

THE YELLOW BOOK

Safety

COVID-19 PRODUCTION
MANUAL

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Acknowledgements

First Option Team
 Medical reviewers
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Introduction

About this Manual

This manual sets out the detailed measures we advise should be taken by all productions to both operate safely and ensure compliance with the current COVID-19 control restrictions.

It has been produced with reference to production groups, including the PSB Broadcasters, PACT, the British Film Council Production Sub-Group, BECTU and to the main guidance from the US, New Zealand and elsewhere overseas. It has been compiled by our team of production safety consultants in collaboration with medical, microbiological and occupational health experts in the UK and US.

The manual mirrors the recently updated (December 2020) [UK broadcaster's industry wide guidance](#) and aligns with the [BFC film and high-end TV guidance](#) as well as providing the First Option view.

Additionally, it provides detailed information on how COVID-19 risks should be controlled within specific activities and departments in production. Where our advice differs from that in industry guidelines, we have clearly indicated that in the text.

The Manual has been updated to reflect recently amended government guidance and will be updated as the pandemic hopefully recedes further, as restrictions ease and practical experience on productions is gained.

COVID-19

COVID-19 is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) novel coronavirus. The disease causes a flu-like illness sometimes leading to serious respiratory failure particularly in the elderly or those with underlying health conditions.

The virus is spread primarily in droplets and aerosol particles from infected individuals which can be inhaled by others or which fall onto surfaces where the virus can be picked up on the hands and infect the individual when they touch their face.

The **incubation period** can be **2 days to 2 weeks** with a mean of **5.1 days**. 97.5% of individuals who develop symptoms do so within 11.5 days of infection. People are **infectious** 2-3 days before symptom onset. Their **viral load** (the amount of virus that can be recovered from someone who is infected) peaks at symptom onset or a day or so after

20-40% of people with the virus have no symptoms and **c44%** of infections occur from presymptomatic or asymptomatic individuals.

In summary, on average it takes **five days to show symptoms** after initial infection and people are generally **infectious 2-3 days** before symptoms start.

The World Health Organisation (WHO) provides [further useful information](#) about COVID-19.

All of us, whether as individuals or employers, need to make changes to lower the risk of transmission of the virus. In practice, this means exercising social [distancing](#) protocols and [hygiene practices](#).

While the primary risk is from inhalation of the virus in close contact (less than 2m), infection from aerosol droplets can occur beyond that distance in poorly ventilated, enclosed spaces and the risk increases with the length of exposure. It is therefore important to ensure all workplaces are **well ventilated** and that creating crowded, airless spaces where people spend prolonged periods is avoided. Some interesting case studies analysing how recent outbreaks occurred can be found [here](#).

Where possible, engineering controls such as preventing air recirculation and keeping relative humidity between 40% and 60% also help reduce transmission.

Symptoms

The main symptoms are:

- A **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
- A **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
- A **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

Current UK Government Advice

Restrictions across the UK are easing and a [roadmap out of lockdown](#) has been published. The latest [UK government advice/guidance](#) is: **Hands – Face – Space – Fresh Air.**

In England, on the 17th May 2021, some of the [rules](#) relating to what you can and cannot do were relaxed. Gathering limits were eased, new guidance on meeting friends and family were issued, indoor entertainment and attractions were allowed to open with COVID secure measures in place and travel restrictions were also relaxed. [Shielding](#) ended on 31st March.



In Scotland, people are being asked to 'Stay Local' from 2nd April. [Further lockdown easing](#) also came into force in most areas of mainland Scotland on the 17th May 2021. In Wales, further [relaxations](#) took place on the 3rd May 2021. The stay local restriction was lifted on 27th March 2021. [Further relaxations](#) took effect after the 12th April 2021. Everyone in Northern Ireland is legally required to comply with the current [regulations](#) which are set for their next review on the 19th June 2021.

As the UK eases the lockdown restrictions, further reviews will continue within the four nations until at least 21st June 2021 and the specific regulations can be found on the [government's Coronavirus Legislation pages](#).

Across the UK, anyone who cannot work from home is now encouraged to return to work (if safe to do so), avoiding the use of public transport to get there wherever possible. See [Working safely during coronavirus GOV.UK](#)

All workplaces should have a COVID-19 specific risk assessment in place before workers return to work. The risk assessment should be produced in consultation with those involved and should be shared with them.

The Government advice says businesses should consider publishing the results on their website (and expect all businesses with over 50 workers to do so). While it will not be practical to publish specific production risk assessments, production companies should communicate the key procedures and protocols they are implementing to control the COVID-19 risk on their productions. All productions should display the completed Government '[COVID-19 Secure](#)' poster.

RIDDOR Reporting

Guidance has been issued by the Health and Safety Executive (HSE) as to when it might be necessary to notify them under RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) when cast and crew become infected by COVID-19. The HSENI (Northern Ireland) has issued their [advice](#) as well.

The HSE advised that diagnosed cases of COVID-19 are not reportable under RIDDOR unless there **is reasonable evidence suggesting that a work-related exposure was the likely cause of the disease.**

The requirement to report does not arise simply by virtue of an instance taking place on work premises or because someone had been 'at work' in the period prior to any potential exposure to or diagnosis of COVID-19.

There must be a nexus or likely link between the dangerous occurrence, disease or death and the work activity or environment that was in existence at the time.

In deciding whether to report an COVID-19 related incident, the following issues should be considered:

1. Did the work being done increase the risk of exposure to COVID-19?
2. Was there a specific incident that increased the risk of exposure?
3. Did the work bring the person directly into contact with a known COVID-19 hazard without effective control measures in place?

If you determine that a COVID-19 case is not reportable under RIDDOR, it is advised that you clearly document your decision and the rationale for it.

To help employers ensure workplaces are as safe as possible so that workers can return to work, the government has published fourteen guides which cover a range of different types of work such as offices, factories, warehouses, construction, visitor economy, shops and branches.

As yet there are no government published specific guides for the TV/Film Industry, but various parts of the fourteen published guides will be applicable to some areas of our industry and where appropriate, they have been included in this manual.

Overarching Principles

1. Considering people at higher risk of harm

Coronavirus (COVID-19) can make anyone seriously ill. But for some people, the risk is higher. The NHS define those who are at high risk from COVID-19 as [clinically extremely vulnerable](#). For individuals who fall into the high-risk group and if they cannot work from home, they can still go to work. A thorough risk assessment must be undertaken reduce the risk of exposure to COVID-19.



The law does require some other groups to have specific risk assessments: young persons and pregnant women are specifically safeguarded. Furthermore, the Equality Act places a duty on employers to ensure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in carrying out a job as a non-

disabled person. The employer must make reasonable adjustment to ensure the safety of the worker with the disability, and the safety of others. Any 'reasonable adjustment' must though ensure continued compliance with H&S requirements.

Where the risk assessment has identified that to manage the COVID risk it is essential, say for example, face coverings are to be worn by all crew, this should be enforced. If for [a valid reason](#) a worker cannot wear a mask then the employer is obliged to make reasonable adjustment. Depending on the nature of the disability this may mean for example the provision of bespoke PPE e.g. hoods, or other system such as physical isolation from other workers.

If 'reasonable adjustment' is not possible whilst ensuring everyone's safety, then the worker should, if possible, be found alternative work. To enable the employer to make 'reasonable adjustment' an employee will need to disclose their condition for the employer to make an informed assessment and to consider what might be considered reasonable adjustments. As GDPR will apply – see [Data Collection](#) - any disability details disclosed by the employee must be kept confidential by the employer.

2. Heightened Precautions

As a producer or commissioner, you have a [legal responsibility](#) to protect your production and others affected from risk to their health and safety.

This means thinking about the risks crew, cast, contributors and others may face and doing everything reasonably practicable to minimise them, recognising you cannot completely eliminate the risk of COVID-19.

In this context, it means working through these steps in order:

- Increasing the **frequency of handwashing and surface cleaning**.
- Where working from home or remotely is not possible, productions should make every reasonable effort to comply with the **social distancing** guidelines (keeping people 2m apart wherever possible).
- Where the 2m social distancing guidelines cannot be followed in full, productions should take all the **mitigating actions** possible to reduce the risk of transmission between crew, cast and contributors including for example:
 - Increasing the frequency of hand washing and surface cleaning.
 - Keeping the activity time involved as short as possible.
 - Using screens or barriers to separate people from each other.
 - Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.
 - Reducing the number of people each person has contact with by using '**cohorts**' (i.e. fixed teams or partnering so each person works with only a few others).
- Ensure **good ventilation** especially for indoor locations and reduce the risk of creating crowded enclosed spaces with no through airflow.
- If people such as cast work **face-to-face** for a sustained period, then you should consider how this activity can be achieved safely.
- A **dedicated person** should be appointed within the production to monitor the effectiveness of your additional COVID-19 related control measures. In certain cases, it may be appropriate to have a professional safety advisor or similar on location and/or on set to help implement, monitor and maintain these protocols. This person must have the relevant authority to implement, monitor and if necessary, enforce your COVID-19 arrangements and undergone the [relevant training](#) as required.



3. Reducing the number of people involved

There are a number of ways this can be done, for example:

- Productions should use the **absolute minimum number of essential crew, cast and contributors** on site at any time, arranging work so that

the number of people on site is kept as low as possible throughout the production.

- Wherever possible departments should be organised in '**cohorts**' and kept separate to minimise the knock-on isolation impact of one member developing symptoms.
- Where a 2m distance is not possible but the activity is considered essential then you need to introduce mitigating measures such as **minimising the number of people** involved at any one time for the shortest period of time. Where possible people in close proximity should work side by side or back to back rather than facing each other.
- Identify areas where people have to directly pass things to each other, such as props, equipment or materials and find ways to **remove direct contact**, for example by using drop-off points or transfer zones.
- Allow **extra time to swap crews over** where required due to the reduced personnel involved.
- **Allow additional prep**, shoot and strike days accordingly. Care needs to be exercised by productions to ensure that basic health and safety around working hours is not compromised due to additional precautions put in place around COVID-19.



General interaction between people and departments on set should be limited as much as possible. Essential crew only should be allowed on set. Wherever possible physical separation of at least 2m should be maintained. Work should be planned to maintain this distance

as the norm.

If 2m separation cannot be achieved, follow the mitigation actions outlined above.

Use PPE such as face protection as a last resort and immediately dispose of used equipment and wash hands. A 'dynamic risk assessment' should be conducted (and wherever possible recorded) for all **close contact** working.

Each department should be allocated a designated area on set for themselves and their equipment.

Any department which can remain on stand-by should do so off set. Conduct dressing, pre-lights etc. well in advance of the shooting crew arriving to keep crew from those departments separate.

Whenever a department finishes its tasks on set, any shared areas or equipment to be wiped/cleaned before the next department starts work – see [Cleaning / Disinfection](#)

Wherever possible, call times should be staggered so that each department is given access at timed intervals to help prevent crowding on arrival to set. Work should be carefully co-ordinated to help ensure that a minimum number of people are given access to a set at any one time e.g. art department to dress a set and exit the set before lighting technicians go in to light the set.

The use of radio comms will help to reduce the need for close personal contact. Open comms can help when a more detailed conversation is required between several people – this will prevent people coming together in a close group to discuss.

Where practical, remote monitoring, remote focus, unmanned cameras, and other technologies allowing operating at distance should be used.

A software system (such as [QTAKE](#)) can be utilised to help reduce the numbers on set/video village – this type of system helps to enable shoot direction remotely. These systems allow for a continual stream from camera (or multiple cameras), controlled by a video technician – it allows people to log in online and watch what would normally be showing on the set monitor in real time. In parallel to this, a communication line can be established via a video conferencing platform to help create a virtual video village.

No visitors should be allowed on set.

Behind the Scenes/Making-of-content crews should not be part of a standard shooting set unless they can remain within a single designated area. Fixed cameras, remote cameras and time lapse style setups should be considered as alternatives.

Any interviews should be conducted in a place separate to the main set, to be self-contained, and distancing measures to be rigorously maintained.

4. Editorial 'on camera' requirements

One of the key challenges to production is how the creative and editorial requirements are met while ensuring the risk to those involved and to others is kept to a low level.

The risk of the editorial requirements should be agreed with Commissioning Networks within the parameters of the current restrictions. Key considerations should be:

- Changes to script and scenes to take into account social distancing.
- Changes to set to take into account social distancing.

- Use of 'green screens' to 'down the line' to support minimising numbers on production.
- Scripts should be provided as early as possible to support with planning.
- Directors and other relevant roles may need to be brought on earlier in the planning and prep for production to establish what is required to deliver the production within the restrictions of managing the COVID-19 risk.

If social distancing cannot be maintained the [hierarchy of controls](#) should be followed including deciding whether the activity is necessary, reducing the number of people involved and ensuring they are kept in 'cohorts' and considering the testing and isolation of key people - see [Close Contact Work - Isolation and Testing](#).

5. Mental health and wellbeing



The pandemic may have increased feelings of stress, anxiety or depression in some people, and the additional workload and stress required by the COVID-19 controls on set may also add to the pressure. Additionally, self-isolation and quarantining during the pandemic may have affected production staff's mental health. Production management should

be aware of the potential effects and have resources ready to help. This may range from a peer to peer model through to appropriate helplines and/or online platforms.

Production managers and heads of departments should be informed of these mental health effects and asked to monitor their crew, cast and contributors accordingly. Leftover effects from isolation plus trying to get back to a regular production work routine can be tough, so it's important to know how to spot individuals who are struggling.

Gather mental health resources (e.g. mental health hotlines, local treatment centres, therapists covered by benefits) and share them via a company-wide email. You could also set up a mental health support group for crew to share their feelings and stories.

Productions should consider appointing a qualified mental health mentor or training up staff members as [mental health first aiders](#) who can act as points of contact on location/set.

Productions are also advised to consider the HSE's Stress Management Standards as part of the COVID-19 risk assessment process. The standards advocate consideration of factors that can create stress:

Demands – this includes issues such as COVID related workload, work patterns and the restricted work environment

Control – how much say the person has in the way they do their work, and how extra requirements may constitute stressful control.

Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues in helping people understand and comply with COVID-19 control measures.

Relationships – this includes promoting a 100% buy-in between colleagues and their managers on COVID-19 measures, to ensure that relationships do not become adversarial and stressful.

Role – whether people understand their role and how that may have changed in the scope of COVID, and that a company understands how it has added to people's workload with COVID-19 measures.

Change – how organisational change (large or small) as a result of COVID-19 is managed and communicated in the organisation.

Further information on the Stress Management Standards can be found [here](#). Furthermore, the UK government has [published guidance](#) on mental health and wellbeing aspects of COVID-19.

6. Travel to and from locations and studios

Wherever possible travel to location and between locations should be alone by private transport. Other means of transport such as cycling should also be encouraged. More parking facilities may be needed for an increase in cars and bicycles.

Staggering arrival and departure times at the location, studio or production office to reduce crowding into and out of the work area.

If private transport is not available then privately hired transport such as taxis should be used, maintaining social distancing and good hygiene practices as far as possible. If minibuses have to be used, the number of passengers in each bus should be reduced, ideally to no more than one per row of seats. A simple polythene sheet hung between the driver and the passengers is an effective barrier reducing the risk of infection. Ensure vehicles are well ventilated at all times.



It is also recommended that the transport company's hygiene protocols are checked and that they are implemented in practice.

If staff have to use public transport, they should maintain social distancing and good hygiene practices. The government has issued [advice](#) on the use of masks when using public transport or being in enclosed spaces.

Where possible, travel should be arranged to avoid peak times. Further considerations include:

- Reducing congestion, for example, by having more entry points to the production area.
- Using markings and introducing one-way flow at entry and exit points.
- Providing handwashing facilities, or hand sanitiser where not possible, at entry and exit points.
- Providing alternatives to touch-based security devices such as keypads.
- Defining process alternatives for entry/exit points where appropriate, for example deactivating pass readers at turnstiles in favour of showing a pass to security personnel at a distance.

7. Training and Awareness

Key production staff responsible for developing and implementing the COVID-19 safety arrangements should undergo training specific to the role - see [Training and Awareness](#) for more detail. Wider crew should also be trained in the virus, transmission and the precautions to be implemented on the production.



This should be reinforced with daily briefings and reminders about the arrangements particular to that day's activities and the procedures to be followed.

It's good practice for productions to:

- **Keep everyone updated** on actions being taken to reduce risks of exposure to coronavirus (COVID-19) throughout all phases of the production project.
- Ensure crew, cast and contributors who are in a vulnerable (**high risk** and **moderate risk**) groups are strongly advised to follow both social distancing guidance and the requirements identified in their specific risk assessment.
- Keep records of who has visited the location/set. Make sure everyone's **contact numbers and emergency contact details** are up to date. All

records retained must be done so in accordance with current data protection and GDPR rules.

- Make sure production management and heads of departments know **how to spot symptoms** of COVID-19 and are clear on any relevant processes, for example sickness reporting and sick pay, and procedures in case someone in the workplace is potentially infected and needs to take the appropriate action.
- Remote access daily **briefings/reminders** for crew, cast and contributors.
- Site **signage/posters** reminding everyone onsite of required good practice.
- Communicate the **results of your risk assessment** with the crew, cast and contributors.
- Appoint dedicated personnel with the appropriate training, skills and experience to develop, implement, monitor and maintain your control measures.

8. Moving around the production area

Examples of steps that productions can take are as follows:

- Reducing movement by discouraging **non-essential trips** within production location, studios etc, for example, restricting access to some areas, encouraging use of radios or mobile telephone, QTAKE etc. where permitted.
- Using **signage** such as ground markings or being creative with other objects to mark out 2m to allow controlled flows of people moving throughout the production area. If 2m separation cannot be achieved, alternative measure should be considered such as physical barriers and screens.
- Consider using **technology solutions** such as proximity alarms to aid distancing and record contact between individuals.
- Separating production areas into **working zones** to keep different production departments and cohorts physically separated as much as practical.
- Reducing job and equipment rotation.
- Introducing more **one-way flow** through locations, studios and/or production areas.



