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AMERICAN GUILD *of* MUSICAL ARTISTS



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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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AGMA/SDC Return to Stage and Performing Arts Playbook

TABLE OF CONTENTS

- I. [Guiding Principles](#)
- II. [Understanding COVID-19: Why We Must All Do Our Part!](#)
- III. [Layers of Control and Transmission Risk Factors](#)
- IV. [Reopening Incrementally: Levels 1-5](#)
- V. [Criteria for Transitioning from Level to Level](#)
- VI. [Return to Work Fundamentals](#)
 - A. [Prerequisites for Reopening: Government Orders & Virus Spread](#)
 - B. [Prior to Reopening: Preparing the Workplace](#)
 - C. [Prior to Entering Workplace: Minimizing Risk of COVID-19 Positive \(+\) Person Onsite](#)
 - D. [At the Workplace: Minimizing Risk of Virus Transmission](#)
- VII. [Special Considerations for Dancers](#)
- VIII. [Special Considerations for Directors & Choreographers](#)
- IX. [Special Considerations for Singers](#)
- X. [Special Considerations for Stage Managers](#)

[APPENDIX 1](#) – Implementation Checklist

[APPENDIX 2](#) – Covid-19 Supervisor Checklist

[APPENDIX 3](#) – Sample Screening Questionnaire

[APPENDIX 4](#) – Calculating Minimum Space Requirements

[APPENDIX 5](#) – Air Changes Per Hour and Carbon Dioxide Levels

[APPENDIX 6](#) – Summary Chart of Key Elements

[APPENDIX 7](#) – Risk Assessment Tool

[APPENDIX 8](#) – Expert Medical Advisory Board

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 Return to Stage and Performing Arts Playbook

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.

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) ([Appendix 8](#)). 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. 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.

But the industry must never lose sight of the fact that COVID-19 is a new disease. Almost every day, physicians and scientists 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 (Levels 1-5) based on the following factors (among others):

- Prevalence of COVID-19 in the community
- Indoor/outdoor venue
- Size of space and ventilation (whether indoor or outdoor)
- Number of people present in the space
- Physical distancing protocols
- Use of personal protective equipment (masks)
- Type of activity (static or dynamic)
- Time spent engaged in activity and time between next use of space

AGMA/SDC Return to Stage and Performing Arts Playbook

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 federal, state, and local orders is a given minimum starting point.

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.

D. Make it Adaptable

Make sure the reopening plan is flexible and can adjust quickly to internal and external developments.

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, although the disease is most common in people over 20 years old. And, while the elderly and those with certain pre-existing medical conditions have suffered the worst outcomes, the opening of beaches, outdoor dining, and bars in some states have sickened the young and otherwise healthy. 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 and is primarily through respiratory droplets produced when an infected person coughs, sneezes, sings, or even just talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. As a result, spread is more likely when people are in close contact – within about 6' – which is the reason “social distancing” is so critical to stemming the spread of the virus.

AGMA/SDC Return to Stage and Performing Arts Playbook

B. 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. There are no reports of the virus being transmitted via sweat.

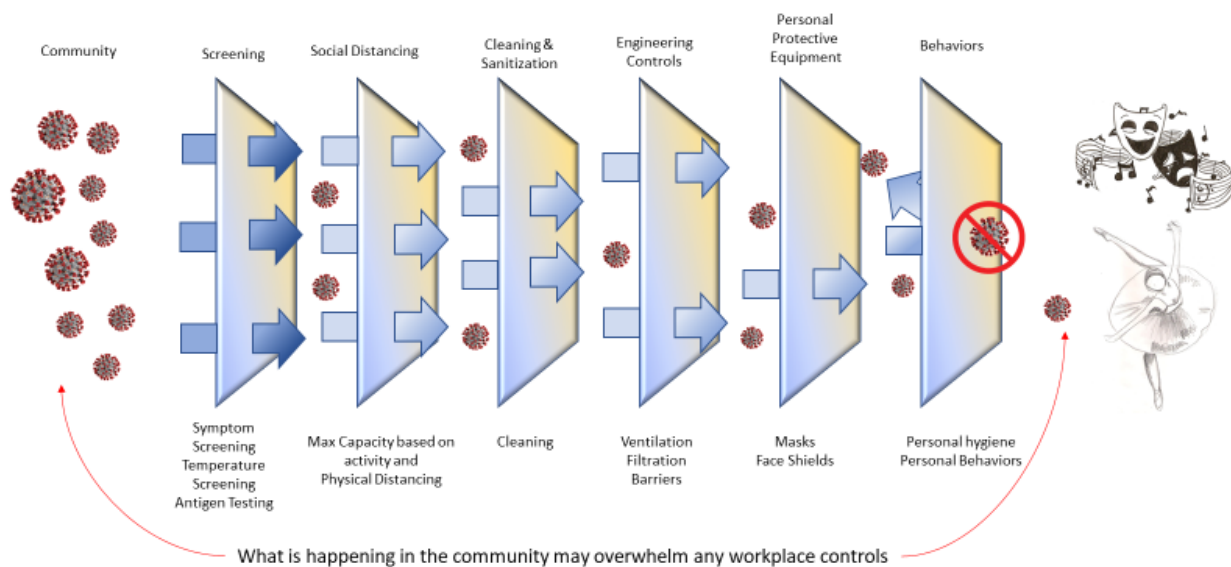
C. Aerosol Spread

The third 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, travelling much further by drifting on air currents. Aerosol transmission is a bigger risk when people are gathered indoors, especially if ventilation is not good. More aerosols are generated with more energy – so more with voice projection and singing than talking.

In summary, the reason this virus is so dangerous is that 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.

