IATSE Stagecraft Safety Committee

COVID Reopening Recovery Plan

Section 1: Opening Statement and Objectives

Covid-19 presents unique challenges for IATSE Stagecraft local unions. As states, provinces and communities move individually to reopening and returning to work, it is essential that IATSE locals have consistent, science-based guidance on how to ensure their members are returning to work under the safest possible conditions. This plan was developed through a review of various industry stakeholder guidance strategies, governmental agency advice, and the observations and recommendations of local union leaders in each of the crafts represented within the Stagecraft Department.

This information is designed as a service to IATSE Locals, their Members, and Employers and is intended only to provide general information on the subject covered and not as a comprehensive or exhaustive treatment of that subject, legal advice or a legal opinion. The aforementioned are advised to consult with legal counsel and other professionals with respect to the application of the subject covered to any specific production or other factual situation.
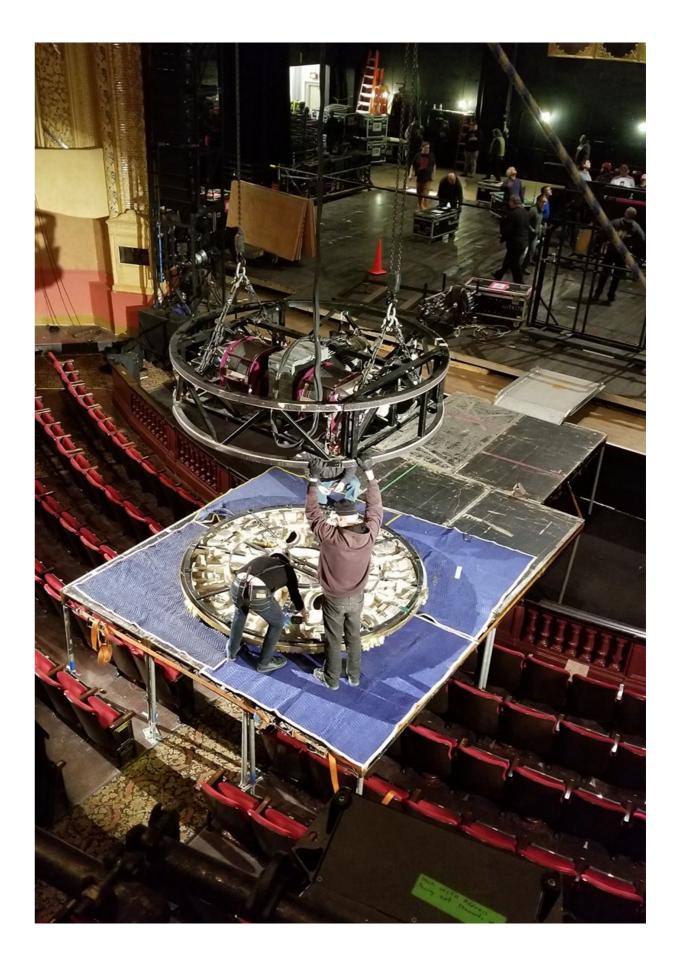
Although the protocols listed here reference Theaters and Live Performance Venues, these protocols are designed to also apply to other facilities in which the various crafts Stagecraft Department workers also work.

Safety Committee

The members of this Committee include International Vice Presidents, Director and Assistant Director of the Stagecraft Department, and local union officers from Stage, Wardrobe, Treasurer's and Ticket Sellers, Front of House, Make-up Artists and Hairstylists, and Designers locals from the US and Canada. These guidelines have been reviewed by medical experts in occupational health and safety.

Section 2: Scope and Coverage

The objective of this document is to describe a COVID-19 Safety Program that assures members that standard safety practices and procedures are in place that will cover all crafts, entertainment venues, and workspaces where Stagecraft Department members are employed.

Section 3: Guiding Principles and General Practices

The health and safety of crew/employees and cast and general public are the highest priority. Re-opening the industry and returning to work are also significant and important priorities.

Venues must have a written COVID-19 safety plan in place that specifies necessary policies, practices and procedures. In multi-employer venues there must be a process for coordinating activities related to prevention and control of Covid-19.

In advance of reopening in any setting, local public health authorities should be notified and proper liaison to that authority should be established. All COVID-19 prevention and control measures must be consistent with federal state and local public health guidelines.

One or more autonomous COVID-19 Compliance Officer(s) [CCO] with specialized training, responsibility and authority for COVID-19 safety compliance and enforcement will be in the workplace to implement the Covid-19 safety plan and address issues as they arise.

