

Safety Scene

Quarterly Newsletter



The Actsafe Entertainment Safety Conference 2020

We couldn't have done it without you!



Conference by the numbers:

- 267** Delegates
- 195** App downloads
- 38** Crowd Safety Workshop attendees
- 52** Sessions
- 19** Volunteers
- 18** Tradeshow Exhibitors
- 4** Actsafe Safety in Entertainment Awards
- 3** Days of Sessions



Stay tuned for details on next year's conference!

See you all next year!
#AESC2021

actsafeconference.ca

A huge thank you to our platinum sponsor:



Calling all attendees!

Please check your inbox for our AESC 2020 survey!
Please take the time to fill it out as this information helps us improve our conference.

A Message From Actsafes

We are currently in testing times with pandemics like COVID-19 affecting our day-to-day lives. The Actsafes team would like to thank you all for being resilient and supporting communities in flattening the curve. Actsafes is constantly looking for resources to assist you during this time, and we have included some of this useful information in this newsletter. If you're looking for up-to-date resources, you will find a dedicated webpage on our website.

As we all work together in our fight against this visible pandemic, there is a hidden epidemic that we in the arts and entertainment industries have to be aware of - concussion. Even a small bump to the head can lead to a life threatening brain injury. These head injuries can impact delicate neural pathways that could leave neurological damage.

In this issue of Safety Scene we have articles for you which highlight the importance of

understanding concussions, what it is like to suffer from a concussion, and the protocol that our industries have adopted towards responding to concussions, which you can find in the centrefold of this newsletter.

As we continue social distancing and maintaining proper hygiene, I hope this edition of Safety Scene will still keep us engaged with each other. Remember that although our offices are closed for now, you can still get online training and you can reach out to us on LiveChat, by phone, or by email.

Stay safe everyone.

Manu Nellutla, CCPE, CPHSA.
Executive Director, Actsafes Safety Association



In this issue...

- 2 Identifying the 'invisible injury': What happens when concussion concerns enter the spotlight
 - 4 Finding Answers for Questions Around Concussions
 - 6 Beating the Odds
 - 8 CATT Concussion Awareness, Response and Management Flowchart
 - 10 Concussions in Performing Arts: Have You Lost Your Mind?
 - 12 Steps for Life: Walking for Families of Workplace Tragedy
 - 14 Preventing The Spread of COVID-19 Info Sheet
-



Identifying the ‘invisible injury’: What happens when concussion concerns enter the spotlight

- Shelina Babul, PhD, Clinical Associate Professor, University of British Columbia
Associate Director and Sports Injury Specialist, BC Injury Research and Prevention Unit,
BC Children’s Hospital

Whether it’s on a movie set, backstage, off-camera, or during rehearsal, a concussion-causing event can occur. Due to the complex, high-pressure work environments of the motion picture, television, live event and performing arts industries, workers face situations every day that put them at risk for sustaining this traumatic brain injury.

A concussion is the most common form of brain injury. Concussions occur when the head or body sustains a significant impact or jolt that causes the brain to move inside the skull. Concussion knowledge and education can help: **minimize the risk of concussion, guide appropriate response to a potential concussion incident, properly manage symptoms, and support recovery.**

What’s the problem?

It is estimated that 1 in 165 Canadian adults suffer a concussion each year. Concussion was the third most reported type of WorkSafeBC serious injury claim in 2016. Yet, experts suspect that concussions are underreported and that these numbers are larger, including in the motion picture and performing arts industries. A recent cross-sectional survey among actors and theatre technicians in the United States determined that 67% had experienced at least one theatre-related head impact, 77% of participants reported 3 or more, and over 33% reported experiencing more than 5 theatre-related head impacts. Among those who sustained head impacts at work, 70% experienced concussion-related symptoms but continued to work, and nearly half of those did not report the incident.

How does it affect me?

Without appropriate education and support, the pressure to perform and tight production schedules can result in performers and

employees returning to work prematurely, putting them at risk for re-injury and delayed recovery. It may even result in them not reporting their concussion at all, and workplace hazards can go unaddressed.

