

September 2021

# COVID 19 GUIDELINES FOR EVENT ORGANISERS AND VENUE MANAGEMENT FOR A RETURN TO PUBLIC EVENTS



Coronavirus  
**COVID-19**



**An Roinn Turasóireachta, Cultúir,  
Ealaíon, Gaeltachta, Spóirt agus Meán**  
Department of Tourism, Culture,  
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**Rialtas na hÉireann**  
Government of Ireland



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## DISCLAIMER:

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All Event and Venue Management are expected to have implemented the guidance outlined in the Work Safely Protocol for Employers and Workers at their Events.

The information contained within this document is based on the Government guidance available at the time of writing.

This information is subject to change as new information on the COVID-19 virus emerges. Those using this guideline should verify the recommendations based on the most up-to-date information provided by the Government of Ireland, National Public Health and Emergency Team (NPHE) and the Health Service Executive (HSE).

## WITH THANKS

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*COVID-19 Resilience and Recovery 2021 - The Path Ahead* plan set out the Government's objectives for the full recovery of social life, public services and the economy. The plan committed to the development of sectoral guidance for very large purpose-built event facilities, for example: stadia, auditoriums, conference or event centres. To progress this guidance the Minister established the Live Entertainment Working Group in order to facilitate stakeholder consultation and develop COVID-19 Guidelines for the Live Entertainment sector. The Group included stakeholders from across the live entertainment sector as well as those with appropriate technical knowledge in the planning, management and delivery of events. The Group was tasked with developing overarching Covid-19 sectoral guidance for large venues in the Live Entertainment sector. Membership of the Group is set out below.

### **Representative Body**

Live Venue Collective  
Large Venue Association  
Event Industry Association of Ireland  
Arts Council  
Venue Operators Forum  
EPIC  
Event Industry Alliance  
Department of Housing, Local Government and Heritage  
City and County Managers Association  
Theatre Forum  
Independent Producers Forum  
Fáilte Ireland  
Eamon O'Boyle and Associates



# 1 INTRODUCTION

## 1.1 OBJECTIVES OF THE GUIDANCE

The Government's '*Reframing the challenge Continuing our Recovery and Reconnecting*' published in August 2021 outlines the shift in public health management of COVID-19 in Ireland as it transitions from a focus on regulation and population wide restrictions to an emphasis on public health advice and personal judgement and personal protective behaviours.

It entails a change from protection at the population level through regulations and restrictions to protection at a personal level, each of us taking simple measures to protect ourselves and others, such as staying home and self-isolating when symptomatic, observing good respiratory and hand hygiene, and wearing a face covering (to protect others from your respiratory droplets and aerosols) in crowded and congregated settings.

In other words, if it is not possible to eliminate COVID-19 completely, we need to move to manage COVID-19 in a more "mainstream" way rather than as an exceptional threat requiring society-defining interventions and action which are increasingly burdensome and scarring on both our economy, society, health and well-being. We must manage the burden of COVID-19 on the basis that it will likely continue to be constantly present into the foreseeable future.

As a result of this and based on the recent public health advice and the rates of uptake being achieved by the Vaccination Programme, Government have agreed that the transition to the future state of managing COVID-19 should begin in September with a view to achieving this significant shift in approach in October.

This document intends to provide guidance for reopening of events and event venues in a safe and controlled manner, to reduce the spread of the Coronavirus and provide a roadmap for reopening to full capacity when restrictions allow by setting out key principles and measures to be in-situ in both temporary and permanent purpose-built event venues.

The document outlines various policies and procedures which can be incorporated into all stages of the planning process of event and venue operations and procedures. The main objective is to create an environment where the risk of virus transmission is reduced to an acceptable or tolerable level while providing an enjoyable experience for patrons and delivering a successful event. The policies and procedures outlined in this document should be integrated into event management processes of the event.

The measures outlined in this document are intended to assist organisers by:

- Limiting the possibility of a COVID-19 outbreak due to event operations through Infection Prevention and Control measures;
- Ensuring business continuity through resource planning and avoiding loss of key personnel due to illness or being identified as close contacts while at work; and
- Safeguarding against reputational damage through implementation of these measures.

**NOTE: Not all elements contained in this guidance document will be relevant for each venue or event, so it is important to tailor the information to individual needs.**



## 1.2 SCOPE OF THE GUIDANCE

Guidelines are offered to event organisers and venue managers in the live entertainment and events sector, to assist with mitigation whilst COVID-19 is still circulating in our communities. The live entertainment sector is diverse and is managed by a range of organisations. They range in scale and content and vary from one-off single events to more complex multifaceted programmes taking place both indoors and outdoors in permanent and temporary venues. This guidance is therefore scalable and can apply to a range of operational models. Nevertheless, as each event is different, it is for individual event organisers to work with their relevant stakeholders to determine how best to apply this guidance in particular circumstances. Not all elements contained in this guidance will be relevant for each event, so it is important to tailor the information to individual needs.

For the purpose of these guidelines an event organiser in relation to an event in a place other than a dwelling is any person who;

- engages in the publicising, arranging, organising or managing of the event, or
- receives some or all of the proceeds (if any), from the event;”

This can include event promoters, venue management and event management teams. When applying these guidelines event organisers should consider the division of responsibilities with relevant stakeholders to ensure appropriate measures are in place. It is at the discretion of the event organiser and/or venue management to determine suitable arrangements to deliver COVID safe event(s).

These guidelines address events presented in ‘Controlled Environments’. Events and venues, following particular conditions can be considered Controlled Environments and offer the potential to manage interactions and therefore limit risks of transmission associated with COVID-19 and crowded environments. Controlled Environments are ones where the number of people and the ways that they interact can be actively managed. Businesses/services such as museums, cinemas, theatres and art galleries are deemed to be controlled environments when appropriate protective measures in place such as physical distancing between people.

These guidelines are not aimed at mass participation events, trade fairs and conferences, weddings, parades and pageants, sporting fixtures and competitions, or events in private homes. However, content contained herein may be helpful in assisting in the delivery of events in these contexts. Organisers should consult guidance which has been developed specifically for these settings such as:

- [Failte Ireland Business Conference and Business Event Venues](#)
- [Theatre Forum Reopening Forum](#)
- [Reopening of Sports Grounds](#)
- [Failte Ireland Hotels and Guesthouses](#)

## 1.3 REGULATIONS & RELEVANT GUIDELINES

The guidelines should be read in conjunction with the following documents:

- *Code of Practice for Safety at Indoor Concerts, Department of the Environment, 1998*
- *Code of Practice for Safety at Outdoor Pop Concerts, Department of the Education, 1996*
- *Code of Practice for Safety at Sports Grounds, Department of Education, 1996*
- *Health and Safety at Work (Construction) Regulations 2013*
- *Fire Services Act 1981 and 2003*
- [Health Act 1947 \(Section 31A - Temporary Restrictions\) \(Covid-19\) \(No. 2\) Regulations 2021](#)



- [\*Resilience and Recovery 2021 The Path Ahead\*](#)
- *Safety, Health and Welfare at work Act 2005*
- *Safety, Health and Welfare at work General Application Regulations 2007 – 2016*
- [\*Work Safely Protocol\*](#)



## 2 PHASED REOPENING

### 2.1 AS OF 6<sup>TH</sup> SEPTEMBER 2021

The government has agreed Ireland's plan for the next and final phase of our response to the COVID-19 pandemic COVID-19: Reframing the Challenge, Continuing Our Recovery and Reconnecting. Subject to the continuation of progress on the vaccination rollout, we will enter a final phase on 22 October, which is likely to last until at least next Spring. In advance of mid-October, it is proposed that organised indoor and outdoor events (concerts, shows, fairs, exhibitions, etc.) can take place with capacity limits depending on the venue and vaccinated status of patrons, in line with sectoral guidance, as follows:

From 6 <sup>th</sup> September 2021		
	Vaccinated/Recovered People and Accompanying Minors	Mixed Groups of Vaccinated/Recovered and Unvaccinated People
<b>Indoor</b>	Up to 60% capacity with appropriate protective measures	No change <sup>1</sup>
<b>Outdoor</b>	Up to 75% capacity with appropriate protective measures	Up to 50% (subject to appropriate protective measures including social distancing between groups, face masks etc.)

**Explanatory Notes:**

- Indoor Events/Mass Gatherings includes Conferences, Trade Fairs and Exhibitions & large-scale business events involving external audiences, Cinemas, Theatres, and Bingo venues. They also include live entertainment, music, drama and sporting events where the audience should be fully seated. Specific arrangements in respect of cinema and theatre attendance for mixed patrons will continue to apply i.e. up to 50 people with appropriate social distancing.
- For **indoor** live music, drama, live entertainment and sporting events audience/spectators should be fully seated.
- Easing of capacity limit restrictions does not apply to large privately organised social events. Specific arrangements in respect of Weddings continue to apply (i.e. up to 100 guests can attend a wedding).
- Capacities for indoor live entertainment, music, drama and sporting events should be calculated having regard to the venue's total seating capacity including temporary seating, as appropriate.
- Capacities for outdoor live entertainment, music, drama and sporting events should be calculated having regard to the venue's total viewing capacity.
- No further changes are proposed to the current arrangements in respect of the hospitality sector until the final transition point is reached. However, live music in these settings and at weddings may commence having regard to appropriate protective factors including social distancing, ventilation and volume levels. Arrangements must have regard to the risk of shouting, singing and loud noise all of which have been shown to significantly aid the spread of the Covid-19 disease.
- In line with arrangements for the hospitality sector, children under 18 who are accompanying adults in these venues are **not** required to be vaccinated or recovered in order to attend live events.
- In all sectors, organisers should demonstrate full understanding of and adherence to best practice protective measures which should continue to apply, within these capacity limits and have COVID plans for events.

Event organisers and operators should refer to gov.ie for more details on the public health measures in place in September.



## 2.2 REMOVAL OF RESTRICTIONS FROM 22<sup>ND</sup> OCTOBER 2021

While those who have not been fully vaccinated should avoid or exercise very high levels of caution in high-risk environments, the following measures will be removed;

- Formal requirements/mandates for physical distancing;
- Formal requirements/mandates for mask wearing outdoors and in indoor private settings;
- Limits on numbers that can meet in private homes/gardens;
- Limits on numbers at outdoor events and engaging in sporting activities outdoors;
- Restrictions on indoor sports activities and other indoor leisure/community activities;
- Restrictions on religious or civil ceremonies;
- Certification of immunity or testing as a prerequisite for access to, or engagement in, any activities or events (with exception of international travel);
- Restrictions on high-risk activities (i.e. nightclubs);
- Requirement to work from home allowing a return to physical attendance in workplaces on a phased and cautious basis appropriate to each sector.

## 2.3 SUMMARY OF PROTECTIVE MEASURES

The below tables provide a brief outline of protective measures to be implemented during the initial reopening. These measures are further detailed in the Appendices.

	Indoors
<b>Permitted Capacity</b>	Up to 60% capacity with appropriate protective measures
<b>Measures</b>	<ul style="list-style-type: none"> <li>• Vaccinated/ Recovered patrons</li> <li>• Fully seated only</li> <li>• Physical distancing maximised as far as is reasonably practicable</li> <li>• Counter service permitted for food and beverage</li> <li>• Food and beverage to be consumed seated</li> <li>• Mask wearing required for workers and attendees indoors, apart from when consuming food/drink when seated</li> <li>• Enhanced cleaning</li> <li>• Contact tracing required for all onsite</li> <li>• Worker arrangements as per Work Safely Protocol</li> <li>• Suspected case response plan in place</li> <li>• COVID-19 Signage in place</li> <li>• Hand sanitiser and hand wash facilities provided</li> <li>• Enhanced ventilation</li> <li>• Dancing not permitted</li> </ul>





	Outdoors
<b>Permitted Capacity</b>	Up to 50% capacity with appropriate protective measures
<b>Measures</b>	<ul style="list-style-type: none"> <li>• Mixed vaccination status patrons</li> <li>• Maximisation of space available to allow physical distancing</li> <li>• Counter service permitted for food and beverage</li> <li>• Food and beverage can be consumed as normal</li> <li>• Mask wearing required for attendees in instances when 2m distancing might not be maintained (e.g. when queueing, using facilities, ordering/ collecting food and beverages)</li> <li>• Mask wearing required for workers where 2m distancing cannot be maintained or in customer facing roles</li> <li>• Enhanced cleaning</li> <li>• Contact tracing required for all onsite</li> <li>• Worker arrangements as per Work Safely Protocol</li> <li>• Suspected case response plan in place</li> <li>• COVID-19 Signage installed</li> <li>• Hand sanitiser and hand wash facilities provided</li> <li>• Camping based on risk assessment and ability to maintain social distancing between pods/groups</li> <li>• Dancing permitted</li> </ul>

	Outdoors
<b>Permitted Capacity</b>	Up to 75% capacity with appropriate protective measures
<b>Measures</b>	<ul style="list-style-type: none"> <li>• Vaccinated/ Recovered patrons</li> <li>• Physical distancing maximised as far as is reasonably practicable</li> <li>• Counter service permitted for food and beverage</li> <li>• Food and Beverage can be consumed as normal</li> <li>• Mask wearing advised in congested areas e.g. queueing for concessions, toilets etc. for patrons but not mandatory</li> <li>• Mask wearing required for workers where 2m distancing cannot be maintained or in customer facing roles</li> <li>• Enhanced cleaning</li> <li>• Contact tracing required for all onsite</li> <li>• Worker arrangements as per Work Safely Protocol</li> <li>• Suspected case response plan in place</li> <li>• COVID-19 Signage installed</li> <li>• Hand Sanitiser and hand wash facilities provided</li> <li>• Camping permitted</li> <li>• Dancing permitted</li> </ul>



## 3 COVID-19 PLANNING

### 3.1 WHAT IS COVID-19

COVID-19 is an infectious disease caused by a Coronavirus. The virus is transmitted via the following methods:

**Droplets or aerosols.** When an infected person coughs, sneezes, or talks, droplets or tiny particles called aerosols carry the virus into the air from their nose or mouth. Anyone who is within 2m of that person can breathe it into their lungs.

**Airborne transmission.** Research shows that the virus can live in the air for up to 3 hours. It can get into lungs if an infected person has it breathes out and another person breathes that air in.

**Surface/Fomite transmission.** The virus can spread through surface transfer when an infected person contaminates a surface which is touched by another individual and transferred to the person's nose, eyes or mouth when they touch them.

The virus most commonly spread through people who have symptoms. It is possible to pass it on without showing any signs, people who don't know they've been infected can give it to others (also known as asymptomatic spread). People can also spread the virus before you notice any signs of infection, this is otherwise known as pre- symptomatic spread.

The key principles in preventing the spread of COVID-19 include the following:

- Implementing enhanced cleaning measures;
- Maintaining a safe distance from other people;
- Implementing good hygiene and respiratory etiquette;
- Wearing a face covering/mask;
- Maximise Ventilation;
- Early intervention and isolation of suspected/ confirmed cases; and
- Contact tracing for workers and patrons.

### 3.2 COVID-19 PLAN

A COVID-19 plan specific to the event must be developed for each event in line with current Government guidance. The COVID-19 plan details policies and procedures necessary for the organisers in order to comply with Government and public health advice and to prevent the spread of COVID-19 in the workplace and at the event. Depending on the type of event and the venue the Event COVID-19 plan might be prepared by the event organiser, the venue management team or a combination of both. Again, the delineation and allocation of responsibilities will be dependent on individual circumstances of each event and event venue.

The COVID-19 plans should be treated as supplementary to existing operational plans and are not intended as a replacement for pre COVID-19 event management and/or safety and operational planning. The COVID-19 plan is intended to reassure all patrons and workers that it is safe to return to venues and events that comply with these guidelines. The plan further acts as an operational guide for venue management. The COVID-19 plan can be integrated into existing plans or be prepared as standalone documents to be read in conjunction with existing plans.



Developing a COVID-19 plan will help to clarify what is required to overcome the threat of COVID-19 and give workers and patrons confidence that they are in a safe environment.

Before developing the COVID-19 plan, organisers should familiarise themselves with the latest government guidelines and public health advice. Information from these sources will assist in developing their COVID-19 plan. As part of the plan, organisers are required to:

- Appoint a COVID-19 Compliance Team;
- Complete a COVID-19 Risk Assessment;
- Develop and implement Infection Prevention and Control Measures (IPCM) including; response plans for COVID-19 a suspected case and outbreak;
- Review capacity analysis in line with appropriate restrictions;
- Develop a Communication Plan; and
- Monitor & Review the COVID-19 plan.

As part of the COVID-19 plan organisations should also:

- Review and update the venue and event safety documentation as appropriate; and
- Review and update the Event Operational Procedures as appropriate.

Organisers should ensure those responsible for health and safety have the requisite knowledge and expertise in order to understand the risks associated with COVID-19. In the event that organisations and their workforce do not have access to these skills in-house, they should engage external support options as appropriate.

When preparing their COVID-19 Plan organisers should consider the concept of 'Best Available Techniques Not Entailing Excessive Costs' or BATNEEC for short. Control measures should not be cost prohibitive.

### **COVID-19 Compliance Team (CCT)**

The organisers should appoint a COVID-19 Compliance Team(s) for their event. There will be two distinct areas that the CCTs will need to consider: worker related issues and crowd related issues.

The COVID-19 Compliance Team shall be responsible for the planning, implementation and monitoring of the COVID-19 plan.

It is suggested that the CCT is made up of individuals who have status and influence to advise on the implementation of control measures and monitor compliance at the venue.

See Appendix D for further details on management structure.

### **COVID-19 Risk Assessment**

The Risk Assessment is an essential part of the planning process and must be conducted as part of safety planning for all events. The risk assessments for each venue and/or event now needs to take account of risk of transmission of COVID-19 by identifying hazards which present a risk of a spread of infection between persons. A Risk Assessment can be integrated into existing systems or as individual documents.

See Appendix A for further information on Risk Assessments.