III. Layers of Control and Transmission Risk Factors

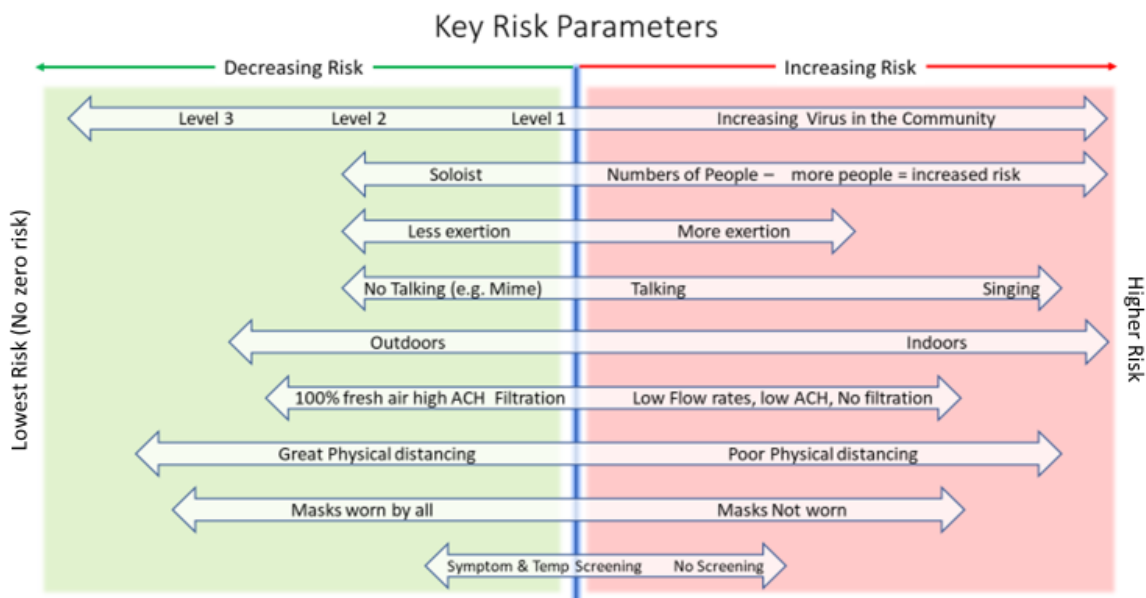
Layers of Control



AGMA/SDC Return to Stage and Performing Arts Playbook

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 1](#)) 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 6](#)).

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 1-5

By now it is clear that pandemic 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, among other things.

The levels progress from Level 1 (limited activities with very few people) through Levels 2, 3, 4 and 5 where increasing numbers of artists and support staff may engage in more activities. Level 5 is a return

AGMA/SDC Return to Stage and Performing Arts Playbook

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.*

V. 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 level data can be found at <https://www.covidexitstrategy.org/>. More localized county level data can often be found on states’ Department of Health websites but also via resources such as [Stat News COVID-19 Tracker](#)¹
- ✓ A **minimum of two weeks** at the previous level that demonstrates 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. The following [requirements](#)² are the basis for any movement from level to level.

¹ <https://www.statnews.com/feature/coronavirus/covid-19-tracker/>

² Based on <https://www.whitehouse.gov/openingamerica/> and <https://www.covidexitstrategy.org/>

AGMA/SDC Return to Stage and Performing Arts Playbook

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5 (New Normal)
<ul style="list-style-type: none"> State, county, city decision to reopen 	<ul style="list-style-type: none"> State, county, city decision to reopen PLUS 1 of the following criteria: 14-day reduction of new cases ≤79 new cases per million* ≤15% positive tests* 	<ul style="list-style-type: none"> 14-day reduction of new cases since stage 1 PLUS ALL of the following criteria: ≤59 new cases per million* ≤15% positive tests* 	<ul style="list-style-type: none"> 14-day reduction of new cases since stage 2 PLUS ALL of the following criteria: ≤39 new cases per million* ≤10% positive tests* 	<ul style="list-style-type: none"> 28 days of ≤5 new cases per million* and ≤1% positive tests* <p>And / Or</p> <ul style="list-style-type: none"> Effective vaccine available and deployed

* Rolling average of the past 7 days

VI. 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?

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 www.covidexitstrategy.org for assistance with this step. Level 1 reopening, for example, recommends government authorization, Level 2 requires government authorization **plus** one of the following criteria:
 - a. 14-day reduction of new cases
 - b. Fewer than 79 new cases per million rolling average of the past seven days
 - c. Fewer than 15% positive tests 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

AGMA/SDC Return to Stage and Performing Arts Playbook

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](#)³.
- 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. **Remember** that the [Families First Coronavirus Response Act](#)⁴ provides for mandatory paid sick leave for employees who cannot work for COVID-19 reasons:
 - Two weeks (up to 80 hours) of paid sick leave at the employee's regular rate of pay where the employee is unable to work because the employee is quarantined (pursuant to federal, state, or local government order or advice of a healthcare provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or
 - Two weeks (up to 80 hours) of paid sick leave at two-thirds the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to federal, state, or local government order or advice of a healthcare provider), or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor; and
 - Up to an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee's regular rate of pay where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

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

³ <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

⁴ <https://www.dol.gov/agencies/whd/pandemic/ffcr-employer-paid-leave>

AGMA/SDC Return to Stage and Performing Arts Playbook

authority to 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, conduct a weekly review using the Covid-19 Supervisor Checklist at [Appendix 2](#) or an equivalent, and submit such checklist to the applicable Union on a weekly basis.
- 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](#)⁵, [OSHA](#)⁶, and at state levels ([one example of a state's risk assessment](#)⁷), to be used in coordination with guidance in this document).
 - o A useful [risk assessment tool](#)⁸ 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 (see [Appendix 7](#)).
 - 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.
 - 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 team 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.

