



National Indian Gaming Commission

COVID-19 PRELIMINARY ASSESSMENT

NIGC Compliance Officer:	Enter name.	<input type="checkbox"/> Class II
Tribe:	Enter Tribe name.	<input type="checkbox"/> Class III
Casino Name(s):	Operation Name	
Projected Opening Date:	Click to enter a date.	Date Notified: Click to enter a date.
TGRA POC Name:	TGRA POC Name	Phone#: _____
Casino POC Name	Casino POC Name	Phone#: _____
Contact Info:	Contact Info.	

Applicable NIGC Regulations

559.1 What is the scope and purpose of this part?

- (a) The purpose of this part is to ensure that each place, facility, or location where class II or III gaming will occur is located on Indian lands eligible for gaming and obtains an attestation certifying that the construction and maintenance of the gaming facility, and the operation of that gaming, is conducted in a manner that adequately protects the environment and the public health and safety, pursuant to the Indian Gaming Regulatory Act.
- (b) Each gaming place, facility, or location conducting class II or III gaming pursuant to the Indian Gaming Regulatory Act or on which a tribe intends to conduct class II or III gaming pursuant to the Indian Gaming Regulatory Act is subject to the requirements of this part.

[77 FR 58772, Sept. 24, 2012, as amended at 80 FR 31994, June 5, 2015]

559.4 What must a tribe submit to the Chair with the copy of each facility license that has been issued or renewed?

A tribe shall submit to the Chair with each facility license an attestation certifying that by issuing the facility license, the tribe has determined that the construction and maintenance of the gaming facility, and the operation of that gaming, is conducted in a manner which adequately protects the environment and the public health and safety. This means that a tribe has identified and enforces laws, resolutions, codes, policies, standards or procedures applicable to each gaming place, facility, or location that protect the environment and the public health and safety, including standards, under a tribal-state compact or Secretarial procedures.

[77 FR 58772, Sept. 24, 2012, as amended at 80 FR 31995, June 5, 2015]

559.6 May the Chair require a tribe to submit applicable and available Indian lands or environmental and public health and safety documentation regarding any gaming place, facility, or location where gaming will occur?

A tribe shall provide applicable and available Indian lands or environmental and public health and safety documentation requested by the Chair.

Applicable Approved Tribal Gaming Ordinance Section(s)

NIGC Compliance consult NIGC General Counsel prior to completing checklist item.

[Click or tap here to enter text.](#)

Applicable Tribal-State Gaming Compact Section(s)

NIGC Compliance consult NIGC General Counsel prior to completing checklist item.

[Click or tap here to enter text.](#)

The NIGC interpretive rule regarding IGRA's environment, public health, and safety mandate (Federal Register at 67 Fed. Reg. 46109 (July 12, 2002)).



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REOPENING QUESTIONS

1. Does the TGRA attest that the licensed gaming facility will be operated in a manner that protects the public health and safety? **Select One**

Click or tap here to enter text.

- ☐ Yes
☐ No
☐ N/A

2. Have all applicable tribal and/or federal restrictions on businesses and/or individual gatherings related to the COVID-19 Pandemic been lifted or amended that allow for reopening? Please list any existing or amended restrictions. **Select One**

Click or tap here to enter text.

- ☐ Yes
☐ No
☐ N/A

3. Are there local, county, or State restrictions on businesses and/or individual gatherings related to the COVID-19 pandemic that have been determined to apply to the gaming operation and that are still in effect? **Select One**

NIGC Compliance consult NIGC General Counsel prior to completing checklist item.

Click or tap here to enter text.

- ☐ Yes
☐ No
☐ N/A

4. If yes to #3, has the Tribe or TGRA reviewed those restrictions and made a determination as to how the Tribe may safely reopen? **Select One**

Click or tap here to enter text.

- ☐ Yes
☐ No
☐ N/A

5. Are there other existing local, county, or State restrictions on businesses and/or individual gatherings related to the COVID-19 pandemic? **Select One**

Except for those identified in question 2, local, county, and state restriction do not apply to the Tribe's gaming operation and should only be reviewed to assist in determining whether conditions at the local, county or state level necessitating the restrictions also exist at the Tribe's gaming operation.

Click or tap here to enter text.

- ☐ Yes
☐ No
☐ N/A

6. Has the TGRA identified and does it have in its possession all EPHS standards applicable to the gaming facility? **Select One**

Click or tap here to enter text.

- ☐ Yes
☐ No
☐ N/A

7. Has the TGRA reviewed all the EPHS standards applicable to the gaming facility and can it attest that the facility meets or will meet the standards at the time of reopening? **Select One**

Click or tap here to enter text.

- ☐ Yes
☐ No
☐ N/A



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REOPENING QUESTIONS

8. Has the TGRA conducted or will it cause an inspection of the gaming facility to ensure the gaming facility meets the EPHS standards? [List date, organization, contact information of inspector\(s\).](#)

Select One

☐ Yes

☐ No

☐ N/A

Date

Click or tap to enter a date.

Organization

Click or tap here to enter text.

Inspector contact information

Click or tap here to enter text.

Click or tap here to enter text.

9. Do the standards identified in #8 include requirements that the gaming facility perform a deep cleaning to a prescribed standard?

Select One

☐ Yes

☐ No

☐ N/A

Click or tap here to enter text.

10. Has the TGRA identified public health and/or EPHS experts to assist with inspections and identification of violations of the Tribe's EPHS standards and instances of imminent jeopardy that may be caused due to the COVID-19 Pandemic?

Select One

☐ Yes

☐ No

☐ N/A

Click or tap here to enter text.

11. Has the TGRA (or Tribe) adopted additional requirements/protocol to include inspection standards/schedules, use of notices, and enforcement actions, including temporary closure orders, to address the COVID-19 Pandemic?

Select One

☐ Yes

☐ No

☐ N/A

Click or tap here to enter text.

12. Have changes to internal controls been approved by the TGRA and/or Casino to allow for personal protective equipment (PPE) to be worn by gaming facility staff and patrons such as masks and gloves?

Select One

☐ Yes

☐ No

☐ N/A

☐ If yes, have existing/additional standards been identified/implemented to ensure that the new policies/procedures will protect against theft. *For example, if allowing count room employees to use gloves, masks, or hoods, are there other TICS/SICS in place to ensure against theft?*

Click or tap here to enter text.

13. Has the TGRA developed or adopted current monitoring, testing and reporting mechanisms to address COVID-19 Pandemic rules approved by the TGRA? [Describe.](#)

Select One

☐ Yes

☐ No

☐ N/A

Click or tap here to enter text.



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REOPENING QUESTIONS

14. Does the TGRA and Casino have the appropriate staff to ensure internal control and compliance with applicable regulations? Select One

Click or tap here to enter text.

☐ Yes

☐ No

☐ N/A

15. Has the TGRA implemented any social/physical distancing measures within the gaming facility that are consistent with CDC guidelines? Select One

Click or tap here to enter text.

☐ Yes

☐ No

☐ N/A

16. Has the gaming facility adopted protocol to address instances where staff or patrons report or display symptoms of COVID-19? Select One

☐ Has the gaming facility adopted protocol to address instances where staff or patrons test positive for COVID-19?

Click or tap here to enter text.

☐ Yes

☐ No

☐ N/A

☐ Is there a source of protocol or was the protocol developed internally?

Click or tap here to enter text.

17. Has the Tribe or TGRA determined what indicator(s) will signal consideration for reclosing the gaming facility? Select One

Click or tap here to enter text.

☐ Yes

☐ No

18. Has the TGRA/Casino tested emergency service systems (fire alarms, sprinklers, etc.)? Select One

Click or tap here to enter text.

☐ Yes

☐ No

19. Has the TGRA confirmed the gaming facility will have adequate emergency services response (fire, EMS, police) from the agencies previously designated as first responders prior to COVID-19 Pandemic? Select One

☐ Has TGRA ensured agencies can and will respond to calls at the gaming facility?

Click or tap here to enter text.

☐ Yes

☐ No

☐ N/A

20. Will areas of the gaming facility remain closed? Select One

Click or tap here to enter text.

☐ Yes

☐ No

21. Will the TGRA and Casino continue to monitor and prepare for the possibility of a subsequent wave of COVID-19 outbreaks? Describe preparedness plan. Select One

☐ Yes

☐ No



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REOPENING QUESTIONS

Click or tap here to enter text.

22. Is the TGRA or Operation requesting any preopening technical assistance? Select One

☐ Yes

Click or tap here to enter text.

☐ No



OPERATIONS NAME HERE

COVID-19 Infectious Disease Preparedness and Response Plan

* This is a model infectious disease preparedness and response plan provided by the National Indian Gaming Commission, with a focus on COVID-19 and the gaming operation environment. It is meant to be used as a starting point for to assist tribes, their gaming operations, and their tribal gaming regulatory authorities in developing their own infectious disease response plan in collaboration with health and safety experts. This model plan was developed based on currently known and accepted best practices for COVID-19. However, given the novel nature of COVID-19, this plan may need to evolve as new information is learned about COVID-19 and other infectious diseases. Other resources such as the Center for Disease Control and Indian Health Services should be utilized to supplement and updated the plan.

Operation's Name COVID-19 Infectious Disease Preparedness and Response Plan**Contents**

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Section 1: Purpose

[Tribal Gaming Operation / Authority] is serious about the health and safety of its employees and patrons. Consequently, we have created an Infectious Disease Preparedness and Response Plan with an emphasis on the COVID-19 pandemic. The plan supports the efforts of the [Tribal Gaming Operation / Authority] to provide a safe and healthy workplace environment.

Infectious diseases represent a threat to both employees and patrons that could potentially result in illness, and even death. COVID-19 may be transmitted in several ways, including but not limited to the following:

- Close physical contact
- Contaminated objects or surfaces
- Airborne inhalation

[Tribal Gaming Operation / Authority] policy requires sick employees to stay at home during illness to prevent the spread of diseases. Compliance with this policy is mandatory and shall be strictly enforced. Failure to comply may result in progressive discipline, up to and including termination.

For employees who are unable to work due to quarantine or due to a positive test result, the [insert Operation Name] will maintain [e.g. flexible work from home, sick leave, and vacation time] policies.

This plan complies with regulations of the [e.g. Occupational Safety and Health Administration (OSHA)], National Indian Gaming Commission Environmental Health and Safety requirements and guidance and the recommended practices from the Centers for Disease Control (CDC). Compliance of the plan with certain regulations that do not apply to the [Tribal Gaming Operation/Authority] is voluntary.

This plan is subject to modifications as directed by the [Tribal Gaming Operation / Authority].

Section 2: Indian Gaming Regulatory Act

25 U.S.C. §2710(b)(2)(E) The Chairman shall approve any tribal ordinance or resolution concerning the conduct, or regulation of class II gaming on the Indian lands within the tribe's jurisdiction if such ordinance or resolution provides that the construction and maintenance of the gaming facility, and the operation of that gaming is conducted in a manner which adequately protects the environment and the public health and safety.

Section 3: National Indian Gaming Commission Regulations

25 U.S.C. §559.1 - What is the scope and purpose of this part?

(a) The purpose of this part is to ensure that each place, facility, or location where class II or III gaming will occur is located on Indian lands eligible for gaming and obtains an attestation certifying that the construction and maintenance of the gaming facility, and the operation of that gaming, is conducted in a manner that adequately protects the environment and the public health and safety, pursuant to the Indian Gaming Regulatory Act.

(b) Each gaming place, facility, or location conducting class II or III gaming pursuant to the Indian Gaming Regulatory Act or on which a tribe intends to conduct class II or III gaming pursuant to the Indian Gaming Regulatory Act is subject to the requirements of this part. [77 FR 58772, Sept. 24, 2012, as amended at 80 FR 31994, June 5, 2015]

Section 4: (Tribe) Approved Gaming Ordinance

(list citation to tribal gaming ordinance and its requirements)

Section 5: (Optional)(List related Tribal Internal Controls)

(list citation to tribal internal control and its requirements)

Section 6: Threats and Vulnerability

Infectious diseases are illnesses caused by germs (such as bacteria, viruses, and fungi) that enter the body, multiply, and can cause an infection. If not addressed properly, employees and patrons are at risk of being exposed, and/or contracting infectious diseases as sizable groups of people gather throughout the facility in close proximity. The gaming operation has implemented proactive measures to mitigate such risks.

Although not an exhaustive list, this Infectious Disease Preparedness and Response Plan seeks to reduce risks and assist in the prevention of spreading COVID-19 and may also be useful for controlling the spread of the following infectious diseases:

- Influenza Viruses
- Severe Acute Respiratory Syndrome (SARS)
- Middle East Respiratory Syndrome (MERS)
- Other Viral Infectious Diseases
- Bacterial Infectious Diseases
- Fungal Infectious Diseases

Section 7: EPHS Committee [Insert Person / Group charged with monitoring environmental, public health and safety]

The [Tribal Gaming Operation / Authority] has an Environment, Public and Health Safety (EPHS) Committee (Team, Group, or Individual) that is led by the [Insert Individual Title/department/position]. EPHS committee members are comprised of all department heads throughout the facility and the tribal gaming regulatory authority.

The EPHS committee meets, at minimum, on a monthly basis to discuss all pertinent issues and incidents, review cleaning logs, employee complaints related to health and safety practices, and to develop, modify and implement safety procedures. EPHS Committee members are also required to completely review all issues related to the gaming operations' ability to operate in a manner that protects the health and safety of employees and patrons. The EPHS Committee shall meet more frequently if warranted by local conditions to review issues such as:

- Conduct ongoing risk assessments and recommendations for phased reopening or closure based on local conditions to the TGRA or Tribe;
- Monitor current rates of infection within the county, state and local community;
- Review and recommend inventory levels of:
 - Personal Protective Equipment (PPE); and
 - CDC recommended cleaning and sanitization supplies.
- Review current health and safety guidance from local, state, federal, and tribal resources to appropriately develop, modify and/or implement policies and submit changes for approval to TGRA;
- Liaise with appropriate department heads at local, county, state, federal, and tribal health officials to assist in the evaluation of current environmental, public health and safety standards;
- Maintain meeting minutes;
- Review inspection logs detailing areas and condition of inspected areas, and
- Review cleaning logs from all departments to ensure compliance with EPHS standards.

Section 8: Risk Levels Associated to COVID-19

There are multiple factors that can increase the risk of an employee or patron contracting an infectious disease such as COVID-19. Front line employees are at an increased level of risk due to more prolonged and consistent contact with patrons and other employees of the gaming operation. This risk increases as the level of occupancy increases within the facility. Current CDC guidelines¹ highlight four (4) levels of risk ranging from Lowest Risk to Highest Risk:

Lowest Risk

- Gaming activities are only available in virtual or online format.

