

ASMP's Health + Safety Guide

for COVID-19:

A Protocol for Visual Creators

American Society of Media Photographers

V1.0 – Updated August 14, 2020

asmp



Reopen Intelligently.
Reopen Safely.

COVID19REOPEN.COM
@COVID19REOPEN





Table of Contents

Chapter One : Welcome

The Team Behind This Guide	6
The ASMP Legal + Business Guide for COVID-19	9
Special Thanks	13
	14

Chapter Two : The Basics of COVID-19 for Photographers

What is the COVID-19 Coronavirus?	15
COVID-19 Symptoms	17
Before The Shoot – Evaluating Risk	17
Before The Shoot – Pre-Production	20

Chapter Three : The Safety Measures You Should Be Taking At Every Shoot

Screening Crew, Contractors, and Other Participants	21
What to Screen For	23
When Should Testing Occur?	25
Personal Protective Equipment (PPE)	26
Physical Distancing	29
Personal Hygiene	30
Essential Participants	32
Crew Specific Responsibilities	34
Make-Up and Hair	34
Wardrobe	35
Set	36
Handling and Cleaning Equipment	37
Deliveries	38
Location Specific Recommendations	38
Guidance on Travel	39

Chapter Four : Cleaning and Disinfection

Planning for Safety - Engineering Controls

40

42

Chapter Five : Dealing With Exposure and Return to Work

Return to Work

Discontinuing Isolation for Confirmed or Suspected COVID-19 Cases with Symptoms

Discontinuing Isolation for Laboratory-Confirmed COVID-19 but No Symptoms

45

47

48

49

Chapter Six : Summing Up

51

Appendix : Curated List of Resources

52

Disclaimer

The COVID-19 pandemic presents unprecedented challenges for the entire world, and all photographers. To help the photographic and visual creator industry, the [American Society of Media Photographers](#) have created this document with the medical professionals at [COVID-19 Recovery Consulting LLC](#).

While all of the authors have presented information that is accurate to the best of their knowledge at the time this document was published, the best practices, procedures, and medical information surrounding this novel coronavirus is changing constantly, and it is imperative that you ensure you are following the current advice of the [Centers for Disease Control](#), the [World Health Organization](#), and your state and local health authorities. No written document can or should replace up to date, on the ground information direct from the source.

This guide is informational in nature, and neither ASMP nor COVID-19 Recovery Consulting LLC can guarantee the accuracy or completeness of this information. While this guide presents many of the best recommendations by some of the top medical professionals, the guide itself is not medical, legal, or safety advice.

This guide will be updated from time to time as appropriate, and you should always check the [ASMP's Health + Safety Guide for COVID-19](#) at the ASMP website to ensure you are reading the most current version.

Any additional information or links are being shared as other resources to all readers, however we always recommend caution and vigilance for outdated or incorrect information.

Neither the American Society of Media Photographers nor COVID-19 Recovery Consulting LLC accept any responsibility or liability based on your reliance on the practices listed in this document.

You are ultimately responsible for taking this information, and all other information, and creating your own policies and procedures. Bottom line? Please do your own research. It's imperative.

Chapter One : Welcome

Over the last six months during this unprecedented and world-wide pandemic, the [American Society of Media Photographers](#) (ASMP) has provided countless hours of guidance in the business, legal, and safety fields to benefit both our members specifically, and the visual creator community as a whole. As the next step in this outreach, we are proud to present

ASMP's Health + Safety Guide for COVID-19

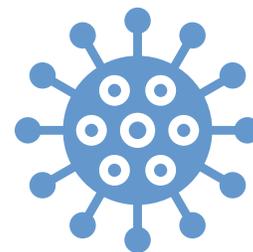


This guide, created in conjunction with some of the top medical experts in the world, is meant to provide health and safety support in these trying times. It would be impossible to cover all, or even most, of the aspects of how this pandemic affects the day to day activities of those in the photographic industry. But it is our sincere hope that this guide can provide a measure of clarity in an increasingly confusing national landscape.

Specifically, ASMP has developed a return-to-work protocol to ensure photographer, crew, talent, and client (the “participants”) safety during photography and video production. This protocol is based primarily upon recommendations from the [Centers for Disease Control and Prevention \(CDC\)](#) and [World Health Organization \(WHO\)](#) along with the experts from COVID-19 Recovery Consulting, LLC – an organization comprised of medical, epidemiological, and infection prevention experts.

Dr. Ezekiel Emanuel, Dr. James Phillips, and Dr. Saskia Popescu of COVID-19 Recovery Consulting, LLC provided primary guidance in developing this protocol.

The COVID-19 pandemic is evolving, and scientists are learning more about the virus and its transmission. As a result, the guidance within this protocol is likely to evolve, and may not reflect the full spectrum of requirements as CDC and WHO recommendations change based on new data becoming available.



State and local regulations often reflect this guidance but should be evaluated and incorporated for return-to-work testing requirements or outbreak response specifically.

Should positive cases be identified on set, on location, in the studio or out in the field, please be sure to take the necessary steps to address those cases in accordance with your local regulations.

All the recommendations in the world cannot overcome the participants in the production not adhering to the infection control measures we describe below. As community transmission of COVID-19 is ongoing, it is still possible for you, your crew, your talent, and others to be exposed in the community, and so efforts should be taken to maintain infection prevention efforts, such as physical distancing and wearing face masks, both inside and outside the workplace.

This document is but one cog in the wheel of responses ASMP has been offering and will continue to offer. We have attempted to assist our members and the industry in applying for government programs, drafting the right agreements and waivers, and, of course, staying safe.

There are recordings of past webinars on our site, and you should be sure to join our mailing list to be notified of upcoming events related to this Guide, including interviews and webinars with the medical professionals behind the project. You can always find the latest information about ASMP's response to the COVID-19 pandemic at [ASMP COVID-19 Hub](#), and [ASMP's Health + Safety Guide for COVID-19](#) pages.

Thank you for trusting ASMP to provide you with this guidance. We are here for you when you need us.

The Team Behind This Guide



The ASMP Health + Safety Guide for COVID-19 is the result of deep consultation with medical and safety professionals, as well as those in the photographic industry. We were honored to work with COVID-19 Recovery Consulting LLC, where Dr. Ezekiel Emanuel and his team crafted the core recommendations based on their extensive experience in these fields.

Below, we invite you to meet the medical professionals who worked hand-in-hand with ASMP to develop this protocol.