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

⁶ <https://www.osha.gov/SLTC/covid-19/hazardrecognition.html>

⁷

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

⁸

https://link.zixcentral.com/u/0dbea16f/vLyIFiPY6hGS6JcP8Y9C_g?u=https%3A%2F%2F covid19risk.biosci.gatech.edu%2F

AGMA/SDC Return to Stage and Performing Arts Playbook

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 may remain airborne in a room that has been occupied by someone with COVID-19. Facilities will need to consider factors such as the size of the room and the ventilation system design (including flowrate [air changes per hour] and location of supply and exhaust vents) when determining how long to leave a space unoccupied before reusing. Consider *all* the following:
 - a. Review guidance on safe operation of ventilation systems [here](#)⁹ and on the ASHRAE [website](#)¹⁰. Consulting with an HVAC engineer may be necessary to meet these guidelines. Any activities that can be performed outside should be, to reduce the risk of airborne transmission.
 - b. Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space. Measuring the level of carbon dioxide in indoor spaces can provide a simple way of assessing if there is any CO₂ buildup, which would indicate that fresh air mix and airflows are inadequate. See [Appendix 5](#) for information on levels of CO₂ and testing criteria to be considered.
 - c. Increase percent of fresh air.
 - d. Increase ventilation rates. [Appendix 5](#) gives examples of how increasing air exchange clears a room more quickly.
 - e. Disable demand-controlled ventilation (DCV).
 - f. Further open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity, but may be difficult in cold or hot weather.
 - g. Improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
 - h. Check filters to ensure they are within service life and appropriately installed.

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https://www.ashrae.org/file%20library/technical%20resources/ashrae%20journal/2020journaldocuments/72-74_i_eq_schoen.pdf

¹⁰ <https://www.ashrae.org/technical-resources/resources>

AGMA/SDC Return to Stage and Performing Arts Playbook

- i. Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
 - j. Have measures in place to improve ventilation if COVID-19+ person (or suspected COVID-19+ person) is present to shorten time needed to remove respiratory droplets from air. A lower occupancy level in the building increases the effective dilution ventilation per person.
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](#)¹¹. 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](#)¹².
- 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](#)¹³.
 - 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** should be posted to guide employees on: COVID-19 operating requirements (entry signage on symptoms/fever, mask requirements, hand washing, social 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](#).

¹¹ <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

¹² <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>

AGMA/SDC Return to Stage and Performing Arts Playbook

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 or have had significant contact with a COVID-19+ patient (diagnosed or presumed); (2) travelled from a national or international COVID-19 'hot spot' where community prevalence is high; or (3) participated in a high-risk activity such as attended rallies, demonstrations, or other events where social distancing and mask use was not adhered to, including parties, church services, and other large gatherings.
 - 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 3](#) for a Sample Screening Questionnaire.
 - Complete the health checks in a way that helps maintain social distancing guidelines, ensures privacy, and prevents stigma and discrimination (see [EEOC guidelines](#)¹⁴).
 - 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.
 - 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 test equipment 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.
 - 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 come into the workplace for a minimum of 10 days since onset of symptoms. The last three days of self-quarantine must be symptom-free and fever-free measured with a thermometer (as per [CDC Guideline](#)¹⁵).

¹⁴

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

¹⁵

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

AGMA/SDC Return to Stage and Performing Arts Playbook

- d. Anyone who has tested positive for COVID-19, been told they should self-quarantine, travelled from a COVID-19 'hot spot,' or been in a high-risk situation, should not come into the workplace for 14 days unless they have had two negative diagnostic antigen (PCR) tests 24 hours apart taken three to five days post the potential exposure event.
 - e. There must be a clear statement of policy and required action if someone is identified as potentially being at risk of having COVID-19 and denied entry.
- 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 can be helpful 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 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 tests – diagnostic antigen tests (e.g. PCR) to test if someone has the infection and serology (antibody) to test if someone has had COVID-19. Currently only PCR testing is recommended as there are several challenges to using serology/antibody testing.
 - b. Future rapid and cheaper 'paper' tests may enable frequent testing. These are diagnostic tests for COVID-19 and while they may not be quite as accurate as PCR tests, they will hopefully be sensitive enough to detect people during their period of infectivity. This Playbook will be updated as antigen, paper, and CRISPR tests are further validated and become more widely available.
 - c. If testing is to be considered, it 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 test results.
- 3. **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

AGMA/SDC Return to Stage and Performing Arts Playbook

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](#)¹⁶.

- b. Recent federal [EEOC guidelines](#)¹⁷ clarified 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](#)¹⁸, 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.
4. **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 ‘hotspot’ should quarantine 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 social 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. The following provides guidance for calculating the maximum number of people in a

¹⁶ https://www.ada.gov/ada_intro.htm

¹⁷ <https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act>

¹⁸ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>

AGMA/SDC Return to Stage and Performing Arts Playbook

defined space and minimum physical distance required between individuals based on their level of activity.

