

# Convention and Exhibition Centre Health and Safety: **Managing COVID-19 Challenges**



Health, safety and Security experts of the International Association of Convention Centres (AIPC) and the Global Association of the Exhibition Industry (UFI) united in the AIPC-UFI Task Force created this good practice guidance in late February – early March 2020 to help members and industry at large address the recent outbreak of the COVID-19 virus.



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AIPC (The International Association of Convention Centres) and UFI (The Global Association of the Exhibition Industry) are pleased to have assembled this Good Practice Guidance on COVID-19 as a resource for convention and exhibition centres now addressing the challenges associated with venue management undergoing the impacts and potential impacts of the current COVID-19 outbreak. It has been created as a collaborative project between the two organizations as a way to emphasize the importance of cooperative action in the face of such an issue and to ensure a greater degree of consistency in the advice and information being provided.

The 24 page Guide focuses on updated convention and exhibition centre health and safety policies, plans and procedures and has been assembled with the support, input and review of both AIPC and UFI members engaged in a task force assembled for this purpose and under the overall guidance of a global expert in health and security matters and incorporates both strategic and practical guidance in the form of advice, suggestions, examples and tips focusing in particular on new, updated and modified information as opposed to simply pre-existing, standard health and safety controls and crisis management plans.

The text includes many ‘live’ document links to allow additional information to be accessed directly, as well as lists of additional key industry and health authority resources that may enhance planning and tactics.

While no single resource will be able to capture the full range of information available on such a broad and constantly evolving issue, this Guide offers a solid framework for response along with related resources to make it as relevant as possible to the needs of managers. As the COVID-19 situation and corresponding impacts evolve, the amount of relevant, practical information and experiences will continue to grow and we would welcome further input that may be incorporated into future advisories.

In releasing this document both AIPC and UFI wish to acknowledge and thank the members and industry colleagues that have made it available in such a timely manner.

Aloysius Arlando AIPC President  
Mary Larkin UFI President

The COVID-19 outbreak has proven impactful for the convention and exhibition trade from the outset. Organizations have taken measures to protect staff, visitors, partners and clients as well as key processes and assets around the world.

In doing so these convention and exhibition centres are demonstrating their dedication to continued top quality service and care delivery on a daily basis, even in the face of major challenges. These range from mundane requests for extra disinfection protocols and health screening efforts to crisis-level last-minute event postponements and cancellations. Many of the measures initiated in convention and exhibition centres around the world during January-early March 2020 to cope with the outbreak vary considerably from centre to centre and country to country as many are guided by different policies, principles, protocols and circumstances. Amid all this action, much is being achieved, and newly developed.

This guidance document aims to capture and offer a range of these measures, insights and ‘good’ if not ‘best’ practices put to work recently all in one place. It is essentially a summation of suggestions that might be added to the basic (crisis) health and safety measures that convention and exhibition centres already standard have or are already taking. This is hence not meant as a ‘how to’ manual on convention and exhibition centre health and safety – already long present and heavily regulated by local and national authorities worldwide in any case – but rather a fresh compilation of recently applied measures that a number of AIPC and UFI members are using to meet COVID-19 outbreak challenges.

**This good practice guidance aims to:**

- Offer new ideas and insights on COVID-19 measures;
- Be as practical with measures as easy and fast to apply as possible;
- Be as recent as possible, much of the contents dating from late February and early March 2020;
- Be useful irrespective of the organizational structure of the health and safety and crisis management functions at a convention or exhibition center; and
- Be useful for handling other forms of health and safety crises as well, be it now or in the future.

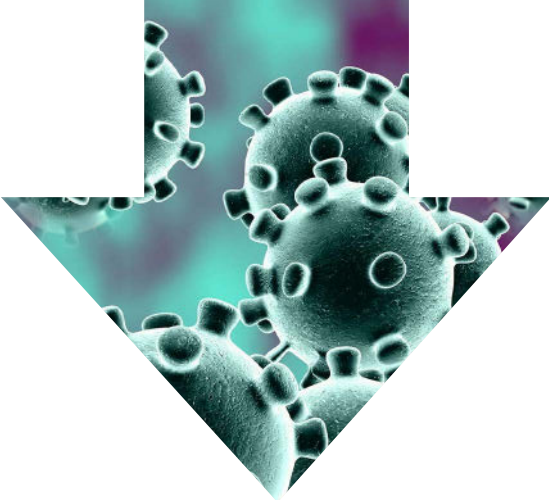
The information contained in this document stems principally from AIPC-UFI Task Force members consisting of UFI Health & Safety experts and members of the AIPC Safety & Security Task Force. This joint pool of expertise is comprised of professionals who in many cases are seen as innovators and early adopters of new measure sets within their convention and exhibition centres and within the industry, and who have been willing to share their expertise with fellow members. The UFI and AIPC experts are:

- Carlos Moreno Clemente** | Head of Mobility, Fira Barcelona
- Sunil Govind** | Senior Director Facility Management & Operations, Bangalore International Exhibition Centre
- Rik Hoogendoorn** | Manager Safety & Security, RAI Amsterdam
- Darren Horne** | Senior Manager Security & Safety, Melbourne Convention Exhibition Centre
- Sethu Menon** | Senior Vice President Operations, DWTC Dubai
- Mark Laidlaw** | Operations Director, Scottish Event Campus
- Michiel Middendorf** | General Manager, World Forum
- Robert Noonan** | Chief Information Security Officer, Boston Convention & Exhibition Center (Massachusetts Convention Center Authority)
- Tomas von Tourtchaninoff** | Head of Unit, Safety & Security, Stockholmssmassan
- Muhammad Yusri** | Manager Venue Security, Crime Prevention and Operations, SingEx
- Coordination of the gathering, vetting, formatting and publishing of this information was performed by **Glenn Schoen** | Boardroom@Crisis BV, based in The Netherlands.



AIPC and UFI management wishes to thank the contributors as well as UFI Managing Director and CEO **Kai Hattendorf** and UFI Research Manager **Christian Druart** for their assistance in expertise and resource engagement.

**AIPC and UFI management hope that the information provided here may contribute to improved preparedness, reaction and well-being among membership and industry in the face of the current COVID-19 challenge.**



**How to Use This Guide**

The information in this document is divided into six main categories:



These six categories derive from and in many cases overlap with the ‘management framework’ or ‘core policy pillars’ or ‘key principles’ or ‘key measure sets’ outlined in a number of standards, guidelines, and policy statements used by various national, international and organizational health safety bodies. They were chosen as well based on the feedback and content provided by convention and exhibition centres as to which main categories of activity they defined for themselves in addressing the virus outbreak.

Most category chapters are further subdivided into sections. It is recognized not all measures can be clearly placed in one category or another as there will by necessity be some overlap between measures mentioned in these six separate categories.

Further, as no two convention or exhibition centres are the same, the advisability, applicability and proportionality of measures in terms of size, scale, function and physical and cultural environment should be taken into account when considering their use. So should the legal and

compliance frameworks in place in different centres: not all measures applied in one location are necessarily allowed in another. For instance, there is much difference between countries when it comes data privacy rules, the professional standing of medical staff and the certification of health and safety-related products and services.

Where documents or other resources are mentioned in the text, these should, in most cases, be directly retrievable via the ‘live’ link provided or otherwise by using an Internet search. All documents from AIPC and UFI member organizations shown, including those bearing marking ‘internal’ or ‘confidential,’ are used with explicit permission for the betterment of membership and the industry.

**A NOTE ON TERMINOLOGY:** Readers are asked to exercise a measure of flexibility when it comes to terms used in this document in that many people use different terms for the same thing. For example: health and safety vs. public safety, measures vs. controls, large outbreak vs. pandemic, Coronavirus vs. COVID-19, and so on. Please apply this flexibility when reading the guidance.



## POLICY

1 | Adopt, use and be able to publicize a policy dealing with COVID-19 either in the form of a policy on COVID-19 specifically, or outbreaks of viral disease more generally, or, more generally still, a (flu) pandemic. Whether you call it a policy or guidance or plan or something else, make certain you have it in written form, and can communicate it. Not all convention or exhibition centres publicize it openly, or publicize it prominently, but you should be able to present it to third parties and do so openly (i.e. website) as circumstances demand. In its simplest form, it can be a general, short guidance document conveying general information. See Appendix 1 for an example from the Scottish Events Campus in Glasgow.

2 | Convention and exhibition centres that have not yet had the opportunity to finalize a policy should consider adopting one on a 'concept' or 'under development' basis, so that they have a working version in place they can then improve on. It is the total absence of one that has caused several convention and exhibition centers significant challenges in recent months. Among related policies centres are updating, often via their HR department: Travel, Working from Home, and Sickness.

