



Q&A – returning to work in screen production during the COVID pandemic

If you have a question please email it to members@meaa.org with the subject “COVID screen questions.”

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Should the producer or the HOD be writing the risk assessment?

The HOD should create the risk assessment as they have the best knowledge of the area they are supervising. The safety supervisor will be able to assist with this and should check it and identify any gaps on behalf of the production, and the COVID supervisor will be able to assist in relation to the production's COVID protocols. Screen nurses are also an excellent source of information due to their medical experience. HODs should continue to consult with safety and COVID supervisors regularly throughout the production and use the risk assessment as the basis of safety briefings/toolbox talks.

How do I make sure the Safety Data Sheet is right?

The SDS must be no more than five years old to be valid. A generic SDS can be used for a generic product but where products differ from brand to brand, the SDS should be for that brand. The SDS should be kept as a hard copy where the product is stored as well as being available from a central point online.

How should a toolbox talk safety briefing be run?

Toolbox talks should be held regularly – in some cases daily but at least weekly at the discretion of the HOD. It can be as short as 10 minutes depending on the circumstances. The purpose is to talk through the risk assessments and the day's tasks and make sure everyone understands the rules. It's also important to make sure people attending the toolbox talk can make comment and ask questions. The HOD should keep a record of what was covered in the briefing and who was there. These records help demonstrate that the production is being run safely.

What should I do where the task requires breaking the 1.5m distance rule?

The 1.5m rule should be adhered to wherever possible. Where there's no alternative but to be inside that distance for any amount of time, each person should wear a mask (the only exception would be cast in costume/make up and ready for filming i.e. at final checks call). Time on set needs to be limited for close proximity work for crew and cast. For block-throughs or re-sets, everyone needs to remember to step back. It's important to have someone such as a COVID co-ordinator or supervisor on set who is responsible for constantly reminding people of distancing.

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What kind of mask should be used?

Research on masks is constantly being updated so we will need to adapt as the information changes. Our current information is that Level 1 surgical masks don't provide complete protection from airborne infection (such as would be needed in a COVID medical environment), but they do help stop the droplets that spread COVID, so they should be sufficient for our purposes. Current information says that P2 masks are not suitable. Local state health authority websites (for example: <http://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19>) will provide updates on mask use.

What measures are being used where performers have to touch or be within the 1.5m and can't wear a mask?

The most effective measure is where scripts are being re-written to accommodate distancing. Productions are also working with DOPs to keep performers apart but create an illusion that they are closer. Quarantine bubbles (where cast members isolate together) have been used on some productions. Anything requiring performers to be in close proximity needs to have been already planned and agreed with cast. It's important to have someone such as a COVID co-ordinator or supervisor on set who is responsible for constantly reminding people of distancing.

What COVID screening processes are being used?

The most important thing is that people who feel ill should not come into work. Productions are employing measures such as daily or twice daily temperature checks, regular testing, and distributing safety packs that include masks and personal hand sanitiser to everyone – these should be in place from the start of production. While screening processes are important, none of them provide a 100% guarantee that there is no infection, so it's important to stick to all the safety measures to provide as many layers of protection as possible.

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