

IATSE Stagecraft Safety Committee **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.
- Venues must be continually assessed for the adequacy of their preventive efforts and adjust their operations modified based on changing circumstances.

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-specific 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 and Monitoring

Daily Screening: 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.¹ 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).

- 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

¹ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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-19²		
Positive - symptomatic	<p>Symptom based strategy</p> <p>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.</p>	<p>For persons not hospitalized</p> <p>CDC 5.29.20. Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings</p>
	<p>Test based strategy</p> <p>Resolution of fever without the use of fever-reducing medications and Improvement in respiratory symptoms (e.g., cough, shortness of breath), and negative 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)</p>	<p>For persons hospitalized</p> <p>CDC 4.30.20. Discontinuation of Transmission-based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings.</p>
Positive - asymptomatic	<p>Time-based strategy</p> <p>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.</p> <p><u>If they develop symptoms</u>, then the symptom-based or test-based strategy should be used.</p> <p>Test-based strategy</p> <p>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).</p>	

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://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/.](https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/)

Worker exposed to person with COVID-19³ (not critical infrastructure worker⁴)		
	<p>Time-based strategy</p> <p>14 days have passed since last exposure and no symptoms have developed.</p> <p>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.</p> <p>Test-based strategy⁵</p>	<p>CDC, 6.4.20. Public Health guidance for Community Related Exposure</p> <p>CDC, 6.17.20. Contact Tracing for Covid-19</p>
Worker with symptoms of COVID-19 at screening or as reported by worker		
	<p>Should refer to a health care provider for assessment and testing.</p> <p>If found to <i>test positive for COVID-19</i>, apply CDC return-to-work criteria for persons with COVID-19 (above).</p> <p>If the provider <i>rules out COVID-19</i>, 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 COVID-19 positive above.</p>	<p>CDC, 5.8.20 What to do if you are sick?</p> <p>[Additional Input from subject matter experts.]</p>

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 contact 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 starting 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 workers 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) and 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 to 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. Physical contact related to actors is discussed below.
- 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.⁶

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.

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.

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>

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

Health Canada – Department of Health of Canada

IATSE Stagecraft Safety Committee Recovery

Plan Highlights

The following guidance applies to all venues and crafts. The documents that follow give more detailed information including department-specific guidance.

- **COVID-19 Safety Plan**

- **Written Plan**: There should be a written COVID-19- safety plan that specifies protective policies and procedures and the responsibilities of everyone in the workplace. The plan should be communicated to all workers, contractors, subcontractors, temporary workers, and suppliers and vendors. A COVID-19 safety plan should cover each specific set or location where IATSE members are asked to work.
- **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. The COVID-19 Compliance Officer or designee 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).
- **Ultimate authority**: No one should interfere with the CCO in his or her efforts and activities to enforce COVID-19-related safety practices. The plan should include a mechanism to express any unresolved concerns or disagreements should they arise.
- **Worker Rights**: Protections from discharge or discipline are necessary to encourage cast and crew to report concerns about COVID-19 or other safety issues in good faith.

- **Health Screening**

- **Diagnostic Testing**: Testing may be used to try to keep anyone with an active infection out of the worksite/venue. Unfortunately, the tests are imperfect and may miss people with infections or inaccurately label someone as being infected when they are not. Decisions about the timing and frequency of testing can be complex and involve trade-offs. Employers and employees, with guidance from medical experts, should agree to testing protocols that respond to the particular work situation and the risk of infection in the surrounding community.
- **Daily Screening**: Each worker should be screened daily to reduce the chance that those who are sick, or possibly sick, do not enter the workplace/venue. All workers should be asked to self-certify that they have not been diagnosed with COVID-19 in the last 14 days; do not have any of COVID-19 symptoms; and have not been in close contact with anyone who has been diagnosed with COVID-19.
- **Possible Disease**: Anyone who has symptoms of COVID-19 or reports close contact with infected individuals should not go to work or be allowed to work and should follow

protocols for reporting to the CCO or his/her designee and be referred for medical evaluation and potential testing.