Systems will be employed to assess health/of all personnel prior to entry onto the workplace.

The National Institute for Occupational Safety and Health's (NIOSH) Hierarchy of Control will guide approaches to mitigating risk:

Engineering and administrative controls for hazard reduction will be developed and implemented whenever feasible.

When engineering and administrative controls are not feasible or cannot provide adequate protection, personal protective equipment (PPE) will be used.

All required PPE will be provided and maintained by the employer.

Effective communication, training, and support programs are essential to the success of a COVID-19 safety plan.

Assurance of paid leave and income retention if sick or exposed is a critical component of an effective COVID-safety plan.

Venues must remain compliant with the Americans with Disabilities Act (ADA), the Age Discrimination in Employment Act (ADEA), and the Canadian Human Rights Act (CHRA) when implementing mitigation measures.

Section 4: Oversight and Leadership

Oversight and leadership are critical to assure that all work in the context of the COVID-19 pandemic can be done with maximum possible protections to prevent members from being infected with the disease. The written COVID Safety Plan must specify clear leadership and assign responsibility for oversight and implementation of all elements.

COVID-19 Compliance Officer (CCO)

The employer should identify a COVID-19 Compliance Officer (CCO) who oversees and coordinates the necessary COVID-related health and safety for the production. Specific duties and responsibilities of the CCO may include, but are not limited to, overseeing and monitoring adherence to protocols for physical distancing, testing, symptom monitoring, disinfecting, PPE training and use, and other duties as may be determined by the employer. A COVID-19 Compliance Officer should be accessible in the workplace at all times during work hours, and all personnel should have access to the COVID-19 Compliance Officer(s). The CCO or equivalent should formally designate assistants such as hygienist, security and medically trained staff (physician, nurse, nurse practitioner, or physician assistant trained and certified in occupational health) as necessary to assist the CCO in carrying out his/her responsibilities.

The CCO (and related staff) should assure that:

- The testing and symptom screening programs are operating appropriately with particular attention to the many possible breaks in procedure that are barriers to a successful program;

- Venue/Shop environments are properly prepared, maintained and managed during use. This will involve assessment and assurance of adequate filtered ventilation, air circulation, and disinfected surfaces, property and equipment.

- All people on site are complying with protocols for masking, handwashing, distancing, and PPE use.

- The venue and venue systems such as ventilation, cleaning, and restroom facilities are compliant with the COVID-19 safety plan.

Ultimate authority

The hierarchy of responsibility and decision-making (who is in charge of what, who has ultimate decision-making authority) concerning COVID-19-related safety practices needs to be clear. There should be explicit acknowledgement that no individual can overrule the CCO in his or her efforts and activities to enforce COVID-19-related safety practices. A mechanism for resolving concerns about the adequacy of prevention efforts should be established and communicated.

Written Plan

There should be a written COVID-19-specfic safety plan to be coordinated with the basic occupational health and safety plan when such exists. A COVID-19 safety plan should cover each specific location where IATSE members are asked to work. There should be an explanation of the purpose of the COVID-19 safety plan and specify the responsibilities of everyone in the workplace with a clear, written policy that is communicated to all workers, contractors, subcontractors, temporary workers, and suppliers and vendors. The plan should establish realistic, attainable, and measurable goals—and the plans to achieve the goals—by assigning tasks and responsibilities to particular individuals, setting time frames, and determining resource needs. The plan should be integrated into the budgeting processes and align budgets with program needs.

Sufficient Trained Staff

The skills, knowledge, and authority for those to whom responsibilities are assigned to design, manage, and oversee should be identified. The CCO should be trained in infection control and occupational health screening and surveillance before operations begin. Any safety plan personnel reporting to the CCO should be appropriately certified or receive appropriate training.

Worker Rights

Protections from discharge or discipline are necessary to encourage cast and crew/employees to report concerns about COVID-19 or other safety issues in good faith. Any individual who has reason to believe work exposures puts him or her at risk (even if there is general compliance with the guidelines) should have a right to refuse the work until there is an investigation of their concern and resolution. Individuals should have the right to stop working if a break in COVID-19 protection procedures is noted. Information about individual rights as well as responsibilities should be incorporated in COVID-19 safety training.

Local Medical Resources

Arrangements should be made to facilitate each employee's access to a health care provider or service for those employees not already under the care of a personal care practitioner. One or more CoV-SARS-2 testing sites should be identified to facilitate rapid and appropriate testing as needed in accordance with the recommendations provided in the Testing section of this report.