- Reducing maximum occupancy for **lifts**, providing hand sanitiser for the operation of lifts, and encouraging use of stairs wherever possible.
- Making sure that people with **disabilities** are able to access lifts.
- Regulating use of **high traffic areas** including corridors, lifts, turnstiles and walkways to maintain social distancing.

9. Work Activities

Detailed protocols and advice spanning many different types of work activities, production genres and specific topic areas are set out in the [A to Z sections](#).

Wherever possible, we've endeavoured to provide advice and guidance applicable across all production genres, but it should be noted that not all the measures included will be applicable in all cases.

10. First aid and emergency services



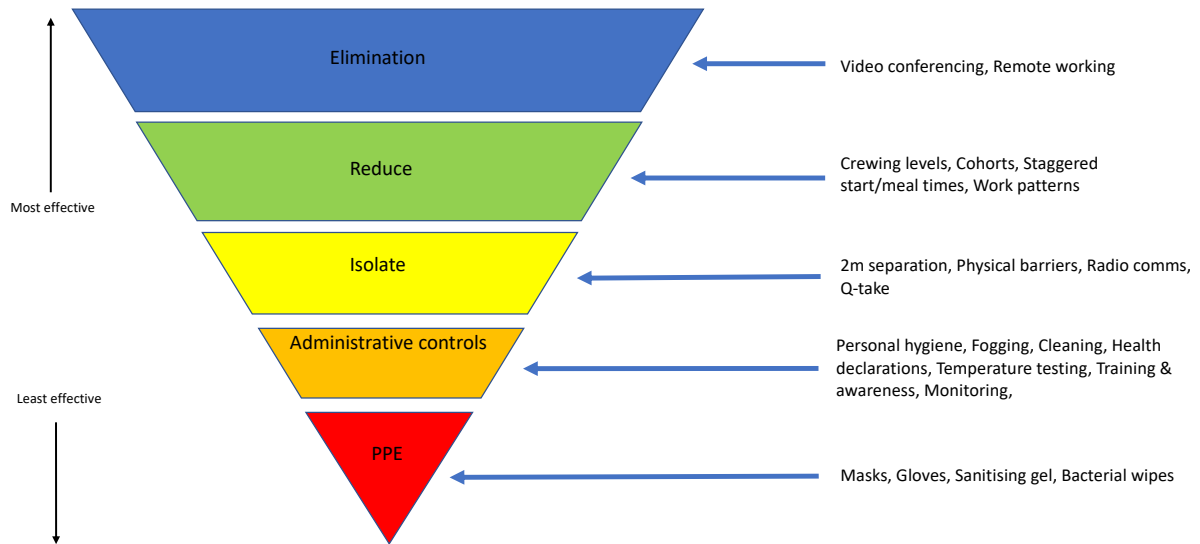
In an emergency, say for example, a fire or first aid treatment, people do not have to stay 1m plus apart if it would be unsafe. Responders involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards, including washing hands.

Productions should check that all first aiders and medics employed on the production are fully aware of the latest guidance on treating casualties in light of COVID-19. For example, St. Johns Ambulance provides some [useful advice](#) of how to keep safe when administering first aid including updated guidance on CPR. There is also further advice from [UK Resus Council](#) and the [UK government](#).

Production first aiders and other medics should be vigilant of other cross contamination that could occur that isn't related to COVID-19. They should:

- Wear gloves or cover hands when dealing with open wounds.
- Cover cuts and grazes on your hands with waterproof dressing.
- Dispose of all waste safely.
- Do not touch a wound with your bare hand.
- Do not touch any part of a dressing that will come in contact with a wound.

The protocols listed above (and detailed in the pages below) follow a hierarchy of controls:



Eliminate - Does the activity really need to be done? Are there other ways of achieving the same thing – e.g. remote working or rearrange the task to ensure a safe distance of at least 2m is maintained between people.

Reduce - Where the task is essential and it's impossible to maintain a 2m distance, then minimise the number of people involved at any one time, for the shortest period of time. Where possible people in close proximity should work side by side or back to back rather than facing each other.

Isolate - Keep groups of staff who have to work within 2m together as teams and separate from others if possible.

Control - Consider an enhanced authorisation process for these activities and provide additional supervision.

PPE - Use PPE (masks and gloves) as a last resort and immediately dispose of used equipment and wash hands.

Key Summary

COVID-19 is an intensely operational challenge for productions that requires focused and clear operational responses.

Regardless of where you are now and what your current state of readiness is, there is a growing body of knowledge and shared lessons learned on what works and what doesn't to aid your return to business as usual and longer-term recovery.

We would advocate as a starting point you focus on this simple **ABC**:

ABC of Controls

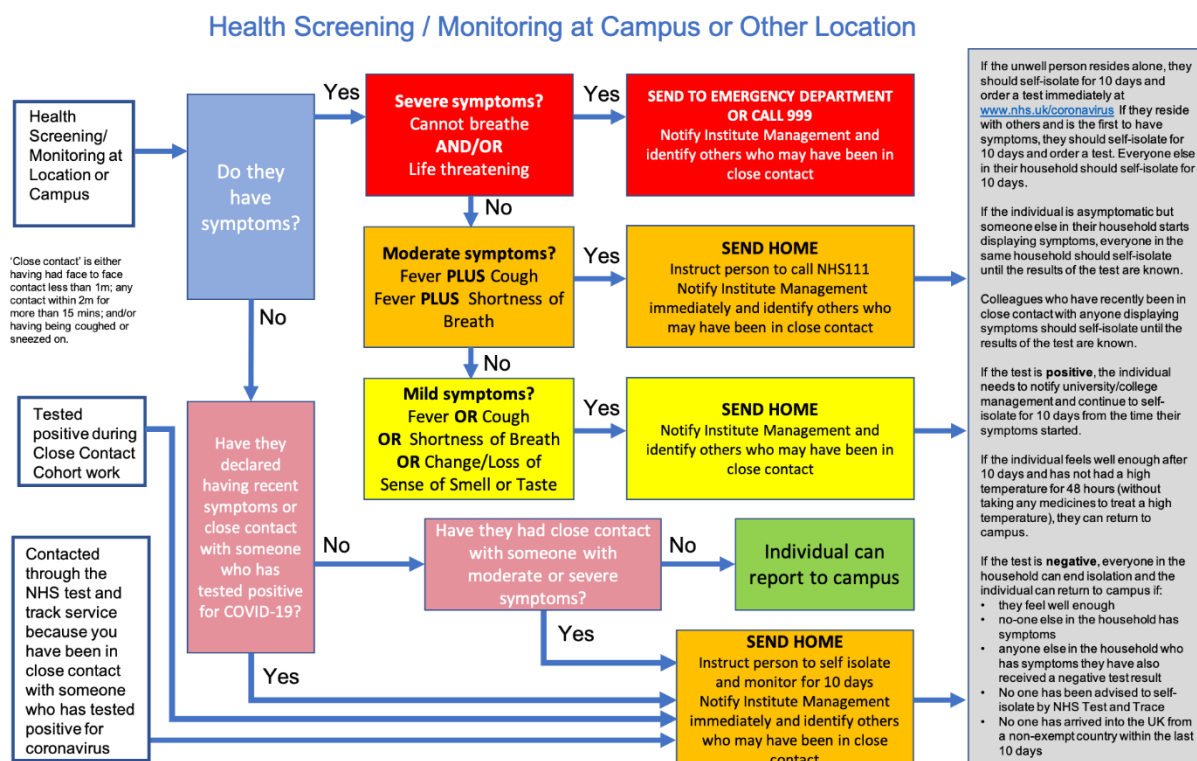
- **A – AVOID work in enclosed spaces with poor ventilation**, crowded places, and close-range conversations – the growing evidence emerging from scientific and government advice is that the virus spreads far more readily inside and proper ventilation – or being outside if possible – has a huge impact on decreasing spread.
- **B – BREAK your departments and workflows into small groups** - from a risk management perspective, this will really help to reduce the risk of cross contamination.
- **C – CLEAN and disinfect as much as possible** – people's hands, equipment and material should be cleaned and sanitised wherever possible to help remove the virus from our working environment.

Detailed Protocols

The following pages apply the ABC philosophy into the context of individual production departments and work activities through a series of detailed protocols.

Action to be taken in cases of suspected or actual infection

The flow diagram below summarises the action to take depending on the outcome of the health screening and monitoring process.



COVID-19 Testing

When productions are conducting their own testing regimes, they should consult the [Government guidance](#) and consider the following.

A **negative result** means the test did not find COVID-19. It does not mean they are definitely uninfected or not infectious, nor that they are not at risk of catching it in future. The individual does not need to self-isolate if their test is negative, as long as:

- everyone they live with who has symptoms tests negative.

- everyone in their close contact bubble who has symptoms tests negative.
- they were not told to self-isolate for 10 days by NHS Test and Trace.

A **positive result** means the individual had traces of viral material when the test was done. If their test is positive, they must self-isolate immediately and inform the production management.

- If they had a test because they had symptoms, they should keep self-isolating for at least 10 days from when their symptoms started.
- If they had a test but have not had symptoms, they should self-isolate for 10 days from when they had their first positive test.
- Anyone they live with, and anyone in their close contact bubble, must self-isolate for 10 days from when you start self-isolating.

The laboratories processing all SARS-CoV-2 tests are legally required to notify PHE when a positive test is identified. This ensures that NHS Test and Trace is able to trace the individual concerned to collect information about their recent contacts and alert those contacts if they need to self-isolate. Once contacted by the NHS Test and Trace service, the individual should share information promptly about their recent contacts so that Test and Trace can alert those contacts if they need to self-isolate.

NHS Test and Trace will not generally contact production companies unless two or more new COVID-19 cases are linked to a workplace setting. If the production company identifies that there multiple cases of COVID-19 on their premises over a short period of time, they should contact their local [Health Protection Team](#).

An **unclear, void, borderline or inconclusive result** means it's not possible to say if the individual had COVID-19 when the test was done. Another test should be arranged as soon as possible. If the individual had a test but did not have not any symptoms, they do not need to self-isolate while they are waiting to get another test. People they live with, and anyone in their close contact bubble, do not need to self-isolate.

See also [Return to Work Testing](#) and [Close Contact Working](#)

Response to a confirmed case

If a crew, cast member and/or contributor is diagnosed with COVID-19 during the project they should inform production management immediately. People who have tested positive for the virus will need to self-isolate for a minimum of 10 days from the time their symptoms started. They can then return to work if they feel well and have not had a high temperature for 48 hours (without taking any medicines to treat a high temperature).

Symptoms often take a number of days to appear and the individual may have been in **close contact** with other crew, cast and contributors before their symptoms appeared. The virus can be spread by an individual up to 48 hours before their symptoms appear. It is therefore important to ensure open communication with other crew, cast and contributors who may have worked in close contact. However, it is also important to ensure that the individual's privacy is maintained as medical information is deemed sensitive personal data.

If a case is confirmed, those crew, cast and contributors who have been in close contact and/or in the same cohort, should be identified to the best of your abilities. Those individuals should be advised to seek medical advice and be asked to work from home for 10 days to monitor their symptoms, as a precautionary measure in conjunction with local health agency instructions.

The recording of key dates, location of meetings, recesses and movements of the crew, cast or contributor will help inform local health agencies and help the production to identify other staff/crew or cast members who may have been in close contact.

Response to a suspected case but as yet unconfirmed

If a crew, cast member and/or contributor reports that they suddenly feel unwell (or if someone in their household displays symptoms) - whether at home, the production office or any other premises such as a location or studio - with **symptoms** (such as a fever, cough and shortness of breath, loss/change of smell/taste) medical attention should be sought immediately and medical advice followed. They should self-isolate as soon as possible, if they are at work they should return home directly, and order a test online at <https://www.nhs.uk/ask-for-a-coronavirus-test>. If they don't have access to the internet, a test can be ordered by calling 119 (in England, Wales and Northern Ireland) or 0300 303 2713 (in Scotland).

It is important that they do not get too close to other people and maintain a minimum of 2m distance from others in order to reduce the risk of transmitting infection.

Production first aiders or other crew members who respond should maintain their distance, wear face masks and disposable gloves and ensure they thoroughly wash their hands once they have assisted.

Where possible, move the crew, cast and/or contributor to a room with a door that can be shut so they can be separated and if possible, a window that can be opened for ventilation. Shut the door while medical advice is being sought. This will help prevent unnecessary alarm and maintain their privacy. It is important to limit contact but to also provide assurance, as the

individual may be feeling very unwell and anxious, but other colleagues should leave the room and maintain their distance. Identify suitable rooms across locations and studios in advance.

If the crew, cast and/or contributor needs to use the bathroom whilst waiting for medical assistance, use a separate bathroom if available and maintain distance from other colleagues. Their belongings should be collected - use disposable gloves and wash your hands thoroughly after contact.

Cleaning an area with normal household disinfectant after someone with suspected COVID-19 has left will reduce the risk of passing the infection on to other people. See [Cleaning and Disinfection](#)

If the [symptoms](#) occur while at home or in temporary accommodation, the individual should notify production management immediately, who in turn will need to identify other crew, cast and contributors who are deemed to have been in [close contact](#) and ask them to monitor their own symptoms.

Crew, cast and contributors identified as being in the same cohort or close contact should be contacted verbally by their head of department with advice, details of support available, keeping in touch and what to do if they feel unwell.

When someone first develops symptoms and orders a test, they will be encouraged to alert the people that they have had close contact with in the 48 hours before symptom onset. If any of those close contacts are co-workers, the person who has developed symptoms may wish to (but is not obliged to) ask their employer to alert those co-workers. If informed at this stage, it is advised that those close contacts should isolate until the results of the test are known.

Close contact

A 'Close Contact' is [defined in guidance](#), accurate at the time of this update guidance, as:

- Spends significant time in the same household
- Is a sexual partner
- Has had face-to-face contact (within one metre), including:
 - being coughed on
 - having skin-to-skin physical contact, or
 - contact within one metre for one minute
- Has been within 2 metres of someone who has tested positive for COVID-19 for more than 15 minutes
- Has travelled in a small vehicle, or in a large vehicle or plane

Where an interaction between 2 people has taken place through a Perspex (or equivalent) screen, this would not be considered sufficient contact, provided that there has been no other contact such as any of those indicated above.

The contact tracers will not consider the wearing of personal protective equipment (PPE) as a mitigation when assessing whether a recent contact is likely to have risked transmitting the virus. Only full medical-grade PPE worn in health and care settings will be considered.

Sources: <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Response to a notification to self-isolate from NHS test and trace

The NHS Test and Trace system aims to reduce the spread of the virus by contacting anyone who tests positive and identifying the people they have been in [close contact](#) with in the previous 48 hours so that those people can be made to also isolate. The system is backed by legislation and non-compliance can attract a £1,000 fine in the first instance.

All positive tests are required by law to be reported by labs, doctors or other test providers, to PHE who then pass the details to NHS Test and Trace to initiate contact tracing and isolation. Once a person is contacted by Test and Trace and told to isolate, they must do so for 10 days. A negative test result does not allow individuals to not isolate.

Their household doesn't need to self-isolate with them, if they do not have symptoms, but they must take extra care to follow the government guidance on social distancing and handwashing and avoid contact with them at home.

If they develop symptoms of coronavirus, other members of their household must self-isolate immediately at home for 10 days and they must book a test at www.nhs.uk/coronavirus

Productions should consider the possible impact of NHS Test and Trace on their production and reduce the risk of disruption by rigorous enforcement of distancing rules and avoiding close contact wherever possible. Where close contact work can't be unavoidable effective [cohort or 'bubble' systems](#) should be put in place to reduce the impact of a positive case.

The relevant UK guidance are:

[NHS Test and Trace: how it works](#)

[NHS Test and Trace in the workplace](#)

Multiple Cases in the Workplace

In England, if you have more than five cases of COVID-19 in the workplace over a short period of time (or if other criteria set out on the 'Action Card' are met), you should contact [your local health protection team](#) from Public Health England to report the suspected outbreak. There is no specific

Action Card for TV Production, but the 'Small and large gatherings' Action Card will usually be the most appropriate.

In Scotland and N Ireland, you will need to contact Health Protection Scotland/ Public Health Agency if you have two or more cases of COVID-19 on the workplace over a 14-day period, or (in Scotland) an increase in staff absence rates, in a setting, due to suspected or confirmed cases of COVID-19. Local team contacts in Scotland can be found [here](#).

There is not specific guidance in Wales about requirements for reporting to Public Health Wales, but employers are advised that if multiple coronavirus cases appear in a workplace (identified through Test and Trace) that an outbreak team may contact you from Public Health Wales. In the event that you have a number of cases within your workplace (in the same way as in the other nations), it is recommended that you [contact Public Health Wales](#) who can assist in supporting you.

Art Department, Set Decoration and Graphics

See also [Props](#)

Productions should allow Art Department crew sufficient time to work alone on set or location until dressing is complete before any other departments undertake their tasks.



Limit handling of key props to prop master and relevant cast.

Dressing plans to be used more frequently so the props team can complete as much of their work in the sets before the Set Decorator is needed. Pre-lights to only happen once a set is completely dressed and finished.

Productions should also allow time for additional cleaning and disinfection of props, furniture and other set dressing when they have been handled, leaned against, etc. by other cast or crew members.