Most adults recover from a concussion within four weeks, but unfortunately approximately 30% experience persistent symptoms. After one concussion, the brain is more susceptible to sustaining another. With each subsequent concussion, there is a further risk of experiencing long-term physical, emotional, and psychological symptoms. Second-impact syndrome—although rare—is extremely dangerous and can result in death. This occurs when someone suffers a second concussion before the first concussion has time to fully heal. Quick recognition and action when a concussion incident occurs can go a long way in managing the recovery process and avoiding long-term disability.

In 2012, Actsafe commissioned a survey and review of BC film stunt performers and stunt-related injuries, concluding that head injuries were frequent and widely underreported. The main reason for not reporting an injury was a lack of recognition of the severity of the injury. Other factors included the sense that injury was a part of a job, the belief that reporting would harm future work prospects, and perceived difficulties in dealing with the regulatory agency.

Additional industry-specific challenges include: fast-paced work environments; tight production schedules; working at multiple locations; jobs with high risk for injury such as stunt performers, dancers, and acrobats; repeated actions that can aggravate the initial injury; and long work hours with reduced sleep can also elevate risk of injury and high concussion rates.

What can I do to learn more about concussion?

The Concussion Awareness Training Tool (CATT, cattonline.com), a free online resource for medical professionals, coaches, parents, teachers, athletes, and working adults to provide the latest evidence-based information on concussion, was created in 2013. In collaboration with Lori Stewart, Health & Safety Performer Advocate at UBCP/ACTRA, Philippe

Saucier at SportMedBC, and the Actsafe Safety Association, we developed an industry-specific resource: the [Concussion Awareness, Response, and Management for the Motion Picture, Film & Live Performance Industries Pathway](#) to improve concussion care among employees of this sector. (see inset)

This flowchart outlines a pathway to guide the appropriate response and management of a suspected concussion. This resource outlines steps to follow immediately after a potential concussion-causing incident, identifies red flags (signs that immediate medical assistance is required), common concussion signs and symptoms, and suggestions for management. To learn more, the CATT e-learning course for Workers and Workplaces ([CATT WW](#)) is available free-of-charge and can help ensure that concussions are identified early and managed correctly.

Remember! It is not a good idea to repeat the action that caused the potential concussion incident: it's dangerous! Concussions can happen to anyone, anywhere, and at any time. Inappropriate response, ignoring, or mismanaging a concussion can make symptoms worse, lengthen recovery, and cause long-term consequences. Concussions aren't visible, like a broken arm or bruise. It is everyone's responsibility to know how to deal with this invisible injury. Visit cattonline.com to learn more about concussions and access resources.



Find the CATT Concussion Awareness, Response and Management Flowchart on pages 8 - 9.



Concussion



Finding Answers for Questions Around Concussions

- Will Heller, Performing Arts Safety Advisor, Actsafe Safety Association



When I was first approached to write an article about concussions for Safety Scene I was tempted to discuss all the things that I know about concussions (which isn't much alongside the experts who have graciously contributed to this edition). Then I realized that the questions I have about concussions might be shared by other readers, and so, here is a collection of my curiosities and the answers I found along the way.

What is a concussion?

A concussion is a brain injury. These injuries, considered mild to severe, occur as people react to a bump, blow, or jolt to the head - meaning you don't have to receive a blow to the head to suffer a concussion. The result is a level of impairment that may be immediate or take hours to develop. One doesn't have to lose consciousness (though if you do, it is considered a life-threatening injury), instead, it might affect your memory, balance, speech, vision, coordination, and/or other functions for some time.

Why is everyone talking about concussions?

To me, the prevalence of concussion discussion revolved around the NFL and a study that was conducted in 2005. After many unfortunate outcomes for retired football players, there was a published study in *Neurosurgery* that concluded that "the onset of dementia-related syndromes may be initiated by repetitive cerebral concussions in professional football players". This was hard to ignore and brought concussion conversations to the forefront in the media and then workforces everywhere.

How does this relate to BC and the arts and entertainment industries?

Concussions are common in British Columbia with WorkSafeBC reporting in 2018 that concussions were the third-highest injury claim by type. In 2014, 1,980 concussions were first claimed whereas in 2018 that number had climbed to 2,700, a 36% increase. The statistics for the arts and entertainment industries make it clear that concussion is a major issue in our industries too. According to WorkSafeBC's data, 6.6% of all injury claims in the arts and entertainment industries between 2014-2018 were concussions.

