



CHRISTMAS ORGANISERS COVID GUIDANCE QUESTIONNAIRE (POST 21ST JULY 2021)

We would like to remind all Event Organisers that it is a legal requirement to undertake a suitable and sufficient Risk Assessment and ensure control measures are implemented to manage any hazards and the associated risks, including COVID-19.

Event operations should be reviewed, and consideration given to how they are implemented with a view to minimising the opportunity for transmission or infection.

We would encourage all event organisers to submit this completed questionnaire AND your Event Risk Assessment (and other supporting documents) at **least four weeks prior** to the start of the Event. This will enable Environmental Health / Safety Advisory Groups (SAGs) to assess whether suitable measures are in place. If the information requested is already readily available in other documentation produced, please reference in section 5.

Local authorities continue to have the power to place public health restrictions on businesses in cases where there is a serious and imminent threat to public health posed by COVID-19 however we want to avoid situations where it is advised that the Event should be stopped or restrictions / requirements placed upon it.

This is a generic questionnaire, and all may not be relevant to you. It is **your responsibility** to ensure that any information you give **is true and accurate**. If a question is not relevant, simply put 'N/A'.

When completing the questions, you must take account of:

- The people working at or supporting the event, those who you expect to attend including level of attendance overall, at any one time and vulnerabilities / disabilities.
- Others who may be affected by the event, even if they are not attending (adjacent business's / domestic dwellings, livestock etc:
- It is recommended that staff and attendees are tested prior to the event and consider how results are communicated. You may wish to have a vaccination policy which allows entry to the Event. <u>Testing Request</u>.





For the latest guidance:

<u>The Purple Guide</u> <u>https://www.gov.uk/guidance/working-safely-during-covid-19/events-and-attractions</u> and <u>https://www.hse.gov.uk/coronavirus/working-safely/index.htm</u> <u>Trading Safely Covid19 toolkit</u>

| 1. EVENT INFORMATION | | | |
|--|--------------------------|--|--|
| Name of Event: | Description of Event: | | |
| Location: | Date(s): | | |
| Duration: | Opening / Closing Times: | | |
| Event Organiser Name: | Contact No: Email: | | |
| Health and Safety Persons Name: | Contact No: Email: | | |
| Who is responsible for COVID controls? | Contact No: Email: | | |
| Landowner / Venue Name: | Contact No. Email: | | |
| Production Company Managing the Event: | Contact No. Email: | | |
| District Council: | | | |
| Expected No of Attendees: | | | |
| Has This Event Been Held Before? | YES / NO Which Council? | | |



2. LAYOUT PLAN OF EVENT

a. Using the following list as an aide memoir, put a (X) beside each that you have considered and will include on your plan.

b. Attach a **clear plan of the event** site *ensuring you include the areas you have considered in (a):*

| Reception: | Key Signage Points: | Key Information Points: | Marquees: | |
|----------------------------------|--------------------------|------------------------------------|-----------------------|--|
| Exit and Entry Points: | Screens: | Canteens: | Travel Routes: | |
| Number of Rooms: | Barriers: | Kitchens: | Smoking Areas: | |
| Number of Floors: | Staff Zoning: | Lifts: | External Buildings: | |
| Area Shared with Other Business? | Frequent Touch Points: | Stairs: | Parking Area: | |
| Wash Hand Basins: | Hand Sanitising Points: | First Aid Facilities / Ambulances: | Disabled Parking: | |
| Toilet / Bathrooms: | Ventilation: | Fire Extinguishers: | Disabled Facilities: | |
| Showers: | Tables /Chairs: | Fire Assembly Areas: | Propped Open \ Doors: | |
| Storage Areas: | Stalls / Venders / Type: | Air Ambulance Landing Area: | Animals Area: | |
| Inflatables: | Amusements: | One Way Systems: | Marshall Points: | |
| Further Facilities: | | | | |
| QR Codes: | | | | |
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3. DETAILS OF STAFF, VENDORS, CONTRACTORS OTHER COMPANIES ATTENDING ETC Don't forget, you will also need the Agency / Contractor Risk Assessments / Insurance for the Event activity.

| Category: | Number of Persons | Agency / Contractors | Number of |
|----------------------------|---|---|--------------------------------|
| | Employed by the Event Organiser in this Capacity | Business Name and Number of Persons in this Capacity | Volunteers in this Capacity |
| Management | | | |
| Supervisors | | | |
| Health and Safety Advisors | | | |
| Administration | | | |
| Catering Staff | | | |
| Bar Staff | | | |
| Waiting Staff | | | |
| Front of House Staff | | | |
| Security Staffing | | | |
| Stewards | | | |
| Electricians | | | |
| Plumbers | | | |
| Carpenters | | | |
| Stage and /or Marquees | | | |
| Installers etc | | | |
| Performers | | | |
| Vocalist | | | |
| DJs | | | |
| Vendors | | | |
| Supervising Attractions | | | |
| Cleaners | | | |
| Valet Parking Attendant | | | |
| Delivery Drivers | | | |
| Others (Specify) | | | |
| Riggers | Lighting Techs | Video Tech | |
| Local crew | Sound Techs | Backline Tech | |