Dr. Ezekiel Emanuel, MD, PhD



Ezekiel J. Emanuel is the Vice Provost for Global Initiatives, the Diane S. Levy and Robert M. Levy University Professor, and Co-Director of the Healthcare Transformation Institute at the University of Pennsylvania. He is also the Special Advisor to the Director General of the World Health Organization.

Dr. Emanuel is a member of the Council on Foreign Relations and the chair of the meta-council on the Future of Health Care Committee for the World Economic Forum. He has received numerous awards including election to the Institute of Medicine (IOM) of the National Academy of Science, the Association of American Physicians, and the Royal College of Medicine (UK). Hippocrates Magazine selected him as Doctor of the Year in Ethics.

Dr. Emanuel received his M.D. from Harvard Medical School and his Ph.D. in political philosophy from Harvard University. He has published over 300 articles mainly on health care reform, research ethics, and end of life care. He has also authored and edited 12 books. Dr. Emanuel is the most widely cited bioethicist in history. Dr. Emanuel also serves as a Venture Partner at Oak HC/FT in addition to serving as a contributor for the New York Times and CNN.

Dr. James Phillips, MD, EMT-T



Dr. James Phillips, MD is a board-certified Emergency Medicine physician working in Washington, DC and Bethesda, MD and a CNN Medical Analyst. His specialties are disaster and operational medicine, medical counterterrorism, and healthcare workplace violence. He has performed extensive international medical work, particularly in austere environments including Iraq, Ukraine, and Nepal, and also is an Emergency Medical Services (EMS) Medical Director.

Dr. Phillips trained in Disaster Medicine and Emergency Management as a Fellow at Harvard and was a resident in Emergency Medicine at the University of Illinois-Chicago and Plastic Surgery at the University of Michigan. He has authored scientific journal articles in major medical journals such as the New England Journal of Medicine, book chapters, and numerous editorials featured in The New York Times, CNN, and NBC.

He is a recognized national expert on both the COVID-19 pandemic, disaster medicine, and healthcare workplace violence.

Dr. Saskia Popescu, PhD, MPH, MA, CIC



Dr. Saskia Popescu is an infectious disease epidemiologist and infection preventionist with a focus on hospital biopreparedness and the role of infection prevention in health security efforts. Dr. Popescu is an expert in healthcare biopreparedness and is nationally recognized for her work in infection prevention and enhancing hospital response to infectious disease events.

She holds a PhD in Biodefense from George Mason University, a Masters in Public Health with a focus on infectious diseases, and a Masters of Arts in International Security Studies, from the University of Arizona. Dr. Popescu is an Alumni Fellow of the Emerging Leaders in Biosecurity Initiative (ELBI) at the Johns Hopkins Bloomberg School of Public Health, Center for Health Security. Currently, she serves as an Adjunct Professor at the University of Arizona Mel and Enid Zuckerman College of Public Health within their department of epidemiology and biostatistics.

ASMP's Legal + Business Guide for COVID-19

This document is based on the efforts of some of the best minds in the medical world. But when examining the COVID-19 pandemic, and its effects on visual creators, there is a second important topic to discuss:

**What do you need to be doing
from a legal and business
point of view to protect
yourself and your company?**



That is why we have created the ASMP's Legal + Business Guide for COVID-19 (coming soon). This Guide was drafted by ASMP General Counsel Thomas Maddrey and his team at [Maddrey PLLC](#). This set of information and other materials will be available *exclusively* to ASMP members beginning in Late August 2020 and will help take these safety protocols and turn them into ways to protect your business.

Special Thanks

While dozens of people have been involved in providing feedback and guidance in the creation of this Guide, particular thanks goes to the following people and organizations.

Thomas Kennedy, Former Executive Director, ASMP

Thomas Maddrey + [Maddrey PLLC](#), General Counsel, ASMP

Alexandra Kennedy, Editor

Betsy Davison + [Space for Arts](#)

Jamey Stillings, Photographer

The ASMP National Board

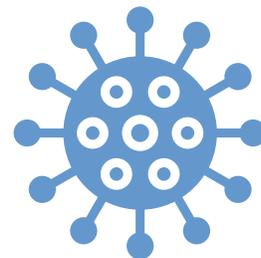
Marianne Lee, Michael Shay, Gabriella Marks, Felicia Peretti, Rana Faure, Kevin Brusie, Nicholas Freeman, Michael Hart, Frank Rocco, Thomas Donley, Leah Nash, Amy Tierney, Stretch Ledford (Ex-Officio).



Chapter Two :

The Basics of COVID-19 for Photographers

All creators need to be aware of the basics of this virus, and how it can manifest in those involved in productions.



The information in this chapter is primarily drawn from the [U.S. Centers for Disease Control](#), though significant other sources of information exist such as the World Health Organization, and your state and county health departments. Be sure to check these sources regularly, and for more information. What we present here simply scratches the surface of the details about the novel coronavirus.

What is the COVID-19 Coronavirus?

On February 11, 2020 the World Health Organization [announced](#) an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan, China.

The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".



The virus that causes COVID-19 is thought to spread from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet) and when there is poor ventilation.

COVID-19 seems to be spreading easily and sustainably in the community ("community spread") [in many affected geographic areas](#). Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

COVID-19 Symptoms

The CDC says, “Anyone can have mild to severe symptoms.” There is no one-size fits all set of symptoms for COVID-19. Here is a list of symptoms associated with some cases of COVID-19.

- Fever (100.4F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Fatigue
- Body aches
- Headache
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list is non-exhaustive, and should be updated as the CDC, WHO, and other health professionals identify new indicators of infection.

Before The Shoot – Evaluating Risk

Before shooting or travel into the field, photographers, videographers, other crew, and talent should consider the following areas when assessing production risks:

Environment

Preferable locations are outdoors, with space and natural ventilation. Minimizing the duration of interaction is also important.



Activity

Activities which minimize forceful exhalation are ideal. Shouting, yelling, or singing – along with sneezing or coughing – can increase droplet production, and increase risk of COVID-19 transmission.



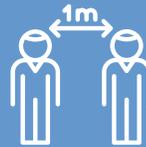
Volume of People

The fewer, the better. The photography or filming set or location should be modified to ensure more space when talent is unmasked.



Distance

When assessing space, it is important to evaluate whether or not participants can maintain social distancing while working. The density of people in the studio or location, and whether or not these spaces present challenges to social distancing, must be considered.