3 | Good practice dictates that policy statements are usually fairly short, clearly phrased, and make reference to (or express) the precept that they are based upon. These precepts are usually national and or international health and safety authorities' policies, and or national and or international standards.

Examples of national health authorities and their policies that are cited are:

- The UK NHS, the Chinese CDC, the US CDC, the Singapore Ministry of Health, the Mexican Secretaria de Salud, and the Dutch RIVM.

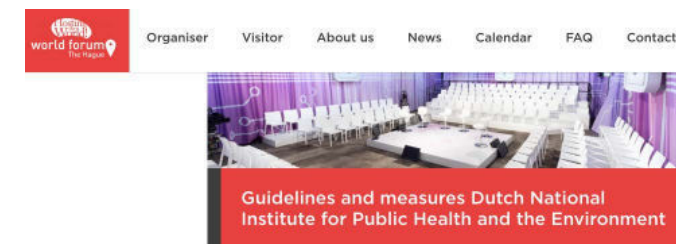
Examples of international health authorities and their policies often cited are:

- World Health Organization (WHO)
- European Centre for Disease Prevention and Control (ECDC)

Examples of international standards often cited are:

- ISO 45001: Management Systems of Organizational Health and Safety
- BS OHSAS 81001: Occupational Health and Safety Assessment Series

An example of how a convention or exhibition centre presents a clear policy but does so placing the national health authority front and center: The World Forum in The Hague.



4 | Some convention and exhibition centres choose to have a main declared policy, and then written and clearly defined policy on a number of secondary and sometimes even detail issues. As with the main policy, it is considered good practice to define if not openly declare what the secondary policies are, and what specifically they address. A simple example of a centre adopting and then openly declaring such a secondary policy is that of the Massachusetts Convention Center Authority in Boston, USA, which – in a trust-building manner - informs viewers it maintains a policy specifically on the use of disinfectants, and has people dedicated to doing this properly, demonstrating just how closely it is following national government guidance.

### MASSACHUSETTS CONVENTION CENTER AUTHORITY'S NOVEL CORONAVIRUS (2019-nCoV) RESPONSE PLAN

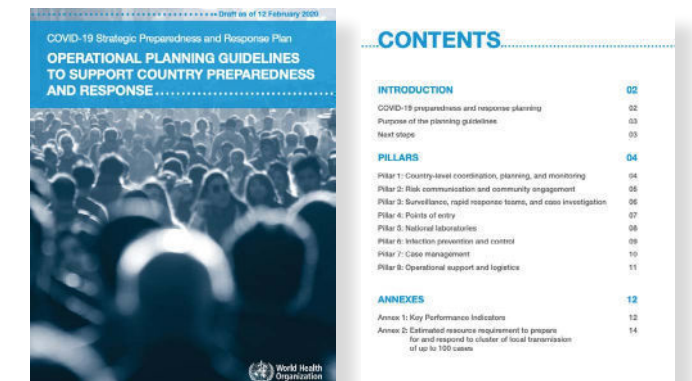
The Massachusetts Convention Center Authority ("Authority") adheres to the recommendations set forth in the U.S. EPA's Emerging Pathogen Policy regarding cleaning disinfectants effective against the Novel Coronavirus (2019-nCoV).

The Authority's Public Safety team will remain in contact with and monitor local, state and federal health agencies for updates as information becomes available.

5 | Do not issue a policy (or other guidance or plans) that directly involves or impacts third parties without first consulting or notifying them, as this can lead to adverse reactions and confusion. Engage stakeholders appropriately, and inform and consult them as you develop your policy.

6 | For organizations that own or operate more than one convention or exhibition centre, and where a policy on dealing with COVID-19 may take on much larger dimensions, one particular strategic level document that may offer useful insight and guidance is the WHO 12 February 2020 "COVID-19 Strategic Preparedness and Response Plan – (Draft) Operational planning Guidelines to Support Country Preparedness and Response."

[https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8\\_4](https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4)



PLANS

1 | Plans as opposed to policy conveys an actual operationalization of intent, and it is for this reason that many convention and exhibition centres specifically separate the terms ‘policy’ from ‘plan.’ Plans tend to form around the ‘who,’ ‘what’ and ‘how to’ principle, defining how specific objectives should be achieved. The details are then presented inside the plan in the form of procedures or protocols, per activity. In the context of COVID-19, many convention and exhibition centres have longstanding plans of immediate use but are still augmenting and updating them.

Among the titles of plans used (many have more than one relevant plan in use alongside others) are:

- Pandemic Response Plan
- Health & Safety Plan
- Business Continuity Plan
- Continuity Activity Plan
- Crisis Management Plan
- Communications Plan

2 | Many convention and exhibition centres use standard templates for health and safety plans that derive from either national or international standards, and standard steps (such as “do risk assessment first”). This standard formatting of plans, as opposed to a free–style approach, is considered good practice in that plans made in this manner can be more readily understood, shared, supported, and carried out, particularly when it comes to plans that involve emergency services/First Responders or larger groups of people, for instance event safety, security, and cleaning crews.

3 | Key resources cited and used by planners to draw up or refine COVID-19 related plans include:

WHO “Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak – interim guidance.”  
<https://www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak>

WHO “Getting the workplace ready for COVID-19.”  
<https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>

US CDC “Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019.”  
[https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-business-response.html)

US CDC “Interim Guidance: Get Your Mass Gatherings or Large Events Ready for Coronavirus Disease 2019.”  
<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>

4 | Conduct internal staff and management plan familiarization and review sessions. Even for those staff that may not be involved in carrying out particular plans, share the existence of plans for different purposes among staff to help create awareness – and in some cases, strengthen confidence. Conduct regular reviews of key COVID-19 related plans with appropriate staff.

5 | As appropriate, test plans, particularly if these involve activities that have not previously been used. Among plans being tested and tried recently at various centres in connection with the virus are calling up extra medical, safety and security staff for an event, evacuating or closing down unused parts of buildings, rapidly opening and operating a quarantine area or isolation room, receiving and supporting ambulance and other emergency/First Responder staff for a suspected case of infection on-site, and running business continuity and crisis management exercises.

6 | Consider making part of your convention or exhibition centre available to authorities or industry for anti-COVID-19 activities, as appropriate and available. This might include hosting outbreak-related meetings, training sessions, crisis management exercises, vaccination efforts, or offering larger spaces for use for training for emergency services/First Responders. Such an ‘Assisting Third Parties Plan’ or ‘Emergency Services Assistance Plan’ could not just significantly enlarge your contribution to the preparedness and functioning of your community, local government, and industry before or during an outbreak, but also bolster your standing, network and importantly, own capabilities.

2 GOOD PRACTICE: Procedures

Convention and exhibition centres focused on good practice have found they have a wide range of procedures to cope with COVID-19 already in place. This is because many of these procedures are in and of themselves standard and of long standing, often being mandated by law or health and safety (labor) standards. In addition, many have either adopted extra, new ones, or updated and expanded older ones to meet their needs.

Good practice experts involved in providing input for this guidance see and cite a range of specific procedures as useful if not always required, their use preferably anchored in a larger plan. These are:

- Crisis Management Team activation
- Operating a First Aid Station / Medical Room
- Increased/expanded hygiene and disinfection regime
- Means to conduct increased health screening of people
- Means to log and report cases of (suspected) illness
- Means to create a temporary quarantine area
- Managing suspected virus incident response
- Working with authorities in emergencies
- Informing people on-site
- Rapid facility shutdown
- Postponing an event
- Cancelling an event
- Working from home
- Traveling for work
- Dealing with and supporting effected/ill staff
- Internal and external communications
- Insurance Review – Pandemic Coverage

Procedures relating to communications, internal and external, are covered in the chapter Communications. It is assumed that centres already have a health and safety risk assessment procedure in place. If not, check section 3.2.2. of the WHO “Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak – interim guidance.”

Information and examples of several procedures are provided in the following text.

Increased/expanded hygiene and disinfection regime

Most venues use local and national hygiene and disinfection guidance, rules, models, and approaches. Among the more often cited international resources are:

The European CDC document on “Cleaning non-healthcare facilities.”  
<https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf>

The WHO document “Getting the workplace ready for COVID-19.”  
<https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>

To strengthen their health and safety monitoring capabilities, many convention and exhibition centres aside from everything else now simply increase their human staff patrols in public areas as well, on the one hand to more swiftly detect any symptoms of disease, and on the other to more swiftly and directly assist people in need, and if need be, isolate them. This is often done in the form of roving patrols by health and safety staff, or during major events, hired medical staff.

