Event Template: COVID-19 Control Plan

This COVID-19 Control Plan Event Template is designed to address common issues for events and other venues of assembly to reduce the risk of spreading COVID-19. An establishment may fill out this template to fulfill the requirement that it complete a COVID-19 Control Plan. If you have questions, please ask them by emailing: planquestions@reopeningri.com. Any venue of assembly, event, or activity with a designated start/end time or times (or having limited duration) must not exceed 125 people for indoor settings and 150 people for outdoor settings. Municipalities or State agencies may request to review and/or approve plans for venues of assembly, events, or activities subject to the 125- or 150-person cap with capacities greater than 100 people as part of local or State agency approval processes. Please note that social gatherings (e.g. parties, receptions, networking events) are limited to no more than 10 people whether indoors or outdoors. An exception is social gatherings in restaurants or where licensed caterers follow the restaurant guidelines, in which case they may not exceed 25 people indoors or 75 people outdoors.

Event Information

| Name of Event: | Date & Time of Event: | | |
|--|--|--|--|
| Event Organizer/Manager: | Venue/Location: | | |
| Venue/Location Address: | Venue/Location Owner/Manager: | | |
| Venue/Location Email: | Venue/Location Phone: | | |
| Event Organizer: | Event Organizer Contact Name: | | |
| Event Organizer Email: | Event Organizer Contact Phone: | | |
| Event description: | | | |
| | | | |
| Expected number of people attending: | | | |
| What setting-specific guidance(s) apply to at www.reopeningri.com) | this event (and do you plan to follow)? (All guidance can be found | | |
| Outdoor Retail | | | |
| Retail | | | |
| Restaurants (e.g. for food and bev | verage operations) | | |
| Recreational, Historical, Cultural, | and Entertainment Establishments | | |
| Youth and Adult Sports (e.g. for to | Youth and Adult Sports (e.g. for tournaments) | | |
| Other (please specify): | | | |
| | roviders. Which staff, volunteers, vendors, service providers, or panies, staffing agencies, etc)? | | |
| | | | |

What measures will the event undertake to ensure vendors and third-parties follow applicable guidelines?

Included requirements in vendor and other third-party contracts that their staff will follow COVID-19 guidelines and regulations.





| | Reviewed COVID-19 Control Plans of Vendors a | nd other third-parties (e.g. service providers). | |
|---------|--|--|----|
| | Restricted access to deliveries and other staff. | | |
| | Other: | | |
| | | | |
| Event I | Мар | | |
| Please | attach a map of your event area and label the fo | ollowing: | |
| 1. | Entrances and exits | 7. Vendors | |
| 2. | High-traffic areas | 8. Food/beverage/restaurant areas | |
| 3. | Lines/queues | 9. Seating areas | |
| 4. | Handwashing and hand sanitizer stations | 10. Performance or entertainment area | IS |
| 5. | Buildings | 11. Restrooms | |
| 6. | Tents | 12. Potential bottlenecks | |

Physical distancing and organizing personnel and event/venue layout

Please explain the venue/area where your event will occur. For large or complex venues/event layouts, please note individual spaces within the venue/area (if applicable). Please use the table below to list each space within the venue/area, its size, its capacity limit, and the number of attendees expected. Capacity limits can be calculated using 1 person per 100 square feet for unstructured settings or areas of general circulation. Capacity of seated or structured areas is determined by the ability to maintain six-foot spacing between parties (or up to 50% of normal seating capacity, if applicable). Please note that the six-foot distancing requirement may be more restrictive than the 50% rule; the six-foot spacing requirement therefore should be considered first as you begin planning for reopening.

| Brief Description of Space within the Overall Venue/Area (e.g. ballroom A) | Indoor/Outdoor Space | Size of Space (e.g. in square feet) | Capacity of Space (in compliance with COVID- 19 guidelines) | Number of Attendees Expected |
|--|-------------------------|---|--|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

Entrance process, capacity and crowd control

Please use the checklist below to explain how you will ensure that the above capacity limits are maintained and the processes you will use for maintaining physical distance while entering the event area. Examples of best practices include issuing timed tickets or reservations, allowing entrance in shifts, and maintaining physically distanced lines.

