

RNC 2020

Health Protocols Operational Plan (HPOP)

After-Action Report (AAR)

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Executive Summary:

Key Finding: A 14-week planning period resulted in a comprehensive health plan created by RNC 2020 staff in close collaboration with local health emergency management officials from the City of Charlotte and Mecklenburg County. Because of multiple layers of countermeasures in the plan— each incrementally reducing the risk of infection— RNC 2020 detected *no* infections as a result of convention attendance among official attendees of the convention at 5-, 14-, and 21-day follow up points. Prearrival countermeasures included advising attendees to practice enhanced social distancing for the two weeks prior to arrival, in addition to pre-arrival testing followed by additional on-site testing, thus assuring that there were *no* infectious individuals attending any portion of the Charlotte meetings. In-session countermeasures were extensive, including social distancing, carefully controlled food and beverage offerings and encouragement of universal facemask use. The health protocols followed the 5 missions of Emergency Preparedness as identified by the National Response Framework – Prevent, Protect, Mitigate, Respond and Recover – and achieved the goal of keeping the Charlotte community and RNC attendees safe.

Summary: In July 2018, the Republican National Committee (RNC) chose Charlotte, North Carolina to host the 2020 Republican National Convention (RNC 2020) on August 24-27, 2020.

On April 1, 2020, RNC 2020 staff added pandemic planning to its existing health & safety plan. A Senior Advisor for Health and Safety Planning was added to the staff on May 1, 2020, who mobilized a planning cell of local health and emergency management experts. The RNC 2020 leadership directed 30 key staff members to participate in reshaping convention planning to ensure the safety and health of participants and the community of Charlotte. After 14 weeks of planning, the Health Protocols Operational Plan was presented to Charlotte City Council on August 10 and formally published on August 17.

As a result, approximately 800 people, including delegates from 55 states and territories, RNC members and official attendees, and approximately 400 support personnel met to nominate the Republican candidate for President in Charlotte.

This After-Action Report assesses the planning, execution, and follow-up phases from the period April 1, 2020 through September 14, 2020, with a summary of observations and suggestions for improvement.

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1. Introduction

The 2020 Republican National Convention (RNC 2020) was originally scheduled to occur during the period August 24, 2020 through August 27, 2020 in Charlotte, North Carolina. From the time that Charlotte was selected as host city during July 2018 through March 31, 2020, the RNC 2020 staff planned a business-as-usual convention that would involve nearly 50,00 attendees in Charlotte.

As a result of the coronavirus pandemic, the RNC 2020 staff began Safety and Health planning on April 1, 2020. A Chief Medical Officer (CMO) joined the staff on May 1, 2020. During the week of May 4th through May 8th, the VP for the Committee on Arrangements formed a Safety and Health Working Group (SHWG) and appointed a staff member as Health Coordinator to assist the CMO with safety and health planning. The first meeting of the SHWG took place on May 6, 2020.

The SHWG was comprised of 10 work streams and 6 supporting staff with an additional 30 members of the convention staff participating in the development of the Safety and Health Plan, later renamed the Health Protocols Operational Plan (HPOP). The timeline was very aggressive: the SHWG had 14 weeks to develop a plan in coordination with the Republican National Committee (RNC) and gain approval from state and local health authorities.

In addition to the aggressive timeline, the changing nature of the pandemic and the regional differences in pandemic severity made the planning process difficult. The RNC 2020 safety and health planners faced enormous uncertainty addressing pandemic concerns essentially for the first time in history. There were no past plans to refer to, as everything was done for the first time and with no prior precedent.

After 14-weeks of meetings among members of the SHWG and ongoing conversations with local and state health officials, the planning process was completed on August 14, 2020 when the HPOP was sent to state and local officials for review. After minor edits were completed, based upon state and local feedback, the plan was finalized for publication on Monday, August 17, 2020. The execution phase of the plan began on Wednesday, August 19, 2020 and continued until the conclusion of convention activities in Charlotte on Monday, August 24, 2020.

Further, communicating the health plan to Charlotte and the broader community to reiterate the RNC 2020's commitment to health and safety was of utmost importance. For this reason, the RNC 2020's CMO presented the HPOP to

Charlotte City Council members via power point presentation at their virtual meeting on the evening of Monday, August 10th. This meeting presented an important, and the first, public opportunity to walk through the health plan and field questions from city council members. Following this public meeting, the RNC 2020 proactively worked with members of the Charlotte media – print, radio, and TV, including other outlets across the state – to provide interview opportunities with our CMO and answer questions from journalists, while walking them through the health protocol and operations that would be in place during the specified dates. Local media played a critical role in educating and informing residents on the health plan. In addition to publicly educating the community on our efforts and plans, the COA worked with local health partners, Atrium and Novant Health, to jointly announce the onsite COVID testing process that would be in place to again minimize risk and provide peace of mind to Charlotteans.

This After-Action Report (AAR) below includes observations about both the planning and execution phases for the RNC 2020 HPOP. The report also conveys the health monitoring process following convention activities in Charlotte at the 5-day, 14-day and 21-day marks post-convention. It also includes recommendations based on lessons learned at the 2020 Convention in Charlotte for event organizers looking to put together future large in-person events similar to the Convention.

2. Purpose:

To provide an After-Action Report (AAR) for the RNC 2020 HPOP, both planning and execution phases, from the period April 1, 2020 through September 14, 2020. The AAR will include a Summary of Observations as well as suggestions for improvement.

3. Intent and Objectives:

The **intent** as stated in the operations and planning doctrine within the HPOP:

“The top priority of convention planning is the safety and health of all convention attendees, participating vendors, and the surrounding community.”