Example of best practice from the RAI in Amsterdam: a joint medical – security – fire team making the rounds during a busy, large-scale event.





### Means to conduct increased health screening of people

Efforts to screen persons entering a convention or exhibition centre for virus symptoms and efforts to screen persons already inside can be performed in different ways, notably:

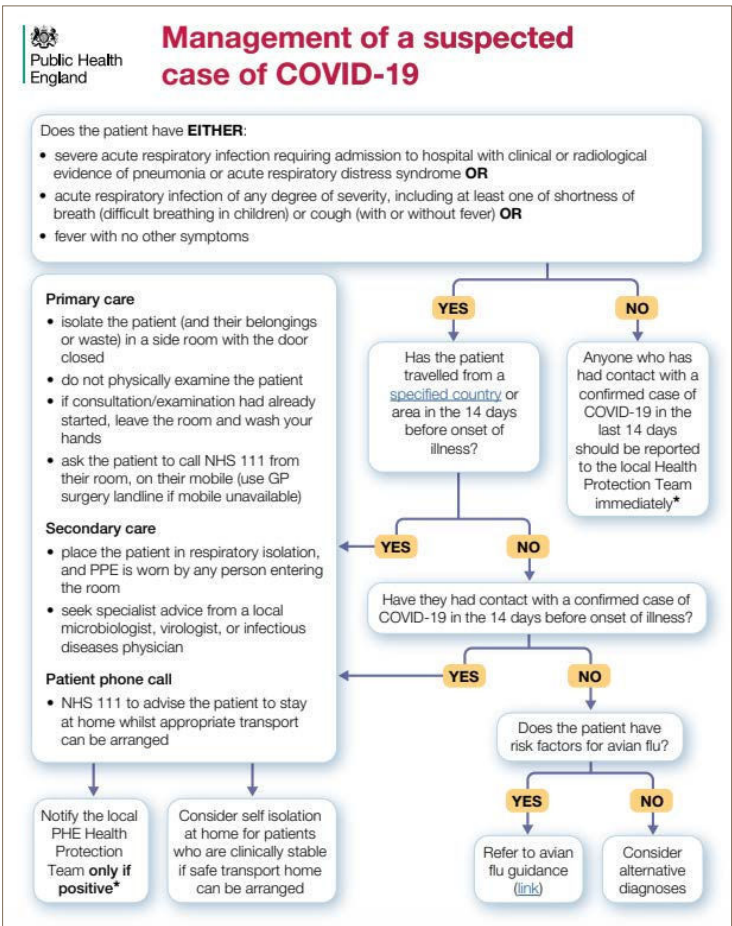
- Asking people to self-report any symptoms they see/feel;
- Having staff ask questions of people about whether they feel any symptoms;
- Having staff observe people entering/passing by looking for possible symptoms;
- Having staff perform hands-off entry area thermal camera checks on people;
- Having staff perform hands-on entry area hand-held ear temperature checks on people.



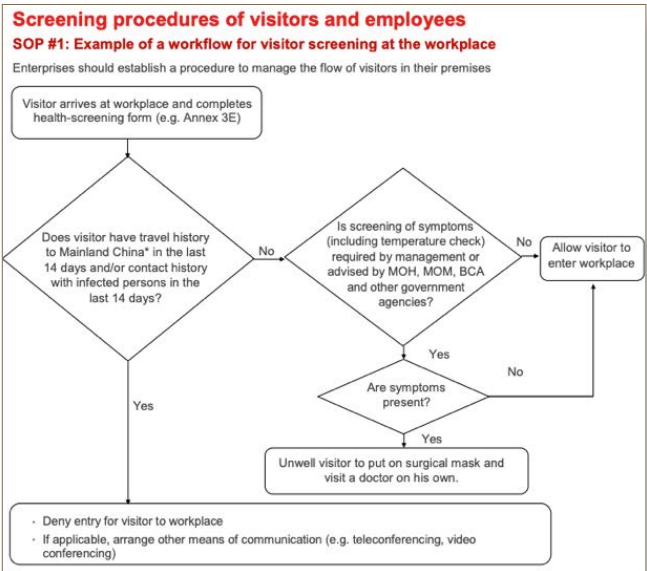
All of these methods are preferably applied by well-trained, professional (medical) personnel, using certified equipment, certainly in the case of using thermal cameras and hand-held thermometers. Optimally, all screening is conducted in consultation with local authorities.

Professional (medical) personnel usually have a set procedure for performing their (form of) health screening check, including the calibration of devices. These detailed procedures are beyond the scope of this guidance document. This noted, there are a number of procedures linked to process flow, and how staff can properly protect themselves while doing them, and after checks.

An example of a health screening process flow, for when a check might be conducted by qualified personnel inside a convention or exhibition centre, is the following from the UK National Health Service:



Another example is to be found under Annex 3A of the Singapore Business Continuity Planning for COVID-19 guide.



[https://www.sbf.org.sg/images/2020/02-Feb/COVID-19/Guide\\_on\\_Business\\_Continuity\\_Planning\\_for\\_COVID-19\\_2nd\\_Edition.pdf](https://www.sbf.org.sg/images/2020/02-Feb/COVID-19/Guide_on_Business_Continuity_Planning_for_COVID-19_2nd_Edition.pdf)

An example of good practice on how staff conducting health screening duties can properly protect themselves and others is the following procedure drawn up by the Civil Aviation Administration of China (CAAC). While it is not designed for convention or exhibition centres but for airports, it is one that is being copied and used at numerous airports, public buildings, offices, transportation hubs, and event locations throughout Asia, and the global civil aviation organization IATA has recently assisted in the distribution of Version 2 as part of its international anti-COVID-19 assistance efforts. See CAAC, Hygiene Requirements for Security Inspection, Section 4:

<https://www.iata.org/contentassets/7e8b4f8a2ff24bd5a6edcf380c641201/airport-preventing-spread-of-coronavirus-disease-2019.pdf>

### Means to log and report cases of (suspected) illness

There is no singular good practice example to refer to here, other than to note it is important that people be directed to a singular person or office or number to report a (suspected) case of infection, so that what is reported can be centrally logged and can follow one singular procedure / pathway.

If this is not arranged this way, the danger exists that different people, or offices, will report suspected cases to a number of different persons or places, with the danger that management of the crisis team is not informed,

and the danger that the person(s) in question are not assisted in an approved, consistent manner. For instance, an ill staffer can call from home to report he or she has symptoms. He or she might call their supervisor, their health and safety specialist, the information desk, the security office, or indeed just the local hospital. Hence it is important to make clear to staff where and how exactly they must report a (suspected) case.

### Means to create a temporary quarantine area

We were not able to find a procedure specifically for preparing a quarantine or isolation room in a convention or exhibition centre where people suspected to have the virus (for instance as a result of a health screening check or simply staff feeling ill at work) can be brought to while they wait for a doctor or a hospital / test transport. This noted, a number of non-convention and exhibition centre related guidance documents, including for health-care facilities and for non-healthcare facilities in general, outline a number of key points. These include:

- Use a separate room, preferably away from open crowded areas sealable with a door (to keep others away while a doctor or ambulance is being summoned);
- Preferably, have the ability to turn off the ventilation in the room so no other areas are potentially contaminated by air;
- Keep a staff member present at the door to keep others out while the room is in use;
- Have a designated toilet near the isolation room that the person in question can use, but which can then be closed off so others do not use it.
- Have a room decontamination / cleaning protocol at the ready for after the person in question has left.
- Check to ensure you do not have staff working an isolation room who may have a preexisting condition, and who may be more susceptible to getting the virus.

For further guidance, see:

UK NHS guidance COVID 19: Interim Guidance for Primary Care.

<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

US Occupational Safety and Health Administration (OSHA) guidance on COVID-19: Control and Prevention, esp. the section on 'Identify and Isolate Suspected Cases.'

<https://www.osha.gov/SLTC/covid-19/controlprevention.html>

Managing suspected virus incident response

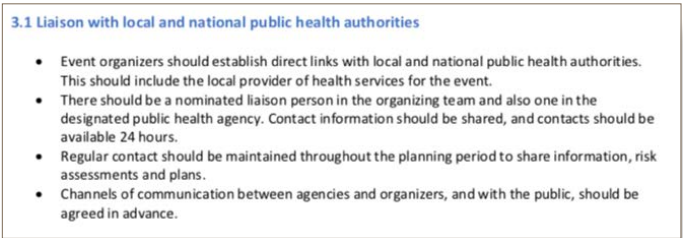
See Appendix 3, Massachusetts Convention Center Authority - Boston “Standard Operating Procedures (SOP) – Pandemic Flu Incident Response.”