Ventilation

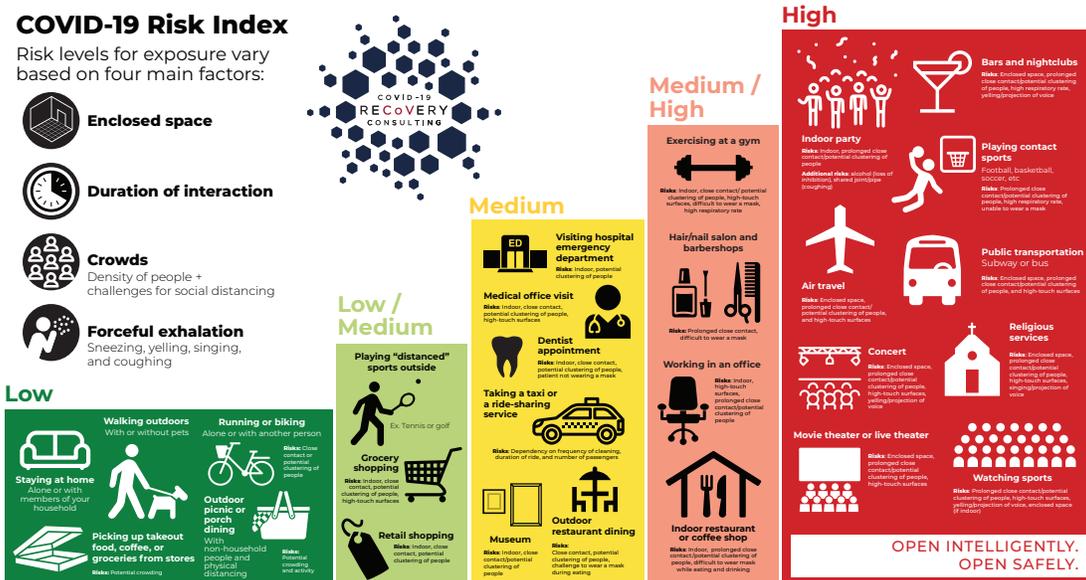
Ventilation is an important factor in preventing the virus that causes COVID-19 from spreading indoors. For more information, and for specific steps you may consider to improve indoor ventilation please see *this article* from the WHO. These steps should be considered in consultation with a heating, ventilation and air conditioning (HVAC) professional.



When evaluating the risk of participants present, those with pre-existing conditions like asthma and diabetes, and/or who are over the age of 65, are considered at high risk for COVID-19 infection. The CDC has provided additional [guidance](#) on people who need to take extra precautions. On set, those unmasked, or those working closely with unmasked talent, will be considered at higher risk for exposure.

Photojournalists working in the field may encounter environments that are more difficult to evaluate, or even control. As such, masking, the use of hand hygiene, and socially distancing when possible, are preferred measures to reduce risk.

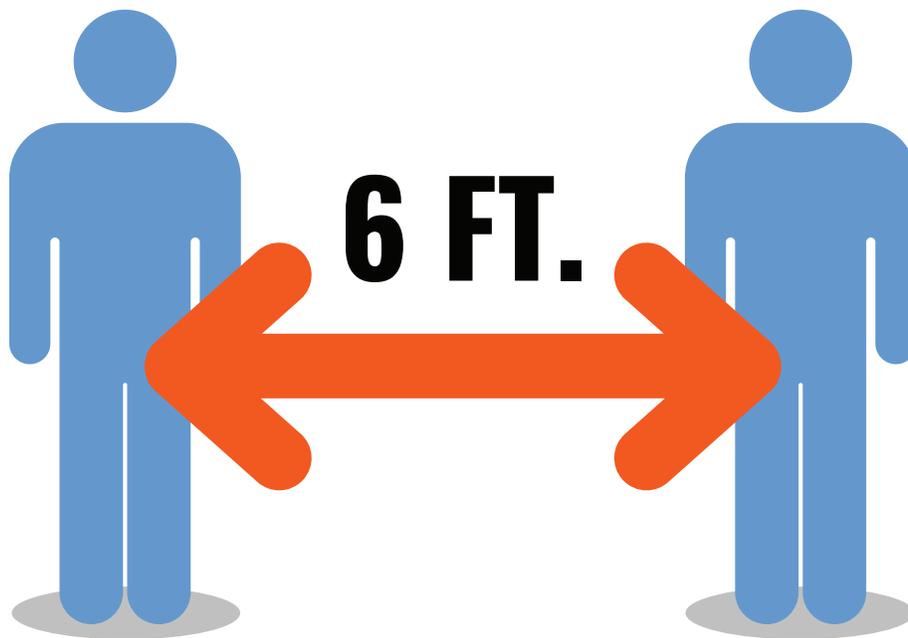
The same guidance for adults – masking, social distancing, and using hand hygiene – applies to children in the studio or on location.



For a larger version of this chart, see the Appendix.

Before The Shoot – Pre-Production

For pre-production or set planning sessions, participants should ensure they are sitting at least six feet apart and not sharing any writing equipment (including but not limited to pens, pencils, and tablets). Whenever possible, these sessions should be conducted virtually. If these sessions must be done in person, each individual should wear a face mask to reduce spraying of droplets.



Chapter Three : The Safety Measures You Should Be Taking At Every Shoot

As the photographer, you are often the central point of contact for all the people coming to a photo shoot, no matter if it is simply you and one client, or a broad group of assistants, techs, clients, and more. Regardless of the size of the shoot, it is critical that you perform the proper procedures and screenings.

Screening Crew, Contractors, and Other Participants

Proper screening is the first line of defense in ensuring you are doing what you need to be doing to protect your production. All crew, talent, and other participants in the shoot are required to stay home when sick and notify the photographer of their illness. Those who are ill should follow [CDC guidance for isolation at home](#) and contact their physician or medical professionals as needed.

All participants will undergo a pre-shoot screening process by a designated screener upon arrival and before they enter the set, studio, or location. This screener may be the photographer themselves in a small shoot, or a designated crew member or outside person in larger shoots. These health screeners should be able to take a temperature, review personal symptom attestations, and respond to potential infections if a person has a fever and/or other symptoms.

