



## **Rhode Island College Event Information, Health & Safety Guidelines and Approval [JUNE 2021]**

If you wish to host an event at Rhode Island College, please review processes and directions outlined below. Currently ALL plans are subject to a strict approval process that must meet ALL Rhode Island Department of Health and Rhode Island College health and safety guidelines.

Please review process, guidelines listed below. The form must be completed with all available details, maps, diagrams, etc. for consideration and approval.

### **1. ALL Events must have Ownership**

- a. Student groups (SCG, Student Activities, faculty advisors, etc.)
- b. On-Campus – non-student Groups, originating department, etc.
- c. Off-campus (related to college mission)

### **2. All Events must contain the following:**

- a. Plan
- b. Structure
- c. Ownership

### **3. Process of Clearance/approval**

#### **Campus gatherings/events**

- Proposals for any RIC sponsored on-campus gathering or event (whether it is originated by faculty, students, staff) must be submitted to the College Events office for approval.
- The Events Office will consult with the Director of Health Services for approval and required mitigations. **Must have approval from Dean/Division Head/Unit Director.**
- Proposals for any Non-RIC sponsored on-campus gathering or events must be submitted to the College Events office for approval. The Events Office will consult with the Director of Health Services for approval and required mitigations.
- Student groups: Student Success Team will evaluate event for plan, structure, ownership.
- ALL health and safety mitigation costs associated with hosting event charged to RIC department or outside group.
- Other groups – Submit to CECS.
  - i. Step 1: Obtain internal department approval.
  - ii. Step 2: Submit to CECS
    - Evaluation: virtual / in-person
    - Evaluation RIDOH event planning guidelines
  - iii. Step 3: AVP A&F for mitigation protocol
  - iv. Step 4: Health & Safety oversight (Director SHS or designee) / evaluation
  - v. Step 5: Final approval / conditional approval / denial.
  - vi. Step 6: IF APPROVED, Generate EMS CONTRACT / INFORM campus partners.

### **4. Health and Safety Terms and Conditions (contractual language)**

#### **COVID-19 HEALTH SAFETY**

- a. LESSEE must adhere to and abide by State of Rhode Island COVID-19 health and safety guidelines outlined by Rhode Island Department of Health found online at <https://health.ri.gov/diseases/ncov2019/>

- b. LESSEE shall adhere to the standards governing indoor and outdoor gatherings as determined by the Rhode Island Department of Health found online at <https://reopeningri.com/phased-plan>
- c. LESSEE shall provide a complete list of all attendees, employees and/or sub-contractors, including, name, contact number and home city and state prior to starting or resuming any activities.
- d. LESSEE's attendees, employees, and/or sub-contractors visiting the State of Rhode Island from a travel restricted state will not be permitted to enter campus facilities and must abide by the restrictions and policies established by the Rhode Island Department of Health found online at <https://health.ri.gov/covid/travel/>
- e. LESSEE's attendees, employees and/or sub-contractors must undergo a health check - using our visual and verbal screening process - prior to entering any college facility. Individuals who fail to comply or fail to pass the screening protocol, will be denied entry into campus facilities.
- f. All LESSEE attendees, employees and/or sub-contractors will be subjected to a temperature check prior to entering any college facility.
- g. All LESSEE's attendees, employees and/or sub-contractors must wear masks while inside college facilities when it is not possible to maintain a safe social distance (6ft) for more than 15 minutes.
- h. LESSEE must ensure masks, sanitation products and related personal protective equipment (PPEs) are available for attendees, employees and/or sub-contractors.
- i. LESSEE must demonstrate, in writing, to the COLLEGE that it has reinforced Rhode Island health and safety protocols to attendees, employees and/or sub-contractors.
- j. LESSEE's attendees, employees and/or sub-contractors must maintain social/physical distancing (6ft) while inside college facilities.
- k. LESSEE will provide negative COVID-19 test results for ALL attendees, employees and/or subcontractors performing duties for the duration of this contract.
- l. If LESSEE's attendee(s), employee(s) and/or subcontractor(s) test positive for COVID-19 during the duration of this contract, COLLEGE as the right to stop all work until further notice. LESSEE will inform the COLLEGE as soon as this information is available.
- m. LESSEE will provide health and safety guidelines for all sub-contracted vendors that meet or exceed State of Rhode Island guidelines.