- a. For individuals who are in a room or studio *and* mostly stationary, think of a circle around them that will allow for limited movement but still maintain physical distancing. The size of the radius of that circle will depend on what they are doing. An instrumentalist, such as a pianist or violin player, will need a radius of 4' which translates to approximately 50sqft around them. The same would apply to a ballet teacher, choreographer, or director who is mostly stationary.
- b. Someone who is singing or talking loudly can spread potentially infective droplets and aerosols over an area that far exceeds the distance they are likely to physically touch. Given the aerodynamics of expressed droplets and aerosols with singing, the designated safe space around a singer should probably be more elliptical in shape with the singer positioned so they have at least 15' in front of them and proportionally less space to the sides and back. As a result, singers should have at least a 15' in front of them and 4' behind and to the sides which translates to approximately a 120sqft ellipse. As a precaution due to uncertainties over clean air ventilation capabilities, this is increased to 200sqft in indoor situations.
- c. For individuals exercising in place, such as a ballet dancer taking barre, they should have at least 10' of separation between barre positions and an allotment of at least 100sqft of floor space per dancer.
- d. Dancers doing center work or moving across the floor also need 150sqft of floor space per dancer when indoors (100sqft if rehearsal or performance is taking place outdoors). With movement, it is impossible to use tape or other markings to designate a 150sqft area. Imagine, instead, a series of bubbles (with a 5'+ radius and 150sqft area) moving freely about the room without bumping into another bubble. The square footage allotment and the plan to initially operate at 50% of studio capacity provides ample "cushion" for maintaining distance—even if multiple people are concurrently moving about the room.
- e. [Appendix 4](#) provides a table to help calculate the maximum number of people who can simultaneously be in one space. The maximum number will depend on the size of the room, the intended activities of the individual(s) using the room, and the level of reopening applicable at the time. There are also examples demonstrating how the calculations can be made for ballet and opera/musical theatre.

AGMA/SDC Return to Stage and Performing Arts Playbook

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5 (New Normal)
<ul style="list-style-type: none"> Solo rehearsal or rehearsal with up to 4 people who are cohabiting 	<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 	<ul style="list-style-type: none"> Physical distancing requirements will most likely be phased out

4. Time Spent in Space. Risk from aerosols (small droplets that can remain airborne for up to three 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.

- 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.
- Time must be allowed between different groups using the same spaces to permit droplets and aerosols to disperse. 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](#).

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 cohabiting.

- Use of masks by dancers and singers is encouraged but with [significant physical exertion](#)¹⁹ 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 and additional space should be considered.
- 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 is required. Mask use for audiences can be optional if

¹⁹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

AGMA/SDC Return to Stage and Performing Arts Playbook

outdoors and physical distancing is maintained. The decision on whether audiences wear a mask at Level 5 (New Normal) may be deferred until later and be determined based on venue, ability to physically distance, distance from performers, ventilation, and community prevalence.

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.
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. **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.
10. **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.

AGMA/SDC Return to Stage and Performing Arts Playbook

If food is supplied, consider pre-packed individual snacks or meals. Avoid buffet style and sharing of plates and utensils. Catering is not recommended until Level 3.

11. Housing. If housing accommodation is provided, then an assessment of associated risks should include:

- a. Number of people living in each unit
- b. Social distancing and interaction between units
- c. Cleaning and laundry
- d. How food and provisions are provided
- e. Whether being treated as a bubble-isolated group and if so, what interactions occur with people outside the bubble, including visitors and time spent outside the bubble
- f. Action to be taken for any signs of illness or suspected exposure

12. 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 to 3, have performers apply their own makeup and style their own hair. This could be done prior to arriving at the studio. At Level 4 and 5, 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 Level 4, 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

AGMA/SDC Return to Stage and Performing Arts Playbook

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.

13. 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).
- 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 socially 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.

AGMA/SDC Return to Stage and Performing Arts Playbook

VII. 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:
 - Schedule treatment/therapy times that allow for one-on-one sessions.
 - Stagger appointment times to minimize overlap and waiting.
 - Provide a scheduling or sign-up option that can be done remotely.
 - Spread out treatment tables, ice baths, whirlpools, exercise equipment, and exercise mats to allow distancing of at least 6’.
 - Consider partitions between treatment stations as an extra level of protection.
 - 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.
 - Designate space for storing coats, outer clothes, shoes, bags, etc.
 - Make available and ensure proper disposal for wipes, cleaning solutions, and hand sanitizer.

AGMA/SDC Return to Stage and Performing Arts Playbook

- Require that masks be worn at all times. Mask use is optional while exercising only when minimum space requirements can be met (see [Appendix 4](#)).
- Hand washing/sanitizing when entering and exiting the facility.
- Clean all exercise equipment between use (e.g. stationary bike, elliptical, treadmill, exercise balls, Bosu balls, weights, Pilates reformer, shuttle machine, bands/pulleys/tubing).
- Clean (after use) treatment tables, chairs, tools/scrapers, foam rolls, ice machine doors, whirlpool handrails, hydrocollator, and modalities.
- Encourage dancers to bring their own exercise equipment (e.g. Therabands, hand weights) when possible.
- 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 return to be “performance ready.”

1. There are 5 levels in this incremental progression back to full dance activity. The levels are largely dictated by physical distancing requirements and available space. Each studio has a maximum occupancy rating based on square footage. The formula for calculating maximum occupancy is shown in [Appendix 4](#).
 - **Level 1:** Studio can accommodate a single performer, or up to 4 performers if they are cohabiting.
 - **Level 2:** Studio can accommodate up to 50% of the maximum capacity.
 - **Level 3:** Studio can accommodate up to 75% of the maximum capacity.
 - **Level 4:** Studio can accommodate up to 100% of the maximum capacity.
 - **Level 5:** Studio/theatre at full capacity under the ‘New Normal.’
2. At all levels of return, dancers should wear masks in the studio but may remove masks while dancing.
3. The 10-foot spacing requirements at the barre, the regulation of music, the cleaning requirements and the 30-minute intervals between classes are the same. The differences between levels include the number of individuals allowed in the studio at one time based on the maximum capacity limits (see [Appendix 4](#)).
4. Tactile cueing is not recommended in Levels 1-3 but allowed in Level 4 if both the instructor and dancer are wearing masks. Level 5 tactile cueing is allowed without a

AGMA/SDC Return to Stage and Performing Arts Playbook

mask; however, this may change depending on experience and the science when we get closer to being at Level 5. Partnering or choreography that requires direct contact or less than 6' of distancing can be done in Level 4 as long as all participants are wearing masks, or earlier if the partners cohabitate.