More Risk

- Casinos are open but with limitations to allow social distancing and disinfection of machines between uses;
- Activities are limited to gaming machines and equipment that do not require a dealer and that can be played by one customer at a time and disinfected between uses;
- Individuals remain spaced at least 6 feet apart (two arms' length) while seated or standing; and
- Sharing of gaming materials and equipment is not allowed.

Even More Risk

- Casinos are open but with limitations to allow social distancing;
- Games that require a dealer and that allow multiple players at the same time are offered, but the number of players is limited;
- Individuals remain spaced at least 6 feet apart while seated or standing;

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html>

- When possible, casino limits customers' sharing of objects such as dice, card shoes, shufflers, and roulette wheels, Pai Gow tiles, pit podiums, blackjack discard holders, and token boxes; Casino cleans and disinfects these objects between uses as much as possible; and
- When possible, casino limits sharing of items that are difficult to clean and disinfect, such as cards, and holds items for 72 hours before reuse of these items.

Highest Risk:

- Casino and gaming operations are open at full capacity;
- Games that require a dealer and that allow multiple players at the same time are offered;
- Individuals are not spaced apart while seated or standing; and
- Sharing of gaming materials and equipment is permitted with no restrictions.

Section 9: COVID-19 Operational Phases

The [Tribal Gaming Operation / Authority] recognizes that social distancing is one of the primary measures to help mitigate the risk of spread of viruses such as COVID-19. As social distancing measures are eased, the risk of transmission may increase. The health and safety of our employees and patrons is of the utmost importance to [Tribal Gaming Operation / Authority] so the operation, in conjunction with the EPHS Committee, Tribe, and TGRA, will continually assess the perceived risk. As local conditions change, the [Tribal Gaming Operation / Authority] will assess whether certain venues may need to temporarily close, reduce occupancy, or, as conditions allow, whether to increase occupancy. Those decisions will be made based on recommendations from the EPHS Committee, Tribe, Local, State, and [public health agency/official] with approval from the TGRA.

During all Phases, the operation will have hand-sanitizing stations available for guest and employee use. Additional hand sanitizing stations (preferably touchless) will be installed throughout the facility, especially in line queuing areas such as the cage, ATMs, Ticket Redemption Kiosks, Restaurants, Players Club, and entry and exit doors. While in Phases 2, 3, and 4, the operation will post notices (electronic and/or paper) and utilize the Public Address (PA) system to communicate periodic reminders about proper social distancing policy, hand washing, coughing/sneezing etiquette, and use of hand sanitizer.

The below diagram describes the [Tribal Gaming Operation / Authority] phases of operation. These phases are designed to help protect the health and welfare of customers and employees and are based on local conditions and assessments. Based on current conditions, the EPHS Committee, Tribe, Local, State, and [public health agency/official] with approval from the TGRA will determine which operational phase is appropriate.

Operational Phase	Highlights of Action
Phase 1 (Normal operations, No COVID-19 transmission risk)	The Operation is running as normal.
Phase 2 (Increased operational restrictions due to increased COVID-19 transmission risk)	<ul style="list-style-type: none"> • The operation is operating at a reduced occupancy (50-75%) that allows for social distancing • Table Games may be open with additional restriction on number of players at each table • Adherence to CDC, Tribal/State/Federal requirements and applicable guidance

	<ul style="list-style-type: none"> • Casino operates on a 24-hour basis • Enhanced cleaning and sanitization of all forward and internal facing areas of the facility including gaming, ancillary services, and back of house. • Guest Temperature Checks • All Patrons must wear face coverings • Employees must wear approved face coverings and have temperatures checked prior to clocking in.
Phase 3 (Greater operational restrictions)	<p>All measures from Phase 2 plus:</p> <ul style="list-style-type: none"> • Max occupancy is now reduced to 25-50%. • Table/Card Games, Bars, Night Clubs, Buffet style restaurants are closed. • Reduced Operating Hours • Additional random employee temperature checks during mid or end of shift.
Phase 4 (Highest operational restrictions)	<p>Strictest Alert Phase.</p> <p>All measures from Phase 3 plus:</p> <ul style="list-style-type: none"> • Gaming Floor may be closed • Curbside delivery of food may be possible • TGRA may approve other activities with enhanced safety considerations • Very limited staff onsite

The Four (4) phase approach allows the [Tribal Gaming Operation / Authority] to adjust occupancy and implement mitigation standards to promote the maximum balance of safety and operational capability. In the event that the operation needs to adjust immediately, the [Tribal Gaming Operation / Authority] will notify employees by email, phone, or text message as appropriate. Additionally, the [Tribal Gaming Operation / Authority] will notify patrons as they arrive and the operation will conduct notification of status change through emails and social media to ensure patrons are made aware of the current phase and latest information.

Phase 1

Under Phase One (1) the operation will operate as normal with all appropriate policies and regulatory measures in place.

Phase 2

Under Phase Two (2) the operation begins to implement additional mitigation measures:

- Occupancy is reduced to 50 - 75%;
- Patrons will enter through designated entrance(s) and exit through a separate designated exit; Prior to entry, patrons will be required to wear an approved face covering and must pass a temperature screening;
- Social distancing queues (such as stickers on the ground) are spaced at least 6 feet between guests throughout the casino wherever lines can typically form (Insert operation specific areas);

- Employees are required to wear approved face coverings;
- Employee temperatures are checked and logged prior to entry; as conditions allow, employee screening will take place outside the designated employee entrance just prior to entry. If conditions do not allow outdoor screening, the screening will take place inside the employee entrance;
- Operation will place signs and play reminders on PA system requesting patrons practice social distancing (allowing 6 feet between guests), practice good hand hygiene, and wear approved face coverings consistent with guidelines issued by CDC;²
- Tables Games reduces number of players to allow for social distancing;
- Acrylic dividers are installed on card games;
- Gaming Machines will remain operational with either every other machine turned off or banks restructured in a way to allow for 6 feet social distancing between players;
- See specific departments for specific increased health and safety standards;
- Operation continues to operate on a 24-hour basis with enhanced cleaning and mitigation practices consistent with current CDC guidance;³ and
- Convention Center, concerts, and large gatherings of (insert # of people) or more are prohibited.

Phase 3

Under Phase Three (3) the operation implements all Phase Two (2) restrictions and imposes additional health and safety mitigation practices:

- Occupancy is reduced to 25-50%;
- Operational hours reduced and operation closes for (insert hours here) for enhanced cleaning and sanitization of the operation;
- Due to the increased risk environment, security personnel will perform random mid shift and end of shift temperature screens on approximately 20% of the employees currently on duty;
- Gaming Activity is limited to areas with the lowest risk such as:
 - Mobile or Kiosk based Sports Betting;
 - Gaming Machines; and
 - The [Tribal Gaming Operation / Authority] may permit Table Games to remain open with reduced players and use of additional mitigation measures noted in the Table Games Section below.
- Restaurants continue to operate with reduced seating capacity;
- Managers of customer facing employees shall encourage them to take short breaks on an hourly basis to wash their hands using soap and water consistent with CDC guidelines;⁴ and
- High risk areas, including but not limited to: Buffets, Hotel Gyms, Spas, Massage Parlors, Pools, Table and Card Games, Valet, Tour Buses, Courtesy Shuttles, Paper Bingo, etc., are temporarily closed.

Phase 4

Phase Four (4) is the strictest of all phases. The operation implements all Phase Three (3) restrictions and imposes additional health and safety mitigation practices:

² <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html>

³ <https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

- The Tribe and TGRA may elect to close parts of the operation, most of the operation, or the entire operation;
- Only essential staff are allowed inside the building and must wear an approved face covering and are subject to a temperature check prior to entry;
- Curbside food delivery may occur;
- The Operation/Tribe may elect to utilize the parking lot for activities that allow for appropriate social distancing;
- Hotel may remain open with enhanced cleaning and safety procedures implemented; access to closed areas prohibited; and
- The operation may work with the TGRA to allow approval for other activities that can be conducted with enhanced safety procedures.

The [Tribal Gaming Operation / Authority] in consultation with the EPHS Committee, and with approval from the TGRA, may offer the flexibility to close or reopen certain parts of the facility in any phase. This decision will be based on guidance from Federal, Tribal, or State Health officials, as well as guidance issued by the National Indian Gaming Commission.

If it is determined that the operation must move to Phase 4 (or a complete closure of all activities) the following will occur prior to reopening or moving back to Phases 1-3:

- The TGRA must attest that the licensed gaming facility will operate in a manner that protects the public health and safety;
- The [Tribal Gaming Operation / Authority] will require that all employees be tested for the infectious disease causing the closure and present a negative test result immediately prior to returning to work; and
- As the EPHS Committee monitors the current local and national pandemic conditions it may require that [Insert # or %] of employees be tested randomly for the infectious disease every two weeks until pandemic conditions abate.

Section 10: Employee and Guest Health

*Employees must conduct a self-screening prior to coming to work. If an employee has any of the commonly identified symptoms of COVID-19, they must notify their supervisor and consider seeking medical attention.

Section 10.1: Employee Arrival and Temperature Check Policy

During Phases 2, 3 and 4, the following will apply to all employees entering the facility:
Employee/Department arrival times will be staggered to allow for greater social distancing

- All employees will be required to enter through one designated employee entrance [Insert specific entrance] and exit through [Insert specific employee exit]
- Upon entry, Security Officers will take temperatures of employees (describe method and sanitation measures) and ensure that employees wear an approved face covering. Security Officers will maintain a log of employee names and employee numbers with temperatures below 97.5 and above 100.4 degrees.

- Any temperatures below 97.5 will require a secondary test as this is abnormal and could indicate a malfunctioning temperature-scanning device or a bad test. Operation will retest with a secondary device if continued low temperatures exist below 97 degrees.
- Those employees with a temperature over 100.4 degrees will require a secondary test.
 - It is possible that environmental conditions such as sitting in a warm vehicle or standing in line on a hot day could cause the employee's temperature to be high.
 - Employees who present two immediate high temperature scans will be taken to the isolation room (See section 14) and given approximately 15 minutes to cool down.

If the employee still presents a temperature of 100.4 degrees or more on the 3rd and final attempt, they shall be advised to seek the advice of a medical professional and prohibited from returning to work until:

- At least 10 days have passed *since symptoms first appeared*; **and**
 - At least 24 hours have passed *since last* fever without the use of fever-reducing medications, **and**
 - Symptoms (e.g., cough, shortness of breath) have improved⁵.
- The operation recognizes that there are increased risks to employees and patrons during Phases 3 and 4. As such a [insert #] of employees will be selected at random for additional temperature checks each day just prior to lunch or at the end of their shift before clocking out. These temperature check requirements are in addition to those listed above. All other associated temperature screening procedures will apply to the additional checks in this section;
- Team or Department meetings will be held in areas that allow for the recommended social distancing or be conducted virtually;
- Prior to clocking in employees will certify that they do not have any new or recent onset of symptoms that are consistent with the following CDC listed common symptoms] for COVID-19⁶:
 - Fever or feeling feverish (chills, sweating)
 - New cough
 - Difficulty breathing
 - Sore throat
 - Muscle aches or body aches
 - Vomiting or diarrhea
 - New loss of taste or smell

Section 10.2: Guest Health and Temperature Check Policy

The following will apply during Phases 2, 3, and if allowed Phase 4:

- All patrons will enter the facility through [Insert specific limited number of Doors];
- Security will coordinate patron entry numbers to ensure maximum occupancy numbers are not exceeded;

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- Patrons will be required to wear a protective face mask or cloth face covering before entering the facility;
- Patron temperature checks will be required. Attention given to those temperatures below 97.5 and above 100.4 degrees;
- Any temperatures below 97.5 will require a secondary test as this is abnormal and could indicate a malfunctioning temperature scanning device or a bad test;
- Those patrons with a temperature over 100.4 degrees or higher will require a secondary test
 - It is possible that environmental conditions such as sitting in a warm vehicle or standing in line on a hot day could cause the employee's temperature to be high.
 - Patrons who present two immediate high temperature scans should be taken to a cool room and given approximately 15 minutes to cool down. The cool down period should take place in an isolation room with social distancing measures in place. After each use, the isolation room shall be thoroughly cleansed with practices that are consistent with CDC guidance⁷.
- If the patron presents a temperature of 100.4 degrees or more on the 3rd and final attempt, they shall be denied entry and advised to seek the advice of a medical professional and not return until:
 - At least 10 days have passed *since symptoms first appeared*, **and**
 - At least 24 hours have passed *since last* fever without the use of fever-reducing medications, **and**
 - Symptoms (e.g., cough, shortness of breath) have improved; and
- Only those patrons with a temperature below 100.4 degrees will be allowed entry to the operation.

Section 11: Maintaining Healthy Environments for Guest and Employee Safety

Section 11.1: Physical and Social Distancing Measures

In an attempt to mitigate the risk of spread of infectious disease, the operation has implemented many protective measures. These measures are designed utilizing industry advice from the CDC⁸ and the National Indian Gaming Commission⁹ and [insert applicable public health agency]. Social Distancing and face covering protocols are primary methods for mitigating that risk and taking proactive measures to protect staff and guests, and includes the installation of physical barriers, such as clear plastic sneeze guards at all cashier stations. The [Tribal Gaming Operation / Authority] will install clear plastic barriers throughout the operation at the following areas:

- At all cashier stations including but not limited to gaming cashier areas & all cashier stations in all respective outlets

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html>

⁹ <https://www.nigc.gov/commission/nigc-guidance-regarding-covid-19>

- Hotel Front Desk
- Players Club
- Gift Shop
- Security Check Points
- Human Resources Reception Desk
- Table / Card Games
- Between Slot / Video Gaming Machines and Devices
- Between dealers and each patron at card and table games

Section 11.2: Social Distancing Measures:

Throughout the facility we will meet or exceed federal, tribal, state and local health authority guidelines on proper physical distancing.