| | Designate staff to monitor for capacity at key spaces (e.g. entrances and exits) |
|---|--|
| | Modify advertising practices (e.g. limiting advertising); Requiring reservations in advance |
| | Issue tickets for designated time blocks |
|] | Implement measures (e.g. signage and 6-foot physical distancing demarcations) to allow queues to form outside of entrance(s) |
| | Conduct event rehearsal/walk-through to identify unanticipated bottlenecks or high-traffic areas |





Modify hours as follows:

| | | Other: |
|-----|-----|--|
| | | |
| Ens | sur | ing physical distancing |
| way | cu | indicate and describe below how the event will facilitate physical distancing (e.g. six-foot spacing, one stomer flows, signage, designated staff) among event attendees, including in high traffic areas (e.g. ce and exit points, lines for vendors). |
| | | Designate staff to monitor for physical distancing at key spaces (e.g. lines, identified bottlenecks |
| | | Designate one-way customer flows |
| | _ | Designate six-foot distancing (e.g. using signs, stanchions, chalk, tape, or other means) in queues and other spaces where distancing will be hard to maintain. |
| | _ | Allow for additional space |
| | | Move or rearrange furniture or stations |
| |] | Please provide additional details here: |
| Mir | nim | nizing access by COVID-19-positive or symptomatic individuals |
| | | Communicate with employees, volunteers, vendors, service providers, and attendees about the need to stay home if they test positive for, have been exposed to, or have symptoms of COVID-19. (Please retain a copy of this communication or communications.) |
| | | Established screenings can be conducted verbally, by app, by phone, or by another method of the venue or organizer's choosing including, if necessary, the posting of an informational poster that communicates the screening requirements. Describe your screening process and the communications that have been or will be issued instructing them to stay home if they test positive for, have been exposed to, or have symptoms of COVID-19: |
| | ı | Supplement screening questions with temperature checks (optional). |
| | | |
| | _ | Implement other procedures. Please describe them here (and attach extra pages if needed): |

Face masks and coverings

To ensure compliance with face covering requirements, you have (check the boxes to certify):

- $\hfill\Box$ Inform event staff, volunteers, vendors, and attendees of the requirement to wear face masks or cloth face coverings.
- Procured cloth masks (or surgical masks) for all employees and volunteers.





| _ | Distribute cloth face masks (or procedure masks) to all employees (including volunteers) who need one at no cost and have a plan to distribute additional face masks as the need arises (e.g. in the event of loss or damage). |
|--------|--|
| J | Establish a protocol or process for requiring mask wearing among event staff, volunteers, and attendees: |
| J | Implement other procedures. Please describe them here (and attach extra pages if needed): |
| Prepa | aring for and responding to a positive case or outbreak |
| To ens | sure proper management of a positive COVID-19 case or outbreak, you have (check the boxes to |
| J | Developed a plan to retain contact information (name, phone number, time onsite) of employees, volunteers, third-parties, vendors, and attendees for the purposes of contact tracing |
| _ | Agreed to call the Rhode Island Department of Health (RIDOH) immediately upon being informed of positive case among your employees, volunteers, third-parties, vendors, or attendees at 401-222-8022, or 211 after hours, so they can assist in contact tracing and provide further instruction. |
| J | Developed a COVID-19 sick policy and communicated it to employees, volunteers, third-parties, vendors, and attendees. (Please retain a copy of this communication or communications.) |
| J | Assigned a minimum of one representative to work with RIDOH on testing, contact tracing, case investigation, isolation and quarantine, and any other follow-up related to outbreak containment. Please identify that representative here and update this information on this form if it changes: |
| J | Planned to minimize/isolate the number of people interacting with one another at the event in orde to reduce the number of people who would be required to quarantine in the event of a positive case. |
| | Created timed shifts where employees, volunteers, third-parties, vendors, and attendees do not overlap |
| | Segregated employees, volunteers, third-parties, vendors, and attendees into "pods" by space/zone or shift to reduce the number of people who interact with one another. |
| | Please provide additional details here: |
| J | Prepared your company to respond to a positive case or outbreak in the workplace by, for example: |
| | Review the general business guidelines with personnel and agreeing to call RIDOH in the case of an outbreak or positive case. |





