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AMERICAN GUILD *of* MUSICAL ARTISTS

SDC

STAGE
DIRECTORS AND
CHOREOGRAPHERS
SOCIETY

UNITE. EMPOWER. PROTECT.

Return to Stage and Performing Arts Playbook

This is a living document that will continue to be updated as new information is confirmed about COVID-19 and its effect on the performing arts. To view the most updated version, click [here](#).

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DISCLAIMERS:

THE COVID-19 PANDEMIC CREATES DIFFERENT CHALLENGES FOR DIFFERENT COMPANIES BASED ON COUNTLESS FACTORS.

THIS PLAYBOOK SEEKS TO INFORM AGMA AND SDC - IN THEIR WORK WITH PERFORMING ARTS COMPANIES - OF REASONABLY FORESEEABLE HEALTH RISKS AND OPTIONS FOR MITIGATING THEM.

THIS PLAYBOOK IS NOT INTENDED AS LEGAL, SCIENTIFIC, OR MEDICAL ADVICE AND SHOULD NOT BE RELIED UPON AS SUCH. IT IS THE EMPLOYER'S RESPONSIBILITY TO PROVIDE A SAFE WORKPLACE.

THIS IS A LIVING DOCUMENT THAT WILL CONTINUE TO BE UPDATED AS NEW INFORMATION IS CONFIRMED ABOUT COVID-19 AND ITS EFFECT ON THE PERFORMING ARTS. TO VIEW THE MOST UPDATED VERSION, [CLICK HERE](#).

(© AGMA & SDC 8/10/20, rev: 8/24/20, 10/8/20, 3/2/21)

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The COVID-19 pandemic is a tragedy for the health, safety, and economic security of millions of people around the world. The virus itself, SARS-CoV-2, has proven to be a formidable pathogen – it is highly infectious, spreads before people have symptoms, causes illnesses that can range from a mild flu to ICU stays, debilitating long-term health impacts, and in too many cases, death.

As we have seen from past surges and new strains of the virus, the pandemic is far from over, and it is becoming increasingly clear that even when community spread of the virus declines to acceptable levels, most workplaces will need to create “new normal” working conditions. This guidance is designed to help theatre, dance, opera, and choral music companies assess the risks and implement appropriate mitigation protocols to ensure the safest possible return to work for performing artists.

The **Return to Stage and Performing Arts Playbook** (the “Playbook”) reflects the consensus recommendations of the [Expert Medical Advisory Board](#) (the “Board”) retained by the American Guild of Musical Artists (AGMA) and Stage Directors and Choreographers Society (SDC). While AGMA and SDC Members are eager to get back to work, the overarching goal is to help performing arts organizations responsibly reopen so that artists can do so safely.

The Playbook addresses the circumstances under which rehearsing and performing can safely resume and continue. It addresses the unique risks of singing, speaking loudly, engaging in strenuous physical activity, and doing these activities in close physical proximity to others. The Playbook outlines the protective measures that must be in place to mitigate these risks, such as engineering controls, physical distancing, and mask wearing.

The industry must never lose sight of the fact that COVID-19 is a new disease. While we welcome the extraordinarily rapid development of effective vaccines, almost every day, physicians and scientists continue to discover more about how the disease is transmitted and how best to control and treat it. As circumstances change, and public health officials issue new guidance, the protocols for AGMA and SDC Members must be adjusted accordingly. That is why this Playbook strongly recommends a step-by-step approach to reopening (i.e., progressing through Levels 1-3) based primarily on the following factors:

- Prevalence of COVID-19 in the community
- Type of location – indoor vs. outdoor venue
- Size of space and ventilation (filtration, fresh air mix, exchanges per hour, antimicrobial systems)
- Number of people present in the space/studio/room
- Physical distancing protocols
- Use of personal protective equipment (masks)
- Type of activity (static or dynamic) and production of respiratory droplets and aerosols
- Time spent engaged in activity and time between next use of space
- Employee and performer risk mitigation (pods, bubbles, testing, vaccination)

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I. Guiding Principles

The Playbook's approach to reopening is based on four guiding principles:

A. People & Safety First

The health and safety of our Members, their families, and surrounding communities is our top priority. Compliance with all current federal, state, and local orders is an essential element of these guidelines.

B. Adopt a Hierarchy of Controls

Adopt a risk management approach that prioritizes hazard mitigation, engineering controls, administrative and task-based controls, and personal protective equipment.

C. Keep it Simple and Realistic

Plan for a gradual return based on science and the ability to implement and enforce workable controls. Balance desire to resume artistic activity with need to maintain health and prevent disease.

D. Make it Adaptable

Make sure the reopening plan is flexible and can adjust quickly to internal and external developments. Be prepared to pause or return to earlier levels of activity when the virus is surging.

II. Understanding COVID-19: Why We Must All Do Our Part!

COVID-19 is the name of the “novel coronavirus” disease and SARS-CoV-2 is the name of the virus that causes COVID-19. Coronaviruses are a large family of viruses that have a similar structure. They can infect birds and mammals, including humans, and these viruses contain causative agents of MERS, SARS, and many instances of the common cold.

People of all ages have been sickened by COVID-19. The disease is most common in people over 20 years old but the elderly and those with certain pre-existing medical conditions have suffered the worst outcomes. Last summer, the opening of beaches, outdoor dining, and bars in some states not only infected more young and otherwise healthy individuals but also led to more sickness in this age group. Serious illness, debilitating after-effects, and death have occurred in *all* age groups. With a new virus like COVID-19, there is almost no existing immunity – which makes *everyone* susceptible to being infected.

The virus that causes COVID-19 is thought to spread in three ways.

A. Respiratory Droplets

The primary spread is from person to person through respiratory droplets produced when an infected person coughs, sneezes, sings, or even just talks. These droplets can land in the mouths, noses, or mucous membranes of people who are nearby or possibly be inhaled directly into the

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lungs. As a result, spread is more likely when people are in close contact – within about 6’– which is the reason “physical distancing” is so critical to stemming the spread of the virus.

B. Aerosol Spread

Another form of transmission is via aerosol spread. Aerosols are generated when people breathe, talk, sing, or exert themselves and breathe heavily. These aerosols can remain suspended in the air for several hours and travel much further by drifting on air currents. Aerosol transmission is a bigger risk when people are gathered indoors, especially if ventilation is inadequate. More aerosols are generated with vocal projection and singing than talking. The louder the singing or talking, the higher the potential for viral containing droplets and aerosols to be generated and dispersed.

Aerosol spread can be reduced with adequate ventilation, filtration that captures virus droplets and fresh air mix which dilutes the concentration of virus in the air. The risk of infection is causally related to the exposed viral load concentration. In addition, virus concentrations suspended in the air can be further reduced by allowing studios/stages to have breaks from performing as this allows for suspended viral particles to settle to the ground and for the ventilation system to remove virus particles from the air.

C. Surface Transmission

The virus can also be spread through surface transmission when a person’s hand becomes contaminated from touching a contaminated surface (door handles, studio floors, and more) and then the person touches their face and mucous membranes, transferring the virus. Studies suggest that COVID-19 is not transmitted via [sweat¹](#), however, when people exert themselves and sweat, they may wipe the sweat off their face and touch the area where respiratory droplets are most commonly found, a 'T-zone' around your eyes and nose, mouth, and [chin²](#). Then their contaminated hand may transmit the virus to other surfaces or people they touch.

In summary, the reason this virus is so difficult to contain is that nearly everyone is susceptible and 35-50% of people may be asymptomatic or pre-symptomatic carriers. Hence the need for multiple levels of control, starting – most importantly – with personal responsibility. Everyone must work together to protect themselves and to protect each other. Only by working together, as a community, will this pandemic be overcome. Everyone has a role and a responsibility to play their part. It just takes one COVID-19+ person attending a party to start a new chain of infections. [Appendix 1](#) details the key responsibilities of both employers and employees - it is a true partnership where everyone must play their part and take responsibility for their actions.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7534876/>

² <https://www.forbes.com/sites/jvchamary/2020/09/29/coronavirus-infectious-sweat/?sh=4342272a2a85>

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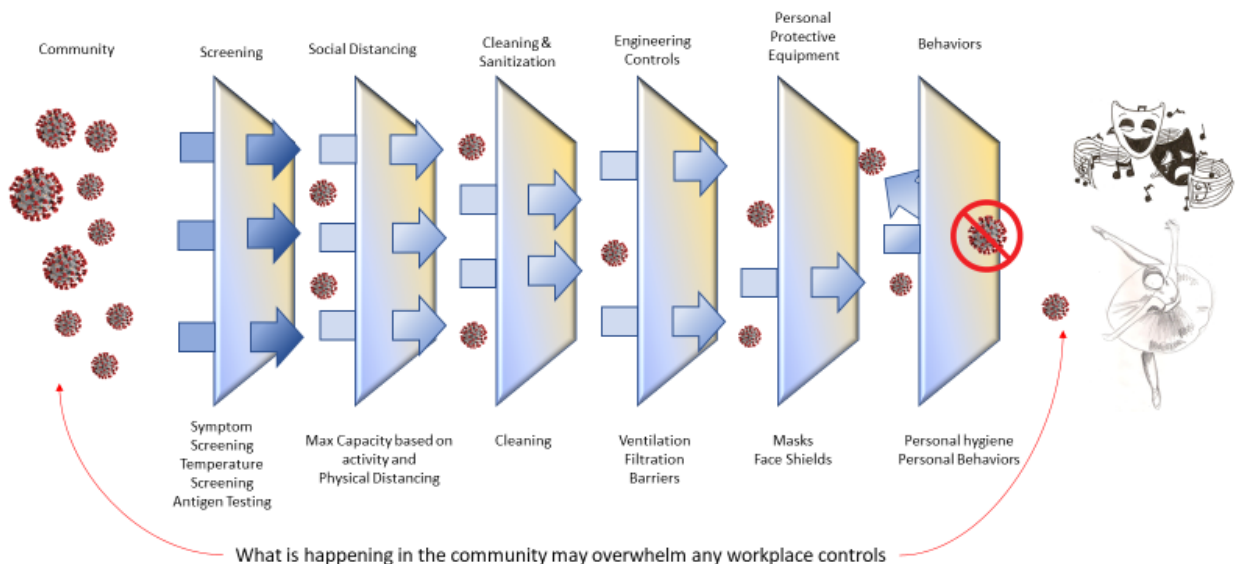
The Six Essential Actions to Reduce Risk:

1. Wear a Mask
2. Maintain Physical Distance
3. Optimize Ventilation or Work Outdoors
4. Restrict the Number of People
5. Implement Protocols for Hand Hygiene and Surface Disinfection
6. Get Vaccinated When Eligible

III. Layers of Control and Transmission Risk Factors

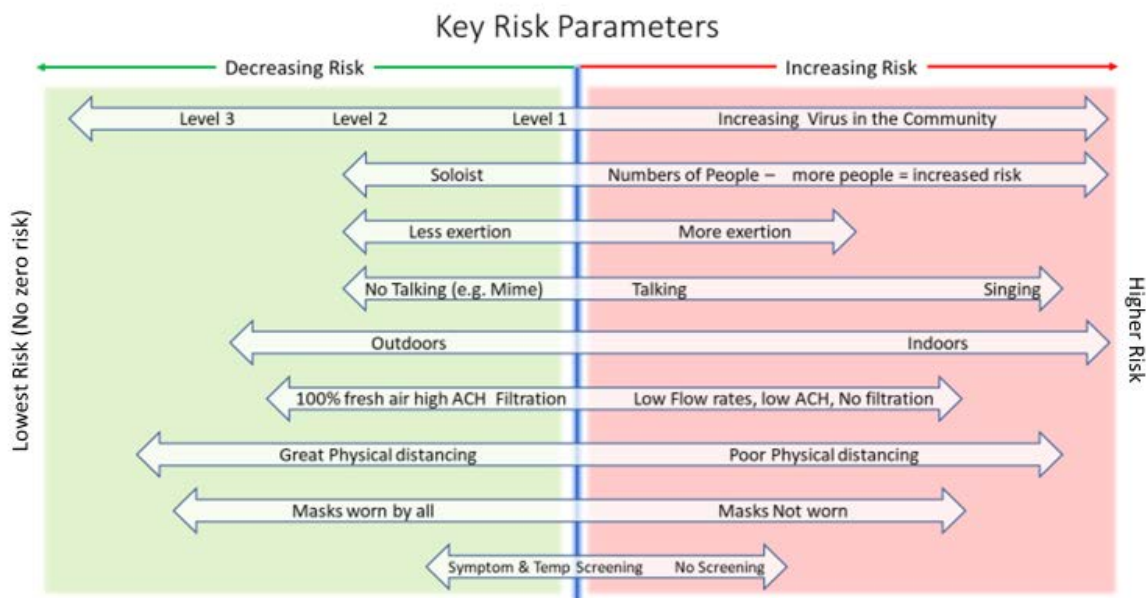
It is best to think of controls as layers of protection – if each *one* works, then *together* they can minimize the risk of COVID-19 to an acceptable level. Every control helps reduce risk but there is no one control that will completely stop the spread of COVID-19. Moreover, every venue is unique and therefore requires a plan tailored to that community, facility, and the activities being contemplated. To assist companies in evaluating their needs, please see the Implementation Checklist ([Appendix 2](#)) to help ensure that all variables and mitigating controls have been considered and addressed. There is also a Summary Chart of Key Elements for reference ([Appendix 3](#)).

Layers of Control



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In addition to implementing multiple layers of control, companies should also consider what variables increase or decrease risk. Some of these variables are controllable, for example, by implementing physical distancing based on space, type of activity, and ventilation. However, some risks are intrinsic to the activity. For example, asymptomatic carriers of the disease who engage in dancing or singing can still transmit infection—even if standard protective measures are employed. For risks that appear to be inherent to what performers naturally do, the Playbook provides suggestions for reducing these intrinsic risks by increasing physical distancing, reducing the number of people or level of activity in a given space, or finding a more suitable space, potentially outdoors.



IV. Reopening Incrementally: Levels 1-3

COVID-19 risks vary by state, city, and community and change over time. It is therefore just as important to understand the risks *outside* of the venue because these directly affect the risks and activities *inside* the venue. The incremental approach the Playbook outlines provides a consistent framework to manage risks based on community COVID-19 data, type of activity, level of controls, and variables such as number of people, type of performance, audience presence, and indoor/outdoor location.

The levels progress from Level 1 (limited activities with few people) through Levels 2 and 3 where increasing numbers of artists and support staff may engage in more activities. Beyond Level 3 is a return to normal, or “new normal,” as some aspects of the way the performing arts operate may change permanently, or at least for an extended period.

NOTE: The levels outlined in this Playbook are specific to the performing arts and are not directly linked to the “reopening phases” government and public health authorities are using to guide the gradual lifting of sheltering in place and mandatory closures in their states.

