

Orchestral Safety Plans: A First Look

By Kevin Case

ICSOM musicians are beginning to return to their halls to make music. While that is a welcome development in many ways, any return to work at this point must be accompanied by a comprehensive safety plan. Such plans are challenging to create, given the many unanswered questions about COVID-19 and the risks it poses in our unique workplaces. Nonetheless, in several ICSOM orchestras, safety plans have been carefully crafted and agreed upon in collaborative efforts between managements and musicians. This article will discuss key points of those plans.

Please note that this article is not intended as a comprehensive list of safety protocols, nor is it a recommendation of particular protocols to follow. It is not a template. Rather, it is a synthesis of common elements of the first safety plans we've seen among ICSOM orchestras.

Also remember that every orchestra is different. Each safety plan must be tailored to the specific needs of each contemplated performance by a particular orchestra, in each particular venue. There is no one-size-fits-all plan.

Further, while this article uses several current safety plans as sources, the plans themselves cannot be provided; they should be kept confidential to avoid possible liability issues.

I. Personnel

Although not part of a safety plan in and of itself, a threshold issue is the question of which musicians can be required to come to work. ICSOM and the AFM have consistently urged that any return-to-work agreement permit any musician in an at-risk category—or one who shares a household with someone in an at-risk category—to stay home, without penalty. Such musicians should simply be excused and should not be required to take sick leave or any other form of leave.

The results thus far have been mixed. Some orchestras have agreed to designate services as strictly voluntary. That is not difficult when small groups are used, which is most of what we've seen thus far. But even in contemplation of larger forces, at least one employer has agreed that musicians may request to opt out if they or a member of their immediate household are in an at-risk category.

Unfortunately, at least one orchestra that scheduled services with a large group of musicians required them to use sick leave if they had safety concerns. That is a troubling development and should not be emulated by any other orchestra. It also raises serious questions of age and disability discrimination which will need to be addressed on a case-by-case basis, should other orchestras (unwisely) follow suit.

In a new wrinkle, the [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html) recently updated its definition of what it means to be at heightened risk from COVID-19. See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>. Previously, the guidance was simple: over 65, or with underlying health conditions. Now, however, the CDC has changed the age component to a sliding scale:

As you get older, your risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older.

The CDC unhelpfully concludes that “older adults” should “take steps to protect themselves from getting COVID-19,” including by “limit[ing] your interactions with other people as much as possible.”

Regarding underlying health conditions, regardless of age, the CDC now splits that into two categories: people who “are” at increased risk, and people who “might” be at increased risk. The “are” conditions are:

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

The “might” conditions are:

- Asthma (moderate to severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia

- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

It is difficult to see how employers and employees can rely on this new guidance to make decisions about coming to work. What's the proper age cutoff—50? 60? Do we allow people with underlying conditions in the “are at increased risk” category to stay home, but require those in the “might be at increased risk” to come to work? These questions have no easy answer.

In the absence of clear guidance, we may have to rely on a more subjective standard: a musician with a reasonable belief that they are at increased risk from COVID-19, in light of guidance from the CDC and state or local health authorities, is permitted to stay home without penalty. Although that may frustrate employers, orchestra committees and managements are increasingly discussing alternative types of “work” that may be performed by those who do not feel safe coming to the hall to perform in groups. Example of some activities under consideration are:

- Solo performances recorded at home or other mutually agreeable location
- Educational initiatives (e.g., online master classes, lessons)
- Donor/patron outreach activities (e.g., interviews, “ask a musician”)
- Social media content created at home (even non-musical content)

If the parties agree that such work will be expected or required, care must be taken to ensure it is a temporary solution that does not change the expected duties and responsibilities of an orchestra musician; and, whatever the activity, there ideally should be some nexus to musical duties. (For example, stuffing envelopes for the marketing department would lack that nexus.)

II. Components of Safety Plans

Safety protocols generally fall into four categories: health screening, personal protective equipment (PPE), distancing, and facility operation. Health screening is intended to prevent carriers of the coronavirus from entering the workplace at all; protocols in the other three categories are intended to mitigate the risks because screening will never be 100% effective. Elements of orchestral safety plans in each category are discussed below.

A. Health Screening

Health screening has three components: temperature checks, health questionnaires, and COVID-19 testing. The first two have become fairly standard; the testing component is still a work in progress. Screening is done at the musicians' entrance to the hall, so those who are unable to pass the screening criteria are prevented from entering the building.

Temperature checks. Touchless thermometers are used to check each musician's temperature every time they arrive at the hall. If the temperature reads above a certain limit—typically 100.4 degrees Fahrenheit—the musician is instructed to return home, self-quarantine, and contact their physician.

Health Questionnaire. These typically ask a musician whether they have had symptoms of COVID-19 in the past 24 hours (listing the symptoms as defined by the CDC); whether they have tested positive for COVID-19 in the past 14 days; whether they've had close contact (i.e., in the same household or in a caregiving capacity) with someone who has been diagnosed with COVID-19 or visibly showing symptoms; or whether they have recently traveled to an area with a high infection rate. If the answer to any question is “yes,” the musician is instructed to go home.