## **Infection Prevention and Control Measures (IPCM)**

Based on the risk assessments, Infection Prevention and Control measures can be put in place that are considered reasonably practicable, to mitigate the risk of transmission of COVID-19 to a tolerable or acceptable level. The management and implementation of control measures will determine if the event can be considered a “Controlled Environment” as defined by the [Resilience and Recovery 2021 The Path Ahead](#). IPCMs outlined in the [Work Safely Protocol](#) include:

- |   |                |
|---|----------------|
| 1. Physical Distancing  | See Appendix C |
| 2. Worker Arrangements  | See Appendix E |
| 3. Stakeholders   | See Appendix G |
| 4. Hand Hygiene and Respiratory Etiquette                                 | See Appendix J |
| 5. Cleaning to Prevent Contamination                                      | See Appendix K |
| 6. Dealing with a Suspected Case or Outbreak of COVID-19 in the Workplace | See Appendix Q |

Information contained in this guidance document will also address measures and areas specific to live events including:

- |                                      |                |
|--------------------------------------|----------------|
| 1. Calculating Capacity              | See Appendix B |
| 2. Artist and Performer Arrangements | See Appendix F |
| 3. Communications Plan               | See Appendix H |
| 4. Patron Screening                  | See Appendix I |
| 5. Ventilation                       | See Appendix L |
| 6. Catering and Concessions          | See Appendix M |
| 7. Accessibility Considerations      | See Appendix N |
| 8. First Aid                         | See Appendix P |

**NOTE: Not all elements contained in this guidance document will be relevant for each venue or event, so it is important to tailor the information to individual needs.**

## **Capacity Analysis**

The maximum capacity allowed at a venue or event will be based on the percentage capacity of the venue as per current Government restrictions. It should be noted that 100% of the venues facilities must be utilised at all times, in order to use the spare capacity to facilitate social distancing. Organisers must be satisfied that control measures will be implemented and that facilities are in place to adequately manage the patrons at an event.

Refer to Appendix B for capacity calculations and Appendix C for a detail on maximising physical distancing.

## **Develop Communications Plan**

A robust communication plan is essential to achieving compliance from workers and patrons. The communications plan should inform workers and patrons of what is changing, what they need to do and how they are expected to behave.

All available means of communication should be used before, during and after the event, including ticketing platforms, social media, and websites, as well as signage in and around the venue, public address systems, and electronic displays.



Communications plan for the Venue and Organisers (and their team) should include clear expectations with regard to site inductions, briefings and general information to be provided to workers, contractors, patrons etc.

See Appendix H for further details on communications.

### **Monitoring and Review**

The COVID-19 plan should be reviewed regularly and updated as new regulations, guidelines and best practice become available.

Control measures implemented as part of the COVID-19 plan should be monitored on a continuing basis and corrective action taken as required.

A post-event review should take place following each event to discuss any issues which may arise. Outcomes should be shared openly with all stakeholders so that the lesson learned can be passed between venues and events.

See Appendix R for further details on monitoring and review.

### **Review all Health and Safety Documents**

Routine in-house health and safety procedures should be followed as instructed by the person responsible for health and safety for the event or at the venue. All health and safety documents should be updated to indicate changes resulting from COVID-19 prevention measures.

This will include a review of:

- **Safety Statement** and associated Risk Assessments
- **Risk Assessments / Method Statements (RAMS)** for all work on site. Particular emphasis will be required on “Close Working”, i.e. where persons cannot maintain physical distance while working.
- **Briefing Document** such as Safe System of Work Plans / Site Induction briefings etc.

### **Review Operational Documents**

Standard Operating Procedures (SOPs) and management documents should be reviewed and updated, where necessary, to include COVID-19 mitigating measures. The Event Management Plan (EMP) should be augmented to include the COVID-19 risk assessment, updates to the roles and responsibilities of personnel, and any relevant COVID-19 control measures to be put in place.

Some organisations may wish to embed the COVID-19 plan into current operational documents as opposed to being a standalone plan.



## 4 KEY REFERENCE DOCUMENTS

- CIF (Construction Industry Federation) Construction Sector C-19 Pandemic [Standard Operating Procedures](#)
- Code of Practice for Safety at Indoor Concerts, Department of the Environment, 1998
- Code of Practice for Safety at Outdoor Pop Concerts, Department of the Education, 1996
- Code of Practice for Safety at Sports Grounds, Department of Education, 1996
- Department of Enterprise, Trade and Employment: [Work Safely Protocol](#).
- Department of the Taoiseach: [Resilience and Recovery 2020-2021: Plan for Living with COVID-19](#)
- European Centre for Disease Prevention and Control. [Technical Report](#) – Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-COV-2
- European Centre for Disease Prevention and Control: [Heating, ventilation and air-conditioning systems in the context of COVID-19](#)
- Fáilte Ireland [Guidelines](#) to Re-Opening All Sectors
- Fáilte Ireland/Arts Council [COVID-19 Guidelines for the Safe Presentation of Festival and Live Events](#)
- Health Protection and Surveillance Centre [Employer and Employee Guidance](#)
- Latest Public Health Advice from the [HSE](#)
- National Standards Authority of Ireland: [COVID-19 Workplace Protection and Improvement Guide](#)
- Other published industry specific guidance documents including:
  - [S.I. No. 151/2000](#) Infectious Diseases (Amendment) Regulations 2000
  - [S.I. No. 326/2020](#) Health Act 1947(Section 31A – Temporary Restrictions)(COVID-19)(NO.4) Regulations 2020
  - [SG02 Guide to Safety at Sports Grounds: Planning for Social Distancing at Sports Grounds](#)
  - [The Event Safety Alliance Reopening Guide](#)
  - Theatre Forum. Arts Centres - *Working during COVID-19: A framework for Arts Centres and Performing Arts Venues*
  - World Health Organization. [Getting your workplace ready for COVID-19](#)
  - World Health Organization. Key planning recommendations for Mass Gatherings in the context of COVID-19 – [Interim Guidance 29 May 2020](#)
  - COVID-19 Risks and precautions for the performing arts. Vancouver, BC: National Collaborating Centre for Environmental Health. 2020 Sep. <https://ncceh.ca/documents/covid-19-risks-and-precautions-performing-arts>
  - WHO, [Cleaning and disinfection of environmental surfaces in the context of COVID-19](#)



## 5 GLOSSARY OF TERMS

<b>Aerosol Transmission</b>	Person-to-person transmission of pathogens through the air by means of inhalation of infectious particles.
<b>Rapid Antigen Diagnostic Tests (RADTs)</b>	A rapid antigen test, or rapid test, is a rapid diagnostic test suitable for point-of-care testing that directly detects the presence or absence of an antigen.
<b>Build</b>	Installing the facilities required to host an event.
<b>Circulation</b>	The free movement of people within a venue.
<b>CIF</b>	Construction Industry Federation
<b>Cleaning</b>	Physically removes dirt and germs/microorganisms from surfaces. It may not necessarily kill all germs/microorganisms but it will decrease the amount, thereby lowering the spread of infection. Cleaning is carried out with water, detergents, and using the physical action of rubbing or scrubbing.
<b>Close Contact</b>	<p>Close contact can mean:</p> <ul style="list-style-type: none"> <li>• spending more than 15 minutes of face-to-face contact within 2 metres of someone who has COVID-19, indoors or outdoors</li> <li>• living in the same house or shared accommodation as someone who has COVID-19</li> <li>• sitting within 2 seats of someone who has COVID-19 on public transport or an airplane</li> </ul> <p>Spending more than 2 hours in an indoor space with someone who has COVID-19 will sometimes count as close or casual contact. This could be an office or a classroom. But it will depend on the size of the room and other factors. Public health doctors or contact tracers will let you know if you are at risk during contact tracing and public health risk assessments. <a href="https://www2.hse.ie/conditions/coronavirus/close-contact-and-casual-contact.html">https://www2.hse.ie/conditions/coronavirus/close-contact-and-casual-contact.html</a></p>
<b>Close Proximity Work</b>	A number of persons engaged in a task which by its nature or location requires close proximity and could result in workers being deemed Close Contacts as defined by the HSE (see above).
<b>Competent person</b>	A person shall be regarded as competent in an identified role where he or she has sufficient training and experience to meet the national occupational standards relevant to the tasks within that role. Competency includes an awareness of the limits of one's personal knowledge, skills or experience.



<b>Concourse</b>	A circulation area, covered or uncovered, that provides direct access to and from patron viewing areas, via stairways, ramps, vomitories, or level passageways, and serves as a milling area for patrons for the purposes of refreshment and entertainment, and/or provides access to toilet facilities, and which may also form part of the ingress and egress systems of the ground
<b>Controlled Environment</b>	An environment where the number of people and the ways that they interact can be actively managed. See Section 1.4 for further details.
<b>Contact Tracing</b>	Process of identifying persons who may have come into contact with an infected person (“contacts”) and the subsequent collection of further information about these contacts.
<b>COVID-19 PCR test</b>	A PCR test for COVID-19 is a test used to diagnosis people who are currently infected with SARS-CoV-2, which is the coronavirus that causes COVID-19.
<b>COVID-19 Plan</b>	The COVID-19 Plan details the policies and practices necessary for the employer to meet the Government’s guidance and to prevent the spread of COVID-19 in the workplace.
<b>Disinfecting</b>	Destroys most germs/microorganisms after cleaning and so lowers the spread of infection even further.
<b>ECDC</b>	European Centre for Disease Control.
<b>Entry Point</b>	Any controlled entrance, such as a turnstile, door or gate, through which patrons enter an event and are counted.
<b>Event</b>	A gathering of people, either static or ambulatory to view an activity organised for their benefit and enjoyment in a defined place which can be indoors or outdoors in a temporary or permanent facility or a combination of both. An Event also includes Trade fairs, conferences and business events.
<b>Event Management Plan</b>	An event management plan outlines all the safety and organisational aspects of an event.
<b>Event Organiser (Organiser)</b>	<p>As part of the requirements of a controlled environment, Event management will have to nominate an event organiser as defined within Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020: “in relation to an event in a place other than a dwelling, any person who;</p> <ul style="list-style-type: none"> <li>engages in the publicising, arranging, organising or managing of the event, or</li> </ul>





- receives some or all of the proceeds (if any), from the event;”

**This can include event promoters, venue management and event management teams.**

<b>External Stakeholder</b>	A party external to the management/ delivery of the event that has an interest in the event and can either affect or be affected by the event.
<b>First Aid</b>	First-aid means either: <ul style="list-style-type: none"> <li>• Treatment in a life-threatening situation (e.g. heart stoppage or severe bleeding) pending medical help, or</li> <li>• Treatment for minor injury (e.g. cuts or bruises)</li> </ul>
<b>Flow Rate</b>	The number of persons per minute passing through an element of an ingress, egress or circulation route.
<b>Fomite</b>	A fomite or fomes is any inanimate object that, when contaminated with or exposed to infectious agents, can transfer disease to a new host.
<b>HSE</b>	Health Service Executive
<b>HSA</b>	Health Safety Authority
<b>IPCM's</b>	Infection Prevention Control Measures
<b>Isolation</b>	Separation of infected individuals and healthy individuals.
<b>Lateral Gangway</b>	Channel or the passage of patrons through patron viewing areas running parallel with terrace steps or seat rows.
<b>Local Authority</b>	An administrative body in local government that is officially responsible for all the public services and facilities in a particular area.
<b>LWR</b>	Lead Worker Representative. See Health and Safety Authority <a href="#">Role of Lead Worker Representative</a> .
<b>Management</b>	Person or persons in overall control of the premise whilst people are present.
<b>NPHET</b>	National Public Health Emergency Team
<b>NSAI</b>	National Standards Authority of Ireland
<b>Occupier</b>	in relation to any premises or venue, means a person exercising such control over the state of the premises that it is reasonable to impose upon that person a duty towards an entrant in respect of a particular danger thereon and, where there is more than one occupier of the same premises, the extent of the duty of each occupier towards an entrant depends on the degree of control each of them has over the state of the premises and the particular danger thereon and whether, as respects each of them, the classification of entrant concerned.



<b>Outdoor venue</b>	<p>An outdoor area is defined within the Public Health (Tobacco Amendment) Act 2004 as:</p> <ul style="list-style-type: none"> <li>▪ a place or premises, or a part of a place or premises, that is wholly uncovered by any roof, whether fixed or movable</li> <li>▪ an outdoor part of a place or premises covered by a fixed or movable roof, provided that not more than 50 per cent of the perimeter of that part is surrounded by one or more walls or similar structures (inclusive of windows, doors, gates or other means of access to or egress from that part).</li> </ul>
<b>Patron</b>	People other than your workforce that are onsite during an event which may include, but is not limited to, spectators (including ticket holders) and the general public and are required to follow health and safety procedures as a condition of entry and attendance.
<b>Patron Viewing Area</b>	Any area of a ground or structure in the venue provided for patrons, either seated or standing, to view the event.
<b>Personal protective equipment (PPE)</b>	All equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work which protects them against one or more risks to their health and safety.
<b>Physical Distancing</b>	Physical distancing, also called “social distancing,” means keeping a safe space between yourself and other people who are not from your household. To practice social or physical distancing, stay an appropriate distance in line with current public health advice from other people who are not from your household in both indoor and outdoor spaces.
<b>Promotor</b>	See Event Organiser
<b>Risk Assessment</b>	Overall process of risk identification, risk analysis, and risk evaluation
<b>Stakeholder</b>	Persons, other than the defined workforce providing goods and services at the event these can include (but are not limited to): artists, participants, competitors, entertainers, vendors, exhibitors, 3rd party suppliers, etc.)
<b>Visitor</b>	An entrant who is present at the venue at the invitation, or with the permission, of the occupier or any other entrant.
<b>Venue</b>	An event venue is any location used for an event. Venues range in size and location and available facilities. A venue can be indoor and outdoor (green space). It can be a permanent purpose-built venue or a temporarily purpose-built venue. A venue can be public or private property.



<b>Vomitory</b>	An access route built into the gradient of a stand or terrace which directly links Patron viewing areas to concourses, and/or routes for ingress, egress or emergency egress
<b>WHO</b>	World Health Organisation
<b>Worker</b>	Anyone working on an event or at an event venue, whether that be direct employees, freelance suppliers, artists, performers, suppliers, contractors, agency workers and specialist workers (such as riggers), seasonal workers, volunteers, artist liaison, runners, catering and cleaning staff and staff on zero hours contracts.
<b>Workplace</b>	Location(s) at which Event Organiser will plan, prepare and deliver events, recognising these could be different fixed or temporary locations at each stage of delivery and that these could be indoors or outdoors.
<b>Zone Ex</b>	The external zone (also known as ‘the last mile’) which lies immediately beyond the outer perimeter of the event site, consisting of a network of routes or areas, often leading to transport hubs, and whose management is considered key to the safe and secure arrival and departure of patrons.



## APPENDIX A RISK ASSESSMENT STRATEGY

---

Risk Assessments are conducted as part of safety planning for all events. The risk assessments for each event and venue will now need to take account of the risk of transmission of COVID-19 by identifying hazards which present a risk of a spread of infection between persons. This includes workers, event patrons and members of the public and others proximate to the event. The COVID-19 risk assessment may be integrated into standard operating risk assessments or be produced as a standalone document.

The identification of hazards and implementation of control measures should be based on assessment against the principles of prevention (*Elimination, Substitution, Engineering Controls, Administrative Controls & Personal Protective Equipment*) and relevant guidance documents as applied to an environment having regard to the application of professional judgement and common sense to the particular circumstances.

Organisers should consider the transmission route when carrying out their risk assessment:

- Airborne
- Surface/ fomite transfer
- Personal physical contact (e.g. handshakes)

They should also consider the following factors when assessing COVID-19 transmission:

- The length of the event;
- The numbers involved in an event – workers and patrons;
- Whether direct contact is part of the event;
- Whether close proximity is part of the event;
- Contact group characteristics (e.g. single occupancy, pods);
- The environment in which the activity occurs (e.g. outdoors versus indoors);
- Demographic of patrons; and
- Type of event (theatre show, music concert, food festival etc.).

The key principles of prevention of spread of COVID-19 involve the following:

- Limiting potential contact with the virus so it cannot pass from one person to another;
- Containment of the Virus to reduce number of persons it can be transmitted to;
- Contact Tracing for early intervention; and
- Vaccination.

The assessment of the event should be a visual inspection of permanent facilities such as ventilation, any observations of physical limitations or temporary installations, cleaning methods, specific work practices, administrative processes and so forth.

Based on the risk assessment, control measures that are considered reasonably practicable should be put in place, to eliminate or mitigate against the risk of transmission of COVID-19. These should be in line with current public health advice.



It is not possible to completely eliminate the risk of transmission of COVID-19, the Appendices in this document set out reasonably practicable measures which can aid in reducing the risk of spread of COVID-19 in the workspace and at the event venue to a tolerable level in line with public health advice. Protective measures in isolation will not be sufficient to adequately reduce the risk, therefore organisers must apply a combination of control measures as appropriate.

**Not all elements contained in this guidance document will be relevant for each event or venue, so it is important to tailor the information to individual needs.**

The below table illustrates possible hazards for an event environment.