Where do these claims come from?

According to the Canadian Centre for



Beating the Odds

- Tom Adair, Actsafe's Board of Director, shares his personal story on dealing with a concussion

On Feb 9th, 2019 while skiing, I suffered a concussion. I have no memory of the fall that day and 'lost' 30-40 minutes in total. As I know the correct concussion protocol, I visited an emergency room later that day where the medical team carried out a CT scan, an x-ray, blood work, and an ECG. There was no indication of a serious problem discovered. I followed up with visits to my own doctor 3 follow up visits to a concussion clinic before March 9th.

As all tests came back clear and with medical approval, we decided to continue our plans to go on a beach vacation to Mexico on March 9th. Beginning around 5 days in, I began to feel unwell. The local doctor initially thought it was heat stroke. My symptoms worsened over a few days with headaches, confusion, and difficulty walking, which progressed to not being able to at all. I left the island of Isla Mujeres for Cancun

on a gurney on the evening of March 17th. At the Cancun hospital, they initially thought that I had a stroke. Further tests concluded that I suffered a bilateral subdural hematoma. I was operated on the next afternoon to drain the accumulating blood in my skull.

My bilateral subdural hematoma was the result of veins located beneath my skull rupturing and starting to bleed. The tears cause bleeding in the subdural layer of tissue. Symptoms may not appear for several days or even weeks. The blood then collects between the brain and the skull exterior to the dura, which is like a thick plastic bag around the brain. As this space filled with blood, the increasing pressure caused the symptoms of subdural hematoma which I had experienced.

My understanding is that the mortality of acute SDH is in the range of 36-79%. Many survivors do not regain previous levels of functioning, especially after an acute SDH severe enough to necessitate surgical drainage. Favourable outcome rates after acute SDH range from 14% to 40%. I beat those odds initially with a successful surgical drainage.

Unfortunately, this wasn't the end. A week later on March 24th I vomited violently and started shivering uncontrollably due to a secondary infection I likely picked up while in the ICU after the initial surgery. I was subject to sepsis due to a gram-positive bacterial infection. Patients with sepsis with no ongoing sign of organ failure at the time of diagnosis, such as applied to me, have about a 15%-30% chance of death with the elderly having the highest mortality rates. At 64, I like to think I am not elderly and I am also in good health overall and take no medications.

As an added wrinkle, there was still some old blood in my skull which was not removed initially due to the risk and it was left to be reabsorbed over time. This was no longer an option. A second subdural hematoma operation was scheduled to remove this protein source, because the gram-positive bacterial infection of my blood would find it. The outcome would be bacterial meningitis. Bacterial forms of meningitis can be extremely dangerous and fast-moving and have the greatest potential for being fatal.

They basically washed my brain with a second subdural hematoma surgery by flushing out the old blood and my doctors did their best to remove any active bacterial sites they could. A week on IV antibiotics brought the infection under control.

I was extremely lucky as I had one of the best neurosurgeons in the world performing this

delicate work and now have three, one-inch access holes on my skull along with four small straw size drain holes. Lucky seven.

Feeling like I had won the lottery, I returned to Canada on April 5th after 20 days in the Cancun hospital.



Mental Health Resources

CALLTIME: MENTAL HEALTH

Suffering from injury, such as concussion, or pandemics, such as COVID-19, can impact our mental well-being. Actsafe reminds you that taking care of mental health is as important as looking after physical health. For those who may be suffering, please remember that there are resources through **Calltime: Mental Health** that can help.

calltime Mental Health.com

Concussion Awareness, Response, and Management for the Motion Picture, Film, & Live Performance Industries



If a significant impact or motion to the head or body occurs that can cause the brain to move inside the skull that leads one to suspect a concussion

STOP

CALL FOR ON-SITE FIRST AID, REMOVE FROM ACTIVITY IMMEDIATELY AND ASSESS FOR RED FLAGS

RED FLAGS

- | | | |
|-------------------------|--|---|
| Neck pain or tenderness | Weakness or tingling/burning in arms or legs | Deteriorating conscious state |
| Double vision | Severe or increasing headache | Vomiting |
| Seizure or convulsion | Loss of consciousness | Increasingly restless, agitated, or combative |

