THE YELLOW BOOK

Safety

COVID-19 PRODUCTION

MANUAL

4th April 2022

Contents

Introduction

About this Manual

This manual sets out the detailed measures we advise could be taken by productions to both operate safely and protect business continuity.

The legal responsibility of employers to assess and manage health and safety risks remains, and as such the risks associated with Covid-19 still needs to be considered. Currently, with community infection rates still high and the associated business risk from crew/cast becoming ill, it is still important that the Covid-19 risk is managed effectively at this time.

The guidance in this book continues to be reviewed regularly to ensure that it reflects Government and industry advice and best practice. It gives clear and proportionate advice on how to continue to keep your productions both healthy and safe at this time.

First Option's Baseline Advice for Productions

Depending on a risk assessment of the particular circumstances of your production, consider:

- Ensuring staff who have symptoms stay at home.

- Mask wearing, particularly in close contact or crowded situations;

- Distancing where possible;

- Ensuring good ventilation;

- Practising good hygiene;

- Regular antigen or PCR testing as appropriate – and take care when designing your test programme: make sure you understand what a particular test is telling you and what you plan to do with that information.

- Consider LFT testing for 7 days for persons deemed a close contact. The number of days to test is changeable depending on risk assessment of the situation i.e. where did the contact take place, how long for, what other mitigations were in place, are they involved in other close contact work without masks?

What hasn't changed is that the virus is still very much with us and that no single intervention is perfect – but using them together still gives the best chance of keeping the virus out of a production.

Also remember behaviours drive transmission, but behaviours also prevent transmission – vaccination, masking, distancing where possible and keeping levels of ventilation and hygiene high.

A final note is that if your production is making use of the Production Restart Scheme, you must ensure your protocols are in line with the Pact Industry Guidance and BFC Guidance.

Nation specific guidance

For Nation specific guidance please use the following links:

England Wales Scotland Northern Ireland

In England and Scotland, all workplaces can now consider COVID-19 as part of their routine risk assessment procedure. However, in Wales and Northern Ireland a Covid specific workplace risk assessment must be completed.

Risk assessment should be produced in consultation with those involved and should be shared with them.

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RIDDOR reporting

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.

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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. For individuals who fall into higher risk groups ([Who is at high risk from coronavirus (COVID-19) - NHS (www.nhs.uk)](#)) and the employer has been informed, a thorough risk assessment must be undertaken reduce the risk of exposure to COVID-19.

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' [(Equality Act 2010, Section 20)](#) is not possible whilst ensuring everyone's health and 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 general 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.

Remember, if your production is making use of the Production Restart Scheme, you must ensure your protocols are in line with the [PACT Industry Guidance](#) and [BFC Guidance](#).

Consideration should be made on the following control measures in order to mitigate the risk to your production:

- Ensure anyone who develops symptoms is asked to go home or not to come into work in the first place until they can have a COVID test to confirm whether they are positive or not.

- Anyone who tests positive should not come to work for a minimum of 5 days. They should take an LFT test on Day 5 and Day 6. Provided both tests

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are returned as negative and they do not have a high temperature (without the use of medication), you may allow them to return to work. Advisable to assess this on a case by case basis. If they continue to test positive or have a high temperature, they should remain away from work.

- Masking wherever possible. This is the single most effective non-pharmaceutical intervention that will reduce risk of infection. Note viral load in the nose is more than tenfold that in the throat so make sure the mask covers the nose too. Also FFP2 masks give better protection against inhaling the virus (mostly masks are 'source control').

- Regular cleaning of high touch point areas and promoting good hand hygiene generally.

- Promote social distancing where possible.

- Where the 2m social distancing is not possible productions should consider whether **mitigating actions** are possible to reduce the risk of transmission between crew, cast and contributors including for example:

  o Increasing the frequency of hand washing and surface cleaning.

  o Keeping the activity time involved as short as possible.

  o Using screens or barriers to separate people from each other.

  o Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.

  o 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.