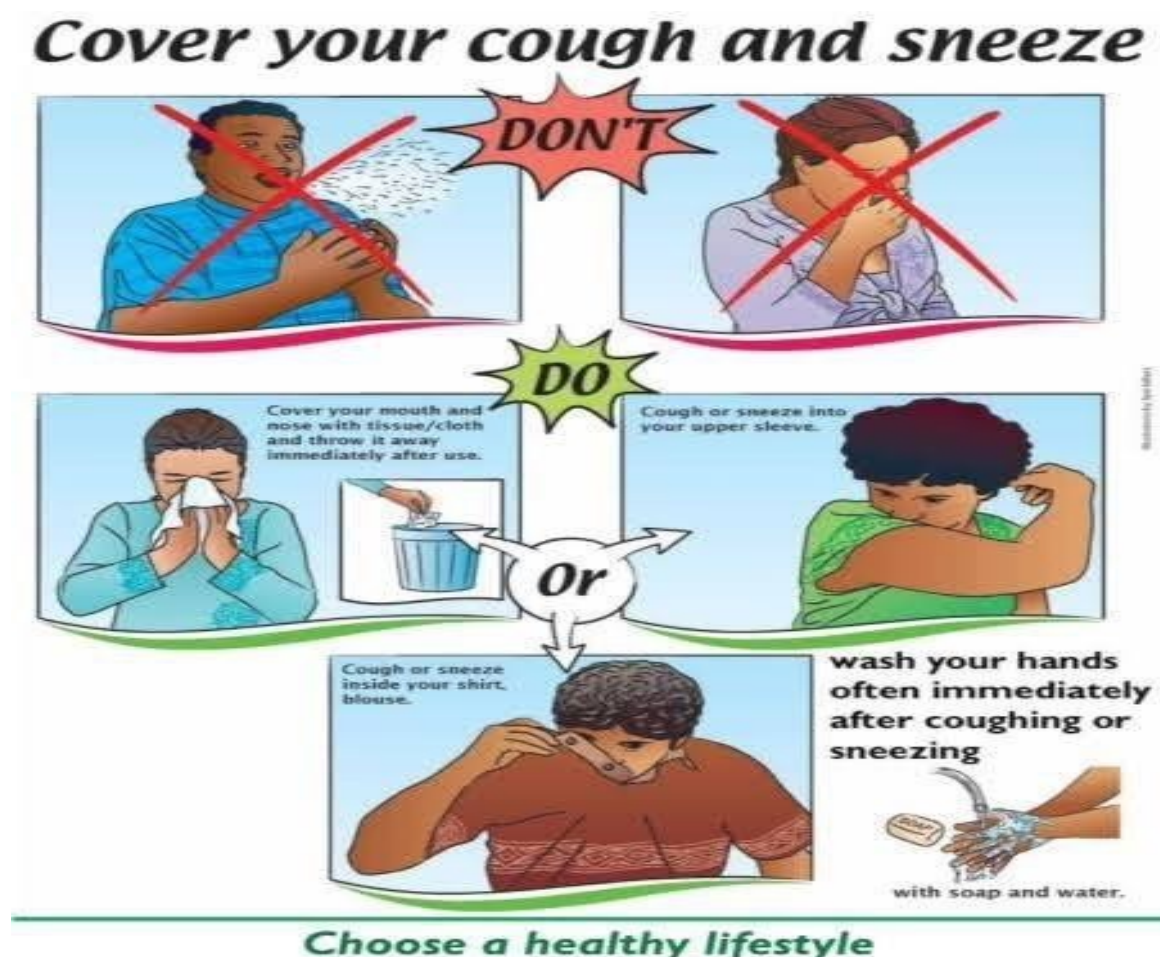
- Queuing
 - o Hotel Front Desk, Business Center and Concierge. Employees will utilize every other workstation to ensure separation between employees whenever possible. In all areas where lines typically form, the [Tribal Gaming Facility / Authority] will place 6 feet social distancing markers on the floor to indicate where patrons should wait; and
 - o Restaurants and Bars. Restaurants and bars will reduce seating capacities and/or reconfigure seating to allow for a minimum of 6 feet between each seated group/party of patrons.
- Slot Operations
 - o The [Tribal Gaming Facility / Authority] will turn off Slot machines or reconfigure banks and remove chairs to allow for physical separation between patrons. Casino Supervisors and managers will ensure that patrons do not congregate around slots.
- Table Games Operations
 - o Table games will have chairs removed and every other table will be open. The [Tribal Gaming Facility / Authority] will place acrylic dividers between all patrons and dealers. Casino Supervisors and managers will ensure that patrons do not congregate in groups.

Section 11.3: Back of the House Employee Considerations

The facility has created signage that will be placed throughout the facility that encourages proper respiratory hygiene relating to coughing and sneezing to reduce droplet exposure.

The proper etiquette for coughing and sneezing is as follows:

- Please turn away from others when you feel the need to cough or sneeze;
- Ensure that you cover your mouth by coughing into your elbow or disposable tissue – NOT YOUR HAND(S); and
- Immediately dispose of any used tissue; and wash your hands with soap and water for a minimum of twenty (20) seconds and/or use alcohol-based sanitizers.



Section 12: Cleanliness Hygiene

The entertainment provided at our establishment is touch intensive, and as a result, our patrons will be encouraged through posted signage to practice good hygiene. The [Tribal Gaming Operation / Authority] will place disinfectant wipes throughout the operation so that each patron will have the opportunity to clean the video machine prior to use or clean any other touch based equipment utilized. This practice will not replace the daily periodic cleaning of video machines and other equipment performed by the sanitation department of the [Tribal Gaming Operation / Authority].

The sanitation department has updated their cleaning methodology to include the use of electrostatic sprayers, which will contain a high-grade disinfectant that will be sprayed on all frequent touch surfaces during designated intervals. It should be noted that this method will be used in addition to traditional cleaning methods.

Additionally, the sanitation department has expanded their cleaning scope to include more frequent cleanings of public and employee area touchpoints in addition to their routine daily cleaning schedule. The sanitation department shall increase trash pick-up which will include wiping down receptacles.

The sanitation department is responsible for cleaning, disinfecting, and sanitizing the facility on a daily basis during regular routine scheduled intervals. The sanitation department utilizes chemical

disinfectant(s) that are Environmental Protection Agency (EPA)¹⁰ approved to protect against emerging viral pathogens.

The sanitation department will continue to routinely clean and sanitize guest rooms utilizing the deep cleaning method on items that are frequently touched which includes but is not limited to: room keys, room locks, television remotes, alarm clocks, toilet handles and seats, light switches, temperature control panels, and the like. Vending machines, ice machines, valet trolleys, and wheelchairs will be routinely sanitized.

The sanitation department will continue to launder based on best practice recommendations from the Centers for Disease Control and Prevention which include using the proper water temperature, and EPA approved detergents and disinfectants. If conditions warrant, guest linens will be delivered and removed in single use sealed bags.

While operating under Phase 3, the operation will be closed for [insert number of hours or time open] deep cleaning. During the deep cleaning process all previously listed sanitation procedures will be conducted. The cleaning process will be complete and thorough by utilizing cleaners approved by the EPA¹¹ as effective against the respective infectious disease. The sanitation department shift supervisor will maintain and update a log on an hourly basis of all areas the sanitation department has cleaned and sanitized. The logs will be maintained in a file and available for review by the EPHS Committee, TGRA, and Casino Compliance Departments.

In the event that a hotel room is determined to have been utilized by a patron with a presumptive or confirmed case of COVID-19, or any other infectious disease, the room will be placed temporarily out of service until a deep cleaning is conducted.

In the event the operation identifies an area visited by a patron with a presumptive or confirmed case of COVID-19, Sanitation Management must immediately close off the area to the public and ensure that the area is deep cleaned. CDC guidance indicates that the area should be kept unoccupied for at least 24 hours prior to cleaning. If it is not possible to close the area for that length of time, Sanitation Management should wait as long as possible prior to cleaning.

In addition to the cleaning provided by the Sanitation Management, department heads in every department will be responsible to ensure that their respective areas are cleaned frequently. Each department head will be responsible for ensuring that their work areas are frequently cleaned, especially public areas and employee areas including but not limited to treasury cages, hotel front desk, banquet rooms, work stations and desk areas. These areas should be cleaned at least every two (2) hours.

The sanitation department will continue to routinely clean the gaming floor area, including: slot machine / video machine touchpoints such as buttons and levers, video machine surfaces and screens, kiosk machines, ATM machines, and the like.

In accordance with CDC guidance, the operation will utilize high efficiency air filters¹² and run the air exchange systems at maximum capacity. Air filters should be changed with the highest recommended frequency and all filter changes should be maintained on a log sheet and available for review by the TGRA, EPHS Committee, and Casino Compliance Staff.

¹⁰ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

¹¹ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

¹² <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html>

Section 12.1: Cage Operations:

- Acrylic dividers will be installed at every cage window;
- Only every other cage window will be open to help ensure recommended social distancing between employees;
- The floor in front of the cages will be clearly marked in a manner to create social distancing
- The work area will be cleaned and disinfected at least hourly;
- Electronic Key box will be cleaned and disinfected by cage staff and cage staff will assist in cleaning and disinfecting the mantrap area;
- Shared equipment in the cage will be cleaned and sanitized both before and after each use;
- All cleaning activities in the cage will be logged and the log made available to the TGRA, EPHS Committee, and the casino compliance department upon request;
- When exiting the cage for breaks or end of shift, cage personnel will follow safety protocols regarding removal of gloves. Gloves will be placed in the trash bin inside the mantrap; Employees will also briefly lower and tilt the face covering in view of the surveillance camera. Employees are to utilize hand sanitizer before and after touching the face covering;¹³ and
- No hand-to-hand exchanges of cash or cheques; guests and cashier should place exchanges on the counter.

Section 12.2: Food Service Area Considerations

Best practices and procedures include but are not limited to¹⁴:

- All Food & Beverage personnel must wear gloves and approved face coverings when preparing, serving or handling food;
- Food & Beverage personnel must adhere to proper and frequent handwashing procedures;
- Food & Beverage personnel routinely clean all surfaces and areas with an EPA¹⁵ approved sanitizer & chemical disinfectant to protect against emerging viral pathogens (cleaning schedule/log will be maintained)

Food & Beverage personnel must clean and sanitize all cooking utensils prior to use and supplementary best practices and procedures will include but are not limited to:

- Food & Beverage personnel will be spread out, in an attempt to socially distance, as much as possible;
- Food & Beverage personnel will routinely sanitize frequent touchpoints such as doorknobs, backs of chairs, faucet handles, tabletops, trays, and condiment serving stations (cleaning schedule will be maintained);
- Food & Beverage personnel will change utensils used in self-serve condiments areas (schedule will be maintained);

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html>

¹⁴ <https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>

¹⁵ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

- Food & Beverage personnel will serve patrons in areas that were previously designated as self-serve areas;
- Indoor dining service areas will be restructured to place table seating at least six (6) feet apart when functioning under Phase 2, 3, and 4;
- Under Phase 3 conditions, buffet food areas will be suspended and patrons will be directed to other food & beverage outlets for service;
- It should be noted that the best practices outlined in this section will not replace the cleaning services provided by the sanitation department, these procedures will be implemented in addition to the cleaning services provided by the sanitation department;
- Sneeze guards are to be installed in all food areas that were previously designated as self-serve to aid in the prevention of food contamination;
- Disposable or one time use menus will be utilized;
- POS terminals to be assigned to a single server where possible and sanitized between each user, before, and after each shift. If multiple servers are assigned to a POS terminal, servers will sanitize their hands after each use; and
- Kitchens to be deep cleaned and sanitized at least once per day.

Section 12.3: Retail

Every retail outlet will comply with the appropriate Phase policies and procedures for casino patrons and employees. When the operation is at Phase 3 or 4 (or as directed by the [Insert]), the Gift Shop may be closed until it is deemed that the department can safely operate and adhere to all recommendations made by government authorities and the Centers for Disease Control and Prevention.

In the event that the Gift Shop remains open while functioning under Phase 4 conditions only one (1) patron will be allowed in the store at a time.

When functioning under Phases 1-3, the Gift Shop and other retail outlets will utilize the given maximum occupancy percent listed for the appropriate Phase.

Gift Shop personnel are responsible for ensuring that the gift shop is routinely cleaned and disinfected. In all cases, frequently touched surfaces should be cleaned using the manufacturer's recommended cleaning instructions. If no instructions are available, the retail outlet will utilize alcohol-based wipes or spray containing at least 70% alcohol to disinfect machine buttons and touch screens. Other frequently touched surfaces to be cleaned, include but are not limited to: counters, credit card machines, writing instruments, gift shop entrance door handles, cash register buttons, calculators, etc.

The cleaning conducted by gift shop personnel does not replace the regularly scheduled cleaning intervals that are conducted by the sanitation department. All cleaning should be completed on an hourly basis and logs should be maintained for review by the TGRA, EPHS Committee, and Casino Compliance Officers.

Section 12.4: Table Games Department

When the operation is moved to Phase 3 or 4, all Table Games may be closed for the Health and Safety of our patron and employees. While the TGRA will review a recommendation, based on local assessments of current conditions by the EPHS Committee, the ultimate approval must come from the TGRA for the Table Games Department to remain open during periods of higher risk.

When functioning under Phases 2 or 3, the operation will utilize all available recommendations or guidance from the CDC and the National Indian Gaming Commission. These recommendations include social distancing and increased Cleaning and Sanitization measures.

A. Social Distancing:

Current Guidance indicates that social distancing has shown to be one of the most effective ways to prevent the spread of many infectious diseases including COVID 19; therefore, the operation will take the following steps to increase social distancing within the Table Games Pit:

- Reduce table occupancy;
- Restructure the pit to allow for greater distance between tables;
- Install acrylic dividers between individual patrons and dealers;
- Alternate player stations: (i.e. Table 1 may have First base, Short Stop, and Third Base and Table 2 may have Position Two and Four or Three and Five.);
- Consider which games can have no touch "Face Up" cards;
- Dealers will no longer physically "tap" in when relieving a dealer, the new employee will verbally announce they are ready to swap; and
- Casino Supervisors and managers will ensure that patrons do not congregate in groups.