Before rehearsals and shooting, give final key props/surfaces a final wipe with disinfectant and use disinfectant spray on textiles.

Inspect and approve props during prep if possible and view them from a distance, by photograph, online or at a dedicated table separate from the main props storage area to avoid people convening unnecessarily.

Use a separate isolated Buying team or Buyer to purchase all set decorations and props:

- Buy online where possible.
- Coordinate delivery/logistics to limit courier contacts.
- Leave items at a dedicated sanitisation station for thorough cleaning before they go to set.

- Items can then be collected for use by the Set Design Prep crew or On Set Dresser.

Dedicate one On Set Dresser and Props Person to be with the shooting crew for on-set art department and props needs, including wiping down and re-setting props that have been touched.

Camera department

See also [Grips](#)



Sufficient time needs to be allowed for DOP and Key Grip to plan safe working procedures with the camera and grip department during prep. This includes agreeing principles and processes for selection and safe handling of appropriate equipment, safe handling of items such as camera cards, cables, wireless monitoring equipment and cases when passing to DIT, for example:

- Limit the number of people handling them.
- Wipe down cards and card cases on handover.
- Wash hands before and after handling them.

If rental houses are not providing a camera test facility, time should be factored into the prep schedule for this to take place prior to shooting, at a suitable workplace/studio with sufficient space for safe working.

If shooting on film, discuss with the processing laboratory how stock and cans should be handled.

During shooting operations, the camera and grip department can be organised in a zonal system to maximise efficiency around the camera, reduce cross contamination and facilitate creative intent.

Try to allow camera placement to take place without any other department working in close proximity.

Where possible, use remote monitoring, remote focus and other solutions that allow operating at distance. Using WiFi based systems such as QTAKE will help to facilitate remote viewing on tablets or other media devices.

Using a digital alternative to paper camera sheets/lab notes.

Allow Grip/Crane crew sufficient additional time to install and strike equipment safely while operating under COVID-19 safer working guidance.

A process for safe working of on-set Still Photographers should be established to avoid cross contamination.

Catering and eating arrangements

Dedicated eating areas should be identified on site to reduce food waste and contamination. They should be **large enough** to allow crew to queue and sit at safe distances.

Break and mealtimes should be staggered to reduce congestion and maintain physical distancing of 2m wherever reasonably possible.

Hand washing facilities or hand sanitiser should be available at the entrance of any room where people eat and should be used by crew when entering and leaving the area.

Crew should be encouraged to bring pre-prepared snacks/meals and reusable drink bottles from home.



Where reusable water bottles are brought to set each individual should be personally responsible for the bottle and should not share.

One person only from each department should be allocated to order/collect drinks. The allocated runner should be provided with gloves and mask and cleaning materials to avoid the risk of any personal transmission. Drinks should not be walked around set and offered up on trays, as this will increase cross-departmental physical interaction.

If on-site catering is essential the [Government guidance for food businesses](#) should be adhered to strictly. For Scotland, please see food sector guidance [here](#).

Caterers should provide details of their COVID-19 regimes prior to engagement including evidence of [health monitoring](#) of catering staff.

Where catering is provided:

- One-way travel systems are to be implemented where possible.
- Any queueing system to have 2m spacings clearly marked on floor.
- Only pre-prepared and wrapped food should only be provided.
- All cutlery, cups, plates, eating utensils etc. should be disposable and ideally biodegradable.
- Tables should be sanitised between each use and at the end of the day.
- All lunches should be pre-ordered well ahead of break times.
- One member of each department should be allocated to collect lunch orders and return them to the rest of the departmental crew for dining.

- Cleaning materials (wipes/antibacterial spray, etc) should be made available for any crew member to clean surface on demand.

Other craft services should apply the [distancing](#) and hygiene rules, health monitoring and [testing](#) of staff and equipment personalisation and sanitisation rules.

Children on productions



A number of recent studies have reached the conclusion that children play a minor role in the spread of COVID-19. The virus is mainly spread between adults and from adult family members to children. The spread of COVID-19 among children or from children to adults is less common.

However, it is recognised that filming with minors will be difficult in light of implied safety measures required around COVID-19, therefore any participation of minors on a project needs to be a discussion on a production to production basis, incorporating any amendments to Working with Children polices / safeguarding training in light of COVID-19.

Individual dressing rooms should be provided for members of the same household. If there is more than one child in the household, above the age of 5 and of different genders, they should have a partition between them when changing unless a stipulation is provided, in writing, from the licencing council that this regulation is relaxed during this interim period of special circumstance.

Children should ideally be accompanied by a parent. A chaperone should maintain [social distancing guidelines](#) at all times to reduce risk of transmission. Chaperones should continue to ensure regulatory compliance in line with [child performance legislation](#) but co-operate with parent to ensure this can safely be done in line with social distancing guidelines.

Child cast should be on set only when required for their scene and to avoid any contact with other crew.

There should be separate holding areas on set for each child/family.

In the instance that a tutor-chaperone is employed, meaning the tutor is present on set, separate rooms should be provided and an online platform such as Zoom, Skype, etc. should be used between the child and the tutor-chaperone. The child should then be supervised through line of sight by the parent.

0-4 years - serious consideration should be given as to how these children can be accommodated on set as they do not understand the nature of social distancing and will likely breach social distancing guidelines during filming or any other activities on site. Their lack of understanding presents an extremely high risk of accidental transmission to the crew. If the child cannot yet walk, they pose a much smaller risk and therefore should be considered on a case-by-case basis.

5-8 years old - emotional maturity in this age bracket is extremely varied and production are advised to consider the type of involvement required and the child's understanding before casting.

In order to assess the risk posed, an appropriate adult (to avoid conflict of interest, not the parent) with experience working with children (i.e. chaperone) should be consulted to assess the child's behaviour and ability to understand the nature of the restrictions. Based on this, the appropriate adult can advise whether the child poses too much of a risk to the crew or can work appropriately.

9+ years old – the child should be safe to follow guidelines on set, but carefully monitored during working hours.

Cleaning and Disinfection

The most important thing to know about coronavirus on surfaces is that they can easily be cleaned with common household disinfectants that will kill the virus.



It remains uncertain how long the virus will remain viable on surfaces; it's likely to be short-lived but enhanced cleaning procedures will need to be in place across all production areas. Other coronaviruses have been spread in this way so transmission via surfaces is plausible – even though we know respiratory droplets are its preferred route.

Production sets, studios, dressing rooms, hair and make-up etc. should be regularly (twice daily) cleaned / disinfected. All routine touchpoints such as door handles, bannisters, tea tables, dining tables etc will need enhanced cleaning/ disinfecting.

Ventilation is key. All areas should be kept well ventilated and as far as possible the length of time spent in any workspace should be limited and employees allowed to take regular breaks for fresh air.

All areas should be provided with an adequate number of closed bins which are regularly emptied.

All production equipment, tools and props should be wiped down with appropriate cleaning products regularly and whenever they are used by different individuals.

Whenever a department finishes its tasks on set, any shared areas should be wiped/cleaned before the next department start work.

Personal equipment (headsets, mics, radios etc.) should be cleaned before issue and then each day. Wherever possible headsets, mics and radios should be used exclusively by the same person for the duration of the production and labelled to identify user. Productions should consider using UV sterilising cabinets (such as those used by dentists) to clean delicate electronic equipment such as mics and earpieces.

Note that the intensity and wavelength of UV needed to properly kill infectious agents is very specific and these wavelengths are harmful to humans. Sealed UV cabinets for dental applications will produce UV of sufficient energy to be effective; a hand-held UV wand almost certainly will not.

All departmental and hired equipment brought into the production location should be disinfected on arrival. Hire companies should be contractually required to ensure that any equipment being sent out to a shoot should be fully disinfected before loading,

Equipment should only be handled by designated department members responsible for that equipment to avoid any potential cross-contamination.

All staff loading/unloading and transporting equipment should wear gloves at all times when handling equipment. On arrival, all equipment to be loaded into the designated department area. All equipment to be further disinfected by allocated person/persons within that department before being moved onto set. Adequate time and personnel should be allocated for these tasks.

Hand Hygiene

Handwashing facilities should be made readily available at all locations.

Soap literally rips the virus apart which is why hand washing with soap and water is the 'gold standard' for hand hygiene. Antibacterial soaps are not needed; plain soaps are fine. For information, the standard for bactericidal soaps is EN1499 but plain soap is just as effective at killing the virus. Hands should be washed thoroughly for at least 20 seconds, rinsed and then properly dried.

Wet hands are far better at spreading germs than dry ones. Paper towels / roll are best for hand drying and are far more hygienic than air driers, even the 'jet' types.

Hygienic hand rubs are not quite as effective as soap and water but if soap and water are unavailable you need to look for a minimum 60% alcohol in a hygienic hand rub. Non- alcohol rubs / foams are available too; it's a myth that 'only alcohol kills it'. Look for the magic number **EN1500** on the label – this means it's just as good as alcohol at killing germs. Hand products that conform to EN1276 or EN14476 – while these are not technically standards for hand sanitisers – will also kill the virus.

Remember that hand gels / foams do not work on dirty hands. If hands are dirty and no handwashing facilities are available, hands should be cleaned with wipes before gels / foams are applied.

How to clean

Many protocols recommend first cleaning with a detergent (such as warm, soapy water) then applying a disinfectant. This is only really necessary if:

- Cleaning food contact surfaces (where it is a legal requirement),
- In healthcare settings, or
- When cleaning body fluid spills.

In situations other than these, COVID-19 is easily killed with combined detergent / sanitiser products in a single process. See below for guidance on how to choose appropriate products for single-stage cleaning / disinfection.

When cleaning pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells, lift buttons and door handles.

There should be sanitisation of all cameras, sound equipment, rigging hand tools, machinery, galleries and other production equipment after use.

If you are cleaning after a known or suspected case of COVID-19 then you should refer to the [specific guidance which you can find here](#) or engage a specialist contractor.

Outdoor areas generally only require normal routine cleaning and spraying disinfectant on pavements and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. In open air there is a huge dilution of any viral particles that may be present, and this combined with the UV present in sunlight also means working in the open air reduces the risk of transmission.

The *targeted* use of sanitiser / disinfectants on both outdoor and indoor hard surfaces and objects frequently touched by multiple people is a key part of any risk reduction strategy.

If production area has been unoccupied for 72 hours or more, it will only need your normal routine cleaning to reopen the area. This is because the

virus that causes COVID-19 has not been shown to survive on surfaces longer than this time. However, we do recommend continuing to use a combined sanitiser / disinfectant product to keep procedures simple and to reassure people that everything possible is being done to protect them.

Touchpoints

The frequently touched surfaces within productions are likely to include the following:

- Desktops and work surfaces
- Doorknobs, doorplates & handles
- Light switches
- Computer keyboards / Mouse
- Telephone equipment
- Chairs
- Canteen furniture
- Sinks and kitchens
- Toilets – Taps / Flushers / Dispensers
- Water fountains
- Vending machines
- Tablets and digital devices
- Lifts and escalators
- Handrails

Disinfectants

COVID-19 is very contagious and the illness it causes can be serious - but this does not mean it's a difficult organism to kill on a surface. It is an 'enveloped' virus which means the virus particle has a fatty coat; this is why simple soaps destroy it very easily.

But when choosing a suitable cleaning / sanitising / disinfecting product there are some very simple rules to ensure the best possible protection.

1) Hard Surface Sanitisers

Choose a commercial-grade combined detergent / sanitiser that conforms to BS EN 1276 or BS EN 14476. This will be stated on the product label or product information sheet. This standard guarantees it will kill the organism provided you use it in line with the manufacturer's instructions.

Many such products are available as a concentrate where you add a small amount with a 'push pump' into a trigger bottle and top up with water. This method offers greater economy.

[Technical note: EN 1276 is a standard test against bacteria, not viruses, but a product that passes this standard will make short work of enveloped viruses such as coronaviruses and influenza viruses.

Because BS EN 1276 is one of the standards required for cleaning products used on food prep surfaces, products tested to this standard are far more common than BS EN 14476. There are products available that have been tested against COVID-19 surrogates, but manufacturers tend to charge a premium for these.]

Beware terms like 'antibacterial'. This is a marketing word and has no legal meaning. Products conforming to EN 1276 are readily available and this standard is more than adequate.

Residuality Claims

Many products claim 'residual protection' against germs such as COVID-19 when used to clean a surface. This is largely based on the chemical properties of a common class of raw material used in many products called quaternary ammonium compounds (QACs or 'quats').

These molecules have a slight electrochemical charge and so will 'plate out' on a surface as you wipe it and, yes, it is true that they can offer a degree of residual protection if a virus particle lands on a surface.

However, any protection will only last until a surface gets dirty again.

Dirt gives germs a place to hide and is food for bacteria. Treat such claims with great care and our experts can advise you if required. If an intervention sounds too good to be true it probably is, and traditional hand and surface hygiene strategies have been proven to be effective over hundreds of years.

2) Cleaning Pieces of Equipment

Depending on what you are cleaning, a hard surface sanitiser described above may be suitable.

But if it's expensive electrical equipment, remember that cleaner / sanitisers are principally water and also can leave a sticky residue. This can be undesirable around sensitive electronic equipment.

For electrical equipment such as cameras or keyboards we recommend using an alcohol such as propanol or ethanol. Alcohols are good at killing germs and 'flash off' quickly leaving no residue.

They are available as either as a spray or a wipe. If wipes are unavailable, it may be better to spray the alcohol onto paper roll or a cloth rather than directly on to equipment.

The alcohols listed above are the same as you will find in hand gels and rubs – but gels and rubs tend to have thickeners and emollients such as aloe vera

added because they are designed to be used on skin. These additives are can be quite sticky and so are unhelpful when sanitising equipment. Use a product formulated for equipment, not hands.

Ventilating the area while you clean is also recommended. Cleaners should be reminded to never mix different cleaning products together as they could create harmful fumes.

Fogging

Fogging is a process where a biocidal cleaner is heated and sprayed in a fog form. Micro droplets hang in the air for approximately 10 minutes (they do not sanitize the air) and then cover all areas often missed by conventional cleaning methods and because it's in a fog form the mixture is able to permeate hard to reach spots killing all airborne, surface viruses and bacteria it comes in to contact with.

While any water-based disinfectant can be used for fogging, it is important to choose one that is non-toxic, odourless and for disinfecting large areas, fogging is an ideal solution. The technique is relatively quick to carry out with premises completely safe to re-occupy after just two hours. Depending on the product used in the machine, this can be effective against other potentially harmful organisms, not just COVID-19.

Fogging can be utilised to quickly treat large production areas which are to be reused the next day but because the fog is still a water-based liquid care must be taken particularly where sensitive electronic equipment is present. Machines are available to treat relatively large areas such as studios and large sets.

We also have access to electrostatic spraying: a process where microscopic droplets of disinfectant are electrostatically charged as they leave the spraying machine. This means they will 'seek out' surfaces rather than just fall under gravity and so will efficiently cover areas not in line-of-sight. These are especially useful for areas containing equipment, confined spaces and areas with many high-touch surfaces. However, note that they are not deemed suitable for areas with sensitive electronic equipment such as galleries or OB vehicles. Because of the way they work they use up to 65% less chemical to achieve disinfection and so are safer.

In terms of safety there are two principal aspects. Generating an aerosol that can penetrate airways (which these absolutely can) always needs careful consideration but can be managed effectively with the use of respiratory PPE. Studies by the US Environmental Protection Agency have demonstrated some disinfectants commonly used in commercial fogging are corrosive and can permanently damage electronic equipment. We

would recommend not using fogging systems indiscriminately around sensitive electronic equipment such as galleries, OB vehicles etc.

First Option can provide fogging and electrodeposition equipment which is capable of cleaning large or small production areas – contact our [equipment stores](#) for more information.

PPE for cleaning

Cleaning staff should wear disposable or washing-up gloves. If washing up gloves are used, they must not be shared. Unless presence of the virus is strongly suspected, masks and eye protection or a face shield are not required while cleaning unless the chemical risk assessment says otherwise – for example if spraying a chemical upwards.

Hands should be washed with soap and water for 20 seconds and dried thoroughly after all PPE has been removed. If a wash basin is not available, they should use alcohol-based hand rub before putting on and after removing gloves. Alcohol-based hand rub should also be used before and after removing the surgical mask and eye protection if worn.

All used cleaning materials and PPE should be double-bagged and disposed of as general waste.

Cleaning after a suspected or confirmed case

Common areas where a symptomatic individual has passed through and spent minimal time, such as corridors, but which are not visibly contaminated with body fluids can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with should be cleaned / disinfected, including:

- Objects which are visibly contaminated with body fluids.
- All potentially contaminated high-contact areas such as bathrooms, door handles, telephones, grab-rails in corridors and stairwells.
- Use disposable cloths or paper roll and disposable mop heads, to clean all hard surfaces, floors, chairs, door handles and sanitary fittings using a hard surface cleaner / sanitiser as recommended above.
- Gloves and a disposable apron should be worn (gloves should always be worn when handling cleaning chemicals anyway) but extra items of PPE such as facemasks or eye protection are not strictly necessary. However, we do recommend using eye protection and a surgical mask principally to remind the operative to avoid hand-to-face or eye contact.

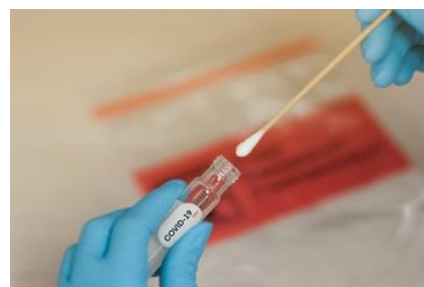
Avoid creating splashes and spray when cleaning. Any cloths and mop heads used should be disposed of and should be put into waste bags as outlined below.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture and mattresses, steam cleaning should be used. Any items that are heavily contaminated with body fluids and cannot be cleaned by washing should be disposed of.