- Consider having a **dedicated person** 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.

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- Consider the use of cohorts to avoid knock on effects to other parts of the production in the event of a positive case.

- Consider using 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.

- Consider limiting the general interaction between people and departments on set where possible. Essential crew only should be allowed on set. Wherever possible physical separation of at least 2m should be maintained.

- Consider keeping departments off set when they are not required. Where works can take place off set, do so.

- Consider 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.

- 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.

3. 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.

- 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 Testing for COVID-19.

4. 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.

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.

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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.

5. 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.

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 or other shared vehicles have to be used, consider reducing the number of persons in each vehicle, 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 and consider requiring all persons within the vehicle to wear a mask at all times.

Where public transport is used, staff should be encouraged to wear masks and wash hands regularly.

6. 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 [higher 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.

- Communicate the **results of your risk assessment** with the crew, cast and contributors.

- Productions may want to consider having a dedicated personnel with the appropriate training, skills and experience to develop, implement, monitor and maintain your control measures**.**

7. 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.

- Consider separating production areas into **working zones** to keep different production departments and cohorts physically separated as much as practical.

- Consider reducing job and equipment rotation.

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8. 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. John 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. 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 following is the Hierarchy of Controls which provides possible control measures that productions may consider depending on the work activities and assessment of the risk to business and health.

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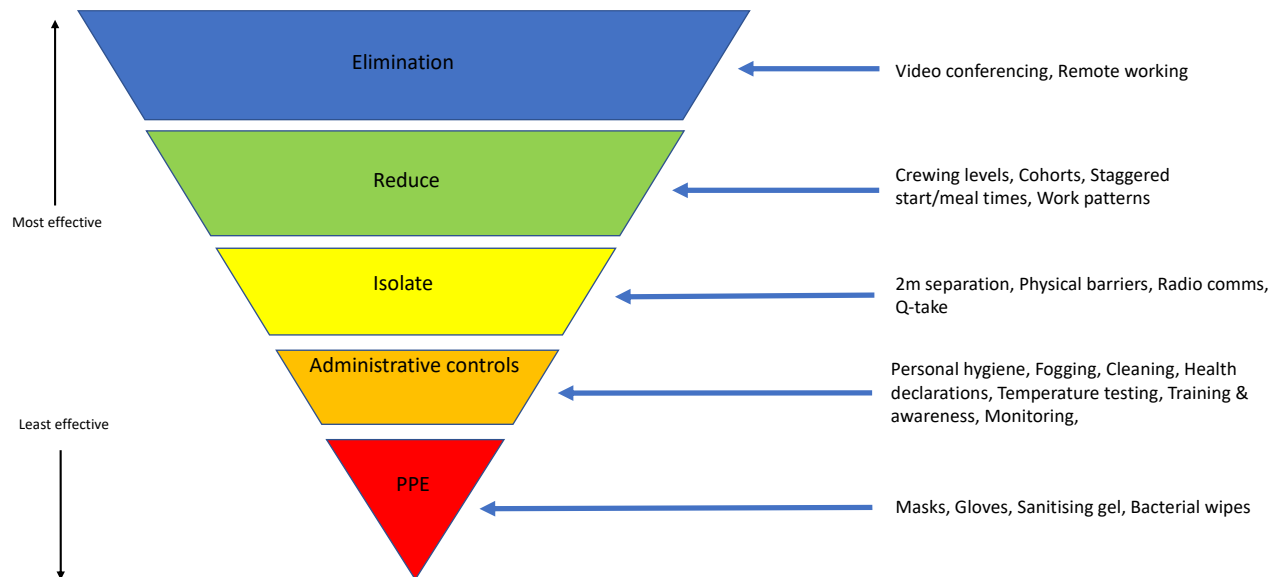
Eliminate - Does the activity really need to be done? Are there other ways of achieving the same thing – e.g. remote working or rearrange the task to ensure a safe distance of at least 2m is maintained between people.