- **COVID Diagnosis:** Cast or crew who are diagnosed with COVID-19 should be expected to immediately notify the CCO or designee. Cast or crew who have been in close contact with the diagnosed co-worker will need to leave work and isolate themselves.
- **Safe Return to Work**
 - **Public health guidance.** Any process that excludes workers from the workplace due to COVID-related health issues, must also have procedures 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.
 - **Paid Sick Leave:** Assurance of paid leave and income retention if sick or exposed is a critical component of an effective COVID-safety plan.
- **Control of Exposures in Re-opened Settings**
 - **Virus Transmission:** Transmission of SARS-CoV-2 virus is known to occur primarily through aerosol transmission but may also occur through touching of contaminated surfaces.
 - **Environmental Ventilation:** There needs to be explicit attention paid to adequate ventilation in all locations with particular attention to spaces where crowding may occur and attention to either elimination of recirculated air flow or the management of such flow with *appropriately filtered* ventilation.
 - **Masks and Personal Protective Equipment (PPE):** All cast and crew should use face coverings at all times while in shared 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 to the wearer. Surgical masks and respirators are personal protective equipment (PPE) that significantly reduce the risk of infection for the person wearing the respirator as well as those around them. Cloth face coverings are not surgical masks or N-95 respirators. A knowledgeable person should make sure that N-95 and other facial coverings fit properly. Masks, face shields, and other necessary PPE should be provided and maintained by the employer at no cost.
 - **Rest Rooms:** Adequate and easily accessible toilets must be available with appropriate ventilation and air filtration. Limits on number of persons using rest rooms at one time is essential. Restrooms should be disinfected every four hours.
 - **Hand Hygiene:** 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. Handshaking, hugging, and other physical contact with people who are not immediate family should be avoided.

- **Disinfection and Maintenance:** Heightened cleaning and disinfection should be practiced using the safest available products that are effective against SARS-CoV-2 virus. Cleaners should use EPA-approved cleaning agents for COVID and follow other guidance issued by public health authorities.
- **Food and Beverages:** 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.
- **Communication**
 - **Education and Training:** Training on the COVID-19 safety plan including specific environmental controls (ventilation, cleaning and disinfecting), hand hygiene, physical distancing, transmission hazards, as well as mandatory testing and symptom tracking should take place before beginning work.
 - Workers using PPE must be trained in the use and maintenance of the protective equipment that their work requires.
 - All employees should learn the signs and symptoms of COVID-19 so that they can self-monitor.
 - Training should include information on workers' rights and procedures for raising concerns about COVID-19 as well as responsibilities.

Venue and Craft Specific Guidelines

Here are outlined necessary actions specific to each of the stagecraft departments to prevent members from COVID-19 infection. Responsibility for implementing these actions depends on everyone including those outside the department following the COVID-19 prevention plan. Consider designating a department member to take the lead on assuring that the necessary actions to prevent COVID-19 are being taken.

Stage Door Entry

- Review and adhere to Recovery Plan (see Highlights document).
- Install floor markings for safe distancing.
- Alter configurations of sign in/reception areas to ensure safe distancing.
- Designate separate entrances for deliveries/receiving.
- Install sneeze barriers/plexiglass wherever possible where workers interact frequently with members of the public.
- Disinfect high touch areas including touch screens frequently.
- Rearrange reception furniture to promote physical distancing.
- Communicate to all venue users the COVID-19 prevention rules that are relevant to how they use and move around the facility.
- Eliminate all backstage tours.
- Eliminate and discourage the audience and public from congregating outside of the stage door post performance.

Back of House

Loading Dock/Fly Floor/Grid/On Stage/Control Booths/Orchestra Pit/Rehearsal Spaces

- Review and adhere to Recovery Plan (see Highlights document).
- Delivery drivers should remain in the cab of trucks or be provided health screening and face masks or other PPE that might be needed.
- Personal work gloves should be washed with soap and water daily after use. If available, UVC sterilizing lamps can be used if cast and crew are protected from exposure.
- Stagger vehicle unloading to reduce crowding and enforce physical distancing.
- Disinfect equipment as it is unloaded from trucks.
- Choke points should be identified and monitored to maintain physical distancing.
- People should avoid congregating in groups. Separating work locations into zones can facilitate physical distancing.