Management Issues	Physical Issues
<ul style="list-style-type: none"> <li>• Lack of information for workers and patrons with respect to Public Health Advice</li> <li>• Queuing and moving through circulation areas leading to lack of physical distancing</li> <li>• Sampling and activations providing loose paraphernalia handed out to patrons</li> <li>• Duration of an event in relation to time in close proximity to large numbers of people</li> <li>• Loud shouting and singing by patrons, which can increase the transfer of droplets</li> <li>• Lack of physical distancing outside the venue at entry and exit</li> <li>• Multiple organisers utilising one venue concurrently</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of adequate ventilation</li> <li>• Insufficient hand washing facilities to maintain hygiene</li> <li>• Seating people in aisles</li> <li>• Toilets, sinks and urinals – shared touchpoints</li> <li>• Contaminated shared touch points (handrails, lift buttons, etc.)</li> <li>• Food and beverage concessions – shared touchpoints (cash, credit card machines, utensils and condiments) and physical distancing (queuing)</li> <li>• Intoxication (drugs and / or alcohol)</li> <li>• Maintaining social distancing in circulation areas</li> <li>• Searching patrons and/or their property</li> <li>• Evicting patrons from the event</li> <li>• Entrance and Exit lanes</li> </ul>



## APPENDIX B CAPACITY

### B.1 CALCULATING CAPACITY

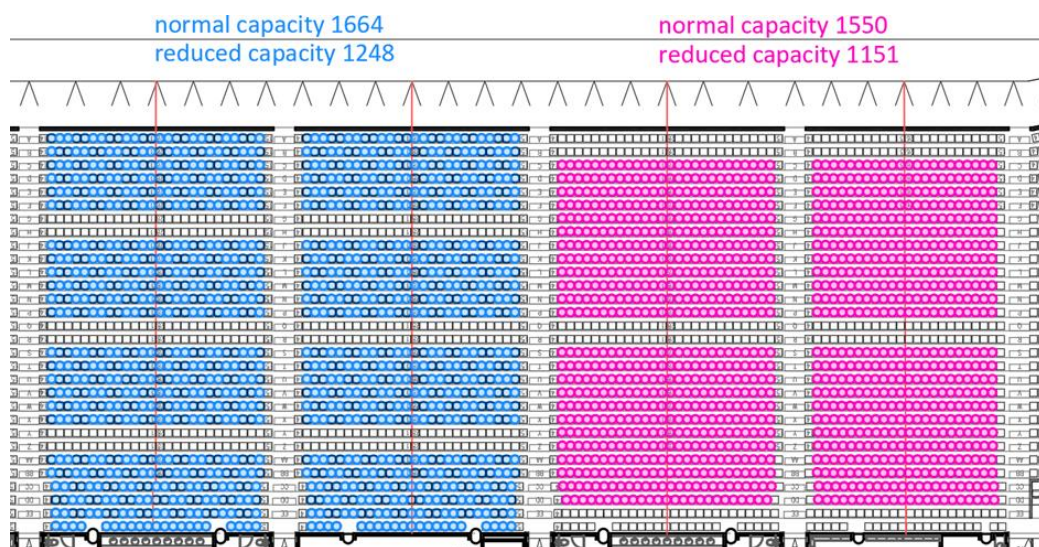
As announced in the 'Reframing the Challenge' plan from September 6th events are permitted at the following capacity levels with maximum available social distancing between groups, i.e. using 100% of venue space and facilities (toilets, entrances, exits and concession):

- Indoors for vaccinated/recovered people and accompanying minors 60% capacity
- Outdoors for vaccinated/recovered people and accompanying minors 75% capacity
- Outdoors for mixed groups of vaccinated/recovered and unvaccinated people 50% capacity

Capacities for live entertainment should be calculated having regard to the venue's full viewing or safe holding capacity. All infrastructure and facilities should be made available for use. Circulation areas (entrances, exits, foyers and concourses) and refreshment areas should be designed to maximum space to allow people to physically distance as far as is reasonably practicable. This should be further encouraged through the use of stewarding and signage.

In stadia or purpose-built venues with fixed seating it is advised to remove seating evenly across every section to reduce pressure on the entrances/exits and facilities. Organisers should also remove seats in such a way to give as much space as possible for people for access, egress and circulation (i.e. aisle seats). Organisers might also remove rows from of the middle of the blocks to separate patrons into smaller groups.

Below are examples of how this might be achieved.



### CAMPING

Capacities for camping areas should have regard to the space and facilities which would be required for an event at 100% capacity. Camping areas should not be reduced in area or provided with decreased facilities and infrastructure. This is necessary to maximise social distancing and reduce pressure on services.



## APPENDIX C PHYSICAL DISTANCING

### C.1 MANAGING PHYSICAL (SOCIAL) DISTANCING

Physical distancing (also known as social distancing) of people to prevent the transmission of COVID-19 is one of the key methods of preventing spread of infection. Given the transition from prescribed distance metrics to a percentage capacity for occupancy, organisers should aim to maximise physical distancing in the venue as far as is reasonably practicable. The paragraphs below set out recommendations for control measures that can be applied to encourage physical distancing by workers and patrons at an event.

### C.2 PATRON INGRESS

While attendance figures at the event may be lower at first, the rate of entry may also be reduced due to physical distancing, additional requirements for checks and screening.

#### TICKETING PLAN

To prevent over-capacity, entry to the venue should be by ticket only. If the event is not sold-out, organisers can sell tickets onsite however this should be limited. The ticketing strategy for the event should consider the following:

- Digital tickets (also known as mobile tickets) should replace traditional paper tickets where possible;
- Tickets should be bought in advance. Walk-ups should be avoided;
- Patron details should be recorded to facilitate contact tracing;
- Tickets for seated accommodation should be allocated to specific seats;
- Ticket sales per person to be limited as per current government guidelines applicable at the time of sale;
- Group bookings should be in line with current government guidelines applicable at the time of sale;
- Ticket re-sale should be discouraged. Mechanisms for capturing changes in contact details should be established;
- Ticket holders shall carry valid ID to confirm identify if requested;
- If catering for a vaccinated crowd prior to October 22<sup>nd</sup>, patrons should be asked to confirm their fully vaccinated status at point of purchase of ticket.

Patrons should be made aware that their contact details will be kept for a period of 28 days to facilitate contact tracing.

Electronic tickets should be scanned by ticket-takers or stewards while wearing face covering/masks and gloves or implementing enhanced hand hygiene. Workers should avoid touching tickets or patrons unless their task requires it. If touching does become necessary, the worker should immediately discard the gloves, and/or wash their hands.

#### QUEUE MANAGEMENT

Queue management will form an important element of the event plan. Queuing system can be managed by stewards or event workers. Ground markings and signage can also be put in place where possible to encourage physical distancing and facemask wearing while queuing although this may not always be possible with increased capacities.





### SEARCHES AND CHECKS

If searching is being implemented by licensed security providers at your event consideration should be made for the additional time required to carry this out. Consideration should also be made to the close contact element of this task. Security should avoid face to face and ensure they are wearing medical grade face coverings/masks. Any worker conducting a pat-down search MUST wear a medical grade face covering/mask and sanitise hands after each interaction.

Security providers should carry out risk assessments for all duties as part of their COVID-19 Plan.

Additionally, organisers should

- Communicate with the ticket holder in advance to inform them of;
  - Expected entry/search times, and to arrive early if necessary;
  - Rules of entry, including requirement for immunity, face covering/mask policy, and prohibited items;
- Provide clear signage, public address announcements and/or stewards reminding people not to join the queue if they are experiencing symptoms of COVID-19 and to return home;

### **C.3 PATRON VIEWING AREAS**

Currently mixed audiences (vaccinated and unvaccinated) must be physically distanced when viewing the event. This might be done by physically distancing individuals or physically distancing groups of “pods\*”.

*\* Pods enable patrons to buy tickets as a group (i.e., pods for 1-6) while still maintaining physical distancing within the venue. Each pod should be spread out apart from other pods while viewing the event, allowing the venue to maintain the recommended physical distance between each pod.*

Routes to particular a viewing area should be clearly identified with signage and in pre-event communications.

As part of the risk assessment, the risk involved with various seating configurations should be assessed. Some of the risks that might arise are outlined in the following paragraphs.

### BRUSH PAST

Where people are sitting or standing in rows, it will be necessary for them to pass each other during ingress and to leave the area to access the facilities. To do this they could breach physical distancing. While the HSE states that there is little risk if you are passing quickly, one should keep their distance as much as possible. To help manage this risk, the following measures might be considered:

- Requesting patrons to avoid face-to-face contact;
- Requiring patrons to wear face covering/masks at all times during the event;
- Requesting patrons to remain in their seats as far as is reasonably practicable.

### ALTERNATING ROWS

Persons traversing one row would likely be within close contact of the row in front and behind them. Consideration should be given to using alternate rows to limit people crossing within minimum recommended distances of each other. These free rows may also be used as lateral gangways if required for example where aisles are insufficiently wide to allow a two-way flow.

### STANDING IN SEATING AREAS





Persons singing and shouting from a standing position in a seated area may project aerosols and respiratory droplets further than if they were sitting. The following control measures may be considered:

- Requiring patrons to wear face covering/masks at all times, other than when consuming food or drink when seated;
- Communicating with ticketholders in advance that standing in seated areas is not permitted;
- Instruct stewards to monitor and intervene where necessary.

#### **C.4 CIRCULATION AREAS AND FACILITIES**

##### **Use**

Circulation areas should be assessed and managed to maximise physical distancing for patrons and workers.

##### **SMOKING AREAS**

Smoking areas may require monitoring and management to prevent overcrowding.

##### **TOILETS – TEMPORARY AND PERMANENT**

The following measures may be considered to allow for physical distancing in toilet facilities:

- Queuing systems for entry. Where barriers are used to define queues, they should not impede emergency escape routes by creating trip hazards or blocking access to exits;
- One-way systems within the toilet facilities;
- Floor markings and signage indicating physical distancing; and
- Use of disposable paper towels to speed up hand drying and reduce the risk of aerosol dispersal.

Temporary urinals and toilets should be positioned to aid with the natural formation/sustaining physically distanced queues.

It is not advised to block alternative stalls, urinals and sinks as this may result in increased requirement for queuing footprint.

#### **C.5 PROGRAMMING**

Some events may be operating multiple stages or venues as part of their event. Organisers may wish to review programming to minimize congestion in communal areas and zones before, during intervals and at the end of the event. This may also be relevant for events held in shared venues or events held in urban areas next to other amenities.

#### **C.6 PATRON EGRESS**

Flow rates through exits may be slower while trying to maintain physical distancing. Exiting times may need to be extended to reduce pressure on the exits. Control measures to ease pressure at egress may include:

- Staggered egress, allocating specific time slots for egress from each viewing area;
- 'Row by row' exiting, starting with the back row or row closest to the exit. The "church model" of leaving seats will prevent patrons queueing alongside other patrons seated beside aisles;



- Reconfiguring or providing temporary barriers to control flow and maintain channels separating lines of patrons egressing;
- Re-directing exit routes to different exits to distribute the exiting evenly around the event venue allowing for more rapid dispersal of persons from the vicinity of the venue;
- Provision of stewards to monitor, direct and advise patrons along the exit routes;
- Provision of additional exit routes, e.g. opening additional gates that are normally only used for workers or creating additional exits when designing the site;
- Increasing exit widths, where possible, to allow more patrons to pass through while physically distancing; and
- Consideration should be given to the potential movement of security and stewarding positions for egress and potential need for additional personnel.



## APPENDIX D MANAGEMENT STRUCTURE

### D.1 MANAGING RESPONSIBILITIES

The safety of the public in places of assembly is the responsibility of those who organise the event and those who administer or own the premises or venue in which it is held. This arises from the Occupiers Liability Act and common duty of care owed by those in charge of the venue to the patrons attending the event and visitors to the venue. It is the joint responsibility of the venue management and the event organiser to ensure that standards and requirements for safety at the event are strictly observed before, during and after the event. The division of responsibilities between venue management and the event organiser should be clearly defined, agreed and recorded before the event.

Management of pre- and post-event activities is as important in the prevention of the spread of COVID-19 as at the event itself. It is the responsibility of the organiser to ensure that appropriate arrangements are made for all aspects of the event process.

**It is acknowledged that the event management personnel in place and organisational structures may vary depending on individual circumstances and arrangements of the event or venue.** The below designated roles and responsibilities are provided for illustrative purposes however event organisers may designate responsibilities in a variety of structures. Ultimately, there must be person(s) in charge at the event who can take responsibility for the safety of attendees and workers during the pre/post event build period and at the event.

Employers, workers and premises holders all have a duty of care to ensure “as far as reasonably practicable” the safety, health and welfare at work of workers and colleagues. The duty of care also extends to provide a reasonably safe environment for all users. COVID-19 policies and procedures should be integrated into worker/employer duties as appropriate.

If relevant Event Organiser Covid Compliance Teams must ensure that the event COVID-19 plan is assimilated with the venue COVID-19 plans.

#### D.1.1 EVENT ORGANISER (PROMOTER/VENUE) RESPONSIBILITIES

Organisers will have overall responsibility for reducing the risk of COVID-19 transmission at the event. They should provide the necessary supports to allow workers and stakeholders to perform their duties safely.

They should also:

- Appoint a COVID-19 Compliance Team;
- Ensure COVID-19 Risk Assessment is carried out by a competent person;
- Ensure COVID-19 Health and Safety Plan is prepared;
- Ensure adequate controls and procedures are in place at all times;
- Ensure the above area revised/updated when new information becomes available from Government and Public Health Authorities; and
- Ensure emergency response in line with Government and Public Health Authority for a Suspected COVID-19 case and outbreak is developed.



### D.1.2 EVENT CONTROLLER

The Event Controller has the status and authority to take full responsibility for all matters related to the management of an event. In addition to their usual responsibilities at an event as outlined in documents listed in section 1.4, the Event Controller should ensure that the content outlined in this document is implemented during the event. Including:

- Ensuring that adequate COVID-19 control measures are in place for the safety of workers and patrons;
- Ensuring that the COVID-19 plan is made available to all event personnel;
- Ensuring the COVID-19 Compliance Team is in place and aware of their duties; and
- Keep updated with Public Health Advice and updating the procedures accordingly.

### D.1.3 EVENT SAFETY OFFICER

The Event Safety Officer has the status and authority to take full responsibility for all matters related to the management of an event as they impinge on the safety, health and welfare of workers, patrons and the local community. In addition to their usual responsibilities at an event as outlined in documents listed in section 1.3, the Safety Officer may also:

- Ensure event operations are in compliance with [Work Safely Protocol](#) and the [COVID-19: Reframing the Challenge, Continuing Our Recovery and Reconnecting](#);
- Ensure risk assessments are carried out by competent person(s);
- Ensure the control measures identified in the risk assessment have been implemented;
- Keep updated with ongoing Government and Public Health Authority and update the procedures accordingly;
- Ensuring that all event day workers are provided with and participate in necessary induction, training, and ad-hoc briefings;
- Ensure appropriate equipment and personal protective equipment is provided; and
- Ensure action checklists for the COVID-19 compliance officers are completed.

The Event Controller and Safety Officer may, where deemed appropriate, may delegate some responsibilities to other event personnel.

For organisations that operate without an Event Controller or Safety Officer (smaller venues). A competent person must assume the responsibilities as outlined above.

### D.1.4 COVID-19 COMPLIANCE TEAM

The organisers should appoint a COVID-19 Compliance Team(s) (CCT) for their event. There will be two distinct areas that the CCTs will need to consider: **worker related issues** and **patron related issues**.

The COVID-19 compliance team shall be responsible for the planning, implementation and monitoring of the plan.

It is suggested that the CCT is made up of individuals who have status and influence to advise on the implementation of control measures and monitor compliance at the venue and event. The compliance team may consist of individuals from:

- |                            |                                    |
|----------------------------|------------------------------------|
| • The Event Control Team   | • The Stewarding and Security Team |
| • The Production Team      | • Sponsorship and Marketing Team   |
| • The Site Management Team | • Volunteer Management             |



- Venue Management
- Catering and Concessions Team

The CCT should ensure that all aspects of event operations are considered including pre-production and planning, build period, show days and break period.

The CCT may include:

- Covid-19 Event Compliance Officer
- Covid-19 Deputy Event Compliance Officer
- Covid-19 Lead Worker Representative
- Covid-19 Stakeholder Representatives
- Covid-19 Administrative Coordinator

#### **D.1.5 COVID-19 EVENT COMPLIANCE OFFICER**

A COVID-19 Event Compliance Officer (ECO) should be appointed by the Event Organiser to coordinate and manage the event COVID-19 plan. The Covid-19 Event Compliance Officer's responsibility is to ensure that Covid-19 Guidance is implemented as far as possible by their employers, and followed by workers, stakeholders, and patrons. Due to the challenges Covid-19 can present in the context of an event (inc. its build and strike) it is recommended that those fulfilling the role of a Covid-19 Event Compliance Officer have prior experience in the role of an Event Safety Officer.

The ECO should be suitably trained and experienced to carry out their duties. The ECO should report to the Event Controller, Safety Officer or other person in charge at the event.

Due to the size, nature, environment, and complexity of some events they may require more than one Compliance Officer and, where necessary, a supporting team. Organisers will also need to consider whether the role of the ECO can be integrated into current positions or if dedicated personnel is required.

The person(s) undertaking these roles must receive the necessary training and have a structured framework to follow within the organisation to be effective in preventing the spread of the virus.

It should be noted that the Event Controller and/or Safety officer for the event have overall responsibility for the design, implementation, and monitoring of all safety management systems and must also ensure compliance. They can delegate or assign responsibilities however must maintain oversight.

#### **D.1.6 COVID-19 DEPUTY EVENT COMPLIANCE OFFICERS**

Due to the scale of some events, it is anticipated that larger events may require Covid-19 Deputy Event Compliance Officers. Their role should be similar to that of the Covid-19 Event Compliance Officer with responsibility for a specific area or department.

#### **D.1.7 LEAD WORKER REPRESENTATIVE**

The Government's COVID-19 [Work Safely Protocol](#) requires each workplace to appoint at least one Lead Worker Representative (LWR) to work with the employer to prevent the spread of COVID-19 in the workplace. A COVID-19 Lead Worker Representative should be appointed by the Event Organiser to represent workers in relation to COVID-19 and co-ordinate and oversee control measures as required.



The person(s) undertaking the role must receive the necessary training and have a structured framework to follow within the organisation to be effective in preventing the spread of the virus. Further information and a short online course on the role of LWR can be found on the HSA website. [LWR HSA Training](#).

The number of LWR appointed should, ideally, be proportionate to the number of workers in the workplace and this person(s) should be clearly identifiable in the workplace.

#### **D.1.8 COVID-19 ADMINISTRATIVE COORDINATOR**

For larger productions there will possibly be a need for an administrative coordinator to ensure that all paperwork has been submitted, collated, checked etc. This role can transition to an office based support role during the event for the Compliance Team.

#### **D.1.9 COVID-19 STAKEHOLDER REPRESENTATIVE**

As events require multiple suppliers, contractors, service providers, entertainers etc. it adds another level of complexity with regard to managing Covid-19 before, during, and after the event.

Where a Lead Worker Representative's role is orientated towards workers the role of the Stakeholder Representatives ensures that all stakeholders are engaged with in the same manner.

Working together employers, Covid-19 team members, and Stakeholder Representatives can ensure measures are in place and adhered to, to help keep everyone safe and prevent the spread of Covid-19.