Starting Work Safely

The Occupational Safety and Health Administration (OSHA) defines 4 possible categories of Employers at work sites:
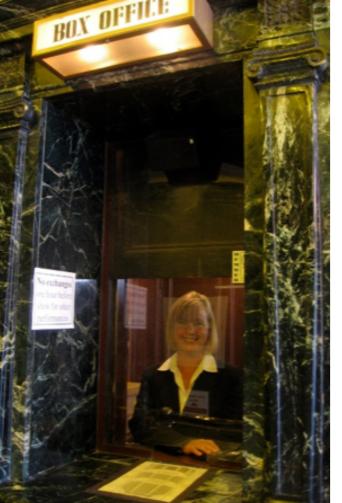
- Creating Employer: the employer that causes a hazardous condition.
- Exposing Employer: An employer whose own employees are exposed to a hazard.
- Correcting Employer: An employer who is engaged in a common undertaking, on the same worksite, as the exposing employer and is responsible for correcting a hazard. This usually occurs where an employer is given the responsibility of installing and/or maintaining particular safety/health equipment or devices.
- Controlling Employer: An employer who has general supervisory authority over the worksite, including the power to correct safety and health violations itself or require others to correct them. Control can be established by contract or, in the absence of explicit contractual provisions, by the exercise of control in practice.

In regard to the COVID-19 reopening policies, every controlling employer (theatre owner, producer, shop owner, city, county, state, province, etc.) should establish protective policies and procedures and enforce the policies they set for their facility. Visiting companies, sub-contractors and all worker representatives should receive copies of those policies and should not be allowed onto the property until there is written confirmation that the policies were received, read and agreed to by those entities.

Written policies should make clear the following:
- Consequences for anyone creating a hazard by violating any of those policies.
- Who will be responsible for correcting that hazard.
- Procedures to follow if, while directing employees, an employer feels that individuals at the workplace have been exposed to the hazard

Section 5: Testing
Diagnostic Testing

Diagnostic testing is used to reduce the chance that anyone with an active infection enters the worksite/venue. In other words, diagnostic testing is an approach to hazard reduction. Unfortunately, diagnostic tests are imperfect: they may miss people with infections or inaccurately label someone as being infected when they are not. A test may be accurate at the time it is taken, but someone may become infected the next day. Testing of people without symptoms before they are allowed into the worksite may be more valuable in communities with a high prevalence of active disease or for cast or crew/employees who have been in contact with a large number of people (for example, while using public transportation) in the last two weeks. Diagnostic testing of people with symptoms is extremely important to clarify whether they are infected with COVID-19.

Decisions about the timing and frequency of testing can be complex and involve trade-offs based on assessments of the true risk of having disease without symptoms and the consequences of a person who may infect others show up at work. There are also considerations of cost, inconvenience, discomfort of testing, whether testing is mandatory or voluntary, who has access to the information, what happens to the person who has a positive test, and the choice of test.

A venue may have appropriate concern that an outbreak traced to the venue may have long-term impact on the functioning of the venue. There is no single correct approach to the use of diagnostic testing, and the best approaches will change over time as testing methods are developed, community prevalence of disease changes, and work practices are modified. Employers and local unions, using the best available information, should agree to testing protocols that respond to the particular work situation.

Cast and crew/employees who come in contact with the public -- particularly prolonged, close contact -- will have risk of infection from members of the public. Appropriate strategies for diagnostic testing of public-facing cast and crew/employees may be different from testing strategies for workers who rarely interact with the public in the venue. Frequent periodic testing of the cast and crew/employees may be used to mitigate the risk of the spread of COVID-19. Employers should rely upon medical experts for advice and guidance. As tests are developed and others become more accurate, the testing protocols shall also change and be updated.

Section 6: Symptom Screening & Monitoring

There should be a structured approach to universal daily screening, implemented before coming to work, that includes questions about COVID-19 symptoms and about contacts with individuals known to be infected with COVID-19.*

CDC has provided a list of these symptoms that is regularly updated as new understanding evolves. Fever screening at the workplace can be conducted as an added protective step, although, thus far, it has not proved to be of much added value.

Prior to each shift, all workers should be asked to self-certify that they do not have any of COVID-19 symptoms; have not been diagnosed with COVID-19 in the last 14 days and have not been in close contact with persons in household or elsewhere who have been diagnosed with COVID-19 (close contact currently defined for contact tracing purposes as within 6 feet for 15 minutes).