- Where physical distancing is not possible designate discrete groups of two to four workers. Individual worker groups should not intermingle.
- Reduce overhead work where possible or stagger timing (rig all points in advance).
- Disinfect touchable surfaces, all high-risk equipment after each use (radios, headsets, microphones, props, safety equipment) and weight stacks daily.
- Reduce number of personnel simultaneously allowed onstage or develop a strategy per show/event for staffing levels and on-stage locations during load-in, run and strike.
- Install plexiglass partitions where possible (follow spot booth, front of house board operators, etc).
- When possible, add floor markings for social distancing.

Restrooms

- Review and adhere to Recovery Plan (see Highlights document).
- Disinfect restrooms between rush periods (top of show, post intermission).
- Increase the number of intermissions if possible, to reduce crowding.
- Limit the number of people allowed in restrooms to avoid crowding.

Catering/Food Preparation

- Review and adhere to Recovery Plan (see Highlights document).
- Seating area capacity reduced per CDC/PHAC or local guidelines.
- Switch to all disposable tableware and prewrapped cutlery.
- Implement advance individual box lunches.
- Eliminate all buffet style service (salad bar, dessert station, etc.)
- Switch to individually packaged items for self-service.
- Eliminate linen where possible or replace all linen after each guest; soiled linen should be treated as contaminated.
- Cups and mugs should be disposable and souvenir cups should be eliminated.
- Workers should be discouraged from eating at their workstations. Ideally, a designated area for meals and breaks should be provided with sufficient space to allow proper distancing.

Production/Break Rooms & Crew Common Areas

- Review and adhere to Recovery Plan (see Highlights document).
- Limit number of occupants in common areas to promote distancing.
- Designate one representative to complete sign-in paperwork to reduce crowding and surface transfer exposure.

- Eliminate paperwork wherever possible.
- Breaks should be staggered in order to ensure social distancing.
- Provide handwashing stations in association with break rooms.
- All employees must wear face masks at all times. When drinking or eating occurs during a break, face masks should be reapplied after consumption and hands should be washed thoroughly afterwards.
- Eliminate “buffet style” catering or self-serve donuts; use individually packaged beverages/snacks.
- Discontinue use of sharable lockers.

Wardrobe Department/Dressing Rooms/Child Actor Guardians

- Review and adhere to Recovery Plan (see Highlights document).
- Limit use of laundry machines to show laundry only.
- Space dressing stations 6 feet apart to comply with social distancing.
- Limit occupancy of each room based on social distancing guidelines.
- Install protective barriers such as plexiglass or curtains between dressing stations.
- Consider implementing a Work Teams Policy:
 - Work teams include a small number of people who routinely work together but keep their distance from everyone else.
 - For example, a small group of performers and dressers can be formed as a “work team” to limit their exposure.
 - Dressers should not “float” through the entire cast.
- Wardrobe personnel and guardians handling face masks or PPE belonging to/removed by child performers should be provided with gloves and instructed on safe handling practices.
- Performers should be instructed to dispose of used tissues, lozenges, etc. in trash receptacles, rather than handing them to dressers and guardians.
- Disinfection and cleaning of personal tools, equipment, and garments should be done by the department members before and after use.
- Use of “bite lights” should be eliminated unless essential, in favor of headlamps or lighted quick-change areas.
- Performers may not be able to wear face masks or PPE in costume. Workers in close proximity to actors without face masks shall wear a properly fitted N95 face mask and face shield at all times and perform hand hygiene before and after the encounter.