Close Contact Work - Isolation and Testing

For prolonged close contact working such as that required for on screen action, it might be necessary to put in place testing and isolation arrangements in addition to other mitigations.

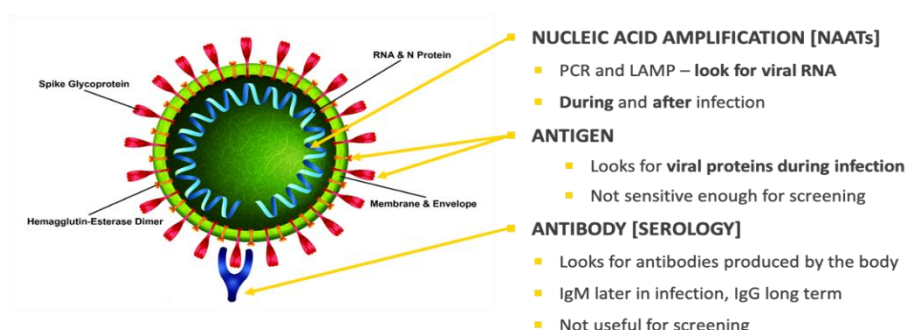
When considering an isolation and testing regime it is worth repeating the key characteristics of the COVID-19 disease:



- The incubation period can be **2 days to 2 weeks**, but the mean incubation period is **5.1 days**
- 97.5% of individuals who developed symptoms do so within 11.5 days of infection
- **People are infectious 2-3 days before symptom onset**
- Their viral load peaks at symptom onset or a day or so after (nb. viral load is the amount of virus that can be recovered from someone who is infected)
- It is estimated that **20-40%** of secondary cases are infected during the **presymptomatic stage** or by individuals who are **asymptomatic**.

As well as the key characteristics of the disease, it is also necessary to understand the limitations of current testing technology.

Types of Tests



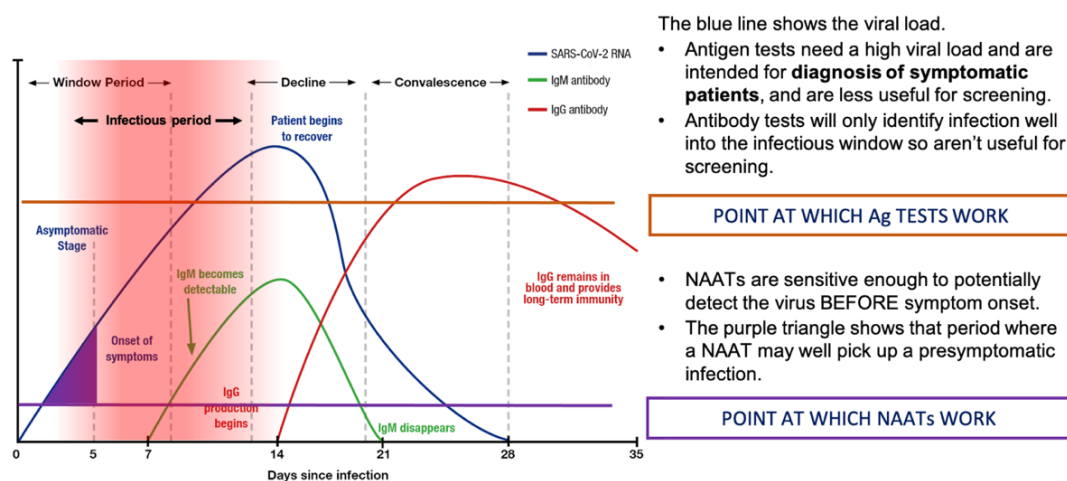
Many productions are now using testing to enable close contact working for key cast, crew and contributors. Some productions, particularly with US Studios and SVODs' involvement, are requiring testing for a much wider group of crew and cast to meet the requirements of sector unions and for their own risk management.

PCR testing (see below) from labs is still the most common form of available private testing for productions. However, more onsite 'Point of Care' testing options are becoming available and alternatives to PCR tests are appearing.

LAMP machines with dramatically faster 'time to result' and comparable accuracy to PCR are now available (although not yet officially endorsed by government, industry groups or insurers).

Rapid antigen tests are now available too and are being heavily promoted. However, these lack the predictive power of PCR and LAMP and are not suitable for screening for close contact work on productions.

Trajectory of an Infection



The legal and risk management issues around testing are complex and there are many new entrants into the testing market - not all of whom appear to meet all the regulatory requirements. As infection rates rise, we are seeing more positive test results on productions along with more 'false' positive and indeterminate results which require knowledgeable management and expert advice.

Nucleic Acid Amplification Tests (NAATs)

While there is an increasingly wide variety of tests available for COVID-19, the only tests currently suitable for the early detection of COVID-19 in presymptomatic or asymptomatic individuals are the Nucleic Acid Amplification tests. These are either the PCR (Polymerase chain reaction) test or more recently the LAMP (Loop-mediated isothermal Amplification test). These tests look for the presence of viral genetic material (RNA) by

amplifying a sample taken by swab from mucus from the back of the throat and nose. The amplification process allows the tests to detect the very low levels of virus present in early infection and are therefore the most suitable tests for screening people for close contact work. However even the most accurate PCR or LAMP tests are unlikely to detect the virus in the first few days after infection so multiple testing with isolation is required to achieve a level of confidence that someone is safe to conduct close contact work. Note also that currently only PCR tests are accepted by the UK Broadcasters and many other studios for use in screening for close contact.

PCR Test

While a number of tests are in development, currently the only test widely available is the PCR (Polymerase chain reaction) test. The test is used primarily to establish whether someone currently has the virus. The test is looking for presence of viral genetic material (RNA). Swabs are taken of mucus from the back of the throat and nose and sent to a laboratory to be analysed and results returned in 24-48 hours. The test is very reliable if you have symptoms and is most effective within the first few days of symptom onset.

Testing Reliability

However, the predictive value of a single negative PCR result is very low because the test can only pick up an *active* infection and only if sufficient virus can be recovered from the subject.

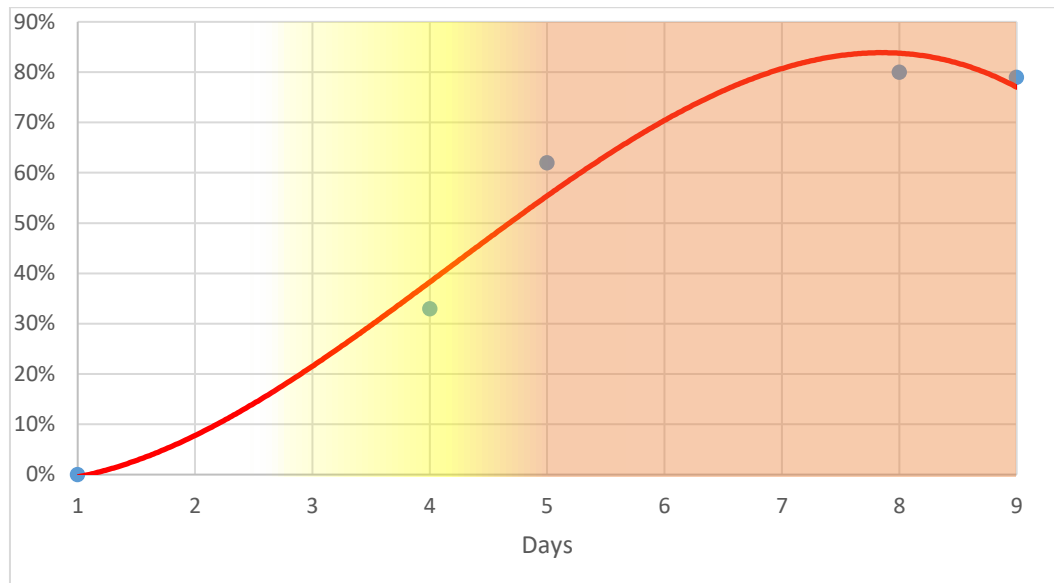
False negatives are common due to sampling technique, technical factors and whether enough virus is being shed for the test to pick it up

A recent study from [Johns Hopkins University](#) has estimated the predictive value of these tests from the time of infection to symptom onset and beyond.

The graph overleaf shows the ***probability of a PCR test correctly identifying an infection*** before and after symptom onset. (The study was based on 1,330 subjects and so has reasonable statistical power).

Given these factors, the ideal would be create a 'COVID-free bubble' by quarantining the key cast and crew for 10 days prior to filming and for the duration of the production, accompanied by regular confirmatory PCR testing.

However, such a regime is unlikely to be feasible for many productions and so the UK Broadcasters have recently issued a 'Close Contact Cohort (CCC)' protocol which recommends a lower level of PCR testing and isolation alongside other mitigations to allow a limited level of close contact working.



CCC Protocol Requirements

The key requirements of the protocol are:

- The CCC should only be considered when all other mitigations have been considered and discounted including adapting editorial onscreen requirements.
- Close contact periods must be restricted to the shortest time practicable.
- Expert H&S and Medical advice should be sought, and the rationale must be set out in a detailed risk assessment.
- Testing should be undertaken over a suitable period of isolation (at least 5 days) prior to work commencing and then should continue at regular intervals to be determined by the level of risk throughout the production.
- Each CCC of individuals must be kept to the absolute minimum number of members possible. Members should, as far as possible on set, only mix with other members of the same cohort.
- A number of CCCs may be established on a single production dependent upon the interaction requirements of cast overall.
- Mixing or swapping between CCC should be kept to an absolute minimum. Someone can only be a member of one CCC at any one time and if someone wants to move from one CCC to another the full process for joining a CCC has to be adhered to.
- Consultation with those involved throughout the process of setting up the CCC is of paramount importance; individuals should clearly understand the situation and the effectiveness/limitations of the risk mitigations being introduced and where possible any requirements in

relation to CCCs should be established at the casting stage. Productions should consider engaging with union representatives of those in the CCC to ensure that the implications of working in close contact cohorts are well understood.

- CCC members should be easily identifiable as a member of a specific close contact cohort (e.g. colour coding groups).
- All social distancing and other risk mitigations must be complied with by cohort members when not engaged in the specific interaction required for the production.
- Any members of a proposed CCC or their household members (including if CCC members have caring responsibilities) who have COVID-19 vulnerabilities should be identified prior to production and appropriate adjustments made, with input from suitable experts if required to help further mitigate the risk to vulnerable groups.
- Consideration should be given to the levels of social contact outside the production for members of a CCC and any limitations to this that may be considered appropriate, these should form part of the consultation with those involved. As a minimum, members of CCCs should adhere to the wider government guidance that is in place at the time – particularly in relation to social distancing – but productions may want to review on a case by case basis and put bespoke measures in place if appropriate

Testing Process

A regular testing programme should be introduced for the duration of each CCC. This will increase the chances of identifying infected people who are either pre-symptomatic (before symptoms start) or asymptomatic (no symptoms) and therefore limit the risk of COVID-19 transmission to others in their CCC.

Testing should take place on at least a twice weekly basis. Risk assessment of an individual or the production may indicate that more regular testing of the cohort is appropriate.

The test would normally be undertaken at the production location but that is not necessary if testing can be done competently and more conveniently elsewhere.

Even where testing is part of a regular screening programme, individuals should continue to isolate as much as possible in between routine tests in order to avoid picking up the virus and causing other cohort members and close contacts to have to isolate.

See also [Return to Work Testing](#)

Positive Test Result

Public health laboratories and 'registered medical practitioners' (RMPs) have a statutory duty to report positive results of COVID-19 virus tests under the Public Health (Control of Disease) Act 1984 and the Health Protection (Notification) Regulations 2010. The production's legal responsibility in this matter only extends to ensuring their providers are discharging their reporting responsibilities properly. Legally, the onus remains with the medic and/or the laboratory.

Subject always to the Interpreting Test Results section below, if anyone's pre-production test comes back positive, the individual will need to inform the relevant [NHS test and trace official body](#) and self-isolate for at least 10 days from the positive test or from when symptoms started (if symptoms are displayed). They can then return to work if they feel well and have not had a high temperature for 48 hours (without taking any medicines to treat a high temperature).

Anyone who has a positive test but does not have symptoms should also be tested and must self-isolate for 10 days and follow any other guidance and instructions received from NHS111.

All other members of that CCC who have been in close contact with the individual should also be tested and must self-isolate for 10 days and be symptom-free before they can recommence activity on production.

See also [Action to Take in Cases of Confirmed or Suspected Infection](#)

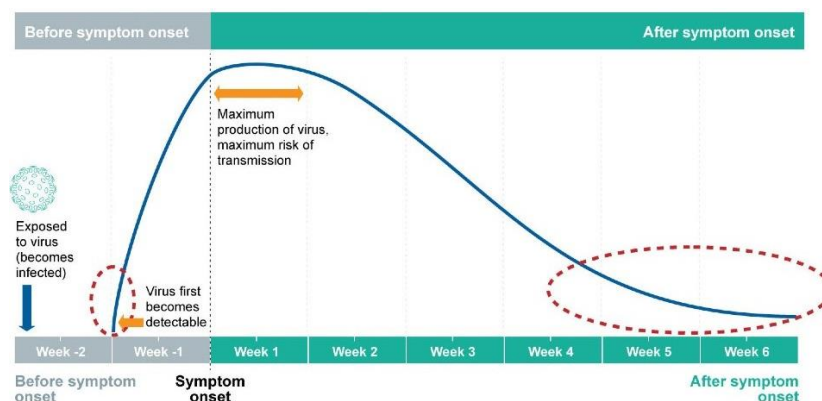
Interpreting Test Results

PCR and LAMP tests both look for viral RNA (ribonucleic acid, the genetic material of the COVID-19 virus) rather than the virus itself.

Different tests have different Limits of Detection (LoD), run different Ct values (cycle threshold values) or in the case of LAMP the time to result can vary widely. Understanding if a test result is close to the LoD, plus interpreting and explaining lab results and what they actually mean has many nuances and should be undertaken by an expert.

A number of issues arise when interpreting test results which are discussed below. But it should be noted that any decisions arising from interpretation of tests results should be made with the advice and agreement of a relevantly qualified and knowledgeable doctor and or scientific testing expert. Independent laboratories conducting testing will do so within government regulatory guidance for testing protocols and reporting requirements. They will usually not wish to give clinical advice that is contrary to those protocols.

There is a relatively consistent trajectory of SARS-CoV-2 viral load over the course of COVID-19 from respiratory tract samples as measured by PCR. Whilst the duration of infectivity remains uncertain it seems that the high Ct values (≥ 34) are not picking up active infections and results close to the LoD need to be treated cautiously, as was recently confirmed in [guidance by Public Health England](#).



The schematic diagram above (adapted from [BMJ Learning](#)) illustrates the detection of SARS-CoV-2 RNA (shown by the blue line). Timings of symptom onset and virus detection in relation to infection will vary from person to person but will broadly fit within this representation.

Positive results at the limit of detection can be seen in the early stages of infection (before the person becomes capable of transmission of the infection) or late in infection when the risk of transmission is low or very low (periods indicated by the dotted red line).

Sufficient viral RNA to give a positive result can remain in a person's system and can be detected for many weeks after the virus has cleared and a person is no longer infectious.

According to PHE:

*Positive test results at the limit of detection that occur **early in the cycle of infection** are important as these represent individuals who may go on to transmit infection.*

*Positive test results at the limit of detection that occur **late in the cycle of infection** represent individuals with a low or very low risk of transmission, as a result of the decline in infectious virus production or remnants of viral RNA in respiratory secretions. They also discuss a situation such as a community or workplace testing ('Pillar 2') where clinical data is not readily available to clarify significance of the result. In these cases, the Government recommends:*

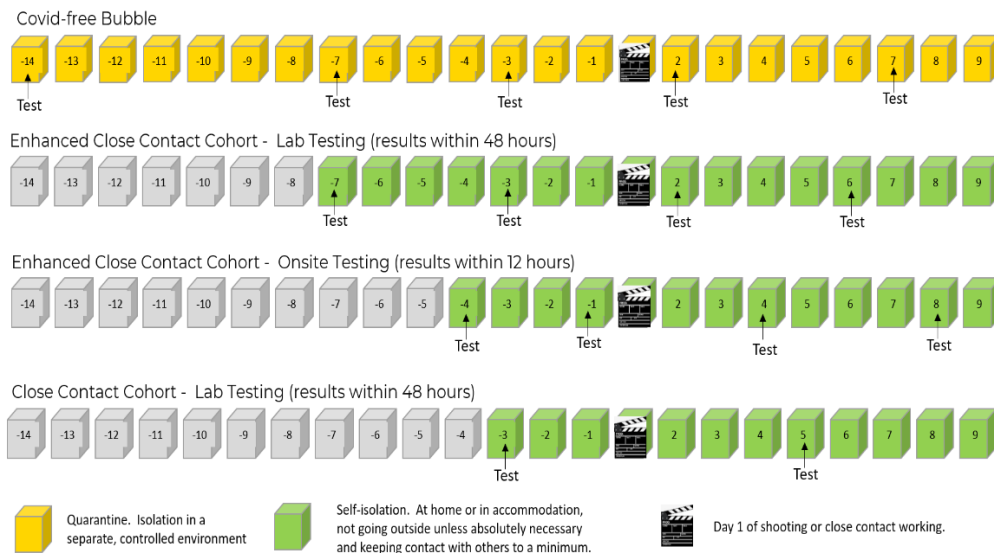
If an individual's test result comes back close to the LoD, then expert advice may be to request a repeat sample and advise self-isolation pending the

results of the second sample. Contact tracing should only be initiated if there is a positive result from the repeat sample.