*https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

- Anyone who develops symptoms of COVID-19, is infected with COVID-19, or reports close contact with infected individuals should not go to work, follow protocols for reporting to the Covid Compliance office or other person designated by the employer and should seek medical evaluation and care.
- Anyone reporting to work while displaying symptoms should be directed to leave the venue and isolate themselves and be referred to appropriate medical services and follow reporting protocols.

Screeners should have appropriate PPE and other protections to reduce risk of exposure to SARs-Cov-2 (the virus causing COVID-19).

Development of Symptoms on site

Cast and crew/employees should be expected to immediately report to the CCO or other designated person if they develop symptoms on site. Employers should have an established protocol for managing people who become ill in the workplace, including details about how and where a sick person will be isolated (in the event they are unable to leave immediately) while awaiting transportation from the workplace, to their home or to a healthcare facility.

Notification of Exposed Co-workers

Because anyone can be infected with COVID-19 without symptoms, anyone who has been in close contact with a person during the 48 hours before that person had a positive test or showed symptoms, should be considered potentially infected and be expected to self-quarantine and contact their healthcare provider.

Cast or crew/employees who are diagnosed with COVID-19 should be expected to immediately notify the CCO or another person designated by the employer. Their test status should be considered confidential medical information, but the employer does need to act on this information in order to protect others in the workplace. Workers should be informed about who at the workplace will have access to this confidential medical information.

Following identification of a cast or crew/employee with Covid-19, employers should engage the local public health agency to assist in identification, notification and quarantine of exposed co- workers and take responsibility for ongoing monitoring of those in quarantine. An employer who waits can anticipate that public health authorities will come to them. While contact tracing falls under the purview of public health agencies, employers are in a unique position to facilitate timely contact tracing in the workplace to assure that co-workers who have been in close contact with infected individuals are identified, notified, and quickly removed from the workplace.

A protocol for identifying and notifying exposed co-workers in the worksite as well as a policy regarding removal of exposed co-workers, consistent with the CDC guidance should be established as part of the COVID prevention plan. An individual should be designated to be responsible for contact tracing on site and collaborating with local public health authorities. While contact tracing may be included among the responsibilities of the CCO, consideration should be given to involving others such as human resource personnel. Approaches for identifying close contacts should be established. These may involve review of shift logs, sign in sheets, time sheets, visitor logs, etc.

Notification of workers about potential exposure should be carried in such a way as to protect the confidentiality of the worker with COVID-19, and in accordance with the confidentiality requirements of the ADA. Information about protocols and consequences of being exposed should be included in Covid-19 training of cast and crew/employees.

Section 7: Safe Return to Work

Any process that excludes workers from the workplace, including testing, screening or contact tracing and must also have established protocols in place for allowing individuals to return to work.

Employers should follow CDC recommended guidance on safe return to work for those who have been diagnosed with COVID-19, exposed to someone with COVID-19, or who report COVID-19 symptoms on screening.   CDC guidance is fairly complex and can change over time as new information becomes available. **The most recent guidance is summarized in the Table below.**

In the early stages of the pandemic, given the burden on the healthcare system, CDC recommended against employers requiring medical authorization for return to work of those isolated or quarantined due to COVID-19. Decisions about requiring medical authorization should take local circumstances, including capacity of the local healthcare system, into account.

Paid Sick Leave

In the US, the Families First Corona Response Act requires employers with 500 or fewer employees to provide paid sick leave for up to two weeks for workers who have COVID-19 symptoms awaiting diagnosis or are quarantined because of exposure. The only Canadian Province with COVID-19 specific paid sick leave is Quebec. Other provincial legislation may apply, so confer with counsel regarding this issue.

Minimum Criteria for Return-to- Work (7/1/2020)		CDC references
Worker with COVID-19[2]		
Positive - symptomatic	**Symptom based strategy** At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and** at least 10 days have passed since symptoms first appeared. **Test based strategy** Resolution of fever without the use of fever-reducing medications **and** Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and n**egative results of COVID-19 test for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)	For persons not hospitalized CDC 5.29.20. *Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings* For persons hospitalized CDC 4.30.20. Discontinuation of Transmission-based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings.
Positive - asymptomatic	**Time-based strategy** At least 10 days have passed since date of first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. **Test-based strategy** Negative results of a COVID-19 test for SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).	

[2] The individual has either had a positive diagnostic test for SARS-CoV-2 (laboratory confirmed case) or been diagnosed by a health care provider with COVID-19 based on clinical criteria (probable case.) https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/.