C. Room Turnover

A minimum of 30 minutes should be allowed between studio use to allow for cleaning and dissipation of airborne virus. Barres, mats, or any shared exercise equipment must be cleaned and wiped down between each use. Scheduling of arrivals, class/rehearsal times, as well as the rotation schedule for studio use will have to take this interval time into account. If room ventilation is poor, then additional time may be needed between use. See [ventilation](#).

D. 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.

E. 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.

VIII. 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) or moving amidst the performers (~100sqft). When sitting in the house they should maintain a minimum of 6' from other audience members (~100sqft), as while stationary, audience members are more of an unknown risk even if they 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.

B. Masks

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

AGMA/SDC Return to Stage and Performing Arts Playbook

C. Auditions

Choreographers and directors should always be socially distanced (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. See section on [auditions](#).

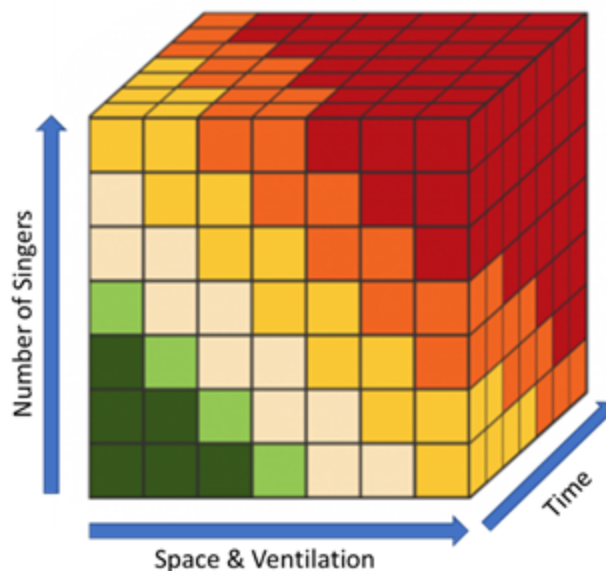
D. Safety

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.

IX. 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) but for some 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:



AGMA/SDC Return to Stage and Performing Arts Playbook

A. Physical Distancing

Each singer needs the equivalent of 200sqft around them indoors, 120sqft around them outdoors, and in all cases at least 15' in front of them due to projection of droplets and aerosols. Conductors/directors should wear a mask at all times and need a 4' radius (~50sqft); accompanists/musicians also need a 4' radius (~50sqft) and should wear masks unless playing a wind or brass instrument.

There are 5 levels in this incremental progression back for choral, opera, and musical theatre. The levels are largely dictated by physical distancing requirements and available space. Each studio has a maximum occupancy rating based on square footage. The formula for calculating maximum occupancy is shown in [Appendix 4](#).

- **Level 1:** Studio can accommodate a single performer, or up to 4 if they are cohabiting.
- **Level 2:** Studio can accommodate up to 50% of the maximum capacity.
- **Level 3:** Studio can accommodate up to 75% of the maximum capacity.
- **Level 4:** Studio can accommodate up to 100% of the maximum capacity.
- **Level 5:** Studio/theatre at full capacity under the 'New Normal.'

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. 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:

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

This is described in the [Wells-Riley Model](#)²⁰

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. There are special [singer's masks](#)²¹ designed to be used while singing. It is likely that these will decrease droplet transmission if fitted and worn properly, however there are no studies that demonstrate how effective they are, so the physical distancing requirements

²⁰ <https://www.nafahq.org/wp-content/uploads/WellsRileyReport.pdf>

²¹ <https://www.broadwayreliefproject.com/singersmask>

AGMA/SDC Return to Stage and Performing Arts Playbook

outlined in the Playbook are still recommended. The Playbook will be updated if new data becomes available.

D. Microphones

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

E. Room Turnover

A minimum of 30 minutes should be allowed between studio use to allow for cleaning and dissipation of airborne virus. Scheduling of arrivals, class/rehearsal times, as well as the rotation schedule for studio use will have to take this interval time into account.

F. 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.

G. 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.

H. 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.

X. Special Considerations for Stage Managers

A. Physical Distancing

All stage managers should maintain a 6' distance (~50sqft) from others around them and be cognizant of the additional space required around dancers and singers. Incorporate physical

AGMA/SDC Return to Stage and Performing Arts Playbook

distancing calculations into placement of individuals during performances, 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).

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 on monitoring of the COVID-19 safety plan. 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.

AGMA/SDC Return to Stage and Performing Arts Playbook

APPENDIX 1 – 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)	<ul style="list-style-type: none"> Ensure they have • 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 covidexitstrategy.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 		

AGMA/SDC Return to Stage and Performing Arts Playbook

	<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"> o Initial cleaning o Periodic cleaning o Cleaning of restrooms o Cleaning of studios, stages etc. between use o Cleaning of green room and other shared spaces o Cleaning if COVID-19+ person onsite o 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 3-5 • 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 		

AGMA/SDC Return to Stage and Performing Arts Playbook

APPENDIX 2 - 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. Checklist to be submitted to the applicable Union on a weekly basis.