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A. Criteria for Transitioning from Level to Level

At each level, the company must comply with all federal, state, and local requirements. Level 1 reopening criteria assume that relevant government directives permit the opera, dance, theatre, choral singing, and performing arts activities being planned. However, since state and local restart decisions can be based on social/economic considerations, the recommendations in this Playbook may be more conservative than some government orders. This is due to the unique risks inherent in the performing arts. The expectation is for the company to spend a **minimum of two weeks** at each level. Progression to the next level requires:

- ✓ Compliance with all federal, state, and local orders, and conformity with current community standards for gatherings and activity
- ✓ Careful monitoring of disease in the community – are cases increasing or decreasing? State and county level data can be found at <https://covidactnow.org/> Additional state level data, and often more localized county level data and restrictions, can be found on states' Department of Health websites.
- ✓ A **minimum of two weeks** at the previous level before progressing to the next level. This time is required to demonstrate successful adherence to all COVID-19 protocols, continuing improvement of community spread, and the ability to effectively handle an increase in numbers of participants and levels of activity.

Progression to the next level would be delayed if safety protocols are not being enforced, a COVID-19 disease incident impacts the company, or the prevalence of the disease in the community precludes safe advancement. Explanation of how to apply these levels to numbers of people, activity, and space requirements can be found in [Appendix 4](#).

If state and local requirements permit return to rehearsal and performance activities, but the Playbook data requirements below are not met, then only individual activities or those with up to four people who are cohabiting is recommended.

The following requirements³ are the basis for any movement from level to level.

³ Based on <https://www.whitehouse.gov/openingamerica/> and <https://www.covidactnow.org/>

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LEVEL 1	LEVEL 2	LEVEL 3
<ul style="list-style-type: none"> • State, county, city decision to reopen <p>PLUS 2 of the following criteria:</p> <ul style="list-style-type: none"> • 14-day decreasing trend of new cases • ≤150 new cases per million* • ≤10% positive tests* 	<ul style="list-style-type: none"> • Further 14-day decreasing trend of new cases since Level 1 <p>PLUS ALL of the following criteria:</p> <ul style="list-style-type: none"> • ≤100 new cases per million* • ≤7.5% positive tests* 	<ul style="list-style-type: none"> • Further 14-day decreasing trend of new cases since Level 2 <p>PLUS ALL of the following criteria:</p> <ul style="list-style-type: none"> • ≤50 new cases per million* • ≤5% positive tests*

* Rolling average of the past 7 days

If a company has an effective ongoing testing program, then it may be feasible to allow increased activities and numbers of people than would be dictated by the level determined by community pandemic activity. For more information on different testing programs, please see [Testing](#) below. Please contact AGMA or SDC with details of your testing program and the level of activity planned.

B. Recommended Actions When Covid-19 Conditions in the Community Worsen

This pandemic comes in waves and unfortunately community COVID-19 activity can worsen. When there is increasing community spread of the virus, adding or tightening layers of control may keep performers and employees safe. Restricting the number of people and types of activity may help companies maintain some level of work. But there may come a point when the level of virus in the community or cases within the organization require a pause in in-person activity.

[Appendix 5](#) gives guidance on the data points to use to guide the organization through what is required. Note the criteria for restricting activities when conditions worsen are different than the criteria for originally reopening, as it is assumed that organizations which are already open have proven they can operate safely, and everyone is aware of and working effectively within the COVID-19 protocols.

V. Return to Work Fundamentals

In developing a return-to-work plan, consider the following four questions/areas of concern:

- ✓ What steps are required in advance of reopening?
- ✓ What steps are required to keep COVID-19+ individuals from entering the workplace?
- ✓ What steps are required to minimize the risk of transmission while at work?
- ✓ What extra steps are required to protect the type of artists you employ?

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A. Prerequisites for Reopening: Government Orders & Virus Spread

1. Before any company can plan to reopen, all federal, state, and local orders must be reviewed to ensure they permit the gathering and activities being planned (<https://www.multistate.us/research/covid/public>).
2. Equally important, the status of disease spread in the community must be assessed. Go to <https://www.covidactnow.org/> for assistance with this step. Level 1 reopening, for example, requires government authorization **plus** two of the following criteria:
 - a. 14-day reduction of new cases
 - b. Fewer than 150 new cases per million per day based on a rolling average of the past seven days
 - c. Fewer than 10% positive tests based on a rolling average of the past seven days

B. Prior to Reopening: Preparing the Workplace

1. **COVID-19 Mitigation Plan.** The employer must prepare and distribute a comprehensive COVID-19 Mitigation Plan addressing all required elements.
 - a. Include basics, such as cleaning, ventilation, physical distancing, personal hygiene, mask wearing, screening, testing, commuting, and people flow. Clearly identify the management official responsible for monitoring compliance (see [COVID-19 Supervisor](#)).
 - b. Describe what happens in an **emergency**, such as a COVID-19+ (proven or suspected) person is onsite. For example, how will sick employees be separated, how will areas and contaminated surfaces be deep-cleaned, and how will contact tracing be conducted? CDC guidance can be found [here](#)⁴.
 - c. Determine a periodic review process based on: COVID-19 activity in community, developing information about the virus, and experience over time. If community situation worsens and cases start increasing, returning to an earlier level or closing again must be considered.
 - d. Clearly describe both contractual and federal- or state-mandated sick and family leave [requirements](#).⁵
2. **COVID-19 Supervisor.** Designate a COVID-19 Supervisor to oversee the plan.
 - a. The COVID-19 Supervisor does not need to be a health professional but must have training on COVID-19, controls required to mitigate risk, and time and authority to

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

⁵ <https://www.ncsl.org/research/labor-and-employment/paid-sick-leave.aspx>

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perform duties. It is AGMA and SDC's expectation that stage managers and production staff *not* be assigned this role.

- b. The COVID-19 Supervisor should monitor all aspects of the plan to ensure compliance and conduct a weekly review using the Covid-19 Supervisor Checklist at [Appendix 6](#) or an equivalent.
- c. The roles and responsibilities of the COVID-19 Supervisor include:
 - Conducting a COVID-19 risk assessment based on venue/space, activities, and controls (guidance on conducting risk assessments is provided by the [CDC](#)⁶, [OSHA](#)⁷, and at state levels ([one example of a state's risk assessment](#)⁸), to be used in coordination with guidance in this document).
 - A useful [risk assessment tool](#)⁹ has been developed by Georgia Tech and Applied Bioinformatics Laboratory. This tool assesses the estimated chance (0-100%) that at least one COVID-19+ individual will be present in a group of individuals returning to work based on the county location and the given size of the group returning.
 - Conducting COVID-19 training on company's COVID-19 return to work plan for all employees.
 - Monitoring implementation of COVID-19 return to work plan and progression from level to level or return to a lower level if changes in the local prevalence of COVID-19 require it or an adverse event happens onsite. To do this, the COVID-19 Supervisor needs to visit work areas on a regular basis. This job cannot be done remotely.
 - The COVID-19 Supervisor should be a member of the company's safety committee and have access to senior management and AGMA and SDC as applicable, to keep all parties informed of any issues or relevant changes impacting the execution of the plan.
 - Conducting a brief daily review with company members on what went well, what may need to be adapted, issues to address etc. is a good way of keeping on top of issues and behaviors so they can be addressed before a major problem arises.

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

⁷ <https://www.osha.gov/SLTC/covid-19/hazardrecognition.html>

⁸ <https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Business%20Risk%20Assessment%20Tool.pdf>

⁹ <https://covid19risk.biosci.gatech.edu/>

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3. **Education and Training.** Plan should describe how all company employees (management, administrative, artistic) will be educated and trained on the virus, personal hygiene, mask use (wearing, donning, and doffing), and all of the steps required to mitigate spread.
4. **Ventilation Review.** The virus remains airborne in a room that is or has been occupied by someone with COVID-19. Physical distancing and cloth face masks do not protect against the small aerosol particles that remain suspended in room air for many hours after being exhaled by an infected person; these particles must be removed with ventilation and/or filtration.

Updated recommendations on the operation of ventilation systems to reduce the risk of COVID-19 are [here](#)¹⁰ and on the [ASHRAE website](#)¹¹. Consulting with an HVAC engineer will likely be necessary to meet these guidelines. To reduce the risk of airborne transmission any activities that can be performed outside should be. Key points from the expert sources are:

- a. The operators of the HVAC system must report to users and unions data on three ventilation parameters. With these three items available, it is possible to calculate a risk reduction estimate and provide employees and other building occupants with the period of time it would take to replace 99 % of the air in a room.
 - Air exchanges per hour
 - Grade of the filter in the air handling unit
 - Percentage of fresh air introduced
- b. Both the AIHA (American Industrial Hygiene Association) and the ACGIH (American Conference of Governmental and Industrial Hygienists) recommend that:
 - MERV 13 to 17 filters should be used.
 - The Air Changes per Hour (ACH) should be between 6 and 12.
 - The more outdoor air the better. Running at 100% outdoor air when the filter is less than a MERV 17 is recommended. (NOTE: Many HVAC systems are not powerful enough to push air through the highest efficiency filters recommended).
 - The demand-controlled ventilation (DCV) will need to be disabled.
 - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space which will also aid the cleansing of the air.

¹⁰ <https://sdcweb.org/wp-content/uploads/2013/10/vent-DS-film-theater-covid-app.pdf>

¹¹ <https://www.ashrae.org/file%20library/technical%20resources/covid-19/core-recommendations-for-reducing-airborne-infectious-aerosol-exposure.pdf>

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- c. There are combinations of actions that can be used to meet these goals, such as adding free standing high efficiency air filters to enhance the HVAC system. More detail and guidance can be found in the [Appendix 7](#).
- d. MIT has developed a [calculator](#)¹² that uses information on existing ventilation, room size, level of activity, and other factors to determine how many people can safely occupy a space ([MIT calculator indoor space COVID-19](#)¹³); also see [Appendix 7](#). The calculator is based on the same research that underlies the ventilation recommendations presented here. (The paper explaining the model has not yet been published in a peer-reviewed journal but can be found [here](#)¹⁴). The calculator is not easy to use at first glance, however. [Appendix 7](#) contains some examples of its application to help you get started.
- e. [Appendix 7](#) has a checklist to assist with assessing each aspect of ventilation.
- f. Additional Considerations:
 - Outdoor Performances and Pollution: Outdoor performances reduce the risk from SARS-CoV-2 because of rapid dilution and dispersion of any aerosols containing the virus. However, if outdoor performances are to be considered, then other factors should be considered which may be a risk to performers. These include extremes of temperature and air pollution. OSHA provides guidance for heat [stress](#)¹⁵ and [cold](#)¹⁶. Pollution, especially from events such as fires can pose a risk to health. The [Air Quality Index](#)¹⁷ is the level of pollution in the air from a number of different pollutants. The higher the AQI value, the greater the level of air pollution and the greater the health concern. For example, an AQI value of 50 or below represents good air quality, while an AQI value over 300 represents hazardous air quality. The chart below gives an indication of the action recommended when a certain AQI is exceeded. Note, in some states, there are mandated actions when AQI reaches a given threshold (e.g., 500).

¹² <http://web.mit.edu/bazant/www/COVID-19/>

¹³ <https://indoor-covid-safety.herokuapp.com/>

¹⁴ [http://web.mit.edu/bazant/www/COVID-19/COVID-19 Indoor Safety Guideline v5 instructions.pdf](http://web.mit.edu/bazant/www/COVID-19/COVID-19%20Indoor%20Safety%20Guideline%20v5%20instructions.pdf)

¹⁵ <https://www.osha.gov/SLTC/heatstress/>

¹⁶ <https://www.osha.gov/SLTC/emergencypreparedness/guides/cold.html>

¹⁷ <https://www.airnow.gov/>

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AQI	
<100	Okay to perform outdoors
100-150	Reduce heavy or prolonged exertion for sensitive individuals
150-200	Shorten outdoor performances Decrease the intensity of activity
200-300	Seriously consider moving indoors (if safe) Prolonged exposure and heavy exertion should be avoided Avoid all outdoor physical activity for sensitive individuals
>300	Outdoor activities should be moved indoors or canceled if indoor activity is not an option

- Theatrical Smoke, Fog, or Haze: There are theoretical risks associated with the use of theatrical smoke, fog, or haze. These include: Irritation of the airways increasing susceptibility to SARS-CoV-2. This may be due to making the angiotensin-converting enzyme 2 (ACE2) receptors more susceptible to the virus binding to cells in the upper airways^{18 19}.

There is also the potential risk that the virus may be carried on the small fog particles however, expert view is that this is probably unlikely^{20 21}.

With these uncertainties it is recommended that companies limit the use or do not use theatrical fog, smoke, or haze until the risks related to COVID-19 are better understood.

5. **Deep Cleaning.** Prior to opening, the facility must be thoroughly cleaned and disinfected with a plan in place for ongoing cleaning. For disinfection, most common EPA-registered household disinfectants should be effective. A list of EPA-approved products for use against viruses is available [here](#)²². Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method, and contact time, etc. See cleaning guidance on [CDC website](#)²³.

¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7345938/>

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7156797/>

²⁰ https://www.medrxiv.org/content/10.1101/2020.04.15.20065995v2?_ga=2.13645246.865872584.1598845822-1474868884.1595010798

²¹ <https://www.sciencedirect.com/science/article/pii/S0048969720333453>

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

²³ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

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- a. If a building is unused for weeks or months, evaluate other health risks such as mold or Legionnaires' disease (stagnant water systems). See CDC guidance [here](#)²⁴.
 - b. Regular cleaning should be based on frequency of use and occupancy levels of studios, offices, and shared areas. Multiple daily cleanings should be scheduled for high-touch surfaces (door handles, elevator buttons, studio equipment, exercise equipment, costumes, and props).
 - c. Artists should be responsible for wiping down their work area and equipment (e.g., ballet barre, music stand, floor mat, etc.) before and after use. Cleaning supplies and disinfectant sprays or wipes must be provided by the employer, adequately stocked, and readily available.
6. **Appropriate Signage.** Signage should be posted to guide employees on: COVID-19 operating requirements (entry signage on symptoms/fever, mask requirements, hand washing, physical distancing, etc.); separate entry and exit pathways; one-way flow (where applicable); occupancy limits on restrooms, studios, meeting rooms, and stages based on COVID-19 distancing guidelines; and the current operating level for a facility. Minimum square footage and spacing requirements for the various pertinent activities should be calculated and clearly signposted at the entrance to the room (e.g., *This room is X sqft. For ballet barre work, this room can accommodate a maximum of X people at Level X. For scene work, this room can accommodate a maximum of X people at Level X.*).
7. **Calculate Minimum Square Footage Requirements for Activity.** See [Appendix 4](#).