In addition, see WHO Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected – interim guidance.

https://reliefweb.int/sites/reliefweb.int/files/resources/20200110\_ncov\_ipc\_during\_health\_care\_final.pdf

Working with authorities in emergencies

See Appendix 3 and the following key text from the WHO guidance on planning for Mass Gatherings.



See further US CDC “Interim Guidance: Get Your Mass Gatherings or Large Events Ready for Coronavirus Disease 2019.”

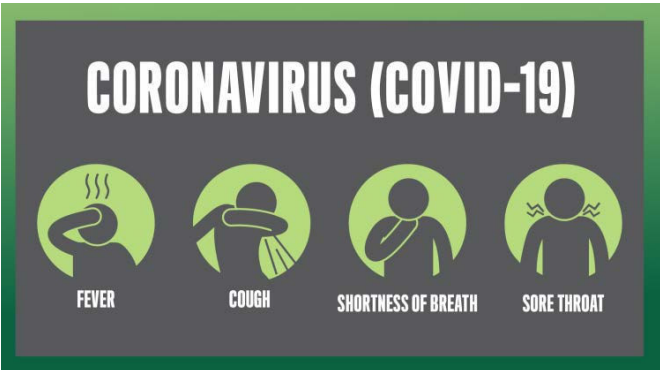
https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html

Informing people on-site (for alertness, awareness and new developments)

This is being done by a variety of tools and means in different convention and exhibition centres, including e-signage; signs or flyers posted at entry-ways, in general spaces, in lounges and in bathrooms; flyers that are stacked on information and registration desks; flyers that are handed out; informational cards for people to put in their pockets; Apps; and maps (indicating on maps of the facility where resources are, like disinfection stations, medical help, and so on).

Preferably, communications are short, clear, if need be multi-language, and supported by graphics or pictures to help convey the core message(s) better and faster. A wide range of graphics are freely available for public use, including on the WHO website and several nations’ national health agency websites.

Examples of graphics designed by the Australian government and the WHO:



Good practice as put into use by the World Forum in The Hague is to have as much of your messaging, be it for general visitor awareness / alertness or specific instructions, done electronically. The more you can rely on screens to put your message out as opposed to printed papers, posters of flyers, the quicker and easier it can be made, distributed, changed and updated.

For good practice digital poster examples from the Singapore Expo, see Appendix 3.

Rapid facility shutdown

This is effectively a mini-plan for what to do when health authorities come in and force you to close down your convention or exhibition centre, right now. It may be that there has been a suspected contamination on-site, or that the facility is inside an enforced quarantine area, or that authorities want to confiscate and use the space for other purposes, but whatever the reason, the situation the procedure should enable you to deal with is an immediate closure. Procedures to do this often derive from emergency evacuation plans. The advantage here is that this scenario often leaves some time to do matters in a calm, organized fashion, rather than with alarm bells going off.

Key procedure input should include:

- How people present at the venue are to be informed: in person by staff and which staff, by loudspeaker, by messages on screen? A combination?
- Are there high-value assets on the premises that should be removed or stored elsewhere?
- Checking on Building Management System settings so the facility is safe while no one is there.
- Who and how will security and safety staff be able to continue to check and monitor the premises remotely? (what if it’s closed and an alarm goes off? Who will respond? Are there expensive customer assets on site to protect?);
- What can be done before closing the site down to facilitate working from home? This may include resetting Admin passwords on key IT systems.

Working from home

A growing number of convention and exhibition centres are preparing people to work from home, or letting them work from home part-time already. This includes facilitating people with laptops, phones, teleconference software and subscriptions, messaging services, e-learning and other tools like collaborative software to enable teams of people to work from home or otherwise remotely, efficiently.

Management should be aware that home work is regulated in different ways in different countries, and that many ownership or holding companies also have rules pertaining to working from home, and these issues must be checked before starting a formal work from home policy. This includes rules and regulations concerning:

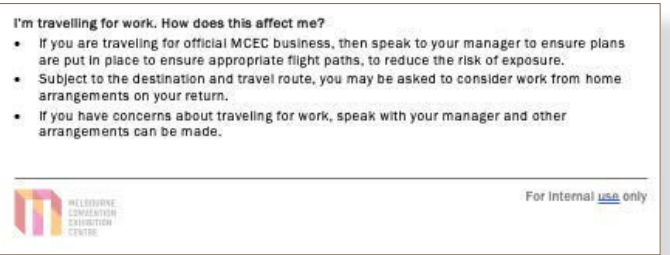
- Safe work place
- Work hours
- Tracking and reporting work hours
- Reimbursement use of home equipment
- Reimbursement use of home communications

Traveling for work

See the following: WHO guidance “Getting the workplace ready for COVID-19.”

https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf

In addition, as concerns staff commuter travel, especially on local transit services like the bus, tram, subway/metro and rail, consider giving regular briefings to address concerns about local transit, and or posting Frequently Asked Question (FAQ) notices to convey key information. This example of good practice showing only a part of the text is from the Melbourne Convention & Exhibition Centre:



For international travel, and to help realize your Duty of Care requirements towards employee travelers overseas, consider use of a special (health / repatriation / illness while traveling) insurance policy, and use of such international hotel review and certification companies as UGOSAFE and SafeHotels. These seek to ensure that participating hotels meet specified safety (and security) requirements. In addition, consider use of such travel briefing, tracking and alert service providers as GWS Safeture, SOS International, WorldAware, Control Risks, GlobalSecure, and Riskline.

Dealing with and supporting effected/ill staff

See UK NHS advice on self-isolation:

https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/

Also see: WHO “Home care for patients with suspected novel coronavirus (COVID-19) infection presenting with mild symptoms, and management of their contacts – interim guidance.”

https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts



# 3 GOOD PRACTICE: Crisis Management

1 | To manage emergencies, set up, equip, train and maintain a convention or exhibition center Crisis Management Team (CMT). This would include a Crisis Management Plan and a properly equipped, designated CMT Crisis Room.

2 | For guidance on requirements for setting up and operating a Crisis Management Team, notably the ongoing assessment of risks, see:

- ISO 22301 Business Continuity
- ISO 31000 Organizational Resilience
- EU CEN/TS 17091 Crisis Management as a Strategic Capability

3 | Have the CMT develop and train on COVID-19 related scenarios starting with the leading health risks identified in risk assessments and audits. Scenarios ought to at least include:

- Detection/report of a suspected infection at the venue (visitor, exhibitor, third party staff, etc.);
- Off-site cases reported among staff or other stakeholders;
- (Media) Reports about an infection that might have occurred at the venue (but is not necessarily true);
- Urgent client requests right before a major event for extra control measures;
- Having to postpone or cancel an event on short notice; and
- Requests from the government for urgent use of the venue for emergency purposes, for instance confiscation of a hall for quarantine, vaccination, or major public health operation support purposes.

Example of good practice: The World Forum Crisis Management team training a virus outbreak scenario in The Hague, the Netherlands.



As part of any exercises, make sure to train the logger(s) as well, as health authorities and other regulatory bodies will usually pay close attention to the steps a crisis team followed when addressing an emergency, notably to see if anything was done in flagrant violation of regulations or health and safety policy. Good, complete logging reduces the risk of authorities questioning the actions of a crisis team afterwards.

4 | Good practice as tested at the World Forum in The Hague, The Netherlands ensures that senior management is directly involved with the team and that as part of the team, the leader has enough autonomy to handle a health-related incident or crisis situation in the absence of availability or time on the part of the senior most venue manager.

5 | Consider use of specialized software to function effectively in a crisis, particularly if you have a large operation involving a lot of third parties/stakeholders. Examples of crisis management notification, reporting, communications, coordinating and task tracking software that management can use include services developed by: Fact24 (F24), Everbridge, Amika, Send Word Now, Evernote, Merlin Software CrisisSuite, Onsolve, and Clearview.

6 | Consider having staff attend crisis management training courses such as those offered by government agencies, public-private organizations and private companies.

7 | For learning and improved connectivity, look for opportunities for staff to attend or observe crisis exercises by local authorities, especially those dealing with an outbreak of disease or COVID-19.

8 | Do not underestimate how long it takes for certain COVID-19 procedures to be completed. This includes questioning and paperwork in preparation for tests, which can take from 15 to 60 minutes per person (this based on actual tests), and waiting for the results of a test, which depending on circumstances, can take from a few hours to a full day before the results are out. Uncertainty is a key factor in managing crises, and the pressure for decision-makers can rapidly mount right in this waiting period (is it or is it not a confirmed case?). Be prepared for long periods of uncertainty in this regard.