In addition, the **objective** of the SHWG was to develop a plan that followed the planning doctrine set forth in the FEMA-DHS National Response Framework (NRF). The SHWG defined NRF core capabilities in 5 areas: Prevent, Protect, Mitigate, Respond and Recover. Development of the core capabilities would rely

on the best available science and strict adherence to guidelines and requirements issued by the Presidential Coronavirus Task Force, the Centers for Disease Control and Prevention (CDC), and the National Institute for Allergies and Infectious Diseases (NIAID), as well as guidance documents and directives published by the North Carolina Department of Health and Human Services and Mecklenburg County Department of Public Health.

Risk reduction would occur in layers, resulting in a defense-in-depth approach to the pandemic threat. The backbone of the risk reduction effort was **Testing, Tracing and Isolation**, as advocated by the World Health Organization (WHO) and the CDC. In addition, as with any initiative where compliance of the public is required, a Communications Plan would be of paramount importance to educate the participants and to inform the community. In order to **protect** the attendees and **mitigate** illness in the setting of a pandemic, layers of risk reduction included **Health Screening and Monitoring** and **Emergency Medical Response**.

4. Review of Planning and Operations:

a. Planning Summary:

The HPOP was designed to be a truly iterative plan. The Safety and Health Working Group (SHWG) expected numerous revisions due to the changing nature of the pandemic and due to changing requirements from external stakeholders including state and local officials. During the planning timeline, which was a period of 14 weeks, there were 22 substantive content revisions of the HPOP. This does not include revisions for style and formatting.

The NRF was used as the basis for planning, which provides Guiding Principles and defines the necessary Capabilities, Emergency Support Functions (ESFs) and Response Actions for managing a large-scale event. A key principle is the complete integration with community resources in the event setting, which the RNC 2020 SHWG worked tirelessly to do every step of the way. The doctrine set forth by the NRF is especially appropriate in planning during a pandemic: while no event can be risk-free, planning, preparation, and execution with multiple layers of countermeasures can reduce risk to an acceptable level.

After the first month of planning, the WHO published *Key Planning Recommendations for Mass Gatherings in the Context of COVID-19*¹. Convention health planners subjected the event to the assessment tool provided in the

¹ <https://www.who.int/publications/i/item/10665-332235>

document, which takes into account the prevalence of disease, risk factors particular to the event, and the ability to implement countermeasures. With no countermeasures, the convention would have fallen into the “moderate risk event” category (reference: Appendix 1), but with application of all available countermeasures, the event would be considered a “very low risk” event. All of the countermeasures suggested by the WHO to reduce risk had been considered and were already in process (reference: Appendix 2).

Key elements considered in these countermeasures included **Testing, Tracing, Isolation, Health Monitoring, Medical Response, Education and Communications**. Defining the necessary capabilities and Response Actions to affect those capabilities assigned to support functions and personnel was the methodology for the risk reduction. For the pandemic scenario, where density of people is directly related to the risk of spread of the contagion, the team prepared for a reduction in the number of attendees, which was also a key element of public health guidelines and requirements.

Charlotte community health and safety leaders’ involvement in RNC 2020 health planning:

Charlotte community health and safety leaders were fully integrated into the planning process. The convention CMO convened a cross-functional planning cell which met three times a week for the first six weeks, then weekly or as needed. In addition to the convention CMO, participants included the county health director, physicians and event medicine personnel from both hospital systems, Charlotte Emergency Management and Mecklenburg County EMS. Throughout planning until the RNC 2020 event, iterations of health plans were shared with the planning cell for collaboration and feedback, also allowing for any medical questions to be adjudicated. In addition, the planning cell worked through various scenarios for contingency planning purposes and held a summary tabletop exercise the week of the convention (reference: Appendix 3).

United States Secret Service involvement in RNC 2020 health planning:

In addition to local community coordination, there was also coordination with the United States Secret Service (USSS) as the convention activities in Charlotte were designated a National Special Security Event (NSSE) by the Department of Homeland Security (DHS). Part of the normal configuration of NSSE planning is the Health and Medical Subcommittee (H&MS), led by the USSS. The H&MS convened a COVID-19 Working Group, also led by the USSS. This working group brought together the NC State Health Director along with other representative elements of the H&MS to address certain specific concerns of the NSSE

subcommittees relating to COVID-19. Planning and execution required careful and constant coordination between the RNC 2020 SHWG, the Covid 19 Planning Cell, the RNC, and state and local officials. Physical security and health security protocols were closely integrated, with health credentials being required for entry into the NSSE along with the RNC ticket and USSS credential.

Factors impacting planning:

The nature of the pandemic has been and continues to be dependent upon regional infection rates and individual state's response to varying levels of infection. During the time of planning and execution, North Carolina, Mecklenburg County and the City of Charlotte were experiencing a high prevalence of COVID-19. In response, state and local officials imposed guidelines and requirements for social distancing, capped the size of gatherings, closed high-risk venues and put other restrictions into place in an effort to slow the spread of the infection.

Pandemic conditions precluded conducting a convention that allowed for 50,000 staff and attendees in a host city. During the planning process, the SHWG and convention staff developed physical and procedural plans to decrease the density of the gathering to levels deemed acceptable under CDC guidelines, require enhanced HVAC specifications, restrict social gatherings and meetings, suspend food and beverage services in the original event venues, with additional planning on hand. Despite substantive adjustments made by RNC 2020 staff, these plans failed to meet strict state directives for gathering sizes; however, state officials noted that they would reserve judgment on the event until they had been presented with a safety and health plan.

On June 2, North Carolina's Governor stated in a letter to the RNC, "With the nation, the State of North Carolina, and the City of Charlotte still under states of emergency it's important to conduct the RNC convention accordingly. As much as we want the conditions surrounding COVID-19 to be favorable enough for you to hold [a "full Convention"] in late August, it is very unlikely."²

The RNC 2020 SHWG was then presented with several changes. There was a decision to move major convention celebration events, including nightly prime-time programming. The business of the convention, with its limited number of attendees as per state guidelines and the RNC invoking Rule 37e, would still occur in Charlotte. Given these changes, the RNC 2020 staff was split to cover planning in multiple locations. The business meeting of the convention would decrease the number of attendees to roughly 600 people including delegates, RNC members,

² <https://www.charlotteobserver.com/article243198906.html>

RNC 2020 support staff, support contractors and vendors, security and local community support.