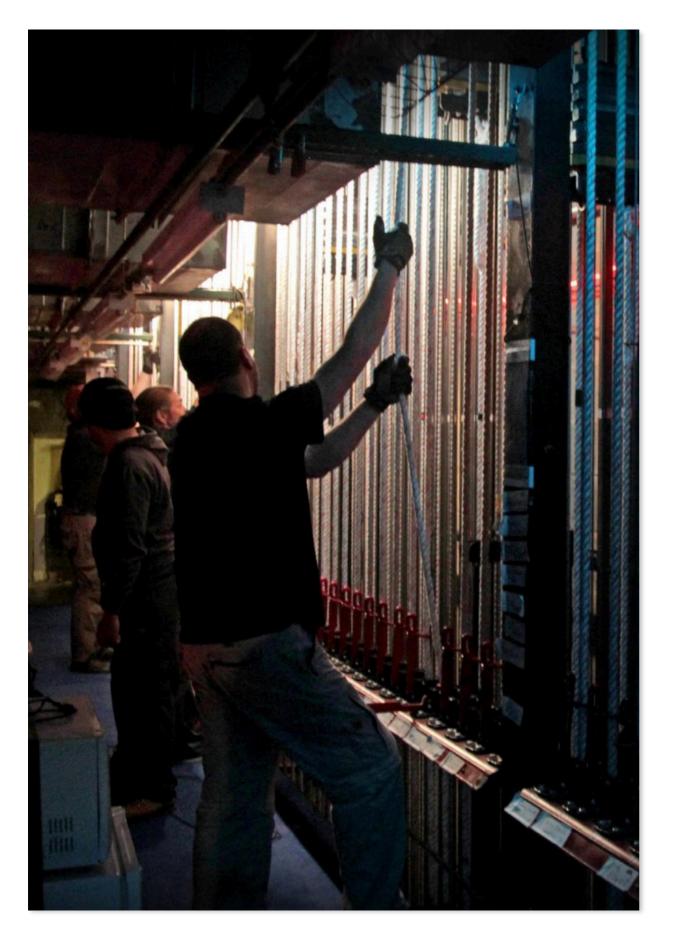|		
Worker exposed to person with COVID-19[3] (not critical infrastructure worker[4])		
	Time-based strategy 14 days have passed since last exposure and no symptoms have developed. The individual should be quarantined (stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times for 14 days after last exposure. Follow CDC guidance if symptoms. **Test-based strategy [5]**	CDC, 6.4.20. *Public Health guidance for Community Related Exposure* CDC, 6.17.20. *Contact Tracing for Covid-19*
Worker with symptoms of COVID-19 at screening or as reported by worker		
	Should refer to a health care provider for assessment and testing. If found to *test positive for COVID-19*, apply CDC return-to-work criteria for persons with COVID-19 (above). If the provider *rules out COVID-19*, return-to-work determination should be based on whether the diagnosis warrants remaining away from work .e.g. influenza. If the worker tests negative but the provider cannot rule out COVID-19, the worker should be considered a probable case and follow CDC return-to-work criteria for persons COVD-19 positive above.	CDC, 5.8.20 What to do if you are sick? [Additional Input from subject matter experts.}

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[3] Exposures may include exposures to: 1) a co-worker diagnosed with COVID-19; or 2) a household member or other person outside of work diagnosed with COVID-19. According to CDC guidance, for purpose of contract tracing, close contact or "exposure" is defined as being within 6 feet for and at least 15 minutes to someone who is COVID-19 positive in the period staring the 2 days prior to symptom onset or, if infected individual is asymptomatic, 2 days prior to specimen collection for COVID-19 positive test.   https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/keyinfo.html.

[4] Given issues with the shortage of essential workers during the pandemic, CDC has recently issued somewhat different guidance for exposed works employed in the critical infrastructure https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html . According to this interim guidance, exposed workers in critical infrastructure jobs who are asymptomatic may continue to work if they are screened daily, wear masks and monitor for symptoms of COVID-19.

[5] It should be noted that baseline diagnostic testing of exposed workers may identify workers who test positive for COVID-19 who would then follow above criteria for return to work of COVID-19 positive individuals. If asymptomatic, they would be able to return in 10 days rather than 14. As of 6/17/20, CDC recommends, diagnostic testing of all close contacts if local testing resources permit. Given limitations of current tests and false negatives particularly early in the incubation period, exposed workers who test negative at baseline and are asymptomatic still need to stay out of work for 14 days. Until such time as new guidance becomes available, the more protective guidance for community-based exposure should be followed.