C. Prior to Entering Workplace: Minimizing Risk of COVID-19+ Person Onsite

1. **Screening.** The goal of a screening process is to identify and prevent entry to the work location to individuals who may be at higher risk of having and spreading the disease (employees, contractors, visitors). These include persons who have: (1) potential COVID-19 symptoms; (2) exposed to any individual diagnosed with COVID-19 or has COVID-19 symptoms (diagnosed or presumed); (3) travelled from a national or international COVID-19 'hot spot'²⁵ where prevalence is high; or (4) participated in a high-risk activity such as a mass gathering where physical distancing and mask use was not adhered to including any large gathering of people.
 - a. Daily in-person or virtual health checks should be conducted safely, respectfully, and in accordance with state and local public health protocols. See [Appendix 8](#) for a Sample Screening Questionnaire.

²⁴ <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>

²⁵ <https://www.cdc.gov/coronavirus/2019-ncov/travelers/how-level-is-determined.html>

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- Complete the health checks in a way that helps maintain physical distancing guidelines, ensures privacy, and prevents stigma and discrimination (see [EEOC guidelines²⁶](#)).
- Barrier or partition controls or personal protective equipment (PPE) should be used to protect the screener.
- Open and honest responses must be encouraged. If the health check deems that it is risky for an individual to enter the workplace, that individual should remain out of work and not face adverse consequences as a result.
- Individuals who have COVID-19 symptoms or high-risk exposure with a COVID-19 confirmed or assumed case should quarantine for **14 days**. Local health authorities may allow reduced quarantine times– these may be:
 - After 10 days without testing
 - After 7 days with a negative PCR test result if symptom free (test must occur on day 5 or later following exposure)
 - See [Appendix 10](#) for further details on isolation and quarantine.
- It is important that after stopping quarantine, affected individuals:
 - Watch for symptoms until 14 days after exposure.
 - Avoid high-risk individuals for 14 days after exposure.
 - Immediately self-isolate and contact your local public health authority or healthcare provider if symptoms develop.
 - Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to prevent the spread of COVID-19.
- Those that have travelled from a COVID-19 '[hot spot](#)' defined as a CDC high risk country or an area with more than 100 new cases per million per day and more than 10% COVID-19 test positivity rate should:
 - Get tested 3-5 days after travel AND stay home for 7 days after travel.
 - Even if the test is negative, stay home and quarantine for the full 7 days.

²⁶ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

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- If your test is positive, isolate for 14 days to protect others from getting infected. Local health authorities may allow reduced quarantine times. See [above](#) for the details.
 - If you do not get tested, it is safest to stay home for 10 days and avoid high risk individuals for 14 days
 - While driving alone in a car is the safest, the quarantine rules apply to all modes of transport and distance travelled.
- b. Touchless temperature screening can add an additional layer of control and reassurance. Anyone with a temperature of 100.4°F or above should not be allowed to enter the facility. Temperature screening on its own has limitations, including:
- Accuracy of the thermometers can result in false positives or false negatives.
 - Individuals who have treated their fever with medicine (e.g., aspirin, acetaminophen, ibuprofen, etc.) will not be detected.
 - Individuals who have the illness in its incubation stage that are not yet presenting with symptoms, or those that are simply asymptomatic, will not be detected by temperature screening.
 - Individuals may be identified who have an elevated body temperature for a reason other than illness from COVID-19.
- c. Anyone who has COVID-19 symptoms must not return to the workplace for either 10 days if they have no symptoms or on day 7 after receiving a negative test. The last day of [quarantine](#) should be symptom-free and fever-free measured with a thermometer (as per [CDC Guideline²⁷](#)).
- d. Anyone who has tested positive for COVID-19, and/or has been told they should self-quarantine, and/or has been in a high-risk situation, should not come into the workplace for 14 days. Local health authorities may allow reduced quarantine times. See [above](#) for the details.
- e. The employer must have a clear statement of policy and required action if someone is identified as potentially being at risk of having COVID-19 and denied entry.

²⁷ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>

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2. **Testing.** The potential benefits of testing include identification of COVID-19+ cases, enabling people to return to work sooner, and a sense of reassurance for staff. Testing is essential when trying to adopt a [‘Bubble’](#) strategy – staff would need to be tested prior to entering the bubble and then periodically to ensure that all those in the bubble remain COVID-19 free. However, there are also disadvantages to testing such as false negatives, false positives, time lag to get results, and cost. In addition, a test is only valid for a point in time. An individual can become infected and be a source of transmission *after* having been tested.
 - a. There are two types of diagnostic tests – molecular (e.g., PCR) and antigen – to determine if someone has the infection. Serology (antibody) tests can determine if someone *has had* COVID-19. Currently, only diagnostic testing is recommended as there are several challenges to using serology/antibody testing. The EEOC & CDC guidelines do not support antibody testing as part of health screenings.
 - b. Comparing PCR and Antigen tests:
 - PCR testing is a highly sensitive and specific test. However, it can give a false negative result in the first two days of being infected. PCR tests can also continue to test positive after an infection because the test can identify non-viable virus or virus fragments. Despite the positive test under these circumstances, it is unlikely the person is infectious. PCR tests can be performed on nasopharyngeal (back of nose), mid nose, anterior nose, throat and mouth swabs, as well as saliva. The sample medium is determined by the PCR test platform.
 - Antigen tests are rapid, often giving results in less than 15 minutes. However, they are less sensitive than PCR tests, therefore giving more false negatives and false positives. Currently any positive result from an antigen test should have a confirmatory PCR test. Some antigen test platforms require additional equipment and other newer ones are self-contained, similar to a pregnancy test. In the near future, more accurate and easier to use tests are likely to be on the market.
 - Antigen tests are generally cheaper than PCR tests and therefore may enable frequent testing. Speed of result and regular ongoing testing e.g., three or more times per week, is more effective at identifying and excluding COVID-19 cases in the workplace than once or twice per week PCR testing. When cheap, accurate, and easy to use antigen testing is available, then a safe return to performances will become easier as performers, creatives, crew, and audiences can all be tested on a regular basis.
 - c. There are several testing strategies available:
 - Testing on entry into a bubble, with periodic testing to ensure the bubble has not been compromised.

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- Periodic testing to try and minimize the risk of someone with COVID-19 entering the workplace. The more frequent the testing the better the protection. Depending on the level of the pandemic in the local community, testing may be needed two or more times per week. See below for different [testing scenarios](#).
 - Pooled testing option is when samples from a number of employees (5-25) are pooled together. If the pooled test is negative, all individuals tested in the pool are negative. If a pool is positive, then this pool will need to be retested in smaller groups or individually, until the positive case(s) are identified. Pool size depends on the prevalence of virus in the local community. High levels need a smaller pool size (<5) and low community levels may allow pool sizes of 10 or more. This can be a cost-effective way of testing, especially when virus prevalence is low.
 - A negative test result can be used as a requirement for entry. This may be feasible with rapid antigen testing where results are obtained in minutes, but not practical for PCR testing when results typically take 24-48 hours. Ongoing testing as a screening tool to identify infectious/infected people and isolate them as early as possible can work, even if a negative test is not required before starting work on the days tested. It is the ongoing nature of the testing that helps maintain a COVID-19-free workplace, and the sooner test results can be obtained the better. If PCR tests are used, inquire at the laboratory if they can provide a quicker turnaround time for results.
- d. If testing is to be considered, the testing protocol must define who will be tested, the type of test, when they will be initially tested, the frequency of repeat testing, confirmation that the employer pays for testing, and what action will be taken based on diagnostic test results. The table below gives examples of testing strategies and the logic behind them.

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Testing Scenario Examples:

Scenario	Testing Strategy	Rationale	Likelihood of Success* ²⁸
Risk mitigation for a company starting rehearsals moving towards performances. Everyone lives in the local community.	<ul style="list-style-type: none"> Negative PCR test within 72 hours prior to returning to work, followed by ongoing PCR testing 1-2x per week 	<ul style="list-style-type: none"> Sensitive negative PCR test close to returning with intent of identifying anyone who is positive Ongoing PCR testing 1-2x per week to identify new cases and isolate them (results in 24-48 hours) 	<ul style="list-style-type: none"> 45% if results in 48 hours and 1x per week testing 85% if results in 24 hours and 2x week testing
	<ul style="list-style-type: none"> Negative RAG** test within 24 hours prior to returning followed by ongoing RAG testing 2-3x per week 	<ul style="list-style-type: none"> RAG identify people when most infectious but may miss early infections Frequency of testing and speed of results outweighs accuracy 	<ul style="list-style-type: none"> 86% if testing 2x per week 96% if testing 3x per week 99.9% if daily testing
	<ul style="list-style-type: none"> PCR*** test every Monday followed by ongoing RAG testing on Wednesdays and Fridays 	<ul style="list-style-type: none"> Use PCR test on Mondays to identify any positives from weekend exposure RAG testing to catch any that PCR missed 	<ul style="list-style-type: none"> 96-98%
<u>Bubble</u> – all staff isolated from society for duration of a project	<ul style="list-style-type: none"> Negative PCR test within 72 hours prior to entering the bubble, followed by ongoing RAG testing 2x per week 	<ul style="list-style-type: none"> Sensitive negative PCR test close to returning with intent of identifying anyone who is positive Ongoing testing to identify any breaches in the bubble 	<ul style="list-style-type: none"> 96-98% increases to 99.9% if daily RAG testing Very dependent on bubble design and ensuring no breaches of the bubble
Organization split into two or more <u>pods</u> that work independently of each other	<ul style="list-style-type: none"> Use one of the testing regimens above – while daily testing increases the likelihood of success to 99%, testing 3x per week has a 96% likelihood of success, and 2x per week, 86%. Pods just protect the organization; in the case one pod had a positive case, it would mean only that pod had to be quarantined and other pods could continue. 		
Partnering	<ul style="list-style-type: none"> Ongoing testing (with or without pods) can reduce risk so that partnering can occur between non-cohabiting individuals. Recommended testing for this to be safe is 3x per week ongoing for the duration of the activity. NOTE: This does not reduce risk to zero and individuals involved should realize that there is a 5% chance that a positive case may be missed by testing. 		

* Decreased likelihood of success if very-high community rates or employees are exposed to high-risk situations (crowds, restaurants, travel etc.)

** RAG = Rapid Antigen Test

²⁸ Based on this calculator <https://larremorelab.github.io/covid-calculator3>

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*** Note as PCR results often take 24-48 hours it generally is not practical to wait until result before allowing into work. With ongoing testing, the risks of this approach are small. If negative tests are required prior to starting work then RAG testing 3 times per week may be a better option.

3. **Vaccination.** As of March 1, 2021, there are three vaccines approved for emergency use in the United States (Pfizer-BioNtech, Moderna, and Johnson & Johnson). Vaccination is being prioritized based on risk of exposure (healthcare workers) or risk of the disease (age, living situation, medical conditions). Vaccination for artists will be based on personal factors and state criteria based on type of employment. Every state is adopting slightly different criteria and an organization should check with their local [department of health](#) regarding eligibility.

It will take some time for community vaccinations to impact the pandemic but as more people are vaccinated, the ability of the virus to spread will be reduced.

It is important that people receive both doses of the vaccine if it is a two-dose vaccine to ensure higher and longer lasting levels of immunity. After the first dose, it takes 10-12 days to develop any immunity. Full immunity will not be achieved until after the second dose. Even when vaccinated, it is essential to continue to follow other health and safety measures such as wearing a mask and maintaining physical distance. While the approved vaccines are proven to prevent most serious illness and death from COVID-19, experts do not yet know how long immunity from the vaccine will last or whether these vaccines are 100% effective in preventing asymptomatic infection and transmission to others.

For guidance from the Equal Employment Opportunity Commission regarding employer-required COVID-19 vaccinations, click [here](#)²⁹. Please note that the implementation of an employer's vaccine policy and/or its impact on unionized workers is subject to collective bargaining under federal labor law.

4. **Contact Tracing, Data Collection, and Privacy Issues.** It is important to keep records of who was onsite and for how long each day for contact tracing purposes. Any information collected, however, must be kept confidential and stored as per any other medical record.
 - a. Federal government OSHA standards generally prevent employers from requiring medical information from an employee, unless the employee gives express permission, but there are some exceptions (<https://www.osha.gov/dts/oom/clinicians/>). If an employee is required to stay away from a studio or theatre for any reason, the employer may require a "fitness for duty" determination, but not specific personal medical information (PMI). The same applies if an employee returns to work with any work restrictions. Companies should consider potential reasonable accommodation requirements under the [Americans With Disabilities Act](#)³⁰.

²⁹ <https://www.eeoc.gov/newsroom/eeoc-issues-updated-covid-19-technical-assistance-publication-3>

³⁰ https://www.ada.gov/ada_intro.htm

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- b. Federal [EEOC guidelines](#)³¹ clarify that during a pandemic that has been declared a national emergency, which COVID-19 has been, employers can:
- Require an employee to have a temperature check prior to entering a facility and refuse entry if they are unwilling.
 - Ask general questions about COVID-19 symptoms, contacts, and travel.
 - Ask if a person is at a higher risk for COVID-19, as determined by the [CDC](#)³², but *not ask* for details about the condition that makes them high-risk.
 - Request that an employee be tested for COVID-19 and share the results of that test with the employer.
5. **Travel and commuting.** Companies should encourage employees to avoid public transportation for commuting to work and any travel because it creates additional risks of exposure to the virus. When possible, companies should provide alternate transportation to lower the risk of exposure. An employee who has traveled internationally or to any COVID-19 [‘hot spot’](#) should follow the following quarantine recommendations, or more stringent ones if required by regulators.
- Prior to travel:
 - **For international travelers to the US** - All air passengers coming to the United States, including U.S. citizens, are required to have a negative COVID-19 test result or documentation of recovery from COVID-19 before they board a flight to the United States.
 - 3 days prior to travel, get a PCR test
 - Upon returning from travel:
 - Get tested 3-5 days after travel AND stay home for 7 days after travel.
 - Even if you test negative, stay home for the full 7 days.
 - If your test is positive, isolate for 14 days to protect other from getting infected. Local authorities may allow reduced quarantine times. See [above](#) for the details.

³¹ <https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act>

³² <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

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- If you do not get tested, stay home for 10 days and avoid high-risk individuals for 14 days.