A positive result at the limit of detection from the repeat sample is suggestive of the late stage cycle of infection and therefore contact tracing and further self-isolation is not advised.

Risk Assessment

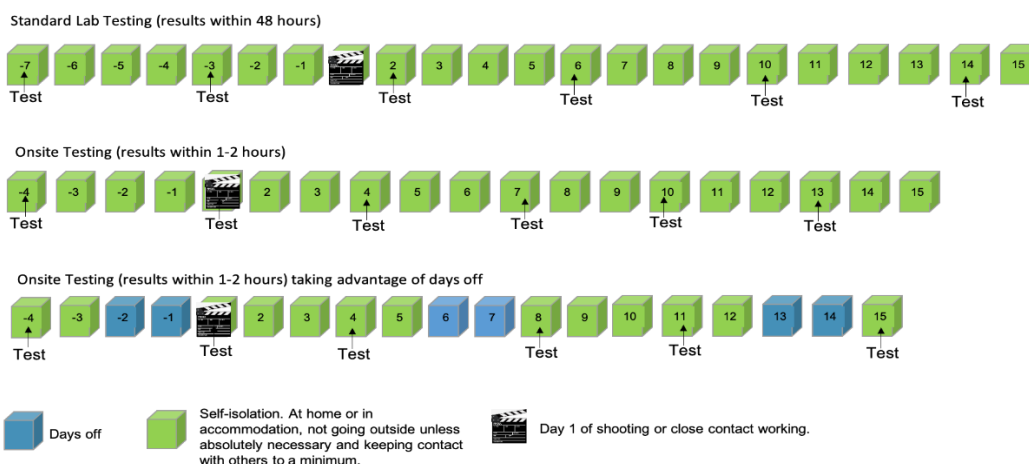
As a minimum, CCC members will be required to adhere to the prevailing Government guidelines, but assessments can be made on a case by case basis to determine whether further measures may be appropriate.



Some example isolation and testing regimes are shown in the diagram above.

After assessing the risk, productions may wish to adopt a more frequent testing regime than the CCC protocol requires. Given the characteristics of the disease and the unreliability of the PCR tests, First Option would advise an enhanced testing regime with increased testing prior to arrival on set and more frequent testing during the production.

More Testing Options



Self-isolation

Those self-isolating must follow the [NHS guidelines](#) on what they'll need to do whilst under self-isolation. Self-isolation is different to social distancing or shielding. If undergoing self-isolation following a test result, the following must be adhered to, to provide a good level of confidence in the results:

- **Do not** go to work, school or public places – work from home if you can.
- **Do not** go on public transport or use taxis.
- **Do not** go out to get food and medicine – order it online or by phone or ask someone to bring it to your home.
- **Do not** have visitors in your home, including friends and family – except for people providing essential care.
- **Do not** go out to exercise – exercise at home or in your garden, if you have one.

Antibody Tests

Antibody Tests look for the presence of antibodies (IgG) in the bloodstream which indicate that the individual has previously been infected with the virus that causes COVID-19. The antibodies are typically produced 2-3 weeks after infection so this test cannot be used to diagnose an acute infection.

Antibody tests require a blood sample from the vein or from a finger prick which is then analysed in a lab or with a rapid home test kit. Due to concerns regarding the accuracy and utility of such tests, at the time of writing the MHRA ([The Medicines and Healthcare products Regulatory Agency](#)) is only authorising tests where a healthcare professional takes venous blood rather than a fingerprick test. While it would be of great benefit to have a

fingerprick test offering rapid results and good diagnostic power there simply isn't one yet.

Antibody testing – even if accurate - may provide some degree of comfort that individuals have had the disease and should likely have a degree of immunity. But whilst this might be of some reassurance to individuals and to those around them, the science around the level and duration of any immunity is still highly uncertain.

It is vital to understand that this means that a positive antibody test (if a suitably accurate one becomes available) would not currently negate the need for continued PCR testing, careful continued distancing, hygiene measures or the need to isolate if symptoms develop.

Competency

The law regarding private testing for **active** COVID-19 infections changed on January 1st, 2021. All providers of “end-to-end” testing (where they take samples, analyse them, give you the result – and a bill) must be applicant to UKAS for various ISO standards. This is intended to bring quality standards to an industry that didn't exist a year ago.

These changes also took organisations offering COVID-19 testing for active infections and for antibodies ‘out of scope’ of regulation by the [Care Quality Commission](#) (CQC).

The DHSC publishes a list of providers [here](#).

Construction

Productions should pre-fabricate as much as possible off-site, only assembling and painting on site.

Sufficient time and workspace should be allocated for any off-set prep work to be carried out safely and in accordance with any distancing measures.

Workstations and benches should be partitioned with Perspex or clear plastic screens to segregate operators and use appropriate PPE if [close contact](#) working is essential.



The set and construction layouts should be changed to allow people to work further apart from each other. Only where it is not possible to move workstations further apart, people should be arranged to work side by side or facing away from each other rather than face-to-face. Only where it is not possible to move workstations further apart should you consider using screens to separate people from each other.

A consistent pairing system (cohort) should be employed if people have to work in close contact, for example, during two-person working, lifting or maintenance activities that cannot be redesigned.

Fire doors should not be wedged open to stop people from touching handles. They are an important fire safety measure, so it is important to keep them closed. Fire doors should only be held open by automatic releasing hold-open devices specifically designed and installed for this purpose.

Costume/Wardrobe



Wherever possible fittings and approvals should take place remotely via video conferencing platforms. Where this is not possible then essentials only should be in attendance, keeping 2m apart as much as possible.

As many fittings as possible should be carried out during prep or off-site to avoid additional costumes and people coming to location/sets where space may be limited.

All costumes should be washed, or steam cleaned before use. There are a number of heat-based methods available for cleaning and disinfecting soft fabrics and clothing, including the use of hot boxes, drying cabinets, autoclave machines etc. The likelihood of viable COVID-19 material being present on fabric is much lower in comparison to hard surfaces so in most cases the normal array of controls should be acceptable. In exceptional circumstances, productions may consider heat-based systems for cleaning costumes and other soft fabrics and look to achieve temperatures of 60°C for at least 2 hours.

Costumes should be covered individually in plastic covers after cleaning.

Costume/Wardrobe department and cast may be subject to [health screening](#) in line with the rest of the production before any work begins. If [virus tests](#) are available, this could also be an option to consider.

Dressing areas should be spacious enough to facilitate social distancing and if practicable, one-way routes into, around and from the space established.

Wherever possible, cast should receive their costume in a screened off cubicle and dress without assistance. Costumes should be provided to cast individually hung in a plastic cover. Cast members' own clothes should be hung inside a plastic cover to avoid cross-contamination with other clothes.

Physical contact between cast members and costume crew should be minimised, and where necessary, both should wear facemasks. Any used

PPE should be disposed into closed bins. All costume/accessories and personal kit should be cleaned/disinfected after use.

Minimum but essential set crew such as Costume Designer or assistant to establish costume. The on-set costumer should be given adequate access/time for cast checks after action, mic etc. Ideally one on-set costumer per actor to reduce cross-contact and speed up process. Try to maintain continuity of costumers working closely with actors.

Each costume crew member should use a dedicated sewing machine and other equipment i.e. no sharing.

Creatives and production

Any stills to be taken in a place separate to the main studio, to be self-contained, and distancing measures to be rigorously maintained.

On set stills, if required, can be facilitated but stills will need a designated off-set area for equipment storage where they will remain until required. At that time all other departments to be stepped off set to allow stills to work unhampered.

Behind the Scenes/Making-of-content crews should not be part of a standard shooting set unless they can remain within a single designated area.

Fixed cameras, remote cameras and time-lapse style setups should be considered as alternatives. If used, these should be set up on a prep day.

Any interviews should take place in a place separate to the main studio, to be self-contained and distancing measures to be rigorously maintained.



Crowd scenes and Audiences

Crowd scenes

The law on gatherings of people vary from UK country to country and it is really important to check the law as at the date of production activity. You can find the different guidance on social distancing and gatherings in [Wales](#), [Scotland](#) and [Northern Ireland](#).

However, this restriction does not apply '*where the gathering is reasonably necessary for work purposes*', and in Scotland, Wales and Northern Ireland '*where the gathering is essential for work purposes*'.



To meet this exemption, the production should carry out a suitable and sufficient risk assessment which satisfies the requirements of regulation 3 of the Management of Health and Safety at Work Regulations 1999 and take all reasonable measures to limit the risk of COVID-19 transmission. The various measures to be

considered are outlined below.

Productions should endeavour to avoid physical crowd scenes where possible or adjust to reduce the number of supporting artists required.

If unavoidable, numbers of supporting cast to be carefully considered with respect to the space available and the maintaining of [required distancing measures](#).

Advance notice of expected numbers should be given as early as possible to allow supporting cast to make informed decision on whether they are happy to attend.

Holding areas should be sufficiently large to accommodate the numbers required and include hand cleaning facilities or hand sanitisers made available throughout the area. There should also be separate holding areas for doubling/stand-in cast due to increased contact with other crew members.

Holding areas for special supporting cast with uniform and special action supporting cast should be separate. Liaise with costume regarding current disinfection protocols – see also [Cleaning and Disinfection](#).

Proper changing areas, of sufficient size, should be provided. No supporting artist should be asked to change in areas of high traffic, such as toilets.

Costume checks should be undertaken at a safe distance. If costumes are to be provided, the same processes as outlined in [Costume/Wardrobe](#) should be followed.

Supporting artists should apply their own makeup wherever possible as per department brief.

Supporting Artists may be subject to [health screening](#) including declarations, and possibly temperature checks on entry to the crowd area. A dedicated medic may be required for this. Face coverings or PPE should be provided to all supporting cast if required by the risk assessment.

Dedicated refreshment areas should be provided for supporting cast only, to include individual water bottles or refilling stations.

A method of reporting of cases and contact tracing of infection should be established through booking agencies and production – see also [Action to be taken in cases of suspected or actual infection](#)

Audiences

Where audiences are integral to the production, the current [UK government requirements](#) must be adhered to. These include for example:

- Limiting the number of audience members so that capacity is at a level that allows social distancing to be maintained. The local Covid Alert Level restrictions will need to be followed to determine how many households will be permitted to sit together.
- Limiting the number of performers as far as possible and use pods, bubbles and cohorts to reduce the number of people individuals have contact with.
- Limiting the duration of rehearsals and performances.
- Encouraging working outdoors.
- Discouraging audience activities which can create aerosol (such as shouting, chanting and singing along) and seat individuals rather than allowing them to stand to help maintain social distancing.
- Improving ventilation as far as possible and whenever possible, both through the use of mechanical systems and opening windows and doors.
- Providing good hand hygiene facilities and information.
- Putting in place emergency procedures such as evacuation whilst managing the COVID risk.
- Gathering audience contact that may be required if you are contacted by NHS Test and Trace. This should be done by either asking at least one member of every party to provide their name and contact details or display an official NHS QR code poster so that visitors can 'check in' using this option as an alternative to providing their contact details.
- Collecting records of visitors and staff in line with GDPR rules – see [Data Collection](#) - and keeping for a period of 21 days and making them available when requested by NHS Test and Trace or local public health officials.

Further information is available from UK Government's [Performing Arts guidance](#) and guidance for the [performing arts and venues sector in Scotland](#).

Data Collection

Record-keeping is essential at this time, and productions should keep documentation to evidence what COVID-19 related procedures have been implemented and that these are being adhered to. Productions that implement for example [health screening](#), [testing](#) and monitoring policies should only do so for legitimate purposes and should store results safely and securely. Any information collected of a personal nature should only be shared on a need-to-know basis and deleted when no longer required.

[Data protection law](#) and [GDPR](#) does not prevent productions from taking the necessary steps to keep their crew, cast members and contributors as well as the public safe and supported during the present public health emergency. But it does require productions to be responsible with people's personal data and ensure it is handled with care.

Due to its sensitivity, the collection of personal health data has the protected status of 'special category data' under GDPR and as such, productions should also identify an [Article 9 condition](#) for their processing.

Productions should keep a record of all cast and crew working on the premises on a given day, the time of their shift, and their contact details. This information is needed to support NHS Test and Trace. Production companies must hold records for at least 21 days. This reflects the incubation period for COVID-19 (which can be up to 14 days) and an additional 7 days to allow time for testing and tracing.

After 21 days, this information must be securely disposed of or deleted unless required to be retained for other business purposes. When deleting or disposing of data, employers must do so in a way that does not risk unintended access (for example shredding paper documents and ensuring permanent deletion of electronic files).

Both the [UK Government](#) and the [Information Commissioner's Office \(ICO\)](#) has issued separate advice and guidance with regards to general record keeping requirements to support the NHS test and trace service.

Directors and ADs

In reducing face-to-face contact, the Director should use remote video conferencing for all meetings and prep wherever possible.

Using a witness camera to show the Director's rehearsal to crew via handheld devices should be used. Only the Director, 1st AD and or 3rd AD should be allowed on set during shooting and rehearsals.

The 2nd AD should be located at unit base to call cast and prepare for on-set crew, as called by 1st AD.

The 2nd AD should create electronic call sheets for production to distribute to eliminate the need for physical printouts.

Distancing

Wherever possible, physical separation of at least 2m should be maintained during all work activities. Work should be planned to maintain this distance as the norm.



If a 2m separation cannot be achieved, mitigating measures should then be considered before deciding whether the activity should continue. Ways to help achieve this include working remotely, reducing the number of people at work to an absolute minimum, redesigning workspaces/ways of working/action involved. Further mitigating actions include:

- Increasing the frequency of hand washing and surface cleaning.
- Keeping the activity time involved as short as possible.
- Using screens or barriers to separate people from each other.
- Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.
- Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).

For further guidance on social distancing in **England** – follow [PHE/National Institute for Health Protection guidelines](#).

Scotland - follow the guidance from the [Scottish Government on social distancing](#).

Wales - you follow the guidance from the Welsh Government on [how to maintain physical distancing in the workplace](#).

Northern Ireland - [follow their rules here](#).

Moving around the production area

Examples of steps that productions can take are as follows:

- Reducing movement by discouraging non-essential trips within production location, studios etc, for example, restricting access to some

areas, encouraging use of radios or mobile telephone, QTAKE etc. where permitted.

- Using signage such as ground markings or being creative with other objects to mark out 2m to allow controlled flows of people moving throughout the production area.
- Separating production areas into working zones to keep different production departments and cohorts physically separated as much as practical.
- Reducing job and equipment rotation.
- Introducing more one-way flow through locations, studios and/or production areas.
- Reducing maximum occupancy for lifts, providing hand sanitiser for the operation of lifts, and encouraging use of stairs wherever possible.
- Making sure that people with disabilities are able to access lifts.
- Regulating use of high traffic areas including corridors, lifts, turnstiles and walkways to maintain social distancing.

Production meetings

- Consider video conferencing to avoid in-person meetings.
- Only absolutely necessary participants should attend meetings and should maintain 1m separation throughout.
- Avoiding transmission during meetings, for example, avoid sharing pens and or other objects.
- Providing hand sanitiser in meeting rooms.
- Holding meetings outdoors wherever possible.
- If it's necessary to hold face to face meetings indoors, ensure the room is large enough to accommodate the meeting comfortably and ensure that it is well-ventilated. Keep face to face meetings as brief as possible.
- For areas where regular meetings take place, use floor signage to help people maintain social distancing.

Common areas

- Staggering break times to reduce pressure on break rooms or canteens.
- Allocate a safe outside area for breaks.
- Installing screens to protect staff in receptions or similar areas.
- Providing packaged meals or similar to avoid fully opening staff canteens.

- Encouraging crew, cast and contributors to bring their own snacks.
- Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.
- Using protective screening for staff in reception areas, production offices or similar areas.
- Considering use of social distance marking for other common areas such as honey wagons, catering vehicles, canteens, toilets, portaloos and in any other areas where queues typically form.

DIT



Only experienced DIT (digital imaging technician) crew should handle any DIT equipment. This includes having safe handling and sharing of camera cards and wiping down cards and card cases with alcohol wipes – see also [Cleaning and Disinfection](#).

Additional recordable media cards should be used to minimise the need to exchange between crew throughout the day.

DITs that need to be close to set (for Live Grade Colour Workflows and exposure control) should work from their own tent / easy up with sides, as is common practice. Otherwise, they should work remotely or from home wherever practicable.

Consideration should be given for DITs to work from a vehicle near to the location/set or even work from home, with rushes being sent to them once or twice a day depending on logistics / insurance requirements.

The DOP should have their own separate monitor and radio link with DIT, so he/she doesn't need to access the DIT area.

Domestic Dwellings

See also the [Government Guidance on Working in Other People's Homes](#)

[Install/rigging of a fixed camera/lighting rig in private houses](#)

Equipment should only be rigged in one room in the house. Ideally this should be a room on the ground floor of the house which allows direct entry through a door or in an area that requires limited walking through other areas of the house. This room should be empty of all occupants during rigging.



Checks should be made via phone before anyone enters the house that the room is clear. Crew should wash their hands before entering the room. All kit being installed should be wiped clean with antiviral or alcohol wipes or similar.

Rigging crew should maintain a 2m distance between them while carrying out work as far as possible. Face coverings or PPE if required by the risk assessment should be worn as an additional control if the 2m distance is not always achievable.

Contributors/Presenters or anyone in the house should not enter room until install is complete and crew have confirmed with occupants, they have left the house. Crew should wash/sanitise their hands when they leave the house.

If there are any technical issues which require a crew member to enter the house during the recording, the contributors should be instructed to move out of the room via phone while the crew enters. Crew will again wash their hands before entering.

