

# Close Contact Cohorts and increased screening for COVID-19 – protocol for TV production

(Version 2 – 12 October 2020)

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## Scope

1. This document builds on the industry wide guidelines ([TV Production Guidance Managing The Risk of Coronavirus \(COVID-19\) in Production Making](#)) which outline a high-level framework for the effective assessment and management of Coronavirus (COVID-19) risk in TV production. This guidance conforms to the Government Guidance '[Coronavirus \(COVID-19\) testing: guidance for employers and third party testing providers](#)'.

## General comments

2. The guidance in this document specifically addresses an approach to support the resumption of production activity which unavoidably requires interaction within the current social distancing boundary. It sets out arrangements whereby pairs and/or small groups of people would be able to interact in much closer contact. This approach is only appropriate where all other mitigation measures are not feasible, and remains in addition, rather than a replacement for, the rigorous wider risk mitigation and hygiene measures that are set out in the broader guidance.
3. While this guidance currently applies to the UK, you should always consider whether there are [local restrictions](#) in place in your area or advice in place at the time, issued by the respective [England](#), [Scotland](#), [Wales](#) and [Northern Ireland](#) Governments, public

health and health and safety authorities in the relevant jurisdiction in which the production is taking place. If so, you should first read the guidance relevant to your area as this may supersede guidance in this document.

4. This document considers how the establishment of Close Contact Cohorts (CCCs) supported by increased screening for this group, through the establishment of routine antigen testing, which currently is via PCR testing (hereafter “PCR tests”), may be introduced as a key element of a risk mitigation plan. This protocol represents recommended minimum practice but other factors may dictate an enhanced level of provision. The CCC mirrors the concept of ‘fixed teams’ in the British Film Commission's Working Safely During COVID-19 in Film and High-end TV Drama Production.
5. It is important to make clear this document provides guidance for how a CCC regime can be used as part of the wider risk assessments and safety measures that will need to be in place. It provides a framework for how to mitigate the risk where small numbers of people, a cohort, will need to breach the prevailing social distancing measures within the course of their work, through additional cohort screening.
6. A cohort will be as small a number of people as possible who unavoidably need to be in close contact with each other. This can include both cast, crew and chaperones depending on the nature of the production. The screening regime proposed will decrease the likelihood that someone with the virus will be within the cohort. This testing would be on a regular basis (weekly) alongside other daily screening routine checks for symptoms etc. This approach offers a reasonable and sensible level of risk mitigation but it cannot eliminate risk.
7. It is important to note that this testing regime does not eliminate the risk of acquiring COVID-19 and therefore the government advice of [social distancing](#) and [other risk mitigation](#) measures should be followed where possible, including outside of the workplace, to ensure the residual risk is kept as low as possible.
8. This mitigation process is different from the concept of creating a COVID-free ‘bubble’ which this guidance does not address. A bubble is a closed environment, tightly controlled by the production, which requires more stringent testing and quarantine to be applied prior to entry. The bubble approach may be more appropriate where the aim is to reduce the risk of disease to an exceptionally low level due to significant vulnerabilities of the people concerned or other commercial reasons.
9. CCC members should also be particularly responsible in applying recognised measures to reduce their risk of contracting COVID-19 in their activities away from work because of the implications for their colleagues and the production.
10. This protocol outlines
  - **Key principles**
    - Risk assessment
    - Formation of a CCC
  - Testing provision
  - Handling of results

- The process
  - Prior to arrival on Production
  - During Production
  - Screening tests during production
- Adopting the principles of socially distancing whilst working within close contact cohorts

### Key principles

#### *Risk assessment*

11. The following key principles should be considered to establish if the CCC approach would be an appropriate risk mitigation.
- a) This approach should only be considered when all other mitigations have been considered and discounted as appropriate for the situation including adapting editorial onscreen requirements.
  - b) Close contact periods must be restricted to the shortest time practicable.
  - c) Expert H&S and Medical advice will need to be sought before a CCC approach is implemented and the rationale must be set out in a detailed [risk assessment](#).
  - d) [Records](#) of the time members of a CCC spend in close contact should be kept to facilitate investigation and contact tracing if a member acquires COVID19.

#### *Formation of a CCC*

12. Each CCC must be kept to the absolute minimum number of members possible. Members should, as far as possible on set, only mix with other members of the same cohort.
- a) A number of CCCs may be established on a single production dependent upon the interaction requirements of cast overall.
  - b) Mixing or swapping between CCCs should be kept to an absolute minimum. Someone can only be a member of one CCC at any one time and if someone wants to move from one CCC to another the full process for joining a CCC has to be adhered to.
  - c) People may leave a CCC, because their role no longer requires close contact with other members, and CCCs will be dissolved once the activity for which they were formed is complete. In either case there should be an exit procedure to ensure that members remain protected for the limited period during which a risk of infection remains.
  - d) The exit procedure for leaving a CCC and joining a new a CCC would involve a break of 48 hours between CCCs and a new negative test before joining a new CCC.
  - e) Consultation with those involved throughout the process of setting up these CCCs is of paramount importance; individuals should clearly understand the situation and the effectiveness/limitations of the risk mitigations being introduced and where possible any requirements in relation to CCCs should be established at the casting stage. Productions should consider engaging with union representatives of those in the CCC to ensure that the implications of working in close contact cohorts are well understood.
  - f) CCC members should be easily identifiable as a member of a specific close contact cohort (e.g. colour coding groups).
  - g) Records of who is in a CCC and when they have been in close contact must be kept as these may be needed by official contact tracing bodies.
  - h) All social distancing and other risk mitigations must be complied with by cohort members when not engaged in the specific interaction required for the production.
  - i) Any members of a proposed CCC or their household members (including if CCC members have caring responsibilities) who have [COVID-19 vulnerabilities](#) should be