Section 8: Control of Exposures in Re-opened Settings

Environmental Ventilation

Transmission of CoV-SARS-2 virus is known to occur by aerosol transmission through the air and through touching of contaminated surfaces. There needs to be explicit attention paid to adequate ventilation in all locations with particular attention to spaces where crowding may occur as well as attention to either elimination of recirculated air flow or the management of such flow with appropriately filtered ventilation.

Ensure an adequate ventilation system is maintained and operated properly. Increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods.

Personal Protective Equipment (PPE) & Masks

All cast and crew should wear face coverings (masks) at all times while in workspaces, except when not feasible. Masks help prevent disease being spread from the person wearing the mask to those around them and may provide limited protection for the person wearing the mask.

Respirators, properly selected and fit-tested, are personal protective equipment (PPE) that significantly reduce the risk of infection for the person wearing the respirator.

For N-95 or other respirators to provide the best protection, someone trained to run a respiratory protection program should select the proper respirator, make sure it fits the wearer, make sure the wearer knows how to put it on and take it off safely and how to clean and maintain the respirator. A respirator that doesn't fit or is not worn properly does not protect. For example, many respirators cannot protect someone with a beard. Masks, face shields, and other PPE that are required should be provided by the employer.

- Employers should provide necessary PPE and mask training to all workers at no cost. The training should comply with applicable regulations and guidelines (CDC, Public Health, NIOSH, OSHA).
- Personal face coverings should not be shared with others.
- PPE may be disposed of as regular (non-biohazard) waste. Ample trash receptacles shall be available, and these shall be emptied regularly.

Rest Rooms

The venue must assure that:

- Adequate and easily accessible toilets and associated hand hygiene sinks are available,
- There are appropriate barriers between toilets and urinals as well as distancing consistent with distancing protocols.
- Adequate ventilation of restrooms and air filtration must be part of the overall ventilation plan.
- Limits are placed on the number of persons using a bathroom at any one time that are consistent with physical distancing requirements and the ventilation system in place.
- Cleaning staff are be trained and monitored to assure that restrooms are properly cleaned, and that adequate supplies of soap, hand sanitizer, paper towels, and toilet tissue are maintained.
- Bathrooms are disinfected every four hours during the day, or more if they are in frequent use.

Hand Hygiene

Hand hygiene is a key element of infection prevention and will need to be practiced widely in entertainment industry work environments. Given the concern that transmission of COVID-19 occurs both by air and by via contact, enhanced hand hygiene measures are critical. Hand washing with soap and water is considered more effective than use of hand sanitizer in preventing the spread of COVID-19.

The following is recommended regarding hand hygiene:

- Workers should make every effort to avoid touching their eyes, nose, and mouth.
- Restrooms should be supplemented with adequate handwashing facilities with running water, soap, and paper towels, adequate for the number of workers, and accessible from the first day of work.
- Handwashing facilities must be kept sanitized and well-stocked.
- When work is taking place where handwashing facilities are not readily available, mobile handwashing stations must be provided.
- Stations with alcohol-based hand rub ("hand sanitizer") with at least 60% alcohol should be strategically placed around work areas, and quantities of supplies of hand sanitizer shall be stocked and maintained and readily available. Methanol-containing hand sanitizers should be avoided.
- Workers shall be provided with pocket-sized hand sanitizer that can be used if hand washing or sanitizing stations are not available.
- Workers shall be trained on hand hygiene practices (washing for a minimum of 20 seconds of duration, scrubbing all surfaces).
- Production shall be halted periodically (at least every 4-6 hours) to facilitate a break for hand hygiene and high touch surface wipe down.
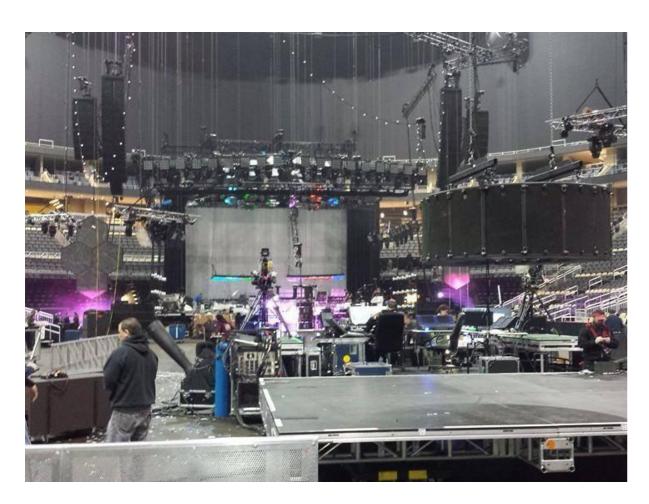
- Hands shall be washed or sanitized:
  - Upon arriving at the job site;
  - After blowing one's nose, coughing, or sneezing;
  - After using the restroom;
  - Before eating or drinking;
  - After meals and snacks;
  - After contact with animals or pets;
  - After handling equipment or objects that may carry COVID-19;
  - After handshaking, hugging, or otherwise having physical contact with others who are not part of their immediate family;
  - After cleaning or disinfecting equipment, tools, or workspaces; and
  - At other appropriate times throughout the workday.
- Handshaking, hugging, and other physical contact with people who are not immediate family should be avoided.
- Signage should be posted prominently with instructions on how to stop the spread of COVID-19, including hand hygiene and PPE instructions.