Contributors not allowed back in until crew have left the house. Following recording, contributors should leave the room before crew enter to de-rig. The de-rig should be carried out with the same controls in place as for the rig.

Filming in Private Houses with an interviewer/ crew present

There should minimum crew and equipment only (1 camera op & 1 sound op).

If possible, any interviews should be filmed using an external area. If no external area is available, then choose a room/area that is closest to the entrance and has good ventilation.

All those present should remain a 2m distance apart as much as possible. A boom mic or mic on stand should be used if possible and any personal mics be self-fitted by the interviewee (under instructions from the sound person). Any interview area should be empty of all other occupants during set up and

filming. The set up should be carried out before the interviewee enters the room.

All crew and presenter should sanitise/wash their hands before entering the room. All kit being used should be wiped clean with antiviral or alcohol wipes or similar before being brought into the house. Crew should avoid touching any surfaces in the house. If they do, crew should wipe them clean with anti-viral or alcohol wipes or similar.

Crew should wash/sanitise their hands when they leave the house. Following recording, the interviewer and presenter should leave the room while the crew de-rig.

Delivery and use of camera equipment to private homes to use for filming content

All equipment which is delivered, used by and collected should be cleaned/sanitised at each stage in the process – i.e., when being prepared for delivery by the technical supervisor; on receipt by contributor before use; at the end of shoot day before being collected from the contributor by courier. The cleaning of equipment should follow the relevant [cleaning protocols](#).

Galleries/OB Vehicles



Where production galleries and/or OB vehicles are used, there should be essential crew only.

There should be at least a 2m separation between workstations or alternatively separate facilities (vehicles, monitors, suites) linked electronically, or the installation of screens to provide a physical barrier can be used.

A one-way travel system should be implemented where possible. Gallery/OB vehicles should be sanitised before and after use.

The OB provider should confirm their cleaning regime with the production before use.

OB vehicle doors may be left open during the normal shooting period to avoid door handles being constantly used.

The air conditioning system in the vehicle should not be set to recirculation mode.

Grips

See also [Camera Department](#)

Only qualified Grip crew should be permitted to handle any grip equipment. Staffing levels of grip department should be considered to avoid need for cross departmental contact with grip equipment.

All equipment should be thoroughly [cleaned / disinfected](#) before use and again at the end of the day using at least 60% alcohol disposable wipes.

Where practicable, camera placement needs to be organised without any other department working in close proximity. Once the camera is safe and in position, the camera crew should return to safe area while other departments work to adjust lighting/dressing as required.



Each shot should be assessed by relevant HODs as to the risk of transmission during execution and appropriate measures taken to ensure [hygiene](#) and [social distance](#) guidelines are complied with.

Sufficient working space to be allocated for any off-set prep work to be carried out safely and in accordance with any distancing measures.

Consideration should be made as to the proximity of interaction between DOP, Grip, Camera Operator and other HODs so as to maintain a demarcation between Grip department and rest of crew.

Hair and make-up



Enhanced PPE such as gloves, masks, visors, as identified in the risk assessment, should be worn by make-up artist /hairstylists. At present, it is mandatory in law for people providing a close contact service such as hair and makeup to wear a clear visor/goggles and Type II face mask. Visors must fit the user and be worn properly. It should cover the forehead, extend below the chin, and wrap around the side of the face.

Also consider the use of disposable gowns for each individual. Where this is not possible, use separate gowns (and towels in the normal way) for each person, washing between use and disposing appropriately as required.

All the standard hygiene procedures normally applicable for make-up/hairdressing activities should be followed as usual.

There should be at least a 2m separation between make-up/hairdressing stations. The use of Perspex screens to separate workstations should also be considered if the 2m separation can't be achieved. Workstations should be cleaned/disinfected between users. Wash stations with soap and water or hand sanitiser (minimum 60% alcohol based) should be provided.

Additional time should be built in for hair and make-up artists to:

- Change PPE / wash hands between each cast member.
- Disinfect equipment, station and chair between cast members.

Main talent should be assigned an individual make-up artist to be their stand-by on set. The make-up artist should also have a separate set of make-up materials, e.g. powders, concealer, lipsticks etc and also brushes, curlers, tweezers, swabs, sponges etc, for each cast member and separately labelled.

Standbys should not be applying touch ups to different cast members. A designated area should be in place on set for make-up/hair standbys. A dedicated space should be allocated for Hair and Make-up on set and the number of crew kept be the essential minimum.

Additional monitors should be made available on set for checks to avoid crowding round monitors – 2m distance should be in place. The number of touch-ups on set should be minimised as much as possible.

Consideration should be given to using UV sterilising cabinets to clean equipment such as combs, glassware, nail scissors, tweezers etc.

The UK government has issued useful advice in their [Close Contact Services guidance](#) for hair and make-up functions.

Health Declarations

Although not required by Government guidance, nor under the Broadcasters or BFC guidance, we advise that a written declaration should be obtained from all crew, cast and contributors at the start of production stating that they:

- Are not suffering from any coronavirus symptoms and have not had any symptoms within the previous 10 days.
- Have not (as far as they are aware) been in [close contact](#) with anyone with coronavirus symptoms within the previous 10 days.
- They are not in the clinically extremely vulnerable group or have any other underlying health condition which might make them particularly vulnerable to coronavirus.
- Undertake to declare immediately any onset of symptoms or contact with anyone who has symptoms of coronavirus.

Anyone developing [symptoms](#) while at work should be sent home (by private transport) and told to seek medical advice from the NHS. [A self-declaration form can be downloaded from here.](#)

First Option has developed a fully managed online data collection service in line with GDPR and other legislative requirements. You can view a demo and further information to the [online system for completion of self-declaration forms here.](#)

Health Monitoring/Testing during Production

Productions should consider further controls such as [temperature checks](#) or [health screening](#) and review the controls they have put in place to make sure they are working. This can be done by a first aider, medic, onsite H&S adviser or other nominated person within the production with suitable health monitoring equipment and training.



Any crew, cast member or contributor showing [symptoms](#) should stay away from work, or be evaluated to determine whether they are required to leave – see also [Action to be taken in cases of suspected or actual infection](#) – and records retained of action taken.

Contact tracing apps (when available) or proximity tracking devices could also be explored as a way of monitoring individual risk of infection. See [UK Government advice here](#) on the NHS test and trace service.

Health Screening and Temperature Testing

Some level of controls should be in place to help ensure that no-one who has the virus, or symptoms of the virus, is at work. This is likely to involve a combination of Health Declarations, Symptom and/or Temperature Checks and /or Monitoring being carried out.

For major productions, it is expected that more robust measures such as temperature checking, and testing is appropriate. However, for short duration productions (such as a two-day set up), the use of health declarations will suffice.

Symptom checking and temperature testing

The most practical 'testing' that can be conducted is monitoring for symptoms and temperature checking of all employees on a regular basis. These measures have the advantage of being in line with the official requirement to self-isolate if symptoms are detected.



Temperature testing (for example) in itself is not a fool proof method for detecting COVID-19, as it is possible for individuals to have elevated body temperatures even if they are not ill and some individuals can be infectious without showing any adverse physical symptoms. However, thermal testing is non-invasive, produces objective and instant results, and tests for one of the primary symptoms of COVID-19.

Monitoring and testing could be done through a self-testing regime or preferably by a suitably trained medic or H&S Consultant wearing appropriate PPE and under a suitable and sufficient risk assessment and tightly controlled sequence of work.

Test results should be recorded and anyone with symptoms or a raised temperature (at or above 37.8°C) should be sent home (by private transport).

Anyone who starts to feel unwell during the course of the day should immediately report this to their line manager/unit medic. The Unit Medic should carry out checks as necessary and take appropriate [actions](#).

Productions will need to develop a policy for the treatment of excluded individuals. Now that virus testing has been made more widely available to those with symptoms, a return to work policy could include a negative PCR test result.

However, it should be noted that PCR testing is only valid at the time the test is taken and even if accompanied by a positive antibody test indicating some immunity, the uncertainty around the level and duration of any

immunity and the accuracy of current tests would mean distancing and hygiene measures would need to continue to be followed.

Before carrying out any tests, productions should at least let individuals be aware what personal data is required, what it will be used for, and who they will share it with. They should also let them know how long they intend to keep the data for. It's best to have this written down in the company's updated privacy notice.

Legal requirement for health screening (surveillance)

- **Management of Health and Safety at Work Regulations**, Reg 6 states that: "Every employer shall ensure that his employees are provided with such health surveillance as is appropriate having regard to the risks to their health and safety which are identified by the assessment."
- **The Health and Social Care Act 2008** places strict controls on who can conduct 'regulated activities' – for example – diagnostic screening tests.
- **The COSHH Regulations**, Reg 11, also requires health surveillance. It may be required if employees are exposed to "... **biological agents** and other substances hazardous to health".
- The purpose of health surveillance is for the employer to gather information about employees' health which helps to protect employees from risks to health in the workplace.
- Where health surveillance is needed, employees also have duties under health and safety law, and should understand:
 - that health surveillance has been identified for this situation as a statutory requirement.
 - that they must attend their appointments.
 - what action their employer may take if they refuse to attend.

The production should seek active consent from each person and must look after any personal data they collect. That means keeping it secure on a device or in a locked cabinet, for example.

The production should keep staff informed about potential or confirmed COVID-19 cases amongst their colleagues. However, they should avoid naming individuals if possible, and should not provide more information than is necessary. Further information can be obtained from the [Information Commissioner's Office on data protection in relation to COVID-19](#).

In order for thermal testing to be conducted safely, effectively, and in accordance with privacy standards, productions should develop a protocol along the following lines:

- If possible, retain a third-party vendor to perform temperature screening on your crew, cast and contributors. If that is not an option, ensure that the production team member who is responsible for performing temperature screenings is properly trained to use the touchless

temperature scanner and understands what factors aside from COVID-19 could influence its readings.

- The tester should be provided with personal protective equipment, including disposable gloves, face masks, and disposable coverall/apron. Alcohol-based hand sanitiser should be accessible in areas where testing is conducted.
- The tester should ask crew, cast members and contributors whether they consent to having their temperatures tested. If an individual then refuses to be tested, he or she should not be admitted to the production area, on the basis that their attendance could jeopardise the health and safety of others.
- In addition to conducting temperature screening, the tester should ask each crew, cast member and contributor who enters the production area whether he or she is exhibiting any flu-like symptoms (coughing, shortness of breath, fever, loss of taste/smell) or is otherwise feeling unwell – see [Health Declarations](#). The tester should also ask whether the crew, cast member and contributor has had [close contact](#) with someone in the past 10 days who has been diagnosed with, or is presumed to have, COVID-19.
- If possible, crew, cast and contributors should be tested and asked the above screening questions in a private or semi-private area, out of the sight and earshot of their colleagues, contractors or other visitors.
- Test results should not be collected, recorded, stored, used or disclosed for any purpose aside from determining whether the crew, cast and contributor be permitted to enter the production area. The additional privacy best practices, identified above, should be followed.
- Crew, cast and contributors with temperatures at or above 37.8°C or who answer “yes” to any of the screening questions, should be advised to return home, self-isolate for 10 days, and only call NHS 111 if:
 - Their symptoms worsen during home isolation, especially if they’re in a [high or extremely high-risk group](#).
 - Breathlessness develops or worsens, particularly if you’re in a high or extremely high-risk group.
 - Their symptoms haven’t improved in 7 days.

See the full [NHS advice on what to do when self-isolating](#).

Non-contact infrared thermometers (NCITs) used to measure body temperature are Class IIa medical devices (different types of thermometer fall into different classes) and so need to meet the requirements of the EU Medical Device Directive 93/42 / EEC (MDD) as well as those of the Medical Devices Regulations 2002. Non-medical thermometers cannot be used.

Thermometers that are medical devices will be marketed as such and have a four-digit number displayed alongside the CE mark. This represents the number of the notified body who has certified the product as being compliant with European medical devices legislation.

Homeworking

An employer (e.g. production company) is responsible for an employee's welfare, health and safety, "so far as is reasonably practicable" (section 2(1), Health and Safety at Work etc Act 1974). Employers must conduct a suitable and sufficient risk assessment of all the work activities carried out by their employees, including homeworkers, to identify hazards and assess the degree of risk (regulation 3, Management of Health and Safety at Work Regulations 1999 (SI 1999/3242)).

The UK government has identified categories of clinically vulnerable and clinically extremely vulnerable people and particular attentions should be given to allowing them to work from home. Issues that employers should consider are:

- Supporting employees to adjust to homeworking.
- Employers and employees' health and safety responsibilities, including looking after mental and physical health.
- Equipment and technology.
- Ongoing assessment of homeworking systems and arrangements.
- Setting clear expectations.
- Keeping in touch.
- Pay and terms and conditions of employment.
- Working from home and childcare.
- Expenses.
- Insurance, mortgage or rent agreements.

First Option has produced a set of [Working from Home guidelines](#) which employers may find useful in advising their staff on how to set up their workstation and using IT equipment in their domestic setting.

Hygiene

One of the most effective ways to reduce the risk of transmission is to follow [government guidance](#) and make sure people are instructed and monitored in adhering to good practice for infection control:

- Social distancing.
- Hand hygiene.
- Not touching the face as much as possible and wash/sanitise hands if face is touched.
- Minimising the passing around of objects or documents by placing them down so they can be cleaned and picked up by the person they are being passed to.
- Minimising the touching of shared surfaces (e.g., doorhandles, keyboards, table-tops, etc.) and wiping them down regularly.

Handwashing facilities should be provided wherever possible with soap and paper hand towels. Where handwashing facilities are not immediately available, antimicrobial hand rubs / gels should be provided.



Everyone should wash or sanitize their hands regularly and immediately after handling equipment or objects that may carry the virus. Information on how to maintain proper hand hygiene should be supplied to all people on site – posters should be displayed in prominent areas and reminders given in daily briefings.

Productions will need extra supplies of soap, hand sanitiser and paper towel to accommodate for this. Purpose built 'sanitising stations' can be erected at convenient points throughout the production area – to include all points of entry and common areas.

Toilets are a high-touch and high-risk area for virus transmission. Adequate numbers of suitable, clean toilets with handwashing facilities should be provided. The number of people using the toilet facilities should be restricted at any one time (e.g. have a toilet attendant) and signage such as floor markings should be used to ensure 2m distance is maintained as much as possible when people are queuing. An enhanced cleaning regime for toilets should be in place.

Closed pedal-type bins should be provided and regularly emptied.

Insurance/Liability Considerations

Underwriters are currently unlikely to provide cover to productions for COVID-19 related claims. Productions may wish to procure an indemnity



from individuals to the effect that while the production will take every possible precaution to prevent infection, they cannot accept liability for COVID-19 related losses.

However, an indemnity is unlikely to be a complete defence against possible civil claims and does not remove possible criminal liability. Therefore, the

[Employers' legal duty](#) to take reasonable care for the health and safety of their employees remains.

To discharge this duty employers (production companies) in the UK at least, should undertake a suitable and sufficient risk assessment to identify risks to the health and safety of their employees to which they are exposed whilst they are at work (and the risks to those not in their employment, e.g. contractors, arising out of, or in connection with, the production undertaking).

In the context of COVID-19, key considerations will include:

- Risk assessment covering all work activities and appropriate safe systems of work.
- Adequate health surveillance, including identification of vulnerable individuals.
- Provision of suitable PPE.
- Assessment and management of workloads in the anticipation of reductions in available staff/skills through sickness/self-isolation.
- Health and safety of home workers.
- Risks associated with individuals covering for missing colleagues.
- Ongoing active review of risk assessments to reflect changes in activity, government advice, medical advice e.g. Public Health England and any material change in the proposed production activity.

To mitigate against claims, productions need to ensure that they have undertaken a suitable and sufficient risk assessment and take reasonable action to minimise the risks.

The onus is on the claimant to show failure to mitigate the risks.

The production insurance company/broker will normally require evidence of a suitable and sufficient risk assessment which demonstrates reasonable care, and which is aligned with relevant [industry best practice](#).

Lighting Technicians



Due to the large volume of equipment used by the department, they should allocate a single person to manage their stores and therefore cleanliness of equipment - lighting and electrical equipment can become significant vectors of transmission.

The work should be organised to ensure that there is adequate supervision of safety critical tasks such as working at height.

The department should consider the division of personnel to support prep/strike work and on set activities separately.

Wherever possible, the electrical crew should be allowed to work alone on set until lighting is complete before any other departments undertake their tasks.

Any local power requests (e.g. power for urns/heaters/laptops) should be discussed in advance and installed during pre-light where possible. A single dedicated person should be identified to handle local power requests.

Limited lighting set-ups should be considered whether these can be run off local power supply and any extensive night exterior work scheduled in a block.

Locations

Selection

As well as choosing locations for their creative and editorial suitability while on recces, consideration should also be given to the practical elements such as size of locations, the security of the location and the ability to isolate from the public, as well as the cleanliness and hygiene provisions.



Provisions for Unit Base/Tech Base, holding areas etc. will also need to be considered as part of the whole location suitability.

Ideally Unit bases/Costume bases/Holding areas etc. should be within walking distance of the filming location to reduce the need for using additional transport and its associated infection risks.

Operation

Establish clear protocols and allow extra time for prep, shooting and strike on location, including:

- Deep clean of the location by a professional cleaning contractor at the end of each day.
- Provide alternative accommodation to location owners for the duration of the shoot, where appropriate.
- Allocate one member of the location team as a single point of contact to co-ordinate all departments on location.
- Designate one crew member from each department a single point of contact on location.
- Keep interaction between departments to a minimum.
- Apply a strict rota of departmental access to location.
- Allow additional days for VFX Lidar scans, etc.
- Set up external compound and internal isolated area for quarantine of third-party deliveries.