Below an example of the kind of form professional first responders generally have to fill out when they prepare to test someone for the virus, this one used by health officials in Ontario, Canada. Finding answers to some of these questions can in and of itself be time-consuming.

| COVID-19 Virus Test Requisition   |  | ALL Sections of this form must be completed at every visit                                       |  |
|---|--|--|--|
| <b>1 - Submitter</b>  |  | <b>2 - Patient Information</b>   |  |
| Name<br>Address<br>City & Province<br>Postal Code   |  | Health Card No.:   | Medical Record No.:                                  |
| Submitter lab no. number (if applicable):   |  | Last Name:   |  |
| Clinician initial / Surname and OHIP / CPSO Number  |  | First Name:  |  |
| Telephone: (###) ###-####   | Fax: (###) ###-####                      | Date of Birth: yyyy / mm / dd  | Sex: <input type="radio"/> M <input type="radio"/> F |
| cc Doctor/Qualified Health Care Provider information  |  | Address:   |  |
| Name:   |  | Postal Code:   | Patient Phone No.:<br>(###) ###-####                 |
| Lab/Clinic Name:  |  | <b>3 - Travel History</b>  |  |
| CPSO Number:  |  | Travel to:   |  |
| Telephone: (###) ###-####   | Fax: (###) ###-####                      | Date of Travel: yyyy / mm / dd   | Date of Return: yyyy / mm / dd                       |
| Address:  |  | Postal Code:   |  |
| <b>5 - Test(s) Requested</b>  |  | <b>4 - Exposure History</b>  |  |
| <b>COVID-19 Virus</b><br>Does this patient meet the provincial definition of person under investigation (PUI)? <input type="radio"/> Yes <input type="radio"/> No |  | Exposure to PUI, probable, or confirmed case? <input type="radio"/> Yes <input type="radio"/> No |  |
| <b>6 - Specimen Type</b> (check all that apply)   |  | Exposure details:  |  |
| Specimen Collection Date: yyyy / mm / dd  |  | Date of return of contact (if travelled): yyyy / mm / dd   |  |
| <b>Mandatory:</b><br><input type="checkbox"/> NPS in UTM<br>and<br><input type="checkbox"/> Throat Swab in UTM  |  | Date of symptom onset of contact: yyyy / mm / dd   |  |
| <b>If possible:</b><br><input type="checkbox"/> BAL<br><input type="checkbox"/> Sputum  |  | <b>8 - Clinical Information</b>  |  |
| <b>7 - Patient Setting</b>  |  | Date of symptom onset: yyyy / mm / dd  |  |
| <input type="checkbox"/> Physician office/clinic  | <input type="checkbox"/> Inpatient (ICU) | <input type="checkbox"/> Fever   |  |
| <input type="checkbox"/> ER (not admitted)  | <input type="checkbox"/> Institution     | Cough  |  |
| <input type="checkbox"/> Inpatient (ward)   |  | Sore Throat  |  |
|   |  | Pneumonia  |  |
|   |  | Other (specify):   |  |
|   |  | <b>9 - Will the Patient Be Hospitalized?</b>   |  |
|   |  | <input type="radio"/> Yes <input type="radio"/> No   |  |

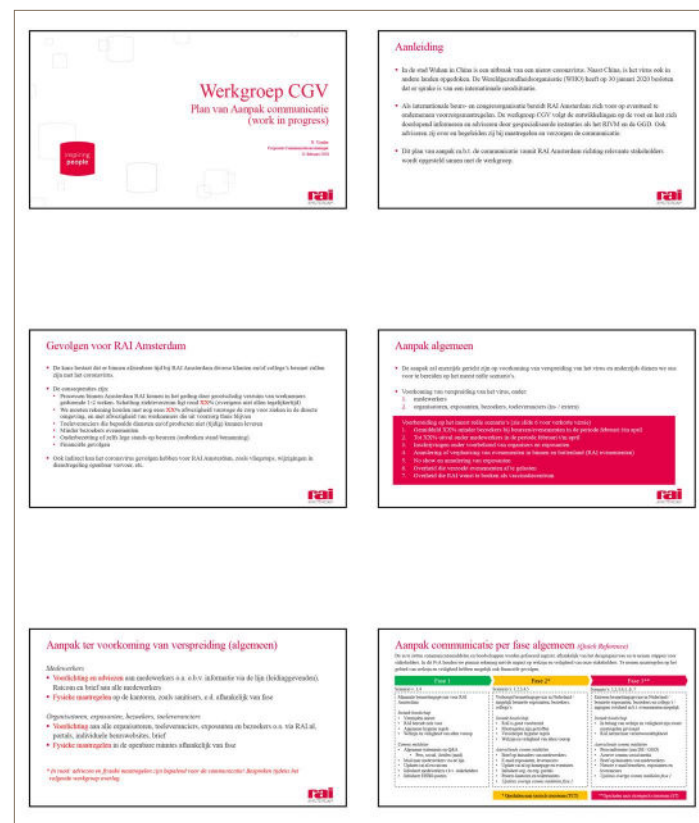


# 4 GOOD PRACTICE: Communications

1 | Good practice experts consider it important that communications planning encompass at least the following main elements of team, plan, means and function:

- Use of a professional Communications Team, intern or external/hired, to spearhead communications efforts;
- Use of a Communications Plan around COVID-19 / the flu / pandemics to provide focus, structure, alignment, coordination and drive to all organizational communication efforts around the issue;
- Use of specified means of internal and communication, all aligned in terms of messaging and languages, to increase the effectiveness of the messaging; and
- Use of a news monitoring function to track any communication that might mention your convention or exhibition centre, other centres, your owner/mother company, or other direct stakeholders in the context of the COVID-19 outbreak.

Example of good practice (pages in Dutch): part of the COVID-19 Task Force Communications Plan of the RAI in Amsterdam, which uses a standard format to synchronize the effort with existing communications plans and capabilities, yet allows for specific issue tailoring while preparing the RAI to manage a wide range of scenario's, rapidly. The plan covers all internal and external communications.



Also see the US CDC pages dedicated to COVID-19 and communication:

<https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>

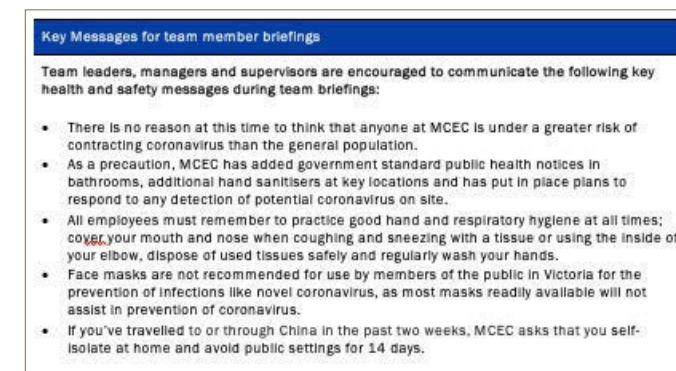
An additional resource is the NHS Scotland coronavirus communications toolkit:

<https://www.cps.scot/media/3139/coronavirus-toolkit-v3-20-february.pdf>

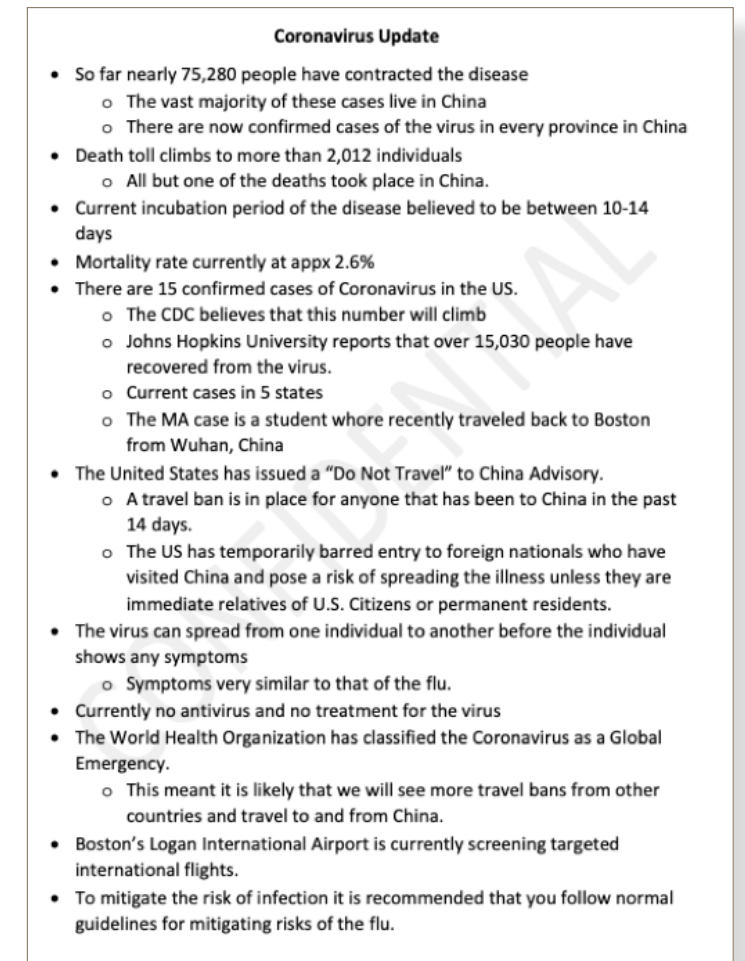
3 | Pre-prepared communications are being advised with regards to the following:

- General statements on policy and guidance to be placed on convention or exhibition centre website;
- General briefers for own staff on new developments, including key points with which they can answer basic questions from members of the public (a “what to say” line on venue preparations, for instance);
- General briefers for customers (often posted online on special pages as part of a convention or exhibition centre’s website, often done in the form of a Frequently Asked Questions or FAQ sheet);
- General letters and briefers for vendors, partners, local communities and other stakeholders on measures being taken;
- Notice informing staff of postponement or cancellation of an event; and
- Ready-to-use, pre-prepared statements on different scenarios for use on social media platforms.

In general, where appropriate, it is considered good practice in communications to express the fact that you as an organization are following developments closely, that you are concerned for the welfare of all who might be effected, that you are engaged with your stakeholders on the matter, and convey basic information on your preparations.



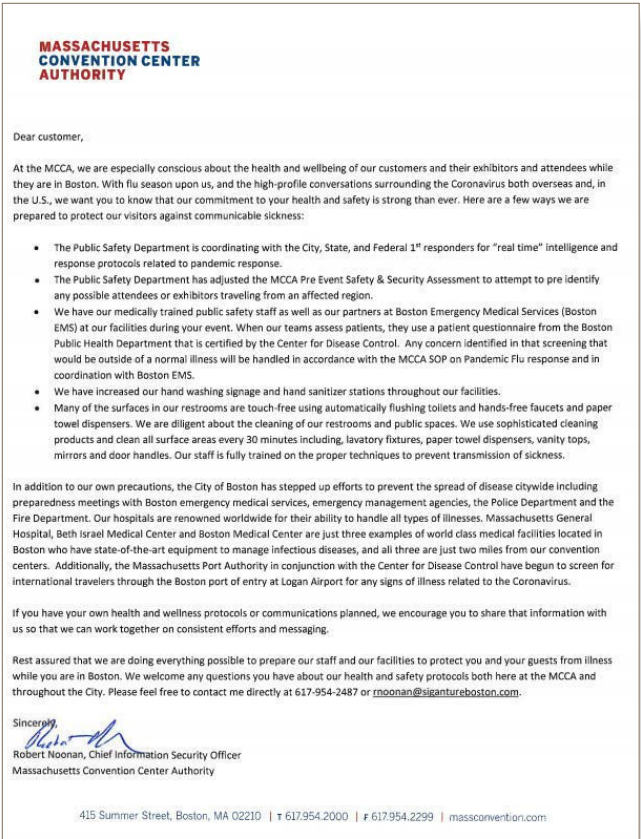
Example of a briefer from a US convention centre to update staff (internal use):



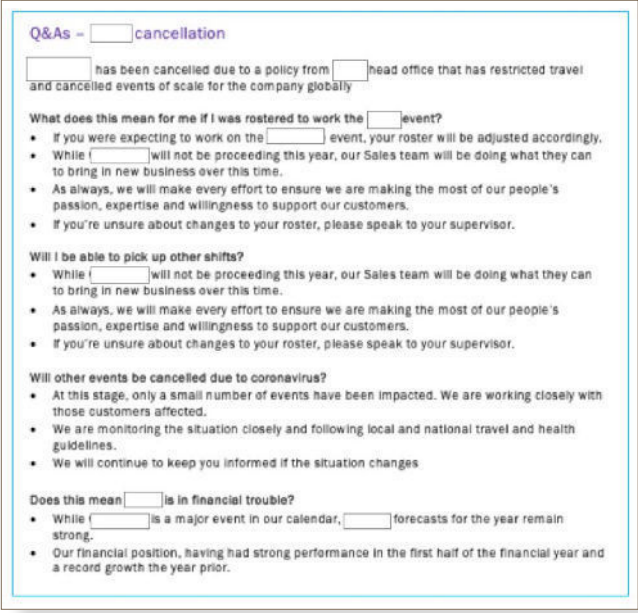
Example of part of a briefer from the Melbourne Convention and Exhibition Center giving senior staff and managers a short brief with talking points that they can relate to junior staff (internal use):

# 5 GOOD PRACTICE: News Monitoring

Example of a letter prepared for customers and other stakeholders by the Massachusetts Convention Center Authority to keep them apprised of all the work being done by the MCCA:



Example of internal communications on cancellation of an event in Asia:



Monitoring the world around you to keep track of disease developments, public opinion, how the industry is being effected, what is being said about the issue and about you in the regular media and on social media, and altogether maintaining situational awareness has proven to have high value, at the strategic as well as the tactical and operational levels. Good practice facilities suggest the following:

1 | Designate someone or some party (office unit, contractor, consultant, PR firm) as the daily news monitor, responsible for checking on news of interest at least several times a day.

Related:

- Designate set times for a news check (i.e. morning, daytime, evening);
- Check on a diversity of platforms (papers, radio, TV) and topics, i.e. general news, COVID-19 specific news, news about your city/area/centre;
- Do not forget to have a means to monitor social media;
- Have a protocol for who should be informed about what;
- Consider using news as input for daily, twice a week or weekly staff briefing;
- Use news as input for internal brief/newsletter for staff and or vendors/partners.

It is important that, in cooperation with the Communications staff, you monitor for news that concerns your own facility, or neighborhood. In some cases, convention and exhibition centres have found themselves the sole focus of major articles without their knowledge, or cooperation, or consent.

Monitoring news about your facility, or the area / city around it specifically, is also one of the checks one can exercise on or against any inaccurate, misleading or other erroneous/‘fake news’ that stands to impact your organization.

2 | The premier global resource being used by convention and exhibition centres and most other business to track COVID-19 news is the combined WHO – Chinese CDC – US CDC – European CDC monitoring website tracking the outbreak on an ongoing basis.



<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

3 | Both a global and a regional monitoring tool, the European CDC is also used as a vital daily resource by various centres.

<https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

4 | Another global monitoring tool some centres use as a cross-check for other services is the privately owned (by Dadax corporation) ‘World-o-meter.’

<https://www.worldometers.info/coronavirus/>

4 | Consider setting up a hotline or special contact number for clients, vendors or other stakeholders to use in case they have questions about COVID-19 plans and preparations.

6 | Consider regular communications to and contact with local authorities, notably emergency services/First Responders, health authorities, and caregiver facilities to keep them well informed about preparations you are taking, and to learn from developments affecting them and their operations.

5 | Consider a proactive mass media communications strategy in which you engage the local or national media to highlight preparations you are taking to mitigate risks at your venue and or events.

An example of a local TV news story prepared in collaboration with a convention centre’s management in the US, high-lighting all the health and safety preparations being taken to protect visitors:

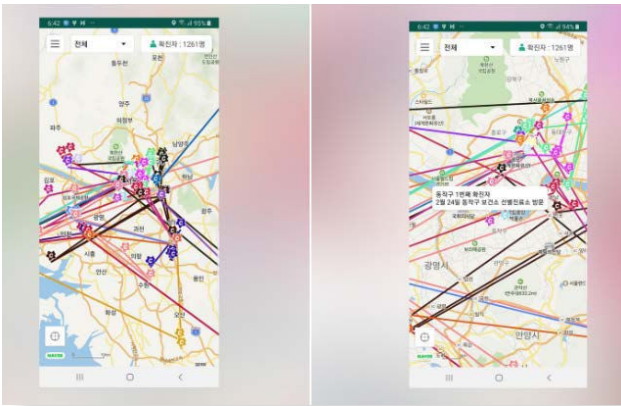




5 | Many convention and exhibition centres track their own nation’s national health agency page: more than four dozen countries’ health authorities are putting out daily updates on COVID-19 developments, from Italy and Singapore and Mexico to the US, Australia and Japan. Many of these now contain great levels of detail, link to other resources, and offer frequent updates on best practices in meeting COVID-19 challenges.