Disinfection and Maintenance

Heightened cleaning and disinfection should be practiced. Those responsible for performing cleaning shall adhere to the following recommendations and any other guidance issued by public health authorities with respect to cleaning practices.

- The safest available EPA-registered and FDA approved disinfectant wipes and cleaning products that are effective against SARS-CoV-2 shall be widely available in all workspaces.

- High touch surfaces shall be wiped down periodically with EPA-registered disinfectant, following the manufacturer's instructions (e.g., safety requirements, protective equipment, concentration, contact time). Examples of high touch surfaces are tables, doorknobs, countertops, phones, faucets, etc.

- All workspaces shall be cleaned with increased frequency, with an emphasis on high touch surfaces.
  - Whenever possible, the use of shared office equipment such as copiers and fax machines should be eliminated. When use of such equipment is unavoidable, hand hygiene and equipment wipe down should be performed after use.
  - Manufacturers' cleaning instructions should be followed for cleaning of sensitive equipment such as electronics.
  - Specific individuals should be responsible for performing high touch wipe down, with an emphasis on shared spaces and equipment.
  - Shared workspaces should be cleaned daily and between shifts, with an emphasis on high touch surfaces, including but not limited to production stage and wings, rehearsal studios, fly floors, lighting, sound, and spotlight booths, dressing rooms, hair and make-up stations, trailers, on and off site production offices, break areas, shops, tech tables, and eating/meal areas.

- Dedicated cleaning crews should be employed to clean common spaces between shifts.
- Personal equipment (such as tools, headsets, microphones, and radios) shall be cleaned before being issued and then additionally at least once per day. Manufacturer's suggested cleaning instructions shall be followed for electronics and other sensitive items. If available, UVC sterilizing lamps can be used on equipment. In light of the hazards of human exposure to UVC light, great care must be taken to assure qualified personnel are responsible for any use of UVC sterilizing lamps.
- Equipment such as radios/walkie-talkies/headsets shall be issued to a single worker and used exclusively by that worker for the duration of production.
- For personal items or equipment that must be shared between workers, the item shall be wiped down between use, and hand hygiene shall be performed after handling.

Food and Beverages

COVID-19 is unlikely to be spread through food or beverages; nonetheless catering, craft services and eating within workspaces present several unique challenges.

Those responsible for preparing and distributing food must clean their hands with soap and water or hand sanitizer prior to beginning food preparation or distribution and regularly thereafter.

All local public health regulations regarding preparing and distributing food must be followed, including use of appropriate food service PPE (hairnets, gloves, mask), and safe food temperatures and all personnel responsible for the preparing and/or distribution of food must be properly certified to do so.

Physical distancing must be maintained during mealtimes. As face coverings cannot be worn during eating, adequate eating space shall be provided to ensure physical distancing can be maintained and well as while waiting for food to be served.

Handwashing facilities and/or hand sanitizer shall be readily accessible at the entrance of any designated eating area and shall be used when entering and leaving the area.

All eating surfaces must be cleaned and disinfected before and after use.

Workers are discouraged from leaving the job site to obtain food, during the course of the workday, whenever possible.

General Infection Prevention

- Limit the duration of workdays and excessive consecutive workdays whenever possible and extend turnaround times whenever possible to ensure that workers remain healthy and receive adequate rest, since adequate rest is important for fighting infection.
- When possible, stagger start and call times to limit the number of workers in the venue at any one time.
- Physical contact should be avoided, including shaking hands, "high fives," fist or elbow bumps, or hugging.
- Non-essential visitors to the workplace should be restricted. If visitors are provided access, they should be subject to the same guidance as cast and crew/employees, including the need for symptom screening and PPE requirements.
- No unauthorized or unexpected visitors should be allowed with the exception of Union representatives who are contractually permitted to visit workspaces.
- Union representatives will be subject to the safety guidelines required of workers.