Outdoor Locations

Productions should choose locations where access can be secured and isolated from the public and which provide sufficient space for all the planned production activities while achieving social distancing and providing facilities for enhanced hygiene measures.

Where filming is taking place on a public footpath or area, cordon, cone or fence off with a physical barrier, and appropriate signage accordingly.

Indoor Locations

Buildings should be selected that can easily be cleaned and provide sufficient space for social distancing and with facilities for enhanced hygiene measures. Access should be secure and isolated from the public.

An important measure against the spread of COVID-19 is ensuring good ventilation, especially for indoor locations. [Guidance from ASHRAE](#) (The American Society of Heating, Refrigerating and Air-Conditioning Engineers) confirms the vital role ventilation plays in reducing COVID-19 risks. They put forward a number of important recommendations including a high priority

being given to well-designed installed, commissioned and maintained HVAC systems.

REHVA (The Federation of European Heating, Ventilation and Air Conditioning Associations) also provide useful advice on how to operate and maintain building services in order to prevent the spread of the COVID-19 -

[REHVA advice on building services during the COVID-19 outbreak.](#)

Meetings/Auditions/Castings/Show & Tells

Wherever possible, meetings, auditions, castings, show & tells etc should be carried out remotely using video conferencing platforms, skype or similar.

Where this is not possible, a 2m distance should be in place between all people present.

Offices and Workshops



Wherever possible, office type activities should be continued to be carried out at home.

Where this is not possible, a suitable workspace should be chosen that allows a physical separation of at least 2 metres to be in place between workers.

Physical barriers such as Perspex or other screens should also be considered to help with separation where required. People in close proximity should work side by side or back to back rather than facing each other.

Buildings should be selected that can easily be cleaned and provide sufficient facilities for enhanced hygiene measures. Handwashing facilities should be provided wherever possible with soap, water and paper hand towels. Where handwashing facilities are not immediately available, antimicrobial hand rubs / gels should be provided.

All work areas should be regularly (twice daily) cleaned / disinfected. For large enclosed spaces, productions should consider the use of specific antiviral [fogging](#) measures in addition to normal cleaning.

The evidence increasingly suggests that one of the highest risk areas for transmission are enclosed, airless spaces where people spend prolonged periods. All work areas should be able to provide good ventilation, and as far as possible the length of time spent in any workspace should be limited and workers allowed to take regular breaks for fresh air.

Personal Protective Equipment (PPE)

Facemasks

Government guidance says workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings.

It should be emphasised that use of facemasks should be considered as a complementary measure and not as a replacement of the core preventive measures that are recommended to reduce transmission risks – see [hierarchy of control](#).

However, production may wish to consider face coverings, masks or other PPE for specific purposes, such as where it is not possible to maintain [social distancing](#) for certain tasks or where equipment has to be handled as it is not possible to sanitise and handwashing/sanitising isn't readily available.



The most commonly discussed respirator type is N95. This is an American standard managed by [NIOSH](#) – part of the [Center for Disease Control \(CDC\)](#). Europe uses two different standards. The “filtering face piece” score (FFP) comes from EN standard 149:2001. Then EN 143 standard covers P1/P2/P3 ratings. Both standards are maintained by [CEN \(European Committee for Standardization\)](#).

A systematic review and meta-analysis in *The Lancet* looking at facemasks, distancing and other measures found “... *that the use of masks was also associated with a large decrease in transmission, both for N95 masks and for disposable surgical masks or similar reusable 12- to 16-layer cotton masks.*” once they'd adjusted for all the confounding factors, wearing masks reduces risk of infection by 85%

If masks are to be worn, they should ideally be of the FFP2/3 type which afford some protection against inhaled infection (particularly if properly fitted and tested). However, these are in short supply and rightly prioritised for health workers.

If FFP type masks are not available, face coverings or surgical masks provide some protection against asymptomatic spread by the wearer.

The FFP and surgical type masks deteriorate over a relatively short time and therefore need to be renewed regularly (ideally daily) and disposed of carefully.



It should be noted that valved respirators, whilst effective on preventing particles reaching the wearer, do not prevent the release of exhaled respiratory particles from the wearer into the environment.

Anyone using a mask should be given information on how to use it and dispose of it safely. The World Health Organisation (WHO) has a useful guide: [When and how to use masks - WHO](#).

The main points are:

- Before putting on a mask, clean hands with soap and water or alcohol-based hand wash.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it – if you do you should clean your hands immediately.
- Replace the mask as soon as it is damp and do not re-use single use masks.
- To remove the mask, remove it from behind – do not touch the front of mask – discard immediately in a closed bin. Clean hands immediately.

Face coverings

There are some circumstances when wearing a face covering may be marginally beneficial as a precautionary measure. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms.

A face covering can be very simple and may be worn in enclosed spaces where social distancing isn't possible. It just needs to cover your mouth and nose. It is **not** the same as a face mask, such as the surgical masks or respirators used by health and care workers.



Face coverings are required by law when in shops or travelling as a passenger on public transport in England. However, some people don't have to wear face covering including for [health, age or equality reasons](#). [Scotland](#), [Wales](#) and [Northern Ireland](#) have their own individual requirements on the subject of wearing of face coverings in public.

Elsewhere in England it is optional and is not required by law, including in the workplace. If individuals choose to wear one, it is important they use face coverings properly and wash their hands before putting them on and before and after taking them off.

Gloves

The only general need for gloves is for specific use by cleaners and first aiders. Gloves are only a 'second skin' and therefore wearers need to continue to apply hygiene precautions (not touching the face). When used, they should be hygienically disposed of and a new pair used as frequently

as possible. The WHO have a useful guide on the use of disposable gloves: [Glove Use - WHO](#)

All single use PPE including masks and gloves should be disposed of at the end of each task or shift so they cannot be re-used.

After removing any PPE, the wearer should wash their hands thoroughly with hand soap or sanitiser.

Other PPE

Other types of personal equipment may be required for protection against COVID-19. The virus can enter the body through the eyes as well as the nose and mouth so face shields may be appropriate.

Aprons or gowns may be considered where there is felt to be a risk of clothing becoming contaminated.

Post-Production Houses/Edit Suites/ADR Facilities



Where possible post-production work should be carried out remotely.

Most post-production houses can assist with setting up remote editing systems to enable home working. Where this is not possible, the 1m distance rule should be

maintained when carrying out any post-production work – if necessary, use physically separate facilities linked electronically.

All edit suites, ADR facilities etc. should be sanitised before and after use.

Consider using a [fogging](#) system and check with your post-production house what enhanced cleaning/ disinfecting regimes they have in place before use.

In the studio, the artist should be isolated from the Sound Mixer in a separate studio and communicate through mics.

Viewings and approvals should be done remotely wherever possible. Onsite viewings should be restricted to critical sound and picture viewings (e.g. a projected theatrical colour grade or a Dolby Atmos final mix etc.) and the viewer separated from the operator in a different room.

Interaction between colourists and clients should be via phone, email, messaging apps, bespoke review and approval systems or video conferencing.

Voice Over (VO), ADR (Dialogue Replacement) or Foley (sound effects) recording sessions should be done remotely with the artist at home rather than attendance on premises in the studio. If VO or ADR sessions must take place on the premises, a separate studio and control room should be set-up.

In the event of any technical faults, the artist should be asked to remedy the problem. If they cannot, the Sound Mixer should request the artist to vacate the studio. Once the artist has left, the Sound Mixer should enter the studio, resolve the problem and then leave. The artist can then re-enter.

For crowd background recording or “loop-groups” the studio space must be large enough to accommodate the artists to maintain social distancing. This may mean limiting the number of artists and using multi track layering to achieve the effect of a larger crowd. Artists should observe social distancing between each other and between other workers, including on arrival, during the session, recording breaks and leaving the premises.

Couriers should not enter the premises and leave any parcels at reception or despatch desk. Items delivered should preferably be sent in disposable outer packaging.

Cleansing of small technical equipment including hard drives, camera cards, USB sticks, video tapes, data tapes (LTO) should be done using UV sterilising cabinets.

Equipment hired out or loaned for remote working should be cleaned and sanitised before dispatch to another company or to a private dwelling.

Where possible, the company provide detailed instructions to allow the recipient to set up the equipment correctly to avoid workers having to visit the premises. Additionally, instructions could be given online.

Where possible online or telephone technical assistance should be provided online to avoid the need to visit the premises for ongoing support issues.

Instructions should be provided to the hirer for the dismantling of the installation and safe re-packing into flight cases. Use online instruction and supervision if possible.

Props department

Props Department should be allowed to work alone on set until dressing is complete before any other departments undertake their tasks. Ideally, limit handling of key props to Property Master, Storeman, Standby Props and relevant cast.



Before rehearsals and shooting, give key props/surfaces a final sanitisation with disinfectant and use disinfectant spray on textiles, or other appropriate sanitising processes.

The inspection and approval of props should be done during prep if possible and viewed from a distance, by photograph, online or at a dedicated table separate from the main props storage area to avoid people convening unnecessarily.

PAT testing of electrical items is to be carried out pre-set dressing and in a centralised location, i.e. Prop store.

See also [Art Department](#)

Recces/Technical Scouting



Wherever possible, recces should be carried out remotely by using a video conferencing platform or by filming it/taking photographs and emailing to the group to view with recce notes.

Where this is not possible, recce crew numbers should be reduced to an absolute minimum.

Consider breaking recces crews into separate smaller recces where possible. Private transportation should be used on recces.

Where a recce bus is used, there should be enough room/seats to allow for a 2m distance between everyone – more than one recce bus may be necessary to accomplish this. It is recommended that the bus company's hygiene protocols are checked and that they are implemented in practice – see also [Transport and Unit Vehicles](#)

Overnight stays in accommodation should be avoided. If it is essential, single occupancy accommodation should be obtained and the hygiene and social distancing measures at the venue confirmed before use.

If any recces overseas are planned, then additional controls and checks regarding travel and specific country government restrictions will have to take place. (Consult First Option if overseas recces are intended).

Rest Areas

To maintain social distancing while using rest areas, you should consider the following:

- Staggering break times to reduce pressure on rest rooms or places to eat.
- Using safe outside areas for breaks.
- Creating additional space by using other parts of the worksite or building that have been freed up by remote working.
- Using protective screening for staff in receptions or similar areas.
- Providing packaged meals or similar to avoid opening staff canteens, where possible.
- Reconfiguring seating and tables to maintain spacing and reduce face-to-face interactions.



Return to Work Testing

The False Positive Issue

PCR (Polymerase chain reaction) and LAMP (Loop-mediated isothermal amplification) tests both look for viral RNA rather than the virus itself. This is because the techniques used to detect 'live' virus don't lend themselves to mass testing.

Sufficient viral RNA to give a positive result can remain weeks after the virus has cleared and a person is no longer infectious

WHO Guidance and the scientific consensus is that people are no longer infectious:

- 10 days after symptom onset **and** symptom free for at least three days (or 10 days after first positive test if asymptomatic).
- For [close contact work](#) we advise 10 days after symptom onset and symptom free for at least three days.

For this reason, we advise that anyone returning to work:

- Must only do so in line with line with Government guidelines regarding isolation period and end of symptoms;
- Positive test results in the 90 days since original symptom onset / first positive test if asymptomatic should be treated with caution and carefully interpreted by a doctor familiar with the particular test;

- All other transmission reduction protocols should continue to be followed as far as possible;
- A positive test after 90 days should still be treated with caution. While it is possible to be infected with COVID for a second time, this test could again be a false positive. If the test subject is asymptomatic the advice of a doctor should be sought before a decision is made regarding another self-isolation period.

Unless productions have robust medical/scientific support in place to interpret the test results and make appropriate clinical judgements, we advise against retesting after a confirmed infection. Understanding if a test result is close to the LoD, plus interpreting and explaining lab results and what they actually mean has many nuances and should be undertaken by an expert (see [Interpreting Test Results](#) section above).

Scripted Action



Wherever possible, the scripted action taking place should maintain a physical separation of at least 2m between cast members. Work should be planned to maintain this distance as the norm. If 2m separation cannot be achieved, you should consider whether the activity should continue.

Where a 2m distance is not possible, alternative scenes/ action, ways of filming should be considered. Can camera angles be cheated to make it look as though actors are closer than they really are to each other?

Intimate scenes involving close contact between actors will need to be carefully considered and risk assessed before going ahead. There are a number of approaches that can be employed involving the use of testing and isolation combined with other control measures. See [Close Contact Work – Isolation and Testing](#) for further details

Large [crowd scenes](#) will also need to be carefully considered and risk assessed on a case by case basis. If a 1m distance cannot be maintained by all those taking part, other mitigations to minimise the risk of transmission should be put in place. Consideration should be given to CGI options, or possibly using supporting cast from the same household.

Anyone who is in a [‘clinical vulnerable’](#) category will need special consideration and enhanced measures to be part of a cast. Speak to a First Option Medical Consultant for any specific advice. Additional controls will also be required for any [child actors](#) that are cast – consideration should be given to the level of understanding of [distancing](#) measures which children of different ages will have, and what is an appropriate risk for child

performance. Young children should ideally only interact with a parent, or member of same household where distancing measures cannot be guaranteed.

Sound department

All sound equipment should be cleaned before use and not reassigned without re-sanitising. Headphones and personal microphones should not be shared.

Close contact with cast/contributor should be limited to designated crew member(s) wherever possible. Preferably, use boom and plant mics where possible.



Timecode units and timecode slates should be transferred to camera department at the start of the project. Timecode synchronisation should be done remotely using a timecode network, negating the necessity to physically jam cameras or slates.

Audio to camera operators and crew should be provided using remote heads, synchronised with any video screen latency to assist remote operation of cameras in order to reduce number of crew on location/set.

Additional headphones, receivers, belt packs and radio mics should be provided as more headphones will be required for crew not able to be on set during line-ups, rehearsals & takes. Each member of the crew should be given a labelled headset which they are responsible for and not shared with anyone or who can provide their own.

Work should be done with costume department in pre-production to pre-rig microphones in optimum positions in costumes to avoid microphone being affixed to actor/contributor or requiring further adjustment when artist is in costume. This may require costume decisions to be taken earlier. Consider testing during pre-production.

In circumstances where fixing microphones to costumes is not an option, sound crew should work with hair department to investigate hairdresser fitting microphone in hair.

Multi-speaker public address system for 1st AD, Director or others as required to address crew should be pre-rigged. The number of microphones required should be predetermined with production. Microphones should not be shared between users.

The Sound Mixer does not need to be on set but should be provided with suitable isolated area. On location this may be a separate room.

For any sequences in moving vehicles, the sound mixer should be in separate vehicle.

Sound mixer should use radio mics with extended range or with recording capability to negate having to travel on tracking vehicle or picture vehicles. Provision should be made for individual recordings to be re-mixed for dailies at end of day or a suitable break in shooting.

Sound Mixer should communicate with the director, Script Supervisor, DP, Video Village, 1st AD and the sound crew via Directors Open Comms Headsets and with other departments via walkie talkies across various designated channels.

Boom operator(s) should stand and work at a minimum of 2m during rehearsals and takes.

Disposable covers should be used for boom mics and be changed regularly.

At end of the day's filming, thorough cleaning and disinfecting of all the sound equipment should be undertaken using at least 60% alcohol disposable wipes.

Special effects



SFX supervisors should, like other suppliers, provide the production with their relevant COVID-19 protocols to ensure they are in line with the protocols set out on the project.

A full SFX risk assessment should be completed for each special effect activity. This should include systems and arrangements to manage the COVID risk.

SFX supervisors should present initial special effects plans electronically and discuss using video conferencing systems where possible.

SFX supervisors should consider structuring the department to separate support for on-set operations from post-production work, to minimise contact with on set crew where possible.

SFX Testing – a dedicated testing area should be allocated, and enough time allowed to test and clean rigs/effects. Before rehearsals and shooting, allow time for final wipe down of SFX equipment/rigs.

Only the SFX team should handle, clean and store away safely their own equipment where possible.

When considering the use of smoke/fog effects e.g. using glycol, oil, dry ice, 'cracked' water, liquid nitrogen etc. the requirements should be discussed with the manufacturer in advance to assess any potential COVID-19 related risk.

Where possible, remote equipment/devices should be used, for example, smoke machines with remote buttons.

There is no hard-scientific data showing any COVID-19 related risk or benefit associated with the use of thermal fogging devices used in the industry. When using haze effects indoors, productions should ensure they keep the space well ventilated as much both before and after use.

Pyro Storage and Test areas

There should be a designated test area for the sole use of each separate production.

Where it is not possible to have individual pyro storage facilities, the storage facility should be thoroughly cleaned upon departure.

A team should be allocated to solely transport pyrotechnic articles back and forth from the testing location to the pyro store. All items should be sanitised before and after use.

Where feasible, separate access routes should be planned to keep departments away from one another.

Studios and Sets

General

Set designers should collaborate with all HoDs in considering the potential effects of their designs upon the floor space available to accommodate the number of cohorts and bubbles required off set.

Castings, costume fittings and read throughs should be done remotely via video conferencing.

Crew and cast should be asked to print off any scripts, production notes etc. they need before arrival or access them electronically via smartphone, tablet or their own laptop. They should be encouraged to bring their own drinks, refreshments, meals and/or drinking bottles.



Wherever possible call times should be staggered so that each department is given access at timed intervals to help prevent crowding on arrival to set. Ideally, a one-way system should be introduced to help social distancing.

Upon arriving at the studio, crew may be subject to [health screening](#) before commencing work and monitored thereafter. If anyone has a high temperature or displays other coronavirus symptoms, they should be sent home.

