

Safety And Health Manual For Congresses And Events

The safety and health strategy for your event serves as a basis for safe operations with regard to infection prevention. It is based on the HMC Hygiene Strategy which describes the implementation of the rules and requirements set forth in the HmbSARS-CoV-2-EindämmungsVO ordinance on the campus of Hamburg Messe und Congress. No deviations from the Ordinance as last amended are permissible, and HMC strictly rejects any such deviations. Please provide detailed information in a separate document and submit along with this form.

1. General information

As provided in your event description

- **Name of event**
- **Name of Organiser**
- **Date of event**
 - **Event opening hours**
 - **Assembly (days, hours), disassembly (days, hours)**
- **Halls / foyers / rooms / outdoor areas to be occupied**
- **Number of seats in the conference area**
- **Exhibition area in square metres (gross)**

2. Social distancing

Please describe how you intend to ensure compliance with the social distancing requirement. Please provide separate details for each phase of the event. You may include a graphical description of your visitor guidance concept..

- **Assembly /disassembly**
- **Entrance / exit**
- **Cloakroom and registration**
- **Conference**
- **Intermission, breaks / catering**
- **Bathrooms**

3. Compliance with hygiene rules

Please describe the measures you intend to take to ensure compliance with the hygiene rules. You may specifically refer to individual requirements of the HMC Hygiene Strategy, adding your relevant event-specific measures. Please let us know who will be in charge of monitoring compliance with the rules, and at what locations/positions this will be done. Specify how you intend to address violations, as well.

4. Contact tracing

Please use this space to describe how you will be collecting contact tracing information.

5. Exclusion of participants exhibiting potential COVID-19 symptoms

For example, submit the form your event participants will be required to sign.

6. Responsible persons / contact persons

- **Name of Event Manager, local contact information (mobile phone)**
- **Name of Infection Prevention Officer**
Local contact information (mobile phone)

7. Miscellaneous

Please add any further descriptions relevant to your event that did not fit any of the above categories.

Mandatory Acknowledgement

Please complete the following information using printed characters:

Address

Last name, first Name:

Residential address (street, number):

Postal code:

City:

Country:

Phone number:

Company Name:

Date of visit / participation:

I hereby confirm that I will not visit event

if I am exhibiting typical symptoms of a coronavirus SARS-CoV-2 infection, such as coughing, raised temperature or fever, shortness of breath, breathing difficulty, loss of the sense of smell or taste, rhinitis, throat ache, head and body aches, general fatigue or weakness.

I further confirm that within the last 14 days prior to my visit of event

I did not come into direct contact with any person who was known to be infected with coronavirus SARS-CoV-2 at the given time or at an earlier time, and that I did not visit any high-risk region as designated by RKI. For current information on regions designated as High-Risk Regions by Robert Koch Institute please go to:

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html

_____, Date _____

(City)

(Date)

(Signature)