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.

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 taking already. 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 achieved, and newly developed.

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 centre; 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  
- Michael Hiddendorf | General Manager, World Forum  
- Robert Noonan | Chief Information Security Officer, Boston Convention & Exhibition Center (Massachusetts Convention Authority)  
- Tomas von Tortchaninoff | Head of Unit, Safety & Security, Stockholmsmassan  
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AIPC and UFI management wishes to thank the contributors as well as UFI Managing Director and CEO Kai Hattendorf and UFI Research Manager Christian Druant 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.

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

- POLICY & PLANS  
- PROCEDURES  
- CRISIS MANAGEMENT  
- COMMUNICATIONS  
- MONITORING  
- RESOURCES

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.
A POLICY in its simplest form is a written statement outlining an organization’s position and objective on a particular issue. Convention and exhibition centres, as do many other types of organizations, standard have policies on a range of matters, though many use terms other than the word policy, including guidance, code, scheme, plan, and strategy.

A PLAN is a written document outlining an organization’s steps towards achieving the stated policy objective. It usually encompasses identification of who will lead the effort, who will perform the effort, and what the effort will consist of. In most plans, the who and the what to achieve specific effects are further defined in procedures or protocols.

The basic idea for most organizations is to have a policy, a plan for carrying it out, and a team (or task force or group or unit or crisis management team – they go by many different names) to do it, or at least lead the effort.

A 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

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.

Examples 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.

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.”

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 “Getting the workplace ready for COVID-19.”

US CDC “Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019.”

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

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.

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
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.
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 thermal camera 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:

- Check to ensure you do not have staff working at the ready for after the person in question has left.
- Have a room decontamination/cleaning protocol for after the person in question has left.
- 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:
- US Occupational Safety and Health Administration (OSHA) guidance on COVID-19: Control and Prevention, esp. the section on “Identify and Isolate Suspected Cases.”

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

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 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.

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.
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.

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

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

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.

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 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.”

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:

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.”
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 add up time-consuming.

<table>
<thead>
<tr>
<th>COVID-19 Virus Test Requisition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 - Submitter</strong></td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>City &amp; Province</td>
</tr>
<tr>
<td>Postal Code</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Fax</td>
</tr>
<tr>
<td>Lab/Clinic Name</td>
</tr>
<tr>
<td>Lab/Clinic Address</td>
</tr>
<tr>
<td>Specimen Number</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Fax</td>
</tr>
<tr>
<td>3 - Travel History</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Label/Type of Specimen</td>
</tr>
<tr>
<td>Patient Phone Number</td>
</tr>
<tr>
<td>NPI</td>
</tr>
<tr>
<td>CPT Code</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Date of Return</td>
</tr>
<tr>
<td>Date of return of contact</td>
</tr>
<tr>
<td>Date of symptom onset of contact</td>
</tr>
<tr>
<td>5 - Test(s) Requested</td>
</tr>
<tr>
<td>COVID-19 Virus</td>
</tr>
<tr>
<td>Does this patient meet the provincial definition of person under investigation (PUI)?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>6 - Specimen Type (must be intact)</td>
</tr>
<tr>
<td>NPI in UTM</td>
</tr>
<tr>
<td>Red Cell Count</td>
</tr>
<tr>
<td>White Cell Count</td>
</tr>
<tr>
<td>7 - Patient Setting</td>
</tr>
<tr>
<td>Physician/Admit</td>
</tr>
<tr>
<td>OR (if admitted)</td>
</tr>
<tr>
<td>ICU</td>
</tr>
<tr>
<td>Other (Specify)</td>
</tr>
<tr>
<td>9 - Will the Patient Be Hospitalized?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>
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.

2 | A key resource used by a number of facilities to assist them in drawing up their communication plans are the special pages dedicated to this in WHO and US CDC documentation. See section 4.1 on Risk Communications of the WHO “Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak – interim guidance.”

An additional resource is the NHS Scotland coronavirus communications toolkit:

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.

GOOD PRACTICE: Communications

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

Coronavirus Update
• So far nearly 7,200 people have contracted the disease:
  • The vast majority of these cases live in China
  • There are now confirmed cases of the virus in every province in China
  • Death toll climbs to more than 2,002 individuals
  • All but one of the deaths took place in China.
• Current incubation period of the disease believed to be between 10-14 days
• Mortality rate currently at 2.6%
• There are 13 confirmed cases of Coronavirus in the US:
  • The CDC believes that this number will climb
  • Johns Hopkins University reports that over 15,000 people have recovered from the virus.
• Current cases in 3 states
  • The MA case is a student who recently traveled back to Boston from Wuhan, China
• The United States has issued a “Do Not Travel” to China Advisory.
• A travel ban is in place for anyone that has been to China in the past 14 days.
• The US has temporarily barred entry to foreign nationals who have visited China and place a risk of spreading the illness unless they are immediate relatives of U.S. Citizens or permanent residents.
• The virus can spread from one individual to another before the individual shows any symptoms
  • Symptoms very similar to that of the flu
• Currently no antivirals and no cure for the virus
• The World Health Organization has classified the Coronavirus as a Global Emergency.
• This means it is likely that we will see more travel bans from other countries and travel to and from China.
• Boston’s Logan International Airport is currently screening incoming international flights.
• To mitigate the risk of infection it is recommended that you follow normal guidelines for mitigating risks of the flu.

