

Guide for safe music and stage productions in relation to COVID-19

Prepared by the Employers' Association Spekter and the Association of Norwegian Theatres and Orchestras in collaboration with the Norwegian Actors' Equity Association, the Association for Choreographers, Dancers and Pedagogues, the Norwegian Civil Service Union, the Norwegian Union of Theatre and Stage Employees, and CREO – the union for arts and culture. The guide is based on the latest recommendations of the Norwegian Directorate of Health, the Norwegian Institute of Public Health and the Norwegian Labour Inspection Authority, and as such will be updated on an ongoing basis. Last revised on 15 June 2020 (changes in the COVID-19 regulations on audience numbers, and close contact between performing artists on stage).

1. Background and purpose

In March 2020, a ban was imposed on all cultural events until 15 June. On 27 March, the ban on events with more than 500 participants was extended to 31 August. On 7 May, however, the green light was given for events with up to 50 spectators, and on 15 June this was increased to 200. On 7 July, it became clear that the limit of 200 spectators would remain in place after 1 September. It is in the interests of the cultural institutions as well as society to take measures that enable cultural activities to resume safely. Art and culture institutions are the main employers of those working in the art and culture industry in Norway. Being able to reopen these institutions in a way that protects everyone involved will be an important and effective step in stimulating an industry that, along with its artists, is completely dependent on maintaining its expertise and quality. It will also help ensure that the institutions are able to start up again at full capacity when the situation allows.

The purpose of this document is to provide advice and guidelines on how cultural activities can maintain operations during the coronavirus pandemic. However, this document is not a replacement for the risk assessments and infection control guidelines that each institution must prepare and adapt to its own operations and premises. Following a review of general conditions, the document addresses factors related to production start-up, and gives advice on dealing with the public. Finally, a checklist is provided that can be used for reference purposes or where brief information is required on a particular issue. Some advice to the management of the cultural institution has also been added to the checklist.

2. Employer's responsibility for infection control

Employers are responsible under the Working Environment Act for providing a safe working environment for their employees. This can entail an obligation to assess and implement measures to reduce health risks. Employees, for their part, have a duty to contribute to the implementation of such measures. In matters relating to the hiring of external companies and ensembles, the party commissioning the work normally has the same responsibility as the employer.

This responsibility means that the head of the cultural institution:

- must ensure that the activities take place within the framework of the rules and regulations in force at any given time. Individual local authorities may have their own additional rules, and senior management must be aware of these.
- must enable all activities at the institution to be carried out in line with the recommendations of the health authorities and the Norwegian Labour Inspection Authority that are in force at any given time.
- should identify a need for and carry out a risk assessment of the risks and problems that could arise as a result of the coronavirus. The employer should prepare a plan and implement measures to prevent the spread of infection in the institution.
- must ensure that all employees and other parties affiliated with the institution are familiar with the guidelines.
- should prepare specific guidelines for the activity at the institution which take account of the limitations of the premises. The various occupational groups, health and safety staff, company health service and union representatives should be involved. Consideration should also be given to whether the chief municipal medical officer can contribute.

The head of the institution is responsible for the foregoing, but can delegate the work related to planning and ensuring compliance with the guidelines to, for example, a dedicated infection control manager.

3. Infection control plan/risk assessment

COVID-19 is caused by the SARS-CoV-2 virus, commonly referred to as the coronavirus. The virus can lead to respiratory infections of varying severity. Some people may have COVID-19 without noticing any symptoms. The extent to which asymptomatic people can spread the infection to others is currently unclear. Current evidence suggests that someone with COVID-19 is contagious 1–2 days before they develop symptoms, but is most contagious when symptoms start to show, and particularly the first few days. Soap and water can kill the virus, as can disinfection with alcohol or temperatures above 60°C.

When preparing an infection control plan, special attention must be paid to how COVID-19 is transmitted:

- *Airborne droplet transmission.* An infected person sneezes or coughs. Persons nearby can inhale the virus, or the virus can come into contact with the mucous membranes of the eyes, nose or mouth.
- *Direct contact.* An infected person has the virus on their hands or other parts of their body and transmits it by contact with others. The next person carries the virus from their hands to the mucous membranes of the eyes, nose or mouth.
- *Indirect contact.* This happens when the virus has been transmitted to objects or surfaces (such as door handles, keyboards, lighting and sound equipment, props etc.) through an infected person sneezing/coughing on or touching them and someone else then touching these objects/surfaces.

In order to prevent and limit the spread of infection at workplaces, the health authorities' advice on measures centres around three points:

- Improved hygiene (both hand hygiene and disinfecting surfaces/equipment)
- Measures to limit the contact between employees
- People who are ill should stay at home

This guide is based on these three main points and exemplifies how this advice can be followed through the different stages of production and by the different occupational groups.