While measures can be put in place by an employer, organiser and / or their team a plan can easily fail if all of the relevant stakeholders are not informed properly and communicated with. Unlike most businesses, events have a number of "external" stakeholders operating at one time.

In the context of managing Covid-19, stakeholders include all parties working at the event along with those visiting the workplace in a work capacity. Below is a sample list of potential event stakeholders:

- |                            |                        |
|----------------------------|------------------------|
| • Artists                  | • Local Crew           |
| • Catering Staff / Vendors | • Security Contractors |
| • Cleaners                 | • Service Providers    |
| • Contractors              | • Suppliers            |
| • Entertainers             | • Visitors             |

Each stakeholder working onsite should name a Lead Worker Representative or COVID-19 compliance officer(s) for their team to liaise with the Stakeholder Representative/ Event COVID-19 Compliance Officer. Sole traders shall take up the role of compliance officer for themselves.

#### **D.1.10 ALL WORKERS**

All workers associated with an event share in the responsibility for the safety and wellbeing of workers, patrons and the greater community. All workers must:

- Follow the public health advice and guidance;
- Work with the Organisers and their employer and follow any specific procedures and instructions;
- Adopt good hygiene practices, such as frequent hand washing, respiratory etiquette and physical distancing;



- Get professional healthcare advice if they are unwell;
- Not go to work if they have any symptoms of COVID-19; and
- Let their employer know if they believe there are reasons why it is not safe for them to be at work.

Employee/worker checklist are available from the HSA [HERE](#).

#### **D.1.11 SECURITY AND STEWARDS**

Event Organisers may wish to engage stewards and security to take on COVID-19 compliance duties for patron areas. They may advise and assist patrons in implementing control measures and should be able to address any public concerns with respect to COVID-19.

#### **D.1.12 SAMPLE ORG CHARTS**

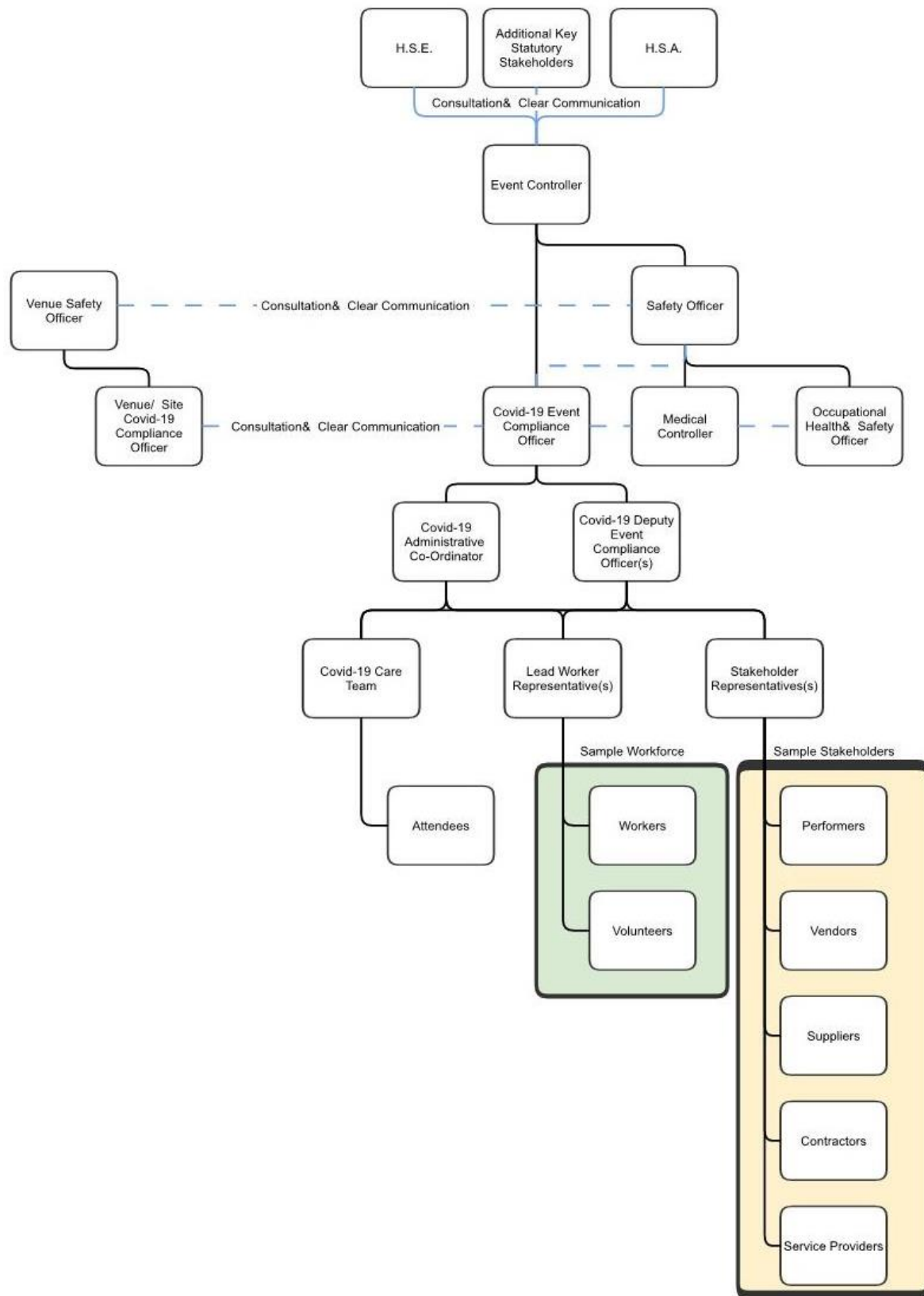
Sample organisational charts on page 26 and 27 illustrate the possible organisation structure for management of COVID-19 at an event. Please note that organisational and management structure will vary depending on the size of the event or venue and resources available. It is acknowledged that the below examples may not be appropriate for all organisations or events.

#### **D.2 HANDOVER MECHANISMS**

Mechanisms and processes will need to be established for confirmation that control measures are implemented appropriately at the event. Mechanisms may take the form of checklists, visual inspections, verbal confirmation etc.



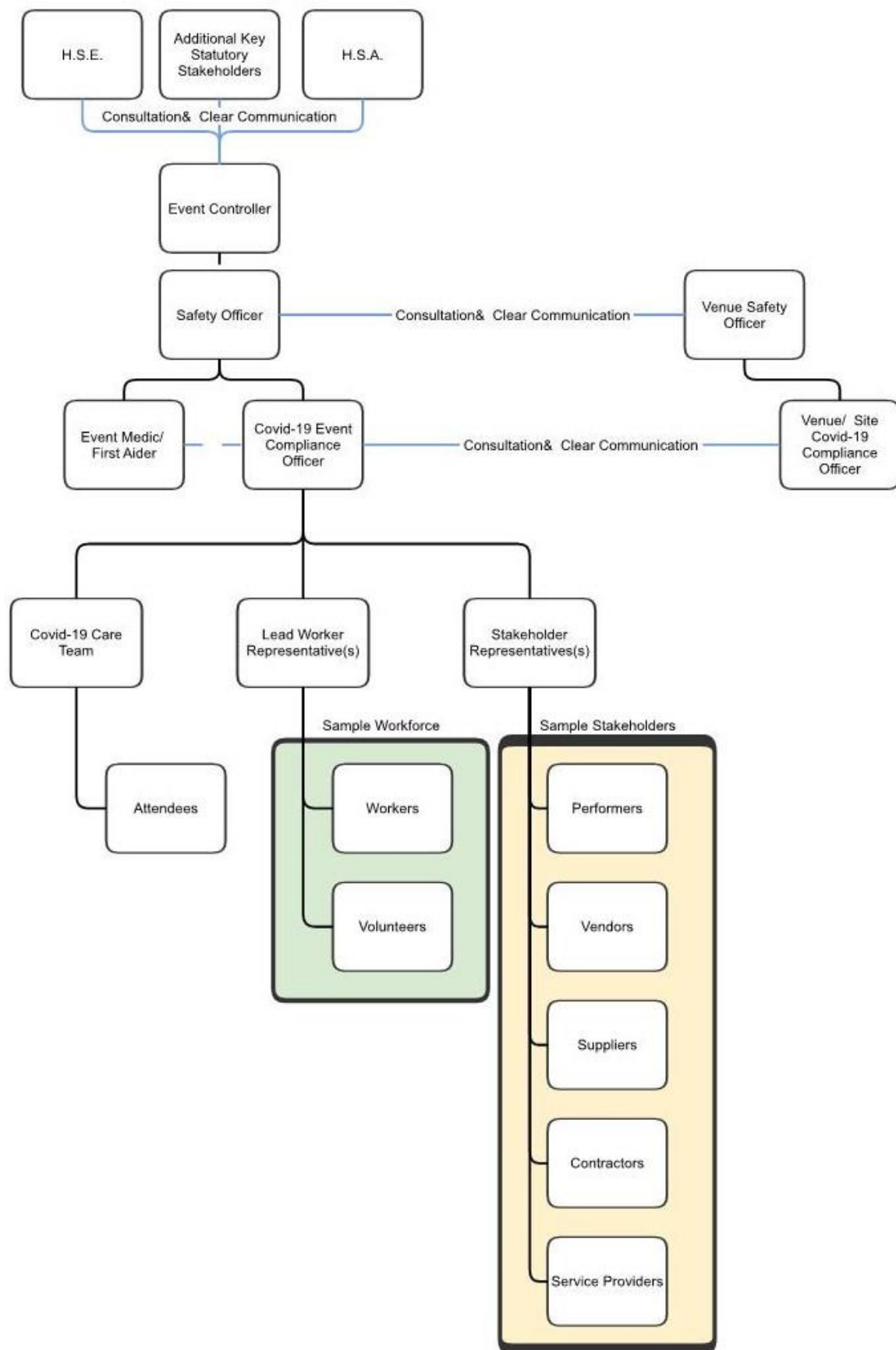
**Example 1: Sample COVID-19 Compliance Team – Large Scale Event**







**Example 1: Sample COVID-19 Compliance Team – Medium Scale Event**





## APPENDIX E WORKER ARRANGEMENTS

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Under the Safety Health and Welfare at Work Act 2005 (Part 2, section 8) employers are required to:

- Provide and maintain a safe workplace, machinery and equipment;
- Manage work to ensure the safety, health and welfare of workers;
- Assess risks and put a safety statement in place;
- Provide and maintain facilities for your workers, such as clean toilets and washing facilities;
- Provide appropriate training and information.

This includes protecting against any risk associated with COVID-19 in the workplace. Therefore it is important for organisers to ensure they follow the [Work Safely Protocol \(WSP\)](#) developed under the aegis of the Safety Health and Welfare Act 2005. This document is due to be updated and published at the end of September 2021.

All workers and employers providing products and services onsite should ensure they are in compliance with the WSP. They should also implement and adhere to the following policies and procedures.

### HEALTH DECLARATIONS

In advance of commencing or returning to work event workers are required to complete a '[Return to Work Declaration](#)' -to confirm to the best of their knowledge that they:

- Do not have symptoms of COVID-19;
- Are not self-isolating or restricting your movements;
- Are not waiting on results of a COVID-19 test;
- Have not recently returned from travel abroad.

Workers should complete and return the form no more than 3 days before they intend to commence work.

All declarations are private and should be treated with the utmost confidentiality. Records must be kept in line with data protection regulations. Further information is accessible on the Data Protection Commission website available [HERE](#).

It is not necessary for workers to submit a health declaration each time they attend work or the event venue. However, there will be an ongoing requirement for workers to immediately report any symptoms or possible exposure to COVID-19 to the Compliance officer, CTT or other designated individual. COVID-19 symptoms are outlined by [HSE HERE](#).

### INDUCTION TRAINING

On returning to, or starting work at an event/venue, every worker must undergo an induction training programme. The training should include current advice and guidance on public health, it should also cover any changes to work practices. The HSA have published [HSA Online Training](#) for workers for COVID-19. They have also issued a Workers Checklist to inform workers of their individual responsibilities in helping to stop the spread of the virus. This sheet can be given to workers as part of their induction training. A full list of resources can be found [HERE](#).

It is suggested that inductions are pre-recorded and made available in advance to avoid the need for in-person on site inductions.



Any event specific guidance and procedures which relate to the workplace, or the event should also be relayed to the workers prior to them commencing work.

Further briefings may be required throughout the day to update the workers of any changes.

Adequate time should be allocated for worker briefings prior to an event. These may extend the working day significantly and should be taken into consideration when assigning shifts and changeover, if necessary.

#### **CONTACT TRACING**

Minimum contact details (Name, number, next of kin) should be collected and retained as required for all workers. The Event organisers should request agreement to the use of this data from workers at time of collection, as required by Government directives. These details should be gathered by the event organisers and/or venue management depending on the individual circumstances.

Minimum contact details are also required for all artist, performers and entourage, including any guests in attendance that have been granted access to the event such as those with event accreditation.

The Data Protection Commission has provided advice on processing data for contact tracing. Contact logs should be held for 28 days, after which time they can be discarded. See [HERE](#) for further information.

#### **ACCREDITATION**

All persons operating in the venue on an event day should be accredited or be approved for access prior to entry. Only persons who have completed their training and provided a health declaration should be approved to access the event venue.

Contact details of all accredited individuals, including a contact telephone number, must be retained for a period of 28 days by Event Organisers to enable contact tracing.

Consideration to be given to venues that have multiple organisations on site concurrently.

#### **REDUCING NON-ESSENTIAL ON-SITE PERSONNEL**

The number of personnel at the venue during an event should be limited to essential workers only. Essential workers are the people required to deliver an event. Stewarding and security numbers should be limited to the smallest number that can safely perform their duties at the venue. However, it is acknowledged that additional staffing may be required to manage physical distancing and queuing in circulation areas.

#### **CLOSE PROXIMITY WORK**

Close proximity work should only be carried out when absolutely necessary. When work requires close proximity the method statement and risk assessment should be updated to address the risk of transmission of COVID-19. Close proximity work could result in a close contact therefore these workers must keep a contact log for contract tracing purposes.

Workers should wear a face mask at all times when physical distance cannot be maintained including while lifting equipment with another worker.

The following should be taken into consideration when carrying out close contact work:

- Ensure the worker does not have symptoms of COVID-19;
- Face mask and personal protective equipment is worn in line with the risk assessment and method statement;



- Contact log is kept for workers;
- Workers should wash and sanitise hands regularly;
- At the end of the task all tools and equipment must be sanitized properly.

The definition of a [Close Contact](#) is available on the HSE website.

#### **SHIFT AND POD WORK**

The organiser may develop plans to change shift patterns to protect the workforce, optimise the operation of an event and act as close contact mitigation. This may include contingency measures to address:

- Increased rates of absenteeism;
- Implementation of the measures necessary to reduce the spread of COVID-19;
- Changing work patterns;
- Loss of key personnel at a critical time due to COVID-19 related illness;
- Deputy staff positions for key roles in the case of absenteeism due to COVID-19.

Pod work or work partnerships may also be considered to limit contacts throughout the day. Restricting close contacts to a limited number of persons in a Pod will help contain any possible infection and allows for quicker contact tracing and testing. Consequently, persons can only belong to one pod and cannot move between pods. Pods should be divided into dedicated work zones: whether that be artist liaison, front of house, on stage, accreditation, ticketing concessionaires, vendors and suppliers etc. so that departments don't mix. Identify any roles that typically operate in multiple areas and minimise these where possible and implement additional protective measures.

For example, a dedicated group of four, working in the back of a truck in a theatre, to get the scenic elements brought to them to load, and tie off. Or pairing up site crew on an outdoor build, so the same pairings are used for the whole build/break period whenever there is close proximity work to be carried out.

Changing pods should be avoided. If pods changes are necessary, an appropriate period of time should be allowed between stopping works with one pod and commencing works with another. Additionally, employers/ organisers may wish to implement rapid testing when changing pod structures.

#### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The Event Organiser should ensure the provision and maintenance of PPE to ensure safety at work where it is not reasonably practicable to control or eliminate hazards. The level of PPE required for various tasks should be considered in the risk assessment. Mandatory training in the safe use and disposal of PPE should be provided. PPE recommended to reduce virus transmission include gloves and surgical face masks with appropriate CE markings. It should be noted that gloves should not replace the need for regular handwashing.

Gloves, surgical face mask and eye protection should be used when cleaning and caring for someone who is suspected to have COVID-19.

Appropriate PPE such as surgical facemask, gloves, long sleeved gown and eye protection should be provided as standard for first aid kits. If aerosol generating procedures are being performed a surgical facemask is not sufficient therefore a properly fitted respirator mask (FFP2 or higher specification) is required.



Consideration should be given to keeping a supply of surgical face masks at entrance points to make available to individuals who may have forgotten to bring their own.

The HSE offer advice on [How to wear a face covering](#). You can find guidance on [when to wear gloves](#) on the Centre for Disease Control and Prevention website.

Most construction and technical crew will not require PPE beyond what they would normally use for routine tasks.

**Note:** not all face coverings can be classified as personal protective equipment as they may not comply with basic health and safety requirements. Face coverings are deemed to be in conformity with the regulations if they bear the CE mark.

#### **WORK AREAS AND ACTIVITIES**

As far as reasonably possible, a distance in line with current public health advice should be maintained between workers. This is currently 2 metres, where 2 metres is not possible, other measures to protect workers should be in place. As well as face covering/mask, physical barriers such as sneeze guards/plexiglass and partitions can be useful, particularly in areas where it is difficult for individuals to remain apart. These physical barriers need to be regularly cleaned and disinfected. Screens may be fixed or mobile depending on requirements including emergency access. Adequate ventilation will be important in these circumstances, see Appendix L for further information on ventilation.

Worker areas should be separated from the patrons, and from the different worker pods, as far as practicable.

Scheduling staggered shifts will reduce the demand on facilities at start and end of shift and at breaks.

Changing Rooms, drying rooms, break rooms/canteen and locker rooms should be laid out to optimise physical distancing and provided with appropriate ventilation.