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 It is an essential part of the fundamentals of risk assessment. 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

We've come a long way in two years. We now have a largely-vaccinated population which has dramatically reduced hospitalisations and deaths and therapeutic drugs for the few that do develop serious disease.

Also the removal of the requirement for mandatory isolation has the potential to mitigate interruptions due to COVID.

But the virus hasn't gone away and still has the potential to cause harm and disruption. Also there will be other variants and there's no guarantee they will be milder.

Productions need to remember:

- Behaviours drive transmission, not variants, but behaviours also prevent transmission – so mask, distance where possible and do all you can to keep levels of ventilation and hygiene high.

- Despite there being no statutory requirement to isolate, if people have the virus they will likely need time off and in any event can still pass it on to others.

Detailed Protocols

Testing for COVID-19

Testing is complicated. Let's see if we can simplify it.

Different tests tell you different things and you need to be clear on **what a test result is actually going to tell you** plus **what you are going to do with that information** before you start.
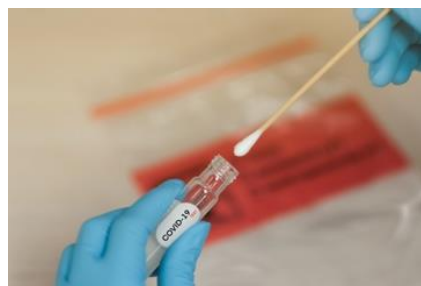
KEY FACTS

1. No test can *definitively* rule out that someone does **not** have COVID-19 or that they are **not** infectious.

2. COVID tests don't detect 'live' infectious (or '*replication competent*') virus. They are looking for different *components* of the virus – so dead virus and sundry viral junk that's left over after an infection has passed can still register as positive.

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3. Testing cannot replace masking and the other physical measures that prevent viral spread. It tells you what's already happened.

For these reasons, our consistent advice has been ***don't over-test***. Use it where you need to, for example when shooting an intimate scene or in other situations where masking etc. is not possible.

Many productions use testing to enable close contact working for key cast, crew and contributors. Some productions (particularly those with US Studios and SVODs' involvement) use testing for a much wider group of crew and cast to meet the requirements of sector unions, insurers, and/or for their own risk management.

NB For those productions who are part of the Production Restart Scheme (PRS), Rule 14 requires productions to follow the Industry guidance on close contact cohorts.

TYPES OF TEST

Broadly there are two types of test available to productions:

- **Nucleic Acid Amplifications Tests (NAATs)**

  These are tests such as PCR and LAMP. If there's even the minutest amount of viral RNA (genetic material) in a sample, NAATs double it and double it over and over again until there's enough there for the machine to detect.

  This gives NAATs great *analytical sensitivity* – but because viral RNA is present long after an infection has cleared, people can remain PCR-positive while neither infectious nor a risk to a production. This is the reason for the '90 day' no testing after an infection advice.

- **Antigen-Based Tests**

  Antigens are viral proteins and presence of antigen correlates far more closely with infectiousness (which is what you really need to identify). There are two types common on productions: visually-read lateral flow tests (LFTs) and Immunofluorescence antigen tests (IFA).

  LFTs are fast and simple to use but won't *reliably* identify someone who is on the cusp of becoming infectious.

  The better IFA machines out there can identify someone on the cusp of infection as reliably as PCR and don't suffer the 'long tail' of RNA detectability when using PCR in people who have had COVID-19 but are no longer infectious.

THE TRAJECTORY OF INFECTION

This is dependent on a number of factors – immunity (so vaccination status and previous infection), how much virus they are exposed to, the general state of their immune system – so it's difficult to be prescriptive.