**IF YES TO ANY OF THE ABOVE:
Call an ambulance or seek immediate medical care**

**IF NO TO ALL RED FLAGS:
Assess for signs and symptoms of concussion**

FOLLOW MEDICAL ADVICE, AND:

Follow initial recovery protocol of physical and cognitive rest (2 days max), including:

Limited screen time

INCREASED RISK OF CONCUSSION IF:

- | | |
|--|---|
| <input type="checkbox"/> Currently recovering from a concussion | <input type="checkbox"/> Previous history of concussion |
| <input type="checkbox"/> Experiencing persistent concussion symptoms | |

- Limited screen time (smartphones, computers, TV)
 - Limited cognitive activity (reading, driving)
 - Limited physical activity
- Note:** Sleep is important! Do not wake during the night if sleeping comfortably

CONCUSSION SIGNS AND SYMPTOMS

- | | | |
|--|--|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Ringing in the ears | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Seeing "stars" | <input type="checkbox"/> Poor memory |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Irritability | <input type="checkbox"/> Neck pain |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Fogginess | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Light/Sound sensitivity | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Imbalance | | |

AFTER 48 HOURS:
 Follow Return to Work protocol
 Follow Return to Activity protocol
 Follow Return to School protocol
 Follow Return to Sport protocol

**IF YES TO ANY OF THE ABOVE:
 SEEK MEDICAL ATTENTION** from a licensed medical professional (physician/nurse practitioner *)
 * If applicable in your area

IF NO SYMPTOMS:
PERFORMERS: Refrain from repeating actions that caused initial impact and/or repetitive jarring motions
ALL WORKERS: Limit physical activity and advise worker to watch for signs and symptoms for 48 hours

IF SYMPTOMS OBSERVED WITHIN 48 HOURS

IF NO SYMPTOMS OBSERVED AFTER 48 HOURS

RESUME NORMAL WORK ACTIVITY

MENTAL HEALTH

- During the course of recovery from a concussion, seek medical attention for mental health challenges as needed, such as:
- More emotional
 - Irritability
 - Sadness
 - Nervousness or anxiousness
 - Trouble falling asleep
 - Depression

For more information on concussions, visit cattonline.com.





Dr. Jeff Russell leads a team of his Ohio University performing arts medicine students in training to extricate an injured performer from a theatre lighting grid. (Photo courtesy Dr. Jeff Russell)

Concussions in Performing Arts: Have You Lost Your Mind?

- Jeffrey A. Russell, PhD, AT, FIADMS, Ohio University

Concussions are as much a performing artist's concern as a football player's, or hockey player's, or rugby player's. Few injuries are as well publicized in sport than concussions. It can be a scary injury, especially when we regularly see its unfortunate consequences. Yet, for all the voices raised to reduce head injury in sport, why is the auditorium virtually silent about the same injury in performing arts?

Are performers' brains less important? A concussion is, after all, an injury to one's brain. (In fact, another name for concussion is traumatic brain injury.) You know...your brain is the thing inside your skull that cannot be

replaced and that controls almost everything in your body. Obviously it is quite an important organ, yet who advocates for our brains in theatres, studios, film sets, and concert venues? The only known research study on head injuries in theatre reported that two-thirds of theatre personnel have sustained a head impact in their career and more than three-quarters of those reported three or more. We are dealing with a big issue.

The subtitle of this article, "Have You Lost Your Mind?" is quite significant. Indeed the research is clear: you might truly lose it if you ignore appropriate care for a concussion. Too many athletes and performing artists avoid reporting their concussions in spite of the dangers of doing so, dangers like longer recovery, increased risk of subsequent concussions, long-term disability, or worse.

"The show must go on," a lack of understudies, not wanting to appear weak, "I feel fine, it's no big deal," or other excuses are not

sufficient reasons to willfully neglect the suitable management of a head impact. On the other hand, being out of work and, therefore, unpaid because of a concussion is a real dilemma. In short, performers and other workers in performing arts environments need caring, compassionate, dependable advocates, starting with those immediately around them.