#### **SHARED VEHICLES**

Use of multi-occupancy or shared vehicles should be avoided as far as possible. Where multi-occupancy or shared vehicles are used, workers should consider:

- Maintaining physical distancing through suitable seating arrangements;
- Keeping the journey as short as possible;
- Wearing face covering/masks while in the vehicle;
- Only travelling with members of their own pods;
- Keeping vehicle windows open at all times or as much as possible weather and environmental conditions permitting (dust);
- Practicing good hygiene before and after using the vehicle. Organisers should provide hand sanitiser where necessary; and
- Vehicle heating and ventilation systems should not be set to recirculate air.

Where it's not possible for worker to physical distance in a vehicle, consider additional measures such as:

- Using physical screening, so long as this does not compromise safety, for example by reducing visibility;
- Sitting side-by-side not face-to-face; and
- Using a fixed pairing system if people need to work in close proximity.



Event Organisers must ensure vehicles are cleaned regularly, particularly between different users. Commonly touched areas in vehicles include:

- Handles (inside and out);
- Steering wheel and starter button;
- Centre touchscreen and stereo;
- Handbrake and gearstick;
- Keys and key fob;
- Indicators and wiper stalks; and
- Windows, mirrors and mirror switches, seat adjusters and any other controls.

Where private chauffeur services are engaged, organisers should ensure appropriate COVID-19 plans are in place by the company.

#### **COMMUNICATIONS AND MONITORING**

Communications with workers must be ongoing to ensure continued compliance with control measures. Ongoing monitoring and verbal reminders from COVID-19 compliance team members regarding physical distancing etc. are essential.

Contractors and suppliers must ensure they continually monitor compliance for their own workers at the event.

#### **RETURNING TO WORK AFTER COVID-19**

The HSA has introduced interim guidance to assist employers and workers manage a return to work following COVID-19 testing or infection. The Fitness for Work interim guidance and related checklists are available [HERE](#).



## APPENDIX F ARTIST AND PERFORMERS

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### **RISK ASSESSMENT AND COVID-19 PLANS**

Activities that involve rehearsing or performing can result in close interactions and infection spread in rehearsal areas, onstage, backstage and during breaks before, during and after activities. Risks of transmission are increased during various activities such as

- Vocalisation
- Playing musical instruments
- Dancing/ performing

Artists and their teams have a responsibility to follow all necessary guidelines and procedures that have been put in place at the event to protect against the spread of COVID-19. Organisers should discuss this with performers in advance to ensure they are not encouraging attendees to breach event protocols and/or increase the risk of the spread of the virus through their actions (i.e. loud chanting/singing, social distancing).

Organisers should request that artists and performers prepare a COVID-19 risk assessment and plan for their performance. Alternatively, organisers may include the performance in the event COVID-19 plan and risk assessment. Artist and performers should nominate a representative to liaise with the organiser's compliance team and ensure compliance performance and event IPCMs.

Organisers should also ensure that artists, performers and entertainers are aware the events IPCMs and of their role in providing a COVID-safe event by complying with physical distancing and hygiene protocols. This includes safeguarding the welfare of their colleagues and patrons of the event at which they are working.

In the instances of producing models, where the organiser is the employer of the artists and performers, organisers should ensure the performance and associated activities are included in the COVID-19 risk assessment and plans.

### **INFECTION PREVENTION AND CONTROL MEASURES**

When determining the appropriate control measures for artists and performers, consideration should be given to physical distancing of performers with additional protection measures where required, such as physical screens, or, facing brass and woodwinds away from crowds and other performers. Organisers should also consider:

- Distancing for audiences and performers depending on activities;
- Reducing the duration of the shows;
- Reducing numbers of performers on stage;
- Face covering/masks for performers on and off the stage – singers face shields;
- Increase ventilation in performance areas and during change over periods;
- Increase cleaning and disinfection to reduce fomite transmission;
- Physical screens between performers and backstage workers;
- Performer testing and screening regimes;
- Consideration of performers effect on the crowd behaviour;
- Updating 'Show Stop' procedures for significant crowd noncompliance.



Event Organisers should agree with co-producers, artists and workers all working procedures, responsibilities and protocols throughout rehearsals, build, technical installations, show days to load out.

Artists and performers should practice physical distancing as far as practicable while on the stage and throughout the performances unless they are working in a pod. The stage and ancillary areas should be cleaned before and after use and hand sanitizers available to use when they go on and off the stage.

Performers should not be permitted to partake in high-risk activities such as crowd surfing, moving through the crowd or throwing personal items into the crowd.

#### **CLOSE CONTACT ACTIVITIES**

As part of live performances close contact activities and shared equipment can be unavoidable such as costume fitting, hair and makeup, working with sound and amplification equipment. COVID-19 risk assessments and plans should be carried out and prepared for all activities to ensure compliance with current Government guidance.

Some performers may be operating in a close contact pod which may permit them to work in close contact without face covering/masks. In certain circumstances it may be appropriate to consider the implementation of a testing regime to reduce the risk of infection spread amongst key workers.

#### **PERFORMANCE LOCATION**

The location and orientation of the performance area will determine the appropriate infection prevention and control measures required to reduce the risk of transmission between performers, other workers and patrons. Stage areas have many touch points including ramps, load in areas, designated workspaces etc.

Performances on the ground (circus or street performance style for example) will require appropriate barrier systems and/or management to ensure physical distancing between performers and patrons can be maintained.

#### **PERFORMER AND ARTIST AREAS**

Organisers shall be responsible for ensuring that event facilities for performers and artists such as green rooms, dressing rooms and rehearsal spaces are included in the event plan and that they are managed and operated in compliance with Government guidance and public health advice.

Where there are multiple performers or artists using the facilities (green rooms, staging etc.) thorough cleaning and disinfecting should be carried out before and after each use to avoid potential cross contamination. Room capacities should be clearly signposted on entry. Organisers should consider all people to these areas (guests, artist liaisons, stage managers etc.).

#### **ARTIST TRAVEL AND QUARANTINE TEST**

Workers including artists, performers and touring crew/workers must adhere to the Government Restrictions with respect to international travel. It should be noted that local national guidance will supersede guidance of country of origin, or native country.

Organisers should carefully monitor the official advice and information from the Irish Government and the Department of Foreign Affairs.

#### **SHOW PRODUCTION EQUIPMENT AND CARGO**

Commercial hauliers for international cargo and freight must follow Government advice and restrictions with respect to deliveries and transport. There may be delays at ports as a result of COVID-





19. Additional measures may be required for equipment imported from overseas such as disinfection and/or quarantine of equipment which cannot be effectively sanitised.

Production equipment and cargo should be sanitized when loaded and unloaded at the event venue. Any equipment that cannot be adequately disinfected (e.g. speakers, softly furnished items) may be quarantined in an allocated area. This can be inclusive of transit time if minimally touched during transit. Once the event has concluded, workers can clean and disinfect equipment, in preparation for freight.

In addition to face covering/masks, workers should ensure they wash and sanitise their hand regularly after handling equipment and cargo to prevent contamination.



## APPENDIX G STAKEHOLDERS

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Stakeholders providing goods and services at the event including but not limited to artists, participants, competitors, entertainers, vendors, exhibitors, 3rd party suppliers, etc. should follow measures outlined in Appendix E for their workers.

All employers including organisers, venue management, contractors, suppliers, concessionaires etc. have a responsibility to provide a high level of service while ensuring the safety of their workers, patrons, and the wider community. Event Organisers should ensure that all stakeholders have developed a COVID-19 plan in line with the government's [Work Safely Protocol](#).

Stakeholders should ensure sufficient staffing contingencies in the event of a worker experiencing symptoms of COVID-19 and being unable carry out their duties.

All stakeholders with workers on site should provide details of their COVID-19 Compliance Officer and Lead Worker Representative to the organisers.

Stakeholders visiting or working onsite must follow the events IPCMs and take into account public health advice in preventing the spread of COVID-19.

All stakeholders who come on site and work at the event must sign a health declaration prior to entering. Organisers should provide event specific COVID-19 induction outlining the organisers COVID-19 plan key information including details of the compliance officers and suspected case response plan.

### **DOCUMENTATION**

Standard health and safety management procedures for suppliers and contractors should also be implemented. Organisers should request contractor and supplier health and safety documents ensuring they take account of the risk of transmission of COVID-19.

### **SITE MANAGEMENT COVID-19 COMPLIANCE TEAM**

Site management's responsibility includes assessing various work scenarios to ensure that the key requirements such as physical distancing, hygiene and face coverings/mask controls are being implemented. This involves briefings with site workers and constant reminders of COVID-19 IPCMs on site during the build and break. Site management should carry out regular site walks and inspections to ensure all site workers, contractors and suppliers are wearing appropriate PPE, practicing physical distancing and implementing good hand hygiene and respiratory etiquette. All health declarations and confirmation of induction training should be collected by site management COVID-19 Compliance Officer(s). Individuals should not be permitted to commence work until they have completed the health declaration and COVID-19 training.

The Construction Federation of Ireland offers good guidance on COVID-19 mitigation for construction sites and construction workers. *C-19 Standard Operating Procedures* can be found [HERE](#).

All aspects of the build/ break period must be considered when implementing IPCMs including:

- Deliveries and collections;
- Production scheduling;
- Worker management;
- International crews and touring teams;
- Close contact working;
- PPE requirements;
- Shared vehicles.

Shared equipment management, heavy equipment such as forklifts, boom lifts, and scissor lifts should minimize the number of operators of each piece of equipment where feasible.



## APPENDIX H COMMUNICATIONS

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Clear and concise communication with workers and patrons is an essential part of managing risk at the event. A comprehensive and reliable communication plan can be provided to inform all persons attending the event as to what measures have been put in place for their safety, and to inform patrons of what is expected of them. A strong communication plan will also allow persons attending the event to have up-to-date information and be aware of changes as they occur.

Management of attendee expectations will be an important part of the communications and crowd management plan. Patrons must be made aware of changes to the normal event experience such as physical distancing, possible delays, longer wait times and face covering/mask requirements.

Event rules and terms and conditions should be updated to include COVID-19 and any requirements for entry (immunity status). IPCMs and arrangements should be in place if the event is cancelled or postponed as a result of new restrictions.

All efforts must be made to remind patrons not to attend the event if unwell, awaiting COVID-19 test results or under direction to remain in isolation/quarantine.

Before an event takes place, management should inform the patrons, using all available communication channels, of both:

- The safety measures that have been implemented in the venue, and
- Their responsibilities when attending the event.

This will reassure patrons of the safety precautions in place for their own safety. It will further assist in the operations on the event day as patrons will know what to expect and will be able to plan accordingly.

Communications with patrons should give clear and concise information informing them, where applicable, of:

- Conditions of entry – e.g. requirement to show proof of immunity;
- Their responsibilities in terms of hygiene and respiratory etiquette, physical distancing and wearing of face covering/masks;
- Their responsibility to remain at home if they are experiencing symptoms before the event or are a close contact of a suspected case;
- Their responsibility to personally assess themselves for fitness to attend, e.g. if they might be considered vulnerable people;
- Advice on what to do if they develop symptoms while at the event;
- Advice for travelling on public transport including the possibility of limited services;
- Suggested arrival times to account for possible increased queuing and to inform of staggered entry times, if imposed;
- Location of entry points and exit routes related to their allocated area;
- Any difference in standard entry procedures or checks they may need to undergo;
- Payment methods at concessions (e.g. if contactless payments, or click and collect methods are being used);
- Changes to the usual available refreshments, e.g. if there is a no-alcohol policy; and
- Ticket return policy communicated to patrons who are unable to attend because of



illness/close contact.

### **COMMUNICATIONS METHODS**

Event Organisers should communicate to patrons through all available means including:

- Website for the venue, event, or artist;
- Social media channels for the venue, event or artist;
- Ticket purchasing sites;
- Emails and push notifications;
- Mobile apps;
- Signage leading to and at the event venue; and
- Event workers and stewards communicating verbally.

Patrons should be advised via all available communication methods to stay at home if they are experiencing symptoms of COVID-19. It is up to the individual to carry out a personal risk assessment to determine if they should attend, in particular this relates to those with pre-existing health conditions that may be considered “vulnerable people” in relation to COVID-19 public health advice.

All patrons should be encouraged to download the HSE [COVID Tracker App](#)

### **SIGNAGE**

Appropriate COVID-19 information signage should be installed in key locations (entrances, concourse/circulation spaces, toilets, and food and beverage areas) to remind patrons of their responsibilities and provide way finding information. The signage should be placed in prominent positions and be clear and legible.

Signage should be regularly reviewed to ensure it is displaying the latest Government guidelines or Event specific protocols.

Signage may take the form of the following:

- Vertical signage prominently mounted in key locations indicating physical distancing, face covering/mask protocols and other relevant information, advice and guidance;
- Floor markings indicating physical distancing;
- Electronic displays and screens within circulation areas can also show relevant information; and
- Big screens can also be used to give instruction to patrons. This may be particularly useful if there are specific exiting procedures that they need to follow.

All messaging should be clear, concise, and consistent. Messaging should adhere to the guidelines for signage, visual contrast, and audibility for people with disabilities as outlined in Technical Guidance Document Part M and BS8300: 2009.

### **SUSPECTED CASE AND OUTBREAK COMMUNICATIONS**

It is advised that a media strategy be developed in the unlikely event of a positive case or outbreak following an event. This may take the form of a holding statement with a few key points and information. This will assist in protecting the reputation of both venue and organisers and provide reassurance to patrons.



## APPENDIX I PATRON SCREENING

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To minimise the likelihood of COVID-19 entering an event through infected patrons and the risk of transmission to workers and other patrons it is recommended that patrons complete some form of health declaration and/or screening before attending any event. The health declaration and screening process adopted by organisers will vary depending on location and percentage capacity applied to the event. Minimum suggested methods include:

- Terms and conditions of sale at the time of ticket purchase require the purchaser to
  - Acknowledge that they take responsibility for monitoring their health and the health of those attending in their group; and/or
  - Confirm that they are/will be fully vaccinated or recovered at the time of the event, if running an event at the capacities permitted for fully vaccinated/recovered patrons. .
- Request confirmation a specified time out from the event that ticketholders are symptoms free, are not awaiting the results of a COVID-19 test, are not self-isolating or restricting their movements and have not travelled outside of Ireland in the last 14 days;
- Signage at the venue reminding patrons that they must not attend if they are experiencing symptoms of COVID-19;
- Event App with specific questions to be completed in advance of attendance. All patrons should also be encouraged to download the HSE [COVID Tracker App](#); and

### **CONTACT TRACING**

Organisers shall have in place a system to collect the contact details of patrons to assist in contact tracing systems if required to do so by the HSE. See link [HERE](#) for more information on contact tracing.

The Data Protection Commission has provided advice on processing data for contact tracing. Logs should be held for 28 days, after which time they can be securely disposed of. Further information is accessible on the Data Protection Commission website available [HERE](#).

### **DIGITAL COVID-19 CERTIFICATE**

For licensed premises, information on how to check proof of immunity for indoor hospitality using the EU Digital COVID Certificate (DCC) is available on the Fáilte Ireland guidelines [HERE](#). The DCC helps citizens move freely and safely within the EU during the COVID-19 pandemic.

It is proof that you have either:

- Been vaccinated against COVID-19;
- Received a negative test result; or
- Recovered from COVID-19 in the last 6 months

The DCC is free and contains necessary key information including:

- The name of the individual;
- Their date of birth;
- The date of issue;
- Relevant information about your vaccine or test or recovery;
- A unique identifier number.



Accompanied minors (children under 18 years old) are not required to be fully vaccinated or recovered to attend events.

The following pages show examples of proof of immunity for jurisdictions outside of the EU.

## Proof of Immunity for Jurisdictions Outside the European Union



Rialtas na hÉireann  
Government of Ireland

The EU Digital COVID Certificate will be available to fully immunised citizens within the EU and can be accepted for indoor hospitality. Businesses will be required to cross-check the name on the documentation with Photo ID\*

### UK Vaccination Letter

The UK verification letter or digital certificate from the NHS can be accepted for indoor hospitality. The business will be required to cross-check the name on the documentation with Photo ID\*

The letter will have information confirming that the person has had the required vaccine it will include:

- The NHS logo and a bar code
- The name of the person
- The type of vaccine received

UNLVGV81GB16247518H0L7T2ZLAME

Name: Jack Brown  
Address: Unit 15, Newcourt Business Park, Linford Road  
Post Code: BT12 5DH

Coronavirus (COVID-19) vaccination confirmation: two doses received  
This document is important. Keep it safe. It proves that you have been vaccinated.

Name: Jack Brown  
Date of birth: 06/09/1982  
Your Department of Health record now shows you have received two doses of the COVID-19 vaccine AstraZeneca vaccine.

Dose 1 of 2	Dose 2 of 2
Date: 01/09/2021	Date: 01/09/2021
Vaccine manufacturer: AstraZeneca AB	Vaccine manufacturer: AstraZeneca AB
Disease targeted: COVID-19	Disease targeted: COVID-19
Vaccine product: Vaxzevria	Vaccine product: Vaxzevria
Vaccine / prophylaxis: SARS-CoV-2 antigen vx	Vaccine / prophylaxis: SARS-CoV-2 antigen vx
Batch: 123456	Batch: 854321
Country of vaccination: GB	Country of vaccination: GB
Authority: Department of Health NI	Authority: Department of Health NI
Administering centre: Antrim Area Hospital	Administering centre: Antrim Area Hospital

Find out about COVID-19 symptoms, testing, vaccination and self-isolation on the HSC website: [www.covid-19.npsct.nhs.uk](http://www.covid-19.npsct.nhs.uk)

Data Protection: The Health and Social Care Board (HSCB) and Department of Health are acting as Joint Data Controllers and are responsible for processing your personal data for the purposes of the COVID-19 Certification service. To find out more, you can access our Privacy Notice at <https://hscb.nhs.uk/privacy-policy> or visit our website and your data or search for 'COVID-19' in our proof of vaccination document NI in your website browser.

AAAA-BBBB-CCCC-DDDD-EE

Sample Name: Sample Person  
Sample Town: Sample County  
Sample County: SA 2PL

17 May 2021

Coronavirus (COVID-19) vaccination confirmation: two doses received  
This document is important. Keep it safe. It proves that you have been vaccinated.

Name: Name, Sample  
Date of birth: 01 January 1946  
Your NHS record now shows you have received two doses of the COVID-19 vaccine AstraZeneca.