D. At the Workplace: Minimizing Risk of Virus Transmission

- 1. People Flow.** Companies must assess the flow of people throughout the workplace, including entrances, exits, shared spaces, hallways, stairwells, and elevators, to ensure proper physical distancing and minimize potential bottlenecks.
- 2. Number of People Onsite.** The more people allowed to enter the performing arts facility, the greater the risk that a COVID-19+ person may be present. The plan should therefore adopt an approach that strictly limits the number of people onsite at earlier stages of reopening and gradually increases as the situation in the surrounding community improves and the company demonstrates that their mitigation plan is working.
- 3. Physical Distancing.** Maintaining sufficient space between people has been shown to be critical in reducing the spread of the virus. The precise amount of physical distance varies based on the activity. For example, sitting at a desk, practicing at a barre, directing actors, singing, and stage managing will require different spacing to reduce risk. See [Appendix 4](#) for guidance on applying physical distancing to spaces based on activity, number of people, and Level (Level 1-3) of progression to full return.
- 4. Time Spent in Space.** Risk from aerosols (small respiratory droplets that can remain airborne for up to three to 16 hours) increases with the number of people in the room, the size of the room, the fresh air intake and ventilation rates, and the time spent in that space.
 - a. The more time spent in a space increases the risk of someone inhaling an infective dose of aerosol produced by a COVID-19+ person in the room or recently in the same room.
 - b. Time must be allowed between different groups using the same spaces to permit droplets and aerosols to disperse or settle to the ground. To determine the appropriate amount of time between usage, consider the size of the space, number of people who were using that space, the type of activity (increase time if singing is involved), and the ventilation rate of that space. In Levels 1 to 3, a buffer of 30 minutes is recommended. If room ventilation is poor, then additional time will be needed between use. See [ventilation](#).
 - c. [Appendix 9](#) provides guidance on room turnover.

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5. **Masks and Personal Protective Equipment (PPE).** Masks must always be worn by anyone entering the company's premises and while on the premises. The limited exceptions to this rule are working alone in an enclosed office, working solo in a studio, or working with someone with whom you are cohabitating.

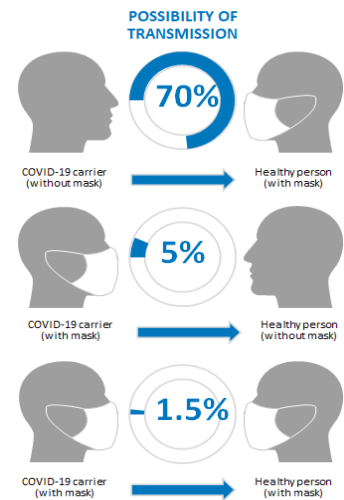
Use of masks by dancers and singers is encouraged but with [significant physical exertion](#)³³ or singing performances, it is understood that masks may be impractical. If masks cannot be worn, then there must be strict adherence to physical distancing requirements.

It is important that masks are of suitable quality. N95 masks are the most efficient at protecting the wearer and others. However, because of availability their use beyond healthcare settings may not be feasible. Masks should have a minimum of two layers, preferably three layers. They should completely cover the nose and mouth and fit snugly against the sides of your face. A nose wire helps seal the top of the mask and also helps prevent glasses from fogging. Gaiters and masks with valves are not recommended. In certain circumstances double masking or higher protection masks such as KN95s may be a benefit. Please see the most recent guidance on masks from the CDC [here](#)³⁴, also depicted in the graphic.

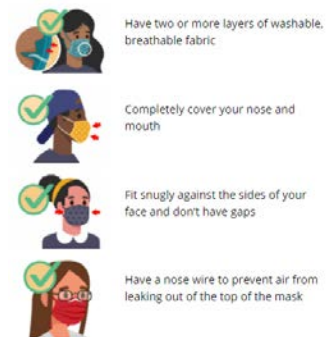
Additional personal protective equipment (PPE) may be needed for some activities, such as hairstyling and make-up application, when one person is near another person's breathing zone for more than 10 minutes. For these situations, a mask *and* a face shield are recommended.

Audiences are excluded in early levels of reopening but when they do return, the wearing of masks should be required.

6. **Personal Hygiene.** Frequent hand washing and cough etiquette is required during all stages of reopening. Companies must ensure adequate supplies of hand washing/sanitizing stations and education/signage to remind people to adopt excellent personal hygiene habits.



DO choose masks that



³³ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

³⁴ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

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- 7. Regular Cleaning and Disinfecting.** Regular cleaning and disinfecting must be conducted by employers in accordance with CDC recommendations, including restrooms, studios, rehearsal halls, and stages. Employees shall be responsible for wiping down their own workstations or equipment prior to and after use (e.g., ballet barres, warm up mats, director's tables, music stands, chairs etc.) Refer to [Section B \(5\)](#), above.
- 8. Bubbles and Pods.** Bubbles and pods are ways to group performers to decrease the risk of exposure to a COVID-19+ individual.
 - a. A 'Bubble' is the concept of keeping an entire company quarantined from society – as though they were in a bubble. Once they have been initially screened and tested, or a designated time has passed since entering the bubble with no evidence of COVID-19+ cases developing, then all those in the bubble can interact with each other without physical distancing and use of masks. However, it should be noted that it is exceedingly difficult to truly have an impenetrable bubble and many attempts have failed.
 - b. The 'Pod' concept involves segregating groups of employees into groups or pods which remain intact and do not interact with other pods. The advantage of the pod concept is that if a pod member is found to be COVID-19+, then this only impacts that one pod and not the entire company. This concept can be effective in certain situations but requires strict adherence by members of the pod.
 - c. If bubbles or pods are to be used, detailed information and expectations should be contained in the company's plan and all employees must be provided education and training.
- 9. Action Plan for a COVID-19+ Case.** There is no zero-risk scenario and therefore a plan is needed should there be a COVID-19+ case or significant exposure in the company. Every situation should be assessed and the action taken driven by the circumstances. Generally, if there is:
 - a. A **significant exposure outside work** (e.g., living with someone who is COVID-19+, or having been in close contact (within six feet for 15 minutes or more) with someone who is COVID-19+):
 - The exposed person should not come into the workplace and should remain [quarantined](#)* for 14 days. If possible, they should get tested 5 days after exposure. If the result is positive, they should [isolate](#)** themselves and not return to the workplace until 14 days post exposure, their symptoms have mostly resolved, and they have had no fever for 24 hours. Local health authorities may allow reduced quarantine times– these may be:
 - After 10 days without testing

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- After 7 days with a negative PCR test result if symptom free (test must occur on day 5 or later following exposure)
- It is important that after stopping quarantine, they:
 - Watch for symptoms until 14 days after exposure.
 - Avoid high risk individuals for 14 days after exposure.
 - If symptoms develop, immediately self-isolate and contact local public health authorities or the individual's healthcare provider.
 - Wear a mask, stay at least six feet from others, frequently wash hands, avoid crowds, and take other steps to prevent the spread of COVID-19.
- b. A COVID-19+ case **in the workplace**:
 - The positive person should be removed from the workplace, self-isolate for a minimum of 14 days, and seek medical care if needed. Local health authorities may allow reduced quarantine times as outlined [above](#).
 - It is important that after stopping quarantine that they:
 - Watch for symptoms until 14 days after exposure.
 - Avoid high risk individuals for 14 days after exposure.
 - If symptoms develop, immediately self-isolate and contact local public health authorities or the individual's healthcare provider.
 - Wear a mask, stay at least six feet from others, frequently wash hands, avoid crowds, and take other steps to prevent the spread of COVID-19.
 - The exposure risks to others should be assessed. If at all possible, this should be done without disclosing the name of the person who is positive. If it is necessary to release this information to select individuals who had a close exposure, they should be told not to discuss details with anyone else. All significant exposures (close contact [within six feet for 15 minutes or more], or exposed to high-risk situations, e.g., being in the same room as a COVID-19+ person who is singing) should be quarantined for 14 days and told to monitor for symptoms. Local authorities may allow reduced quarantine times as outlined [above](#).

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- Contacts whose exposures are thought to be non-significant can remain at work but should be told to monitor for symptoms.
 - * **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. For example, those under quarantine should remain at home and only leave for essential activities.
 - ** **Isolation** separates sick people with a contagious disease from people who are not sick. Isolated individuals stay at home, try to avoid contact with others in the household, and do not leave the house.

See [Appendix 10](#) for additional details regarding isolation and quarantine.

- 10. Use of Facilities at Studio or Venue.** Consider keeping dressing rooms, kitchens, water fountains, lounge areas, closed during initial levels of reopening. Have performers wear their dance clothing (or wear underneath their street clothing) when arriving at the venue. If kitchens need to be used, the necessary protocols must be in place to limit capacity, as well as ensure physical distancing and proper cleaning/disinfecting after use.
- 11. Food/Water/Catering.** Consider what, if any, catering or food and beverage services will be provided. Staff bringing their own food and drink introduces fewer contacts with potentially infected individuals than onsite catering. Water fountains should not be used. If food is supplied, consider pre-packed individual snacks or meals. Avoid buffet style and sharing of plates and utensils. Kitchens may be used with strict guidelines for sanitation before and after use, limited to one person at a time, and with all food and beverages in containers. Catering is not recommended until Level 3.
- 12. Housing.** If housing accommodation is provided, then an assessment of associated risks should include:
 - a. Number of people living in each unit
 - b. Physical distancing and interaction between units
 - c. Cleaning and laundry
 - d. How food and provisions are provided
 - e. Action to be taken for any signs of illness or suspected exposure
- 13. Clothing, Makeup, Hairstyling and Costumes.** There should be restrictions on using changing facilities during Level 1 and 2. At all levels, designate space for storing coats, outer clothes, shoes, and bags. At Levels 1 and 2, have performers apply their own makeup and

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style their own hair. This could be done prior to arriving at the studio. At Level 3, makeup artists and hairstylists can work on performers with the following criteria:

- a. Everyone wears a mask except the performer when face makeup is being applied.
- b. The hairstylist or makeup artist wears a face shield in addition to a face mask.
- c. When using costumes, wigs, or props at Levels 2 & 3, consider the following to reduce the risk of transmission of COVID-19:
 - Minimize the number and the frequency of costume changes.
 - Minimize sharing of costumes and if possible, have costumes and wigs for single use only.
 - Costumes should be cleaned between users – how this is done will depend on the costume. Quarantining costumes for 48 hours between users will allow time for any contamination to become non-infective. 70% alcohol, standard laundry wash cycle, dry cleaning, or UV light are all potential methods of sanitization, but manufacturer’s instructions must be followed to avoid harm to people.
 - Having costume fitters work with just a few performers (e.g., dancers in a ‘pod’) will help reduce the risk of infection spreading throughout the organization.
 - Performers and costume fitters should wash their hands immediately before and after a fitting. In addition, everyone involved should always be wearing a mask. If possible, a costume fitter should also wear a face shield in addition to a mask. If feasible performers may also wear a face shield in addition to a mask.
 - Minimize physical touching between wardrobe and performers as much as possible and performers should dress themselves as independently as possible during fittings.
 - Performers should bring their own undergarments to fittings.

14. Auditions. The following guidelines should be followed:

- a. Conduct auditions remotely, if possible.
- b. For in-person auditions, stagger the schedule to avoid overlap and back-to-back studio use. (Studios should allow time for clearing of respiratory droplets and aerosols – the amount of time will depend on the size of the space, the activity, the number of people, the time spent in the studio, and the ventilation rate).

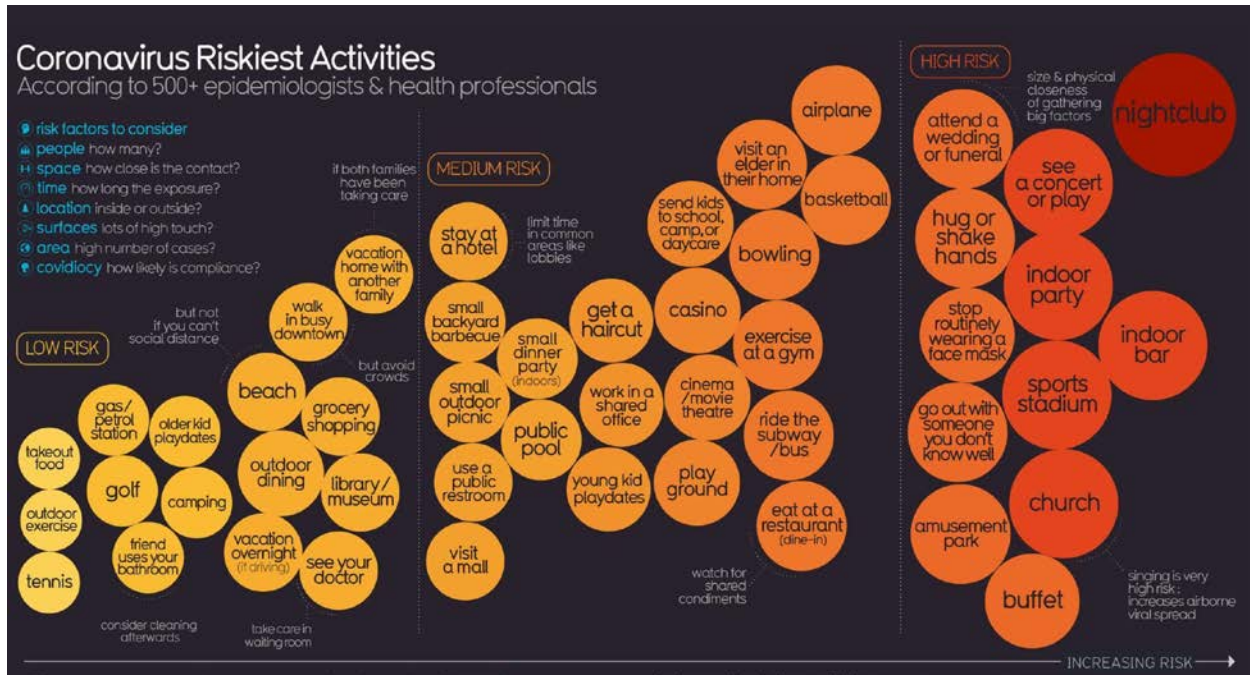
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- c. Persons auditioning and persons conducting the auditions must follow company policy for daily symptom screening, physical distancing, and mask use.
- d. Persons auditioning are encouraged to come alone. Minors may be accompanied by one parent or one adult.
- e. Persons auditioning should bring their own music unless other arrangements are made.
- f. Signage should direct persons auditioning to the area of check-in, waiting area, studio access, restroom access, and exit route.
- g. Develop a scheduling packet to send to persons auditioning that informs them of the guidelines for symptom recognition and screening; where to park; what time to come; where to enter and “check-in”; what to bring (water, dance clothes); number of allowable guests; restroom use; waiting area; music options; and any other orientation materials that can help the person auditioning move through the building efficiently, not get lost, not have to ask questions, and generally not bring their “outside world” into the controlled environment created for those inside the company.
- h. Choreographers, directors, and others involved in auditions must always be physically distanced (from 6’ to 15’ depending on the activity) from the persons auditioning and must wear a mask. Minimize the number of people involved in auditions and consider conducting virtual auditions whenever possible.

E. Outside the Workplace: Minimizing Risk of Virus Transmission

The level of COVID-19 in the community directly impacts the risk of a COVID-19+ case entering the workplace. The more employees out in the community, the higher the risk that they could unknowingly become infected and bring that infection into the workplace. Because of the risk of becoming infected while participating in non-workplace activities, it is important that everyone wears a mask when out in public and maintains a safe distance from those around them. There are varying degrees of risk for different activities. The graphic below highlights the relative risk of various activities - please note that none have zero risk. High risk activities outside of the workplace should be avoided and medium risk activities should also be avoided or kept to a minimum.