- All workers should avoid touching their eyes, nose, or mouth.
- No animals/pets should be allowed in the workplace, unless it is an ADA/CDA compliant service animal.

Section 9: Communication

Advance and onsite communications of the health and safety measures being adopted are critical to making workers feel confident they are protected as they return to work. Ongoing communication is a necessary component of an ongoing COVID-19 prevention plan. It is especially important to be transparent about these health and safety measures and to clearly communicate expectations regarding staff, guest, and artist behaviour when present in the venue.

The goal of communications should be to provide a level of transparency and openness that allows workers to make informed choices about returning to work while not promising anything that is beyond the employers control.

Online training on mitigation strategies, including personal and hand hygiene, physical distancing, transmission hazards, and mandatory testing and symptom tracking, among other issues relevant to the COVID-19 prevention plan, should precede any return to work.

Venues should engage their workers and visiting companies by emphasizing the importance of their responsibilities in minimizing the risk of exposure and spread of COVID-19. Signage should be posted in production offices, backstage, lobbies, dressing rooms, and other locations where production activities occur, reinforcing training principles. A number of poster-like materials useful for education on COVID-19 are available from CDC.*

Communications to workers should emphasize the importance of good hygiene and face mask use and should clearly outline the new mitigation protocols they will encounter when attending the venue. In addition to describing screening and other measures that are being implemented in accordance with public health guidelines, it is also critical to convey that venues simply cannot guarantee that all exposure to the virus will be eliminated.

The responsibilities and authority of the COVID-19 Compliance officer(s) (CCO) should be communicated to all who work at the venue. A COVID-19 Compliance Officer should be identified who will be accessible in the workplace at all times during work hours. All personnel should know how to have access to the COVID-19 Compliance Officer(s).

Reporting to the Workforce

The CCO should prepare a plan for communication about the ongoing COVID-19 prevention efforts as well as the occurrence of COVID-19 among the workforce.

Reporting Test Results

The CCO should designate an individual responsible for communicating positive test results to the employee if the test is not provided through a healthcare provider. That individual should also be responsible for informing employee or visitor contacts when another employee is diagnosed with COVID-19.

*https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc

Section 10: Education and Training

Education and Training Program

All employees should be trained in the COVID-19 safety plan on or before the first day of employment so that they understand the policies and procedures related to reducing risk of COVID-19 in the venue/shop and their role in controlling the risk to themselves and others.

Employees also need to receive education and training on the specific environmental controls (ventilation, cleaning and disinfecting) and individual protection actions (social distancing, hand washing, and proper use of PPE) being implemented. Some specific concerns include:

- Workers using PPE must be trained in the use and maintenance of the protective equipment that their work requires.
- Worker training should include information on protecting oneself at home, the potential psychological impact of the crisis, and where to find assistance.

- Information should be incorporated in COVID-19 safety training about individual rights as well as responsibilities of workers and about benefits available to anyone who becomes sick with COVID-19.

All employees should learn the signs and symptoms of COVID-19 so that they can self-monitor and understand if they have been in close contact with others who may have the disease. This is necessary so that they can properly report on these issues. (Details about symptoms and the importance of cooperating with those responsible for tracing persons who have been in contact with someone who has been diagnosed with COVID-19 is provided in the section above on Symptoms.)

All visitors to the venue/shop should receive specific training on COVID-19 prevention at the workplace.

Training Quality

Programs established to accomplish the necessary training should be assessed periodically to assure they achieve their intended results. Refresher training should be provided for production settings where employees work for longer periods, and training and education should be part of the "on-boarding" orientation of people new to any worksite.

Glossary

Acronyms in the document are per the US Government and if not mentioned above the Canadian Government Equivalent is listed below in RED:

ADA – Americans With Disabilities Act
ADEA – Age Discrimination in Employment Act
EEA/CHRA – Employment Equity Act & Canadian Human Rights Act

CDC – Centers for Disease Control
PHAC – Public Health Agency of Canada

NIOSH – National Institute of Occupational Safety and Health
OSHA – Occupational Safety and Health Administration
Centre for Occupational Health and Safety of Canada, Per Canadian Labour Code, Part II

EPA – Environmental Protection Administration
CEPA – Environment Canada

EEOC – Equal Employment Opportunity Commission
EEA/CHRA – Employment Equity Act & Canadian Human Rights Act

FDA – Food and Drug Administration
CFIA – Canadian Food Inspection Agency