| If the question is not relevant, please enter 'N/A' 1 What is your structure for Managing and Supervising COVID Arrangements during the Event? | |
|--|--|
| T What is your structure for managing and supervising COVID An angements during the Event: | |
| 4.2 What elements are within the Christmas event: i.e. Christmas displays, Santa's Grotto, Christmas lights decorations (light switch on), gatherings around central Christmas tree, choir, reindeer etc | |
| 4.3 State the design and layout of the displays. | |
| 4.4 What Infection Control measures do you have for Covid for staff, contractors, attendees etc | |
| 4.5 How will infected / symptomatic individuals be managed? | |
| 4.6 Will you be using a QR code system linked to a Test & Trace system? | |
| Where will the QR Codes positioned? IF QR Codes are not used, how will the contact details be obtained, stored and how long will they be kept for? | |
| How will you manage this information for multiday events? | |
| What are your proposals if contact details are not provided or refused? | |
| 4.7 What are the First Aid / Medical facilities and who is providing them? | |
| 4.8 How will Staff arrive at the event? ie. public transport, car sharing, mini-bus, coach etc | |
| 4.9 What overnight arrangements are in place for staff, performers, contractors, attendees etc? | |
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| 4.10 What provision is in place to reduce the opportunity for transmission during ingress and | |
|---|--|
| egress to the event? | |

4.11 Are the start / finishing times staggered for Staff, Contractors, performers, vendors, attendees etc? If YES, please provide times.

4.12 How will Security Stewards / Marshalls be protected from the risk of coronavirus transmission? (Consider searches, operating crowd control etc)

4.13 Please provide training and /or instruction details of the following

- a. COVID controls for management, marshals, stewards, security etc
- b. Cleaning and disinfection
- c. Wearing, donning and removal of PPE / face masks

4.14 What measures are in place for dealing with or removing people whose behaviour is adversely affected by alcohol or drugs? Do you have an ejection process?

4.15 If you have people working in enclosed spaces, what controls have you put in place to ensure adequate ventilation?

4.16 If your risk assessment indicates that social distancing (whether inside or outside) may or cannot be maintained during set up, close down and during the event,- face coverings maybe a necessary control. If so, for who, and in which areas? How is this encouraged? Will face masks be available to purchase / FOC?

4.17 What measures are in place to minimise crowded areas / pinch points? (*If using barriers, what type is to be used?*) Consider:

| WC's | |
|----------------------|--|
| Washing Facilities | |
| Security / Marshalls | |





Staff Rest Area

| type is to be used?) Con: | sider: (contd, |
|----------------------------|--|
| Bar Area | |
| ables / Seating etc | |
| Point of Sale | |
| ood Vendors | |
| Merchandise Stalls | |
| During Performances | |
| After Show Parties | |
| Attractions | |
| moking Areas | |
| ire Assembly Points | |
| anta's Grotto | |
| Activations | |
| Amusement Rides | |
| other: | |
| | |
| | |
| | |
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| 1.18 Do you have sufficier | t resources to implement and support your COVID plans? |
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| 1.19 Have you considered | increasing toilet facilities? |
| | a states along the state to a state of the test of the state of the st |
| what is the frequenc | y of the cleaning of high touch points within the toilets? |

4.20 What is the provision for cleansing hands? Confirm provision of the following at each one:





Receptacles for used paper towels

Running water

4.21 Cleaning and Disinfection Arrangements:

(Disinfectants tested to BSEN 14476 is suitable for enveloped viruses such as Coronavirus.)

- a. Please provide a cleaning schedule.
- b. State what cleaning chemicals and equipment will be used.
- c. Have you ensured that the disinfectant will be used is suitable for coronavirus?
- d. What equipment will be used and how will this be cleaned and disinfected?
- e. Are product contact times realistic / products being used correctly? (check labels)

4.22 What arrangements are in place at points of sale to minimise transmission/ infection?

4.23 Please provide a programme of entertainment for your event.

4.24 What control measures for Performances do you have in place? Detail how performers will be protected from the risk of coronavirus transmission and consider:

- avoiding sharing professional equipment and personal items
- Will such items be labelled as to designated user? i.e. headsets, ear pieces etc.
- designated storage for large items
- regular cleaning and disinfection of equipment
- singing by performers only e.g. avoid face to face singing and position back to back or side to side,
- extending social distancing between singers and others,
- limit numbers in singing groups, utilise technology





| 4.25 What Funfair / Attractions are booked? What are the timings? What are the cleaning and | | | |
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| disinfection arrangements between use? | | | |
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| A 20 What Children's Disconstinue and is becaused? What are the timings? What are the cleaning and | | | |
| 4.26 What Children's Play equipment is booked? What are the timings? What are the cleaning and disinfection arrangements between use? | | | |
| disinfection arrangements between user | | | |
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| 4.27 Any other controls / information you wish to add: YES / NO | | | |
| Details if YES: | | | |
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| 4.28 As per your risk assessment, what controls do have in place for specific elements of the | | | |
| Event? (i.e Santas's Grotto, Carol Singing, ice skating, animal meet and greet etc) | | | |
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| 4.20 Contingonau | | | |
| 4.29 Contingency: | | | |
| In an omorgonou: | | | |
| In an emergency: | | | |
| How will social distancing be maintained? | | | |
| How will lighting arrangements be managed? | | | |
| What are the communication arrangements on site and off site? | | | |
| | | | |
| What arrangements will be in place for adverse weather conditions to maintain social | | | |
| distancing? | | | |
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5 DETAILS OF ATTACHED SUPPORTING DOCUMENTS If any of the requested information is contained within other event planning documentation please advise below:

| Events Organisers Questionnaire Ref | Document Name: | Relevant Page No / Section: |
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| Completed by: | | Date Completed: | |
|---------------|--|-----------------|--|
| Printed Name: | | Job Title: | |