On average:

- People develop symptoms 2-4 days after exposure;

- They are capable of passing on an infection a day or so before symptom onset – but not everyone develops symptoms so 40-50% of transmission is from the asymptomatic;

- Virus is detectable in the throat before the nose (throat median 1.7 days after exposure, nose 2.4 days);

- Viral loads in the nose are >10x greater than in the throat – so make sure those masks covers the nose too;

- The average time from the point of infection to clearance of viable virus is 10 days in the nose, 9 days in the throat – so 6-8 days after symptom onset.

- **Absence / presence / severity of symptoms is not a proxy for infectiousness** – they are not linked.

WHAT WILL TESTS PICK UP - AND WHEN?

Early in an infection there isn't much virus present so there is a degree of 'luck' when taking swabs. If there's not much virus present you might not actually get any on a swab. But after the first 1-2 days infectious viral levels build rapidly.
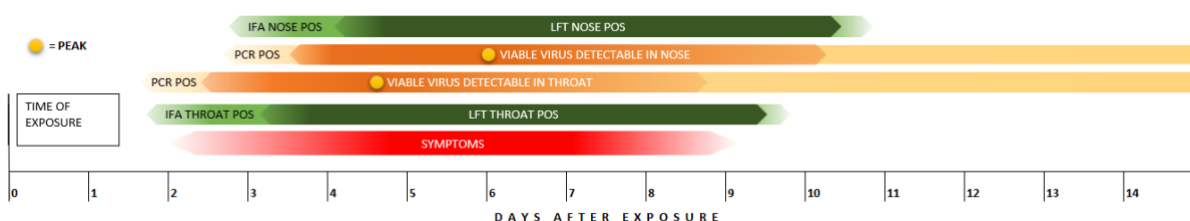
So PCR and the most sensitive IFA tests should identify people on the cusp of becoming infectious whereas LFTs will pick up people 24-48hrs later - or when they are already infectious.

In summary:

- PCR and LAMP are very sensitive but have a 'long tail' of positivity after infection – so you won't know if someone who tests positive (but with a low RNA load) is at the start of an infectious process or has recovered from

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one some time ago. In such cases productions may wish to consider isolating and repeating the test 24-48hrs later.

For this reason, PCR is the 'gold standard' **diagnostic** test (i.e. for people with symptomatic COVID) but a poor **screening** test for the asymptomatic because it correlates poorly with *actual infectiousness*.

The rapid PCR tests available to use on set generally take ~4 hours but if the sample is going to a lab it's generally >24hrs.

- Good IFAs (see later) will pick up people at the start of an infection as accurately as PCR and have a far shorter 'tail'. They are also rapid: 15-30 minutes from sample taking.

- LFTs are very good at picking up people who are likely infectious – but not as early as other methods. This means they are a good general screen but not sensitive enough for close contact / intimate work or as a justification for removing other controls.

Time to result is a very important factor. You have a greater chance of keeping the virus out of a production using daily ('low sensitivity') LFTs than a weekly, highly sensitive PCR.

HOW GOOD IS A TEST?

Most manufacturers quote (clinical) sensitivity - the ability to correctly identify a positive - and (clinical) specificity - the ability to correctly identify a negative.

But these are meaningless without taking *analytical* sensitivity (also termed Limit of Detection) into account. The LoD addresses the question *how much stuff needs to be in a sample for the test to reliably detect a positive*? And by 'stuff' we mean 'analyte' – viral RNA on PCR/LAMP or antigen on IFA/LFT.

So the lower the LoD the less 'stuff' you need to be present – so the earlier you can identify someone who may be / become infectious.

PCR tests often quote a Cycle Threshold (Ct) number. If you recall, PCR sequentially doubles the amount of viral genetic material in a sample and the Ct is how many of these doubling cycles were required before the machine could detect viral RNA.

If there's a lot there to start with you need fewer cycles for the machine to be able to detect it - so low Ct = lots of viral RNA, high Ct = less viral RNA.

The data suggest that a Ct on PCR >31 or so means 'live' virus will not be present so an individual is highly unlikely to be able to pass on an infection.