An infection control plan follows the same template as any other risk assessment in the workplace, and is centred around three core questions:

- What can go wrong?
- What can we do to prevent this?
- What can we do to reduce the consequences if something does go wrong?

Examples of risk factors in relation to the coronavirus:

- Employees in risk groups
- Close contact with colleagues
- No access to handwashing facilities, including soap or hand disinfectant
- Failure to clean equipment before and after use by different people
- No training for employees

Various tools can be used to conduct a risk assessment. The Norwegian Labour Inspection Authority's website includes a page on risk assessment, which provides guidance and suggestions for risk assessment forms: [Risk assessment \(Norwegian Labour Inspection Authority\)](#)

4. Infection prevention measures

4.1 People who are ill must stay at home

- Employees must not go to work even with mild respiratory symptoms and malaise. They should stay at home until they have been symptom-free for 24 hours.
- Employees with confirmed COVID-19 must remain in isolation. It is the health service that decides who should remain in isolation and for how long in line with advice from the Norwegian Institute of Public Health (see www.fhi.no).
- Employees with typical symptoms of pollen allergy (known pollen allergy, runny nose with clear nasal secretions, watery/itchy eyes) can go to work.
- Employees who are uncertain about their own health should contact the company health service or their GP.
- The institution should have guidelines for reporting illness.

4.1.1 When symptoms develop at work

- Employees who develop symptoms of a respiratory infection must leave the workplace and inform their immediate superior without delay. Sick employees must not use

public transport. If the employee has to be picked up, he/she must wait alone in a separate room. They should keep a distance of at least 2 metres from others. It is important that no pressure is placed on employees to continue participating in rehearsals/recordings or other work if they have symptoms of a respiratory condition.

4.1.2 If a household member or close contact of an employee falls ill

- If a close contact of an employee has symptoms of a respiratory infection but has not been confirmed with COVID-19, the employee should report for work as normal. However, the employee must leave work and go home if he/she develops symptoms, as mentioned in the section above. Other hygiene measures outlined in the following chapters will reduce the risk of spreading the infection.
- If a household member has been confirmed with COVID-19, all close contacts must remain in quarantine on the advice of the health authorities. No one in quarantine can go to work.

4.1.3 Employees in the risk group

All employees should be invited to indicate whether they belong to the risk group, so that the employer has the opportunity to identify the need to assess individual adaptation in addition to the general infection considerations introduced in the institution. Employees are not obliged to stipulate a diagnosis or provide further information about their health situation, but they do have a duty to contribute to the dialogue with the employer about how the individual adaptation can best be arranged. The employer may require a medical certificate to be submitted as proof that the employee has a real need for special adaptation as a result of the pandemic.

If an employee is absent from work due to the risk of infection, the absence must be documented with a sick note or a copy of a decision from the Norwegian Labour and Welfare Administration (NAV) concerning work assessment allowance/disability.

[For up-to-date information on persons who may be at a higher risk of COVID-19, see the Norwegian Institute of Public Health's website.](#)

4.2 Reduce close contact and contact frequency between persons/employees

Procedures should be drawn up to reduce close contact and the frequency of contact between people. Close contact is defined as closer than one metre. The following are examples of situations that should be considered in the prevention of close contact:

- Entrance to/arrival at the rehearsal location
 - Can the employees come at different times?
 - Is it possible to use different entrances?
- Use of dressing rooms
 - Consider the need for using dressing rooms
 - Persons needing to change clothes should use a private room
- Use of communal social gathering points
 - One at a time at the coffee machine

- Keep a distance of one metre
- Distance between artists/technicians and others in rehearsals and other production work, as well as all movement
- Who has access to the different areas/rooms

4.3 Good hygiene

4.3 Good hygiene

- Good hand and coughing hygiene reduces the transmission of all respiratory infections, including COVID-19. These measures are intended to reduce infections from objects, hands and coughing. Hygiene measures must be carried out frequently by everyone, regardless of knowledge of one's own and others' infection status. It is important that all employees are familiar with the measures below. No personal protective equipment is required.
- Washing hands using hot water and liquid soap is an effective way of preventing infection. Dirt, bacteria and viruses are removed from the skin during washing and are rinsed away with the water. Employees should wash their hands frequently and thoroughly for at least 20 seconds, and then dry their hands with paper towels.
- The virus is sensitive to alcohol, and alcohol-based disinfection (hand sanitiser) is an option if no handwashing facilities are available.
 - Hand disinfectants should be available where there are no handwashing facilities (e.g. at the stage and the surrounding area).
 - It is recommended that paper towels are made easily accessible to employees. If these are not available, coughing and sneezing into the elbow is recommended.
- A dedicated cleaning plan should be drawn up. Additional cleaning in exposed areas is an important part of the infection control effort.
 - Toilets and washbasins must be cleaned at least once a day when in daily use.
 - Frequently touched surfaces, such as door handles, chairs and other objects that are touched often, should be cleaned frequently.
 - Rubbish should be emptied regularly.