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VI. Special Considerations for Dancers

A. Conditioning and Physical Therapy (PT)

For dancers who have not been taking class or rehearsing for some time, allow a period of up to six weeks to re-condition and return to peak fitness. This is critical to be “performance ready” and to help prevent injuries. Re-conditioning time should be factored into all dance return to work proposals.

1. Services may be provided by physical therapists, certified athletic trainers, massage therapists, Pilates or yoga instructors, and personal trainers, as well as consulting physicians, chiropractors, or podiatrists.
2. If conditioning and PT are provided by parties outside the company, the outside facility and their personnel must comply with local guidelines that govern these specific disciplines, including the individual state’s department of health guidelines for scheduling, physical distancing, masks, cleaning, etc.
3. All personnel working in the company’s therapy/conditioning department must follow the same requirements as other artists and staff as far as daily screening, use of face masks, physical distancing, and risk avoidance (crowds, travel, public transportation - where possible).
4. The following specific recommendations should be followed:
 - a. Schedule treatment/therapy times that allow for one-on-one sessions.

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- b. Stagger appointment times to minimize overlap and waiting.
- c. Provide a scheduling or sign-up option that can be done remotely.
- d. If pods are being used to reduce the impact of a COVID-19+ case, then the PT for each pod should be performed by a different physical therapist. If this is not possible, then try to segregate PT of performers in different pods as much as possible (e.g., provide PT for Pod A in the morning and for Pod B in the afternoon).
- e. Spread out treatment tables, ice baths, whirlpools, exercise equipment, and exercise mats to allow distancing of at least 6’.
- f. Consider partitions between treatment stations as an extra level of protection.
- g. Install signs as reminders to maintain physical distancing and refrain from congregating, as well as to reinforce mask wearing policy, equipment cleaning, entry/exit routes, waiting areas, and waste management.
- h. Designate space for storing coats, outer clothes, shoes, bags, etc.
- i. Make available and ensure proper disposal for wipes, cleaning solutions, and hand sanitizer.
- j. Require that masks be worn at all times. Mask use is also recommended while exercising, removal should only be considered when minimum space requirements can be met (see [Appendix 4](#)).
- k. Hand washing/sanitizing when entering and exiting the facility.
- l. Clean all exercise equipment between use (e.g., stationary bike, elliptical, treadmill, exercise balls, Bosu balls, weights, Pilates reformer, shuttle machine, bands/pulleys/tubing).
- m. Clean treatment tables, chairs, tools/scrapers, foam rolls, ice machine doors, whirlpool handrails, hydrocollator, and modalities after use.
- n. Encourage dancers to bring their own exercise equipment (e.g., Therabands, hand weights) when possible.
- o. Designate hampers for used towels, sheets, gowns, etc.

B. Level of Dance Activity

In order to best support dancers, any reopening plan should be designed to allow the dancers to get back into the studios incrementally, build on the limited and virtual class and conditioning activities they have been doing at home, and provide adequate time (up to six weeks) prior to

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return to be “performance ready.” The following are general principles for reconditioning following injury or a break from training:

1. Start at a fraction of the full workload (e.g., 50%).
2. Build up gradually (i.e., do not increase volume or intensity of activity by more than 10-20% per week).
3. Modify activity level and pace of increase based on symptoms (i.e., increase at a slower pace if there is evidence of injury, excessive fatigue, or physical or mental breakdown).
4. Restore general fitness before attempting ballet-specific or sport-specific activities.
5. Space out workouts and maintain variety as much as possible (i.e., do not concentrate too much of the same activity within a short timeframe and try to space out "like" forms of exercise [e.g., legs, core, aerobic, high intensity, plyometrics] throughout the week).

C. Physical Distancing

Dancers, like all other subgroups of artists, need to maintain 6’ of physical distance at all times. Because dancers are moving about the room, an additional space allocation is required to permit movement while maintain 6’ distance. Movement occurs even at the ballet barre which requires spacing of 10’ between dancers at the barre rather than just 6’. There are more respiratory droplets and aerosols produced with exertion which require more distance and space for dancers than stationary individuals. An allocation of 150 sqft/dancer is felt to be sufficient to maintain safety while allowing movement and exertion. Mask use as well as limiting the number of dancers in a studio at one time with the Level 1 to 3 progression can further mitigate risk. The formula for calculating maximum occupancy is shown in [Appendix 4](#).

Limiting both tactile cueing and partnering until the company has successfully achieved Level 3 of recovery also maintains safety when 6’ distancing no longer needs to be maintained. Ongoing testing (with or without pods) can reduce risk so that partnering can occur between non-cohabiting individuals. Recommended testing for this to be safe is 3x per week, ongoing for the duration of the activity. NOTE: This does not reduce risk to zero and individuals involved should realize that there is a 5% chance that a positive case may be missed by testing.

At all levels of return, dancers should wear masks in the studio, and it is recommended they wear a mask while dancing. For performances that are live or being filmed, dancers can remove masks for the duration of the filming/performance.

D. Room Turnover

Please see [Appendix 9](#) for guidance on appropriate room turnover to decrease the risk from aerosol spread.

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E. Dance Clothing, Lockers, Snacks, and Water

Dancers should come dressed to dance, with dance wear under their street clothes. There should be designated spaces or containers for dancers to leave their shoes, warm-ups, or street clothes since locker rooms will be closed. Dancers must bring their own snacks and water.

F. Music

Pianos or recorded music can be used. Multiple users of the same piano or same musical equipment during the same day is discouraged. Equipment should be cleaned between classes. The pianist and music coordinator/technician should always wear masks.

As with all roles, the requirements for [screening](#), personal hygiene etc., apply to dancers.

VII. Special Considerations for Directors and Choreographers

Directors and choreographers are leaders in the room and leaders of a process that requires them to understand new safety protocols and incorporate them into their artistic practice. How performers interact on stage, and how they enter and exit, can impact physical distancing. Staging, costume changes, makeup, use of props, and other production elements must be considered in light of COVID-19.

A. Physical Distancing

The amount of physical distance that directors and choreographers need from others depends on whether they are stationary (~50sqft of space allocation) or moving amidst the performers (~100sqft). When sitting in the house, they should maintain a minimum of 6' from other audience members. Exposure to audience members is more of an unknown risk - even if the audience members have undergone screening prior to entry. Additionally, if seating is tiered, then a 6' barrier helps reduce the risk of spread from seats behind and higher than the one in which the director or choreographer is seated. Further guidance on physical distancing and space requirements can be found in [Appendix 4](#).

B. Masks

Masks should be worn at all times, unless working alone in a confined space.

C. Volume

The louder someone is singing, talking or shouting increases the potential for droplet and aerosol formation. This should be considered as a factor in physically distancing performers and in how instructions and direction is given.

D. Auditions

Choreographers and directors should always be physically distanced (6' to 15' depending on the activity) from the person auditioning and must wear a mask. Minimize the number of people involved in auditions and consider conducting virtual auditions whenever possible. See section on [auditions](#).

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E. Safety

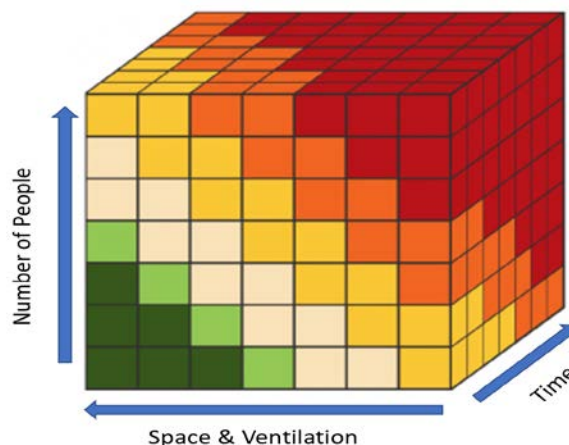
The organization must have a written COVID-19 safety plan that specifies protective policies and procedures and the responsibilities of everyone in the workplace. The organization's [COVID-19 Supervisor](#) is responsible for implementation and monitoring of the COVID-19 safety plan.

However, it is important for directors and choreographers to have access to and open communication with the COVID-19 Supervisor.

As with all roles the requirements for [screening](#), personal hygiene etc. apply to directors and choreographers.

VIII. Special Considerations for Singers

Singing generates droplets which may be projected 15-20' and aerosols (finer particles) which may linger for hours within an indoor space. Singers' masks may be an option (see below) and feedback has been positive about their use. For some masks may not be practical while singing. In addition, physical barriers (like partitions) may not prevent aerosol spread. These factors mean that there needs to be special precautions put in place to ensure that singers and those in the same space stay safe. There are three key parameters that should be considered when there is singing - the number of people, the space and its ventilation, and the time spent in that space. This 3D risk matrix demonstrates how each can add to the overall risk:



A. Physical Distancing

Each singer needs at least 15' in front of them due to projection of droplets and aerosols.

There are 3 levels in this incremental progression back to work for choral, opera, and musical theatre. The levels are largely dictated by physical distancing requirements and available space. See [Appendix 4](#) for more information on physical distancing.



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B. Ventilation

Air changes per hour, fresh air intake, and filtration are also critical factors to consider for singers as excellent ventilation and filtration minimizes the risk from small aerosols which can linger in the air for up to 16 hours. Each venue and room are different, so a review must be completed of every location. Opening windows or adding additional local ventilation (e.g., a portable HEPA filtration unit) may be advantageous. Use of fans to blow droplets and aerosols away from others may be a possibility but could also make the situation worse by dispersing droplets over a wider area and therefore are not recommended in most situations. If an outdoor location can be used this dramatically reduces risk for most performances.

When assessing the risks from aerosols it is important to consider a number of factors:

1. The number of people singing (every additional person singing increases risk).
2. The time spent in that space (potential exposure time).
3. The clean air ventilation rate (amount of clean fresh air being circulated).

This is described in the [Wells-Riley Model](#)³⁵. For more information, see [Ventilation](#).

C. Masks

At all levels of return, performers should wear masks in the studio. While singing is possible with a mask it may not always be feasible to do so. When masks are removed for singing, this should be factored into physical distancing and ventilation considerations. Masks can cause breathing challenges for some, and this may disproportionately affect a singer with an underlying pulmonary health issue, however for healthy individuals wearing masks does not pose a health risk. There are special [singer's masks](#)³⁶ designed to be used while singing. A study has demonstrated that they significantly decrease droplet transmission if fitted and worn properly. When singers wear properly fitted masks, the physical distancing requirements outlined in the Playbook can be relaxed to 150 sqft indoors, 100 sqft outdoors (see [Appendix 4](#)).



D. Volume

The louder someone is singing, talking or shouting increases the potential for droplet and aerosol formation. This should be considered as a factor in physically distancing performers and in how instructions and direction is given. Microphones may reduce the need for singing loudly but may not always be practical.

³⁵ <https://www.nafahq.org/wp-content/uploads/WellsRileyReport.pdf>

³⁶ <https://www.broadwayreliefproject.com/singersmask>

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E. Microphones

If microphones are used, they should be used by one person. If shared, they must be sanitized before being used by another person.

F. Room Turnover

Please see [Appendix 9](#) for guidance on appropriate room turnover to decrease the risk from aerosol spread.

G. Costumes, Lockers, Snacks, and Water

Singers should come dressed to rehearse, with performance wear under their street clothes. There should be designated spaces or containers for performers to leave their shoes, warm-ups, or street clothes since locker rooms will be closed. Performers must bring their own snacks and water.

H. Music

Pianos or recorded music can be used. Multiple users of the same piano or same musical equipment during the same day is discouraged. Equipment should be cleaned between rehearsal calls or coachings. The pianist and music coordinator/technician should always wear masks.

I. Rehearsals and Performance

Shorter rehearsal times help reduce risk.

Limit activities (such as breaks, socializing, food etc.) and avoid direct contact (e.g., handshaking, joining hands). Practice meticulous hygiene and wash or disinfect hands before, during, and after rehearsals.

Wipe down items that have been touched by others (e.g., chairs, scores/paper music, instruments, music stands, etc.) before and after use with approved disinfectants.

Singers should not touch their faces as part of a warm-up exercise or singing instruction method.

As with all roles the requirements for [screening](#), personal hygiene etc. apply to singers.

IX. Special Considerations for Stage Managers

Stage managers (SMs) have a unique role in the rehearsal hall, and even more so during performances. Staging, costume changes, makeup, use of props, and other production elements must be considered in light of COVID-19. Stage Managers should be familiar with all COVID-19 safety protocols and have ready access to the COVID-19 Supervisor for any safety issues that may arise.

A. Physical Distancing

All stage managers should maintain a 6' distance (~50sqft of space allocation) from others around them and be cognizant of the additional space required around dancers and singers. Incorporate physical distancing calculations into placement of individuals during performances,

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taking into consideration performers entering and exiting the stage, as well as for all tasks (e.g., scenery and prop transitions, lighting, sound, and special effects). For roles off stage, marking out a 6' square or circle may help reinforce physical distancing. If physical distancing is not feasible, then consider using barriers, such as Plexiglas, to increase protection (like checkouts in a grocery store). [Appendix 4](#) has more detailed guidance on understanding physical distancing requirements.

B. Masks

All stage managers should wear masks at all times unless working alone in a confined office or space. In addition to masks worn to prevent spread of COVID-19, additional personal protective equipment (PPE) may be needed if people have to work in close proximity for periods longer than a few minutes. Additional PPE might include the addition of a face shield as well as wearing a mask when working in a person's breathing zone (e.g., hairstylists, wardrobe, and makeup).

Additional PPE may be required for non-COVID-19 related safety reasons such as respirators for tasks involving chemicals or hazardous dust, safety harnesses, etc.

C. Safety

The organization must have a written COVID-19 safety plan that specifies protective policies and procedures and the responsibilities of everyone in the workplace. The organization's [COVID-19 Supervisor](#) is responsible for implementation and monitoring of the COVID-19 safety plan. The COVID-19 Supervisor should not be the Stage Manager; however, it is important for stage managers to have access to and open communication with the COVID-19 Supervisor.

As with all roles the requirements for [screening](#), personal hygiene etc. apply to stage managers.

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APPENDIX 1 - Roles and Responsibilities

Employer Responsibilities

Safe Workplace: It is the employer's responsibility to provide a safe workplace.

Governmental Compliance: The employer must be in compliance with all current federal, state, and local mandates/laws regarding COVID-19.

Conduct a COVID-19 Risk Assessment: The employer is responsible for conducting a COVID-19 Risk assessment that takes into account the tasks, functions and operation of all aspects of the organization's facilities and work, as well as, COVID-19 activity, trends, societal behaviors and local requirements that impact the organization.