When the musician can return varies. In some orchestras, a musician who has reported COVID-19 symptoms ~~or a positive test~~ cannot return until they are free of any signs of fever and all other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., Tylenol or cough suppressants) and at least 10 days have passed since the symptoms first appeared. Others also ask a musician to stay away for 14 days if they have traveled from an area with a high infection rate or have had close contact with a carrier. Plans do not appear to address the question of when and how a musician who received a positive test in the past but was asymptomatic can return, but guidance from local and state health authorities might provide the answer.

COVID-19 Testing. It is beyond egregious that six months after COVID-19 first appeared, the United States still has no robust and reliable testing system. Tests are not widely available and are of varying accuracy, comfort, and speed of results. This is a particular problem because so many virus carriers are asymptomatic, meaning that temperature checks and questionnaires alone cannot sufficiently mitigate the risk of the virus entering the workplace.

Nonetheless, some orchestras have been able to incorporate testing as part of the screening process. One orchestra's plan calls for testing musicians each day they arrive at the hall for services. Because rapid-response tests are not yet widely available and their accuracy has not been verified, musicians instead are instructed to come to the hall the day before each day of services for a nasal-swab test—thus ensuring they will always have a test result within a 24-hour window of services. This has been successfully implemented already for a number of services. Another

orchestra's plan calls for testing upon the first return to work and then at "regular intervals" thereafter. All testing is performed by a medical professional.

Although the use of testing by some orchestras should prove that it is possible everywhere, it may be that other orchestras do not have the capability or resources. Whether that is a deal-breaker will be up to orchestra committees and Locals to decide; but if testing is not part of the plan, then the other categories of safety protocols (PPE, distancing, and facility operation) become much more significant.

Legal Issues. The [U.S. Equal Employment Opportunity Commission \(EEOC\)](#) ~~EEOC~~ has issued guidance regarding the compatibility of the above screening procedures with the ADA and other laws protecting employees. That guidance permits employers to require temperature checks and health questionnaires as a condition for entering the workplace, so long as the information is kept confidential and stored in a separate medical file (not a personnel file). Employers also may require a fitness-for-duty note from a doctor before letting an employee back into the workplace if they were previously sent home for COVID-related reasons.

Regarding COVID testing, the EEOC guidance permits employers to require testing for the virus as a condition of coming to work, but only if the tests are "accurate and reliable." However, the guidance does not yet permit employers to require antibody testing, which has not yet been proven reliable.

B. PPE

PPE is the least difficult component to implement in a safety plan. Essentially it consists of masks and ubiquitous hand sanitizer. Masks should be worn at all times and should be provided if the employee does not bring their own. For hand sanitizer, the CDC recommends that it be alcohol based and at least 60% ethanol or 70% isopropanol. Most employers are setting up numerous hand sanitizer "stations" throughout the workplace.

Some current orchestra safety plans require face coverings to be worn at all times, except for wind and brass musicians when they are playing their instruments. (More on the winds/brass issue below.) Such musicians are then required to place the mask over their mouth and nose prior to leaving their seat. One orchestra provides a "mask holder" on the music stand.

In some orchestras, however, strings and percussion also are permitted to remove their masks while performing, evidently for comfort or aesthetic reasons. It should be noted that that practice does not conform to CDC recommendations and may violate local or state health ordinances requiring masks at all times.

The use of gloves has largely fallen out of favor, due to risks of cross contamination. Therefore, a musician arriving at the hall with gloves will typically be required to throw them away before entering. Musicians are instead encouraged to engage in frequent hand washing and the use of hand sanitizer rather than use gloves.

One exception may be for music librarians handling parts. For example, one safety plan requires librarians to don fresh gloves when putting out music on a table outside the library for colleagues to pick up. (Safety protocols for music librarians are quite specialized and will need to be determined on a case-by-case basis.)

C. Distancing

The goal is simple in theory: ensure that while at the hall, at least six feet of distance can be maintained at all times between musicians not of the same household. In practice, however, it can be challenging.

We still do not have definitive answers to the question of transmission of coronavirus from wind and brass instruments. There is growing consensus that the issue is aerosol production, not airflow. (Videos and studies floating around on the Internet purport to show little airflow from wind and brass instruments and therefore conclude the risk is slight; such studies should not be relied upon by anyone.) Until we have scientific consensus with respect to aerosol transmission—there are many studies in the works—six feet is not enough, and it appears that current orchestral safety plans recognize that factry to account for that. Wind and brass musicians typically are separated by greater distances on stage (up to 12 feet), and Plexiglas shields are interspersed among them and between them and other musicians.

Further, to dispose of condensation accumulated during playing, receptacles are placed beside the musician's chair, or, in one case, an absorbent pad is used. Letting it drip on the floor is prohibited. A receptacle will be removed by the cleaning crew; in the case of a pad, the musician is responsible for it^[P4B1].

