

Guidelines for large-scale public gatherings in the wake of the COVID-19 outbreak

Source: Taiwan Centers for Disease Control

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1. Basic concepts

According to the Central Epidemic Command Center (CECC), recent instances of family infections and hospital cluster infections have caused the number of indigenous cases of coronavirus disease 2019 (COVID-19) in Taiwan to exceed the number of imported ones. Furthermore, there have been several cases where the source of infection could not be identified. These are all warning signs of community transmission.

Large-scale public gatherings tend to attract considerable crowds, with people standing or sitting in close proximity to one another for extended periods of time, causing increased risk of transmission. The discovery of suspected individual cases or cluster infections complicates efforts to prevent and control the spread of COVID-19. Having evaluated the domestic and foreign development of the outbreak and consulted with experts, the CECC recommends that organizers of large-scale public gatherings reassess the necessity of holding the events and consider postponing or suspending nonessential events that involve large groups of people in relatively small venues. In addition, to prevent widespread community transmissions, the CECC also recommends that events that are attended by members of the general public instead of a specific set of invitees and that pose a high risk of transmission due to close contact among participants be postponed or suspended.

The goal of the CECC in issuing these guidelines, which have been

formulated in accordance with COVID-19 documentation issued by the World Health Organization, is to help government departments at all levels, state-run companies, public and private schools, and other organizations from the public and private sectors make appropriate decisions when planning large-scale public gatherings.

2. Scope of application

Article 2 of Taiwan's Assembly and Parade Act defines assemblies as meetings, speeches, or other mass activities held in public spaces or publicly accessible places. The World Health Organization, meanwhile, defines a mass gathering as a planned or spontaneous event attended by more than 1,000 people that could strain the public health planning and response resources of the community or country hosting the event. Based on these definitions, any event where a significant number of people assemble at the same place and same time should be classified as a large-scale public gathering. These may include school opening and graduation ceremonies, traditional festivals and rituals, sporting events, as well as religious, political, cultural, academic, artistic, and travel events and events held by civic groups or NGOs.

3. Risk assessments

3.1. Risk assessments must be conducted based on the current status of the COVID-19 outbreak at home and abroad, the nature of the gathering, and the type of attendees. When necessary, the competent authorities responsible for the event and local public health agencies should be brought in to join preparatory discussions. The following indicators are recommended for risk assessments:

3.1.1. Ability to gain information on participants beforehand: If organizers can gain a full understanding prior to the event of all participants'

travel history to areas affected by COVID-19 and contact with confirmed cases, and screen them for any symptoms and take their temperature before entering the venue, the risk of transmission is relatively low. However, if organizers are unable to ascertain the aforementioned items, the risk is relatively high.

- 3.1.2.** Air ventilation and replacement: From lowest to highest degree of risk, there are (1) outdoor venues; (2) indoor venues with good air ventilation and replacement or where windows can be opened for ventilation; and (3) indoor venues that offer insufficient air ventilation and replacement.
- 3.1.3.** Distance between participants: If there is a distance between participants of at least one meter, the risk is relatively low. The risk increases when participants get closer to one another.
- 3.1.4.** Whether participants are in a fixed position: If participants are in a fixed position, the risk is relatively low; if participants move around the venue, however, the risk increases.
- 3.1.5.** Event duration: The longer an event lasts, the greater the risk.
- 3.1.6.** Hand hygiene and surgical masks: If participants are able to maintain proper hand hygiene and wear surgical masks at the event, the risk is relatively low; if they are unable to do so, the risk increases.
- 3.2.** If an assessment of the nature of the gathering finds a high degree of risk, the CECC recommends that the gathering be postponed or cancelled, or held in a different manner. However, if the CECC announces that the COVID-19 outbreak has reached the stage of community transmission, its instructions concerning large-scale public gatherings must be strictly followed.
- 3.3.** If organizers decide to go ahead with the event following a risk assessment, they must produce a plan to prevent transmission, covering response mechanisms, relevant promotion, preparation of

epidemic prevention facilities and tools, accommodation for participants, and staff health management. The organizers must make comprehensive preparations and take necessary measures to prevent transmission.

- 3.4.** Certain groups of people are advised to avoid large-scale public gatherings during the COVID-19 outbreak, including those with chronic lung (including asthma), cardiovascular, kidney, liver, neurological, blood, or digestive (including diabetes) diseases; those with weakened immune systems requiring long-term treatment; and pregnant women.

4. Preventive measures

4.1. Prior to gatherings

4.1.1. Establishing response mechanisms

Both the domestic and foreign situation of the COVID-19 outbreak must be closely monitored, and relevant information must be provided to staff when appropriate. Response mechanisms must also be set up to deal with suspected COVID-19 cases occurring at the event.

- 4.1.1.1.** Planning event space: creating clear paths for different purposes, accommodation plans, and areas where people suspected of having COVID-19 can be temporarily quarantined and placed

- 4.1.1.2.** Medical support: stationing medical professionals at the event to provide initial assessments or care and coordinate with nearby medical resources; consulting with local public health agencies on procedures for suspected COVID-19 cases such as hospital transportation

- 4.1.1.3.** Setting up communication channels with relevant agencies (e.g., local public health agencies); establishing reporting procedures for suspected cases; ensuring that staff are fully aware of and

intimately familiar with the response mechanisms put in place

4.1.2. Advising people who are sick to stay home and avoid gatherings

4.1.2.1. Instructing attendees through different channels (e.g., invitations, text messages, websites, mass media) to take precautions

4.1.2.1.1. People with respiratory symptoms should immediately seek medical attention and recuperate at home, avoiding gatherings. Those with a fever should avoid gatherings for at least 24 hours after they show no fever without the use of antipyretic medicine.