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		

AGMA/SDC Return to Stage and Performing Arts Playbook

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		

AGMA/SDC Return to Stage and Performing Arts Playbook

APPENDIX 3 – 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?
- ☐ 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 social distancing was not easy to adhere to or mask use was not universal (e.g. protest, rally, church service, party, etc.)?
- ☐ Within the last 14 days have you visited a COVID-19 'hotspot'? If yes, where? _____
- ☐ None of the above apply to me

NAME: _____

SIGNED: _____

DATE: _____

AGMA/SDC Return to Stage and Performing Arts Playbook

APPENDIX 4 – Calculating Minimum Space Requirements

Fundamentals

1. The virus causing COVID-19 disease can be transmitted in air (droplets, aerosols) and/or by direct contact (touching contaminated surface).
2. Physical/social distancing is recommended to decrease transmission by both mechanisms—especially through airborne transmission of droplets. Additional physical distancing, minimizing numbers of people, enhanced ventilation and time of potential exposure are required to minimize the risk from aerosols.
3. Hygiene, frequent hand washing, and frequent cleaning are recommended to decrease transmission—especially by direct contact on surfaces.
4. 6' (or 2 meters) has become the international standard for distancing (1-1.5m in Europe).
5. 6', however, may be an inadequate distance to protect from projectile respiratory droplets or aerosols as generated by coughing, sneezing, and/or singing.
6. Masks work primarily to decrease projection of respiratory droplets on behalf of the mask wearer but are not sufficient to prevent the mask wearer from becoming infected.
7. Many activities (singing, exercising strenuously, playing a wind instrument) are difficult or not possible while wearing a mask.
8. Accordingly, measures need to be enacted to reduce viral transmission that do not depend only on 6' physical distancing or mask use.

Considerations for Space and Occupancy Calculation

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. Calculations for maximal studio or room occupancy have looked at how many 6' squares or 6' (diameter) circles could fit into a given space.
2. This 6' model fails to provide adequate distancing when the mass and volume of a person's physical body is placed in that square or circle. 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.
3. As a result of the effects of body volume and movement, the calculation of a circle with a 3' radius, a square with 6' sides, or spacing with 6' on center has to be modified.
4. **Movement** is also a consideration which can have both negative and positive effects on transmission risk. With movement, there may be more physical exertion causing deeper or more

AGMA/SDC Return to Stage and Performing Arts Playbook

frequent breathing and more expression of respiratory droplets and aerosols. Movement may also be a distraction to maintaining distance. On the other hand, movement may, in a sense, help with distribution and hence, dilution of potentially infectious respiratory excretions. A runner on a treadmill for 10 minutes may have aerosolized particles concentrated in a cloud above their head whereas a runner making loops around the studio for 10 minutes effectively creates their own ventilation with dispersion and dilution of potentially infective particles.

5. All of these factors—minimum distancing: at rest, with movement, with talking, with talking and movement, with exerting while stationary, with exerting while moving, and with singing—will factor into space allowances and ultimately, maximum capacity of a given room.
6. 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 and aerosols. This model is most pertinent for an instrumentalist or, 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 (see **Table 1**).
7. Maximum occupancy is calculated by a product of the number of individuals and the square footage or “size of the circle” they require (see **Table 2**). Twenty (20) dancers, who require 100 sqft/dancer (20 x 100), could fit in a 2000 sqft studio at maximum occupancy. This still allows room to move about without getting closer than 6’ from another dancer. The levels of progression, where only 50% of the maximum capacity is permitted in Level 2; 75% in Level 3; and 100% in Levels 4-5, allows even more generous margins at the beginning of reopening. Using this hypothetical example, Level 1 would allow a single dancer or up to 4 dancers who live together in a studio at one time. Level 2 would allow 10 dancers in a 2000 sqft studio; Level 3 would allow 15 dancers in the same studio; and Levels 4-5 would allow 20 dancers. *[See examples below].*

Table 1: Distancing and minimum square footage requirements for various individuals (dancers, singers, instructors, directors, choreographers, musicians etc.) and activities (sedentary or moving, singing, talking etc.)

Activity	Example	Minimum square footage per person*		Comments
		Indoors	Outdoors	
Stationary; sedentary; reading/talking	Ballet teacher, actor, director, choreographer	50 sqft	50 sqft	Masks recommended, maintaining a minimum 6’ distancing at all times.

AGMA/SDC Return to Stage and Performing Arts Playbook

Activity	Example	Minimum square footage per person*		Comments
		Indoors	Outdoors	
Stationary; sedentary; not exerting; not talking	Accompanist (piano)	50sqft	50sqft	Masks recommended. Additional partitions/physical barriers may be appropriate.
Stationary; sedentary; not exerting; not talking	Instrumentalist (strings, percussion)	50sqft	50sqft	Masks recommended. Additional partitions/physical barriers may be appropriate.
Stationary; sedentary; not exerting; not talking	Instrumentalist (horns, woodwinds)	100sqft	75sqft	Masks when not playing. Additional partitions/physical barriers may be appropriate.
Stationary; singing	Chorister, soloist	200sqft	120sqft	Recommend at least 15' distance in front of a singer as droplets project. Masks recommended when not singing In Levels 1-3 minimize the number of singers as risk increases with the number of singers.
Stationary; exercising; maintaining 6' distancing at all times	Ballet barre	100sqft	100sqft	Barre marked at 10' intervals. Dancers use the same barre location throughout class. Dancers use just one side of free-standing barres. Barres cleaned between classes. Masks recommended for stationary exercising unless strenuous. 100sqft indoors and outdoors ensures no touching of dancers when reaching or stretching out.
Moving about the room	Ballet Instructor /Choreographer	100sqft	100sqft	Wearing masks and maintaining physical distance
Moving about room; exercising; maintaining 6' distancing at all times	Ballet center work, jumps, combinations technique class	150sqft	100sqft	Need to maintain 6' physical distancing while moving through the room and while waiting for their turn. Masks optional while strenuously exercising
Moving about room singing	Musical theatre	200sqft	120sqft	No masks, allows for movement and singing. In Levels 1-3 minimize the number of singers as risk increases with every additional singer. Directors and choreographers should consider maintaining a 15' zone in front of the singer as they move.