#### CANCELLATION/INTERRUPTION:

- a. Cancellation for Force Majeure: A "Force Majeure" is an unforeseen event that (i) is beyond the control of the COLLEGE and may include, but is not limited to, Acts of God, significant inclement weather conditions, fire, flood, labor difficulties, strike, civil disturbance, war (whether declared or not) , riot, blackout, air raid, acts of public enemy, acts of terrorism, epidemic, pandemic, quarantine or any law, order, rules, regulations, acts or restraints of any governmental body of authority and (ii) make it impossible or impractical to perform the obligations hereunder. Restrictions on access to the Premises or the COLLEGE and/or closure of the COLLEGE (except for any essential operations) as determined necessary by COLLEGE at its reasonable discretion also shall be a Force Majeure event. The COLLEGE and the LESSEE shall exercise reasonable due diligence and cooperate to avoid or mitigate a Force Majeure event.  
In the event COLLEGE cannot make the Campus available or in the event LESSEE is unable to use the Premises because of a Force Majeure event, this Agreement shall terminate; each Party shall be excused from their obligations hereunder; no party shall be liable to the other Party in connection with such termination. Upon occurrence of a Force Majeure event (as defined above), the non-performing party shall promptly notify the other party that a Force Majeure event has occurred and its anticipated effect on performance, including its expected duration. COLLEGE shall be entitled to payment for any and all work performed (such as full catering costs) up to and including the date of notification of the Force Majeure event., notwithstanding cancellation clause parameters found herein under this contract.

- b. Should COLLEGE desire to cancel or be unable to perform this Agreement and if notification is given in writing to the LESSEE at least TWENTY FOUR (24) hours prior to the date of scheduled use, the college shall return any payments, less full catering costs, and the LESSEE and COLLEGE shall be relieved of any further obligations under this Agreement.
  - c. Should the LESSEE desire to cancel the Agreement and if notification is given in writing to the college at least TWENTY FOUR (24) hours prior to the start of the scheduled event, the LESSEE and COLLEGE shall be relieved of any further obligation under this Agreement. It is, however, understood that if the event is cancelled by the LESSEE, the LESSEE shall refund all monies for all expenses, incurred such as full catering costs, etc. and shall reimburse COLLEGE for all actual expenses incurred to date.
  - d. In case of cancellation by the LESSEE, it shall be the responsibility of the LESSEE to make reasonable public announcements, at LESSEE's expense, concerning the cancellation as soon as possible.
  - e. COLLEGE shall retain the right to cause the interruption in the interest of public safety, and to likewise cause the termination of such event when in the sole judgment of the COLLEGE such act is necessary in the interest of public safety.
5. ADA
- a. Meet virtual / in person ADA requirements as approved by Office of Disability Services
  - b. CECS with consultation from Office of Disability Services will provide necessary guidelines for accommodations.
6. Anticipated Mitigation Costs
- |   |                            |
|---|----------------------------|
| a. RIC COVID-19 oversight                 | CECS personnel - \$250/day |
| b. RIC health and safety mitigation costs | \$750/day                  |

## **SUMMER 2021 HEALTH AND SAFETY GUIDELINES TO FOLLOW**

### **Events – Short Duration (two days or less)**

- 3ft distancing
- Masks
- Health Screening when entering a building
- COVID Tests - not required
- Contact Tracing
- Public Assembly - large groups must be queued outside with 3ft social distancing. Congregating in lobby prior to or after an event is not permitted. 3ft social distancing indoors. Musical performances - wind instruments and/or singing must be performed with 14ft distance from audience at all times. Ticketing or assigned seating may be required.
- Cleaning – in addition to mitigation cleaning, cloth seats must be sanitized post event.

### **Camps**

- 3ft distancing
- Masks
- Health Screening when entering a building
- COVID test- required weekly
- Stable groups of up to 26, same room, same (assigned) seat.
- Contact Tracing
- Assigned Seating
- Cleaning

### **Seminars, Events – Longer Duration (greater than 2 days)**

- 3ft distancing
- Masks
- Health Screening when entering a building
- COVID Tests – required weekly
- Contact tracing
- Assigned seating
- Cleaning



## REOPENING RI

### Event Template: COVID-19 Control Plan

This COVID-19 Control Plan Event Template is designed to address common issues for events and other venues of assembly to reduce the risk of spreading COVID-19.

RIC Student Success Officer/Faculty Advisor/Department Chair may fill out this template to fulfill the requirement that it complete a COVID-19 Control Plan. Please contact CECS at [events@ric.edu](mailto:events@ric.edu) with any questions related to filling out this form.

Rhode Island College capacities and other requirements:

- Three (3) foot distancing at all times
- Masks are always required inside and outside Rhode Island College facilities

## EVENT INFORMATION

Name of Event:

Event Description:

Event Proposed by

Contact Name:

Event Contact: Email

Phone (Cell)

Expected Number of Attendees:

Start Day/Date of Event:

Start Time:

End Day/Date of Event:

End Time:

If multiple dates include additional dates:

Do you Donovan Dining catering Services? YES ☐ NO  
If yes, please describe your catering needs:

## VIRTUAL / IN-PERSON

Did you consider hosting this event virtually or in a hybrid format? ☐ YES ☐ NO

If NO, why should this event be held IN-PERSON?