4.1.2.1.2. Keeping hands clean

Wash hands regularly with soap and water or rub them with an alcohol-based hand sanitizer until dry. It is important to immediately wash hands after coughing, sneezing, or using the restroom—especially if hands come in contact with bodily fluids, including saliva, mucus, urine, or fecal matter. In addition, try to avoid touching your eyes, nose, and mouth.

4.1.2.2. Sick staff should recuperate at home and not return to work until at least 24 hours after their fevers have subsided.

4.1.3. Cleaning and disinfecting venues prior to the event; preparing epidemic prevention facilities and quarantine areas; stocking related protective equipment

4.1.3.1. The venue and any equipment during the event (e.g., microphones, tables, chairs) must be cleaned and disinfected prior to the event.

4.1.3.2. Venues should provide ample handwashing facilities. In addition, indoor venues should be well ventilated, and appropriate areas for temporary quarantines should be established.

4.1.3.3. According to the event time and number of attendees, ample supplies of personal hygiene and sanitation products should be

made available, including soap, alcohol-based hand sanitizer, tissues, and surgical masks.

4.2. During gatherings

4.2.1. Strengthening public health communication and urging people to take necessary precautions

4.2.1.1. Strengthen public health communication concerning COVID-19 and personal hygiene, and provide clear and visible advice on posters and screens on COVID-19, proper handwashing techniques, respiratory hygiene, and cough etiquette. (Please visit the COVID-19 section on the website of the Taiwan Centers for Disease Control (<https://www.cdc.gov.tw>) for more information.)

4.2.1.2. At present, it is not recommended that all event participants or staff wear surgical masks. However, surgical masks are advised for staff members who are in frequent contact with people showing respiratory symptoms or who are often in close quarters with groups of people.

4.2.1.3. Staff at the event venue should communicate public health information to participants when necessary and urge them to take measures to prevent the spread of COVID-19.

4.2.2. Maintaining clean and sanitized event venues and accommodation and providing ample supply of personal hygiene and sanitation products

4.2.2.1. Indoor venues and participants' accommodation facilities should be well ventilated and clean. Air ventilation and replacement systems should be monitored to ensure they are functioning correctly.

4.2.2.2. Surgical masks and hand sanitizer should be made available at venue and accommodation entrances. Signs at the entrances should indicate that people with respiratory symptoms must wear

a mask, apply hand sanitizer, and maintain a distance of one meter from others. Efforts must also be made to arrange for staff to take participants' temperature.

- 4.2.2.3.** Staff should be assigned to regularly clean frequently contacted surfaces (e.g., floors, tables, chairs, telephone receivers, faucets, restroom knobs and handles, toilet lids, flush handles) at the venue and accommodation facilities. Other surfaces and facilities should be sanitized at least once daily with a bleach cleaning solution diluted to 500 ppm (1:100 dilution of bleach) and prepared daily. Mops and cloths used for cleaning should first be soaked in the bleach solution for 15 minutes.

(All cleaning personnel should wear personal protective equipment (e.g., gloves, surgical masks, coveralls or waterproof smocks, and goggles or full-face gas masks as needed) to prevent contact with the bleach cleaning solution.)

- 4.2.2.4.** An ample supply of personal hygiene and sanitation products (e.g., hand sanitizers, hand wipes, surgical masks) should be made readily available to people. Designated staff should monitor supplies to ensure they do not run out.

4.2.3. Continuing to monitor COVID-19 developments

During gatherings, close attention should be paid to the CECC's announcements on outbreak developments. Information should be provided to all participants in a timely manner, and warnings issued when deemed necessary. Any staff or attendees who display respiratory symptoms should wear masks and be escorted to a prearranged quarantine or designated area (or well-ventilated area away from crowds) until they return home or visit a doctor. Assistance in arranging a visit to nearby medical facilities should be provided if necessary.

4.2.4. Detecting cases that meet reporting criteria for COVID-19

4.2.4.1. Suspected cases should be immediately reported to local public health agencies in accordance with the event's response mechanisms, and patients should be transported to a hospital. Assistance must also be provided to public health agencies conducting outbreak surveys and implementing prevention and control measures.

4.2.4.2. Taking into consideration the type of gathering, the number of attendees, and COVID-19 developments, discussions could be held when necessary with public health agencies to determine whether an event needs to be adjusted, postponed, or canceled, so as to prevent cluster infections or greater outbreaks.

4.3. Health management of related staff

4.3.1. A health monitoring plan for all staff (including rotating staff) for gatherings and a mechanism for tracking cases of irregular health conditions should be put in place.

4.3.2. Each day, the aforementioned staff should have their temperature taken and their health conditions monitored. Anyone with a fever (ear thermometer reading of 38 degrees Celsius or higher; forehead thermometer reading of 37.5 degrees Celsius or higher), respiratory symptoms, or diarrhea should proactively report their condition to management or persons overseeing the event. They should be advised to receive medical treatment, and appropriate safeguard measures should be taken.

4.3.3. Leave regulations for staff with fever or respiratory symptoms and a reserve manpower plan should be in place. All staff should be informed of and abide by these measures. Anyone with a fever, respiratory symptoms, or diarrhea should be given leave or restricted in their activity/work, and should not resume their

normal activity/work until 24 hours after they show no fever without the use of antipyretic medicine. Sufficient leave should be given to people with confirmed or suspected cases of COVID-19, so that they can stay home and fully recover.

- 4.3.4.** Individuals taking care of patients with respiratory symptoms (e.g., professionals in medical wards or labor safety offices, school nurses) should wear surgical masks and maintain good hygiene habits by washing their hands frequently. Patients who display severe symptoms (e.g., persistent high fever, breathing difficulty, shortness of breath, chest pain and dizziness, cramps, severe diarrhea) should receive assistance from persons overseeing the event in seeking prompt medical treatment.