COVID-19 Mitigation Plan: The employer is responsible for developing a comprehensive COVID-19 Mitigation Plan which covers all the measures and controls aimed at maintaining a safe and healthy workplace that remains COVID-19 free. The plan should be communicated to all stakeholders (employees, contractors, and visitors) and the key requirements prominently posted. The plan should include actions that will be taken if a potential or proven COVID-19+ person was within the facility, including contact tracing of potential close contacts.

COVID-19 Supervisor: The COVID-19 Supervisor is responsible for overseeing the implementation of the COVID-19 Mitigation Plan and monitoring all aspects of the plan to ensure compliance. Employees are instructed to report any breakdown in the implementation of the COVID-19 Mitigation Plan directly to the COVID-19 Supervisor.

Training: The employer is responsible for training all employees, contractors, and visitors on the COVID-19 Mitigation Plan prior to any onsite activity or work required travel commencing.

Cleaning and Cleaning Supplies: The employer is responsible for ensuring appropriate cleaning supplies and cleaning regimens are in place to ensure high-touch surfaces and general cleaning are appropriate for the risks caused by COVID-19.

Physical Distancing: The employer is responsible for ensuring appropriate physical distancing is maintained based on the size of spaces and the activities within those spaces. Where physical distancing is not possible additional controls such as barriers, blocking off workstations etc., should be considered.

Masks: The employer is responsible for ensuring an adequate supply of masks are available for use by employees. Rules about when masks must be worn, and the situations where they are not required should be clearly communicated and enforced.

Screening: The employer is responsible for implementing any screening processes (symptom or temperature) and maintaining privacy for all individuals involved. It is the employer's responsibility to have a system in place to maintain health information that is gathered as part of the screening process in a confidential manner.

Signage: The employer is responsible for installing appropriate signage to support physical distancing, mask use, room occupancy limits, entrance/egress routes, and personal hygiene.

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Testing: If testing is part of the return-to-work plan, the employer is responsible for facilitating testing, covering 100% of costs associated with testing, and maintaining privacy regarding individuals' results.

The employer does have a legal responsibility to immediately notify state and local public health departments of a positive COVID-19 test result and cooperate with contact tracing efforts, including notification of potential contacts, such as workers or visitors who had close contact with an employee who has tested positive for COVID-19, while maintaining confidentiality required by state and federal laws and regulations

Ventilation: The employer is responsible for optimizing and maintaining the HVAC system to reduce the risks of airborne COVID-19 spread.

Monitoring Community Activity: The employer is responsible for monitoring COVID-19 activity in the community, any associated local ordinances, and taking appropriate action, including ceasing operation if needed.

Communication of Changes: The employer is responsible for communication with AGMA and/or SDC if there are changes or failures in the COVID-19 Mitigation Plan, a move to live performances in front of a live audience, or a significant change in the prevalence of COVID-19 in the community.

Employee Responsibilities

Following the COVID-19 Mitigation Plan: Employees are responsible for following all aspects of the COVID-19 Mitigation plan. Specifically:

- ✓ Maintaining physical distance appropriate to space and activity
- ✓ Wearing a mask at all times except under specific, preplanned situations.
- ✓ Adopting COVID-19 related hygiene habits including frequent hand sanitization, cough etiquette etc.
- ✓ Not entering the workplace if unwell or after having contact with a diagnosed or presumed COVID-19+ person
- ✓ Following all signage

Communication: Employees are encouraged to support others to follow mask, physical distancing, and personal hygiene practices via empathic positive communication.

Employees should also inform the COVID-19 Supervisor if they identify breakdown in implementation of an organization's COVID-19 Mitigation Plan. If the employer does not take immediate corrective action then the employee should contact their Union Representative.

Personal Responsibility: What employees do outside of work can increase risks within the workplace. It is therefore encouraged that employees act responsibly when outside work and avoid high risk situations such as large crowds, social situations with sporadic or inconsistent mask use, and non-essential travel, especially to locations with high levels of COVID-19 activity. If travelling, employees need to comply with all applicable quarantine requirements.

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APPENDIX 2 – Implementation Checklist

Management Checklist for Returning to Stage and Performing Arts

ELEMENT	DETAIL	COMPLETED BY	DATE COMPLETED
Designate the COVID-19 Supervisor (i.e., person responsible for overseeing the return to performance plan)	Ensure they have: <ul style="list-style-type: none"> • Time and authority to perform duties • Defined roles and responsibilities • Adequate training 		
Determine phases of opening for state, county and city	<ul style="list-style-type: none"> • Use www.covidactnow.org for state level data; state dept health for local data • Check to ensure reopening allowable under state/city rules 		
Calculate minimum square footage requirements	<ul style="list-style-type: none"> • Based on room size and type of activity • Apply percentage use based on level 		
Develop a screening protocol for everyone returning to work including contractors and visitors	<ul style="list-style-type: none"> • Develop screening questions and method of delivery • Ensure privacy maintained • Protocol if issue identified • How screening is tracked and data retention for contact tracing • If temperature screening, detail on the protocol to be followed 		
COVID-19 Testing (if included in plan)	<ul style="list-style-type: none"> • Type of test • Frequency • How it gets delivered • Steps to be taken if COVID-19+ case 		
Training	<ul style="list-style-type: none"> • Plan to train employees (staff and artists) and contractors on the COVID-19 safety protocols 		
Conduct building start up review if building has been idle for more than six weeks	<ul style="list-style-type: none"> • Review general condition • Look for water leakages and mold • Flush all plumbing systems and showers • See CDC guidance here 		
Assess ventilation in studios, rehearsal halls, stages, or other spaces to be used	<ul style="list-style-type: none"> • If space does not have an HVAC engineer, hire a consultant for this assessment • Optimize HVAC system for COVID-19 conditions • Determine minimum time between studio/rehearsal hall/stage use 		
People flow	<ul style="list-style-type: none"> • Assess people flow – entrance/exits, shared spaces etc. to minimize bottlenecks 		

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	<ul style="list-style-type: none"> • Ensure adequate signage • Determine how to manage elevators 		
Signage	<ul style="list-style-type: none"> • Develop entry signage and signage throughout the building, studios, meeting rooms, shared spaces, etc. • Include signage indicating square footage of defined spaces as well as the maximum number of people permitted for different types of activities that would occur in that space (updated by level at which the organization is currently operating) 		
Cleaning	<ul style="list-style-type: none"> • Plan that covers: <ul style="list-style-type: none"> ○ Initial cleaning ○ Periodic cleaning ○ Cleaning of restrooms ○ Cleaning of studios, stages etc. between use ○ Cleaning of green room and other shared spaces ○ Cleaning if COVID-19+ person onsite ○ Availability of cleaning materials 		
Masks	<ul style="list-style-type: none"> • Determine when and where masks must be worn • Ensure sufficient supply of masks • Post signage on mask use 		
Emergency Response	<ul style="list-style-type: none"> • Action to be taken if there is a COVID-19+ case • How contact tracing will be done 		
Travel	<ul style="list-style-type: none"> • Guidance on commuting • Guidance on travel from another state or country 		
Catering	<ul style="list-style-type: none"> • What catering services will be used, if any, in Levels 1-3 • Water fountain use 		
Accommodation (If applicable)	<ul style="list-style-type: none"> • Develop a plan for housing 		
Plan governance	<ul style="list-style-type: none"> • Detail of how plan will be monitored and periodically reviewed 		

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APPENDIX 3 – Summary Chart of Key Elements

Subject to detailed guidance being considered and met.

Key:

✓ -Requirement necessary/activity permitted

✗ -Requirement not necessary/activity not permitted

	LEVEL 1	LEVEL 2	LEVEL 3	Post COVID
REQUIREMENTS				
Meet community COVID-19 criteria	✓	✓	✓	✓
Number of people based on physical distancing for space	50%	75%	100%	No physical distancing or TBD*
Masks use	✓	✓	✓	TBD
Screening of staff and visitors	✓	✓	✓	TBD
Optimized Ventilation	✓	✓	✓	TBD
Enhanced cleaning	✓	✓	✓	TBD
Signage	✓	✓	✓	✗
COVID-19 training	✓	✓	✓	✗
Emergency response plan	✓	✓	✓	✓
Accommodation plan	✓	✓	✓	✓
ACTIVITIES				
Auditions	✓	✓	✓	✓
Solo Dance	✓	✓	✓	✓
Group Dance	Based on physical distancing	Based on physical distancing	Based on physical distancing	✓
Physical Contact	✗	✗	✓	✓
Solo singer	✓	✓	✓	✓
Group Singing	✗	With controls	With controls	✓
Wardrobe	✗	✗	With cleaning	✓
Rehearsal	✓	✓	✓	✓
Readings	✓	✓	✓	✓
Catering	✗	✓ (individual)	✓ (individual)	✓
Travel	Limited	Limited national	Limited International	✓

* TBD – To Be Determined

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APPENDIX 4 – Calculating Minimum Space Requirements

Rationale for Space and Occupancy Calculations

Several factors have been considered in reaching these minimum space requirements:

1. A 6 x 6' square (or circle with a 6' diameter) would presumably allow at least 3' on all sides (if everyone else in the room also had a 6 x 6' square or 6' diameter circle around them). The combination of 3' contributed by each individual would add up to 6' of physical distancing. However, this model fails to provide adequate distancing when you factor in the space occupied by the person's body. With any movement or gesturing within this space, such as raising or extending arms, it may be possible to actually touch the person in the adjoining circle—even if the centers of the two circles are 6' apart.
2. **Movement** has implications for both distancing and available space. When multiple individuals are moving at the same time, there needs to be either an intricate and precise coordination of movements between the individuals **or** there needs to be an extra cushion of space to maintain physical distance if there is a lapse in the coordination of those movements. The formulas offered here are designed to provide that extra cushion.

Movement requires more physical exertion causing deeper or more frequent breathing and more expression of respiratory droplets and aerosols. Droplets and aerosols increase with increasing numbers of individuals exerting at the same time in the same space. The extra allocation of space for each individual with movement *and* exertion not only provides a safety margin for movement but also effectively limits the number of individuals who can simultaneously be producing droplets and aerosols at one time.

3. **Singing** and/or talking also have implications for both distance and space requirements. Respiratory droplets can be projected as far as 15-20 feet with singing. This makes the standard 6' of physical distancing inadequate. Potentially infective aerosols are also produced with prolonged talking and singing. The cumulative amount of droplet and aerosol production with talking and singing depends on the number of individuals engaging in this activity as well as the duration of time and the adequacy of ventilation in the rehearsal space. Singers have the greatest space requirements of all artists and performers. There needs to be sufficient area to accommodate a space of at least 15 feet in front of each singer but also a larger footprint (200 square feet/singer) to effectively limit the number of singers who can produce droplets and aerosols at one time. If singer's masks are used the space requirements can be reduced to 150 sqft indoors and 100 sqft per singer outdoors. When masks are worn there is less concern about projected droplets so the 15 ft space in front of singers can be reduced to 6 ft. Microphones may also help further reduce the risk.

All of these factors—minimum distancing while stationary, minimum distancing with movement, minimum distancing with projection of respiratory droplets, exertion, playing a musical instrument, singing and/or with talking, will factor into space allowances and ultimately, maximum capacity of a given room.

For static (i.e. non-moving, non-singing) activities, it is possible to designate fixed spaces, possibly augmented with partitions or screens, that have appropriate margins to maintain physical distancing and protection from respiratory droplets. This model is most pertinent for an instrumentalist or,

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perhaps, a conductor. If the static individual is a singer, far greater spaces need to be demarcated to account for spread of potentially infective particles by air. For dynamic (moving) activities, there is a square footage model that is based on a generous radius (for distancing). The square footage required for each activity could be visualized as a circle or bubble travelling about the room. This model is most pertinent to a dancer, an actor, or possibly a director or choreographer.

Despite the wide variability in activities and space requirements, there are 3 factors that incrementally require more space and distance. They are movement, exertion, and talking loudly/singing. The least amount of space (50 sqft) is required by someone who is stationary, not exerting, and not talking or singing. With movement, a minimum of 100 sqft is required. With movement and exertion, 150 sqft is required. With movement, exertion, *and* singing, 200 sqft is required. See **Table 1**.

Steps in calculating minimum space requirements:

Step 1: Calculate the usable square footage of the space (ignore parts of the space which are unusable e.g., because of furniture, access etc.). If the space is outdoors, use the 'outdoors' column in table X

Step 2: Determine adequacy of ventilation and air quality (fresh air turnover, air filtration, air quality index if outdoors and pollution is present).

Step 2: Using the community COVID-19 prevalence and State allowed activities, calculate the percentage of that space that should be used at the level you are at:

	LEVEL 1	LEVEL 2	LEVEL 3
Criteria	<ul style="list-style-type: none"> • State, county, city decision to reopen PLUS 2 of the following criteria: <ul style="list-style-type: none"> • 14-day decreasing trend of new cases • ≤150 new cases per million* • ≤10% positive tests* 	<ul style="list-style-type: none"> • Further 14-day decreasing trend of new cases since Level 1 • PLUS ALL of the following criteria: <ul style="list-style-type: none"> • ≤100 new cases per million* • ≤7.5% positive tests* 	<ul style="list-style-type: none"> • Further 14-day decreasing trend of new cases since Level 2 • PLUS ALL of the following criteria: <ul style="list-style-type: none"> • ≤50 new cases per million* • ≤5% positive tests*
Percentage Occupancy	<ul style="list-style-type: none"> • 50% of Maximum Capacity based on physical distancing calculation 	<ul style="list-style-type: none"> • 75% of Maximum Capacity based on physical distancing calculation 	<ul style="list-style-type: none"> • 100% of Maximum Capacity based on physical distancing calculation

* Rolling average of the past 7 days

Step 4: Determine the number of individuals planning to use that space and identify what they will be doing (i.e., teaching, directing, accompanying, exercising, acting, dancing, singing, stage fighting, or some combination).

Step 5: Use **Table 1** to determine distancing and space requirements for each individual using the space. If an individual is both dancing and singing, use the space requirement for the activity requiring the greatest space (i.e., 200 sqft for singing).