6 | A growing number of Apps are being put on the market to help people track where cases are being reported. These include the Corona 100M App and the Corona Map App. Many Apps are thus far only available in particular countries.



7 | Check if your country has specific health threat conditions or health alert levels at which authorities expect organizations to take certain measures. This both to ensure you are up to date and effective in the measures you take, and to ensure your organization’s compliance with local health safety rules and regulations. Example of the national ‘Disease Outbreak Response System Condition’ format used by the government of Singapore:

| DORSCON ALERT LEVELS<br>(Disease Outbreak Response System Condition) |  |   |   |   |
|--|--|---|---|---|
|  | GREEN  | YELLOW  | ORANGE  | RED   |
| Nature of Disease  | Disease is mild<br>OR<br>Disease is severe but does not spread easily from person to person (e.g. HERS, H7N9)                    | Disease is severe and spreads easily from person to person but is occurring outside Singapore.<br>OR<br>Disease is spreading in Singapore but is (a) Typically mild (i.e. only slightly more severe than seasonal influenza. Could be severe in vulnerable groups (e.g. H7N1 pandemic) OR (b) being contained | Disease is severe AND spreads easily from person to person, but disease has not spread widely in Singapore and is being contained (e.g. SARS experience in Singapore) | Disease is severe AND is spreading widely   |
| Impact on Daily Life   | Minimal disruption e.g. border screening, travel advice  | Minimal disruption e.g. additional measures at border and/or healthcare settings expected, higher work and school absenteeism likely  | Moderate disruption e.g. quarantine, temperature screening, visitor restrictions at hospitals   | Major disruption e.g. school closures, work from home orders, significant number of deaths  |
| Advice to Public   | • Be socially responsible: If you are sick, stay at home<br>• Maintain good personal hygiene<br>• Look out for health advisories | • Be socially responsible: If you are sick, stay at home<br>• Maintain good personal hygiene<br>• Look out for health advisories  | • Be socially responsible: If you are sick, stay at home<br>• Maintain good personal hygiene<br>• Look out for health advisories<br>• Comply with control measures    | • Be socially responsible: If you are sick, stay at home<br>• Maintain good personal hygiene<br>• Look out for health advisories<br>• Comply with control measures<br>• Practice social distancing: avoid crowded areas |

## 6 GOOD PRACTICE: Select Resources

### Key Health & Safety Information Resources

UFI resources on COVID-19  
<https://www.ufi.org/coronavirus>

Joint Meetings Industry Council (JMIC) | page on COVID-19  
<https://www.themeetingsindustry.org/novel-coronavirus/>

Singapore Ministry of Health | resources on COVID-19  
<https://www.moh.gov.sg/covid-19>

World Health Organization (WHO) | main page on COVID-19  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

WHO | guidance on preparing your workplace for COVID-19  
<https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf>

WHO | guidance for staff on how to prevent from getting themselves and others sick  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

British Government | guidance for employers and businesses  
<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19>

US Centers for Disease Control (CDC) | main page on COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

US National Library of Medicine | on COVID-19 testing procedures  
<https://medlineplus.gov/lab-tests/coronavirus-testing/>

National Health Commission of China | updates on COVID-19 developments  
<http://en.nhc.gov.cn/news.html>

### Key Industry Expertise Resources


Select organizations that various AIPC and UFI members consult, belong to or that may otherwise serve as a useful resource for expertise applicable to managing the challenges posed by COVID-19 include:

- ASIS International
  - Disease Outbreak Security resources
  - Fire and Life Safety Council
  - Hospitality, Entertainment and Tourism Security Council
- Association of Event Venues (AEV)
- Business Continuity Institute (BCI)
- European Arena Association (EAA)
- European Major Exhibition Congress Association (EMECA)
- Event Safety Alliance (ESA) (USA – Canada)
- Exhibition and Event Association Australasia (EEAA)
- Exhibition Services & Contractors Association (ECSA) (USA)
- International Association of Exhibitions and Events (IAEE)
- International Association of Venue Managers (IAVM)
- National Arena Association (NAA) (UK)
- National Center for Spectator Sports Safety and Security (NCS4) (USA)
- National Institute of Standards and Technology (NIST) (US)
- Overseas Security Advisory Council (OSAC) (US)
- Risk and Insurance Management Society (RIMS)
- Sports Grounds Safety Authority (UK)
- Venue Management Association (Australia)

# Appendices

## APPENDIX 1 |

Example of Policy Statement in the Form of a Guidance Document  
Posted Online by the Scottish Event Campus (SEC) | Used with Permission



Scottish  
Event  
Campus

## Guidance on Coronavirus (COVID-19)

### Update information

|                   |   |                 |        |
|-------------------|---|-----------------|--------|
| Date              | February 2020   | Revision status | 4      |
| Reason for update | * Countries and specified areas affected by COVID-19 with implications for returning travellers or visitors arriving in the UK. |                 | Page 3 |
|                   | * Situation in Scotland.  |                 | Page 1 |
|                   | * Event Planning - Advice for clients   |                 | Page 2 |
|                   | * Added 'Been to Tenerife?'   |                 | Page 3 |

### Background information

As you know, in January 2020 the World Health Organization declared a public health emergency of international concern, and in response, the UK Chief Medical Officers changed the UK risk level from low to moderate. This permits governments and the health service to escalate planning and preparation in case of a more widespread outbreak. **The risk remains low to the public.**

### The situation in Scotland - Coronavirus (COVID-19)

There is 1 confirmed positive case in Scotland.

### Symptoms

Three main symptoms reported by the World Health Organization (WHO) are:

- Fever, cough or chest tightness, shortness of breath.

### Personal hygiene – "Catch it, Bin it, Kill it"

There are simple steps you can take to slow the spread of almost any germs, including coronavirus (COVID-19):


- Always carry tissues with you and use them to catch your cough or sneeze.
- Bin the tissue.
- To kill germs, wash your hands with soap and water, or use a sanitiser gel.

### What we're doing

The health and safety of our staff, clients, partners and the public are our number one priority. The Health and Safety team are monitoring daily updates and advice issued from the World Health Organization (WHO), UK Government, Scottish Government NHS, and our local authority health resilience teams.

We're taking good care of our own teams and ensuring they're supported where required.

We remain fully open and all events are taking place as normal.



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Campus

### Venue specific controls

#### Public areas

We're displaying official messaging on screens and by posters in all public areas and hand washing facilities and anti-bacterial soap dispensers are available in all staff and public toilets.

#### Cleaning

Our cleaning schedule is robust, and an enhanced schedule has been created to regularly disinfect high volume touch points should the risk level change. Our cleaning team are ready to decontaminate any areas used to prevent the spread of infection.

#### Isolation area

The Medical portacabin reception area is our dedicated isolation room on campus should we need to treat someone presenting with symptoms. Our medical team will take health precautions and inform the emergency services.

#### Partner's and contractor controls

Our catering, cleaning, medical, security partners, and our suppliers who all help our campus and events run smoothly, have robust policies for managing public health risks and like the SEC, they are closely monitoring guidance provided by Government.

### Event planning

The event team are monitoring forthcoming events and communicating with clients in advance of their visit.


#### Clients

"As with all known risks, we need to prepare a risk assessment to confirm we are managing these appropriately, to keep everyone safe. For Coronavirus, we need to do the same.

The World Health Organisation (WHO) has useful guidance on key planning considerations for mass gatherings. While the WHO interpretation of mass gatherings may be on a much larger scale than our events, it contains very useful information that can be applied proportionately to our circumstances over three phases, these are:

- Planning – the period (weeks or months) before the event begins, when operational plans for health and safety services during the event are developed, tested and revised.
- The operational phase – the period after plans are finalised and the delivery of the event services begins, and the
- Post-event phase – the period after the event finishes when participants are returning to their home countries and organisers are reviewing the event delivery and any follow-up actions that are necessary.

It also offers useful points to consider in relation to Coronavirus and steps that can be taken to create an action plan and to help communicate relevant and useful information to those attending events.



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The document can be accessed by clicking on this link.

<https://www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak>

We will of course be very happy to help you with this and provide the appropriate local and SEC specific information to contribute to your assessment and plan.

So we can be aware of your event plans and be placed to support you further, we ask that a copy of your risk assessment and action plan is shared with SEC during the planning stages of your event.