However, if the manufacturer's instructions for that particular PCR is (say) "Ct <38 should be treated as positive", that is the result the lab will give you.

This is where the clinical sensitivity (the ability to reliably identify a positive) quoted by manufacturers comes in, especially with lateral flow tests. An LFT might be 95% sensitive at Ct<25 (likely very infectious) 80% at Ct25 (still infectious) and 60% at Ct 28 (probably not really infectious but not quite guaranteed out of the woods yet either).

On the plot below, we show two methods of measuring viral load.

The left hand (blue) vertical axis is viral genome copies measured on PCR (often wrongly called 'viral load' – it's RNA load) and on the right had (orange) vertical axis there's a measure called $TCID_{50}$ which is the unit the Limit of Detection of most antigen-based tests is quoted.

The MHRA has two standards for judging tests: the minimum 'acceptable' standard and the 'desired' standard – or what the MHRA considers 'good' looks like. We've added those as the dashed lines. You can see that tests that meet the MHRA 'acceptable' or 'desired' standard will pick up people who are positive but not infectious – yet.

The yellow shading shows where LFTs fall (most have a $TCID_{50}$ between 100 and 150).
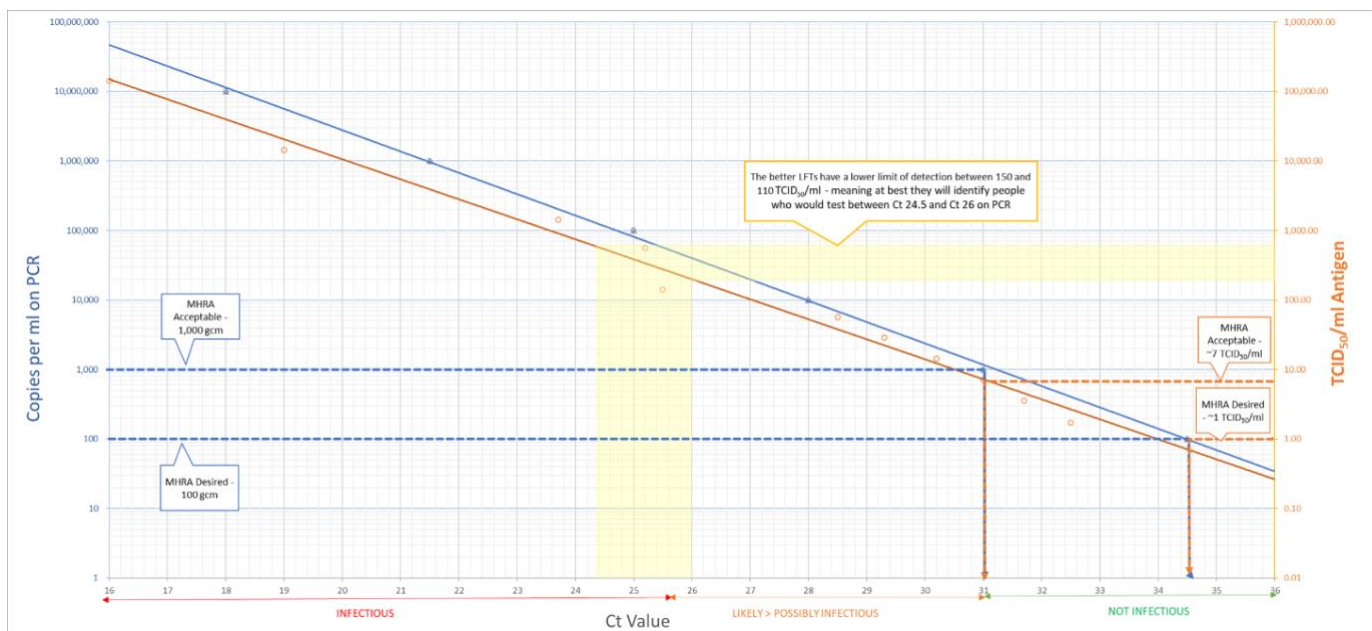
	MHRA ACCEPTABLE	MHRA DESIRED
PCR	≤1,000 genome copies/ml	≤100 genome copies/ml

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ANTIGEN	≤ 1 TCID$_{50}$/ml	≤ 7 TCID$_{50}$/ml

For reference:

While the MHRA standards above are not mandatory, they are a good benchmark for identifying how 'accurate' a test is – and remember that 'accuracy' is about identifying people who might be a threat to a production, not people with miniscule amounts of viral RNA remaining from a previous infection.