Pre-Registration Required for attendees (for contact tracing purposes)? ☐ YES ☐ NO

Please describe how you plan to pre-register attendees?

Type of Group (please check):

- ☐ RIC Student Group
- ☐ RIC Faculty/Staff Group
- ☐ Non-RIC/Affiliated Group

Do you expect to have NON-RIC faculty/staff/students assist as Volunteers? ☐ YES ☐ NO If YES, please describe:

## MAPS, DIAGRAMS and OTHER DETAILS

Proposed RIC Venue(s) (if more than one location, please indicate all locations)

Event Map: Please attach a map and or space diagram of your event area and label the following:

Event Location	COVID-19 Capacity Limit	Other

- ☐ Entrances and exits.
- ☐ High-traffic areas
- ☐ Lines/queues
- ☐ Handwashing and hand sanitizer stations
- ☐ Buildings/Tents/Vendors
- ☐ Food/beverage/restaurant areas
- ☐ Seating areas
- ☐ Performance or entertainment areas
- ☐ Restrooms
- ☐ Potential bottlenecks

## STAFFING, VOLUNTEERS, SERVICE PROVIDERS

Staffing, volunteers, vendors, and other providers. Which staff, volunteers, vendors, service providers, or others will be on-site (e.g., sanitation companies, staffing agencies, etc.)?

Vendor & Third-Party Compliance: (NON-CATERED)

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

- ☐ Included requirements in vendor and other third-party contracts that their staff will follow COVID-19 guidelines and regulations.
- ☐ Reviewed COVID-19 Control Plans of vendors and other third-parties (e.g., service providers).
- ☐ Restricted access to deliveries and other staff.
- ☐ Other:

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**ENTRY PROCESS, CAPACITY, CROWD CONTROL**

Please use the checklist below to explain how you will ensure that the above capacity limits are maintained and the processes you will use for maintaining physical distance while entering the event area. Please describe your plan:

- ☐ Designate staff to monitor for capacity at key spaces (e.g., entrances and exits)
- ☐ Modify advertising practices (e.g., limiting advertising); Requiring reservations in advance
- ☐ Issue tickets for designated time blocks
- ☐ Implement measures (e.g., signage and 3/6-foot physical distancing demarcations) to allow queues to form outside of entrance(s)
- ☐ Conduct event rehearsal/walk-through to identify unanticipated bottlenecks or high-traffic areas

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**MINIMIZING ACCESS BY COVID-19 POSITIVE, SYMPTOMATIC INDIVIDUALS**

Please indicate how you intend to prevent COVID-10-positive or symptomatic individuals from accessing the event. Please describe your plan

- ☐ Communicate with employees, volunteers, vendors, service providers, and attendees about the need to stay home if they test positive for, have been exposed to, or have symptoms of COVID-19. (Please retain a copy of this communication or communications.)
- ☐ Establish screenings conducted verbally, by app, by phone, or by another method of the venue or organizer's choosing including, if necessary, the posting of an informational poster that communicates the screening requirements. Describe your screening process and the communications that have been or will be issued instructing them to stay home if they test positive for, have been exposed to, or have symptoms of COVID-19:
- ☐ Supplement screening questions with temperature checks (optional).
- ☐ Implement other procedures. Please describe them here (and attach extra pages if needed):

## PHYSICAL DISTANCE MONITORING

Please indicate and describe below how the event will facilitate physical distancing (e.g., 3/6-foot spacing, one-way customer flows, signage, designated staff) among event attendees, including in high traffic areas (e.g., entrance and exit points, lines for vendors). Please describe your plan

- ☐ Designate staff to monitor for physical distancing at key spaces (e.g., lines, identified bottlenecks)
- ☐ Designate one-way customer flows
- ☐ Designate 3/6-foot distancing (e.g., using signs, stanchions, chalk, tape, or other means) in queues and other spaces where distancing will be hard to maintain.
- ☐ Allow for additional space
- ☐ Move or rearrange furniture or stations

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## FACE MASKS & COVERINGS

Please indicate and describe how the event will ensure there is face mask compliance at ALL times:  
Please describe your establishing protocols or processes for requiring mask wearing among attendees, event staff, volunteers, and attendees:

- ☐ Inform event staff, volunteers, vendors, and attendees of the requirement to wear face masks or cloth face coverings.
- ☐ Procured cloth masks (or surgical masks) for all employees and volunteers.
- ☐ Distribute cloth face masks (or procedure masks) to all employees (including volunteers) who need one at no cost and have a plan to distribute additional face masks as the need arises (e.g., in the event of loss or damage).