AGMA/SDC Return to Stage and Performing Arts Playbook

Activity	Example	Minimum square footage per person*		Comments
		Indoors	Outdoors	
Other interactions between performers	Staged violence - from sword fighting to fist fighting	100sqft	100sqft	Due to the close proximity when staging fight scenes, these should be postponed until Level 4 or 5. Masks should be worn.
Acting, speaking part - moving or stationary	Narration, dialogue	200sqft	120sqft	Due to voice projection, droplet spread may be equal to that of singing so a precautionary approach is recommended until further data is available.
Acting, non-singing, non-speaking, stationary	Cast member	50sqft	50sqft	Minimum such roles below Level 4 unless essential.
Acting, non-singing, non-speaking, moving	Cast member	100sqft	100sqft	Minimum such roles below Level 4 unless essential.

* Space calculations are based on physical distancing calculations (area of a circle/ellipse) with an additional precautionary buffer to allow for various levels of movement, and the risks of aerosol spread, especially in indoor workspaces. These are guidelines and may be decreased or increased based on the unique circumstances e.g. exceptional ventilation with high percentage of fresh air, excellent filtration and high air changes per hour may mean that outdoor space requirements could be applied to indoor situations.

Example 1: Minimal space calculations for 10 dancers moving across the room, 1 teacher/choreographer who may move around the room, 1 accompanist (indoors)

Activity	Number	Sqft/Person	Sub-total	Comment
Ballet Instructor /Choreographer	1	100	100	Wear mask
Accompanist	1	50	50	Recommend 1 pianist/piano/day, wear mask
Dancers	10	150	1500	
Minimum sqft TOTAL			1,650sqft	

AGMA/SDC Return to Stage and Performing Arts Playbook

Example 2: Minimal space calculations for 8 singers, 1 stationary director, 1 accompanist (indoors)

Activity	Number	Sqft/person	Sub-total	Comment
Director	1	50	50	Wear mask
Accompanist	1	50	50	Recommend 1 pianist/piano/day, wear mask
Singer	8	200	1600	Minimize number of singers in stages 1-4
Minimum sqft TOTAL			1,700sqft	Indoors requires adequate ventilation

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5 (New Normal)
<ul style="list-style-type: none"> Solo rehearsal or rehearsal with up to four people who are cohabiting 	<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 	<ul style="list-style-type: none"> Physical distancing requirements will most likely be phased out

AGMA/SDC Return to Stage and Performing Arts Playbook

APPENDIX 5 – Air Changes Per Hour and Carbon Dioxide Levels

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

Air Changes Per Hour	Time (mins.) required for removal 99% efficiency	Time (mins.) 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

Carbon Dioxide Levels:

Carbon dioxide (CO₂) can be used as a proxy to [estimate ventilation](#)²². Recommendation is to test CO₂ levels while spaces are occupied and being used (i.e. people are active, dancing etc). Ideally, aim for levels of 800ppm or less, if between 800-1,000ppm repeat testing with different occupancies (within maximum occupancy recommended within the Playbook). If levels are consistently greater than 1,000ppm then increase fresh air input and/or consult a ventilation engineer to inspect and adjust the ventilation system.

250-400ppm	Normal background concentration in outdoor ambient air
400-1,000ppm	Concentrations typical of occupied indoor spaces with good air exchange

²² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5334699/>

AGMA/SDC Return to Stage and Performing Arts Playbook

APPENDIX 6 – Summary Chart of Key Elements

Subject to detailed guidance being considered and met.

Key:

✓-Requirement necessary/activity permitted

✗ -Requirement not necessary/activity not permitted

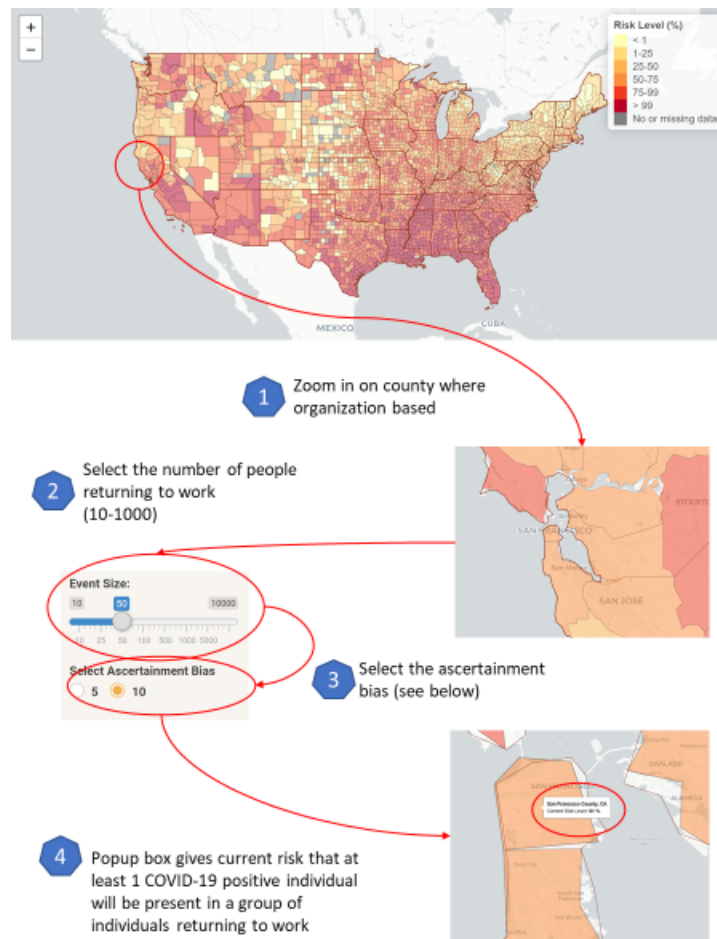
	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5 (New Normal)
REQUIREMENTS					
Meet community COVID-19 criteria	✓	✓	✓	✓	✓
Number of people based on physical distancing for space	1-4 cohabiting people	50%	75%	100%	No physical distancing or TBD*
Masks use	✓	✓	✓	✓	TBD
Screening of staff and visitors	✓	✓	✓	✓	TBD
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	✓
Wardrobe	✗	✗	✗	With cleaning	✓
Rehearsal	✓	✓	✓	✓	✓
Readings	✓	✓	✓	✓	✓
Catering	✗	✗	✓ (individual)	✓ (individual)	✓
Travel	Local	Limited	Limited national	Limited International	✓