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Table 1: Space and Distance Requirements for Various Activities and Roles

Category	Activity	Examples	Minimum square footage per person*		Comments
			Indoors	Outdoors	
1	Stationary; not exerting; minimal or no talking	<ul style="list-style-type: none"> Teacher, director*; Accompanist or instrumentalist (piano, strings only); Actor (cast member, not speaking, not moving); Backstage (lighting, makeup, hair, costumes) 	50	50	<ul style="list-style-type: none"> Masks and 6' distance at all times Additional partitions/physical barriers may be appropriate; <i>*it is assumed that most teachers or directors will be talking and moving and be classified under Category 2 (see below)</i>
2	Moving and/or talking; not exerting	<ul style="list-style-type: none"> Teacher, director, choreographer Accompanist or instrumentalist (woodwind, horns) stage crew, props 	100	100	<ul style="list-style-type: none"> Masks and 6' distance at all times 10' distance in front of woodwind or horn player
3	Moving and/or talking; exerting	<ul style="list-style-type: none"> Ballet barre, center work, jumps, combinations Exercise equipment (treadmill, elliptical trainer, stationary bicycle, Pilates reformer); Theater, musical theater, acting Dance partnering Stage fighting 	150	100	<ul style="list-style-type: none"> Ballet barre marked in 10' intervals. Exercise equipment 10' apart Clean touched surfaces before and after use. Maintain 6' distance. Masks recommended even during dance and singing Limit partnering and stage fighting until Level 3 unless participants cohabitate. (See Testing.)
4	Singing; talking (projecting), stationary or moving	<ul style="list-style-type: none"> Chorister, soloist Musical theater Acting (talking and/or singing) 	200 (150 if wearing a mask)	120 (100 if wearing a mask)	<ul style="list-style-type: none"> Elliptical space with 15' in front of singer (4' in back and sides) Singers masks preferred but must wear masks when not singing.

Step 6: Use **Table 2**, the Total Space Calculator for Planned Activity, to enter your parameters (i.e., activity and/or category of activity, square footage required for this activity, number of individuals doing each level of activity, and the subtotal for each category of activity). This will produce a **grand total** of the amount of space necessary to carry out a planned class, rehearsal, or performance.

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Table 2: Total Space Requirement for Planned Activity

A	B	C	D	
Activity (list activity or Category of activity, 1-4, from Table 1)	Square footage per participant (per Table 1)	Number of participants doing this specific activity	Subtotal square footage requirements (sqft per user times number of users or column B times column C)	Comments, special requirements (extra distance required; elliptical shape vs. circle)
Grand total*			*	

Step 7: Use **Table 3** to determine if the intended use (i.e., numbers and activities of users) can be accommodated in the available space.

Table 3: Matching Activity with Available Space

A	B	C	Determine if available space (based on studio size and level of recovery) is adequate to accommodate planned activity and number of occupants	
Total square footage of studio	Available square footage (Based on the Level of Activity Level 1-50% of A Level 2-75% of A Level 3-100% of A)	Total square footage required by planned activity and number of occupants (Use Grand Total* from Table 2)	If B > C , you are good to go. If B < C , you need fewer people and/or less activity and/or more space	
			B ≥ C	B < C

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Example 1: Total Space Requirement for Planned Activity

In this example, a ballet company is attempting to rehearse for a production that involves 12 dancers. During the studio rehearsals, there is a director, choreographer, and a piano accompanist. The company is at Level 2 in the steps to full return. The biggest studio in the company is 3000 square feet. This is entered into Column A in **Table 3**. At Level 2, 75% of the full occupancy of studio space is available for use. This translates to 2250 “available” square feet. This is entered into Column B of **Table 3**.

Table 1 above can be used to determine how much square footage needs to be allotted to each individual. This is based on their activity (movement, exerting, talking). There are 4 categories of activity (1-4) with more space allocated to individuals who are moving, exerting, and/or singing.

- A director and choreographer who are talking and moving about the room (but not exerting) each require 100 square feet (Category 2).
- A piano accompanist, who presumably is not talking, moving, or exerting, requires 50 square feet (Category 1).
- Each ballet dancer will be moving and exerting requiring 150 square feet (Category 3).

This information can be entered into **Table 2** to calculate the total square footage required for this activity, which at this level is 2050 square feet.

Table 2 Example: Total Space Requirement for Planned Activity

A Activity (list activity or category of activity, 1-4, from Table 1)	B Square footage per participant (per Table 1)	C Number of participants doing this specific activity	D Subtotal square footage requirements (sqft per user times number of users or column B times column C)	Comments, special requirements (extra distance required; elliptical shape vs. circle)
Director (Cat 2)	100	1	100	
Choreographer (Cat 2)	100	1	100	
Pianist (Cat 1)	50	1	50	May have partition for extra protection
Ballet dancer (Cat 3)	150	12	1800	
Grand total*			2050 sq ft	

The total required square footage for this activity (2050) is put into Column C of **Table 3**. Since the available square footage (2250, Column B, Table 3) is greater than the required square footage (2050, Column C, Table 3), this activity could safely take place under these conditions. See **Table 3** example below.

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Table 3 Example: Matching Activity with Available Space

<p style="text-align: center;">A</p> <p style="text-align: center;">Total square footage of studio</p>	<p style="text-align: center;">B</p> <p style="text-align: center;">Available square footage Based on the Level of Activity Level 1-50% of A Level 2-75% of A Level 3-100% of A</p>	<p style="text-align: center;">C</p> <p style="text-align: center;">Total square footage required by planned activity and number of occupants (Use Grand Total* from Table 2)</p>	<p style="text-align: center;">Determine if available space (based on studio size and level of recovery) is adequate to accommodate planned activity and number of occupants</p> <p style="text-align: center;">If B > C, you are good to go. If B < C, you need fewer bodies and/or less activity and/or more space</p>	
			<p style="text-align: center;">$B \geq C$ (good to go!)</p>	<p style="text-align: center;">$B < C$ (need fewer bodies or more space)</p>
3000	2250	2050	✓	

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APPENDIX 5 – Worsening Conditions

When there is a surge in COVID-19 cases in your area, the continued health and safety of AGMA and SDC members is of paramount importance. The Return to Stage & Performing Arts Playbook was designed to help our companies and members get back to work safely when the spread of COVID-19 was decreasing. This is reflected in the Playbook's levels of reopening. When a surge in cases occurs after a company has reopened, we must reassess and adjust, if necessary, the protocols in place. Returning to previous levels of protection or adding additional controls must be considered at this time in order to continue working safely. And, while our goal remains to keep everyone working, we all recognize that there might come a point during a COVID-19 surge when the safety and health of our members and our company administrators requires a pause of in-person activity.

The case number data points and suggested actions outlined in the table below are designed to guide your decision making. Compliance with all government requirements regarding reopening or reclosing, personal hygiene, size of gatherings, and mask wearing is a given. Companies should also follow the guidelines in the Return to Stage & Performing Arts Playbook whenever they are stricter.

During this surge, the primary driver of concern is **NEW CASE RATES PER MILLION**. The three other factors, listed below, should help inform your response when your locality is near the cut-off point for each alert level. These other data points can be used as follows:

1. Generally, the **14-day case trend** is a negative factor, if increasing, and a positive indicator, if decreasing. There can be fluctuations, however, and even a flat or declining case rate may still pose a risk if new case rates per million are high.
2. Ideally, **COVID-19 test positivity rates** should be less than 5%, with more than 10% being a cause for concern, and over 20% indicating an uncontrolled spread of the virus.
3. The **Transmission Rate (R0/Rt)** is the estimated number of new cases resulting from each infection. Greater than 1 indicates the pandemic is growing; less than 1 indicates the pandemic is declining. Greater than 1.2 suggests caution should be taken.

DATA SOURCES:

- [State, County & City Level Data Source](#) showing the spread of the disease (New Case Rates Per Million, Disease Trends, COVID Test Positive Rates)
- [State and County Level Data](#) Source showing Transmission Rate (Ro/Rt)

The following table recommends appropriate action based on the key COVID-19 metrics described above. ***In all cases, please discuss the appropriate course of action for your company with your AGMA or SDC representative.***

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ALERT LEVEL 1 >150-200 New Cases Per Million	ALERT LEVEL 2 200-300 New Cases Per Million	ALERT LEVEL 3 >300-500 New Cases Per Million
<ul style="list-style-type: none"> ● Review all safety protocols to ensure they are working and effective ● Do not progress to the next level / consider retreating a level ● Optimize HVAC system <ul style="list-style-type: none"> ○ Increase fresh air intake and number of air changes per hour ○ Increase filtration to MERV13 if feasible ○ If MERV13 is not feasible, add portable HEPA filtration with UV-C ● Everyone wears a mask even singers and dancers ● Reinforce safe behaviors 	<p>All actions in previous alert level plus:</p> <ul style="list-style-type: none"> ● Consider returning to Level 1 if at a higher level ● Consider developing pods¹ to limit impact of an infection ● Consider developing a bubble² to isolate performers and support staff from the community ● Minimize on site personnel ● Essential visitors only or no visitors ● Limit travel³ across state lines and encourage use of personal transport versus public transport 	<p>All actions in previous alert level plus:</p> <ul style="list-style-type: none"> ● Strongly consider return to Level 1 ● Further minimize personnel on site ● If continuing operations, consider adding: <ul style="list-style-type: none"> ○ Testing: Introduce frequent routine mandatory testing ○ Travel³: Discourage use of public transportation ○ Protect individuals who are high risk or who are living with/caring for someone at higher risk from COVID-19 ○ Have everyone formally commit to safety behaviors

WHEN A PAUSE IN IN-PERSON ACTIVITY SHOULD BE CONSIDERED

A pause in-person activities for at least 4 weeks should be discussed with your AGMA or SDC representative if any of the following conditions exist:

- New cases per million per day are >500 (7-day average) +/-
- COVID test positivity rate >15%
- More than 20% of employees are quarantined because they have had COVID-19 or had significant exposure
- Evidence of workplace transmission

If the situation has improved after a 4 week pause, then companies should restart at Level 1 working back through the levels over time as outlined in the Playbook.

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TRAVEL GUIDANCE

Both companies and artists may have questions regarding travel during this period. While quarantines and testing can mitigate the risk of exposing others, please refer to the travel warning prominently featured [here](#)⁴ on the CDC website for the most up to date guidance.

Anyone who chooses to travel during this period should adhere to the following guidelines:

If travelling from a country, state, or locality that meets the ‘[hot spot](#)’ definition (more than 100 new cases per million per day and more than 10% COVID test positivity rate):

- Prior to travel:
 - **For international travelers to the US** - All air passengers coming to the United States, including U.S. citizens, are required to have a negative COVID-19 test result or documentation of recovery from COVID-19 before they board a flight to the United States.
 - 3 days prior to travel, get a PCR test
- Upon returning from travel:
 - Get tested 3-5 days after travel AND stay home for 7 days after travel.
 - Even if you test negative, stay home for the full 7 days.
 - If your test is positive, isolate for 14 days to protect other from getting infected. Local authorities may allow reduced quarantine times. See [above](#) for the details.
 - If you do not get tested, stay home for 10 days and avoid high-risk individuals for 14 days.

Please note:

- If someone has symptoms of COVID-19 they MUST quarantine for the full 14 days and be symptom free before leaving quarantine. If someone has had a high-risk exposure to a known or suspected case of COVID-19 they should quarantine for 14 days. Local authorities may allow reduced quarantine times. See [above](#) for the details.
- All forms of travel pose risks, although traveling alone in a private car is safest.
- If traveling from a country, state, or locality with less than 100 per million new cases per day and less than 10% COVID test positivity rate, then follow local quarantine requirements.

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¹ The 'Pod' concept involves segregating groups of employees into groups or pods which remain intact and do not interact with other pods. The advantage of the pod concept is that if a pod member is found to be COVID-19+, then this only impacts that one pod and not the entire company. This concept can be effective in certain situations but requires strict adherence by members of the pod

² A 'Bubble' is the concept of keeping an entire company quarantined from society – as though they were in a bubble. Once they have been initially screened and tested, or a designated time has passed since entering the bubble with no evidence of COVID-19+ cases developing, then all those in the bubble can interact with each other without physical distancing and use of masks. However, it should be noted that it is exceedingly difficult to truly have an impenetrable bubble and many attempts have failed.

³ Several states have implemented travel restrictions – latest restrictions can be found [here](#).

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

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APPENDIX 6 - COVID-19 Supervisor Checklist

Weekly checklist by COVID-19 Supervisor, which must be completed based on actual observations made and physically checking that all aspects are in place and working.

ASPECT	ITEM	IN PLACE / WORKING	ACTION	COMMENTS
SIGNAGE	<ul style="list-style-type: none"> ● Entry signage ● Directional & route signage ● Space use signage ● Mask wearing ● Personal hygiene 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
SCREENING	<ul style="list-style-type: none"> ● Symptom screening ● Temperature screening ● Record keeping ● Instances of COVID-19+ cases 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
CLEANING	<ul style="list-style-type: none"> ● Hand sanitizer availability ● Cleaning materials availability ● Adherence to cleaning schedule 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
PPE	<ul style="list-style-type: none"> ● Mask availability ● Sufficient stock of masks ● Sufficient stock of face shields ● PPE is always being used correctly 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
PHYSICAL DISTANCING	<ul style="list-style-type: none"> ● Adherence to physical distancing rules ● Adherence to maximum capacity in rooms ● Physical distancing signage 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
VENTILATION	<ul style="list-style-type: none"> ● Ventilation systems optimized ● Filters cleaned per schedule ● Is studio usage allowing for an adequate buffer between use? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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TRAINING	<ul style="list-style-type: none"> ● Have all staff been trained? ● Have all visiting artists been trained? ● Have all contracts and visitors been informed of protocols? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
COMMUNITY	<ul style="list-style-type: none"> ● Have community COVID-19 conditions been checked? ● Do community levels of COVID-19 support current activity? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
ACTION	<ul style="list-style-type: none"> ● Have actions from the last check been addressed? 	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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APPENDIX 7 – Ventilation Checklist, Air Changes Per Hour, and MIT Calculator Examples

Ventilation Checklist

TASK	COMPLETED	DATE
Check the basic operation of the system to see that it is delivering outdoor air to every space.		
Disable demand-controlled ventilation (DCV) so that ventilation remains at the peak level even when occupancy is not at its peak. Increase the fraction of outdoor air in systems that recirculate air, provided the impact on indoor comfort is acceptable. This may be done by manually or automatically opening outdoor air dampers. When weather is temperate, the impact is low; consider increasing the use of air-side economizer cycles.		
Indoor, occupied spaces should attempt to achieve 6-12 air changes per hour (sometimes referred to as ACH), based on total supply air or 15-30 cubic feet per minute (cfm) of outdoor air per person. Higher is better. If not achievable via the HVAC system, consider augmenting with use of open windows and doors (Note outside wind direction may minimize any benefit).		
Install a MERV-13 or higher filter into HVAC systems where possible. As an alternative, electrostatic filtration systems can be considered, as long as they do not produce unsafe levels of ozone outside the OSHA permissible limit.		
Extend HVAC system runtime by running the system 1-2 hours before and after any occupancy, including before, during and after cleaning operations.		
In high occupancy (>1 person per 100 square feet) settings where the existing HVAC system cannot meet the ventilation or filtration targets above, consider augmenting with standalone HEPA filtration units. Those units are more effective the closer they are to the breathing zone of occupants and in smaller spaces.		