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## PREPARATIONS/PLANS TO RESPOND TO A POSITIVE CASE or OUTBREAK

To ensure proper management of a positive COVID-19 case or outbreak, you have (check the boxes to certify):  
Please describe your plan to respond to a positive case or an outbreak resulting from hosting this event:

- ☐ Developed a plan to retain contact information (name, phone number, time onsite) of employees, volunteers, third-parties, vendors, and attendees for the purposes of contact tracing where applicable
- ☐ Agreed to call the Rhode Island Department of Health (RIDOH) immediately upon being informed of a positive case among your employees, volunteers, third-parties, vendors, or attendees at 401-222- 8022, or 211 after hours, so they can assist in contact tracing and provide further instruction.
- ☐ Developed a COVID-19 sick policy and communicated it to employees, volunteers, third-parties, vendors, and attendees. (Please retain a copy of this communication or communications.)

- ☐ Assigned a minimum of one representative to work with RIDOH on testing, contact tracing, case investigation, isolation and quarantine, and any other follow-up related to outbreak containment.
- ☐ Planned to minimize/isolate the number of people interacting with one another at the event in order to reduce the number of people who would be required to quarantine in the event of a positive case.

Please identify that representative here and update this information on this form if it changes:

Name of Contact Person

Contact Person Cell Phone Number

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## COMMUNICATION PLAN

To make sure you, your employees, and other participants have a shared understanding of how to operate during Rhode Island's phased reopening, you have (check the boxes to certify):

- ☐ Shared information with your employees, volunteers, attendees, vendors, and other third parties to remind them of the requirement to stay home if they are sick and inform them of sick-time policies.
  - ☐ Posted signs or posters describing the rules for wearing of masks, physical distancing of six feet between parties, and specifying, at the entrance of facilities, that sick individuals should stay home.
  - ☐ Determined the steps you will take upon learning of an employee, volunteer, attendee, vendor, or other third party who has tested positive for COVID-19, including how you will work with RIDOH to identify which individuals will need to be quarantined and how you will communicate this information to other employees, volunteers, attendees, or vendors while respecting health privacy laws.
  - ☐ Communicated this information to employees, volunteers, attendees, vendors, and other third parties in their preferred language or easiest mode of communication. (Please retain a copy of this communication or communications.)
  - ☐ Discussed with or distributed information to employees and other participants about how the company will address employee concerns. (Please retain a copy of this communication or communications.)
  - ☐ Implemented other procedures. (Please describe them.)
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## COVID-19 MITIGATION AND DISINFECTING PLAN

To ensure proper COVID-19 mitigation and disinfection plans are put in place, please describe plans made in conjunction with the Assistant Vice President of Administration & Finance. Please describe your plan

- ☐ Made a plan to sanitize commonly touched surfaces and areas frequently.
  - ☐ Required of vendors (e.g., in their contracts) and other third parties to sanitize all high-touch surfaces and shared objects frequently.
  - ☐ Made a plan for or arranged for cleaning of the establishment/venue at least once per day. In addition, made a plan to comply with RIDOH regulations and Centers for Disease Control and Prevention (CDC) guidelines.
  - ☐ Instructed workers to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes, after cleaning, after removing gloves (where applicable), and after using the restroom.
  - ☐ Made hand-washing facilities with soap and running water available to employees, volunteers, vendors, attendees, visitors, or customers, or will be providing hand sanitizer (with at least 60% alcohol content) that can be used for hand hygiene in place of soap and water. (Sanitizer is an option only if hands are not visibly soiled.)
  - ☐ Developed procedures for monitoring the supply of soap and/or hand sanitizer and replenishing it as needed.
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**REVIEW/APPROVAL****Submitting Office:**

Reviewed BY	Name	Contact Email: Phone
Comments:		
Date:		

**Conferences & Events Office:**

Reviewed BY	Name	Contact Email: Phone
Comments:		
<input type="checkbox"/> APPROVED <input type="checkbox"/> CONDITIONAL APPROVAL <input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> Send back for modifications.	
Date:		

**AVP Administration & Finance**

Reviewed BY	Name	Contact Email: Phone
Comments:		
<input type="checkbox"/> APPROVED <input type="checkbox"/> CONDITIONAL APPROVAL <input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> Send back for modifications.	
Date:		

**Director of SHS**

Reviewed BY	Name	Contact Email: Phone
Comments:		
<input type="checkbox"/> APPROVED <input type="checkbox"/> CONDITIONAL APPROVAL <input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> Send back for modifications.	
Date:		

EMS	EMS Reservation Number:
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CECS / JUNE 1, 2021