The MHRA 'acceptable' standard of 1,000 genome copies per ml equates to a Ct on PCR of about 31, the 'desired' standard equates to 34.5. the consensus in the literature is that anyone testing with a Ct on PCR at these levels or higher will not be infectious.

Bear in mind that some 'point of care' (on set) PCRs and IFAs do not meet the above standards. Which they aren't required to because the MHRA standards are guidance, not mandatory.

But productions should take great care when selecting a testing solution.

For example some 'mini' PCRs have LoDs so high they may miss the potentially infectious and some IFAs have LoDs no better than LFTs – and so will be no better at identifying the infectious.

For this reason **our advice** is that if a production is using testing to enable close or intimate work rather than as a general screen, they should consider using a test that meets the MHRA 'acceptable' performance characteristics.

Catering and eating arrangements

Consider a staggered approach to breaks and mealtimes 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.

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.

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

Cleaning and Disinfection

This is a very social virus. Its principal mode of spread is person-to-person and not via surfaces – but it's not impossible for it to spread that way so general hygiene is important. 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.

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

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.

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, 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.

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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.

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

Ideally, 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.

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.

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 overhead.

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 following a suspected or confirmed positive case should be double-bagged and disposed of as general waste.

Crowd scenes and Audiences

Crowd scenes

Consider numbers of supporting cast with respect to the space available.

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.

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 where possible or ensure all persons involved, crew and supporting artists, are wearing face coverings. Keep time in close contact as short as possible.

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

Supporting Artists may be subject to health screening including declarations. Face coverings should be considered for Supporting Artists as part of the risk assessment process.

Audiences

Where audiences are integral to the production consideration should be given as to whether the use of NHS Covid pass (or an alternative lateral flow test) is required.

Other control measures to consider:

- Limiting the number of audience members so that capacity is at a level that allows social distancing to be maintained.

- Consider having the audience present for as short a duration as possible.

- 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.

- Collecting records of visitors and staff in line with GDPR rules – see Data Collection.

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.

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.

Distancing

Physical separation of at least 2m continues to be an effective way of reducing the risk in the workplace. Productions may want to consider that in certain situations, where the risk is higher, that social distancing continues to be required.

Domestic Dwellings

Filming in Private Houses

Productions may want to consider the need to continue social distancing, wearing of face coverings in enclosed spaces, ensure good ventilation is in place and asking those who live at the property or may be present whether they are in higher risk groups.

Hair and make-up

It is no longer 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, however it is strongly advised.

If visors are worn, they 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.

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

Where possible, 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.

Consider having additional monitors available on set for checks to avoid crowding round monitors. The number of touch-ups on set should be minimised as much as possible.

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.

- Do not consider themselves to be at higher risk from COVID 19 due to health or personal circumstance.

- Undertake to declare immediately any onset of symptoms or contact with anyone who has symptoms of coronavirus.

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 LFTs, or health screening and review the controls they have put in place to make sure they are still required.

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

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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.

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For those productions who are part of the Production Restart Scheme (PRS), Rule 14 requires productions to follow the Industry guidance on close contact cohorts.

Locations

Indoor Locations

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.

Personal Protective Equipment (PPE)

Facemasks

The science supports wearing masks, with recent studies suggesting that they could save lives in different ways: research shows that they cut down the chances of both **transmitting** and **catching** coronavirus, and some studies hint that masks might **reduce the severity of infection** if people do contract the disease by lowering the amount of virus (the infectious dose) they are exposed to.