B. Cleaning and Sanitization:

Social Distancing may be difficult to accomplish for the Table Games Department. This makes the policy considerations for cleaning and sanitization all the more important. CDC guidance indicates that wearing of approved face coverings, use of hand sanitizer, and hand washing are effective ways to help diminish the spread of the COVID-19. Some recommended mitigation techniques for consideration include:

- Ensure patrons and employees are utilizing approved face coverings;
- Have patrons use hand sanitizer prior to beginning play and periodically thereafter;
- After patrons leave the table, ensure that spot is cleaned and sanitized;
- Utilize EPA List N disinfectants¹⁶ to periodically sanitize cheques;
- Whenever possible, use a chip mucker to gather lost chips and sanitize prior to reuse;
- Assign additional pit personnel to sanitize hard surfaces including table rail, discard rack, drop box, balls, wheels, dice, sticks, automatic shufflers, Pai Gow Tiles, token boxes and other high touch surfaces as appropriate;
- Consider decreasing staff table time to allow for more frequent breaks;
- Use multiple decks of cards and switch decks out with greater frequency; new decks should be implemented after 30-60 minutes of play; and
- Store cards and equipment that is not easily cleaned and disinfected for 72 hours prior to reuse as CDC guidance recommends. When canceling cards and dice, operators and

¹⁶ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

regulators should review existing policies to determine if revisions need to be made to allow for 72-hour storage. If 72-hour holds are not possible ensure staff examining/canceling cards have proper Personal Protective Equipment.

On a daily basis, at scheduled intervals, the Table Games Department is responsible for ensuring that all pits and poker rooms are routinely disinfected, including but not limited to: tables, table game rails, chairs, card shoes, pit podiums, and drop box slots. The frequently touched items utilized by the dealers must be cleaned and disinfected prior to a new dealer coming into contact with such items.

Additionally, plastic playing cards and chips will be routinely exchanged as well as cleaned, disinfected, and oiled. The chips or cheques will be cleaned using an EPA¹⁷ approved cleaning detergent and oiled with mineral oil as recommended by the manufacturer.

The cleaning conducted by table games personnel does not replace the regularly scheduled cleaning intervals that are conducted by the sanitation department. Pit Personnel shall maintain a cleaning log indicating all activities within the pit and/or Poker room and made available to TGRA, EPHS Committee, and casino compliance staff for review.

Section 12.5: Pool Area

When functioning under Phase 3 or Phase 4, the pool area may be subject to closure consistent with CDC Guidance¹⁸. During Phase 2, the pool area can be transformed into a designated place for smoking and eating. All seating will be placed six (6) feet in distance from each other to adhere to all recommendations made by government authorities and the Centers for the Disease Control and Prevention in regards to social distancing.

Section 12.6: Receiving Department

Effective immediately, under Phases 2, 3, and 4 and/or as directed by [Operation Name], all vendors making deliveries to the operation are required to pass through a temperature check station and wear an approved face covering, if exiting their delivery vehicle. If vendors remain inside their vehicle and only need to have conversations with staff, they are required to wear an approved face covering while on the premises.

Section 12.7: Sales & Catering

When functioning under Phases 2, 3, 4 and/or as directed by the [Operation Name], events held in the banquet rooms may be discontinued until such a time it is deemed that the department can safely operate and adhere to all recommendations made by government authorities, including the National Indian Gaming Commission and the Centers for Disease Control and Prevention.

When banquet events are in operation, it is the responsibility of Sales & Catering Management to ensure compliance with social distancing and employee/guest safety recommendations outlined by this plan, the CDC, and other applicable government authorities.

¹⁷ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

¹⁸ <https://www.cdc.gov/coronavirus/2019-ncov/community/parks-rec/aquatic-venues.html>

At all times, Sales & Catering Management personnel are responsible for ensuring that the banquet rooms are routinely cleaned and disinfected including but not limited to: tables, chairs, doors, door handles, dishes, writing utensils, and etc.

The cleaning conducted by banquet personnel does not replace the regularly scheduled cleaning intervals that are conducted by the sanitation department. If specific events are allowed, the event staff are required to keep and maintain a cleaning log detailing all cleaning and sanitization efforts. This log shall be made available for inspection by the TGRA, EPHS Committee, and casino compliance staff.

Section 12.8: Spa

When functioning under Phases 2, 3, and 4 or as directed by the [Operation Name], the Spa may be closed until it is deemed that the department can safely operate and adhere to all recommendations made by government authorities, including but not limited to the Centers for Disease Control and Prevention.

It is the responsibility of Spa Management to ensure that social distancing and procedural recommendations outlined by the government authorities and the Centers for Disease Control and Prevention are adhered to when the Spa is in operation.

At all times Spa Management personnel is responsible for ensuring that the Spa area is routinely cleaned and disinfected, including but not limited to: tables, chairs, doors, door handles, dressing rooms, spa equipment and etc. A log of all cleaning and sanitization efforts made by staff will be maintained and available to the TGRA, EPHS Committee, and the casino compliance staff upon request.

The cleaning conducted by spa personnel does not replace the regularly scheduled cleaning intervals that are conducted by the sanitation department.

Section 12.9: Bingo Operations

When functioning under Phases 3 and 4 or as directed by the [Operation Name], traditional (manual/paper) bingo operations may be designated as closed until such a time it is deemed that the department can safely operate and adhere to all recommendations made by government authorities, including but not limited to the National Indian Gaming Commission and the Centers for Disease Control and Prevention.

When functioning under Phase 2 or as directed by the [Tribal Gaming Operation / Authority], the chairs within the bingo area will be rearranged to comply with social distancing guidelines. All staff are to follow all safety guidelines in this plan, including, but not limited to social distancing and wearing an approved face covering.

When in operation, Bingo Management is responsible for ensuring that the bingo area and equipment is routinely cleaned and disinfected, including, but not limited to, tables, chairs, electronic handhelds, bingo windows, bingo window countertops, bingo caller area, and etc. Additionally, frequently touched items utilized by bingo personnel must be cleaned and disinfected, including, but not limited

to, writing utensils, computer keyboards, computer mouse, staplers, cash register buttons, calculators, etc.

The cleaning conducted by bingo personnel does not replace the regularly scheduled cleaning intervals that the sanitation department performs. The sanitation department will maintain a log of all cleaning and sanitization activities in this area and have it readily available to the TGRA, EPHS Committee, and the Casino Compliance Department upon request.

Section 12.10: Transportation Department

When functioning under Phase 2, 3, or 4, or as directed by the [Operation Name], Valet Services may be temporarily suspended until such a time it is deemed that the services can be provided safely by adhering to all recommendations made by government authorities and the Centers for Disease Control and Prevention.

Effective immediately, it is the established process that transportation personnel will clean and sanitize each respective vehicle in accordance with CDC recommended standards¹⁹ after use regardless of designated condition level assigned.

Section 12.11: Slot Department

When functioning under Phases 2, 3, 4, or as directed by the [Operation Name], the Slot Department must adhere to all recommendations made by government authorities, including but not limited to the National Indian Gaming Commission and the Centers for Disease Control and Prevention.

Upon receiving a scheduled date to reopen, Management must establish a baseline of the machine floor layout plan taking into consideration current social distancing requirements. The slot department may wish to alter existing machine bank layouts to increase the ability of patrons to socially distance themselves from one another. In cases where it is impractical to move machine banks, the operation will create appropriate social distancing by turning off every two (2) slot video machines between every one (1) video machine turned on, and the chairs will be removed from each video machine that is turned off to ensure compliance with the six (6) feet social distancing recommendation. The operation may also add acrylic dividers as hard barriers between the machines. This will allow the operation to turn on additional machines. Consideration should be given to slot technicians requesting a patron move to a safe distance prior to working on a machine.

At all times, Management is responsible for ensuring that the video work area(s) are routinely cleaned and disinfected, including frequently touched areas such as: acrylic dividers, ticket redemption stations, podiums, video stations on the gaming floor, all shared equipment such as radios, telephones, computer equipment, frequently used and shared objects such as writing instruments, staplers, etc. Additional safety considerations are given to jackpot payouts by utilizing a cart to place the cash on so as not to be handing cash back and forth.

All cleaning conducted by slot video personnel shall not replace the regularly scheduled cleaning intervals that are conducted by the sanitation department. The Slot Floor Supervisor shall maintain a

¹⁹ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html>

cleaning log that indicates when they have cleaned and sanitized slot specific equipment. This log will be made available to staff from the TGRA, EPHS Committee, and Casino Compliance Department.

Section 12.12: Other Departments not already listed

For all departments not specifically listed, the following procedures are in place:

- All employees are encouraged to maintain a 6 feet distance from other staff and guests.
- All staff should wear an approved face mask if they share an office or are moving somewhere outside of their private office(s).
- Use of shared equipment is discouraged. If possible, supervisors should assign individual pieces of equipment to employees. If not possible, all shared equipment should be cleaned and sanitized before and after use by both employees.
- All equipment should be cleaned and sanitized following the manufacturer's instructions. If no specific instructions are available, utilize alcohol-based wipes or spray containing at least 70% alcohol to disinfect machine buttons and touch screens. Dry surfaces thoroughly to avoid pooling of liquids;
- If workstations are guest facing, they must be cleaned and sanitized at least hourly and as often as feasible between uses.

Section 13.00: Human Resources

All employees shall have the responsibility of reporting any confirmation or contact of highly contagious infectious diseases to Human Resource personnel [add time frame within 24 hours from first notification]. Failure to comply will result in disciplinary action up to and including termination.

It is the responsibility of Human Resources as well as the applicable department head to take appropriate action to protect employees who may have come in contact with the affected employee. Human Resources personnel will have the responsibility of notifying fellow employees of their possible exposure, however, confidentiality must be maintained regarding the affected employee.

In the event that a confirmed case of a highly infectious disease is reported to Human Resources, Human Resources will notify the appropriate department head while maintaining confidentiality to ensure that the area in which the affected employee frequented is thoroughly cleaned according to the plan.

Section 13.1: Contact Tracing

Contact tracing is the process of identifying individual(s) that may have come into contact with an infected person. A close contact is someone who was within six (6) feet of an infected person for at least fifteen (15) minutes starting from forty-eight (48) hours before illness onset until the patient is isolated. These persons are at risk for becoming infected with COVID-19 and contacts should self-monitor for fourteen (14) days (the maximum incubation period) from the last date they had exposure to the confirmed case and cannot return to work until employee provides valid testing results confirming a negative diagnosis, and a health care professional provides a medical clearance. COVID-19 and contacts should self-monitor for fourteen (14) days (the maximum incubation period) from the last date they had exposure to the confirmed case and cannot return to work until employee

provides valid testing results confirming a negative diagnosis, and a health care professional provides a medical clearance.

Timely and thorough contact tracing can effectively interrupt the chain of disease transmission and is an important intervention to contain an outbreak. The following persons are subject to contact tracing: 1) persons exhibiting symptoms consistent with COVID-19, which are considered presumptive confirmed cases; 2) persons with confirmed positive cases; and 3) persons that may have encountered an infected person.

This contact tracing protocol applies to all employees and is meant to trace those employees that have come into close contact with an employee that has been diagnosed with COVID-19. The goals of this protocol are to:

- Rapidly identify all potential contacts;
- Ensure immediate isolation precautions are taken; and
- Minimize spread to other employees and customers..

The [Tribal Gaming Operation / Authority] will direct employees that are feeling ill and feel that they are displaying some of the symptoms associated with COVID-19 to inform their department manager and Human Resources. The employee will be directed to stay home and monitor their symptoms.

The [Tribal Gaming Operation / Authority] will utilize all available resources for contact tracing of employees and patrons, including Surveillance and Players Club tracking information. [consult with legal counsel for the appropriate handling of HIPAA and other privacy laws].

The designated [insert department/position/title] will consult with local public health officials on local procedures for contact tracing.

When an employee is confirmed positive for COVID-19, the following steps shall be taken:

- The employee will contact HR and inform it of the positive test for COVID-19;
- HR will work with the COVID-19 positive employee to recall every employee with whom he/she have had close contact during the timeframe they may have been infected (defined as the date the COVID-19 positive employee developed symptoms to the time the employee stopped reporting to work). To facilitate this process, HR will work with various casino departments including, but not limited to, security, surveillance, player's club to assist with tracing;
- HR will take measures to notify employees that they came into close contact with an employee who tested positive and inform them of their potential exposure as rapidly and sensitively as possible and adhere to the following:
 - Notice will only be provided to those who had close contact with the positive employee during the timeframe they may have been infected;
 - To protect patient privacy, contacts are only informed of exposure with a positive employee whose identity will not be revealed;
 - Employees will be provided with information to understand their risk and potential risk to others by spreading COVID-19 even if they do not feel ill and that they are required to self-isolate until they have not expressed any symptoms and complete the self-monitoring process or test negative for COVID-19;

- Employees will be instructed how to self-monitor for symptoms including checking their temperature twice daily, monitoring for cough or shortness of breath and any other COVID-19 related symptoms for fourteen (14) days from the date of last contact with the positive COVID-19 employee; and
- Employees will be informed to contact a physician if they express any symptoms of COVID-19.
- HR will check-in with employees to make sure they are self-monitoring and have not developed symptoms.

Section 13.2: Employee Infectious Disease Hygiene Training

The [Tribal Gaming Operation / Authority] will require each employee to attend infectious disease hygiene training. The HR department will provide the training and the training will include, but not be limited to the following topics:

- Proper etiquette for social distancing relating to patrons and co-workers;
- Responsibility for routine cleaning of personal work environment (In addition to cleaning provided by the sanitation department);
- Office personnel and persons that work on the floor should be aware that surfaces, equipment, telephones, frequently used and shared objects such as writing instruments, staplers, etc. must be routinely cleaned and disinfected;
- Respiratory Hygiene including proper process for hand washing;
- Identification of ill patron/employees and action required;
- How to self-monitor for viral infectious diseases such as COVID-19, Influenza A, etc;
- Appropriate use of personal protective equipment; and how to properly dispose of personal protective equipment; and
- Provide training to Food & Beverage personnel regarding infectious disease prevention recommendations.

The HR department shall require each employee to attest by signature that training was completed, and the HR department shall maintain such documentation.

Section 13.3: Work Return Procedures for Affected Employees

Any employee found to have COVID-19 symptoms, is considered a presumptive confirmed COVID-19 case, or has a confirmed case of COVID-19, will be provided with paperwork that outlines CDC recommendations on steps sick employees can take to prevent the spread of COVID-19²⁰, when they can discontinue home isolation²¹ and contact information for the Human Resources Department to assist them with any other additional work related documentation they may need. Employees are highly encouraged to seek medical guidance as needed throughout the isolation period and prior to returning to work.

²⁰ https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsteps-when-sick.html

²¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Once the employee is scheduled to return to work the following requirements must be adhered to for the next fourteen (14) days subsequent of their return:

- The employee must have their temperature checked on a daily basis prior to being allowed within the premises; and
- The employee must wear a mask throughout the duration of their scheduled work shift.