It is highly recommended that a person on set or location be designated as the **Infection Prevention Coordinator** to ensure these measures are followed and continued throughout the photography or filming. Moreover, this person would maintain adherence to the photographer's policies and provide training for crew, talent, and other participants on masks, distancing protocols, and help to ensure work processes include reducing the number of people in the photography or filming zone.

On larger shoots, these coordinators should have infection prevention experience (e.g. infection preventionists), but it is understood that this responsibility may fall on the photographer, or an individual designated by the photographer, in smaller productions.

What to Screen For

The goal of screening is to identify those with symptoms before they have an opportunity to infect others in the shoot. In essence, every participant needs to attest that they have not had certain symptoms or have been in certain situations.

Upon arrival, all participants will have their temperature checked with a no-touch, scanning thermometer, and will be further questioned if they have any of the following acute symptoms:

- Fever (100.4F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Fatigue
- Body aches
- Headache
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Any participant who is found to have a fever should be sent home immediately and follow the Return-to-Set guidance ([see Chapter 5](#)). Additional symptoms listed above, in combination with each other or a fever should also merit further examination. Simply having a headache does not mean you have COVID-19, but one or more of these symptoms should raise the vigilance level of the participant. This list of symptoms is non-exhaustive, and should be updated as the CDC, WHO, and other health professionals identify new indicators of infection.

Temperature scans and symptom evaluation should be performed in a manner that allows for physical distancing. The screener should avoid any unnecessary physical contact with participants and should be wearing personal protective equipment, otherwise known as PPE (e.g. mask and gloves).

Symptom screening attestation can also be done virtually, by having participants report via survey or an online system prior to their shift. Likewise, participants should sign in and sign out for the working day with contact information to aid in contact tracing in the event of exposure to COVID-19 on set or location. This would preferably also be managed online, to limit the exchange of paper and writing implements among crew and talent.



When Should Testing Occur?

While the CDC does not have recommendations or guidance on return-to-work testing for businesses, should the photographer decide to set requirements for participants, the following guidance is suggested:

- Prior to resuming photography, SARS-CoV-19 PCR testing (i.e. COVID-19 test) will be performed on participants as a screening mechanism.
- Crew and talent may be tested 2-3 days prior to the start of work.

The answer to testing is not clear cut. According to the CDC, the answer to the question of “Should I be tested” is... maybe.

Maybe not everyone needs to be tested for COVID-19. If you [have symptoms of COVID-19](#) and want to get tested, call your healthcare provider first. Most people will have mild illness and can recover at home without medical care and may not need to be tested.

CDC has guidance for who should be tested, but decisions about testing are made by state and local health departments and healthcare providers. You can also visit your [state or local health department’s website](#) to look for the latest local information on testing.

Personal Protective Equipment (PPE)

All participants should be given a face mask and wear a mask during the entirety of the production. The photographer should have enough masks to ensure compliance. **Face masks should be worn at all times**, especially in environments in which physical distancing cannot be maintained. To reduce the amount of exposure, those in front of the camera, such as talent, should continue wearing a mask only until photography or filming requires the removal of a mask. Once photography or filming is complete, masks must be put back on, until photography or filming resumes. All participants are encouraged to avoid eating or drinking (i.e. times where a mask is not worn) in those environments that do not allow for physical distancing.

Face masks must be worn appropriately, entirely covering the nose and mouth. Participants are expected to maintain their own PPE, but it is the photographer's responsibility to call out any misuse that is identified. All participants should be trained how to properly maintain, don, doff, and dispose of their PPE, and properly clean reusable PPE, such as cloth face coverings. Face masks should be discarded when they become soiled, damaged, or no longer fit appropriately, at which point participants should be given a new face mask. Surgical masks are recommended, but cloth facemasks are acceptable as long as they are cleaned daily.



Gloves that are disposable, made of latex or nitrile, should be worn by individuals performing tasks that involve significant amounts of direct contact with other people.



Such tasks include, but may not be limited to, make-up and hair styling; environmental cleaning and disinfection with chemicals; wardrobe; and food services. Gloves should be changed frequently as they become contaminated, which can occur after touching one's face, phone, or any other "high-touch" surface. New gloves should be worn for each person receiving hair and make-up, and hand hygiene (cleaning with soap and water or hand sanitizer) should be performed before and after wearing gloves.

Additional PPE may be necessary for some participants. A face shield or eye protection (like goggles) may be used voluntarily following proper practices and precautions. Face shields or eye protection can be re-used if disinfected (e.g. wiping with disinfection wipe) appropriately after each use.



Make-up and hair stylists, due to the nature of their work, should wear a face mask, gloves, and a face shield or eye protection during all of their work. It is also recommended that talking is limited as much as is possible.

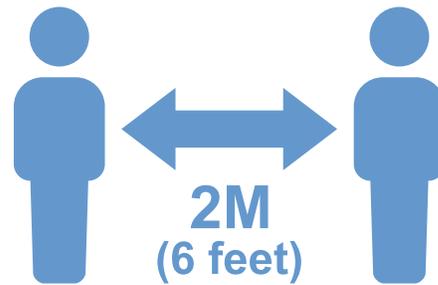
Betsy Davison at [Space for Arts](#) notes that using non-verbal communication can help not only in hair and make up situations, but throughout the entire production. For more information on this, [here is but one article](#) discussing some of these nuances. As Betsy notes: "It's pretty easy to get a lot of stuff done without using your voice. The talent and make-up people can have a conference prior to production and walk through the process so that when they're on set, they don't have to talk. A simple thumbs up or thumbs down can mean I need to speak with you and the talent can roll away to be socially distanced and then use their voice."

Staff who may work in very close proximity to others may consider these precautions as well, particularly if working in close to cast members who are not wearing masks and may generate droplets with their speech or singing.

It is recommended that additional PPE including masks, gloves, face shields, and eye protection be made available on set or location, in case replacement or additional PPE is needed unexpectedly to prevent work delays.

Physical Distancing

All efforts should be made to maintain physical distancing. Participants should make every attempt to maintain a distance of 6 feet (2 meters) apart and avoid large groups.



Workflow and shooting should implement distancing measures, including spacing seats and putting markers on the floor to indicate safe distances, all to improve the likelihood of policy compliance.

For example, people might be given color coordinated arm or wrist bands to indicate with whom they can be near, and where it is appropriate for them to go. Other practices to help with physical distancing include increasing the flexibility of worksites or work hours and increasing the space between and marking the desired locations of static and mobile set equipment. Additionally, renting additional studio space with outdoor access can also be considered.