identified prior to production and appropriate adjustments made, with input from suitable experts if required to help further mitigate the risk to vulnerable groups.

- j) Consideration should be given to the levels of social contact outside the production for members of a CCC and any limitations to this that may be considered appropriate; this should form part of the consultation with those involved. As a minimum, members of CCCs should adhere to the wider government guidance that is in place at the time – particularly in relation to social mixing and distancing. Productions may wish to consider more stringent restrictions on social activity in some cases.

### **Testing provision**

13. The appropriate testing for this purpose is a test for the SARS-CoV-2 virus, which causes COVID-19. At present, this is the PCR antigen test. Swab samples taken from the nose and back of the throat or saliva samples are examined to look for the presence of genetic material from the virus.
  - a) Point of Care Tests (where you can administer and read the test yourself) and self-test kits are not considered sufficiently reliable for this purpose at present.
  - b) Tests should be procured from reputable suppliers.
  - c) For accuracy and an effective result testing/ sampling should be collected by a trained operator in line with approved methodologies
  - d) Laboratory testing must be provided by a PHE/ PHS (Public Health England/ Scotland) or UKAS (The United Kingdom Accreditation Service) accredited laboratory (with an extended scope to cover COVID19 testing).
  - e) Laboratories must have a verification report for the laboratory element of the test in line with national protocols and appropriate laboratory management systems.
  - f) Laboratories must follow PHE/ PHS, Royal College of Pathologists (RCPATH) and Institute of Biomedical Sciences (IBMS) guidance on safe handling, processing and recording of samples.
  - g) Laboratories must report positive results, either to the appropriate public health authorities or directly to the contact tracing national system as a part of their requirements when identifying a Notifiable Disease.
  - h) The use of semi-automated analysers (e.g. mobile laboratories) is appropriate.
  - i) The laboratory must have access to facilities to undertake further analysis, supported by appropriate specialist advice, if test results are indeterminate, thought to be a 'rogue result' or are persistently positive beyond the point where continuing infectiousness is plausible. A rogue result is a positive result where there is good reason to believe that infection is unlikely to have occurred and is likely to be infrequent.
  - j) Further advice from an appropriate healthcare professional should be sought if further guidance on sampling and testing arrangements or advice regarding a potential 'rogue result' is required, and the suppliers offering laboratory testing should provide access to this specialist advice.
  - k) Check any specific criteria in your insurance cover on testing to ensure you are performing an appropriate test
  - l) Productions must ensure they comply with the [UK government guidance](#) on testing outside the national programmes.

### **Consent**

14. Informed, written consent is required for testing to be performed and for results to be communicated to the nominated person advising production.

- a) Consent is needed each time a test sample is taken.
- b) Production will be required to confirm testing requirements for CCC members under 18 with the testing provider. Parents/ guardians will be required to give consent on behalf of these individuals in line with the testing provider's guidelines.

### **Handling of Results**

15. Test results will need to be handled and communicated in a confidential manner and in line with [data privacy regulation](#).
  - a. This means that one named person who has suitable knowledge and/or access to clinical advice should receive and communicate the results.
  - b. Resultant advice to production should be framed as "fitness to continue in the CCC" or otherwise, rather than as clinically sensitive information.
  - c. No other sensitive personal information will be communicated, in line with the Information Commissioners Office ([ICO](#)) [guidance](#).
  - d. A flow chart that provides overview of the process is attached as [appendix 1](#).
  - e. Inaccurate results: No test can be 100% accurate and if there is good reason to question the validity of a result appropriate medical advice should be obtained. Further laboratory analysis and potential repeat testing may be needed. The laboratory should be consulted to determine the next course of action based on specialist advice.

### **The process**

#### ***Prior to arrival on Production***

16. Prior to arriving on set those who are part of a CCC group will undertake a PCR test.
17. The PCR testing should be undertaken so that the time between sampling and entering the CCC is as short as is practicable. With current testing provision that will generally mean approximately 48 hours before arriving on set but that may vary depending on testing availability and timings of test results. The result of the test must be available before CCC entry and a positive result will preclude entry.
18. CCC members will be asked to adhere to social distancing requirements during the time between their test sample being taken and their arrival on set following their test result in line with the prevailing government guidance in place at the time.
19. CCC members should all confirm;
  - a. they and their household members are COVID-19 [symptom free](#)
  - b. there is no reason why they should be isolating (e.g. recent [close contact](#) with people positive with the virus or displaying symptoms)
20. If their pre-production test is positive CCC members will need to abide with the contact tracing official body and self-isolate in line with the [current guidance](#) from when symptoms started (if symptoms are displayed). Anyone who has a positive test but does not have symptoms must self-isolate for 14 days and follow any other up to date guidance from the official contact tracing body.