Section 14.0: Isolation Room

As noted in the Employee and Patron screening sections the operation has created an isolation room. The isolation room shall only be utilized as a cool off room to give patrons and employees time to cool off if it is suspected that environmental conditions may have contributed to a high temperature reading. In addition, in the event that employees encounter a patron or another employee who is exhibiting symptoms of a viral infectious disease similar to those of COVID-19, and the patron/employee is unable to depart the operation on their own, the [Tribal Gaming Operation / Authority] has designated an isolation room to be used until such time when the person can safely depart from the premises.

Every attempt to ensure the room is sufficiently ventilated will be made. Whenever possible, windows shall be opened and the HVAC exchange system shall be operated at its maximum capabilities for the room.

Access to the isolation room will be limited to Security Management (dressed in appropriate personal protective equipment) and Emergency Responder personnel. Security Management will notify Emergency Responder personnel that personnel protective equipment is required for such emergencies.

Sanitation personnel will routinely clean all surfaces and areas with an EPA²² approved sanitizer & chemical disinfectant to protect against emerging viral pathogens (cleaning schedule/log will be maintained):

- The symptoms for COVID-19, as outlined by the Centers for Disease Control, include but are not limited to²³:
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Or at least two of the symptoms noted below:

²² <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

²³ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- Fever equal to or greater than 100.0°F;
- Chills; or
- Repeated shaking with chills, muscle pain, headache, sore throat.

The emergency warning signs that require immediate medical attention relating to COVID-19 include but are not limited to:

- Trouble breathing;
- Persistent pain or pressure in the chest;
- New confusion;
- Bluish lips or face; or
- Inability to wake or stay awake.

End of Document



Additional Guidance on the Use of Face Masks

September 16, 2020

To reduce the spread of COVID-19, the CDC recommends that people wear masks in public settings when around people outside of their household, especially when other social distancing measures are difficult to maintain.

The use of masks to control the spread of COVID-19:

- Anyone visiting or working in a tribal gaming operation is encouraged to wear a mask.
- Gaming operations should:
 - Recommend and reinforce the use of masks among staff and customers.
 - Frequently remind individuals not to touch the mask and to wash their hands frequently.
 - Provide information to staff and customers on proper use, removal, and washing of masks.

Evidence for Effectiveness of Masks

According to the CDC, masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control. This recommendation is based on what is known about the role respiratory droplets play in the spread of the virus that causes COVID-19, paired with emerging evidence from clinical and laboratory studies that show masks reduce the spray of droplets when worn over the nose and mouth. COVID-19 spreads mainly among people who are in close contact with one another (within about 6 feet), so the use of masks is particularly important in settings where people are close to each other or where social distancing is difficult to maintain.

Why it is important to wear a mask

Masks may help prevent people who have COVID-19 from spreading the virus to others. Wearing a mask will help protect people around you, including those at higher risk of severe illness from COVID-19 and workers who frequently come into close contact with other people. Masks are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings. The spread of COVID-19 can be reduced when masks are used along with other preventive measures, including social distancing, frequent handwashing, and cleaning and disinfecting frequently touched surfaces.

The term “mask,” as used in this document, does not mean surgical masks or respirators. Currently, those critical supplies should be reserved for healthcare workers and other first responders. Masks are not personal protective equipment (PPE). They are not appropriate substitutes for PPE such as respirators (like N95 respirators) or medical facemasks (like surgical

masks) in workplaces where respirators or facemasks are recommended or required to protect the wearer. (<https://www.osha.gov/SLTC/covid-19/covid-19-faq.html>)

Masks with Exhalation Valves or Vents, Face Shields and Surgical Masks

According to the CDC, the following information is available:

Masks with Exhalation Valves or Vents. The purpose of a mask is to keep respiratory droplets from reaching others and to aid with source control. However, masks with one-way valves or vents allow air to be exhaled through a hole in the material, which can result in expelled respiratory droplets that can reach others. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. Therefore, CDC does not recommend using masks for source control if they have an exhalation valve or vent.

Face Shields. A face shield is primarily used for eye protection for the person wearing it. At this time, it is not known what level of protection a face shield provides to people nearby from the spray of respiratory droplets from the wearer. There is currently not enough evidence to support the effectiveness of face shields for source control. Therefore, CDC does not currently recommend use of face shields as a substitute for masks.

Surgical Masks. The term mask as used in this document does not mean surgical masks or respirators. Currently, those are critical supplies that should continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. Masks also are not appropriate substitutes for surgical masks or respirators in workplaces where surgical masks or respirators are recommended or required and available.

Key Points

- CDC recommends that people wear masks in public settings and when around people that don't live in your household, especially when other social distancing measures are difficult to maintain.
- Masks may help prevent people who have COVID-19 from spreading the virus to others.
- Masks are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings.
- Masks should NOT be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Masks with exhalation valves or vents should NOT be worn to help prevent the person wearing the mask from spreading COVID-19 to others (source control).

For more information about masks provided by the CDC please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

For more information on tribal resources offered by the CDC, please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/index.html>



COVID-19

Frequently Asked Questions

Last Updated: August 5, 2020

This is an updated collection of Frequently Asked Questions (FAQ). Always review the latest FAQ update as information is added or amended to a previous version. New information in this FAQ is preceded by "(Updated)" and ends with the date it was amended. The NIGC Division of Compliance maintains the FAQ by reviewing guidelines issued by public health agencies, and consultation with the NIGC's Office of General Counsel, and public health agencies. The NIGC encourages all TGRAs to remain in close communication with their NIGC Region Office as Indian gaming facilities across Indian Country address the risks associated with COVID-19. It is equally important for tribes, their gaming operation(s) and the TGRA to remain in close contact with each other as each entity plans for reopening and/or continued ongoing assessment.

The NIGC encourages tribes to consult with qualified public health officials for ongoing assessments of their gaming operations.

In addition to the below FAQ updates, the NIGC has developed a sample Infectious Disease Plan that can be found at

[https://www.nigc.gov/images/uploads/NIGC_Model_COVID19_Infectious_Disease_Preparedness_and_Response_Plan_Final_08042020_TLC_\(1\).docx](https://www.nigc.gov/images/uploads/NIGC_Model_COVID19_Infectious_Disease_Preparedness_and_Response_Plan_Final_08042020_TLC_(1).docx).

To propose a question for this FAQs list, please coordinate with a Tribal Gaming Regulatory Authority (TGRA). The times discussed below concerning submission deadlines will continue to be reexamined should closures continue beyond deadlines or the specific number of days provided for in this version of the FAQ.

To view "Dear Tribal Leader" letters, past FAQs and other information pertaining to COVID-19, please visit our website at <https://www.nigc.gov/commission/nigc-guidance-regarding-covid-19>.

General

1. **Question:** How many tribally licensed gaming facilities have temporarily closed in response to COVID-19?

Answer: 526 tribal gaming facilities have suspended operations. Every closure decision has been based on local-level tribal assessments. The NIGC continues to support local

government coordination and promotes the resources and guidance available at www.CDC.gov.

Remaining Open

2. **Question:** What are the staffing concerns for TGRAs and gaming operations should they choose to remain open?

Answer: The TGRA should continually assess critical positions such as surveillance, gaming inspectors, and compliance officers to ensure regulatory duties are being upheld. Should the casino remain operational, both the casino and TGRA must ensure enough staffing to remain compliant with NIGC MICS, TICS, SICS, Compacts and other applicable regulatory requirements. A review of critical positions should be made to determine adequate coverage of the gaming operation. Consideration should be made for positions in surveillance, security, cage, count and drop, and various management positions needed for signature and approval authority to ensure internal control.

3. **Question:** What is the NIGC's recommendation for when the COVID-19 virus creates staffing issues for the TGRA and reduces its ability to fulfill the TGRA'S regulatory responsibilities under IGRA and the Tribe's Gaming Regulatory Act?

Answer: If a TGRA believes that it cannot fulfill its regulatory responsibilities or attest to its ability to ensure the public health and safety of employees and patrons or if application of tribal laws warrants, the TGRA must consider suspending gaming operations.

Pre-Closing

4. **Question:** What are the notification requirements for closing a facility?

Answer: The NIGC encourages tribes to self-report temporary closures to the NIGC as soon as possible. Under 25 C.F.R. Part 559, notice for closing should be submitted to NIGC within 30 days of closing if the tribe anticipates being closed for more than 180 days. However, the NIGC is asking that TGRAs report closures within 72 hours for tracking purposes along with the date the tribe anticipates reopening. NIGC asks that the TGRA keep in contact with NIGC through their Region Office and inform them of any changes with the plan to reopen.

5. **Question:** What does the NIGC do if it learns that there are plans to close a tribally licensed gaming facility?

Answer: As tribal lawmakers, tribal gaming regulatory bodies, and/or gaming operators decide to temporarily close a licensed facility based on their local on-the-ground assessments, the NIGC Region Offices will continue to have a presence. As referenced in the March 16, 2020 Dear Tribal Leader letter, NIGC Region Directors have received a two-step protocol from the NIGC Director of Compliance. The protocol will help the NIGC maintain an appropriate presence and facilitate

support for a tribal community based on local circumstances.

6. **Question:** What considerations should a TGRA account for when securing and adequately protecting casino assets in the event that it becomes necessary to evacuate a casino with little forewarning and very little time to secure casino assets, such as monetary instruments and gaming instruments?

Answer: The TGRA, in coordination with casino management, should prepare for situations that would require expedited evacuation of the gaming facility. Plans should include transferring monetary instruments to the vault for security reasons. The Minimum Internal Control Standards found in NIGC regulations 25 C.F.R. Section 543.18(c)(4) requires the count of the cage and vault inventories by at least two employees with signatures attesting to the counts. Should the gaming operation close, this standard would be effective at the time of closure. Upon reopening, the cage and vault inventories would then be recounted and verified against the previous closing balances, with special emphasis and investigations placed on any variances between the two counts. The tribe and casino should consider transferring the cage and vault cash inventories to their financial institution as that would be considered the most secure option.

7. **Question:** (Updated) What guidelines can the NIGC provide in the case of mandatory partial evacuations within the casino, but not a facility-wide closure, such as the following:

- a. Example: The evacuation and sterilization of the casino surveillance room.

Answer: Surveillance functions are critical to regulation and monitoring of assets. If the TGRA or gaming operation cannot properly regulate and monitor assets, the TGRA and/or gaming operation should consider what steps would best remedy the threat to assets, up to and including closure.

- b. Example: The evacuation and sterilization of the casino cash cage, soft count, slot tech department, or other mission critical departments.

Answer: The TGRA in coordination with the gaming operation should evaluate the adequacy of regulating, monitoring, or securing assets. Should there be threats that compromise the proper security and monitoring of assets, the TGRA should consider if it is appropriate to issue a temporary closure order.

- c. Additional guidance on how to clean and disinfect an area can be found under Cleaning & Disinfecting at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html> (July 15, 2020).

8. **Question:** Can gaming operations refuse service or entry to patrons?

Answer: The TGRA should consult with its legal counsel to identify specific ordinances, codes, regulations and other authoritative documents (such as a tribe's declarations of emergency, executive orders or resolutions) that explain any limits on the tribe's authority to determine who enters and remains on its Indian lands.

9. **Question:** What are some important considerations when clearing the casino floor?

Answer: The TGRA should coordinate with the gaming operation's management when removing all patrons and unauthorized employees from the facility. Developing a matrix or authorized access listing to the facility during the closure is recommended. Coordinate with IT for possible disabling of non-essential's logical access during closure. Procedures should be in place for monitoring VPN/remote access for vendors and authorized employees. Consider disabling all machines from play during the closure. Prior to disabling, a snap shot of all meters and in-house progressives should be obtained and provided to TGRA and accounting. Consider performing emergency drop procedures and ensure all funds are properly secure (e.g. vault). All monetary instruments should be properly secured and may be best secured by transferring to the vault. The tribe and casino may consider transferring the cage and vault cash inventories to their financial institution as that would be considered the most secure option. Casino management may want to consult with vendors with whom they have lease participation agreements. Consider that potential issues regarding adjustments to participation fees may arise.

During Closure

10. **Question:** What Information Technology (IT) concerns should a TGRA consider during a temporary closure?

Answer: The TGRA in coordination with the gaming operation should ensure that NIGC MICS along with TICS and SICS are followed as a tribe closes its gaming operation. This would include but not be limited to, having back-ups in place with frequent saving of information and testing to ensure back-up systems are functioning properly. In terms of logical access, TGRAs should follow TICS and SICS surrounding access levels and who is required to have access. This requires TGRAs to review access lists and logs that will assist in terminating any non-essential access. VPN access should also follow MICS, TICS and SICS guidelines, however reviewing those licenses that will require essential access should occur. If there is a need for temporary VPN access, when operations are restored remove all temporary access. Avoid using any "bring your own device" (BYOD) if possible, however if BYOD cannot be avoided have those devices vetted to diminish any risks for the operations. Lastly, consideration may be appropriate for adding an additional IT Administrative access-user to the IT remote user access group for redundancy.

The TGRA should consider requesting and reviewing user-access logs, network security logs and remote vendor access. User-Access logs indicate who is logging in and out of the organizational network and domain. Network security logs help identify penetration attempts including any unauthorized access into the network. It is recommended that remote vendor access should be logically locked out and deactivated while gaming systems and machines are not in use. Most of these activity records can be found in any work order/job order as a record of which vendors may have retained network access. TGRAs should consider reviewing and monitoring accounting systems and back of the house system access logs and reports for changes in financial data or player account activity (e.g. manual point adjustments) while the casino was closed.

11. **Question:** What are some important surveillance considerations during a closure?

Answer: The TGRA and gaming operation management should ensure cameras are positioned to monitor and record all sensitive areas including cash, cash equivalents, gaming supplies, exits and entrances. Also, the TGRA and gaming operation management should ensure surveillance systems' recordings are being backed-up and tested to be certain systems are working properly. Surveillance functions are critical to regulating and monitoring of assets. If the TGRA or gaming operation believes that it cannot properly regulate gaming operations and monitor assets, the TGRA and/or gaming operation should consider how best to remedy the threat by taking additional steps during the closure.

12. **Question:** What level of tribal gaming commission and casino oversight is required by the NIGC for suspended casino operations? At what point does the Gaming Commission fall below required regulatory minimums, and what is the NIGC's guidance when circumstances related to the COVID-19 pandemic cause the TGRA personnel and resources to drop below minimums?

