Guidance for the Safe Operations of Cinemas during COVID-19

This document has been developed in consultation with Irish Cinema operators and drafted by Slua Event Safety Consultancy

SLUA
EVENT SAFETY CONSULTANCY ☑

Document Control		
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Working draft v.1	24.11.20	-
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This document has been produced based on current best practice, legislation and guidance by the Government, HSE and HSA in response to the COVID-19 pandemic. As the advice issued continues to evolve, this protocol and the measures employers and workers need to address may also change. Therefore, it should be noted that the attached details are non-exhaustive and are also subject to change. This is a general document applicable to cinemas. It is not designed to prohibit the introduction of further specific measures in particular sectors or workplaces, as long as they enhance the measures set out in this document. In addition, further supports for employers and workers will be developed and provided where appropriate. This is a living document and will be updated as necessary.

Covid-19 Response Charter

Below is a summary of the areas that need to be addressed in order to actively promote and ensure safety in Cinemas for both staff and public. This charter outlines that the necessary steps have been undertaken in line The Government's Plan for Living with COVID-19, Work Safely Protocol, the Stay Safe Guidelines and industry best practice. Further details on these steps are discussed in detail in this document. This list can be used as a checklist to aid planning.

Detail	Tick
A COVID-19 response plan has been developed and communicated to staff	
Appoint Lead Worker Representative(s)	
Carry out a COVID-19 Specific Risk Assessment	
Update existing occupational health and safety risk assessments and safety statement	
Update relevant HR policies and procedures	
Revise emergency procedures considering: • Changed internal layouts • Staff training requirements • Emergency and medical procedures	
Create and maintain a communication plan for all relevant stakeholders including: • Staff • Contractors • Cinema audiences	
All staff to complete 'pre-return to Work Form' before re-commencing work	
Provide appropriate training and induction for staff	
Address environmental health issues arising from building closures e.g. pest control, legionella	
Implement your COVID-19 safe operating procedures and Infection Prevention Control (IPC) measures as identified in your risk assessment and check lists including: • Cleaning regime • COVID-19 audience capacity for each area within the venue to consider activity type, ventilation, available space and social distancing requirements • Respiratory hygiene to include safe use, storage and disposal of face masks • Hand Hygiene through information on hand washing procedures and facilities. • Signage, social distancing floor markers • Identifying and planning for areas where social distancing cannot be maintained - physical barriers, screens, PPE • First aid and provision of isolation area • Controls in place for movement of people entering/exiting and moving around the cinema • Entry conditions and access control • Continuous review of physical layout of working/public areas to ensure social distancing is maintained.	
Develop plan for responding to suspected cases of COVID-19	
System in place for recording contact details to assist HSE with contact tracing if requested	
Consider needs of specific groups that visit/work in the cinema including: • Children • People with disabilities • Vulnerable and high-risk groups.	

On signing below, I confirm that all the above COVID-19 control measures are in place, recommended safety and cleaning guidelines are being adhered to and that staff members have completed essential Infection Prevention control training.

Signature_____   Date_____

Print Name _____   Position _____

Acronyms

BOH	Back of House
COVID-19	Coronavirus Disease 2019
DBEI	Department of Business, Enterprise and Innovation
ECDC	European Centre for Disease Prevention and Control
F&B	Food and Beverages
FOH	Front of House
FSAI	Food Safety Authority of Ireland
GDPR	General Data Protection Regulation
GP	General Practitioner
HPSC	Health Protection Surveillance Centre
HSA	Health and Safety Authority
HSE	Health Service Executive
HVAC	Heating, Ventilation and Air Conditioning
IPC	Infection Prevention and Control
ISL	Irish Sign Language
LWR	Lead Worker Representative
NCCEH	National Collaborating Centre for Environmental Health
NSAI	National Standards Authority of Ireland
OSH	Occupational Safety & Health
PPE	Personal Protective Equipment
RA	Risk Assessment
SD	Social Distancing
WHO	World Health Organisation

Contents

Introduction

Ireland is currently experiencing a public health emergency as a result of the COVID-19 pandemic. This document is designed to provide guidance on safe operating procedures for employers, employees and their customers in the Irish cinema sector. It complies with the Government's Resilience and Recovery 2020-2021 Plan For Living with COVID-19, the Work Safely Protocol and advice from the Health Service Executive (HSE) and Health and Safety Authority (HSA).

The Resilience and Recovery 2020-2021 Plan defines a Controlled Environment as:
"one where the number of people and the ways that they interact can be actively managed. The owners or organisers can control the number of people coming in and out, and there is space to physically distance. Controlled environments are those where the number of people present and the ways that they interact can be controlled, where there is a recognised organiser, where people are seated and generally remain in that same seat for the event, physical distancing, hand hygiene can be monitored, and contact tracing can be facilitated. For example, a sports club AGM, watching indoor sport, youth club meetings, AA meetings, conferences, training events, theatre performances."