Dose 1	Dose 2
Date: 02 February 2021	Date: 20 April 2021
Vaccine manufacturer: AstraZeneca AB	Vaccine manufacturer: AstraZeneca AB
Disease targeted: COVID-19	Disease targeted: COVID-19
Vaccine product: Vaxzevria	Vaccine product: Vaxzevria
Vaccine / prophylaxis: SARS-CoV-2 antigen	Vaccine / prophylaxis: SARS-CoV-2 antigen
Batch: XX XXXX XXXX	Batch: XX XXXX XXXX
Country of vaccination: GB	Country of vaccination: GB
Administering centre: University Hospital of Sample Town	Administering centre: University Hospital of Sample Town

Find out about COVID-19 symptoms, testing, vaccination and self-isolation on the NHS website: [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus)

Photo Requirement: This Document for Health and Social Care is subject to the Photo Requirement and is acceptable.

### Northern Ireland Vaccine Certificate

This certificate can be presented digitally or in paper format. The business will be required to cross-check the name on the documentation with Photo ID\*

- The name of the person
- The NHS logo and barcode
- Proof that the person is vaccinated

\*Acceptable forms of ID are Driving Licence, Passport or other Photo IDs



Rialtas na hÉireann  
Government of Ireland

## CDC COVID Vaccination Card

The CDC's COVID-19 Vaccination Card is likely to be the primary proof of vaccination going forward within the United States of America, and is accepted across most states.

**COVID-19 Vaccination Record Card**

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido

Doe Jane MI  
Last Name First Name MI

xx/xx/xx  
Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	③ Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	① Pfizer ② ABC1234 Exp: xx/xx/xx	xx/xx/xx mm dd yy	④ Javits Center ⑤ John Smith
2 <sup>nd</sup> Dose COVID-19		mm/dd/yy	
Other		mm/dd/yy	
Other		mm/dd/yy	

**COVID-19 Vaccination Record Card**

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido

Jane Doe MI  
Last Name First Name MI

Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19		mm/dd/yy	
2 <sup>nd</sup> Dose COVID-19		mm/dd/yy	





Rialtas na hÉireann  
Government of Ireland

## New York State Excelsior Pass



## California Digital Pass

myvaccinerecord.cdph.ca.gov

State of California

English Español 简体字 MORE

Digital COVID-19 Vaccine Record

### Digital COVID-19 Vaccine Record

Welcome to the Digital COVID-19 Vaccine Record portal. Just enter a few details below to get a link to a QR code and digital copy of your COVID-19 vaccination record. If you want to share your proof of vaccination, you can use either the electronic version you'll get from the portal or the card you were given at time of vaccination.

If you are a parent or guardian and have multiple vaccine records associated with a single cell phone number or email address, enter each digital vaccine record request separately.

Please fill out the required fields to receive a link to a QR code and digital copy of your COVID-19 vaccination record:

Required fields marked with \*

First name\*

Last name\*

Date of birth\*

Provide the cell phone or email used when you received your COVID-19 vaccine.

☒ Cell Phone ☐ Email

Cell Phone\*

Set a 4-digit PIN code to access your vaccine record. \*

**Note:** this code will not be sent to you, so please ensure you write down for future use.

### Personal Digital COVID-19 Vaccine Record

State of California

**Vaccination Information:**

Name: John Smith  
DOB: 11/21/1990  
Dose #1 Date: 5/4/2021  
Dose #1 Type/Mfr.: Moderna  
Dose #2 Date: 7/9/2021  
Dose #2 Type/Mfr.: Moderna





## APPENDIX J HYGIENE AND RESPIRATORY ETIQUETTE

### J.1 HAND HYGIENE

Good hand hygiene will aid in preventing the spread of COVID-19. It is important to encourage frequent hand washing using soap and warm water and that all workers and patrons are familiar with and follow [HSE Hand Washing](#) guidelines. Between hand washing, the use of hand sanitisers (alcohol (minimum 60%) or non-alcohol based) is recommended. In choosing a hand sanitiser, it is important to ensure that it is effective against COVID-19.

Hand washing facilities should be made available to all workers and patrons. Hand sanitising units should be placed in key locations at entrances, food and beverage areas and throughout the venue and circulation areas for patrons' and workers use.

Event Organisers should monitor hand washing/sanitising areas to ensure sufficient supplies are available at all times.

Hot hand washing facilities are advised for events where workers have the potential to have heavily soiled hands (site work etc.)

#### TOILETS

In addition to physical distancing measures outlined in Appendix C, the following measures should be considered:

- Appropriate signage for hand hygiene in accordance with HSE guidelines;
- Disposable paper towels should be provided along with water and soap or hand sanitiser where running water is not available;
- Bins should be open, or pedal operated so patrons do not have to touch them.

### J.2 FACE COVERINGS AND MASKS

In the majority of cases COVID-19 is spread through close contact and droplets that come from your nose and mouth. For example, when you cough, sneeze or talk loudly. It can also be spread by smaller particles (aerosols). Wearing a face covering/mask reduces the spread of these droplets and aerosols. It further prevents the spread of the virus from people who may not know they have it. A face covering/mask is a material that covers the nose and mouth. Face covering/masks should be worn in addition to, and never a substitute for, other Public Health measures including physical distancing, hand hygiene and practising appropriate respiratory etiquette.

#### LAW

By law, individuals are required to wear a face covering/mask on public transport, and in:

- |                    |                 |
|--------------------|-----------------|
| • Shopping Centres | • Concert Halls |
| • Cinemas          | • Bingo Halls   |
| • Theatres         | • Museums       |



For full list see HSE Website [HERE](#).

In addition to the above it is also recommended to wear a face covering/mask in:

- Crowded workplaces; and
- Busy or crowded outdoor spaces where a lot of people gather together.

See 'S.I. No. 20/2021 - Health Act 1947 (Section 31A – Temporary Restrictions) (Covid-19) (Face Coverings in Certain Premises and Businesses) (Amendment) Regulations 2021' available [HERE](#).

Organisations must ensure that they are familiar with the various reasons why a worker or patron may not be required to wear a face covering/mask, further details can be found [HERE](#).

Should a person be medically exempt from wearing a face covering/mask, organisers may wish to provide them with an exemption lanyard to assist with the enforcement of face covering/mask wearing while attending the event.

**Note:** Visors should be avoided where possible. Visors may stop some spread of droplets from the nose or mouth. This is better than not wearing any face covering. Visors should only be worn and permitted if the individual has an illness or impairment that makes wearing a face covering difficult or if dealing with people with particular needs (e.g., hard of hearing). Where visors are used, they should cover the entire face (above the eyes to below the chin and wrap around from ear to ear) and be correctly applied. Reusable visors should be cleaned after each use and then stored in a clean place until needed.

### J.2.1 WORKERS

In the majority of circumstances, face covering/masks should be worn by all workers and contractors operating at the event or in the venue. The COVID-19 risk assessment will determine the requirement for a worker to wear a face covering/mask.

As part of the risk assessment, organisers should determine the requirement for face coverings/masks in all individual activities. The [Work Safely Protocol](#) states that in settings where 2 metre worker separation cannot be ensured then face coverings/masks should be made available to workers in line with Public Health advice. Workers should also wear facing coverings in customer facing roles and at indoor events/venues. Medical grade face masks should be worn in situations where physical distancing cannot be maintained.

Organisers are advised to consider “fresh air” breaks for workers to enable them to go outside for some fresh air. This must be carried out in a controlled manner whilst maintaining appropriate physical distancing.

**Note:** Face coverings/face masks are not all classified as PPE as they do not meet the necessary safety standards. Type of face covering/mask required will be dependent on risk assessments.

Venues should advise Event Organisers of their requirements and expectations with respect to mask wearing.

### J.2.2 PATRONS

Policies and procedures for the wearing of face covering/masks for patrons may vary depending on the location of each event (indoor vs outdoor) and current Public Health Advice/ Government



restrictions in place at the time of the event. Currently, it is compulsory to wear a face covering/mask on public transport and in shops and other indoor settings including theatres, concert halls, cinemas and museums.

For **indoor** events/venues patrons should wear face covering/masks, at all times, when at the event including while queueing for entry. They may remove their face covering/mask for short periods when eating or drinking.

For **outdoor** events/venues it is advisable to wear face coverings in congested areas although this is not compulsory.

Exceptions to face covering/mask wearing include patrons who are under the age of 13 or are unable to wear them because of a physical or mental illness or disability.

Consideration should be given to keeping a supply of face masks at entrances to make such available to any patrons who may have forgotten to bring their own.

Patrons should be informed via pre-event communications that much of the responsibility for managing COVID-19 risk remains with themselves, particularly in relation to physical distancing, the wearing of face covering/masks and hygiene. They should also be informed of the event face covering/mask policy.

Designated persons should be tasked with monitoring compliance with face covering/mask policies. A procedure should be established to deal with patrons who refuse to wear a face mask or covering

**It is anticipated that formal requirements/mandates for mask wearing outdoors, and indoor private settings will be removed from the 22<sup>nd</sup> October 2021.**



## APPENDIX K CLEANING TO PREVENT CONTAMINATION

### K.1 GENERAL CLEANING PROTOCOLS

COVID-19 can spread where a person touches a surface that a person infected with the virus has contaminated. The person then touches their nose, mouth, or eyes. Studies have found that COVID-19 virus remained viable up to 1 day on cloth and wood, up to 24 hours on cardboard, 2 days on glass, 4 days on stainless steel and plastic, and up to 7 days on the outer layer of a medical mask. The COVID-19 virus also survives in a wide range of pH values and ambient temperatures but is susceptible to heat and standard disinfection methods. To prevent the spread of cross contamination enhanced cleaning procedures should be in place at shared touch points in back of house areas as well as areas open to the public.

All areas of the venue that are in use for the event must be cleaned before, during and after use. These areas include artist dressing rooms, event control working areas, patrons viewing areas, offices, meeting rooms and sanitary facilities. Cleaning should be carried out in accordance with [ECDC Guidelines](#).

#### PRINCIPALS OF CLEANING

Cleaning helps to remove pathogens or significantly reduce their load on contaminated surfaces and is an essential first step in any disinfection process. Cleaning with water, soap (or a neutral detergent) and some form of mechanical action (brushing or scrubbing) removes and reduces dirt, debris and other organic matter but does not kill microorganisms. Organic matter can impede direct contact of a disinfectant to a surface and inactivate the germicidal properties or mode of action of several disinfectants.

#### DISINFECTING

In addition to the methodology used, the disinfectant concentration and contact time are also critical for effective surface disinfection. Therefore, a chemical disinfectant, such as chlorine or alcohol, should be applied after cleaning to kill any remaining microorganisms.

Disinfectant solutions must be prepared and used according to the manufacturer's recommendations for volume and contact time. Concentrations with inadequate dilution during preparation (too high or too low) may reduce their effectiveness. High concentrations increase chemical exposure to users and may also damage surfaces. Enough disinfectant solution should be applied to allow surfaces to remain wet and untouched long enough for the disinfectant to inactivate pathogens, as recommended by the manufacturer.

Follow the manufacturer's instructions to ensure that disinfectants are prepared and handled safely, wearing the appropriate personal protective equipment (PPE) to avoid chemical exposure to workers and patrons.

This risk of spread through contaminated surfaces can be reduced through the following measure:

- Increase frequency of cleaning in all areas and undertake more regular inspections of facilities at the event;
- Ensure a sufficient number of cleaners are employed to maintain a scheduled cleaning regime;
- Establish a thorough and regular cleaning regime of common contact surfaces, 'high touch' items and shared amenities, such as;
  - Taps and washing facilities
  - Toilet flush and seats



- Door handles and push plates
- Light Switches
- Handrails on staircases and ramps
- Barriers and gates
- Lift controls
- Food preparation and eating surfaces
- Communications equipment
- Office equipment
- Rubbish collection and storage points
- Welfare facility areas
- Shared vehicles or equipment
- Keep a cleaning log to ensure the cleaning regime is being strictly adhered to; and
- Ensure patrons have access to hand sanitiser in accessible locations throughout the venue.

All contact/touch surfaces, communal changing/sanitary facilities and catering facilities should be cleaned at least twice daily.

The use of a neutral detergent for the cleaning of surfaces in general premises (i.e. not for premises where a suspected or confirmed case of COVID-19 has been) is sufficient.

Event Organisers should ensure that cleaning records are carefully entered and preserved for reference.

Furthermore, Event Organisers should ensure they provide appropriate PPE (Gloves, mask, disposal aprons) for cleaning staff and that other adequate cleaning supplies and materials are provided.

#### **ELECTROSTATIC SPRAY**

For indoor spaces, routine application of disinfectants to environmental surfaces by spraying or fogging (also known as fumigation or misting) is not recommended for COVID-19. Studies have shown that spraying as a primary disinfection strategy is ineffective in removing contaminants outside of direct spray zones. Moreover, spraying disinfectants can result in risks to the eyes, respiratory or skin irritation and the resulting health effects. Spraying or fogging of certain chemicals, such as formaldehyde, chlorine-based agents or quaternary ammonium compounds, is not recommended due to adverse health effects on workers in facilities where these methods have been utilized. The Department of Agriculture, Food and Marine has to date not approved any biocidal products for use for the control of Covid-19 via fogging/misting/atomisation/aerosol devices. Full list of approved biocidal products can be found [HERE](#).

Spraying or fumigation of outdoor spaces, such as streets or marketplaces, is also not recommended to kill the COVID-19 virus or other pathogens because disinfectant is inactivated by dirt and debris, and it is not feasible to manually clean and remove all organic matter from such spaces.

Spraying individuals with disinfectants (such as in a tunnel, cabinet, or chamber) is not recommended under any circumstances.

#### **K.2 CLEANING PATRON VIEWING AREAS**

Seats, handrails and other high touch items in patron viewing areas should be cleaned prior to each event and between changes of patrons.



It should be noted that SARS-CoV-2 may survive on fabrics for a few days depending on the material of the upholstery. Event organisers should check for an upholstery tag which should have the manufacturer's instructions on it regarding cleaning. Alternatively, contact the manufacturer or supplier of the furniture directly for their advice.

Soft furnishings can be cleaned using a small brush that has firm bristles with a light spray of detergent from a bottle. For items which cannot be cleaned using detergents or laundered, steam cleaning could also be used. Alternatively, temporary plastic covers could be applied to enable wipe down of surfaces, particularly arm rests.

Note that household bleach may not be suitable for use on upholstered furniture as the chlorine within is corrosive and can damage certain materials/fabrics.

### **K.3 ARTIST AREAS**

Artist's areas should be cleaned and disinfected prior to artist arrival. Once cleaned the area should be sealed and no entry permitted. The areas can be unsealed when the artist arrives. The areas should be cleaned and sanitized in between use of different artists.

Consideration should be given to the ability to practice physical distancing in artist areas. Including artists, entourage, makeup artists, hairdressers, stylist etc. Extra dressing rooms may be needed to maintain physical distancing.

### **K.4 EQUIPMENT**

#### **HIGH TOUCH EQUIPMENT**

High-touch equipment such as motor controllers, microphones, mic stands, and audio/video cable should be sanitized frequently, and equipment should be dedicated to individual users where possible. Efforts should be made to minimise the use of shared equipment where possible. If this isn't possible then the following procedures should be considered:

- Clean and disinfect shared equipment and tools before, during and after each shift or anytime the equipment is transferred to another person, examples contact radio, vocal microphone;
- Once finished with equipment, workers are advised to thoroughly wipe down the equipment using disinfectant wipes and label as 'disinfected' or 'ready for use'; and
- Workers are required to wash or sanitise their hands regularly while onsite, with hand sanitiser made available at all major touch points.

#### **SHARED EQUIPMENT**

Where possible efforts should be made to minimise the use of shared equipment. In the event this is not possible then the following procedures should be considered:

- Clean and disinfect shared equipment and tools before, during and after each shift or anytime the equipment is transferred to another person such as radios and microphones;
- Once finished with equipment, workers are advised to thoroughly wipe down the equipment using disinfectant wipes; and
- Workers are required to wash or sanitise their hands regularly while onsite, with hand sanitiser made available at all major touch points.

**SHARE VEHICLES**

Event Organisers must ensure vehicles are cleaned regularly, particularly between different users. Commonly touched areas in vehicles include:

- Handles (inside and out);
- Steering wheel and starter button;
- Centre touchscreen and stereo;
- Handbrake and gearstick;
- Keys and key fob;
- Indicators and wiper stalks; and
- Windows, mirrors and mirror switches, seat adjusters and any other controls.

**SUSPECTED CASE**

See Appendix Q for details on cleaning for a suspected case.

NOTE: People can be infected with SARS-CoV-2 through contact with surfaces. However, based on available epidemiological data and studies of environmental transmission factors, surface transmission is not the main route by which SARS-CoV-2 spreads, and the risk is considered to be low. The principal mode by which people are infected with SARS-CoV-2 is through exposure to respiratory droplets carrying infectious virus. In most situations, cleaning surfaces using soap or detergent, and not disinfecting, is enough to reduce risk. Disinfection is recommended in indoor community settings where there has been a suspected or confirmed case of COVID-19 within the last 24 hours. The risk of fomite transmission can be reduced by wearing masks consistently and correctly, practicing hand hygiene, cleaning, and taking other measures to maintain healthy facilities.

Source [CDC](#)



## APPENDIX L HEATING, VENTILATION AND AIR CONDITION

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According to the [ECDC](#) poor ventilation in confined indoor spaces is associated with increased transmission of respiratory infections. COVID-19 can spread in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time. This is because aerosols remain suspended in the air or travel farther than 1 metre (long-range). That is why it is important to ensure a) that workers who have symptoms of COVID-19 or are feeling unwell remain out of work, b) that occupancy levels remain low (i.e., working from home where possible) and c) that indoor spaces are kept well ventilated.

The ventilation of enclosed places of work is a requirement under the Safety, Health and Welfare at Work Act (General Application) Regulations, 2007. Natural (via windows and doors) and mechanical ventilation (Heating, Ventilation and Air Condition systems – HVAC) significantly improves hygiene and better air quality. The ability to adequately ventilate an indoor setting including opening windows and doors where possible is a key mitigating measure to reduce the risk of transmission of COVID-19.