Make-up/Hair Department

- Review and adhere to Recovery Plan (see Highlights document).
- Physical Distancing
 - Alter workspaces to permit physical distancing by a minimum of six feet.
 - No one should enter a workspace while Make-up Artists and Hair Stylists are working with an Actor.
 - Where physical distancing is not possible, install plexiglass partitions between workstations.
- Consider implementing a Work Teams Policy:
 - Work teams include a small number of people who routinely work together but keep their distance from everyone else.
 - For example, Hair and Makeup Artists being assigned to a limited number of performers, can form a “work team” to limit their exposure.
 - Hair and Makeup Artists should not “float” through the entire cast.
- Masks performers cannot wear face masks or PPE while makeup, tattoos, wigs or hair is applied or styled workers in close proximity shall wear a properly fitted N95 respirator and face shield at all times and perform hand hygiene before and after the encounter.
- Brushes, combs and applicators
 - Use disposable single-use brushes and applicators if proper disinfection of these cannot be guaranteed.
 - Multiples of tools, brushes and equipment may be needed to assure that these items are dedicated to single actors.
 - Principal Actors may want their own personal items to avoid cross contamination. In this case, these items must be disinfected between uses if more than one person touches them.
 - Washable sponges and puffs can be used on a single actor only. These items should be cleaned and disinfected each day.
- Mix foundation, powders, lipstick, etc on a separate clean palette for each individual.
- If gloves are used, new gloves should be applied for each individual actor and disposed of properly.
- Cleaning
 - All clean tools, combs/brushes should be kept in covered clean containers.
 - Clean hairbrushes and combs with appropriate disinfectant solution. Some equipment may need to be provided when wet disinfectants are incompatible, for example: UVC sterilizing lamps, autoclave sterilizer; etc.
 - Clean and disinfect chairs after each use.
- Smocks and capes
 - Make-up and Hair department members should have multiple smocks to wear over clothing to maintain sanitation. These smocks should be changed for work with each individual and laundered daily.

- If non disposable capes are used, these should be cleaned and disinfected between each actor or alternate. If disposable paper capes are used, new capes should be applied for each individual actor and disposed of properly.
- Hats and other wardrobe pieces may be brought into the hair and make-up room but not placed on a disinfected workstation.
- Specialized containers, cabinets or shelving for uncontaminated storage on deck should be available for Make-up and Hair departments.
- Use of “bite lights” should be eliminated unless essential, in favor of headlamps or lighted quick-change areas.

Front of House

Ticket Services/Box Office

- Review and adhere to Recovery Plan (see Highlights document).
- Protective barriers must be installed in ticket windows open to the public.
- Plexiglass partitions should be installed between workstations.
- If possible, relocate printers to allow guests to retrieve tickets directly from the printer. These tickets will only be printed on demand.
- Encourage cash-free payments – cards preferred.
- If possible, generate or send card receipts that do not require a signature from the patron.
- Install guest-operated card readers where possible.
- Employees should wear disposable gloves to handle credit cards.
- Install social distancing controls for queuing.
- Encourage guests requiring hard copy tickets to pick them up in advance of the performance date.
- Establish will-call pickup time slots to control peak traffic.
- If available, UVC sterilizing lamps can be used to sterilize electronic equipment and paper supplies if cast and crew are protected from exposure.
- Vulnerable and at-risk guests should be encouraged to stay home.

Ticket Scanning/Building Security

- Review and adhere to Recovery Plan (see Highlights document).
- Implement assigned entry door numbers for patrons to reduce crowds at main doors.
- Install physical distancing controls for queuing. Install floor markings for safe distancing.
- Adopt touchless ticket scanning -- guest retains ticket or electronic device during scanning.

- Vulnerable and at-risk guests should be encouraged to stay home.

Ushers

- Review and adhere to Recovery Plan (see Highlights document).
- Install physical distancing controls for queuing. Install floor markings for safe distancing.
- Eliminate close contact with guests and escorting guests to seats. If close contact cannot be eliminated, ushers should use properly fitted N95 respirators.
- Add higher visibility aisle and seat signage for self-service.
- Late patron seating should occur as soon as possible in order to not have large groups congregate before entry. These holding areas should follow distancing guidelines.
- Adopt touchless ticket scanning; guest retains ticket or electronic device during scanning.
- Relocate scanning locations away from doorways to increase distancing and avoid crowding.
- Install protective barriers when ushers are working in a fixed place.
- Use tables or racks to distribute programs.
- Vulnerable and at-risk guests should be encouraged to stay home.