Alright then, I hope you have decided to become more knowledgeable about concussions and their care. In that case, preparing yourself and your team members is essential. Here are some steps you should take:

1. Obtain and review the Concussion Recognition Tool (CRT5) that is available for free at <http://bit.ly/concussiontool5>. It is an easy to use one-page document for non-medical professionals to help identify the signs and symptoms that may indicate a concussion. Laminate some copies and keep them in key locations at your workplace.
2. Take free online concussion training from my friends at cattonline.com. Their Concussion Awareness Training Tool is excellent, and they have a “Workers and Workplaces” module. In addition, cattonline.com exhibit at Actsafe annual conferences, so you’ll be supporting a supporter of Actsafe!
3. Ensure that first aiders who staff your venue have received training in managing concussions.
4. Identify medical personnel and clinics in your community who are equipped to manage concussions with current “best practices.”
5. Create a culture of “It’s okay to report head impacts” in your workplace and develop a method for reporting. Research shows that people understanding how and to whom they should report possible concussions increases the likelihood they will do so.

Now let’s say that someone in your performing arts workplace receives an impact to their head. Use YOUR head to take care of THEIRS by following a few simple guidelines:

1. Implement the Concussion Recognition Tool to assess the individual’s status. Just follow the CRT5’s instructions. Remember, you are not making a medical diagnosis; rather, this step provides an initial evaluation of whether an individual should be referred for medical care.
2. Remove the individual from activity for the remainder of the day if the CRT5 suggests the possibility of a concussion.
3. Personally ensure that the injured person is evaluated by a qualified healthcare practitioner, keeping in mind that research shows that not all medical professionals understand how to direct concussion care. There are some excellent resources to guide healthcare workers.¹ (These will have to be “translated” from the language of sports, however.)
4. Support the individual in any way possible—including connecting them to workers’ advocacy organizations—realizing that the road back from a head injury may have many twists and turns.

With regard to the CRT5, you’ll see that it is designed for sports, including language like “game” and “who scored.” Do not be dismayed; we simply change those to “performance” or “event” or “who performed.” For example, one CRT5 memory assessment question is “What team did you play last week/game?” To apply that to a performing arts situation, we would ask someone who received a blow to the head, “What performance event did we hold last week?” or “Who was the lead performer in last week’s performance?”

In summary, enacting and staying focused on proper protocols when a head impact occurs at your worksite is crucial to everyone’s success and good health. EVERY impact to someone’s head is important so that we don’t lose any more minds.





Steps for Life: Walking for Families of Workplace Tragedy

When Rebecca Orr laces up her shoes to walk in [Steps for Life](#), her reasons are both intensely personal, and universal. Rebecca's husband Lance was killed when a load of heavy concrete forms slipped from the chains of an overhead crane and crushed him. Now, Rebecca participates in Steps for Life – Walking for Families of Workplace Tragedy and will act as a spokesperson for the walk in Vancouver this spring.

"I am honoured to be taking part in my 4th Steps for Life walk," Rebecca says. "By sharing my story I hope to raise more awareness of the effect workplace tragedy has on the families left behind."

Steps for Life is a five-km walk to support families like Rebecca's, affected by work-related fatalities, life-altering injuries and occupational disease. Created in 2005, Steps for Life is the flagship fundraiser for the [Association for Workplace Tragedy Family Support](#) (known as Threads of Life). This spring, 29 communities from coast to coast will play host to Steps for Life. They will be joined by individuals and organizations who are committed to workplace health and safety.

The annual event raises money so that Threads of Life can provide [peer support programs and services](#) for families, and increase awareness about the importance of workplace health and safety. Last year's Steps

for Life raised more than \$770,000 for this work.

"We all have a role to play in workplace safety," Rebecca says. "I don't want to have what has happened to me happen to someone else. Let's make our community and our workplace a safe place to be. Because one life lost is one too many."

You can get involved by [registering to walk](#), or donating to another walker or team. Steps for Life includes a team challenge for any group of three or more walkers, who join together to participate and raise money for the cause.

For more information about Steps for Life walks, visit: stepsforlife.ca

Actsafe is supporting Threads of Life as part of our 2020 CSR initiative by donating all revenue generated from the advertisements in 2020's quarterly newsletters to this incredible association.