In the event that tight, communally-used spaces must be used – such as elevators – participants should wear masks, socially distance, and practice hand hygiene. Reducing time spent in those areas is recommended, and efforts should be taken to avoid crowds in such spaces. Participants should keep elevator rides to 4 people or fewer per ride, with each person standing in respective corners. It is highly encouraged to increase regular cleaning and disinfection of these high-touch/high-traffic areas ([see Chapter 4](#)).

All meetings, including rehearsals, should be conducted virtually if feasible. Practices like handshaking and sharing meals in small breakrooms should be prohibited. If preferred, physical barriers like plastic partitions can be utilized for a wide range of interactions to shield participants.

Food services should be provided in individually packaged, disposable meals. Buffets should never be used. Participants should be instructed to stagger visits to coffee and food stations. Since masks cannot be worn while eating and drinking, it is encouraged that all participants sit individually, at least 6 feet apart, while doing so. To the extent possible, participants should eat outdoors.

Personal Hygiene

Hand hygiene, with soap and water, or alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available, is a critical aspect of COVID-19 prevention.





The photographer (or client if appropriate) should ensure there is adequate access to hand hygiene stations (including accessible hand sanitizer when sinks are not available) and provide participants with personal hand sanitizer dispensers if possible. Staff should be reminded to wash hands when coming into work, after putting on and taking off PPE, hourly throughout the work time, before breaks and meals, and before leaving set or location. It is helpful to remind all participants to consider their tasks and when their hands might become contaminated.

Ideally, touchless hand sanitizer stations should be set up around the set or location, in the dressing rooms and make-up stations, and near food and dining areas. Alcohol-based hand sanitizer must be at least 60% alcohol to be effective. Participants should also be reminded that hand washing with soap and water involves at least 20 seconds of scrubbing and should still be performed throughout the day as to avoid only using hand sanitizer.

Lastly, participants should be encouraged to avoid touching their eyes, mouth, and nose, as these are portals for microorganisms and could translate to exposure.

Essential Participants

No more than 10 people should be present on set or location as to avoid lapses in infection control measures. During the workday, all present should be encouraged to both wear masks and practice physical distancing at all times, unless required otherwise. Participants should be regularly reminded to avoid gathering areas, particularly near food and drink.

Only essential personnel should be present. The following list includes possible essential participants, with the recognition that further personnel may be essential, and that not all the roles listed will be present during every photography or videography shoot:

- Photographer
- First Assistant
- Second Assistant
- Lighting Technician
- Digital Technician
- Food Caterer
- Hair Stylist
- Make-Up Stylist
- Prop Stylist
- Food Stylist
- Grip
- Camera Operator
- Art Director
- Account Manager
- Producer
- Location Scout





Guidance from the CDC indicates that photographers should think about preventing infection transmission by considering which crew and talent are essential to production, and by requiring participants who are acting directly as caregivers for household members infected with COVID-19 to stay home, whenever possible. Those direct caregiver staff members can return to work 14 days after their last close contact with the ill household member, or 14 days after that ill household member meets the criteria to end home isolation (see [Chapter 5](#)).

Ultimately, the managing photographer or videographer should have discretion to decide who on their team is essential in advance of the shoot, while being mindful of the imperative to limit the number of people on set or location.

Participants should avoid sharing equipment or other objects like phones, desks, pens, or work tools. If this is not possible, participants must make sure to clean and disinfect them before and after each use. Disinfecting wipes that fall within the EPA [List N](#) disinfectants should be utilized and many are household products with availability in local stores.

Visitors are prohibited without exception.

If animals are on set for photography or videography purposes, crew and talent are still encouraged to wear masks when interacting with them. Currently, there isn't evidence for transmission from animals to humans. There have been cases of cats living with confirmed cases that tested positive, but no human infection as a result of a sick animal.

Crew Specific Responsibilities

Make-Up and Hair

While it is ideal for talent to do their own make-up and hair prior to arriving on set or location, this may not always be an option. Hand hygiene should be performed between each hair or make-up session, and stations should be set 6 feet apart. It is recommended that if persons other than the artist and talent are in the workspace, there should be clear entrance and exits signs to avoid congestion of people.



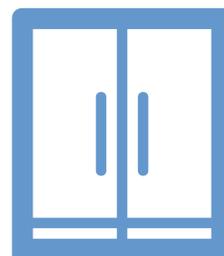
Make-up kits and brushes should be cleaned between use with alcohol (or comparable product), and all efforts should be made to use single-use, disposable applicators. Any equipment requiring sterilization should be sterilized between each use, such as hair clippers or scissors. Products used on the face that are unable to be distributed safely (e.g. foundation, lip products, etc.) should be individually assigned and stored in a designated bag, and not shared between users.

Touch-ups should be done with new tools, and makeup in a designated bag only for that purpose.

Additional Stylist PPE – including face shields, in addition to masks and gloves – should be encouraged, due to make-up artists and hair stylists’ high-risk exposure to un-masked persons. It is encouraged that conversation among hair and make-up stylists and talent be kept to a minimum to avoid additional exposure to respiratory droplets.

Wardrobe

It is recommended that talent arrive on set with additional clothing and shoes to help reduce the number of on-set clothes. Overall, clothing is of lower risk concern. The interactions between people in adjusting clothing present the occasion for greater risk of transmission.



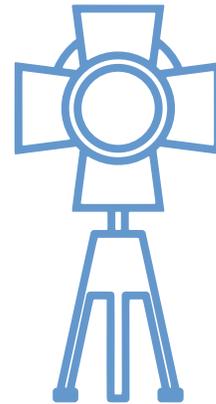
There are no current recommendations for additional PPE like coveralls to be worn outside a medical setting. The best practice is to wash your clothes right when you return home. Wardrobe managers and stylists should wear mask and gloves when dressing or modifying clothing on talent.

All wardrobe should be individually bagged and labeled as possible. Cleaning should be done via dry cleaning or laundry. All dirty attire should be placed in a designated, well-labeled bag indicating its status (clean versus dirty).

Jewelry and accessories should be cleaned after use and placed in a designated, well-labeled bag indicating its status (clean versus dirty). Hand hygiene should be used when handling jewelry.

Set

The set, studio, or location should be appropriately cleaned and disinfected prior to and after each photography or videography session - meaning it should be cleaned between each shoot. Markers should be utilized on the floor to facilitate staging or blocking, while maintaining physical distancing recommendations of 6 feet.