However, the decision as to whether the Charlotte meetings would remain an NSSE and the attendant USSS responsibility for convention safety, including the COVID-19 working group and the resources that came with it, was uncertain. It was confirmed in early August that only Monday, August 24, the day of the actual nomination, would be an NSSE. The previous meetings would not be controlled by the USSS, necessitating coordination with a private security group and the hotel/event venues, in addition to the enhanced security on August 24.

Once it was announced that POTUS would attend the nomination on August 24, 2020, additional work was set into motion to accommodate his attendance as well as the attendance of select media representatives, including his travel press pool.

The full plan, referred to as the Health Protocols Operational Plan (HPOP), including other elements surrounding organization, milestones, capabilities, and responsibilities may be found in the HPOP and its Appendices:

1. Final Health Protocols Operational Plan (Appendix A)
2. Organization (Refer to HPOP, Appendix C and K)
3. Milestones (Refer to HPOP, Appendix D)
4. Capabilities and Responsibilities (Refer to HPOP, Appendix E)
5. Communications Plan (Refer to HPOP, Appendix F)
6. Transportation Plan (Refer to HPOP, Appendix G)
7. Hotels and Venues Plan (Refer to HPOP, Appendix H)
8. Personal Protective Equipment (PPE) Plan (Refer to HPOP, Appendix I)
9. Health Monitoring Requirements (Refer to HPOP, Appendix J)

b. Operations Summary:

The purpose of this section is to provide a brief summary of what happened during the operations and execution phase. The Summary of Observations provides a broad framework to understand observations and offers suggestions for improvement in Section 5.

The operations phase occurred during the period Wednesday, August 19, 2020 through Monday, August 24, 2020 when convention activities concluded in Charlotte. It is important to note that the RNC 2020 HPOP planning and execution

did not include responsibility for convention activities that took place from August 24, 2020 through August 27, 2020 outside of Charlotte.

In addition, the operations phase included health monitoring of delegate, members and support staff at the 5-day, 14-day and 21-day marks after the conclusion of convention activities in Charlotte.

Because **Testing, Tracing, Isolation, Health Monitoring, Medical Response, Education and Communications** were the pillars of health planning, it is important to emphasize certain operational elements in these areas.

In the area of **Testing**, the goal was to achieve risk reduction by excluding any persons who tested positive for the virus that causes COVID-19 or excluding anyone who exhibited symptoms consistent with COVID-19. Our screening protocols were designed to “test” for symptoms each day among those who had previously tested negative for SARS-CoV-2.

In late July, attendees were to be instructed to observe “enhanced social distancing” for 14 days before their travel to Charlotte to eliminate contact with individuals who might be COVID (+) during that time. They received an at-home test kit approximately 10-14 days prior to travel (depending on their arrival date in Charlotte) to take and return immediately. This was intended to prevent anyone who may be contagious from traveling to Charlotte, infecting airport or airline personnel, fellow passengers, and becoming sick. The test was an FDA-approved self-administered sample run on a rT-PCR platform with results in 72 hours after sampling (Pixel[®] by Labcorp).

A second test for SARS-CoV-2 was administered onsite to all official attendees and some support personnel upon arrival at the convention hotel. This test used a nasopharyngeal sample administered by nurses from Novant Health and couriered to the Novant lab to be and run on the rT-PCR platform (Cepheid GeneXpert[®]) with a targeted turnaround time of 2 hours.

Staff who would be interacting with convention attendees, including all RNC 2020 convention staff and certain employees of the convention hotelthe Charlotte Convention Center (CCC), members of city-county government and support staff were tested between Monday, August 17 and Tuesday, August 18. This testing was performed by Atrium Health using nasopharyngeal sampling on an rT-PCR platform (Roche).

In addition to the testing planned for the attendees and support staff, it became clear to RNC 2020 leadership on August 20th that additional rapid testing resources would be needed to manage certain groups who had not previously been accounted for. Thus, a testing company was mobilized to arrive that same day, which utilized a nasal sample tested with the Sofia 2[®] (Quidel), a lateral flow immunofluorescence test for SARS-CoV-2 antigen, providing a result in 15 minutes. While this test was FDA-approved only for individuals with COVID-like symptoms and reports a 97% sensitivity in that population, everyone tested was indeed asymptomatic; thus, the probability of false negatives would be expected to be less. False positives were not an operational problem, as anyone with a positive (true or false) would be excluded from the event and advised to isolate until a more specific test could be performed.

In the area of **Health Monitoring**, the SHWG planned and executed daily symptom tracking, which was aided by a web application designed to collect symptom data in cooperation with the attendees and to provide reports in real time to the Health Coordinator and the CMO. Both venues, the convention hotel and CCC, had medical personnel onsite to provide a secondary screening if individuals reported having symptoms that day and, if necessary, provide immediate physician consultation on-site or through a telemedicine capability.

For **Contact Tracing**, the SHWG also employed a new safety technology, via privacy-hardened “safety fobs,” to identify people and provide appropriate notifications should attendees come into contact with someone deemed at risk for spreading the virus. Not only would this technology enable the convention Health Coordinator to contact at-risk individuals in near-real time, but importantly, enabled county health officials to discharge their duty to communicate to contacts in the Charlotte community and in the 55 states and territories from which the attendees came. In addition, the technology placed a premium upon HIPAA compliance and privacy concerns.

Additionally, the SHWG put into production a web application, which was integrated with the safety fob. RNC 2020 would be the first commercial use of both of these technologies and both were critically important to keeping participants and the surrounding community safe, while abiding by the state’s requirements on health monitoring.