There are too many studies to list here but to cherry pick one, weekly increases in per-capita mortality were four times lower in places where masks were the norm or recommended by the government when compared with other regions. Researchers looked at 200 countries, including Mongolia, which adopted mask use in January and, as of May, had recorded no deaths related to COVID-19.

Another study looked at the effects of US state-government mandates for mask use. Researchers estimated that those reduced the growth of COVID-19 cases by up to 2 percentage points per day. They cautiously suggest that mandates might have averted as many as 450,000 cases, after controlling for other mitigation measures, such as physical distancing.

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Masks work (and not just FFP2/3 / N95) but it should be emphasised that use of facemasks is a key part of the core preventive measures that are recommended to reduce transmission risks. It should also be noted that FFP2/3 masks offer a degree of protection against inhaling the virus (provided they are properly fitted) whereas lesser masks only really provide source control (helping prevent people spreading it).

Face masks as 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 should use masks that are the most effective at preventing spread, the 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).

Other masks 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 and should not be used.

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.

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- 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 where wearing a face covering may be 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 no longer required by law in England. Scotland, Wales and Northern Ireland have their own individual requirements on the subject of wearing of face coverings in public. Some people don't have to wear face covering including for health, age or equality reasons.

Those who have an age, health or disability reason for not wearing a face covering should not be routinely asked to give any written evidence of this, this includes exemption cards. No person needs to seek advice or request a letter from a medical professional about their reason for not wearing a face covering.

Some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, badge or even a home-made sign.

Where individuals choose to wear a face covering, or productions decide that it is beneficial collectively for all 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.

Vaccination

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 offered for use in the UK - Pfizer/BioNTech, Moderna,Oxford-AstraZeneca and Janssen / Johnson&Johnson (not currently available)- have met strict standards of safety,

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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.

Other vaccines that are approved (e.g. for travel to the UK) include Covaxin, Novavax (Nuvaxovid and Covovax), Sinopharm Beijing and Sinovac-CoronaVac.

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.

The rules related to entering the UK change regularly but can be checked according to the country travel is intended: England, Scotland, Northern Ireland or Wales.

More details can be found on the government website. 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 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 be 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.

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First Option Support

What we can do to help you

<u>Risk Assessment</u>
- First Option can support you with the production of the Risk Assessment and implementation of the required controls.

<u>Equipment</u>
- 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.

<u>H&S Onsite Support</u>
- Many of the measures detailed above will require the new ways of working. Productions should consider onsite H&S support to create and oversee theses new measures.

<u>Disinfection / Decontamination</u>
- 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.

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

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GOV.UK - Travel Advice

MIND

British Film Industry

Directors UK – Intimacy Protocols

BECTU

Non-UK

World Health Organisation

Johns Hopkins University

St. John Ambulance

Centres for Disease Control and Prevention (CDC)

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Trained in medicine at Cambridge University and after spells in anaesthetics and general practice settled on a career in Occupational Medicine. He has worked for a number of high profile organisations including Ford Motor Company, Sky, The Financial Times and the NHS. He then spent 25 years at the BBC, latterly as Chief Medical Officer. He is particularly interested in health risks associated with television production and has occasionally been involved on the other side of the camera. He also has an interest in wellbeing, particularly mental health and work related stress.

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.

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Legal Disclaimer

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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.

For productions using the Production Restart Scheme we are aware of a number of ambiguities, inconsistencies and out of date requirements in the industry guidance and its interpretation by Marsh for the Scheme. We strongly advise all productions using the Scheme to agree their protocols and procedures with Marsh in advance in writing. While we will advise on health and safety and the avoidance of production interruption to the best of our ability, we accept no liability for subsequent disputes that may arise between productions and the PRS / Marsh over the detail and implementation of COVID-19 policies.

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www.firstoption.group

Safety First

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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

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