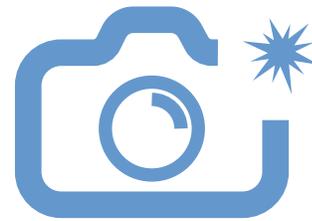


Any furniture or props should be cleaned and disinfected before and after photography or videography.

Freight Elevators - In the event that tight, communally-used spaces must be used – such as elevators – participants should wear masks, socially distance, and practice hand hygiene. Reducing time spent in those areas is recommended, and efforts should be taken to avoid crowds in such spaces. Participants should keep elevator rides to 4 people or fewer per ride, with each person standing in respective corners. It is highly encouraged to increase regular cleaning and disinfection of these high-touch/high-traffic areas ([see Chapter 4](#)).

Handling and Cleaning Equipment

All efforts should be made to limit sharing of camera and any additional equipment (e.g. audio recording). If equipment is shared, or equipment handles are unable to be disinfected, staff should use gloves when using equipment. Remote camera use is suggested if possible.



It is encouraged that frequently touched surfaces of equipment be cleaned and disinfected throughout the day and at the end of each shift. Alcohol wipes are typically recommended for touch screens, though care should be taken to use disinfectants appropriately per manufacturer recommendations.

Your equipment (cameras, lights, stands, etc.) will require cleaning throughout the shoot, and especially after. While you can find more resources in [Chapter 5](#) below and on our [ASMP Health + Safety Guide for COVID-19](#) page, here are a few guidelines:

- Be sure to check with your manufacturer for their recommended cleaning and disinfecting guidelines. Many companies, including Sony, Canon, Olympus, and more, have listed the best way to clean their equipment.
- In general, the CDC and other agencies have identified using at least 70% isopropyl alcohol to disinfect equipment.
- Don't forget all the ancillary items! Tripods, C-Stands, Doorknobs, etc.

Deliveries

To maintain physical distancing, deliveries should be avoided during work hours. No-touch, no-signature deliveries (i.e. contactless deliveries) are the norm in the era of COVID-19. Your shipping agent should be taking infection control measures. While package delivery is not believed to be a significant manner of virus transmission, wiping down deliveries with a disinfectant wipe may be beneficial.



While it is encouraged that staff and crew bring their own food and drinks, any that are provided on set or location should be provided in individually wrapped, disposable containers and efforts should be made to avoid communal use items (e.g. coffee pot, water jug). Single-use, disposable eating utensils are suggested.

Location Specific Recommendations

Location based photographers face particular challenges when they cannot control the environment in the same way you could in the studio. Here is some specific guidance for those times when you are shooting on location.

Guidance on Travel

While there are active [travel alerts from the CDC](#) in effect, participants are discouraged from traveling to a country or state with ongoing transmission, or traveling on a cruise ship or river boat.



Moreover, many states currently have restrictions for those traveling from other states with high levels of community transmission, requiring 14 days of quarantine upon entry. If travel is necessary for photography or videography, participants must consult CDC and local travel guidance before traveling.

Travel by private vehicle is ideal, as public transportation is high-risk. Ride-share services or taxis are considered medium-risk, as they are better than public transportation, but still considered risky due to the unknowns of driver infection. If using ride-share, ensure the driver is also wearing a mask and hand hygiene is utilized.

If air travel is utilized, it is recommended that the traveler wears a mask the entire journey, tries to have distance in seating assignment with a priority placed on the window seat, disinfect the tray-table prior to use, and uses hand hygiene frequently. Trying to maintain social distancing in the airport is also encouraged.

Chapter Four : Cleaning and Disinfection

Routine cleaning protocols, followed by disinfection processes, of frequently touched surfaces and objects should be performed. *Cleaning* is defined as the manual process of wiping and scrubbing dirt and grime with soap and water. *Disinfection* utilizes chemicals to remove viruses and bacteria. Frequently touched surfaces and objects include, but are not limited to, photography and videography equipment, workstations, keyboards, telephones, handrails, and doorknobs. The CDC has issued guidance for [establishing and implementing cleaning and disinfection plans](#).

For disinfection, only those products found on the [Environmental Protection Agency's \(EPA\) List N](#) should be utilized. List N disinfectants have met criteria and are registered as having a claim against Emerging Viral Pathogens and will effectively destroy SARS-CoV-2 (the virus that causes COVID-19). Manufacturer guidance should be followed to ensure efficacy.

Appropriate cleaning and disinfection should be performed prior to and following photography or videography shoots. Routine cleaning and disinfection of frequently touched surfaces should be performed throughout the shoot.

Each person is required to routinely clean and disinfect their own equipment, in addition to cleaning and disinfecting as needed (e.g. if equipment becomes visibly soiled).

It is recommended that all participants be provided access to alcohol wipes to clean their phones, tablets, and other electronic, photo, or video equipment routinely throughout the day.

If any participant is found to have COVID-19, a deep-cleaning and disinfection is suggested to ensure all surfaces and objects are properly cleaned and disinfected. Enhanced cleaning measures can also include additional measures like UV disinfection. Visit the [ASMP's Health + Safety Guide for COVID-19](#) page for further information on exposure and additional post-exposure cleaning suggestions.

Waste can be treated as usual, meaning that waste receptacles can be handled while wearing gloves as normal. Waste should be removed in a timely manner. Waste removal does not require additional care outside of these existing protocols.

Planning for Safety - Engineering Controls

Engineering controls are those that keep the set or location safe by removing hazardous conditions or establishing barriers between participants and the hazard. In this case, engineering controls include access to hand hygiene stations and adequate ventilation.

Hand hygiene stations, as mentioned previously, include adequate access to sinks with soap and water, as well as stations (preferably touchless) with alcohol-based hand sanitizer that contains at least 60% alcohol.

Ventilation and Filtration – It is important that the set or location have adequate ventilation through a functioning HVAC system with filters that are within their service life and appropriately installed. If possible, it is encouraged to improve the ventilation system through increased ventilation rates, and to keep the system running 24/7. It is also encouraged that there be a HEPA filter for the ventilation system. Fans and / or opened doors and windows can improve air circulation in the event that HVAC is unavailable for indoor shooting.