For **Medical Response**, operations were divided by venue. Thursday, August 20, 2020 through Monday, August 24, 2020, health professionals were onsite at both venues for secondary screening if people who reported symptoms had a higher-

than-normal temperature (≥ 100 degrees F). In the event of a need for a physician, the head of Event Medicine for Novant Health and the convention CMO were onsite at the convention hotel. For the few events taking place Friday through Sunday at the CCC, trained nurses had telemedicine capability with physicians from Atrium Health. For the NSSE on Monday, the CCC was staffed by two senior Emergency Physicians from Atrium Health in a temporary medical clinic within the CCC, capable of emergency evaluation and management of minor, urgent medical issues. Any 911 calls coming from the CCC were to be routed to the EMS dispatcher in the Communications Center in the CCC where the response would be coordinated. Any transport was to be performed by Mecklenburg EMS staged nearby.

For **Education and Communications** with regards to the surrounding community, the RNC 2020 publicly announced submission of its health plan to state officials. This announcement outlined key health and safety protocols proposed for August 21, 2020 through August 24, 2020, which was reported nationally and locally to ensure local community members were aware of the thorough steps in place to protect their health and safety. For educating convention attendees, the RNC 2020 created a detailed FAQ, which was linked in a newsletter sent to participants alongside several infographics explaining processes and health protocols that would be in place upon their arrival. Included in this newsletter were educational and informational travel resources for participant review prior to departure that outlined expectations pre-travel, upon arrival, during convention and post convention. These materials included links to the Health Portal and instructions on how this was to be completed daily in addition to featuring graphics outlining the daily health screening that participants would undergo. Communication with attendees while onsite was ongoing, as a 1-minute health educational video played on loop within the convention hotel and the CCC. Ample signage reminders regarding hand washing, mask wearing, and social distancing were located throughout both venues as well.

For **Health Protection**, all attendees were provided with face coverings, ample branded face coverings were available from both healthcare institutions, and face coverings were located within both the convention hotel and the CCC. Hand sanitizer was provided to all attendees and sanitizing stations were located throughout both venues as well. While compliance with mask wearing was not 100%, a very large proportion of attendees wore facemasks both indoors, outdoors, and when in close quarters. RNC staff who were dispersed among both locations frequently reminded attendees of the “3 Musts:” wear masks covering both the nose and mouth, use hand sanitizer and socially distance when possible. One

example of a change that had to be made to encourage mask-wearing was a “grab and go” location in the hotel lobby. This communal space encouraged people to be in close proximity indoors while eating and drinking. To rectify this problem, the event was moved outdoors the following evening with staff directing people to remain outdoors while consuming food and beverage. Additionally, a number of attendees were observed with masks off during the Monday morning event at the CCC. This was difficult to manage as it was a large event with tight security as the President and Vice President were in attendance, and thus difficult for staff to continue lapping the venue to remind attendees of the mask requirement while the event was underway.

The operations execution phase officially began on Wednesday, August 19, 2020, when both the convention hotel and CCC had finalized set-up and were ready to receive attendees. Final walk throughs were completed that day, as the first delegates and members began to arrive that afternoon and into the evening. As the Health Registration desk and onsite testing would not be available until 12:00 PM on Thursday, August 20, the RNC 2020 staff provided ample signage in the lobby of the convention hotel, including pamphlets placed at the Health Registration desk, instructing Wednesday arrivals to return for testing and health registration the following day.

On Thursday, August 20, onsite testing and health registration began at 12:00 PM with RNC registration beginning at 2:00 PM. Credentials with safety fobs were issued from that RNC Registration desk at that time. RNC registration concluded at 5:00 PM, while testing and health registration were conducted until 8:00 PM that evening. Beginning this day, attendees were instructed to complete their daily symptom tracking Thursday and for each of the following days while in Charlotte. To ensure completion, attendees were sent daily reminders via email.

For Friday, August 21 through Saturday, August 22, the RNC 2020 staff received new arrivals and assisted those who already arrived with their required daily health screening. Emphasis was placed on onsite testing for all new arrivals, completion of their daily symptom tracker, and enforcing adherence to state and local requirements including the wearing of face masks, social distancing, and frequent hand sanitization. The RNC Registration desk was operational from 8:00 AM until 5:00 PM, where they continued to issue credentials with safety fobs for new arrivals. Both Friday and Saturday, the RNC 2020 Health Registration Desk and onsite testing were available from 8:00 AM until 8:00 PM. RNC 2020 staff and volunteers were onsite, and fully staffed in shifts, for these 12 hours to ensure a smooth arrival process and to assist attendees in all health protocol requirements.

The final activity of the events in Charlotte was to formally nominate the President, which took place inside the CCC. This activity included a visit by the President and the Vice President at the end of the session. Since the CCC was a short walking distance from the convention hotel, and since access was restricted by a USSS perimeter, the location of both facilities helped to form a “bubble” to aid the Prevent, Protect and Mitigate capabilities as set forth in the FEMA-DHS NRF.

c. Testing Summary:

Of 433 tests that were sent out to the delegates and staff for pre-travel at-home testing, 3 were positive. Each positive case was called by the convention CMO to assess their health status and to provide advice relating to convention attendance. Additionally, some individuals reported COVID-19 exposure prior to travel via the Health Portal application and several of those individuals elected not to travel even though they were asymptomatic.

Testing of RNC convention staff, support personnel from the city, county and employees at the venues (N= approximately 400) resulted in only one positive test. The person was an RNC 2020intern who was immediately quarantined for 14 days, as were the person’s direct contacts.