FOH Counter and Bar Service

- Review and adhere to Recovery Plan (see Highlights document).
- Compliance with Local Health Department Food Safety Guidelines should be enforced.
- Seating area capacity reduced per national or local governmental guidelines.
- Mobile ordering or pre-ordering intermission drinks -- no contact delivery.
- Pre-packaged container products only -- guest self-service.
- Premixed cocktails and bottles only; reduce or eliminate mixed drinks and draft systems.
- Install sneeze guard at point of sale.
- Redesign cashier layout to provide greater distancing.
- Eliminate the need to scan individual product.
- Encourage cash-free payments.
- Install guest-operated card readers where possible or self-service pay stations.
- Install reach-in style coolers and heaters with no door opening required.
- Vulnerable and at-risk guests should be encouraged to stay home.

Shop Specific Guidelines

COSTUME SHOPS

- Review and adhere to Recovery Plan (see Highlights document).
- Protocols for use of shared equipment should be followed (i.e. safety pins, measuring tapes, tags, hangers, garment bags, racks, tables).
- Cleaning procedures that account for the multiple types of surfaces of costumes and equipment should be followed.
- Cutting tables and sewing machines and other work areas must be configured to allow for 6' physical distancing.
- Where workstations cannot be spaced 6' apart, plexiglass dividers should be installed.
- Limit use of laundry machines to work-related laundry only.
- Purchasing, whenever possible, should be done in advance to allow for sanitizing.
- When shopping, workers should adhere to and follow all applicable aforementioned guiding principles and guidelines even though they are not in the employer's workspace.
- Delivery drivers should remain in their vehicle or be cleared in advance of entry by health screening and use face masks or other necessary PPE.
- When possible, add floor markings for physical distancing.

Costume Fittings

- Review and adhere to Recovery Plan (see Highlights document).
- Only essential personnel should be in the fitting room.
- Performers may not be able to wear face masks or PPE during a fitting. Workers in close proximity to actors without face masks shall wear properly-fit N95 respirators and face shield at all times and perform hand hygiene before and after the encounter.
- Tools that come in contact with the actor, such as measuring tapes should be sanitized after each fitting.
- Fittings should not be scheduled back to back to allow sanitization between fittings.
- When possible, add floor markings for physical distancing.
- Efforts should be made to limit the number of simultaneous fittings. When not possible necessary physical distancing and protective barriers should be installed.
- The same cleaning procedures implemented for used costumes should be applied to those costumes not selected during fitting before being returned to vendors including rental houses.

Scenic/Lighting Shops

- Review and adhere to Recovery Plan (see Highlights document).

- Drivers should remain in cab of truck or be cleared by health screening , and provided face masks, and any additional necessary PPE before interacting with crew.
- Personal Work Gloves should be washed with soap and water daily after use. If available, UVC sterilizing Lamps can be used if cast and crew are protected from exposure.
- Stagger vehicle unloading to minimize crowding and enforce physical distancing.
- Disinfect equipment from trucks as it is unloaded.
- Choke points should be identified and monitored to maintain physical distancing.
- People should avoid congregating in groups.
- Consider implementing a Work Teams Policy:
 - Work teams include a small number of people who routinely work together but keep their distance from everyone else.
 - For example, discrete groups of two to four workers to help minimize exposure in situations such as wallpapering, aging, moving large equipment and/or supplies, etc.
 - Discrete groups should not intermingle.
- Blueprints and drawings and samples should be copied for individual use or disinfected when transferred or shared. Consider lamination to allow for sanitizing.
- Communally used tools and equipment must be sanitized before and after each use by a different individual.
- Personal tools must not be shared unless disinfected prior to transfer to another worker.
- Tools that are not normally cleaned daily (straight edges, tables, etc.) need to be cleaned and disinfected at least daily.