Association for Workplace Tragedy Family Support

Safety Tips: Concussions

- Lori Stewart, Health & Safety Performer Advocate, UBCP/ACTRA

Recognizing a Concussion:

Supervisors, co-workers, and peers are often in a better position to recognize the signs and symptoms of a concussion than the worker who is suspected of having the concussion.

- Any impact to the head, face, or neck, or a blow to the body which causes a sudden jolting of the head and results in the brain moving inside the skull may cause a concussion.
- Repetitive motions that shake or move the brain inside the skull may cause a concussion (e.g. repetitive falls, 'sells' or 'head reactions' in fight sequences)
- Approximately 90% of concussions occur without loss of consciousness. You do **NOT** need to be knocked out to have a concussion.
- Workers who have prior concussion history may be at greater risk of sustaining another concussion, even with a minor impact, than someone with no concussion history.
- The severity of an impact/injury is not always indicative of the severity of a concussion. Some seemingly 'light hits' can lead to serious long term concussion issues.
- The appearance of concussion symptoms may be delayed several hours or days following a concussive episode.

Important Considerations:

- Only medical doctors can diagnose a concussion – not First Aid, Ambulance, or EMS attendants. Always see a doctor if you think you may have sustained a concussion.
- Second impact syndrome, a serious, although rare condition, can occur in workers who return to work or activity if they have just had a blow to the head or body or have ongoing symptoms from an earlier concussion. Always err on the side of caution – when in doubt, sit out!
- A second concussion, if sustained while recovering from a previous concussion, can be potentially more severe in nature and can prolong recovery.
- The effects of concussions can be cumulative and can result in persistent symptoms. If not properly managed, the results could be career ending and affect other aspects of the worker's daily life and their future capacities.
- Sufficient recovery time from a concussion is critical before returning to work or activity. Always follow the advice of your doctor.

What to do if a suspected concussion happens:

It is important to note that every concussion is unique and should be treated on a case-by-case basis. No two concussions are identical and everyone responds differently.

- Stop work immediately, remove the worker from activity, and call for the First Aid Attendant to assess for RED FLAGS.
- Using the **Industry Specific Concussion Pathway** – First Aid should assess the worker in a quiet place away from bright lights, cast, and crew.
- If RED FLAGS are observed, call 911 immediately.
- If no red flags but symptoms are evident, the worker should be referred to a physician for diagnosis as soon as possible.
- If there are doubts, assume that a concussion has occurred.
- Workers should not self-drive after a suspected concussion.
- Ensure that someone is home to receive a concussed worker so they are not left alone.
- A copy of the **Industry Specific Concussion Pathway** is provided to a family member or friend to watch for warning signs and/ or symptoms in the first 24-48 hours
- Written clearance from a physician may be required as outlined in the "Return to Work Strategy" prior to returning to work.

PREVENTING THE SPREAD OF COVID-19

Updated on March 24th, 2020

This info sheet on COVID-19 (coronavirus) covers precautions that both employers and workers can take to avoid contracting and spreading the virus. At the time of this publication, according to BCCDC, B.C. has declared a state of emergency and a public health emergency.

What is coronavirus?

Coronaviruses are a large family of viruses which in humans can cause diseases ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). The new coronavirus has been named COVID-19.

What are the symptoms of coronavirus?

The symptoms of COVID-19, are similar to other respiratory illnesses, including the flu and common cold. They include:

- coughing
- sneezing
- fever
- sore throat
- difficulty in breathing

At this time, the available information suggests the incubation period is up to 14 days. The incubation period is the time from when a person is first exposed until symptoms appear.

How does coronavirus spread?

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables, or telephones. People could catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose, or mouth. If they are standing within six feet of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them.

Steps employers can take to prevent the spread of COVID-19:

- If practicable, employers should curtail non-essential work at the workplace and consider having workers work remotely (e.g. work at home)
- If it is necessary for workers to come to work, employers should put preventative measures in place such as;
 - where practicable, reconfigure the workplace to maintain appropriate distance between workers,
 - encourage physical distancing (maintain six feet distance), and
 - limit worker travel.
- Make sure workplaces are clean and hygienic by keeping surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) clean and disinfecting regularly. Make hygiene materials such as sanitisers available, where possible.
- Reinforce personal hygiene messages such as handwashing to workers and anyone else who may enter your workplace.