There were two additional attendees who were positive, one who had not been in contact with anyone when results were received, continued to isolate overnight, and drove themselves home the following morning in their own vehicle. The other individual had a remote history of COVID several months prior. The attendees who came into contact with the affected individual were immediately identified by the contact identification technology in use and notified. The individual was negative by rT=PCR one week later and none of the contacts became symptomatic.

d. Summary of Post-Convention Follow Up:

A follow up communication was sent at 5-, 14-, and 21-days to all meeting participants who had been in the cohort using the health screening application, which included all official attendees plus RNC 2020 convention staff. The communication used the same screening application with which attendees were familiar, sent via text message and/or email to assess post-convention symptoms and any subsequent COVID-19 testing. Compliance with the survey was 63%, 80%, and 75% on respective days. Three people had signs and symptoms

consistent with COVID-19. These individuals were contacted by the convention CMO. Two had other sources of their signs and symptoms, and one contracted COVID-19 from a known contact at his home during the week after the convention.

In summary, there were *no* cases that were suspected of contracting COVID-19 at RNC 2020.

5. Summary of Observations:

Observations are described below with suggestions for improvement outlined to better assist future groups who find themselves in similar circumstances.

a. Planning Process:

As a general statement, more time in the planning process would have been preferable and would have enhanced operational areas of event execution. The majority of the issues stemmed from the basic fact that there was no pre-existing road map to successful event planning in the midst of a global pandemic. This meant that the starting point was challenging as we had to create a road map and put a deliberate process into place that would identify a workflow and detail a problem-solving structure. With the compressed timeline of three months, planning cell participants were creating a health protocol plan in real time alongside ever-changing pandemic conditions. The simultaneous work of development and discovery meant that some of the final processes and technology were not able to be sufficiently tested prior to implementation onsite.

Suggestion for Improvement:

- When planning something from inception to execution, especially without a defined way forward, time is often the biggest mitigating factor to success. It would have been optimal if more time could have been afforded to the planning process. Due to the pandemic's unique nature and changing risk levels versus the immovable deadline to conduct the convention to ensure nomination, a process for planning had to be followed with the ability to improvise and adapt to changes.

b. Staffing:

More staff would have been beneficial for overall event supervision: enforcing and implementing health protocols and managing attendees' experience onsite.

Additional staffing would have also been helpful for overseeing areas where attendee presence and flow was dense.

Suggestion for Improvement:

- Supplement staff in onsite execution alongside paid event staff to ensure there are ample highly-trained individuals to manage surge events, such as morning health check-ins or security lines. Early training of staff and volunteers on health protocols and plans across a multitude of roles would also assist in providing greater flexibility of staff onsite.

c. Scope and Resources:

The nature of a national presidential nominating convention is a unique event due to legal and security requirements, and its official designation as an NSSE. With that status comes significant resources to conduct an event such as this, which may not be available to others. The health protocols for this event were built to take advantage of all resources available as made possible by the myriad of stakeholders the RNC 2020 worked with.

Suggestion for Improvement:

- Other events likely will not have the same level of resources available that a national political convention had, and event organizers would instead need to focus on sustainable protocols appropriate to their resources and scale.

d. Communications

Communication of health protocols and expectations to a variety of stakeholders is critical for successful public health planning. Stakeholders include not only attendees and vendors, but public health systems, citizens of the location hosting the event, first responders, and other individuals who may interact with the event or visitors. Attendees must be aware of the processes and protocols in advance that they will be expected to participate in once onsite, including health screening, testing, and social distancing. Third parties must be informed of requirements they too will have to abide by or assist in enforcing at the event.

Suggestion for Improvement:

- Communication is a key part of the health protocol management process and should include multiple forms of communication on expectations and processes in place. These messages should be tailored to each intended audience and provided across multiple platforms including email, text,

videos, social media, traditional signage, and other routes. Communications materials should be repeated and reminders should be resent on a daily occurrence leading up to the event. Additionally, having trained staff available onsite to explain various processes and measures in place, as well as answer any questions, is important to obtaining trust and compliance from attendees.

e. Cost:

There were unplanned expenditures related to planning in order to obtain approval from state and local officials. The pre-requisites for this event were wide-ranging and financially significant as they included costs like: PPE, sanitizer, additional cleaning supplies, larger-than-normal rental spaces to accommodate social distancing requirements, as well as additional staff.

Suggestion for Improvement:

- Acquire an understanding as early as possible during planning stages what the scope of requirements will be for holding the event, thus enabling proper lead times for materials, vendor sourcing, and general budgetary planning.

f. Technology:

Technology was an important element in communication and tracking of attendee health data. Significant attention and priority was given to allow for rapid electronic gathering of information while protecting PII and sensitive health data for attendees and other participants. The technology tools in use, including a symptom tracking survey and health safety fob, provided essential information helping to mitigate risk.

Suggestion for Improvement:

- Early introduction and education for attendees and staff on technology tools for the health process is critical to ensure usability and conformity. Any technology tool for a large scale in-person event should provide the ability for event staff to manually intervene to expedite registration and/or assist individuals who are not comfortable using new technologies.

g. Event and Attendee Flow:

As this was one of the first sanctioned events taking place during the pandemic, attendees were unaccustomed to onsite health steps, including a health registration

and onsite COVID-19 testing. A better understanding of when attendees were scheduled to arrive onsite, in order to support a plan of resource deployment, would have allowed for greater management and efficiency of the attendee experience with registration, check-in, and health protocols.

Suggestion for Improvement:

- To the degree possible, event organizers should obtain attendee travel plans in advance of their arrival, thus enhancing the resource and staff development plan. In addition, a more flexible arrangement of the registrations, testing, and health process that attendees were required to undergo would be helpful in enhancing operational efficiency and attendee experience. Further, reduction in the number and control of ingress and egress points is critical to ensuring a consistent attendee registration and health protocol experience.

h. Attendee Management:

Unexpected and/or last-minute additions to the attendee pool created operational hurdles related to availability of testing resources and with regard to educating guests on health protocols. Greater oversight of attendee RSVP process will enable a smoother process from a resource and educational standpoint.

Suggestion for Improvement:

- There should be one point of contact for approval of additional attendees to ensure that the health resources and compliance are not strained. The person in this role should have full operational knowledge of the plan and be a senior level staff member.

i. Third Party Management:

One significant factor in major events is the variety of third parties involved in an event. This includes venue staff, food service staff, security, transportation providers, and several other roles which are filled by third parties with limited or no direct relationship to event organizers. Enforcement of health protocols, which may include testing, can present legal and financial challenges to the health planning process when working with third party groups.