Answer: NIGC MICS do not require specific staffing levels while gaming operations are suspended. However, the TGRA and casino management should review TICS and SICS and make appropriate adjustments while gaming operations are suspended. It is recommended that surveillance and security oversight be maintained to monitor assets. TGRAs should evaluate any ongoing investigations, compliance reviews, audits, patron disputes, etc. and determine what matters and tasks can continue to be pursued and performed during the closure. If a TGRA believes that it cannot attest that the facility can be reopened and operated in a manner that protects the public health and safety of employees and patrons, or if application of tribal laws warrants, the TGRA must consider how to best take mitigation steps that will remedy the threat to public health and safety up to and including continued closure.

13. **Question:** What are NIGC's suggested guidelines when the TGRA office becomes inaccessible for an extended period of time due to COVID-19 contamination, or when a state of emergency is declared and travel restrictions are imposed in the region where the office is located, preventing access to stored CJIS information and licensing department equipment (scanners, fingerprint equipment, etc.)?

Answer: Security for background investigation files and FBI CHRI should be maintained in accordance with the CJIS Security Policy and the TGRAs internal policies. See question #16.c for additional information regarding licensing and submissions.

14. **Question:** Can the TGRA waive receipt of required periodic gaming and financial audit reports where gaming operations have been suspended?

Answer: Yes. The TGRA and Casino should assess their TICS and SICS to determine what reporting requirements remain in effect during a temporary closure. NIGC encourages the TGRA to identify what reports are necessary during closure and suspend those that would only be required while open. In particular, it is likely appropriate to maintain reports related to surveillance equipment malfunction and security incident reports per tribal regulatory requirements even during a temporary closure.

15. **Question:** (Updated) Can tribes use casino equipment, staff or property to meet or fulfill emergency needs during closure?

Answer: Yes. Tribes, like other governments, can declare an emergency and direct that casino equipment, staff or property be used for emergency purposes to meet or fulfill its needs during the COVID-19 Pandemic crisis. The NIGC recommends that such an order clearly state that the tribe is repurposing the gaming facility and specify the stated emergency purpose(s). Prior to reopening the gaming facility, the TGRA must ensure the facility meets all EPHS standards for a gaming facility. See <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html> for additional information on this topic. (July 15, 2020)

NIGC Submissions and Deadlines (Updated)

16. **Question:** Will the NIGC adjust deadlines or grant any extensions for required submissions such as fees, contracts, licensing, Audited Financial Statements and Agreed Upon Procedure reports?

Answer: IGRA and NIGC regulations do not provide for extension to the statutory and regulatory deadlines. In instances where the tribe has provided written notice to the NIGC through their NIGC Region Office that its licensed gaming facility has closed, the NIGC Division of Compliance will remain in close communication with the TGRA if it is necessary to make recommendations for enforcement to the Chairman. This communication will help the Division of Compliance provide context in any recommendation in light of the Chairman's March 20, 2020 memorandum. That memorandum modifies the Compliance Division's enforcement focus. The Chairman has conveyed to the NIGC Division of Compliance that the Commission is considering its options for implementing easing measures for Indian gaming operations during this national mitigation effort. Please remain in close communication with the NIGC with regard to the below requirements in order to assist with the Commission's assessment of any future measures.

a. Fees and Worksheets (Updated)

- i. As required by 25 C.F.R. § 514, Fees and Worksheets are due three (3) months, six (6) months, nine (9) months, and twelve (12) months of the end of the

gaming operation's fiscal year. For example, if the operation's fiscal year end is December 31, 2019, fees will be due on or before March 31, 2020, June 30, 2020, September 30, 2020 and December 31, 2020.

- ii. According to 25 C.F.R. § 514.9, fees that are not submitted when due are considered late until they are 90 days past due, after which the NIGC considers the fees as not submitted, rather than late.
- iii. The Compliance Division will not recommend late fee assessments for payments made within 90 days of the regulatory deadline.
- iv. NIGC encourages tribes to submit payments using the on-line process at pay.gov. Learn more about pay.gov and other fee related information at <https://www.nigc.gov/finance/Annual-fees>. You can submit additional inquiries to: fee_questions@nigc.gov
- v. If the NIGC has not received a quarterly fee payment when due, the Compliance Division will contact the tribe/TGRA/operation(s) to confirm payment status and to ensure the tribe's anticipated payment date (July 15, 2020).

b. Fingerprint Fee Statements

- i. As required by 25 C.F.R. § 514, the current fingerprint card bill rate is \$22.00, billed monthly and due within forty-five (45) days of the date of the bill.
- ii. Payment made after reopening or staff returning to work but no later than 30 days from the date of the missed fingerprint fee statement due date will not be scrutinized. You can submit additional inquiries to: fingerprint_billing@nigc.gov

c. Licensing Submissions:

- i. Currently there are three required key employee and primary management official licensing requirements under 25 C.F.R. Parts 556 and 558. Under 25 C.F.R. Part 556.6 a Notice of Results (NOR) is due to the NIGC region office within sixty (60) days after an applicant begins work. Additionally, as required by 25 C.F.R. Part 558.3, a notice of license issuance is due to the NIGC region office within thirty (30) days of the tribe's issuance of a permanent license. Also, under 25 C.F.R. Part 558.3, if a tribe does not license the applicant, the tribe shall submit a notice of no license issued, its eligibility determination and NOR to the NIGC. There is no a deadline for this submission.
- ii. TGRA's are encouraged to submit any outstanding NORs to the NIGC within 60 days of reopening or the applicant returning to work. At this time, the Notice of license can still be issued within 30 days of issuance on all NORs that were submitted late due to TGRA office closure. If Notice of License submissions were not completed for employees who were issued a permanent license before closure, those submissions must be made within 30 days of reopening. We

request that Not Licensed by Tribe submissions are made within 30 days of reopening, however there is not a specific deadline for this particular submission. NIGC Compliance Officers' scrutiny of submission dates will account for any extended closure period.

iii.

Please contact your NIGC Regional Office for additional information.

d. Facility Licenses:

- i. As required in 25 C.F.R. Part 559, a request to the NIGC for any new facility under consideration requires at least one hundred twenty (120) days' notice before the opening of the new gaming facility. Newly issued or renewed facility licenses must be submitted to the NIGC within 30 days of issuance. Finally, if a facility license is terminated, expires, or if the gaming facility closes for longer than 180 days or reopens after such closure, notification must be made to the NIGC within thirty (30) days of the event.
- ii. The NIGC will maintain the ability to accept electronic submission of all notices required under this requirement through facility_license_ephs@nigc.gov. The Compliance Division will actively assist TGRA's on ensuring timely notices are made where possible and take into consideration where facility and tribal government closures otherwise prevented timely submissions. Should any actions taken by the TGRA or tribal government trigger the submission of any of the above notices, please notify your Region Office for further guidance.
- iii. If a facility license is scheduled to expire during the temporary closure period, NIGC recommends that the TGRA consider renewing the facility license. NIGC also recommends that the TGRA issue the EPHS attestation just before reopening to ensure all matters related to COVID-19 have been adequately addressed.

e. Agreed Upon Procedures and Audited Financial Statements

- i. As detailed in 25 C.F.R. § 543.23(d)(1) the Tribe must engage a CPA to complete an Agreed Upon Procedures (AUP) Audit and report the findings to the NIGC within one hundred twenty (120) days of the gaming operation's fiscal year end. Additionally, 25 C.F.R. § 571 requires each tribe to prepare an Audited Financial Statement which is also due within one hundred twenty (120) days of the gaming operation's fiscal year end.
- ii. With regard to the reporting deadlines for audited financial statements and Agreed Upon Procedure reports, NIGC encourages submissions within 30 days of the audit and report original due dates.

- iii. Please contact your NIGC regional office if you anticipate not meeting the 120-day deadline for reporting.

17. **Question:** What steps should be taken if the internal audit required under 25 C.F.R 543.23 cannot be completed due to the COVID-19 pandemic?

Answer: If it is determined that the internal audit required under 25 C.F.R. part 543.23(c) cannot be completed in full, the NIGC recommends prioritizing the completion of critical or high-risk sections of the audit where fraud or theft is most likely to occur. For any agreed-upon procedures (AUP) findings internal audit may receive for lack of compliance with 25 C.F.R 543.23(c), the NIGC encourages the party responding to the finding(s) to include details on why specific audits or testing was not completed. For example, this section was not completed due to the closure of the gaming operation during COVID-19 Pandemic.

For tribes that outsource their internal audits, the Tribe, TGRA, audit committee, or other entity designated by the tribe should review the engagement letter. If the third party is unable to perform scheduled audits or meet timelines, the TGRA should contact the provider to identify what steps will be taken to adjust the audit plan.

The NIGC MICS do not provide a method for easing minimum internal control standards. However, the NIGC Division of Compliance will remain in close communication with the TGRA as it adjusts its operations due to COVID-19. See NIGC FAQ question #16 for additional guidance on late submissions and notifications to NIGC Division of Compliance.

Impacts on NIGC Services

18. **Question:** What impact has the COVID-19 pandemic had on NIGC's schedule of tribal casino inspections, audits, scheduled training, and visits? What is the mechanism for requesting rescheduling of such audits, inspections, training, and visits for casinos where gaming operations have been suspended and/or TGRA personnel have been reduced to essential staff only?

Answer: The NIGC has temporarily suspended non-mission critical travel for all NIGC staff. The NIGC remains operational and continues to monitor and review gaming operation activity remotely. All activities related to the site visits, auditing, training and investigatory activities that can be conducted off-site through telephone, email, document request and review, and other off-site methods shall continue until such time the remaining activities that require on-site observation and review can be undertaken. Please contact your Region Office for additional assistance (<https://www.nigc.gov/compliance/regional-offices>). You may also contact our training program at traininginfo@nigc.gov.

19. **Question:** Are there any planned or anticipated suspension(s) of NIGC regional office operations, staff reductions, constraints on service delivery, or reductions or postponement of NIGC initiatives in the short term or long term?

Answer: The NIGC is currently following all federal guidance and our staff is on maximum telework to continue agency essential duties. Region staff remain available via phone, video

conference and email to provide technical assistance and will continue to process licensing submissions received. Non-mission critical travel has been suspended. Annual site visits and other onsite routine monitoring activities have been modified to perform work remotely when available. In-person Regional Training Conferences and Site-Specific Training for the remainder of the FY 2020 will be replaced with remote opportunities that utilizes cost effective technology and anticipates disruptions in regular conference attendance. The NIGC Training Program is still accepting requests for virtual site-specific training and technical assistance. The NIGC will continue to review conditions and needs as the COVID-19 pandemic response evolves.

Use of Net Gaming Revenue

20. **Question:** Can a tribe amend its Revenue Allocation Plan (RAP) to start making per capita payments, change the amount of the payments or stop making per capita payments to reallocate funds to tribal operations during the COVID-19 pandemic? Does the NIGC need to be notified of the amendment?

Answer: Tribes should discuss any RAP amendments with the Office of Indian Gaming (OIG) at the Department of the Interior.

21. **Question:** Can tribes issue gift cards or other types of cash payments of net gaming revenue to tribal members to assist in dealing with COVID-19?

Answer: Direct distributions of net gaming revenue to individual tribal members outside the scope of a Revenue Allocation Plan are not permitted under IGRA. IGRA does, however, include the funding of tribal programs in its permissible uses of net revenue. These programs can provide services and resources to tribal members. If a tribe wishes to make cash distributions, we recommend you reach out to the Office of Indian Gaming at the Department of the Interior to discuss options for creating or amending a Revenue Allocation Plan. Additional guidance regarding uses of net gaming revenue can be found in NIGC Bulletin 2005-1 at <https://www.nigc.gov/compliance/detail/use-of-net-gaming-revenues-bulletin>

Re-Opening Gaming Operations:

22. **Question: (Updated)** If a Tribal Government has issued a proclamation closing a gaming facility due to the COVID-19 outbreak, what must they do to reopen?

Answer: The Tribal Government may need to issue another proclamation indicating that it believes it is now safe to resume casino operations. The NIGC also requests that prior to reopening, the TGRA notify the Region Office of its intent to reopen. Additionally, the TGRA should assess its ability to attest that the facility can be reopened and operated in a manner that protects the public health and safety of employees and patrons, or if application of tribal laws warrants. As was the NIGC's recommendation regarding temporary closure decisions, the NIGC recommends for tribes to avail themselves of resources on www.CDC.gov and consider the value of coordination with local jurisdictions when assessing and planning.

See <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html> for additional information on this topic. (July 8, 2020)

23. **Question:** What should the Tribe and TGRA consider before reopening a gaming operation previously closed due to COVID-19?

Answer: The NIGC has posted reopening guidance and a NIGC COVID-19 Reopening Assessment on our website at www.nigc.gov. The reopening guidance covers IGRA and NIGC regulation requirements as well as best practices and suggestions based on our understanding of COVID-19 to help ensure that the gaming operation is reopened and operated in a way that protects the health and safety of employees and patrons. The NIGC COVID-19 Reopening Assessment lists EPHS considerations and internal control guidance for reopening.

24. **Question:** If a casino furloughs or lays off key employees or primary management officials, will such employees have to be relicensed before resuming their duties at the operation?

Answer: If an employee's license has not expired or been revoked during the closure, there is no requirement under IGRA or NIGC regulations to relicense all returning employees previously licensed upon reopening the gaming operation. Tribes may consider extending expiration dates for gaming licenses due to the temporary closures.

25. **Question:** Can the TGRA suspend or waive required suitability background and licensing determinations of casino employees and vendors?

Answer: No. 25 C.F.R. § 556 and 558 requires all Key Employees and Primary Management Officials to be licensed by the tribe within 90 days of beginning work. NIGC continues to receive fingerprints for FBI CHRI purposes, notice of results, and notice of licenses issued and will continue to issue no objection or objection letters. This would not prohibit tribes from extending expiration dates of Key Employees and Primary Management Officials licensed prior to the temporary closure. Tribes should refer to their gaming ordinances and internal control standards regarding vendor licensing requirements as the NIGC does have not have regulations for vendor licensing.

Questions 26 – 37 (Added, August 5, 2020)

26. **Once a gaming operation has reopened, what is the expectation regarding NIGC fee payments?**

With the exception of the second quarter fees due March 31, 2020, the NIGC expects all NIGC fees to be paid and worksheets (fee statements) to be submitted on time as prescribed by IGRA and NIGC regulations. Operations that appear to be late or missing fee payments will be contacted by the NIGC Region Office to ensure payments have been submitted, are being prepared for submission or document why payments have not been submitted. The Compliance Division will then determine if late fee assessments and/or enforcement action will be recommended to the Chairman.

27. For background and licensing, what are some important safety considerations for fingerprint during the COVID-19 Pandemic?