| | | Ensure sick policies accommodate any required quarantine/isolation of the personnel "team" or "pod" in which a positive case is located. |
|--------|--------------------|--|
| |] | Close a portion or entirety of the workspace for a thorough cleaning. |
| | J | Describe your plan for identifying and managing employees, volunteers, third-parties, vendors, and attendees, including those in a "team" or "pod," if or when someone tests positive for COVID-19 (and attach extra pages if needed): |
| | J | Implement other procedures (attach extra pages if needed): |
| | | |
| Hand | washin | ng and Hand Sanitizer |
| To ens | ure prop | per cleaning and decontamination of the workspace, you have (check the boxes to certify): |
| J | throug | cted workers to wash their hands for at least 20 seconds with soap and water frequently hout the day, but especially at the beginning and end of their shift, prior to any mealtimes, leaning, after removing gloves (where applicable), and after using the restroom. |
| J | vendoi alcoho | hand-washing facilities with soap and running water available to employees, volunteers, rs, attendees, visitors, or customers, or will be providing hand sanitizer (with at least 60% of content) that can be used for hand hygiene in place of soap and water. (Sanitizer is an option hands are not visibly soiled.) |
| J | Develo neede | oped procedures for monitoring the supply of soap and/or hand sanitizer and replenishing it as d. |
| Clean | ing an | d decontamination |
| To ens | ure prop | per cleaning and decontamination of the workspace, you have (check the boxes to certify): |
| J | Made | a plan to sanitize commonly touched surfaces and areas frequently. |
| | - | red of vendors (e.g. in their contracts) and other third parties to sanitize all high-touch surfaces hared objects frequently. |
| J | addition Prever | a plan for or arranged for cleaning of the establishment/venue at least once per day. In on, made a plan to comply with RIDOH regulations and Centers for Disease Control and attion (CDC) guidelines. Please describe your plan for such cleaning here (and attach extra if needed): |
| | | |
| J | | nented new procedures to ensure cleaning and disinfecting of work surfaces, including nent, tools and machinery, delivery vehicles and areas in the work environment, including |
| | restro | oms, break rooms, lunch rooms, meeting rooms, and drop-off and pick-up locations in |





| | compliance with CDC guidelines. Please describe your procedures here (and attach extra pages if needed): |
|--------|---|
| J | Implemented other procedures. Please describe them here (and attach extra pages if needed): |
| Comr | nunication with employees, volunteers, attendees, and vendors |
| | ke sure you, your employees, and other participants have a shared understanding of how to operate Rhode Island's phased reopening, you have (check the boxes to certify): |
| J | Shared information with your employees, volunteers, attendees, vendors, and other third parties to remind them of the requirement to stay home if they are sick and inform them of sick-time policies. |
| J | Posted signs or posters describing the rules for wearing of masks, physical distancing of six feet between parties, and specifying, at the entrance of facilities, that sick individuals should stayhome. |
| _ | Determined the steps you will take upon learning of an employee, volunteer, attendee, vendor, or other third party who has tested positive for COVID-19, including how you will work with RIDOH to identify which individuals will need to be quarantined and how you will communicate this information to other employees, volunteers, attendees, or vendors while respecting health privacy laws. |
| J | Communicated this information to employees, volunteers, attendees, vendors, and other third parties in their preferred language or easiest mode of communication. (Please retain a copy of this communication or communications.) |
| J | Discussed with or distributed information to employees and other participants about how the company will address employee concerns. (Please retain a copy of this communication or communications.) |
| J | Implemented other procedures. (Please describe them.) |
| Stayir | ng up to date on guidance |
| | sure that you stay up to date on the guidance that is being issued by the State both in general and ling events, venues, or related business settings, you will (check the boxes to certify): |
| J | Consult http://www.reopeningri.com/ , the RIDOH website, and Governor's Executive Orders on a weekly basis or whenever notified of the availability of new guidance. |
| | Stay in touch with industry association(s) or chamber(s) of commerce regarding your industry's |

guidance or pledge pertaining to business operations. Please fill in the name of at least one industry

If you have questions regarding your local industry associations or chambers of commerce, please

association or regional RI chamber of commerce:





email: planquestions@reopeningri.com.