Suggestion for Improvement:

- Stipulations with event organizers, venues, and other third party groups should be agreed on early in the process to ensure uniformity in expectations and enforcement of health protocols.

j. Health Measures – Masks:

Compliance surrounding mask wearing was inconsistent. A number of efforts were implemented to encourage this behavior through signage, spacing and flow considerations, and frequent staff reminders. Food and beverage are two factors presenting particular challenges with regard to mask wearing, as attendees naturally remove their mask for consumption.

Suggestion for improvement:

- Event organizers should be prepared to consistently and regularly relay mask-wearing requirements. Train event staff who will be more forward-facing and customer service-oriented to remind attendees as they go about their day to wear their mask properly. Additional onsite communications, such as reminders on screens and periodic announcements, are helpful in supporting compliance.
- Key congregation points, such as movable seating or “grab and go” food and beverage locations, should be considerably spaced and managed to prevent clustering of attendees. Excess furniture or other surfaces that can attract people to gather should be removed.

k. Health Measures – Onsite Testing:

With a limited capacity for testing based on attendee count for official functions, the event was not designed to be flexible with guests of attendees or late additions. With the realization that there were a sizable number of additional staff, media, and other third parties who would not be attending the large event but still associated with the other business meetings, it was deemed necessary to supplement the testing capacity by adding a rapid testing platform. This additional testing allowed for greater flexibility for registrants who were not originally part of the final attendee count.

Suggestion for Improvement:

- Oversight and management of the entire population of attendees and understanding their roles is critical for resource allocation and risk reduction. Understanding that many events may require late changes or substitutions of

attendees or staff for a variety of reasons, event organizers should anticipate additional testing and resources beyond the planned scope.

1. Health Measures – Community Testing and Data of Third Parties:

The community testing element was a difficult task as the event organizers partnered to provide testing to various third parties. Many third party entities have company-wide rules established regarding health and their policies may be redundant with event organizers' plans in place.

Suggestion for Improvement:

- Event organizers should work as early as possible in the planning process with all third parties on coordinating and understanding various health requirements. Health officials and regulatory bodies will likely have to make determinations on requirements and enforcement of health protocols that involve testing or other health data for events.

Appendix 1: WHO Event Risk Evaluation

| Risk of COVID-19 to the mass gathering | | Yes/No |
|--|---|--------|
| <i>Original Risk of Mass Gathering</i> | Will the event take place in a host country experiencing community transmission (larger outbreaks of local transmission), as defined by WHO? | YES |
| | Will the event include international participation from countries experiencing community transmission, therefore increasing risk of importation of COVID-19 cases to the host country? | NO |
| | Will the event include a significant number of participants at higher risk of severe disease (e.g. people > 60 years of age or people with underlying health conditions)? | YES |
| | Will the event be primarily indoors or will people be in close contact (less than 1m distance) with one another for a prolonged period (more than 15 minutes)? | YES |
| | Is there a culture of risk-taking behavior (e.g. excessive drinking, illegal substance use, sexual activity etc.) that may be connected to the mass gathering or are there legitimate concerns of noncompliance with health and safety precautions? | NO |
| <i>Modifications of the Event</i> | Can the mass gathering be modified so it can be held virtually? | NO |
| | Can the mass gathering be modified so that there will be no international participation to reduce the risk of international spread? | YES |
| | Can the mass gathering be modified so those at high risk (e.g. people > 60 years of age or people with underlying health conditions) will no longer attend? | NO |
| | Can the mass gathering be modified so that the event will be held outdoors and with limited close contact between people? | NO |

| | | |
|---|---|----------|
| | Can there be enhanced monitoring and incident reporting during the mass gathering to reduce risk taking behaviors or noncompliance (such as smartphone apps for participants to report potential incidents)? | YES |
| Total COVID-19 Risk Evaluation Score | | 1 |

Appendix 2: WHO Risk Mitigation Countermeasures

| Topic | Key considerations | Yes/Completed Maybe/In Progress No/Not Considered Not Applicable |
|---|--|---|
| <i>Understanding COVID-19, the country situation, and the mass gathering</i> | Have the relevant organizers and responsible staff been informed about the latest available guidance on the COVID-19 outbreak: official web resources available from WHO, United States Centers for Disease Control and Prevention (CDC), European Centers for Disease Control and Prevention (ECDC), United Nations (UN), local public health authorities)? And are the relevant organizers and responsible staff committed to following the available guidance documents? | YES / COMPLETE |
| | Are organizers aware of global and local daily situation reports as provided by WHO or local public health authorities? | YES / COMPLETE |
| | Do organizers and responsible staff understand COVID-19 risks and transmission routes, the steps that event attendees can take to limit spread, the recognized best practices (including respiratory etiquette, hand hygiene etc.), and the travel restrictions adopted by different countries that may affect the mass gathering? | YES / COMPLETE |
| <i>Event emergency preparedness and response plans</i> | Is there a Medical Response Plan that includes COVID-19 considerations developed for this mass gathering? | YES / COMPLETE |
| | Does the Medical Response Plan developed for the mass gathering include information about how attendees should interface with the healthcare system (e.g., hotline/helpline number, organizer's medical teams, local healthcare system)? | YES / COMPLETE |
| | Is there an Emergency COVID-19 Outbreak Response Coordinator/Team in the mass gathering organizational structure with defined roles and responsibilities, coordinating health | YES / COMPLETE |