The [CDC recommends](#) that buildings have properly functioning HVAC systems meeting ASHRAE standards, and increased outdoor air circulation as much as possible by either opening doors and/or windows or using the economizer modes of HVAC operations to as high as 100% while disabling demand-control ventilation. Increased central air filtration and consideration for HEPA fan or filtration systems is encouraged. Moreover, the CDC recommends running the HVAC system at maximum outside airflow for 2 hours before and after occupied times and ensuring exhaust fans in restroom facilities are functional and operating at full capacity when the building is occupied.

The EPA has [written significantly](#) about the role of ventilation in helping to prevent transmission of COVID-19. As they state, “An important approach to lowering the concentrations of indoor air pollutants or contaminants including any viruses that may be in the air is to increase ventilation – the amount of outdoor air coming indoors. Ensuring proper ventilation with outside air can help reduce the concentration of airborne contaminants, including viruses, indoors. However, by itself, increasing ventilation is not enough to protect people from COVID-19. When used along with other best practices recommended by CDC and others, increasing ventilation can be part of a plan to protect people indoors.

In general, the greater the number of people in an indoor environment, the greater the need for ventilation with outdoor air. In other words, the ventilation rate should be based on the number of people that occupy an indoor space (and a few other factors). In fact, CDC has stated that “Indoor spaces are more risky than outdoor spaces where it might be harder to keep people apart and there’s less ventilation.” Give special consideration to increased ventilation when occupancy is high. Also, make sure high-traffic areas have additional ventilation. In addition to helping reduce risk from airborne transmission of viruses, improving ventilation also benefits indoor air quality by reducing exposure to products used for cleaning and disinfecting potentially contaminated surfaces.”



Chapter Five :

Dealing With Exposure and Return to Work

Should any participant develop any symptoms, they should be sent home immediately, and should be instructed to contact their physician for medical advice, and to seek a COVID-19 test if appropriate.

The surfaces of their workspace should be cleaned and disinfected immediately. If the cast or crew member is later found to have laboratory-confirmed COVID-19, the following protocols should be taken:

- Identify people who had close contact or were exposed to the cast or crew member during their time at work while they were symptomatic and for two (2) days prior to symptom onset. (People can shed the virus for 1-2 days before becoming symptomatic). Exposure is defined as having close contact (<6 feet) for a prolonged period of time (recommendations vary, but [the CDC defines](#) this period as 15 minutes or more).

- Ensure their work area is cleaned and then disinfected. If the infected person worked in a closed space (e.g. small office or dressing room), wait 24 hours prior to cleaning and disinfecting to minimize potential exposure to respiratory droplets. If this is not an option, wait as long as possible.
- Inform those cast or crew members identified as having close contact with the infected employee of their possible exposure on set or location, while maintaining the confidentiality of the infected employee and those being notified.
- For those meeting exposure criteria, the CDC recommends the exposed nonessential cast or crew member stay home and telework if possible, and to monitor for symptoms until 14 days after the last exposure date. Encourage them to contact their physician before returning to work.

One often overlooked group are the studio owners and workers who are not part of a photo shoot specifically, but who are exposed to many different crews each and every week. As a guideline, these studio owners and workers should follow the CDC recommendations for [Small Businesses and Workplaces](#) and should implement a robust daily screening protocol with records that can be provided to incoming photographers. Likewise, these owners may choose to require that the crews utilizing their space provide similar screening documents for the days before the shoot. While this may not always be possible, this will ensure that everyone is as safe as possible.

Return to Work

After someone on the set is exposed or shows symptoms of COVID-19 either from the workplace or contracted elsewhere, it's time to determine when someone can return to work.



Determination of when participants who have a household contact with confirmed COVID-19 can return to work should be made in collaboration with the photographer. The CDC recommends that those asymptomatic people (i.e. without symptoms) with close contact with someone who has COVID-19, stay home for 14 days following the last known date of exposures.

Essential personnel (as defined by the photographer's policies) who do not have symptoms but have a sick family member at home should notify the photographer, but can continue to work and attend as long as they continue to wear a mask, practice infection control measures, and report any symptoms. They are encouraged to follow the CDC [recommendations for those caring for a sick person at home](#).

According to the CDC, crew and talent should not require a COVID-19 test result or healthcare provider's note to validate illness. The CDC guidance for discontinuation of isolation should be utilized for return-to-work protocols. The guidance employs two strategies for COVID-19 positive crew and talent, based on the presence of symptoms: **time-based** or **symptom-based**. These vary based upon if the laboratory-confirmed COVID-19-infected cast or crew member is either symptomatic or asymptomatic (without symptoms). The CDC does not recommend re-testing for isolation clearance.

Discontinuing Isolation for Confirmed or Suspected COVID-19 Cases with Symptoms



Symptom-Based Strategy

Persons with COVID-19 with symptoms and who were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 24 hours have passed since last fever, without the use of fever-reducing medications (such as aspirin or Tylenol) **and** improvement in symptoms (e.g. ending of cough or shortness of breath);
- and**
- At least 10 days have passed since symptoms first appeared.

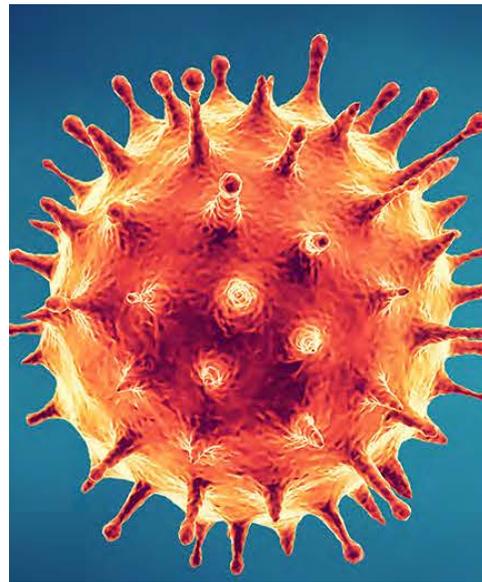
Discontinuing Isolation for Laboratory-Confirmed COVID-19 but No Symptoms



Time-Based Strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms, and who were directed by a healthcare provider to care for themselves at home, may discontinue isolation under the following conditions:

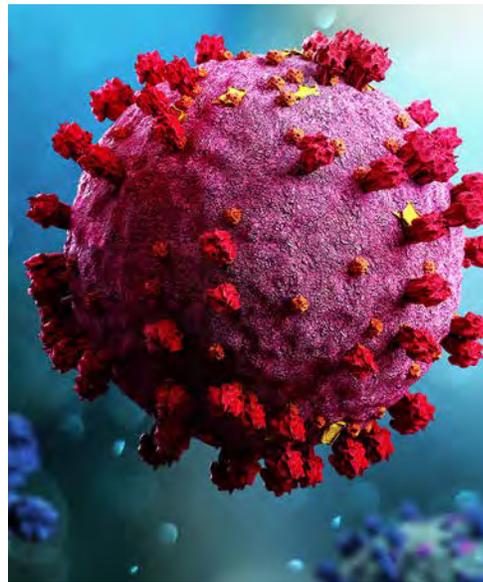
- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used.