It is recommended that events are organised outdoors, however if this is not possible, event venues should be ventilated before admittance of patrons, during the event if appropriate and after the event.

Big tops, tents and marquees offer an ideal solution for many events. They provide spaces which can provide protection from the weather, while allowing for free ventilation through a space by the opening or removal of the sides of the tent. Note: for Big Tops, Tents and Marquees to be considered an outdoor venue not more than 50 per cent of the perimeter walls can be closed. See definitions in section 5.

Determining the ventilation of enclosed workplace settings should be considered as part of the workplace risk assessment. The priority for the risk assessment is to identify areas of the workplace or event that are usually occupied and are poorly ventilated. Consideration should be given to indoor areas at an outdoor venue such as mobile containers and cabins. Event Organisers can use carbon dioxide (CO<sub>2</sub>) monitors as a proxy to identify poorly ventilated areas.

The primary principle for improving ventilation is to minimise transmission, so that the level of “fresh” outside air should be maximised therefore reducing the level of recirculated air in the workspace, unless high-efficiency particulate filters (HEPA) are installed in the ventilation system. See [Work Safely Protocol](#) for further guidance on assessment Heating, Ventilation and Air Conditioning (HVAC)

General recommendations contained with HPSC Guidance on Non-Healthcare Building Ventilation during COVID-19 are listed below. This document provides an overview of the current literature examining the association between ventilation and COVID-19 and is aimed at commercial and public buildings but does not include residential or health care settings. Link for full guidance document [HERE](#). See also HSA Employers Checklist for Ventilation below and [HERE](#).

### **Manual**

- Windows and doors should be opened on a regular basis to allow for a flow of air throughout the premises.





## **Mechanical**

- Ensure that any mechanical ventilation systems are adequately maintained as per manufacturer's instructions. There is no need for additional maintenance cycles beyond the routine maintenance.
- Where filters are used in the central HVAC system, ensure that these are replaced regularly as per manufacturer's instructions. There is no need for additional cleaning or changing beyond routine maintenance.
- If filters are used as part of a central ventilation system, consideration should be given to installing the most efficient filter for the system (Minimum Efficiency Reporting Value - MERV – 13 to 16; ISO 16890 ePM1 rating 60-90%). HEPA filtration should be considered where air is re-circulated.
- Increase the outdoor air fraction of air inside buildings as much as possible. This can be done by fully opening outside air dampers in mechanical systems or opening windows where available.
- Increase total airflow supply to occupied spaces by increasing number of air exchanges per hour.
- Mechanical fans should only be used where there is a single occupant in a room. If this is not possible, then fans should be directed to exhaust directly to the exterior environment (e.g. open window), to minimise potential spread of pathogens.
- Disable demand controlled mechanical ventilation if possible. These types of HVAC systems are set to only circulate air when a certain threshold is passed, usually the amount of CO<sub>2</sub> build-up in the room, or the ambient room temperature. If it is not possible to bypass this system, then set the threshold to the lowest possible setting (e.g. 400ppm or less of CO<sub>2</sub>) so that the system remains ventilating at a nominal speed
- Keep ventilation running at all times (i.e. 24/7), regardless of building occupancy. When unoccupied, ventilation can be reduced to the lowest setting.
- Extend the hours of nominal HVAC operations to begin two hours before the building is occupied, and to only reduce to lowest setting 2 hours after the building has emptied. This ensures that rooms are well ventilated before occupancy each day.
- Ensure extractor fans in bathrooms are functional and running 24/7. When the building is occupied, they should operate at full capacity. As with the central HVAC, they can be set to the lowest speed 2 hours after the building is emptied and ramped up again 2 hours before occupancy if the system allows.
- Avoid directing air flow directly onto individuals or across groups of individuals, as this may facilitate transmission of pathogens between individuals.
- Avoid the use of air-recirculation systems in HVACs as much as possible. Use 100% outdoor air if supported by the HVAC system and compatible with outdoor/indoor air quality considerations. If it is not possible to disable the air recirculation system, then HEPA filtration or the highest efficiency filter possible according to the HVAC manufacturer's specifications should be considered.
- While there is evidence in experimental settings that coronaviruses like the SARS-CoV-2 virus deteriorate faster in high temperatures and humidity, the levels that need to be achieved are not attainable or acceptable in buildings. In addition, indoor humidification is not a common feature in most HVAC systems, and would incur additional maintenance and equipment costs.



However, low relative humidity (<20%) is known to increase an individual's susceptibility to infection. Where such systems do exist, the advice is to maintain a relative air humidity of 20-60% if feasible.

- Create “clean” ventilation zones for staff that do not include high-risk areas (e.g. visitor reception). This can be done by re-evaluating the positioning of the supply and exhaust air diffusers and adjusting flow rates to establish measurable pressure differentials.



## COVID-19 Work Safely Protocol

### Employer Checklist No. 8 - Ventilation

These checklists have been prepared to help employers, business owners and managers to get their business up and running again in a way that will help prevent the spread of COVID-19. This Checklist addresses ventilation, which is one of the key control measures to reduce the transmission of COVID-19 in the workplace. It is important that in following this guidance, your building continues to comply with existing health and safety, fire safety and building regulations.

Ventilation is an important factor in reducing the risk of aerosol transmission indoors, where individuals may be in close contact, potentially for longer periods of time and in poorly ventilated areas. Ventilation will not stop the spread of COVID-19 on its own and that is why it is only part of a hierarchy of risk controls. It is not however a substitute for other infection prevention measures, such as vaccination, physical distancing, cleaning, face coverings, maintaining good hand and respiratory hygiene, staying at home if feeling unwell and working from home where possible.

No.	Control	✓Yes	✓No	Action Required
<b>Ventilation Checklist</b>				
1	Are you aware how all workspaces, including the canteens, toilets and changing areas, are currently ventilated i.e. by natural or mechanical means or combination of both?	<input type="radio"/>	<input type="radio"/>	
2	Can natural ventilation / fresh air intake be increased e.g. by opening windows? Let in as much fresh air as possible. If workers share a space with others, the windows should be opened regularly, especially between users, to help reduce the risk. Increasing natural cross ventilation by opening windows/doors/vents, especially those opposite each other, will facilitate a quick exchange of room air for fresh air.	<input type="radio"/>	<input type="radio"/>	
3	Are rooms aired as frequently as possible to improve ventilation? Air rooms, between users or regularly throughout the day. i.e. open all windows and doors fully to maximise the workspace ventilation. This may be best done when the room or area is unoccupied, and at the beginning and end of the day. <i>Note: Fire doors should not be propped open unless fitted with approved automatic closers so that they function as fire doors in the event of an alarm or fire.</i>	<input type="radio"/>	<input type="radio"/>	
4	If mechanical ventilation is in place, is it operating efficiently? (see Mechanical Ventilation Systems section below).	<input type="radio"/>	<input type="radio"/>	
5	Have any features in the workplace been identified which might affect ventilation? e.g. is there large machinery in use which might impede cross ventilation air flow, or items blocking vents etc.	<input type="radio"/>	<input type="radio"/>	

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16 July 2021

## COVID-19 Work Safely Protocol

### Employer Checklist No. 8 - Ventilation

No.	Control	✓Yes	✓No	Action Required
6	Have any poorly ventilated work areas been identified? i.e. poorly ventilated areas increase the risk of transmission (see section below).	<input type="radio"/>	<input type="radio"/>	
7	Has the size of the workspace (s) been considered? i.e. the larger the area, the lower the risk since the virus droplets will have a better chance to be diluted and less likely to build up.	<input type="radio"/>	<input type="radio"/>	
8	Has the number of employees/persons occupying shared workspaces been reduced where possible? The more people together means more viral particles and the need for more ventilation. i.e. reducing the number of people who use or occupy an area can reduce risk.	<input type="radio"/>	<input type="radio"/>	
9	Has the amount of time spent in shared work areas with limited space, been reduced? i.e. reducing / staggering the time people spend together in shared work spaces to a minimum can reduce risk of the virus spreading.	<input type="radio"/>	<input type="radio"/>	
10	Have you identified the type of work activities that take place in the workspace(s) and if they increase the risk? i.e. activities that make you breathe deeper, for example physical exertion or shouting, may increase generation of aerosols and increase the risk of transmission requiring increased ventilation or other control measures.	<input type="radio"/>	<input type="radio"/>	
11	Have you reviewed the Work Safely Protocol's section on Heating, Ventilation and Air-Conditioning (HVAC)? Have you seen the ventilation posters and other resources available at <a href="https://hsa.ie/covid19">hsa.ie/covid19</a> ?	<input type="radio"/>	<input type="radio"/>	
12	Have you communicated all control measures, including the ventilation measures to your workers so they know how these measures will help prevent the spread of COVID-19 in the workplace?	<input type="radio"/>	<input type="radio"/>	

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## COVID-19 Work Safely Protocol

## Employer Checklist No. 8 - Ventilation

No.	Control	✓Yes	✓No	Action Required
	<b>Mechanical Ventilation Systems (Heating, Ventilation, Air Conditioning HVAC) (if in use) Checklist</b>			
13	Is the mechanical system being used correctly and operating efficiently as per its design? It is important to make sure that mechanical ventilation systems and / or extractor fans are used correctly. If unsure, contact the manufacturer or your service engineer	<input type="radio"/>	<input type="radio"/>	
14	Is the mechanical ventilation system regularly maintained, as per the manufacturer's instructions, by a trained and competent person? The correct filters must be used as per the manufacturer's specifications and air filters should be properly sized and within the recommended service life.	<input type="radio"/>	<input type="radio"/>	
15	Can the system be optimised to maximise the air changes / fresh air intake? i.e. the amount of fresh air should be maximised and the recirculation minimised, as far as systems allow. Do not adjust mechanical settings without expert advice.	<input type="radio"/>	<input type="radio"/>	
16	Has air recirculation been disabled where possible? Recirculation of air should be avoided where possible or the air may need to be filtered (e.g. through a HEPA filter).	<input type="radio"/>	<input type="radio"/>	
17	Is the ventilation system kept running for as long as possible? i.e. continually, or at least for extended periods before and after use/occupancy such as extending the hours of nominal HVAC operation to begin two hours before the building is occupied and two hours after the building has emptied.	<input type="radio"/>	<input type="radio"/>	
18	Have demand-controlled ventilation settings been turned off, where necessary?	<input type="radio"/>	<input type="radio"/>	
19	Where fitted, are toilet/rest/changing room extractor fans functional and kept running?	<input type="radio"/>	<input type="radio"/>	
20	Have the possible impact(s) of any introduced changes to ventilation systems been considered? i.e. on worker's comfort levels, and staying compliant with occupational health and safety, fire safety or building regulations?	<input type="radio"/>	<input type="radio"/>	
21	Has airflow direction been considered? ? i.e. avoid airflow directed onto individuals or across groups of individuals	<input type="radio"/>	<input type="radio"/>	
22	Has the ventilation system(s) been checked to ensure that it is not recirculating air to other poorly ventilated areas of the workplace where workers could be exposed?	<input type="radio"/>	<input type="radio"/>	

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## COVID-19 Work Safely Protocol

## Employer Checklist No. 8 - Ventilation

No.	Control	✓Yes	✓No	Action Required
	<b>Poorly ventilated work areas</b>			
23	Have poorly ventilated work areas been identified? e.g. enclosed work areas in regular use with no natural or mechanical ventilation, areas with no outdoor air supply or that are stuffy or smell bad. CO <sub>2</sub> monitors may assist in determining poorly ventilated areas see section D Heating, Ventilation and Air Conditioning of the Work Safely Protocol.	<input type="radio"/>	<input type="radio"/>	
24	Has an assessment of the work area been carried out to determine what additional control measures could be implemented?	<input type="radio"/>	<input type="radio"/>	
25	Have methods to increase ventilation been considered? e.g. installation of vents.	<input type="radio"/>	<input type="radio"/>	
26	Have desk fans been removed and ceiling fans taken out of use in poorly ventilated areas? i.e. they may only recirculate the virus droplets rather than removing the virus from the workspace.	<input type="radio"/>	<input type="radio"/>	
27	If a CO <sub>2</sub> monitor is used to assess or monitor ventilation, is it a type suitable for measuring indoor air quality? CO <sub>2</sub> monitor should also be correctly positioned and used as per the manufacturer/ supplier's instructions.	<input type="radio"/>	<input type="radio"/>	
28	If a CO <sub>2</sub> monitor is used to assess or monitor ventilation, is there a clear protocol of the action to be taken depending on the CO <sub>2</sub> monitor levels? e.g. increase ventilation (open windows).	<input type="radio"/>	<input type="radio"/>	
29	Where concerns still remain regarding poor ventilation, can portable room air exchangers or air cleaners (e.g. with HEPA filters) improve indoor air flow / quality? Such equipment should be suitable and correctly installed, used and maintained. Consideration should also be given to hazards introduced by the equipment such as noise and emissions.	<input type="radio"/>	<input type="radio"/>	

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## COVID-19 Work Safely Protocol

## Employer Checklist No. 8 - Ventilation

No.	Control	✓Yes	✓No	Action Required
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	Other actions to consider following ventilation changes			
30	Have you covered any relevant changes in your COVID-19 Response Plan? (See template <a href="#">COVID-19 Response Plan</a> ).	<input type="checkbox"/>	<input type="checkbox"/>	
31	Have you included any relevant updates in your risk assessments and safety statement?	<input type="checkbox"/>	<input type="checkbox"/>	
32	Have you included information on any relevant changes to your emergency plan?	<input type="checkbox"/>	<input type="checkbox"/>	

Name:  Signature:  Date:

The information contained in this checklist is for guidance purposes only and is non-exhaustive. It is not intended to provide legal advice to you, and you should not rely upon the information to provide any such advice. We do not provide any warranty, express or implied, of its accuracy or completeness. The Health and Safety Authority shall not be liable in any manner or to any extent for any direct, indirect, special, incidental or consequential damages, losses or expenses arising out of the use of this checklist.

## APPENDIX M FOOD AND BEVERAGE

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Food business operators including catering and concessions, must continue to apply their food safety management systems, based on the principles of HACCP. The same food safety requirements apply now as did before COVID-19. Any changes to the nature and extent of the business must be reflected in the food safety management system/HACCP documentation. Food business operators must ensure that all workers have been trained in any new COVID-19 standard operating procedures.

A Health and Safety statement was already required and is still a requirement and must be provided to the organiser for review.

In addition, food and beverage business operators will be required to introduce COVID-19 safety management systems in the form of enhanced hygiene, cleaning and disinfection, worker training and health checks, as well as physical distancing. This is to protect against the transmission of the virus to or between workers and patrons.

All food business workers must wear appropriate PPE while serving food, this includes gloves and face masks in line with public health advice.

Hand sanitiser should be placed at all entrances to cold rooms and storerooms. Signage should be put in place to promote hygiene and physical distancing. Access systems such as biometric touchpads, keypads or swipe cards must be cleaned and disinfected after each use if in place.

See the below links for further information on food safety.

- [Food Safety Authority of Ireland](#)
- [Failte Ireland](#)

Queuing systems for food business operators, including concessions, should be set up to assist with physical distancing while queueing. These may include floor markings, signage and a one-way queuing system. Where barriers are used to define queues, they should not impede emergency escape routes by creating trip hazards or blocking access to exits.

Contactless payments should be encouraged as much as possible.

Counter service is permitted for both indoor and outdoor events. For indoor events, food and beverage much be consumed seated.

Queue capacity should be taken into consideration during planning stages. In the case of an outdoor “food court”, consisting of multiple mobile trading units, the queues associated with these maybe longer than usual and may extend into other traders or facilities queuing space or into the pedestrian thoroughfare.

Catering facilities (serving times) for workers may need to be extended to permit staggered mealtimes. Back of house areas require particular attention during large events. Queues and clusters can form quickly where facilities and furniture are being used. Workers can be more relaxed in these environments resulting in breaches in compliance.

The sale of alcohol at an event should be in-line with guidance at the time of the event and should be subject to risk assessment.

Other measures to consider with respect to food and beverage service include:



- Installation of screens between patrons and staff, especially at point of sale;
- Recyclable or biodegradable cutlery and additional bins as required to dispose of them accordingly;
- Removal of condiment stations; and
- Pre-packed condiments and disposable cutlery.

For further guidance on reopening of food and beverage service refer to Failte Ireland [COVID-19 Support Hub](#).

## APPENDIX N ACCESSIBILITY

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Organisers should ensure that COVID-19 IPCMs do not compromise the rights or quality of the experience for patrons or workers with disabilities. The COVID-19 plan should have regard to the requirements of the Employment Equality Acts 1998–2015 and the Equal Status Acts 2000–2015.

Factors to be considered include:

- Control measures should not prevent a person with a disability from attending or accessing the event;
- The organiser cannot restrict people from attending for reasons of disability. It is for the individual to carry out their own personal risk assessment and determine the appropriateness of their attendance at the event;
- Positions of barriers and infrastructure should not impede the access or circulation route for people with disabilities;
- Physical distancing for viewing areas will need to take into account additional distancing required for manual and motorised wheelchairs;
- Positions and legibility of signage should have regard for people with different disabilities;
- Hand sanitisers should be accessible to people with a range of abilities;
- Hand sanitisers, barriers, and other infrastructure should contrast visually with surrounding surfaces, so that they are easily identifiable to people with vision impairment;
- Stewards and COVID-19 compliance officers should be made aware that some disabled people are unable to wear face covering/masks;
- Stewards and COVID-19 compliance officers should be aware that people with hearing impairments may have difficulty understanding them while wearing a face covering/mask and they may need to remove them momentarily, if required, to communicate. They should ensure they maintain physical distancing while their face covering/mask is removed and should follow hygiene guidelines when removing their face covering/mask; and
- Isolation rooms/areas should be easily accessible for individuals with varying abilities.

Permanent venues operators should ensure accessibility seating positions are maintained at the same ratio as they exist in the normal venue configuration.



## APPENDIX O OTHER SITE ACTIVITIES

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There may be other activities and attractions at the event which need to be considered and assessed with respect to the risk of transmission of COVID-19. This may include activities such as -

- Sampling, promotions and marketing activities;
- Meet and greets with artist and performers;
- Interactive games and activities;
- Funfairs and carnival games; and
- Interactive performances and installations.