| | | |
|--|--|----------------|
| | preparedness and response planning for the outbreak? | |
| | Has the host country or organizer requested support from WHO and/or local public health authorities ? | YES / COMPLETE |
| | Has the mass gathering organizers acquired PPE (masks, gloves, gowns,) for onsite medical personnel to help reduce transmission? | YES / COMPLETE |
| | Have the organizers acquired masks for event participants to help reduce transmission? | YES / COMPLETE |
| | Have the organizers acquired hand sanitizer and tissues, with plans to frequently replace soap canisters in washrooms to help reduce transmission? | YES / COMPLETE |
| | Have the organizers acquired bins for the safe disposal of hygienic materials (e.g. tissues, towels, sanitary products) in washrooms and changing rooms to help reduce transmission? | YES / COMPLETE |
| | Have the organizers acquired hand sanitizers and rubs for all entrances and throughout the venue to help reduce transmission? | YES / COMPLETE |
| | If a person falls ill/ shows symptoms of an acute respiratory infection during the event, is there a procedure for meeting participants to clearly identify whom to contact and how to do so if they or other event participants are unwell? | YES / COMPLETE |
| | If a person is to fall ill/ show symptoms of an acute respiratory infection during the event, is there a protocol on whom meeting organizers should contact in the host country to report suspected cases and request epidemiological investigations? | YES / COMPLETE |
| | If a person is to falls ill/ shows symptoms of an acute respiratory infection during the event, are first aid services or other medical services in-place and equipped to support patients with respiratory symptoms? | YES / COMPLETE |
| | If a person is to fall ill/ show symptoms of an acute respiratory infection during the event, are there isolation rooms or mobile isolation units available onsite? | YES / COMPLETE |

| | | |
|--|--|-----------------------|
| | <p>If a person is to fall ill/ show symptoms of an acute respiratory infection during the event, are there any designated medical facilities that manage patients with COVID-19 infection in host-country?</p> | <p>YES / COMPLETE</p> |
| | <p>If a person is to fall ill/ show symptoms of an acute respiratory infection during the event, are there transportation services with trained professionals available to transport critically ill patients with severe acute respiratory infections to a hospital or out of the host country, if necessary?</p> | <p>YES / COMPLETE</p> |
| | <p>Has a cleaning schedule been developed to ensure the venue is clean and hygienic? Wiping surfaces with disinfectant is recommended (before, during, and after the event).</p> | <p>YES / COMPLETE</p> |
| | <p>Are seating arrangements assigned to ensure the crowd will remain stationary for most of the duration of the mass gathering?</p> | <p>YES / COMPLETE</p> |
| | <p>Do seating arrangements ensure physical distancing can be maintained? (If there are no seating arrangements, answer "not applicable".)</p> | <p>YES / COMPLETE</p> |
| | <p>Are there established screening measures, including temperature checks, for participants at points of entry, venues, routes and onsite medical facilities (first aid points)? (Please specify in Comments what these screening measures include)</p> | <p>YES / COMPLETE</p> |
| | <p>Are there measures in place to ensure participants do not crowd at potential 'choke' points (such as gates, entrances, food services, restrooms)?</p> | <p>YES / COMPLETE</p> |
| | <p>Is the host country conducting COVID-19 laboratory diagnostic tests on all suspected cases of COVID-19 in the local population? (If yes, please specify in comments the type of COVID-19 diagnostic the country uses.)</p> | <p>YES / COMPLETE</p> |
| | <p>Is the host country planning to conduct COVID-19 laboratory diagnostic tests on all participants attending the mass gathering? (If yes, please specify in comments the type of COVID-19 diagnostic the country uses.)</p> | <p>YES / COMPLETE</p> |

| | | |
|---|---|----------------|
| | Is transportation provided for the mass gathering (such as private cars, buses with limited travelers, etc.) to enable participants to avoid public transportation? | YES / COMPLETE |
| | Does the host country have a national public health emergency preparedness and response plan that can address severe respiratory diseases including COVID-19? | YES / COMPLETE |
| | Is there a preliminary agreement by the host country to provide care for any COVID-19 cases connected with the mass gathering? | NOT APPLICABLE |
| | Is it possible to shorten the duration of the mass gathering to limit contact among participants and limit the duration of exposure? | YES / COMPLETE |
| | If the event is for a duration of 14 days or longer, does the Medical Response Plan include resources and protocols for managing all public health interventions that would be necessary and supporting the national public health authorities if participants are infected and become sick at the event? (If the event is less than 14 days, please answer "not applicable".) | NOT APPLICABLE |
| | If the event is for a duration of less than 14 days, does the Medical Response Plan for this mass gathering include protocols for organizers to notify all participants of possible exposure to COVID-19 if the organizers are made aware of any suspected or confirmed cases that attended event? (If the event is 14 days or longer, please answer "not applicable".) | YES / COMPLETE |
| Stakeholder and partner coordination | Is there an established collaboration and coordination between health and security sectors , which is considered as crucial? | YES / COMPLETE |
| | Are there agreed, clear and easily understood processes in place for reporting to external multi-sectoral stakeholders (including surveillance authorities, WHO, CDC, ECDC, etc.) and disseminating risk communication messages? | YES / COMPLETE |
| Command and control | Is there a decision-making authority/body and an agreed procedure to modify, restrict, postpone or cancel the mass gathering event related to a COVID-19 outbreak? | YES / COMPLETE |