As a controlled environment, cinemas have the ability to operate safe working practices and implement protective measures to address the impact of COVID-19. These measures will maintain confidence for the cinema sector to safely engage audiences.

The aims of this document:
- To provide guidance for the safe operation of cinemas and the continuity of service while working under the Government COVID-19 framework.
- Enable Cinemas continue to provide a safe environment and experience.
- Give practical considerations of how this can be applied in the workplace for staff, customers and visitors
- Enable the understanding and following of Government guidance and ensure compliance within the cinema sector.
- Prepare contingency measures to address possible increased rates of staff absenteeism by specifying role deputies, the cross training of staff members in all business functions and activities and assigning new critical responsibilities to all staff members.

Each operation will need to translate this guidance into the specific actions it needs to take, depending on the nature, size, how it is operated and managed. This guidance does not supersede any legal obligations relating to health and safety, employment or equalities and it is important that as a business or an employer, that cinema management adhere to existing regulatory obligations.

Plan for Living with COVID-19

The Government's Resilience and Recovery 2020-2021 Plan for Living with COVID-19 was launched in September 2020 and maps out a framework of restrictive measures for how the COVID-19 pandemic will be managed in the coming months. The plan is set out to account for the varying rates of transmission and recognises the need for society and business to be allowed to continue as normally as possible. It consists of 5 numbered levels on what restrictive measures are in place around the country at any given time based on the pattern and progress of COVID-19. The framework is designed so that either national or county level restrictions can be applied.

All decisions regarding cinema operations require assessment of the risks involved, working to the letter, as well as the spirit of the guidelines, applicable at that time.

	Level 1	Level 2	Level 3	Level 4	Level 5
Organised Events (Controlled Environments with a named event organiser owner or manager). e.g. business, training events, conferences, events in theatres and cinemas or other arts events (excluding sport).					
Organised Indoor Events	Up to 100 patrons permitted in most venues. Up to 200 patrons permitted in larger venues with strict 2m seated physical distancing and one-way controls for entry/exit can be implemented. Business/Work related meetings should take place in line with the Work Safely Protocol.	Up to 50 patrons permitted in pods of max. 6 people. Up to 100 patrons permitted in larger venues with strict 2m seated physical distancing and one-way controls for entry/exit can be implemented. Business/Work related meetings should take place in line with the Work Safely Protocol.	Organised indoor gatherings or events are not permitted.	Organised indoor gatherings or events are not permitted.	Organised indoor gatherings or events are not permitted.
Work					
Work	Work from home if possible. Attendance at work for specific business requirements and on a staggered attendance basis.	Work from home if possible. Attendance at work for essential on-site meetings, inductions, training.	Work from home unless absolutely necessary to attend in person.	Only essential or other designated workers should go to work.	Work from home unless essential for work which is an essential health, social care or other essential service and cannot be done from home. *see below

Reference: Fáilte Ireland Guidelines

Full details on the framework: Resilience and Recovery 2020-2021 Plan For Living with COVID-19

COVID-19 Response Plan

A COVID-19 Response Plan must be prepared detailing the policies and practices necessary for the employer to meet the Government's 'Work Safely Protocol' and to prevent the spread of COVID-19 in the workplace. This response plan should feed into the businesses existing Health and Safety documentation.

The HSA provide a template for a [COVID-19 Response Plan](#) which gives an overview of key areas that employers must assess to ensure compliance with current protocol and to minimise the risk to workers and others.

How the plan will be tested
The COVID-19 Response Plan should be regularly tested and discussed with staff.
- Testing and exercising allow the plan and organisational procedures to be improved and shows that the COVID-19 Response Plan is fit-for-purpose.
- The benefit of frequent revision and testing is to ensure that the cinema can maintain its resilience to the COVID-19 threat and keep critical functions operational.
- Scenario-based exercises should form part of the staff training and ongoing training requirements.

Every cinema's COVID-19 Response Plan should be regularly exercised, or immediately following any COVID-19 impact to the organisation.
- Exercises (samples within this guidance document) should be formally planned, based on a realistic scenario, and involve all relevant staff members, and progressively test all aspects of the plan.
- The exercise goal should be to identify likely sources of breakdown/failure that could impede or negate the response plan and allow revision to be made where potential points of breakdown or failure are identified.
- An exercise report should issue afterwards, identifying the Response Plan revisions required, and indicate the continuing the process of regular testing and adapting of the plan as a live document.

Strategies for dealing with COVID-19 Key Considerations

In developing a plan and strategies for working through the Government's 'Plan for Living with COVID-19, the following should be considered:
- Identifying business critical functions and the impact COVID-19 has on these functions.
- Identifying the resources needed.
- Identifying and developing best practice and sectoral innovation, both nationally and internationally.
- Identifying the staffing needed and any upskilling or training.
- Increasing resiliency within the cinema's systems of work.
- Ensuring that any statutory requirements are fulfilled for ensuring the safety of employees and audiences.
- Using authoritative sources and resources to help inform your policy and risk assessments.
- Education of audiences to build confidence and reassurance, while also anticipating any changes in audience behaviour.
- Remote planning and removing non-critical teams from on-site while assessing the effect of staff absenteeism.
- Developing a risk assessed approach: how you can cater for the social distancing and COVID-19 protocols. Thought should be given through low to high-risk activities and lean towards developing a range of programmes that would be suited for different restrictions.