Event Organisers must ensure activities do not cause an increased risk of infection transmission. These activities should be included or referenced in the COVID-19 risk assessment. Those responsible for delivering these activities shall provide a COVID-19 plan to outline protective measures that will be put in place for the activity.

Sponsorship areas and activations should be restricted to activities where limited contact can be maintained between workers and patrons and where any shared items can be cleaned or replaced between uses.

## APPENDIX P FIRST AID AND MEDICAL RESPONSE

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### P.1 SYMPTOMS OF COVID-19

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The following are the most common symptoms:

- a fever (high temperature of 38°C or above);
- a cough - this can be any kind of cough, not just dry;
- shortness of breath or breathing difficulties; and
- loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

A full list of symptoms can be found on the [HSE website](#).

### P.2 ASSESSING MEDICAL RESPONSES

First aid and medical response required for an event is dependent on a medical risk assessment which takes into account:

- The size of the event;
- The nature of the event and if it takes place in a permanent or temporary venue;
- The location of the event; and
- The demographic of patrons.

For some events and venues, the provision of First Aid Responder(s) (FAR) as part of the event workforce is sufficient, other circumstances may require external Emergency Medical Technicians (EMT) at the event. Larger events including those requiring an event license may require larger numbers of medical teams with onsite ambulances and temporary hospitals.

Regardless of resources in place, first aid and the provision of medical response at events now needs to take into account the risk of transmission of COVID-19 by symptomatic and non-symptomatic patients.

### P.3 COVID-19 RESPONSES

Where external medical providers are contracted to provide medical services organisers should ensure that the organisation has updated the event medical plan to include the risk of transmission of COVID-19.

For smaller events/venues who provide first aid only, organisers should ensure those responsible for administering first aid receive necessary training. These individuals may require [FAR Responder Recertification](#).

The individual responsible for first aid and emergency medical response for the event should update the medical plan for the event to address the risk of transmission of COVID-19. They should also:

- Carry out a COVID-19 risk assessment and update documents accordingly;

- Ensure responders have a clear understanding of their additional roles and responsibilities with respect to COVID-19;
- Review all first aid procedures to adapt in line with current COVID-19 guidance. The Pre-Hospital Emergency Care Council (PHECC) has issued an update in regard to COVID-19 and first aid provision in the workplace;
- Ensure sufficient resources are available to deliver first aid including adequate supplies of PPE – single use nitrile gloves, disposable plastic aprons, surgical face masks and eye protection;
- Ensure suitable location for isolation room is identified at Pre-Event meetings and familiarise themselves and responders with these location(s);
- Input into the COVID-19 plan for suspected case of COVID-19; and
- Identify alternative suitable areas for the provision of first aid should the main first aid room become unavailable.

### P.3 ADMINISTERING FIRST AID

Standard infection control precautions must be applied when treating all patients. Patients should be treated according to Clinical Practice Guidelines (CPG)s, however, when responding to an emergency medical incident;

- Complete a preliminary assessment, if possible, while maintaining physical distancing (> 2 metres);
- If the patient requires close contact assessment and/or treatment wear appropriate PPE;
- If the patient demonstrates respiratory symptoms, fever or other cause for concern re COVID-19 apply a surgical facemask to the patient;
- If the patient is unresponsive, check for breathing without using the look, listen and feel (ear to the patient's mouth) process. If aerosol generating procedures are being performed a surgical facemask is not sufficient therefore a properly fitted respirator mask (FFP2 or higher specification) is required;
- Minimise the number of unnecessary bystanders, responders and/or practitioners within the vicinity of the patient, especially in a small room/area or ambulance;
- When patient information is being recorded, request another person, who has maintained physical distancing from the patient, to record the details to avoid cross contamination; and
- When the patient encounter is complete, doff and dispose of the PPE appropriately and finally wash your hands.

For more information on administering first aid please see Pre-Hospital Emergency Care Council Website [HERE](#).

### S.3.1 PERSONAL PROTECTIVE EQUIPMENT

The below table from extracted from the PHEC website outlines the PPE requirements for transmission routes.

PPE should match the route of transmission	When to use in a patient being treated as COVID +ve	Recommended PPE
Contact precautions	> 2m away from patient	Hand hygiene Gloves Apron
Droplet precautions	Within 2m of patient	Hand hygiene Gloves Apron Surgical facemask +/- Eye protection* (risk assess)
Airborne precautions**	Aerosol generating procedure	Hand hygiene Gloves Fluid repellent long sleeved gown Eye protection* FFP2 mask

\*Eye protection may be goggles or a visor. Personal spectacles are insufficient.

\*\* In situations where responders/practitioners are with a patient and there is a significant risk that a planned or an unplanned aerosol generating procedure may need to be performed urgently, for example oral suctioning, it may be appropriate to wear an FFP2 mask while with the patient.

Source [PHEC Covid-19 Advisory](#)

## APPENDIX Q SUSPECTED CASE OF COVID-19 RESPONSE PLAN

Although workers and patrons should not attend the event if displaying symptoms of COVID-19 or if they have had contact with a suspected case, the following outlines the response plan that should be put in place by the Event Organisers should someone present with symptoms during the course of the event. Event organisers should ensure a coordinated response plan is developed and agreed with the venue. Depending on the individual circumstances, suspected case response plan will most likely be coordinated by venue management as they will determine location of the isolation room and provide services such as cleaning and waste management.

### T.1 WORKER & PERFORMERS

If any worker on site (including contractors, suppliers, performers and volunteers) suspects themselves, or are suspected of having symptoms, they must report/be reported to their COVID-19 compliance officer or other designated person.

The designated person must:

- Ensure the person is wearing a face covering/mask or provide them with one if they are not wearing one;
- If a face covering/mask is not immediately available, they should be provided with a disposable tissue and advised to cover their mouth and nose with the tissue when they cough or sneeze and put the tissue in the waste bag provided;
- Accompany the person to the agreed isolation room, keeping a two-metre distance between the person and themselves and other individuals;
- Assess whether the unwell individual can immediately be directed to go home;
- Advise them to contact their doctor;
- Assist the person in arranging transport home or to a hospital for medical assessment. Public transport should not be used;
- Arrange with the appropriate department for cleaning of the isolation room, the person's work area, and pending a risk assessment, any other areas that the person may have had contact with;
- Log the incident and implement contact tracing; and
- Alert the event controller/ safety officer of the suspected case and the response.

It is important to identify individuals who are considered close contact to assess whether that individual needs to cease working and return home until confirmation of negative or positive test result is received. This assessment should take into account:

- Duration of interaction;
- Location of interaction (whether indoors or outdoors);
- Shared equipment; and
- Vaccination status of the individual.

If there is a confirmed case among workers, the worker involved, their employer and the Event Organiser should cooperate fully with health authority measures. Other workers if identified as a close contact of a confirmed case of COVID-19 should stay at home and not go to work.

**Note: Close contacts who are fully vaccinated and do not have symptoms of COVID-19 do not need to restrict their movements or get a test. If fully vaccinated persons develop symptoms of COVID-19 they should self-isolate and get tested for COVID-19.**

## **T.2 PATRONS**

Ticketholders/patrons should be advised in advance not to attend if they are experiencing any symptoms, are self-isolating, waiting on test results or have been in close contact with someone experiencing symptoms. This should be re-emphasised upon arrival by stewards and signage at key locations.

Should a patron present themselves to a steward or worker, a First aid responder or medical response team should be notified to attend. The patron should then be escorted to the nearest isolation area for assessment.

If assigned seating/standing systems are in place, their seat/area number and contact details should be taken to facilitate contact tracing if requested by the HSE, and to allow for enhanced cleaning of that area. If the symptomatic patron is attending the event in a group, the group members should be treated as close contacts and requested to leave the event also unless fully vaccinated. Note, it may not always be possible to contact or locate remaining pod members or close contacts. The contact tracing log should be completed by the designated person (see below section T.3).

The designated individual will assess if they are safe to travel or should be taken to a hospital. Anyone showing symptoms of COVID-19 should be advised not use public transport and an alternative method of transport should be organised.

Suspected case response plans should be developed in line with event child safeguarding policies.

The Event COVID-19 Compliance Officer, Event Controller and/or Safety Officer should be made aware of and kept up to date with information of any suspected cases of COVID-19.

## **T.3 COVID-19 CONTACT TRACING LOG FOR SUSPECTED CASE**

A COVID-19 log should be completed as part of your COVID-19 response procedure, managed by a designated contact person/case manager. It should be filled in if a person presents themselves as feeling unwell with symptoms of COVID-19. It is not intended to be a substitute for a first aid patient report form.

The aim of the contact tracing log is to effectively identify who has been in close contact and the areas of the venue that may be affected. Inclusions and functions are:

- Workers who have potentially been exposed and what impact it may have on the operations;
- To obtain information for post incident actions required for your place of work to remain functioning; and
- To provide records for the enforcing authorities (HSE, HSA) should they require further information.

#### **T.4 ISOLATION ROOM**

Isolation room(s) should be provided and used to isolate a person who is experiencing COVID-19 symptoms. This is to facilitate the person remaining in isolation prior to going home, or to facilitate the attendance of a doctor.

The isolation room should be a separate area to the first aid room. However, the first aid room may need to become an isolation area if a patient receiving first aid treatment shows symptoms of COVID-19 while being examined by the first aider.

Multiple isolation rooms may be required depending on the size and orientation of the event. The route(s) to the isolation room(s) need to be quick and easily accessible with as little human interaction as possible. Isolation rooms should be universally accessible.

Each isolation room should have the following in place:

- Ventilation, e.g. fresh air / openable windows;
- Tissues;
- Hand sanitiser;
- Disinfectant and/or wipes;
- PPE: Gloves and surgical masks ;
- Waste bags; and
- Pedal operated closed bin.

Isolation Rooms must be fully sanitised and disinfected following the use by a suspected case.

#### **T.5 CLEANING GUIDELINES AFTER THE PRESENCE OF A SUSPECTED CASE OF COVID-19**

Once a person with suspected COVID-19 is identified in a setting, all surfaces that the person has been in contact with (not the entire building) should be cleaned and disinfected, before use by others.

- Public areas where a person who had symptoms of COVID-19 has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids, can be cleaned as normal;
- Once the room or affected area is vacated, it should not be reused until the room has been thoroughly cleaned and disinfected and all surfaces are dry;
- Wait a minimum of one hour, or longer if possible, before going in to clean a room. The amount of live virus decreases over time on surfaces thereby lessening the risk of contamination from touching a surface that had the virus on it. Open the window in the room while cleaning is in progress;
- Workers responsible for cleaning after a suspected or confirmed COVID-19 person was present should wear disposable single use non-sterile nitrile gloves and a disposable plastic apron and should avoid touching their face during the cleaning procedure. If an area has been heavily contaminated, such as with visible bodily fluids, from a person with COVID-19, use protection for the eyes, mouth and nose, as well as wearing gloves and an apron. Avoid creating splashes and spray when cleaning;
- Once the room has been cleaned and disinfected and all surfaces are dry, the room or affected area can be put back into use;

- Clean the environment and the furniture using dampened cleaning cloths and a household detergent followed by disinfection with a household bleach;
- Shared equipment that had been used by an individual who was positive with COVID-19, should be disinfected before use by another person e.g. phones, keyboards, pens, handles, seats;
- Pay special attention to frequently touched flat surfaces, the backs of chairs, door handles and any surfaces or items that are visibly soiled; and
- Carpets do not require special cleaning unless there has been a spillage.

Cleaning guidance used in non-healthcare settings: general cleaning principles, and cleaning guidance when a person with COVID-19 has been in the setting are [HERE.](#)

**Waste:** if a person is diagnosed with COVID-19:

- All personal waste including used tissues and all cleaning waste should be placed in a plastic rubbish bag;
- The bag should be tied when it is 2/3rd's full (so it doesn't spill over) and then placed into a second bin bag and tied; and
- Once the bag has been tied securely it should be left somewhere safe. The bags should be left for three days before collection by the waste company.

## T.6 REPORTING AND INVESTIGATION

### SINGLE CASES

COVID-19 is reportable under the Infectious Diseases (Amendment) Regulations 2020 by a medical practitioner who becomes aware of or suspects an instance of such disease. There is a requirement for an employer to notify the HSA if a worker contracts COVID-19 under the Biological Agents Regulations (S.I. No. 572 of 2013) where a risk of occupational exposure to COVID-19 is identified, as a result of working with the SARS-CoV-2 virus. For example, employees working directly with infected patients/ service users, laboratories and testing facilities handling the virus and waste companies handling SARs-CoV-2 contaminated waste etc.

There is currently no required for employers to report cases to general work environments.

### OUTBREAK

An outbreak of COVID-19 is when two or more cases of the disease are linked by time, place or person. The management of an outbreak is managed by the local Departments of Public Health to enable the outbreak to be brought under control as quickly as possible. Further it requires close engagement and cooperation between the Event Organisers, the employer, the LWR, the workers and in particular with the individual(s) affected. Outbreaks in a single workplace or as a result of an event, which are not managed and brought under control quickly, can rapidly spread to other workplaces and/or the wider community. Continuous and effective communication between all parties is essential.

Additional advice on dealing with a suspected case or managing an outbreak are available from the [HSPC Guidance of Work Place Outbreaks.](#)

## T.7 RETURNING TO WORK AFTER SUSPECTED CASE

Organiser should develop a procedure for workers returning to work after an absence due to COVID-19. The HSA provide resources for employers and employees [HERE.](#)



## APPENDIX R MONITORING, REVIEW AND OVERSIGHT

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Monitoring, review and oversight for the event can be broken down into three distinct phases: before, during and after the event has taken place.

### **BEFORE**

The COVID-19 plan should be reviewed regularly and updated as new regulations, guidelines and best practice become available. This may happen throughout the planning stages right up to your event date. Therefore, it is important to have appropriate contingency plans in place for unexpected changes.

The Event Organiser should ensure an inspection of the event site is carried out before opening to the public to confirm that all control measures and resources are in place. A sample control measure checklist can be found at on the Health and Safety Authority [website](#), though it is recommended that a venue/event specific checklist be developed for each event.

### **DURING**

All control measures implemented must be monitored on a continuing basis. The COVID-19 compliance team and COVID- 19 Compliance Officers are responsible for monitoring compliance before during and after the event. They should work in conjunction with all workers to ensure strict compliance on event days. They should also perform the following duties, this is a non-exhaustive list:

- Ensure cleaning and disinfection has been carried out to all areas;
- Ensure the event has appropriate infrastructure is in place, such as has Perspex screens, sanitation stations, barriers for queue management, signage, etc.;
- Monitor workers for compliance with IPCMs and take appropriate action where required;
- Monitor patrons for compliance with IPCMs and take appropriate action where required;
- Ensure seats not in use are appropriately and safely blocked off; and
- Ensure toilet facilities have appropriate physical distancing and hygiene measures in place.

### **AFTER**

Experience and feedback will inform how appropriate and effective the COVID-19 plan is. A post-event review should take place following each event to discuss any issues which may have arisen and develop systems on how to improve on them ahead of the next event. Outcomes should be shared openly with all stakeholders so that lessons learned can be passed between other venues, events, organisers, statutory bodies and local authorities.

## APPENDIX S ALCOHOL BASED HANDS RUBS SAFE USE

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Installation of these dispensers within both rooms and outside rooms within corridors should have the following considerations:

- Individual alcohol-based hand sanitizing dispensers do not exceed a maximum individual capacity of 1.2 litres;
- Dispensers are not installed above electrical outlets, light switches or other heat or potential ignition sources. They should be 1.2 metres or more away from same or as far as is possible and the risk assessed;
- They shall be affixed to a non-combustible wall surface such as plasterboard, block or concrete;
- No bins, presses or other such items to be located proximal to hand sanitiser dispenser;
- The activation button to release hand sanitizer should be located 1.2 metres above floor level to allow persons in wheelchair to access it;
- Dispensers are to be located in well-ventilated areas with no open drains or access points to waste/drainage;
- A drip tray to be located under dispensing point and any waste to be disposed of safely and regularly into a fire-resistant waste container;
- Corridors where dispensers are installed have a minimum width of 2 metres and may not be provided with a combustible floor covering such as carpet. (Note:-The sanitizer may damage floor surface in particular historic floor surfaces);
- Dispensers that project more than 90mm into a corridor are clearly noted in the facility's Health and Safety Plan;
- Additional fire extinguishers to be located near dispensing point. Extinguishers should be Dry Powder or Wet Chemical Type. (Note: Water and AFFF Foam Extinguishers are ineffective on chemical-based fires (Class C));
- All storage of replacement alcohol-based hand sanitizing containers on floors, should be limited in quantity to the weeks requirements and shall be within approved flammable liquid storage cabinets;
- Bulk storage of these gels should be in a properly ventilated and fire-resistant room located remote from the main building and away from escape route; smoke detectors should be provided and linked to the main alarm in this room. (Bulk storage is considered to be any storage over 50L);
- Do not transfer the gels/liquids to the dispensers within the bulk storage room; this should ideally be done externally or in a well-ventilated hazard free room and clean up any spills immediately. Dispose of spills/clean up materials in flammable waste/hazardous waste;
- All Staff should be made aware that there is a very small risk of high alcohol content hand gels being ignited due to a build-up of static electricity. While these events are extremely rare, staff should allow time sanitizers to be completely absorbed into the skin prior to commencing any work activity;
- All staff should be made aware, that there exists the possibility that static electricity (generated from various sources including clothing) can ignite the alcohol in the gel and that they must wait/be careful rubbing hands together or they can touch hand to metal prior to putting gel on hands; and
- A risk assessment and review of training and fire safety measures to be undertaken prior to installation of these dispensing unit, with specific reference to these units and the hazard of fire.

FOR ANY QUERIES SPECIFIC TO THE REOPENING OF PUBLIC AND  
CULTURAL EVENTS, PLEASE CONTACT  
[CULTURALSUPPORTS@TCAGSM.GOV.IE](mailto:CULTURALSUPPORTS@TCAGSM.GOV.IE)



Coronavirus  
**COVID-19**



**An Roinn Turasóireachta, Cultúir,  
Ealaíon, Gaeltachta, Spóirt agus Meán**  
Department of Tourism, Culture,  
Arts, Gaeltacht, Sport and Media



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