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|--|--|---|
| | Are there arrangements to activate a strategic health operations center if there are suspected COVID-19 cases in connection with the mass gathering? | YES / COMPLETE |
| | Have organizers and staff undergone training and exercises on personal safety procedures and emergency mitigation measures (including those specifically listed in this questionnaire)? | YES / COMPLETE |
| Communicating with Staff, Participants, Media, and Stakeholders | Is there a risk communication strategy for the mass gathering in regard to COVID-19 that ensures culturally appropriate language and specific messaging for the targeted audiences? | YES / COMPLETE |
| | Does the risk communication strategy include plans for dissemination and delivery of the targeted messaging (this may include visual reminders on basic preventative measures, actions and steps to take if people develop COVID-19 symptoms and instructions for the correct use of face masks or other personal protective equipment)? | YES / COMPLETE |
| | Is there a designated person or persons to lead media activities and tasked with managing all external communications with national and international government officials, the general public, and the media? (If yes, please identify the spokesperson in comments) | YES / COMPLETE |
| | Has there been monitoring of national and international media and social media established for rumors to be able to counter them early? (Please explain in the Comments what protocols are in place for counter messaging) | YES/ COMPLETE |
| | Has coordination been set up with major official domestic and international media channels and social media sites such as Twitter, Facebook and Instagram so that messaging can be coordinated with, and assisted by, the platforms to provide targeted messaging from organizers (including messaging to counter fake news and rumors, and proactive messaging about the status of the mass gathering, including changes)? | NOT APPLICABLE |
| | Public health awareness of COVID-19 before and during the event | Has public health advice on clinical features of COVID-19, preventive measures, especially respiratory etiquette, hand hygiene practices, and physical distancing been shared to all |

| | | |
|-----------------------|--|----------------|
| | participants, staff, and personnel of all relevant stakeholders? | |
| | Has information on the at-risk populations been provided to all participants so that they may make an informed decision on their attendance based on their personal risk? | YES / COMPLETE |
| | Has public health advice included the information on the meaning of the following measures: quarantine, self-isolation and self-monitoring? | YES / COMPLETE |
| | Have event organizers collected any available information about the participants for the mass gathering (including the countries they are coming from, the epidemiological context of those countries, health data if available, etc.) to gain a better understanding of the potential risks of disease spread and facilitate measures such as contact tracing? | NOT APPLICABLE |
| | If necessary, have event organizers liaised with national and international authorities and relevant parties to inform them about the demographics of the mass gathering and any potential risks identified to the host country and other countries? | NOT APPLICABLE |
| | Have participants provided information to allow for direct follow up (contact tracing) with individuals and national governments on potential exposure if there is a suspected or confirmed case of COVID-19 linked to the mass gathering? | YES / COMPLETE |
| Surge Capacity | Are there any surge arrangements in place in the event of a public health emergency during the mass gathering (i.e. suspected and confirmed cases of COVID-19) that include funding for mitigation measures? | YES / COMPLETE |
| | Are there any surge arrangements in place in the event of a public health emergency during the mass gathering - (i.e. suspected and confirmed cases of COVID-19) that include stockpiles of equipment (e.g. PPE)? | YES / COMPLETE |
| | Are there any surge arrangements in place in the event of a public health emergency during the mass gathering - (i.e. suspected and confirmed | YES / COMPLETE |

| | | |
|--|--|----------------|
| | cases of COVID-19) that include training of extra staff? | |
| | Are there any surge arrangements in place in the event of a public health emergency during the mass gathering - (i.e. suspected and confirmed cases of COVID-19) that include volunteers? | NOT APPLICABLE |
| | | |
| | | |
| | Total Mitigation Score (%) | 88 |

Appendix 3:
Cross-Functional Planning Cell Tabletop Exercise
Summary – Monday, August 17

Injects

- 1. Delegate or Invitee refuses to be COVID-19 test at Westin Testing Point.**
 - RNC Senior leadership will be informed and will address delegate/invitee. Would be asked to leave and not attend event
 - An RNC representative will be at screening station with NH testing team to communicate expectations.
 - There will be private security at Westin testing sites to provide protection and will contact local LE for any support needs.

- 2. COVID19 Test results positive for delegate/invitee.**
 - NH and Delegate will get results as soon as available
 - Leader of NH team will contact RNC Medical Representatives immediately. Along with Public Health on-call phone #XXX-XXX-XXXX. Lab will make normal state notification.
 - Person positive will not be allowed to attend and follow PH protocols as outlined in the medical plan.

- 3. Novant Health or Atrium Event Medical Team Member Screens or Tests Positive for COVID-19.**
 - Teams are screened daily prior to work and all wear appropriate PPE as directed. If anyone screens positive, they are not allowed to work that day. Health and Medical Team would be alerted if this were to occur.

- 4. Demonstrators/Protesters are present at or near Westin Testing Site.**
 - Private Security Company to be present at Westin for RNC security to include screening area. They will communicate with CMPD as needed for support. Consensus was there is adequate security.
 - NH Public Safety to provide transport to Westin venue for medical team. No NH team member POV's will be onsite.

- If area becomes unsafe, seek shelter in place within the convention hotel facility until resolved.

5. Charlotte Convention Center “Staff” Screens and/or Tests positive for COVID19.

- Atrium Event Med does daily screening of CCC prior to entering building. Those who screen positive are not allowed to enter or work that day. This is supported by PH and is current policy for event.

6. A person inside the Convention Center experiences a medical emergency, requiring a higher level of care and EMS transport.

- Atrium event medical team are first responders and will contact by phone if MEDIC is needed, which is and will remain normal process for CCC events. USSS will work with MEDIC/CFD responders if needed to escort them into building as needed. Walkthrough later this week will help ID entry points.
- Staffer with MEDIC advised they will be monitoring all radio traffic at EOC and will help coordinate any response.
- It was clarified that MEDIC would enter building and go to patient as needed vs. patient being brought out to MEDIC.
- CMO noted that RNC staff are being oriented on assistance protocols as needed and will partner with event medical teams.

Appendix 4: Health Testing and Monitoring

HEALTH TESTING AND MONITORING

| | Total | At Home Test | Health Registration | 5 Day Check-in | 14 Day Check-in | 21 Day Check-in |
|-----------|-------|--------------|---------------------|----------------|-----------------|-----------------|
| Delegates | 124 | 104 | 119 | 88/71% | 110/89% | 106/85% |
| Members | 128 | 97 | 125 | 72/56% | 92/72% | 84/66% |
| Total | 252 | 201/79% | 244/97% | 160/63% | 202/80% | 190/75% |
| Positive? | | 3 Pos | No Pos | No Pos | No Pos | No Pos |