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):

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):
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.

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

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/
| 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:

### Good Practice: Select Resources

#### Key Health & Safety Information Resources

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

#### 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
- European Arena Association (EAA)
  - European Major Exhibition Congress Association (EMECA)
- Association of Event Venues (AEV)
- Business Continuity Institute (BCI)
- 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

Guidance on Coronavirus (COVID-19)

Update information

Background information

For more information on how SEC (Scottish Event Campus) has been operating its policy statements, please visit their website (https://www.secvenus.com). The Scottish Event Campus has been a leader in implementing COVID-19 safety measures at their events and conventions, providing a safe and healthy environment for attendees.

The situation in Scotland - Coronavirus (COVID-19)

There is a critical need for proper hygiene and safety measures to be implemented. The Scottish Event Campus has been at the forefront of implementing these measures to ensure the safety of attendees.

Symptoms

The symptoms that are currently affecting Scotland include:

- Fever
- Fatigue
- Dry cough
- Nasal congestion
- Sore throat
- Runny nose
- Muscle pain
- Headache
- New loss of taste or smell

What we’re doing

The Scottish Event Campus has been implementing a range of measures to ensure the safety and health of attendees. This includes:

- Staff training on hygiene and safety
- Enhanced cleaning and disinfection protocols
- Social distancing measures
- Reduced capacity for events
- Use of face masks

Venue specific controls

Public areas

We are displaying official messaging on screens and posters in public areas and hand sanitising stations and alcohol-based hand sanitisers are available throughout public areas.

Cleaning

Our cleaning schedule is retained, and an enhanced schedule has been created to regularly sanitise high traffic touch points as they risk being touched. Our cleaning teams are ready to decontaminate any areas used to prevent the spread of infection.

Installation

The Scottish Event Campus has been at the forefront of implementing these measures to ensure the safety of attendees.

Recommendations for Travellers

The list of specified countries and areas with implications for travellers varies from time to time. The SEC has been updated and distributed in two categories, these are:

Category 1:

- Transfers should be immediately self-tested.
- Even if they have no signs of symptoms, and
- (Category 3) is to refuse entry to the country.

Category 2:

- The conditions in the individual countries/areas are not enough to be categorised under this category.

The SEC has been at the forefront of implementing these measures to ensure the safety of attendees.

APPENDIX 1 Example of Policy Statement in the Form of a Guidance Document

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APPENDIX 2

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

PURPOSE
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.

Direct Reports
MCCA Public Safety Department

Coordinates With
MCCA Executive Staff
Emergency First Responders
Massachusetts Department of Public Health (MDPH)
Boston Public Health Department (BPHD)
BEMS Incident Command

Pre-Event Actions:
- Review and become familiar with the MCCA Concept of Operations, this SOP, as well as other documentation.
- 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.
- Participate in scheduled drills and exercises.

Initial Actions:
- If an individual (patient) admits themselves to the first aid station, with flu-like symptoms, the Medical Personnel or Public Safety Supervisor will administer the CDC questionnaire:
  - If the patient answers “no” to all questions on the CDC questionnaire, follow normal influenza procedures.
  - If the patient answers yes to a high-risk question on the CDC questionnaire, perform the following:
    - Call 911 and Boston Public Health Department to inform them of the medical situation.
    - The Public Safety Supervisor and/or Medical Personnel must immediately take extra precautions and don all appropriate PPE.
    - The Public Safety Supervisor and/or Medical Personnel must isolate patient and secure the area until arrival of first responders.
    - The Public Safety Supervisor and/or Medical Personnel will be responsible for gathering as much information from the patient (day they arrived, who they were associated with) as possible while they were on site.
    - All non-essential staff should be removed from the infected area.
    - Set-up decontamination site outside nurses station.

Monitoring Actions:
- Tier 3 Notifications
- Maintain Communications with and provide all relevant information to Emergency First Responders
- If applicable, utilize all relevant equipment, technology, and assets available to assist in mitigating further (illness.
- Maintain oversight of the Incident through Event Termination, Recovery, and Demobilization and/or until relieved of a higher ranking Medical Officer.

1st Responder Response & Facility Access Requirements:
- Establish a designated staging location for 1st responders to arrive at and hold the staging area temporarily.

Event Termination, Recovery, and Demobilization Actions:
- If serving as the Incident Commander (IC), perform the following actions:
  - Prepare a list of all persons that have been exposed to the patient for the Boston Public Health Dept.
  - Conduct formal briefing with Executive Staff as soon as possible after conclusion of event
  - Once cleared to do so by Emergency 1st Responders begin cleanup of affected areas
  - Complete After Action Report and submit to the Public Safety Department Chief.
Appendices

APPENDIX 3

Singapore Expo Good Practice Digital Screen Posters | Used with Permission