- **Note:** Because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding (contagiousness) could be longer or shorter than 10 days after their first positive test.

Note: In all circumstances, participants who have not been tested for COVID-19 should stay home until it has been 10 days since symptoms began (or had a positive test in the absence of symptoms), and 24 hours since their symptoms resolved without the use of fever-reducing agents (such as aspirin or Tylenol).

Isolation may be extended to 20 days if the person has severe disease requiring hospitalization or is severely immunocompromised. Should someone require hospitalization, refer to CDC guidance for discontinuation of isolation.



Chapter Six : Summing Up

This Guide is a work-in-progress, and we will be updating it regularly with new information and more guidance. For the latest Guide as well as a comprehensive list of resources, please be sure to bookmark [ASMP's Health and Safety Guide to COVID-19](#) webpage. There you will find the most recent update to this Guide, videos, links, documents, and so much more.

We at ASMP have been honored to create this Guide with the Dr. Emanuel and his team, and hope that this document, and all the other materials listed above, help you feel confident going back to work.

These are unprecedented times. Thank you from all of us at ASMP for trusting us to provide you this guidance at this time.

James Edmund Datri, CEO, ASMP
Marianne Lee, National Board Chair, ASMP
Thomas Maddrey, General Counsel, ASMP

*Thank
you*

Appendix :

Curated List of Resources

This guide is just one resource in a sea of excellent information. The latest information can be found at [ASMP's Health + Safety Guide for COVID-19](#) webpage. Unfortunately, there is also a vast amount of incorrect, outdated, and plain wrong information on the internet. The list of links below represent a non-exhaustive list of some of our favorite resources on the web.

ASMP Links

- [ASMP's Health + Safety Guide for COVID-19](#)
- [ASMP COVID-19 Hub](#)
- [ASMP Legal / Business Guide Page](#) (coming Late August)

Government Health Authorities

- [CDC](#)
- [WHO](#)
- [OSHA](#)
- [FDA](#)

COVID-19 Basic Information

- [Frequently Asked Questions \(CDC\)](#)

Cleaning / Disinfecting Links

- [Cleaning / Disinfecting FAQ \(CDC\)](#)
- [Re-Opening Guidance for Cleaning and Disinfecting Public Spaces \(CDC\)](#)
- [List of Disinfectants for Use Against COVID-19 \(EPA\)](#)

Photo / Film Industry Links

- [Space for Arts Resource Page](#)
- [The Safe Way Forward – DGA, SAG-AFTRA, IATSE, and Teamsters COVID-19 Guidelines](#)
- [AICP – COVID-19 Workplace Guidelines](#)



American Society of
Media Photographers
Smarter. Stronger. Together.

COVID-19 Risk Index

Risk levels for exposure vary based on four main factors:



Enclosed space



Duration of interaction



Crowds

Density of people + challenges for social distancing



Forceful exhalation

Sneezing, yelling, singing, and coughing

Low



Staying at home
Alone or with members of your household

Walking outdoors

With or without pets



Running or biking

Alone or with another person



Outdoor picnic or porch dining

With non-household people and physical distancing



Picking up takeout food, coffee, or groceries from stores

Risks: Potential crowding

Risks: Close contact or potential clustering of people

Risks: Potential crowding and activity

High



Bars and nightclubs
Risks: Enclosed space, prolonged close contact/potential clustering of people, high respiratory rate, yelling/projection of voice



Indoor party

Risks: Indoor, prolonged close contact/potential clustering of people
Additional risks: alcohol (loss of inhibition), shared joint/pipe (coughing)



Playing contact sports

Football, basketball, soccer, etc.
Risks: Prolonged close contact, high respiratory rate, unable to wear a mask



Air travel

Risks: Enclosed space, prolonged close contact/potential clustering of people, and high-touch surfaces



Public transportation

Subway or bus

Risks: Enclosed space, prolonged close contact/potential clustering of people, and high-touch surfaces



Concert

Risks: Enclosed space, prolonged close contact/potential clustering of people, high energy of people, yelling/projection of voice



Religious services

Risks: Enclosed space, prolonged close contact/potential clustering of people, high-touch surfaces, singing/projection of voice



Movie theater or live theater

Risks: Enclosed space, prolonged close contact/potential clustering of people, high-touch surfaces



Watching sports

Risks: Prolonged close contact/potential clustering of people, high-touch surfaces, yelling/projection of voice, enclosed space (if indoors)

**OPEN INTELLIGENTLY.
OPEN SAFELY.**

Medium / High

Exercising at a gym



Risks: Indoor, close contact/potential clustering of people, high-touch surfaces, difficult to wear a mask, high respiratory rate

Hair/nail salon and barbershops



Risks: Prolonged close contact, difficult to wear a mask

Working in an office



Risks: Indoor, high-touch surfaces, prolonged close contact/potential clustering of people



Indoor restaurant or coffee shop

Risks: Indoor, prolonged close contact/potential clustering of people, difficult to wear mask while eating and drinking

Medium



Visiting hospital emergency department

Risks: Indoor, potential clustering of people

Medical office visit

Risks: Indoor, close contact, potential clustering of people, high-touch surfaces

Dentist appointment

Risks: Indoor, close contact, prolonged close contact, patient not wearing a mask

Taking a taxi or a ride-sharing service



Risks: Dependency on frequency of cleaning, duration of ride, and number of passengers



Outdoor restaurant dining

Risks: Contact, potential clustering of people, challenge to wear a mask during eating

Museum

Risks: Indoor, close contact/potential clustering of people



Low / Medium

Playing "distanced" sports outside



Ex. Tennis or golf

Grocery shopping

Risks: Indoor, close contact, potential clustering of people, high-touch surfaces



Retail shopping

Risks: Indoor, close contact, potential clustering of people