One of the first safety considerations is deciding whether there is an actual requirement to fingerprint the applicant. The NIGC wants to remind TGRA's that there is no NIGC requirement to fingerprint existing Key/PMO Gaming Licensees for renewals. TGRA's are highly encouraged to review their gaming ordinances and internal regulations and modify them as necessary to allow for a background investigative process, for renewals, that does not include fingerprinting. Other considerations include:

- A. 25 C.F.R § 558.1 allows for the issuance of a temporary license that is intended to expire within 90 days of issuance and exempts those employees from the fingerprint process. However, it should be noted that 25 C.F.R. § 558.3(c) prohibits the gaming operation from employing a key employee or primary management official who does not have a license after 90 days. TGRA's may wish to consult with operations and determine if employees may be needed on a temporary basis, keeping in mind the existing licensing requirements.
- B. Given the current safety considerations and implementation of CJIS requirements it may be an excellent time to review job descriptions, salary information, and duties to determine if the employee and position can be classified as Key or Primary Management Official and qualify for fingerprinting through the NIGC. As a technical assistance to Tribes the NIGC has created a checklist to aid in this decision making process. The checklist and other CJIS training materials can be found on the NIGC's website: <https://www.nigc.gov/compliance/CJIS-Training-Materials>
- C. While social distancing has been one of the primary methods of mitigating the risk of COVID-19 transmission, the NIGC recognizes social distancing may not be possible during the fingerprint process. After examining recommendations from other sources and existing mitigation practices, the NIGC has identified the following safety precautions a TGRA may wish to consider during the fingerprinting process:
 - Conduct fingerprints by appointment only and allow adequate time between appointments to clean and sanitize the area.
 - Have the applicant verify that they are symptom-free the day of the appointment.
 - Conduct temperature scans on arrival.
 - Ensure that the applicant wears a face covering; lowering it briefly to verify identity.
 - Utilize a soft clear sheet, something similar to a shower curtain to create a flexible barrier between the applicant and staff member during the fingerprint process.
 - Have proper personal protective equipment for your employees including gloves, masks, and gowns as appropriate.
 - Have applicants wash hands thoroughly with soap and water just prior to fingerprinting. If a washbasin is unavailable ensure that hand sanitizer (60%

alcohol +) is used just prior to the fingerprint process. It should be noted that live scan devices often perform better when hands are moist and that sanitizer can have a drying effect on the hands. It may be necessary to have a fresh basin of soapy water nearby to dip hands in after sanitization or have moistened paper towels in place for the applicant to place hands on to aid in the process.

- After completing the session, ensure that all surfaces are cleaned and sanitized and that used protective equipment has been properly disposed of.
- Read and follow the manufacturer's advice when cleaning and disinfecting your live scan device.
- Consider conducting the fingerprints outside or in a separate well-ventilated tent as it is believed that the virus may not spread as easily under those conditions.

28. What are some safety considerations for Table and Card Games?

The NIGC has received numerous requests for technical assistance in regard to how an operation can safely reopen the entire facility; including the Table Games Department. Table games are different than many other forms of gambling and provide operators with unique challenges to safely open as the threat of COVID-19 continues. Some of those challenges stem from the fact that, by nature and design, table/card games require close contact from at least two individuals and often times many more. An additional challenge is that traditional pit design includes various sizes and shapes of tables that are often grouped closely together. This makes the primary mitigation measure of social distancing quite challenging. Recently issued CDC guidance rates table games play into the two highest risk categories: "Even More Risk" and "Highest Risk" making table games a very important area for all mitigation measures.

The NIGC has identified three (3) primary areas for policy consideration as operations seek to resume play of Table Games. Those are Social Distancing in the Pit Area, Cleaning and Sanitization, and Game Integrity:

- A. Social Distancing: Social Distancing has shown to be one of the most effective ways to prevent the spread of many infectious diseases including COVID-19. While it may not be easy to play table games while social distancing some things to consider are:
- Reduce table occupancy;
 - Restructure the pit to allow for greater distance between tables;
 - Install acrylic dividers between individual patrons and dealers;
 - Alternate player stations, i.e., Table 1 may have First base, Short Stop, and Third Base and Table 2 may have Position Two and Four or Three and Five;
 - Limit seating capacity to allow for social distancing. Limit the number of customers at gaming tables based on type of game to maintain at least 6 feet between customers;
 - Limit seating by removing chairs to visually enforce maximum capacity at table games.
 - Provide visual cues on the floor for where chairs should be placed to ensure 6 feet of distance between customers and the dealer;

- Consider which games can have no touch "Face Up" cards;
 - Discourage eating and smoking at game tables;
 - Discourage customers from congregating around and behind table games;
 - Recommend incoming dealers sanitize their hands before going to the table and announce their presence to the outgoing dealer (no tapping in).
- B. Cleaning and Sanitization: Social Distancing may be difficult to accomplish for the Table Games Department. This makes the policy considerations for cleaning and sanitization all the more important. CDC guidance¹ indicates that wearing cloth face coverings, using hand sanitizer (60% alcohol +), and washing hands (20 seconds + soap/water) are effective ways to help diminish the spread of the COVID-19 Virus. Some recommended mitigation techniques for consideration include:
- Ensure patrons and employees are wearing cloth face coverings properly;
 - Support healthy hygiene behaviors² by providing adequate supplies, including soap and water, paper towels, tissues, no-touch (preferably covered) trash cans, cloth face coverings (as feasible), and hand sanitizer containing at least 60% alcohol (placed adjacent to every card table or table game, if supplies allow);
 - Have patrons use hand sanitizer that contains at least 60% alcohol prior to beginning play and periodically thereafter;
 - After patrons leave the table ensure that spot is cleaned and sanitized using disinfectants from EPA's List N: Disinfectants for Use Against SARS-CoV-2³;
 - Utilize UV lights to periodically sanitize cards and cheques;
 - Whenever possible, utilize a chip mucker to gather lost chips and sanitize prior to reuse;
 - Utilize additional pit personnel to sanitize hard surfaces including table rail, discard rack, drop box, balls, wheels, dice, sticks, automatic shufflers, Pai Gow tiles, token boxes and other high touch surfaces as appropriate.;
 - Consider decreasing staff table time to allow for more frequent breaks allowing staff to wash their hands with soap and water;
 - Use multiple decks of cards and alternate between them. Additionally, consider retiring decks with greater frequency;
 - CDC guidance⁴ recommends that operations store cards and equipment for 72 hours prior to reuse. If canceling cards or dice, operators or regulators should review existing policies to determine if revisions are needed to allow for 72-hour storage. If 72-hour holds are not possible, ensure staff examining/cancelling cards have proper Personal Protective Equipment.
 - Increase sanitization of pit podiums and shared equipment.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html>

² <https://www.cdc.gov/handwashing/when-how-handwashing.html>

³ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html>

- C. **Game Integrity:** It is important to remember if the table games pit is restructured, surveillance cameras may need to be moved or adjusted to allow for adequate game protection. It is also important to note that many non-poker playing cards are more paper based than plastic. This means it may not be possible to effectively wash the cards without marking or destroying them. The NIGC encourages operations to consider using special UV lights designed to sanitize sensitive surfaces such as cards and cheques.

As staff, such as dealers and other pit personnel, wash and sanitize their hands with greater frequency, keep in mind that moisture from hand sanitizer (60% alcohol +) or water can quickly warp and/or mark cards. The NIGC and CDC recommends that whenever possible employees wear appropriate Personal Protective Equipment. Operations will need to evaluate the use of gloves by table games dealers. While gloves may provide some protection, they may increase the difficulty in dealing the game. In addition, gloves can also make it more difficult to know if your hands become dirty or wet, thus inadvertently marking the cards for an observant patron. It is possible that marking compounds can be placed onto gloves purposely allowing certain players to gain an advantage.

Table games officials may also wish to test how their particular cards react to hand sanitizers. Knowing in advance whether the sanitizer marks or alters the cards in some way may alert them to potential security issues in the future.

29. Are casinos implementing temperature checks for patrons and employees?

Yes, Tribes have approved varying levels of screening for customers and employees in accordance with applicable federal, state, tribal and confidentiality laws and regulations. Designated trained casino personnel monitor each entrance and may conduct touchless temperature checks or have signage containing temperature related health questions for guests to respond to prior to entry. The use of thermo-imaging technology has been adopted by some operations. Operations, after a careful evaluation of local risks, may implement required temperature checks at all entrances with ongoing monitoring of guests for indications that additional screening or temperature checks may be required after entry. For employee screening, designated trained casino personnel have been conducting touchless temperature checks of employees prior to and during work hours and have employee self-monitoring policy requirements for temperature checks.

For additional information on temperature screening, visit the CDC website at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html>

30. Are Tribes utilizing waivers of liability or warning signs at facility entrances to inform guests of the risk and potential exposure to COVID 19?

Some Tribes have reported the implementation of signage at the entrance to their gaming operations advising patrons they are entering the facility at their own risk and the casino will not be held liable should they become infected with the COVID 19 virus. TGRAs or gaming

operations wishing to implement such waivers, should contact their legal counsel for advice on implementing such measures.

31. How are tribes implementing cleaning schedules of machines or contact surfaces?

The CDC has issued guidance for casinos and gaming operations:

(<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/casinos-gaming-operations.html>) as well as guidance for cleaning and disinfecting <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

NIGC recommends TGRAs / gaming operations develop policies that include the identification of all contact surfaces within the gaming operation that are frequently touched or handled by patrons and employees and include in the policies how often cleaning and disinfecting must be performed. Gaming operations may find they need to utilize additional personnel to meet the cleaning scheduling requirements. Use of scheduling logs will assist with verification, staff shortages, lack of resources and identifying non-compliance with the policy.

32. Given existing CDC guidelines, will the NIGC require the use of Personal Protective Equipment (PPE) at Tribal Casinos?

CDC guidelines recommend and reinforce the use of face coverings among staff and customers. Face coverings should be worn as feasible and are most essential in times when social distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Provide information to staff and customers on proper use, removal, and washing of cloth face coverings. The NIGC does not require the use of specific PPE by regulation. However, the lack of PPE use where conditions warrant use or lack of enforcement of required PPE use where tribal policy requires PPE use would be a factor in determining if a gaming facility was operating in a manner that protects public health and safety.

33. As part of its annual audit requirements, will the NIGC require audit reports on the use of non-gaming revenue to support gaming operations? Such as loans from the PPP, or Federal Reserve lending facilities?

The funds used to support a gaming operation will in all likelihood be subjected to annual audit procedures. A Paycheck Protection Program loan or other federal reserve loan program is likely no different than a tribe receiving a loan or line of credit from a financial institution. If the funds are received by the gaming operation and used to pay casino related expenses, then the amounts received would be recorded as financing activities of the casino and the records be subject to annual audit procedures by the CPA. In other words, professional accounting standards may require the audits of all funds (gaming, non-gaming, financing, transfers from the tribe, etc.) received by the gaming operation.

34. How does the NIGC perceive its role during the resumption of operations?

NIGC Regional Offices have received and reviewed reopening plans for each casino that has resumed operations. Compliance Officers have been providing technical assistance based on guidance from public health agencies and best practices from other TGRAs/Casinos. The Compliance Division will continue to monitor operations and provide assistance as needed. The agency as a whole continues to monitor public health and safety considerations and work with the tribes as needed to address potential issues and concerns.

35. How are you coordinating with your staff to avoid miscommunications between NIGC and Tribes?

The NIGC Chairman conducts a daily check-in with all NIGC Regional Directors to receive status reports and discuss pertinent issues. Additionally, the Chief of Staff and Director of Compliance maintain frequent communication with regional offices and receive daily briefing reports. All questions and/or concerns received from tribes are discussed collectively.

36. What kind of technical assistance are you looking to provide by providing the NIGC COVID-19 Preliminary Assessment?

The NIGC made available its COVID-19 Preliminary Assessment to tribes in an effort maintain transparency. The Preliminary Assessment is a tool used by the NIGC Regional Offices for assessment public health and safety and may also assist tribes in establishing their own checklist and operating plans.

37. Will NIGC share best practices on what is working during the resumption of operations?

Yes, we have worked with tribes to obtain consent to share their environmental, public health and safety plans with other tribes. Please contact your NIGC Regional Office for assistance in obtaining an example plan.

38. Will the NIGC allow CPA's to perform remote testing in response to the COVID-19 for the MICS required AUP reports?

25 C.F.R. § 543.23(d)(1) requires that "A CPA must be engaged to perform an assessment to verify whether the gaming operation is in compliance with these MICS, and/or the TICS or SICS if they provide at least the same level of controls as the MICS. The assessment must be performed in accordance with agreed upon procedures and the most recent versions of the Statements on Standards for Attestation Engagements and Agreed-Upon Procedures Engagements (collectively "SSAEs"), issued by the American Institute of Certified Public Accountants." Those professional standards require the CPA to use their professional experience and judgement to plan and perform the AUP engagement so that the testing methods are sufficient to determine compliance. As such, reliance on a CPA's development of testing protocols that includes remote verification which complies with professional standards will be acceptable for 25 C.F.R. § 543 AUP requirements.