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Air Changes/Hour (ACH) and Time Required for Airborne-Contaminant Removal by Efficiency:

Air Changes Per Hour	Time (minutes) required for removal 99% efficiency	Time (minutes) required for removal 99.9% efficiency
2	138	207
4	69	104
6+	46	69
8	35	52
10+	28	41
12+	23	35
15+	18	28
20	14	21
50	6	8

Additional Guidance on Ventilation

Monona Rossol founded Arts, Crafts, and Theater Safety (ACTS). She is an Industrial Hygienist and expert in ventilation design and operation. She is the Safety Consultant at SAG-AFTRA. She wrote a guide to Ventilation for Theaters and Film Locations, which is periodically updated. This guide adds important information and guidance on safe and effective operation of ventilation systems appropriate for the performing arts. The guidance document can be found [here](#).

Examples Using the MIT Indoor Air Calculator

Below are examples of how to use the MIT calculator to determine safe exposure times and occupancy levels for indoor spaces during COVID-19.

[Click here](#) to access the MIT calculator.

This calculator is only assessing the risk for small aerosol particles. It is based on the assumption that requirements for physical distancing are met, and that distancing removes the risk for large droplets.

There are 3 overall modes you can use:

1. Top right set to **basic** and option on left set to “**about**” gives you the most basic output
2. Top right set to **basic**, then you can use settings under “**room specifications**” and “**human behavior**”

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3. Top right can be set to **advanced**. This mode gives you the option to add data on **immunization** to the model (do not jump to the advanced mode until you can master the basic mode)

To use the calculator, you will need:

1. Room dimensions
2. Information on the HVAC system:
 - a. Air changes/hour (ACH)
 - b. Filter specifications (MERV)
 - c. Recirculation rate.

You can then see how occupancy is affected by improving ventilation, by changing intensity of activity, and/or by changing mask use.

Example 1

Basic – use general category of classroom, mask, exercise as pre-sets. The calculator assumes a room size for the drop-down categories provided, and assumes a relatively low level of ventilation.

The screenshot shows the 'COVID-19 Indoor Safety Guideline' calculator interface. At the top left, there is a 'Click to go back, hold to see history' link. The title 'COVID-19 Indoor Safety Guideline' is prominently displayed. Below the title are several links: 'Kasim Khan, John W. M. Bush, and Martin Z. Bazant', 'Beyond Six Feet: A Guideline to Limit Indoor Airborne Transmission of COVID-19 (Bazant & Bush, 2020)', 'https://ceesr.mit.edu/2020/11/17/news/COVID-19', and 'https://github.com/kasimkhan/beyond-six-feet'. On the top right, there are three dropdown menus for 'Language' (English), 'Units' (British), and 'Mode' (Basic). The main content area is divided into several sections. On the left, there is a navigation menu with 'About', 'Room Specifications - Details', 'Human Behavior - Details', and 'Frequently Asked Questions'. The 'About' section contains text explaining the purpose of the app and the science behind it. The main calculator area has three dropdown menus: 'Room Specifications' (Classroom), 'Human Behavior' (Masks, Exercise), and 'Age Group' (Adults (15-64 years)). Below these is a 'Viral Strain' dropdown menu (SARS-CoV-2 - B.1.1.7 (UK Strain)). A central box displays the guideline: 'To limit COVID-19 transmission* after an infected person enters this space, there should be no more than: 2 people for 107 hours (4 days), 5 people for 27 hours, 10 people for 12 hours, 25 people for 5 hours, 100 people for 78 minutes'. Below this, it states: 'In contrast, the six-foot (or two-meter) rule would limit occupancy to 25 people which would violate the guideline* after 5 hours.' A footnote explains that the guideline restricts the probability of airborne transmissions per infected person to be less than the risk tolerance (10%) over the cumulative exposure time listed. At the bottom, there are two input fields: 'If this room has 10 people, the guideline* would be violated after 12 hours.' and 'If people spend approximately 4 hours here, the occupancy should be limited* to 30 people.'

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Example 2

Basic - Using tab on left for room specifications, settings are changed to improve the ventilation substantially.

The screenshot shows the 'COVID-19 Indoor Safety Guideline' web application. At the top right, there are dropdown menus for Language (English), Units (British), and Mode (Basic). The main interface is divided into several sections:

- Room Specifications - Details:** Includes input fields for Total floor area (900 sq. ft.), Average ceiling height (12 ft.), Ventilation (8.0 hr⁻¹ outdoor ACH), Filtration System (MERV 14), Recirculation Rate (1.0 hr⁻¹), and Relative Humidity (60%).
- Room Specifications:** A dropdown menu set to 'Custom'.
- Human Behavior:** A dropdown menu set to 'Masks, Exercise'.
- Age Group:** A dropdown menu set to 'Adults (15-64 years)'.
- Viral Strain:** A dropdown menu set to 'SARS-CoV-2 - B.1.1.7 (UK Strain)'.

Below the settings, a text box states: "To limit COVID-19 transmission* after an infected person enters this space, there should be no more than:" followed by a list of occupancy and duration options:

- 2 people for 271 hours (11 days)
- 5 people for 68 hours (3 days)
- 10 people for 30 hours
- 25 people for 11 hours
- 100 people for 3 hours

A note indicates: "In contrast, the six-foot (or two-meter) rule would limit occupancy to 25 people which would violate the guideline* after 11 hours."

At the bottom, two summary boxes provide specific results:

- "If this room has 10 people, the guideline* would be violated after 30 hours."
- "If people spend approximately 4 hours here, the occupancy should be limited* to 71 people."

*The guideline restricts the probability of airborne transmissions per infected person to be less than the risk tolerance (10%) over the cumulative exposure time listed. Other risk scenarios are considered in Advanced Mode. Specifically, one may consider the prevalence of infection in the population, immunity acquired through vaccination or previous exposure, and the risk to a specific individual.

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Example 3

Basic- Using same ventilation settings as Example 2, but the mask protection is degraded by changing it from surgical mask to multi-layer cotton or silk, and assumes fit of mask is not perfect.

COVID-19 Indoor Safety Guideline

Language: English Units: British Mode: Basic

Room Specifications: Custom Human Behavior: Custom Age Group: Adults (15-64 years)

Viral Strain: SARS-CoV-2 - B.1.1.7 (UK Strain)

Human Behavior - Details

Breathing Rate: 0.81 ft³/min
Light Exercise

Respiratory Activity: 0.12 q/ft³
Breathing (normal)

Mask Type/Efficiency: 70%
Multilayer Cotton, Silk

Mask Fit/Compliance: 74%
0% None 50% Poor 95% Good

Need more control over your inputs? Switch to Advanced Mode using the dropdown at the top of the page.

To limit COVID-19 transmission* after an infected person enters this space, there should be no more than:

- 2 people for 149 hours (6 days)
- 5 people for 37 hours
- 10 people for 17 hours
- 25 people for 6 hours
- 100 people for 2 hours

In contrast, the six-foot (or two-meter) rule would limit occupancy to 25 people which would violate the guideline* after 6 hours.

*The guideline restricts the probability of airborne transmissions per infected person to be less than the risk tolerance (10%) over the cumulative exposure time listed. Other risk scenarios are considered in Advanced Mode. Specifically, one may consider the prevalence of infection in the population, immunity acquired through vaccination or previous exposure, and the risk to a specific individual.

If this room has 10 people, the guideline* would be violated after 17 hours.

If people spend approximately 4 hours here, the occupancy should be limited* to 39 people.

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Example 4

For a contrast, this example has ventilation using open windows only and occupants exercising without masks (still maintaining required physical distancing).

The screenshot displays the 'COVID-19 Indoor Safety Guideline' web application. At the top, there are navigation tabs: 'About', 'Room Specifications - Details', 'Human Behavior - Details', and 'Frequently Asked Questions'. The 'Room Specifications - Details' tab is active, showing input fields for 'Total floor area (sq. ft.)' (900) and 'Average ceiling height (ft.)' (12). The 'Ventilation' is set to '2.0 hr⁻¹ (outdoor ACH)' with a dropdown menu showing 'Open windows'. The 'Filtration System' is 'MERV 0' and 'Recirculation Rate' is '0.0 hr⁻¹'. A 'Relative Humidity' slider is set to 60%, with labels for 15% (Very Dry), 30% (Dry), 60% (Average), and 95% (Very Humid). A note suggests switching to 'Advanced Mode' for more control. On the right, 'Room Specifications', 'Human Behavior', and 'Age Group' are set to 'Custom', 'No Masks, Exercise', and 'Adults (15-64 years)' respectively. The 'Viral Strain' is 'SARS-CoV-2 - B.1.1.7(UK Strain)'. Below these settings, a table lists occupancy limits: 2 people for 2 hours, 5 people for 39 minutes, 10 people for 22 minutes, 25 people for 12 minutes, and 100 people for 5 minutes. A note states that the six-foot rule would limit occupancy to 25 people, which would violate the guideline after 12 minutes. A disclaimer at the bottom explains the guideline's risk tolerance and assumptions. At the bottom of the interface, two summary boxes state: 'If this room has 10 people, the guideline* would be violated after 22 minutes.' and 'If people spend approximately 4 hours here, the occupancy should be limited* to < 2 people.'

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APPENDIX 8 – Sample Screening Questionnaire

Please answer the following questions truthfully. Your answers will be kept confidential, and there will be no adverse consequences resulting from honest answers. We are all in this together and must keep each other safe!

Please read the following statements and check any that apply:

- In the last 14 days, have you had any symptoms of COVID-19, including fever, cough, shortness of breath, general malaise, muscle aches, loss of sense of smell or taste, diarrhea, nausea or have you felt unwell or had a runny/stuffy nose, sore throat, or sneezing?
- Within the past 14 days, have you been caring for, or living with, someone diagnosed with COVID-19 or who has symptoms of COVID-19?
- In the last 14 days, have you had a positive COVID-19 test?
- Within the past 14 days, have you been advised to quarantine because of an exposure to COVID-19?
- Within the last 14 days, have you attended any large indoor or outdoor events where physical distancing was not easy to adhere to or mask use was not universal (e.g., rally, religious service, party, etc.)?
- Within the last 14 days have you visited a COVID-19 [hot spot](#)? If yes, where? _____
- None of the above apply to me

NAME: _____

SIGNED: _____

DATE: _____

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APPENDIX 9 – Room Turnover

Room turnover time is the amount of time allowed after one group finishes using a room but before another group can enter and use the room. Room turnover time:

- Helps to stagger entry and exit from the room which decreases congestion from overlap of people coming and going.
- Allows for proper cleaning of touched surface.
- Allows for the settling of any respiratory droplets or aerosols that were generated by the previous group. Aerosols, in particular, may remain suspended for a period of time—even after the previous group has left. The amount of time it takes for suspended aerosols to settle or be cleared depends both on the adequacy of ventilation and air filtration systems ([Appendix 7](#)) as well as the amount of aerosols generated.

The aerosols generated are proportional to the number of individuals using the room; the duration of room use; and the activity of the individuals in the room. There are more aerosols produced with exercise and exertion. Talking, talking loudly, shouting, and singing create the greatest concentrations of potentially infective amounts of aerosols.

The following table provides guidance for room turnover based on the number of individuals using the room and the duration of room use. Room Occupancy is determined by following the calculations described in [Appendix 4](#). Adequate ventilation is critical. Inadequate fresh air turnover and/or air filtration would be expected to lengthen any of the suggested room turnover times. Duration of room use for longer than 90 minutes is discouraged unless the number of occupants is small (<10% of maximum) or the ventilation and air filtration is exceptional ([Appendix 7](#)). Fresh air exchanges per hour (ACH) should be greater than 3 per hour.

Table A: Room Turnover Time (in minutes) Based on % Occupancy and Duration of Room Use

		Duration of Practice/Rehearsal Session		
		< 30 minutes	30-60 minutes	60-90 minutes*
Room Occupancy (% of maximum)	<50%	10 min turnover	20 min turnover	30min turnover
	≥50%	20 min turnover	30 min turnover	30 min turnover

* Room use >90 minutes is discouraged unless exceptional ventilation, air exchange (>3 changes/hour), and filtration can be demonstrated.

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APPENDIX 10 – Isolation and Quarantine

Definitions:

- **Isolation** is used to separate someone who has been diagnosed with COVID-19 from people who are not sick.
- **Quarantine** separates and restricts the movement of people who were exposed to COVID-19 to see if they become sick.

Isolation

If diagnosed with COVID-19 illness by having a positive PCR test (or if testing is not available, based on clinical signs and symptoms), isolation and precautions can be discontinued 10 days after symptom onset and after resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

For people who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test result.

Quarantine

People who have been in close contact* with someone who has COVID-19 should stay home for 14 days after your last contact with a person who has COVID-19. They should watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19. They should, as much as possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.

There are options to reduce quarantine:

1. After day 10 without testing, or
2. After day 7 after receiving a negative test result (test must occur on day 5 or later following exposure)

After stopping quarantine, the person should watch for symptoms until 14 days after exposure. If symptoms develop, they must immediately self-isolate and contact their local public health authority or healthcare provider.

The following people do not need to quarantine post and exposure to COVID-10:

- People who have tested positive by a PCR test for COVID-19 within the past 3 months and recovered, do not have to quarantine or get tested again as long as they do not develop new symptoms.
- People who have been fully vaccinated against the disease within the last 3 months and show no symptoms.

* **Close contact:** Someone who was within 6 feet of an infected person for at least 15 minutes in a 24-hour period starting from 2 days before illness onset (or, for asymptomatic cases, 2 days prior to positive specimen collection). Or if there has been direct physical contact e.g., hugging or kissing, or the infected person directly coughed on another person. For performing arts contacts who were working within the same studio/space when an infected person is dancing or singing should all be counted as 'close contacts' unless other factors e.g., physical distancing and size of the space make transmission unlikely.

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Expert Medical Advisory Board

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He led the response to SARS, MERS, Zika, and Ebola for GlaxoSmithKline and Johnson & Johnson and is supporting international and US based companies during this SARS-CoV-2 pandemic. In his role as Medical Director for the Northeast Business Group on Health he is leading the work supporting members during this pandemic.

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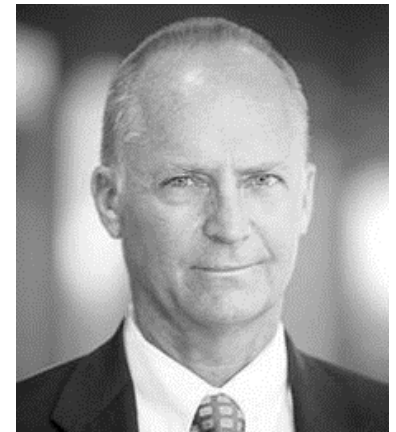
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The American Guild of Musical Artists (AGMA) is the labor union that represents over 7,000 artists from disciplines that create America's operatic, dance, and choral heritage. www.musicalartists.org



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