Again, however, there remain questions regarding whether even the enhanced distancing and shielding effectively minimizes the risk of transmission from wind and brass instruments. Aerosolization can occur in a number of ways besides simply playing, or draining condensation;—for instance, forcefully blowing to open remove water from a key-hole or spit valve, crowinger buzzing on a reed, or buzzing on a mouthpiece. (There is an excellent overview of these questions in a paper by Adam T Schwalje MD, DMA, and Henry T Hoffman MD, “Wind Musicians’ Risk Assessment in the Time of COVID-19,” <https://medicine.uiowa.edu/iowaprotocols/wind-instrument-aerosol-covid-era-covid-19-and-horns-trumpets-trombones-euphoniums-tubas-records>.) Hopefully we will

have answers soon; but in the meantime, orchestras seem to be doing the best they can to simply separate wind and brass musicians as much as possible.

Otherwise the stage plots seem fairly standardized: strings are distanced at least six feet apart, one on a stand, with no sharing of music. Notably, every safety plan I've seen thus far has a detailed stage map attached.

Safety plans must also address the route from the entrance to the hall (or even the parking garage) to the stage, to ensure the ability to distance at all times. Often musicians are given their own individual, staggered arrival and departure times to limit contact with other musicians. Musicians are directed to a specific point of entry for health screening. Once inside, they are directed to designated uncasing areas—for example, a case table that is assigned to each musician by name, with all tables spaced far apart. Pathways are marked by tape and/or signs. Guests and visitors are not allowed.

In one plan, once unpacked, musicians must go to directly and immediately to the stage; no lingering or warming up backstage is permitted. Each side of the stage is designated for either entry or exit. Musicians carry their own music on and off stage, along with all other equipment or personal possessions.

Most plans require musicians to arrive in concert attire, thus eliminating the need for a dressing room or locker room. That further helps ensure distancing by limiting the area of the building a musician must utilize and reducing the chances of musicians gathering and/or touching more surfaces. One plan did provide a changing room but limited it to one musician at a time.

For similar reasons, break rooms, orchestra lounges, green rooms, and kitchens are typically off limits. Musicians are expected to bring their own refreshments that do not require refrigeration. Coffee/tea service is eliminated. Water is handled differently among orchestras—some require musicians to bring their own, others provide bottled water (handled by staff with gloves), and at least one is installing touchless water dispensers backstage.

To ensure the ability to distance while moving about the building, aside from closing off rooms, most safety plans restrict the number of persons on an elevator to one or two, mark staircases as either up or down, and mark hallways one way where feasible. Some call for removing doors or propping them open when musicians are in the building.

Restrooms are an area of particular concern. Aside from physical modifications (discussed below), most safety plans restrict the number of musicians who can use restrooms at any one time, for example by implementing a one-at-a-time rule or by

taping off every other sink, urinal, or stall. Musicians are instructed to keep their masks on in the restroom and, of course, wash hands thoroughly.

D. Facilities Operation

In addition to the operational procedures discussed above, some orchestra safety plans call for significant changes to the building itself. For example, one orchestra is knocking down backstage walls and removing equipment, in order to create additional space for proper social distancing. Outer doors are converted to additional musician entrances to alleviate crowding. Some orchestras also are planning to install touchless soap dispensers, toilets, and sinks in all bathrooms, while removing hot air dryers. ~~(which should have happened long ago, actually) (PAB2)~~.

Thorough cleaning is a given. Safety plans typically call for cleaning of all backstage and onstage surfaces before and between every service, either with liquid cleaner, UV-C sanitizing light wands, or electrostatic sprayers (the method is typically specified in the plan). Daily cleaning of all touch surfaces in the building is often required. Whatever the method, there are specific cleaning protocols laid out in every plan.

Air filtration is emerging as an important issue. The latest research seems to suggest that COVID-19 is spread most easily through aerosol transmission, which elevates the importance of effective air circulation and cleaning. To that end, orchestra safety plans often promise an upgrade of the building's HVAC system. How effective that upgrade may be is open to question. According to science, only a true HEPA filter can remove coronavirus from the air. That is not feasible for many systems, however. The type of filter, the amount of outside air coming into the system, room size, and air circulation all must be thoroughly studied and discussed. I suspect this will be an area of increased focus in safety planning in all workplaces.

III. Summary

Because our understanding of COVID-19 is constantly evolving, because the future course of the pandemic is unknown, because the response from our civil authorities has often been inadequate, and because the guidance from agencies that we should be able to rely on (e.g., OSHA, the DOL, the CDC) has frequently been unhelpful, it is impossible to standardize any kind of workplace safety plan. Things may change quickly. Safety protocols that are not even on our radar yet may end up being critical. The above elements of orchestras' safety plans are generally well thought out, but they should be viewed as a starting point only. Keep in mind that health risks can be mitigated, but not eliminated.

Finally, when working through these challenging issues, always remember a few key points: safety protocols are a mandatory subject of bargaining and must be developed in collaboration with orchestra committees and Locals; it is always the employer who is responsible for providing a safe workplace; our decisions should be based on the best available science; and when in doubt, err on the side of safety. No performance is worth risking your life, or the life of a loved one.