See the Norwegian Institute of Public Health's website for more information on [cleaning and disinfection](#).

4.3.1 Food and drink

- Everyone should try to bring their own food to work.
- Food can be prepared at the workplace in accordance with the guidelines for canteens etc.
- Food must be served in individual portions, and not as a buffet or similar.
- In shared lunch rooms/staff rooms, different groups should eat at different times. Tables and chairs should be washed down after each group.

5. Industry-specific considerations

5.1 Rehearsals, rigging and stage work

The rehearsal and rigging situation is a challenge when it comes to infection control. Extra time should be set aside to ensure that potentially stressful situations do not lead to forgetfulness or carelessness in relation to the infection control measures. Efforts should also be made to ensure that the number of staff is proportionate to the size of the rehearsal space in accordance with the health authorities' recommendations.

- Take more breaks than normal where necessary.
- Wash your hands before and after each session, and as needed. Use antibac when no washing facilities are available.
- Everyone should show consideration to each other and keep a suitable distance during the different situations and processes in the work.
- Work should be organised in a way that the one-metre recommendation is adhered to.
- Read-throughs should, if possible, be held digitally. When using a printed script, all actors must have their own copy and this must not be used by anyone else.

An assessment must be made of how many people need to be present at the same time, and this number should be reduced as much as possible. Suitable work areas should also be established for the various groups of workers, who should be a sufficient distance from each other.

The rehearsal space should be established as a separate zone with as few contact points as possible. This will reduce the risk of infection transmission between those who are directly connected to the production and the others.

5.2 Further guidance for different occupational groups

Performing artists have been granted an exemption from the COVID-19 regulations, and as from 15 June are permitted to have close contact when carrying out cultural activities as part of a professional arrangement (rehearsals, performances etc.). Such close contact (at a distance of less than one meter) shall be subject to a special risk assessment.

5.2.1 Orchestra musicians, choristers and singers

Musical instruments, music sheets and equipment should not be shared. There should be separate infection control procedures for percussion and keyboard instruments, as well as mixing desks and other instruments that are not personal or are stationary. These instruments should be disinfected before and after use.

Wind players and singers should be particularly cautious. Good hand hygiene is very important. Caution should also be exercised in relation to the risk of droplet infection, especially through the excretion of so-called aerosols. Aerosols are microscopic particles of gaseous liquid that, due to their low weight, can stay suspended in the air for some time.

SINTEF and the Norwegian Defence Research Establishment have initiated research projects aimed at shedding light on how aerosols spread through singing or the use of wind instruments, and whether this represents an increased risk of infection. The SINTEF project is being followed by a representative of the Norwegian Institute of Public Health, and results from this study are expected to be available in the first half of September.

Studies conducted on wind players and singers in various European countries indicate that the risk of infection from the spread of aerosols is small compared with direct infection (droplet infection). However, all of these studies entail some degree of uncertainty.

5.2.2 Actors

Read-throughs should, if possible, be held digitally. When using a printed script, all actors must have their own copy and this must not be used by anyone else. Costumes, props and parts of the set should not be passed between people, and the actors themselves must handle them.

5.2.3 Dancers

Costumes, props and parts of the set should not be passed between people, and the dancers themselves must handle them.

5.2.4 Sound and lighting

When dividing the working day into two shifts, all contact points (mixers, computers, racks, dimmers, etc.) must be disinfected after use so that they are ready for the next shift. Artists must fit their own lapel microphone and microphone belt pack under the guidance of a sound technician. If lapel mikes and mike belt packs are not personal items, they must be washed after each use.

5.2.5 Costumes/masks/props

It is recommended that the relevant guides for hairdressers, beauticians and others will set the standard for make-up artists. Performers in a production should dress themselves. In line with the instructions, the costume manager can lay out the costumes, but the performers must dress themselves. All props that will be touched should be disinfected before the day's rehearsals and between shifts. Food should not be used as a prop.

5.2.6 Employees who meet the public

Specific guidelines must be drawn up for employees who have direct contact with the public. Employees in the ticket booth can, for example, be protected with extra glass or plexiglass, as used in shops. Special guidelines should be drawn up for those greeting the public and for unforeseen events, such as an audience member becoming unwell.