21. In line with all those working on the production all other risk mitigation measures should be followed, such as those applying to travel and accommodation. All standard daily screening measures should also be adhered to.

*During Production: once a CCC is established*

22. If a member of a CCC displays any of the symptoms of COVID-19 at any time during the production all members of the CCC will need to self-isolate and be tested.
23. The process for a positive test result is as follows:
  - a) If any member of a CCC tests positive, then all others in that cohort must self-isolate in line with [government guidelines](#) regardless of their test result.
  - b) Members of the CCC testing positive should engage with the official tracing body and the responsibility to inform close contacts outside of the workplace lies with the individual.
  - c) Self-isolation may end in line with [government guidance](#), provided the person has not had a high temperature for at least 72 hours and is feeling well. Symptoms of persistent coughing and loss of taste / smell can persist for some weeks after the infection has gone.
24. Testing does not need to continue during the self-isolation period although all CCC members will be asked to undertake a new test before re-joining the CCC as if they were entering the CCC for the first time.
25. In the event of a positive test for a member of an established CCC, the Production should investigate the circumstances to determine if workplace control measures have been properly adhered to and appropriate health advice should normally be sought.
26. Consideration should be given to circumstances where a CCC member becomes infected, completes self-isolation and is symptom free but continues to test positive, as can occasionally be the case for many weeks. Advice from an appropriate health professional/ virologist should be sought in such circumstances. Laboratories must have provisions for this advice.
27. However, if a cohort member displays symptoms and then tests negative, they should wait until they are symptom free before returning to production.
28. Cohort members isolating because another cohort member displayed symptoms, but subsequently tested negative, may return to production providing they also test negative **and** are symptom free.
29. Individuals should be considered part of a cohort for 48 hours after they leave or the cohort is dissolved. This is to ensure that members are protected against the risk of pre-symptomatic infection during the time they were in close contact with others.
30. If a CCC member is contacted by the official contact tracing body due to close contact outside of the CCC, this individual will need to self-isolate in line with [current guidance](#). Other members of the CCC will not be required to self-isolate unless instructed to do so by the official contact tracing body.

### ***Screening tests during production***

31. A regular testing programme should be introduced for the duration of each CCC. This will increase the chances of identifying infected people who are either pre-symptomatic (before symptoms start) or asymptomatic (no symptoms) and therefore limit the risk of COVID-19 transmission to others in their CCC.
- a) As standard this would be a weekly test. Risk assessment of an individual or the production may indicate that more regular testing of the cohort is appropriate.
  - b) The sampling would normally be undertaken at the production location but that is not necessary if testing can be done competently and more conveniently elsewhere.
  - c) As testing is part of the regular screening programme there would be no need for an individual to isolate in the time period between a routine test and receiving the results (as long as they remain COVID-19 symptom free during this period).
  - d) It is recommended that the optimum timing for testing is mid-week, on the basis that social exposure to COVID-19 is more likely to occur at the weekend.

### **Adopting the principles of socially distancing whilst working within CCCs**

32. Whilst those within these groups are not being asked to isolate there is an expectation that they will, in good faith, maintain the key principles of communicable disease control throughout their daily life during the filming period. Those principles include but are not limited to:
- Stay at home as much as possible,
  - limit contact with other people,
  - maintain social distancing when outside the home,
  - wash their hands regularly,
  - wear [face coverings](#) when in enclosed public spaces,
  - make productions aware of any particular risk that their household members are exposed to,
  - avoid crowded places and social mixing as far as possible.
33. As a minimum CCC members will be required to adhere to the prevailing Government guidelines, but assessments can be made on a case by case basis to determine whether further measures may be appropriate.

### **Further information**

BBC Productions can find the BBC specific guidance/ FAQs [here](#). These should be read in conjunction with this document.

For a video of the antigen testing process, can be found [here](#).

## Document Change History

Version 1: 13<sup>th</sup> July 2020

Version 2: 5<sup>th</sup> October 2020

### Changes:

1. Link added.
3. Update to include UK and devolved nations guidance and links.
7. Links added
9. Behaviour outside of work added.
11. Link added.
12. Formation of CCC format changed.
- 12 e. Documentation of the CCC added.
- 12 g. Link added.
13. Further information on testing provisions outlined, and link to government guidance.
- 14 – 19. Further advice on testing provision added.
18. Further guidance on consent added.
19. Changes to handling of results.  
Links added.  
Addition of rogue results.
20. Further information on advice given.
24. Links added.
25. Links added. Test and Trace changed to 'Official contact tracing body'.
31. Test and Trace changed to 'Official contact tracing body'.
- 32a. Link to BBC guidance added.
- 32b. Testing changed to sampling.
- 32d. Timing of testing added.
38. Face covering in enclosed space added. Link added. Advice on reducing risk of become a close contact socially added.  
Further considerations added.  
Further information added.