Work should be carefully co-ordinated to help ensure that a minimum number of people are given access to a set at any one time – e.g. art department to dress a set and exit the set before lighting technicians go in to light the set.

Alcohol wipes and sanitisers should be made available as well as face coverings and PPE as required by the risk assessment.

During studio operation, department can be organised in a zonal system to maximise efficiency around the camera, reduce cross contamination and facilitate creative intent.

Each department should be allocated a designated area on set for themselves and their equipment.

Any department which can remain on stand-by should do so off set. Conduct dressing, pre-lights, etc. well in advance of the shooting crew arriving to keep crew from those departments separate.

Whenever a department finishes its tasks on set, any shared areas or equipment should be wiped/cleaned before the next department starts work – see [Cleaning and Disinfection](#)

Use of radio comms will help to reduce the need for close personal contact. Open comms can help when a more detailed conversation is required between several people – this will prevent people coming together in a close group to discuss.

Where practical, remote monitoring, remote focus, unmanned cameras, and other technologies allowing operating at distance should be used.

A software system (such as QTAKE) can be utilised to help reduce the numbers on set/video village – this type of system helps to enable shoot direction remotely.

No visitors should be allowed on set.

Behind the Scenes/Making-of-content crews should not be part of a standard shooting set unless they can remain within a single designated area. Fixed cameras, remote cameras and time lapse style setups should be considered as alternatives.

Ventilation

There is increasing evidence that virus transmission risk is high in unventilated spaces where people are gathered for prolonged periods. Studios should be well ventilated and ideally a through draft created by opening studio doors whenever this is possible.

If using a centralised ventilation system that removes and circulates air to different rooms, it is recommended that recirculation is turned off in order to use a fresh air supply.

Other types of air conditioning systems do not need adjusting. Speak to a suitably qualified heating ventilation and air conditioning (HVAC) engineers or advisers if unsure.

Stunts



Stunt Co-ordinators should, like other suppliers, provide the production with their relevant COVID-19 protocols to ensure they are in line with the protocols set out on the project.

A full stunt risk assessment should be completed for each stunt activity. This should include systems and arrangements to manage the COVID-19 risk.

All stunts should be discussed early on in the planning stages, where possible eliminating the need for close contact. Consideration should be given to CGI/Green screen/Plate options.

Stunt coordinators should present initial stunt plans electronically and discuss using video conferencing systems where possible.

If possible, avoid actors carrying out any stunts – use stunt doubles to reduce the risk of injury, which might require medical treatment/further close contact during treatment etc.

Adequate time should be allowed for technical recces and only essential crew should attend. All scouting information to be shared electronically. Stunt coordinators should structure the department to minimise contact with on set crew where possible.

The Stunt Coordinator will often need to be able to liaise and interact heavily with other departments during planning and during a shoot day. To enable

this under strict COVID-19 rules additional “on-set” stunt crew would be needed to ensure limitations of contact.

Only the Stunt Coordinator should be permitted to interact with Costume, Make-Up, ADs, Camera, Lighting, as well as specialist crew such as Armourers, Stunt, Drone Ops, DIT, Military and Historical Advisors etc. Such face to face interactions should be avoided with more planning prior to shooting and replaced by radio / remote video conversations wherever possible.

Where it is essential for the double or stunt performer (i.e. those who are doing the stunt) need to interact, e.g. with hair, make-up and costume, time and exposure should be the absolute minimum. Stunt performers must follow costume, hair and make-up protocols

The photographing, digital capture and scanning of stunt performers and items such as stunt equipment/props and costumes should be planned in advance and done away from set wherever possible.

Do not share handheld equipment with cast or other stunt performers, to help reduce risks of virus transmission. Ensure all equipment is cleaned after use. Do not share any padding with cast or other stunt performers, ensure it is cleaned after use.

Personal stunt protective equipment (e.g. pads, braces, harnesses) should not be shared and must be cleaned after each use.

Stunt testing and rehearsal – a dedicated testing and rehearsal area should be allocated, with clear exit and entrance protocols. Enough time should be allowed to test and clean stunt equipment, rigs and props. Before rehearsals and shooting, allow time for final wipe down of stunt equipment/rigs and props.

Only the Stunt team should handle, clean and store away safely their own equipment where possible. Where Stunt performers need to either travel across multiple locations, private transport should be provided to accommodate this without sharing other transport.

Before rehearsals and shooting, a final sterilisation of any key on-set stunt equipment should be undertaken. Sufficient time should be allocated to facilitate this.

Sufficient working space needs to be allocated for any off-set Stunt review in accordance with any distancing measures.

Stunt Equipment storage, test and holding areas

There should be a designated test area for the sole use of stunt department during production.

Intimate action sequences and scenes involving close contact between actors and stunt performers will need to be carefully considered and risk assessed before going ahead. Actors and stunt performers involved in such scenes may need to be tested before carrying out the action. It may be a possibility to use actors/stunt performers who are from the same household so that the social distancing measures would not apply.

When stunt co-ordinators or their team need to fit harnesses or equipment onto cast or other stunt performers they will need to get closer than 2m. PPE will be required for both. Where possible they should be side by side and not facing each other. Where close contact is essential, this should be kept to the minimum time possible. PPE including face masks and visors may be required for both.

Large [crowd scenes](#) should be carefully considered and risk assessed on a case by case basis depending on the current government advice on mass gatherings. If a 2m distance cannot be maintained by all those taking part, then other mitigating measures must be considered for 1m plus. Consideration should be given to CGI/Green screen/Plate options.

Temporary Accommodation

If possible, overnight accommodation during production should be avoided. If it is necessary, single occupancy accommodation should be obtained and the hygiene and social distancing measures should be confirmed before use.

Training and Awareness



COVID-19 Production Training

* Production Safety Passport - [details](#)

Course Title	COVID-19 Awareness on Production – Basic Level	COVID-19 Production Risk Awareness – Intermediate Level	COVID-19 Supervisor/ Compliance Officer – Advanced Level
National Occupational Standard	Level X2.0	N/A	Level X3.5
Provider	Screenskills - Website	First Option	First Option
Course aims	Basic training so that film and TV workers know how to keep themselves, colleagues, equipment and environment healthy and safe during COVID-19	To provide an understanding of the current risk management protocols in respect of COVID-19 and production	To provide competency to production staff who will be performing the role of the COVID-19 Supervisor/Compliance Officer on productions
Who for	All production staff	HoDs and individual production staff enrolled to assist in delivering COVID-19 H&S arrangements on productions Covid 'Marshall', 'Coordinator' or 'Monitor'	Designated person on production with responsibility and authority for implementing, monitoring and overseeing COVID-19 arrangements on productions
Prerequisites	None	Screenskill's Coronavirus basic awareness on production training	First Option's COVID-19 Production Risk Awareness training (for 'top up' course). Requisite production experience (PM, AD, Location Manager etc.) or valid PSP*
Duration/Delivery	1 hour online (40-minute module; 20-minute assessment test)	3.5 hours – 3-hour tutor led video conference learning on general principles; 30-minute online test. Five course variants are Technical depts; Locations; Art/Construction /Props, Production/ADs/Creatives, and HMU/Costume/Wardrobe.	5.5 hours (or ½ day top up) – tutor led video conference learning (5 -hours); 30-minute online test; and marked practical risk assessment assignment
Qualification	Attendance certificate issued. Delegates must pass online test during course	Attendance certificate issued. Delegates must pass online test	Attendance certificate issued. Delegates must pass online test and post-course practical risk assessment assignment
Role parameters	Individual employee has HSAWA section 7 duty to cooperate with their employer (production company) to enable them to comply with relevant statutory provisions, including COVID-19 arrangements and protocols	General H&S duties under HSAWA plus specific delegated COVID-19 tasks and activities as assigned by the COVID-19 Supervisor or other senior production management team member	Responsibility and authority for COVID-19 compliance and enforcement, legal framework, including development and implementation of H&S precautions, policies, risk assessment and procedures related to infection prevention practices, disinfection and PPE, monitoring physical distancing, testing, symptom monitoring, close contact work, and COVID-19 awareness and education.

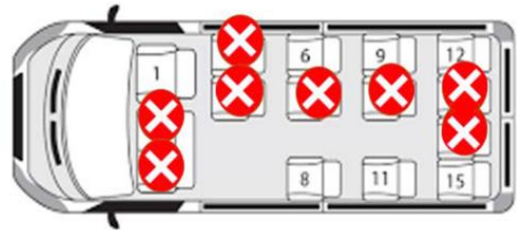
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The table above provide details of the range of COVID-19 related training currently available. For further information and bookings, contact training@firstoption.group

Transport and Unit Vehicles

Passengers should be positioned in the rear furthest away from the driver and separated using a clear plastic sheet.

Alcohol gel sanitiser and wipes should be made available within the vehicle for the passenger to wipe down the seat(s) and clean their hands



Spare face masks can be provided in the passenger cabin.

Each vehicle should be cleaned regularly and for each trip, the door handles (external and internal), arm rests, window switches, seat belts, trays, head rests, windows (inside and outside), and USB adaptors should be wiped down using an alcohol wipe.

The vehicle's air condition system should not be left in recirculation mode.

Vaccinations

Vaccines are critical tools for helping bring the pandemic under control when combined with effective testing and existing prevention measures. Currently, there are a number of COVID-19 vaccines available for which certain national regulatory authorities have authorised their use. The vaccines approved for use in the UK - Pfizer/BioNTech, Moderna and Oxford-AstraZeneca - have met strict standards of safety, quality and effectiveness set out by the independent Medicines and Healthcare products Regulatory Agency (MHRA). You can read information about the vaccines on the [NHS website](#) and on the [government website](#).

In terms of the impact of vaccines upon production work and how they should be considered in the context of other control measures adopted by productions, we have produced our own technical bulletin which you can view [here](#).

Visual effects

VFX supervisors should, like other suppliers, provide the production with their relevant COVID-19 protocols to ensure they are in line with the protocols set out on the project.

A full risk assessment should be completed for each visual effect activity. This should include systems and arrangements to manage the COVID risk.



All visual effects should be discussed early on in the planning stages, where possible eliminating the need for close contact. VFX supervisors should present digital concept work and pre-viz remotely where possible.

Adequate time should be allowed for technical recces and only essential crew should attend. All scouting information to be shared electronically.

The VFX department often need to be able to liaise and interact heavily with many departments during a shoot day. To enable this under tighter conditions additional on-set VFX crew would be needed to ensure limitations of contact.

Only the VFX Supervisor should be permitted to interact with Costume, Make-Up, ADs, Camera, Lighting, SFX, DIT as well as specialist crew such as Armourers, Stunts, Drone Ops, Military and Historical Advisors etc. Such face to face interactions should be avoided with more planning prior to shooting and replaced by radio / remote conversations wherever possible.

The photographing, digital capture and scanning of cast, stunt performers and items such as props, costumes should be planned in advanced and done away from set wherever possible. For example, a dedicated VFX space to allow [distancing requirements](#) to be achieved.

Do not share handheld equipment, such as chrome or grey balls and cameras, to help reduce risks of virus transmission.

Where VFX need to either travel across multiple locations or between Post or Production facilities, private transport should be provided to accommodate this without sharing other transport.

HDRi photography and camera data would need to be captured by an on-set VFX Supervisor requiring the set cleared prior to accomplishing.

The On-Set VFX supervisor may need to apply tracking markers and photograph props on set, some of which would need to happen in and around camera set-up for each take.

Additionally, the On-Set VFX Supervisor role may need to split between one who is always on the floor and another who is just outside and liaising with off-set crew but still on location, potentially requiring a doubling up of that role.

Before rehearsals and shooting, a final sterilisation of any key on-set VFX equipment should be undertaken.

VFX Dept may need to work alone on set to capture the set / location before any changes are made after shooting days. Sufficient time should be allocated to facilitate this.

Sufficient working space needs to be allocated for any off-set VFX review / data work to be carried out safely and in accordance with any distancing measures. There should be no physical cross-departmental interaction in these areas.

Working outside/coming into the UK

If travel to/from the UK is required as part of the production you should consider the latest [government travel advice](#) and plan for this, you should also take into consideration that this advice can be updated at very short notice. Some exemptions apply to individuals coming into some areas of the UK to work on film and television productions.

If you intend to travel to [England](#), [Scotland](#), or [Wales](#), including UK nationals returning home from travel abroad, you must provide evidence of a negative COVID-19 test result taken up to 3 days before departure, and quarantine for 10 days either in the place you're staying or in a quarantine hotel.

More details can be found on the [government website](#), the associated [BFI guidance](#) and guidance for [TV Productions](#). Exemptions apply to individuals coming into Scotland to work on film and television productions and further details can be found on the [Scottish Government](#) website.

For travel in Northern Ireland, Scotland and Wales you should refer to regulations and guidance from relevant devolved authorities. Productions should always consider whether there are local restrictions in place where they are filming.

For those working away from the UK, you should always check for any changes to the Country's government guidelines on quarantine at the time of arrival as updates may have been made between booking travel and arriving in the relevant destination. The UK government has issued advice on [safer air travel for passengers](#).

Specific COVID-19 related advice for television and film shooting in various countries can be found as follows:

[Australia](#) [Austria](#) [Belgium](#) [Canada](#) [Croatia](#) [Cyprus](#) [Czech Republic](#)
[Europe General](#) [Finland](#) [France](#) [Germany](#) [Greece](#) [India](#) [Ireland](#) [Italy](#)
[Lithuania](#) [Netherlands](#) [New Zealand](#) [Norway](#) [Poland](#) [Portugal](#) [Serbia](#)
[Slovakia](#) [South Africa](#) [Spain](#) [Sweden](#) [Ukraine](#) [US – AMTPT](#)

The [Independent Film & Television Alliance \(IFTA\)](#) has useful links to worldwide production guidelines.

First Option Support

What we can do to help you

Risk Assessment

- As noted above these high-level protocols need to form the basis of a more detailed, specific risk assessment for the production relevant to the people, location and activities planned. A generic risk assessment can be found [here](#).
- First Option can support you with the production of the Risk Assessment and implementation of the required controls.

Training

- We have developed a suite of COVID-19 Production Safety training which can be delivered online via video conferencing. See [here for more details](#).

Equipment

- Our safety Store can provide PPE, sanitising gels and wipes and other PPE as well as infra-red and manual thermometers and antiviral fogging liquid and equipment in addition to the normal range of safety equipment - [More information can be found here](#).

H&S Onsite Support

- Many of the measures detailed above will require the new ways of working. Productions should consider onsite H&S support to create and oversee these new measures.

Medical Support

- We can supply medics to monitor employee health including taking temperatures as well as the normal first aid cover.

Disinfection / Decontamination

- Our in-house experts can help you navigate your way through disinfection products and protocols and provide specialist deep cleans and validated disinfection services on a one-off or ongoing basis.

Testing

Working with production doctors, we can arrange PCR and antibody testing as part of a testing and isolation regime to enable close proximity working

where necessary. We produce regular updates on production testing which you can find [here](#).

Website

- The most recent version of this manual can be found online [here](#).
- An [infographic](#) for general crew awareness and a [short video](#)
- Our website blog pages also include [updates on pandemic issues](#) (as well as other safety matters), FAQs and shared experiences and stories, not only from our consultants out in the field but feedback from our other clients. [Just click here to go to our What's New page](#).

Further Reading

First Option

[What's New](#)
[Self-declaration form](#)
[Equipment Stores](#)
[Production Training](#)

UK

[UK Broadcasters Industry Guide](#)
[National Health Service](#)
[Health and Safety Executive](#)
[GOV.UK - Main](#)
[GOV.UK - Travel Advice](#)
[MIND](#)
[British Film Industry](#)
[Directors UK – Intimacy Protocols](#)
[BECTU](#)

Non-UK

[World Health Organisation](#)
[Johns Hopkins University](#)
[St. Johns Ambulance](#)
[Centres for Disease Control and Prevention \(CDC\)](#)

Acknowledgements

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We are very grateful to the following external partners who provided input to and review of the manual:

Dr Oscar Duke MBBS MSc MRCP MRCP DFSA

Oscar is a GP, broadcaster and an approved doctor with production insurers who has extensive experience in supporting productions with everything from cast medicals to set visits. He is available for individual medical production consultancy and offers approved COVID-19 testing.

Dr Deirdre Galbraith MBChB, BSc Hons Biochem, MSc SEM

Dr DG works as a rural GP in the West of Scotland. Her qualifications include an Honours degree in Biochemistry. With a 20-year background in remote expeditions she now works in an advisory role to support productions and projects both at home the UK and in challenging environments abroad.

Sean Derrig – microbiologist

Sean is a microbiologist with in-depth knowledge of disinfection science and extensive experience in infection prevention and control and outbreak management, He has provided strategic advice, guidance and led implementations for a diverse range of clients including film and TV, Michelin starred restaurants, NHS Trusts and PLCs.

Jordan Katras and **Jai Lusser** from the ADA department of BECTU. Their [latest guidance document is here](#)

[British Stunt Register](#)

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Nothing in this document constitutes medical advice. We are not a health service provider or laboratory, nor do we provide any medical tests, or equipment, therefore we are not responsible for any result or information on the Services carried out by any third-party Testing Providers.

Safety First

www.firstoption.group



London Office (Registered Office)

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London
W1T 3LN

Office 0203 301 1256

Option 1 - Safety Advice Line
Option 2 - Onsite Support Bookings and
General Enquiries
Option 3 - Training Bookings
Option 4 - Safety Equipment
Option 5 - High Risk Advice

Edinburgh Office (Registered Office)

Action Media Safety Ltd
Summit House
4-5 Mitchell Street
Edinburgh
EH6 7BD

Consultants also in Liverpool, Manchester, Birmingham and Cardiff

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