Any additional control measures emerging from this should be discussed at the planning stage with your SEC contact and we will support you to make them happen".

### Recommendations for Travellers


The list of specified countries and areas with implications for travellers or visitors arriving in the UK has been updated and divided into two categories, these are:

| Category 1:  | Category 2:   |
|--|---|
| Travellers should <b>immediately self-isolate</b> , even if they have no signs of symptoms, and call NHS 111 to inform of recent travel. | Travellers <b>do not</b> need to undertake any special measures, but if they develop symptoms, they should self-isolate and call NHS 111. |

The guidance for Italy, Iran, and Daegu or Cheongdo (Republic of Korea) applies to individuals who returned from these specific areas **on or after 19 February 2020.**

| Category 1: countries/ areas                | Category 2: countries/ areas |
|---|------------------------------|
| Wuhan city and Hubei Province (China)       | Cambodia                     |
| Iran  | China*                       |
| Daegu or Cheongdo (Republic of Korea)       | Hong Kong                    |
| Any Italian town under containment measures | North Italy                  |
|   | Japan                        |
|   | Laos                         |
|   | Macau                        |
|   | Malaysia                     |
|   | Myanmar                      |
|   | Republic of Korea*           |
|   | Singapore                    |
|   | Taiwan                       |
|   | Thailand                     |
|   | Vietnam                      |

\*Except areas of the country specifically referred to in Category 1.



Scottish  
Event  
Campus

### Been to the H10 Costa Adeje Palace Hotel in Tenerife?

If you stayed at the H10 Costa Adeje Palace Hotel in Tenerife on or after 17 February and have any symptoms within 14 days of travel, get immediate medical attention by contacting your GP or NHS 24 (phone 111). You should not go to your GP practice in person but should phone for advice from home.

**A link to specified areas with maps is included.**  
<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>

**Further information on travel advice, visit** <https://www.gov.uk/foreign-travel-advice>


We'll update this guide if new advice becomes available, or changes.





# Appendices

## APPENDIX 2 |

Massachusetts Convention Center Authority Pandemic  
Flu SOP Incident Response | Used with Permission

|  |   |
|--|---|
|   | <b>PSM / PSS Standard Operating Procedures<br/>Pandemic Flu Incident Response</b> |
| <p><b>PURPOSE</b><br/>Purpose of this SOP is to detail the response protocol to incidents involving a (pandemic disease, communicable disease, EVD patient) at the Massachusetts Convention Center Authority Facilities.</p> <p><b>Direct Reports</b><br/>MCCA Public Safety Department</p> <p><b>Coordinates With</b><br/>MCCA Executive Staff<br/>Emergency First Responders<br/>Massachusetts Department of Public Health (MDPH)<br/>Boston Public Health Department (BPHD)<br/>BEMS Incident Command</p> <p><b>Pre-Event Actions:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Review and become familiar with the MCCA Concept of Operations, this SOP, as well as other documentation.</li><li><input type="checkbox"/> Attend annual refresher SOP training in order to become and remain familiar with the MCCA Concept of Operations as well as the responsibilities identified in the SOP for this position.</li><li><input type="checkbox"/> Participate in scheduled drills and exercises.</li></ul> <p><b>Initial Actions:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> If an individual (patient) admits them-self to the first aid station, with flu-like symptoms, the Medical Personnel or Public Safety Supervisor will administer the CDC questionnaire:<ul style="list-style-type: none"><li>- If the patient answers "no" to all questions on the CDC questionnaire follow normal influenza procedures.</li></ul></li></ul> <p><b>MCCA Public Safety Department</b></p> |   |

|  |   |
|--|---|
|   | <b>PSM / PSS Standard Operating Procedures<br/>Pandemic Flu Incident Response</b> |
| <p><b>Implementation of Response Actions:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> If the patient answers yes to a high-risk questions on the CDC questionnaire, perform the following:<ul style="list-style-type: none"><li>o Call 911 and Boston Public Health Department to inform them of the medical situation.</li><li>o The Public Safety Supervisor and or Medical Personnel must immediately take extra precautions and on all appropriate PPE.</li><li>o The Public Safety Supervisor and or Medical Personnel must isolate patient and secure the area until arrival of first responders.</li><li>o The Public Safety Supervisor and or Medical Personnel will be responsible for gathering as much information from the patient (when they arrived on site, where they entered, where they went, who are they associated with)</li><li>o All non-essential staff should be removed from the infected area.</li><li>o Set up decontamination site outside nurses station</li></ul></li></ul> <p><b>Monitoring Actions:</b></p> <ul style="list-style-type: none"><li>o Tier 3 Notifications</li><li>o Maintain Communications with and provide all relevant information to Emergency First Responders</li><li>o If applicable, utilize all relevant equipment, technology, and assets available to assist in mitigating further (illness.)</li><li>o Maintain oversight of the Incident through Event Termination, Recovery, and Demobilization and/or until relieved of a higher ranking Medical Official.</li></ul> <p><b>MCCA Public Safety Department</b></p> |   |

|  |   |
|--|---|
|   | <b>PSM / PSS Standard Operating Procedures<br/>Pandemic Flu Incident Response</b> |
| <p><b>1<sup>st</sup> Responder Response &amp; Facility Access Requirements:</b></p> <ul style="list-style-type: none"><li>o Establish a designated staging location for 1<sup>st</sup> responders to arrive at and hold the staging/ingress area (i.e. Summer Street entrance)</li></ul> <p><b>Event Termination, Recovery, and Demobilization Actions:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> <b>If serving as the Incident Commander (IC), perform the following actions:</b><ul style="list-style-type: none"><li>o Prepare a list of all persons that have been exposed to the patient for the Boston Public Health Dept.</li><li>o Conduct formal briefing with Executive Staff as soon as possible after conclusion of event</li><li>o Once cleared to do so by Emergency 1<sup>st</sup> Responders begin cleanup of effected areas</li><li>o Complete After Action Report and submit to the Public Safety Department Chief.</li></ul></li></ul> <p><b>MCCA Public Safety Department</b></p> |   |

# Appendices

APPENDIX 3 |

Singapore Expo Good Practice Digital Screen Posters | Used with Permission

COVID-19 (CORONAVIRUS DISEASE 2019)

LARGE-SCALE  
EVENTS ADVISORY

With the risk assessment at DORSCON Orange, large-scale events that are proceeding as planned are advised by the Singapore Ministry of Health (MOH) to take the necessary precautionary measures.

At Singapore EXPO & MAX Atria, we want to assure the public that your health and safety are our first priority. Together with our event partners, we will adhere to the measures advised by MOH for large-scale events that are taking place as planned at the venue. Some of these include:

Carrying out temperature screening

Looking out for persons with respiratory symptoms such as cough or shortness of breath

Denying entry to individuals who are unwell, have been placed on Stay-Home Notice (SHN) or Leave of Absence (LOA) or have recent travel history to mainland China in the last 14 days

Ensuring that the venue is adequately equipped with facilities for hand washing

Increasing frequency of cleaning of commonly used areas and ensuring that the venue is well-ventilated

Should you be attending an event at Singapore EXPO & MAX Atria, we urge you to be vigilant and exercise the following precautions:

1. AVOID SHAKING HANDS

2. MAINTAIN GOOD HYGIENE

3. SEE DOCTOR IF UNWELL

4. DON'T TOUCH YOUR FACE

5. STAY HOME WHEN REQUIRED

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LET'S ALL DO OUR PART.  
WE WILL GET THROUGH THIS!

Get the facts and latest updates on COVID-19 here.

It's **ORANGE** now but you can

STAY SAFE  
WITH THE **5M's**

Play your part in containing the spread of the 2019 Novel Coronavirus (2019-nCoV) by following the **5M's**.

36.9°C

MANAGE MY HEALTH

By keeping a close watch on my body for symptoms.

MAINTAIN CLEAN HANDS

Through good personal hygiene of regular hand washing with soap and water.

MINIMISE CONTACT

With those who are unwell.

MASK UP WHEN UNWELL

And visit the doctor immediately.

MONITOR THE NEWS

With **moh.gov.sg** and **Gov.sg WhatsApp**.

DORSCON Orange indicates that while the disease is severe and spreads easily from person to person, it has not spread widely and is being contained in Singapore. Be socially responsible. Maintain good personal hygiene. Look out for health advisories. Comply with control measures.

PRACTISE GOOD PERSONAL HYGIENE

The Ministry of Health has introduced additional measures to safeguard public health. Check **www.moh.gov.sg** for the latest updates.

MINISTRY OF HEALTH  
SINGAPORE

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