Steps workers can take to prevent the spread of COVID-19 if entering the workplace:

- Washing hands often with soap and water for at least 20 seconds; use hand sanitisers if you are unable to wash hands
- Avoiding touching your eyes, nose, or mouth with unwashed hands
- Coughing or sneezing into your sleeve and not your hands
- Maintain a distance of six feet or more from others
- Staying home if you are sick to avoid spreading illness to others



Imagery from traditioninaction.org

Other preventative measures that can be taken to prevent the spread of COVID-19

Social Distancing: Social distancing is a way that you can slow the spread of COVID-19 by limiting close contact with others. This includes limiting activities outside your home, staying home when you're sick, avoid social activities in large gatherings, and if you are out in public keep six feet distance between you and others.

Self-Monitoring: If you have reason to believe that you have been exposed to a person with COVID-19, then monitor yourself for 14 days for one or more symptoms of COVID-19.

Self-Isolation: If you have been exposed/in close contact with someone who has been diagnosed with COVID-19 or travelled outside of Canada in the past 14 days then you need to self-isolate and avoid contact with other people.

If you develop symptoms, isolate yourself from others immediately and call HealthLink at 811 for an assessment and to determine next steps.

Please refer to the following links to keep updated about the latest information -

- Actsafe.ca
- Worksafebc.com
- BCCDC.ca
- Canada.ca

This info sheet was developed using various resources including BCCDC, WHO, WorkSafeBC, and Government of Canada.



An Actsafe Safety Association production

Directed by
Produced by
Visual Effects
Assistant Editors

Manu Nellutla
Jennifer Lane
Ella Pritchard
Lisa Wild
Carolyn Fisher
Harnak Lalli
Jason Hamdan
Anand Kanna
Maureen Kaake
Don Parman

Cast

Contributors

Tom Adair
Dr. Shelina Babul
Will Heller
Dr Jeff Russell
Lori Stewart

Coming Up Next

Safety Scene Summer Edition: Mental Health

Casting Call

Would you like to contribute to Actsafe's next edition? If so, send us your:

- Content Ideas -
- Advertisements -
- Events -

Actsafe is supporting Threads of Life by donating all revenue generated from the advertisements in 2020's quarterly newsletters to this incredible association.

Click here for advertising opportunities
actsafe.ca/quarterly-newsletter-advertising-opportunities/

For more information contact Jennifer
communications@actsafe.ca.



ACTSAFE SAFETY IN ENTERTAINMENT AWARDS 2020

The inaugural Actsafe Safety in Entertainment Awards were an opportunity to recognise individuals and organizations who were ambassadors and pioneers for safety over the course of 2019 in the arts and entertainment industries. A huge congratulations to all of our winners!



Special Recognition Award

For continuous support towards workplace health and safety.

Collected by Shane Rogers on behalf of Sue Palladino & the Warner Bros. Safety Department.



Performing Arts and Live Event Safety Board of the Year

Clarke Theatre



Motion Picture and Television Safety Ambassador of the Year

Lori Stewart



Motion Picture and Television Safety Board of the Year

Riverdale

Do you know someone who is an ambassador for safety? Is there an organisation that makes safety a priority? Nominate them for a 2021 Actsafe Safety in Entertainment Award!

actsafe.ca/safety-in-entertainment-awards/

Actsafes is the health and safety association supporting British Columbia's arts and entertainment industries by providing resources, training and advisory services.

Contact Us

E: communications@actsafe.ca

T: 604 733 4682

W: www.actsafe.ca

M: #140, 4259 Canada Way
Burnaby, B.C.
Canada
V5G 1H1

Or connect with us here: 

Actsafes Safety Association would like to acknowledge and honour that our workplace and classrooms are located on the traditional, ancestral and unceded territory of the Skxwú7mesh (Squamish), S'ólh (Stó:lō), Qayqayt (Qayqayt), səílwətaʔ4 (Tsleil-Waututh) and Stz'uminus (Stz'uminus) peoples.



Actsafes is proud to have achieved the Gold Level Certification in SFU's Sustainable Spaces Program. The Actsafes team was awarded this certification because of their never-ending commitment to their Corporate Social Responsibility initiatives.