CDC COVID-19 Vaccination Program

Provider Agreement



Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the *CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement* (Section A). *CDC COVID-19 Vaccination Program Provider Profile Information* (Section B) must be completed for each vaccination Location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

ORGANIZATION IDENTIFICATION		
Organization's legal name:		
Number of affiliated vaccination locations covered by this agreement: _____		
Organization telephone number:	Email <i>(must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)</i> :	
Organization address:		
RESPONSIBLE OFFICERS		
For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signature after reviewing the agreement requirements.		
Chief Medical Officer (or Equivalent) Information		
Last name	First name	Middle initial
Title	Licensure (state and number)	
Telephone number:	Email:	
Address:		
Chief Executive Officer (or Chief Fiduciary) Information		
Last name	First name	Middle initial
Telephone number:	Email:	
Address:		

CDC COVID-19 Vaccination Program Provider Agreement

AGREEMENT REQUIREMENTS

I understand this is an agreement between Organization and CDC. This program is a part of collaboration under the relevant state, local, or territorial immunization's cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 Vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1.	Organization must administer COVID-19 Vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP). ¹
2.	<p>Within 24 hours of administering a dose of COVID-19 Vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine-Administration Data) for reporting can be found on CDC's website.²</p> <p>Organization must submit Vaccine-Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.²</p> <p>Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.</p>
3.	Organization must not sell or seek reimbursement for COVID-19 Vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.
4.	Organization must administer COVID-19 Vaccine regardless of the vaccine recipient's ability to pay COVID-19 Vaccine administration fees.
5.	Before administering COVID-19 Vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.
6.	Organization's COVID-19 vaccination services must be conducted in compliance with CDC's Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines. ³
7.	<p>Organization must comply with CDC requirements for COVID-19 Vaccine management. Those requirements include the following:</p> <ul style="list-style-type: none"> a) Organization must store and handle COVID-19 Vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's Vaccine Storage and Handling Toolkit⁴, which will be updated to include specific information related to COVID-19 Vaccine; b) Organization must monitor vaccine-storage-unit temperatures at all times using equipment and practices that comply with guidance located in CDC's Vaccine Storage and Handling Toolkit⁴; c) Organization must comply with each relevant jurisdiction's immunization program guidance for dealing with temperature excursions;

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies through footnoted weblinks. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

¹ <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

² <https://www.cdc.gov/vaccines/programs/iis/index.html>

³ <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

⁴ <https://www.cdc.gov/vaccines/hcp/admin/storage-handling.html>

CDC COVID-19 Vaccination Program Provider Agreement

	d) Organization must monitor and comply with COVID-19 Vaccine expiration dates; and e) Organization must preserve all records related to COVID-19 Vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.
8.	Organization must report the number of doses of COVID-19 Vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.
9.	Organization must comply with all federal instructions and timelines for disposing COVID-19 vaccine and adjuvant, including unused doses. ⁵
10.	Organization must report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS). ⁶
11.	Organization must provide a completed COVID-19 vaccination record card to every COVID-19 Vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 Vaccine shipment will include COVID-19 vaccination record cards.
12.	a) Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 Vaccine. b) Organization must administer COVID-19 Vaccine in compliance with all applicable state and territorial vaccination laws.

By signing this form, I certify that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 Vaccine understand and will comply with the agreement requirements listed above and that the information provided in sections A and B is true.

The above requirements are material conditions of payment for COVID-19 Vaccine-administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare and Medicaid, or submitted to any HHS-sponsored COVID-19 relief program, including the Health Resources & Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 Vaccine is not available under any federal healthcare program if Organization fails to comply with these requirements with respect to the administered COVID-19 Vaccine dose. Each time Organization submits a reimbursement claim for COVID-19 Vaccine administration to any federal healthcare program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 *et seq.*, and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.⁷

⁵ The disposal process for remaining unused COVID-19 Vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.

⁶ <https://vaers.hhs.gov/reportevent.html>

⁷ See Pub. L. No. 109-148, Public Health Service Act §§ 319F-3 and 319F-4, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).

CDC COVID-19 Vaccination Program Provider Agreement

Chief Medical Officer (or Equivalent)

Last name	First name	Middle initial
Signature:		Date:

Chief Executive Officer (or Chief Fiduciary)

Last name	First name	Middle initial
Signature:		Date:

For official use only:

VTrckS ID for this Organization, if applicable: _____

Vaccines for Children (VFC) PIN, if applicable: _____ Other PIN (e.g., state, 317): _____

IIS ID, if applicable: _____

Unique COVID-19 Organization ID (Section A)*: _____

**The jurisdiction's immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation (e.g., an organization located in Georgia could be assigned "GA123456A"). This ID is needed for CDC to match Organizations (Section A) with one or more Locations (Section B). These unique identifiers are required even if there is only one location associated with an organization.*

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

ORGANIZATION IDENTIFICATION FOR INDIVIDUAL LOCATIONS

Organization location name:	Will another Organization location order COVID-19 vaccine for this site? <input type="checkbox"/> Yes; provide Organization name: _____ <input type="checkbox"/> No
-----------------------------	---

CONTACT INFORMATION FOR LOCATION'S PRIMARY COVID-19 VACCINE COORDINATOR

Last name:	First name:	Middle initial:
Telephone:	Email:	

CONTACT INFORMATION FOR LOCATION'S BACK-UP COVID-19 VACCINE COORDINATOR

Last name:	First name:	Middle initial:
Telephone:	Email:	

ORGANIZATION LOCATION ADDRESS FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

Street address 1:		Street address 2:	
City:	County:	State:	ZIP:
Telephone:		Fax:	

ORGANIZATION ADDRESS OF LOCATION WHERE COVID-19 VACCINE WILL BE ADMINISTERED (IF DIFFERENT FROM RECEIVING LOCATION)

Street address 1:		Street address 2:	
City:	County:	State:	ZIP:
Telephone:		Fax:	

DAYS AND TIMES VACCINE COORDINATORS ARE AVAILABLE FOR RECEIPT OF COVID-19 VACCINE SHIPMENTS

Monday	Tuesday	Wednesday	Thursday	Friday
AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:

For official use only:

VTrckS ID for this location, if applicable: _____

Vaccines for Children (VFC) PIN, if applicable: _____

IIS ID, if applicable: _____ Unique COVID-19 Organization ID (from Section A): _____ Unique Location ID**: _____

****The jurisdiction's immunization program is required to create an additional unique Location ID for each location completing Section B. The number will include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA123456A), has three locations (main location plus two additional) completing section B, they could be numbered as GA123456B1, GA123456B2, and GA123456B3.**

CDC COVID-19 Vaccination Program Provider Profile Information

COVID-19 VACCINATION PROVIDER TYPE FOR THIS LOCATION (SELECT ONE)

- | | |
|---|---|
| <input type="checkbox"/> Commercial vaccination service provider
<input type="checkbox"/> Corrections/detention health services
<input type="checkbox"/> Health center – community (non-Federally Qualified Health Center/non-Rural Health Clinic)
<input type="checkbox"/> Health center – migrant or refugee
<input type="checkbox"/> Health center – occupational
<input type="checkbox"/> Health center – STD/HIV clinic
<input type="checkbox"/> Health center – student
<input type="checkbox"/> Home health care provider
<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Health Service
<input type="checkbox"/> Tribal health
<input type="checkbox"/> Medical practice – family medicine
<input type="checkbox"/> Medical practice – pediatrics
<input type="checkbox"/> Medical practice – internal medicine
<input type="checkbox"/> Medical practice – OB/GYN
<input type="checkbox"/> Medical practice – other specialty | <input type="checkbox"/> Pharmacy – chain
<input type="checkbox"/> Pharmacy – independent
<input type="checkbox"/> Public health provider – public health clinic
<input type="checkbox"/> Public health provider – Federally Qualified Health Center
<input type="checkbox"/> Public health provider – Rural Health Clinic
<input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, federally certified
<input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, non-federally certified
<input type="checkbox"/> Long-term care – assisted living
<input type="checkbox"/> Long-term care – intellectual or developmental disability
<input type="checkbox"/> Long-term care – combination (e.g., assisted living and nursing home in same facility)
<input type="checkbox"/> Urgent care
<input type="checkbox"/> Other (Specify: _____) |
|---|---|

SETTING(S) WHERE THIS LOCATION WILL ADMINISTER COVID-19 VACCINE (SELECT ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Childcare or daycare facility
<input type="checkbox"/> College, technical school, or university
<input type="checkbox"/> Community center
<input type="checkbox"/> Correctional/detention facility
<input type="checkbox"/> Health care provider office, health center, medical practice, or outpatient clinic
<input type="checkbox"/> Hospital (i.e., inpatient facility)
<input type="checkbox"/> In-home
<input type="checkbox"/> Long-term care facility (e.g., nursing home, assisted living, independent living, skilled nursing) | <input type="checkbox"/> Pharmacy
<input type="checkbox"/> Public health clinic (e.g., local health department)
<input type="checkbox"/> School (K – grade 12)
<input type="checkbox"/> Shelter
<input type="checkbox"/> Temporary or off-site vaccination clinic – point of dispensing (POD)
<input type="checkbox"/> Temporary location – mobile clinic
<input type="checkbox"/> Urgent care facility
<input type="checkbox"/> Workplace
<input type="checkbox"/> Other (Specify: _____) |
|--|--|

APPROXIMATE NUMBER OF PATIENTS/CLIENTS ROUTINELY SERVED BY THIS LOCATION

Number of children 18 years of age and younger: _____ (Enter "0" if the location does not serve this age group.)

☐ Unknown

Number of adults 19 – 64 years of age: _____ (Enter "0" if the location does not serve this age group.)

☐ Unknown

Number of adults 65 years of age and older: _____ (Enter "0" if the location does not serve this age group.)

☐ Unknown

Number of unique patients/clients seen per week, on average: _____

☐ Unknown

☐ Not applicable (e.g., for commercial vaccination service providers)

INFLUENZA VACCINATION CAPACITY FOR THIS LOCATION

Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season:

_____ (Enter "0" if no influenza vaccine doses were administered by this location in 2019-20)

☐ Unknown

CDC COVID-19 Vaccination Program Provider Profile Information

POPULATION(S) SERVED BY THIS LOCATION (SELECT ALL THAT APPLY)

- ☐ General pediatric population
- ☐ General adult population
- ☐ Adults 65 years of age and older
- ☐ Long term care facility residents (nursing home, assisted living, or independent living facility)
- ☐ Health care workers
- ☐ Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- ☐ Military – active duty/reserves
- ☐ Military – veteran
- ☐ People experiencing homelessness
- ☐ Pregnant women
- ☐ Racial and ethnic minority groups
- ☐ Tribal communities
- ☐ People who are incarcerated/detained
- ☐ People living in rural communities
- ☐ People who are under-insured or uninsured
- ☐ People with disabilities
- ☐ People with underlying [medical conditions](#)* that are risk factors for severe COVID-19 illness
- ☐ Other people at higher-risk for COVID-19 (Specify: _____)

DOES YOUR ORGANIZATION CURRENTLY REPORT VACCINE ADMINISTRATION DATA TO THE STATE, LOCAL, OR TERRITORIAL IMMUNIZATION INFORMATION SYSTEM (IIS)?

- ☐ Yes [List IIS Identifier: _____]
- ☐ No
- ☐ Not applicable

If “No,” please explain planned method for reporting vaccine administration data to the jurisdiction’s IIS or other designated system as required:

If “Not applicable,” please explain:

ESTIMATED NUMBER OF 10-DOSE MULTIDOSE VIALS (MDVs) YOUR LOCATION IS ABLE TO STORE DURING PEAK VACCINATION PERIODS (E.G., DURING BACK-TO-SCHOOL OR INFLUENZA VACCINE SEASON) AT THE FOLLOWING TEMPERATURES:

Refrigerated (2°C to 8°C):	<input type="checkbox"/> No capacity	<input type="checkbox"/> Approximately _____ additional 10-dose MDVs
Frozen (-15° to -25°C):	<input type="checkbox"/> No capacity	<input type="checkbox"/> Approximately _____ additional 10-dose MDVs
Ultra-frozen (-60° to -80°C):	<input type="checkbox"/> No capacity	<input type="checkbox"/> Approximately _____ additional 10-dose MDVs

STORAGE UNIT DETAILS FOR THIS LOCATION

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

1. Example: CDC & Co/Red series two-door/refrigerator
- 2.
- 3.
- 4.
- 5.

I attest that each unit listed will maintain the appropriate temperature range indicated above: *(please sign and date)*

Medical/pharmacy director or location’s vaccine coordinator signature

Date

* <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

PROVIDERS PRACTICING AT THIS FACILITY *(additional spaces for providers at end of form)*[illegible]

"... as always, we are appreciative of the valuable service you provide in your assessing our facility. We benefit greatly from the findings and feedback (and suggestions) you provide, and will continue to address the lists you have provided. ... As always we enjoy your visit, and look forward to seeing you next year, (and hopefully before)."

—IHS Nashville Area Customer

"You have been an inspiration of kindness and service, contributing your time to help serve and protect the health of not only the people but also the environment."

—IHS Navajo Area Customer

"Thanks so much for bringing your positive energy to the Youth Environmental Summit! Your help with everything...was amazing!... I look forward to continuing to work with you on other projects..."

—ANTHC/Alaska Area Customer

"I wanted to thank you for a job well done during your food sanitation presentation here...You were able to make the time pass easily without the normal monotony of "reading" from the slide presentation."

—IHS Albuquerque Area Customer

IHS DEHS Program Directory

www.ihs.gov/dehs

DEHS (National Contact)
5600 Fishers Ln, MS: 10N14C
Rockville, MD 20857
Phone: (301) 443-1054

Alaska Area/DEHS
4141 Ambassador Dr.
Anchorage, AK 99508
Ph. (907) 729-3501

Nashville Area/DEHS
711 Stewarts Ferry Pike
Nashville, TN 37214
Ph. (615) 208-4460

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Oklahoma City Area/DEHS
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Sacramento, CA 95814
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Portland Area/DEHS
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U.S. Department of Health and Human Services

Indian Health Service

Office of Environmental Health and Engineering

Division of Environmental Health Services



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The DEHS Mission:

"Through shared decision making and sound public health measures, enhance the health and quality of life of all American Indians and Alaska Natives to the highest level by eliminating environmentally related disease and injury."

Indian Health Service (IHS)

is the principal federal health care provider and health advocate for Indian people, and its goal is to raise health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to 573 federally recognized tribes in 37 states. More indepth information can be found at www.ihs.gov.

Environmental Health Services (EHS)

American Indians and Alaska Natives face environmental hazards that affect health status.

The EHS Program works with tribal communities to prevent disease and injury by:

- monitoring and investigating disease and injury;
- identifying health hazards in the environment; and
- providing training, technical assistance, and project funding.

The EHS Program includes the specialty areas of Injury Prevention (IP) and Institutional Environmental Health (IEH).

IP specialists work with tribes and other partners to prevent severe injuries and fatalities. Two priorities of this program are to prevent:

- unintentional falls and;
- motor vehicle-related injury and death.



IEH specialists work to protect occupants from chemical, biological, radiological, and ergonomic hazards.

Three priorities of this program are:

- going back-to-basics IEH;
- updating IEH radiation protection program roles, policy, and practices; and
- keeping radiation exposures As Low As Reasonably Achievable (ALARA).



Through shared decision making and sound public health measures, the IHS EHS Program strives to enhance the health and quality of life for American Indians and Alaska Natives in the following priority areas:



Children's Environment: Prevent illness and injury by reducing risk factors where children live, learn, and play.



Safe Drinking Water: Prevent waterborne illness and ensure safe drinking water supplies.



Food Safety: Prevent foodborne illness and promote food safety and security.



Vectorborne and Communicable Diseases: Prevent diseases transmitted by insects, animals, humans, and the environment.



Healthy Homes: Prevent diseases and injuries in homes caused by unhealthy living conditions.