* TBD – To Be Determined

AGMA/SDC Return to Stage and Performing Arts Playbook

APPENDIX 7 – Risk Assessment Tool

Georgia Tech and Applied Bioinformatics Laboratory developed a risk assessment tool to calculate estimated risk (0-100%) that at least one COVID-19+ individual will be present at an event in a county, given the size of the event. However, it can also be used to assess the chance that there is at least one COVID-19+ case in a group of employees returning to work. The tool uses current seroprevalence data in calculating the percentage risk. To use the tool, click on this link: <https://covid19risk.biosci.gatech.edu/>



Ascertainment Bias: The assumption that there are more cases in the community than have been tested or reported. The default is 10:1 (i.e. 10 times more cases than reported). If the county has COVID-19 test positive rates that are less than 5% then select 5x, if 5% or higher use 10x. County level positivity rates are not available for all counties. Look on your state's department of health COVID-19 website. If county level rates are not available use state level rates which can be found here:

<https://www.covidexitstrategy.org/>

Remember this is only a tool to estimate risk. If all other controls (masks, screening, ventilation, etc.) and behaviors are excellent, then having a positive case in the workplace does not automatically mean they will infect others, but it does increase the risk that this could happen.

AGMA/SDC Return to Stage and Performing Arts Playbook

APPENDIX 8 – Expert Medical Advisory Board

MARK CUNNINGHAM-HILL MB CHB (MD), FFOM, FACOEM is known for his innovative approaches focused on protecting and improving the health of employees and building healthy companies. In his 25 years at GlaxoSmithKline and Johnson & Johnson he has worked at roles with increasing responsibility giving him extensive global experience.

His experience spans Occupational Medicine, Wellness, Mental Wellbeing, Work-Life Effectiveness, Personal Energy Management, Digital Health Technologies, Occupational Health & Hygiene Risk Management, and Well Building Design. He developed industry-leading programs that improved the health of employees and helped make GSK and Johnson & Johnson thought leaders in Employee Health.



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.

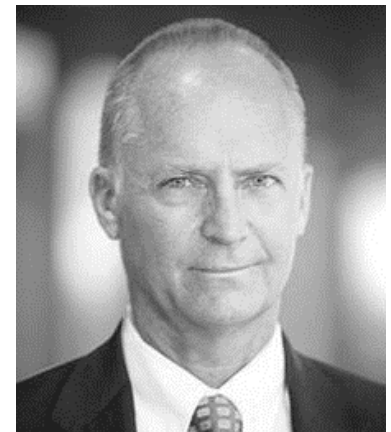
Website: www.worldwidehealthconsulting.com

LinkedIn: <https://www.linkedin.com/in/markcunninghamhill/>

Twitter: <https://twitter.com/DrMarkChill>

STEVEN J. ANDERSON, MD is a primary care sports medicine physician working with Orthopedic Physician Associates in Seattle. He is the consulting physician for Pacific Northwest Ballet and consults with numerous other ballet schools and companies in the Pacific Northwest.

Dr. Anderson is a clinical professor in the Department of Pediatrics at the University of Washington. He has been the Chair of the Committee on Sport Medicine and Fitness for the American Academy of Pediatrics (AAP). This organization develops national policies and guidelines for safe participation in sports and physical activity. He has been an author and editor of two textbooks on “Care of the Young Athlete” published by the AAP and American Academy of Orthopedic Surgery (AAOS).



Dr. Anderson has been the head team physician for United States Diving and chief physician for diving at the Olympic Games and World Championships. Dr. Anderson also serves on the Medical Advisory Committee for the Washington State High School Activities Association and is the founder as well as director for Seattle Pediatric Sports Medicine.

AGMA/SDC Return to Stage and Performing Arts Playbook

LAURIE S. WELCH, MD is the former Medical Director for the Center for Construction Research and Training, a research and development institute dedicated to improving health and safety in the construction industry. She is an adjunct professor in the Department of Environmental and Occupational Health at George Washington University, and she previously held full time faculty positions at the Albert Einstein and Yale Schools of Medicine. She is the author of over 100 peer-reviewed publications, abstracts, and technical reports and has served as a consultant to many federal agencies and unions, including OSHA, NIOSH, CDC, NIH, the Sheet Metal Workers International Union, and the coalition of unions in the railroad industry.



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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.musicalsartists.org



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SDC is the theatrical union that represents 4,300 professional stage Directors and Choreographers throughout the United States, protecting the rights, health, and livelihood of all its Members working jurisdictions including: Broadway and National tours, Off-Broadway, Association of Non-Profit Theatre Companies (ANTC), League of Resident Theatres (LORT), Council of Resident Stock Theatres (CORST), Traditional Summer Stock (TSS), New England Area Theatres (NEAT), Dinner Theatre (DTA), Regional Musical Theatre (RMT), and Outdoor Musical Stock (OMS). SDCweb.org