5.2.7 Other occupational groups

A number of other occupational groups are also employed at theatres and opera houses, such as those in paint workshops, welding workshops and carpentry workshops, and dyers and

dressmakers. The individual institution should organise the activities of such workers in line with the general infection control advice on close contact and hygiene.

5.3 Infection control for the public

5.3.1 General

The points below are intended as good advice for the institutions on dealing with the general public. However, as in other areas, the institutions must use their judgement here, and introduce measures to protect the public from the coronavirus that are appropriate for their institution and premises.

Audience numbers are limited to the maximum number set by the authorities based on their ongoing assessment of the coronavirus situation (see the introduction). However, this figure only applies to audiences, and does not include actors, musicians or other personnel.

5.3.2 Advance information

Anyone who does not feel well should stay at home. General information about infection control should be visible to the public both during physical ticket sales and at performances. If possible, such information should also be given when tickets are purchased online, preferably with a reminder shortly before the performance.

5.3.3 Ticket sales and dealing with the public during a performance

Ticket sales must take into account the one-metre rule between audience members, with the exception of people from the same household. The institutions themselves must decide how to facilitate this.

The institution must register the details of audience members, as there may be a subsequent need for contact tracing. These details must be deleted after 10 days.

When someone buys tickets for numbered seats on behalf of a group, it may be difficult to register contact details where no solution is in place to obtain details for all group members as part of the sales process. In such cases, the institution should inform the customer buying the tickets that he/she is responsible for passing information between the institution and the other group members if contact tracing becomes necessary. In many cases, this can be stipulated as a condition of sale in online solutions.

5.3.4 Other

- Toilets and surfaces should be cleaned before the performance and after each break. Consideration can be given to placing bottles of antibac in the foyer area.
- Special care should be taken when moving between the audience for toilet visits during the performance (in relation to close contact).
- Consideration can be given to increasing the number of breaks in order to avoid queues at the toilets.
- The staff should help to ensure that audience members keep their distance from each other when entering and leaving the auditorium and during breaks.

Main infection control rules for cultural activities:

General

1. People who are ill must stay at home.
2. Reduce close contact and contact frequency. Close contact is defined as less than one metre.
3. Wash your hands regularly. Good hand and coughing hygiene reduces infection rates.
4. Ensure that the premises, toilets and surfaces are cleaned frequently.
5. Bring your own food.

In connection with production, rehearsals and stage work

6. Determine how infection control rules can be adhered to in rehearsals and rigging work (distance of one metre).
7. Musical instruments, music sheets and equipment should not be shared. Devise separate infection control procedures for percussion and keyboard instruments, as well as mixing desks and other instruments that are not personal or are stationary.
8. All surfaces (mixers, computers, racks, dimmers etc.) should be disinfected after use.
9. Read-throughs should be held digitally.
10. Set aside extra time for rigging. The recommendations will mean that rigging work takes longer than normal.
11. Performers should dress themselves. The costumes manager can lay out the costumes.
12. Reduce the use of dressing rooms.

The public

13. The number is limited to the upper limit set by the health authorities (maximum 200 as at 15 June). This limit applies to the audience in the auditorium.
14. There must be a distance of one metre between audience members. People from the same household can sit together.
15. Anyone who does not feel well should stay at home. Information on infection control should be visible to the public both during physical ticket sales and at performances.

16. Contact details of audience members must be retained after the performance in case contact tracing becomes necessary.

17. Devise procedures for queues that satisfy the one-metre rule (ticket queues, toilet queues, entering and leaving the auditorium).

18. Take more frequent breaks in order to avoid audience members having to squeeze past each other in the rows of seats.

19. Place bottles of antibac in foyer areas.

Amendment 26 June 2020:

'In all directions' deleted from 'There must be a distance of one metre between audience members, in all directions', point 14 *The public*

Advice for the management of the institutions

- Devise an infection control plan for the institution, based on a risk assessment, and the advice in this guide.
- Involve the health and safety staff, the company health service and union representatives in the work. Also consider whether the chief municipal medical officer can contribute.
- Define who is responsible for which tasks in relation to infection control. Also define who is responsible for infection control for each production. The overall responsibility for infection control measures lies with the management and cannot be delegated.
- Train employees and others by introducing them to the content of this guide and other information prepared by the institution.
- Create an information plan, information materials and convey information to the public about the new procedures.
- Devise a plan for hygiene measures and cleaning.
- Consider making a plan for carrying out work in shifts.
- Identify and establish a dialogue with any employees who are in the risk group and may need special adaptation.
- Devise procedures for reporting illness.