Cinemas should identify their critical activities and what inputs are required to maintain them, example list:

- Outside entrance space/Foyer/Front of House
- Auditorium
- Food and Beverage services
- Offices/ workspace
- Welfare
- Contractors and deliveries
- Kitchens/catering facilities.

Roles and Responsibilities

Event Organiser

As part of the requirements of a controlled environment, Cinema management will have to nominate a named **event organiser** as defined within Health (Preservation and Protection and other Emergency Measures in the Public Interest) Act 2020 :
"*in relation to an event in a place other than a dwelling, any person who*"
  I.   *engages in the publicising, arranging, organising or managing of the event, or*
  II.   *receives some or all of the proceeds (if any), from the event;*"

Employer

Employers, staff and/or their recognised Trade Union or other representatives need to continue to have regular engagement about COVID-19 infection prevention and control (IPC) measures in the workplace.

Employers should provide up to date information and guidance to workers. The type of information should include:

- the signs and symptoms of COVID-19,
- how COVID-19 spreads,
- advice about hand and respiratory hygiene and physical distancing,
- the importance of not going to work if displaying signs or symptoms of COVID-19 or feeling unwell,
- use of face coverings/masks, Personal Protection Equipment (PPE),
- cleaning routines and waste disposal.

Procedures and steps to be taken in the event of a suspected or positive case or outbreak in the cinema and the role of public health authorities in managing an outbreak should also be made clear. Employers will also need to provide COVID-19 induction training for all staff, after the re-opening of the workplace following a closure. In addition, given the fact that COVID-19 is equally an issue in the wider community, general advice in relation to measures the staff should follow when not at work, including safe travel to and from work.

A key role in each workplace is that of the Lead Worker Representative (LWR). Each workplace will appoint at least one LWR charged with ensuring that COVID-19 measures are strictly adhered to in their place of work. Further details on this role are provided in the section below.

Employers will also communicate with safety representatives selected or appointed under Occupational Health and Safety legislation and consult with workers on safety measures to be implemented in the workplace. For further information on the role of Safety Representative, visit the HSA website.

The employer can also use a competent person responsible for managing health and safety (internally or externally) as required to ensure the effective implementation of changes to work activities and the implementation of IPC measures at the place of work.

In keeping the COVID-19 response plan up to date, Employers will continue to:
- develop and/or update their COVID-19 Response Plan.
- develop plans in consultation with workers and communicate once finalised.
- facilitate the appointment of at least one lead worker representative for the workplace, which shall be done in consultation with the workers and/or representatives.
- review and update their occupational health and safety (OSH) risk assessments and safety statement.
- address the level(s) of risk associated with various workplaces and work activities in their COVID-19 business plans and OSH risk assessments. For example, where, how and from what sources might workers be exposed to COVID-19? Consider also exposure to/from the public, customers, co-workers etc. In this regard, particular locations (canteens, washroom facilities, access/egress points), where staff congregate can be particular hotspots for transmission.
- ensure that where work practices have been changed or modified to prevent the spread of COVID-19, workers are not inadvertently exposed to additional occupational health and safety hazards and risks.
- take into account workers' individual risk factors (e.g. older workers, whether a worker is considered very high risk or high risk due to the presence of underlying medical conditions).
- include measures to deal with a suspected case of COVID-19 in the workplace.
- include the controls necessary to address the risks identified.
- include contingency measures to address increased rates of worker absenteeism, implementation of the measures necessary to reduce the spread of COVID-19, changing work patterns, etc.
- include in the plan any specific communication measures that are required for workers whose first language may not be English. In such workplaces, employers should identify leads who can act as communicators to particular groups. Such leads may also be nominated as the lead worker representative. The HSE have provided translations of their COVID-19 Resources.
- include in the plan any specific measures or response for dealing with an outbreak of COVID-19.

Lead Worker Representative

Each workplace will appoint at least one Lead Worker Representative (LWR). Their role is to work together with the employer to assist in the implementation of and monitor adherence to the Infection Prevention and Control (IPC) measures in this guidance document to prevent the spread of COVID-19 in their workplace. The number of representatives appointed will ideally be proportionate to the number of workers. The LWR, together with the COVID-19 response management team, should support the implementation of the IPC measures identified in this Protocol. The identity of the person or persons appointed should be clearly communicated to staff. They should also receive the relevant and necessary training by their employer. Further information and a short online course on the role of Lead Worker Representative can be found on the HSA website.

Staffing arrangements

Employers are obliged to take reasonable steps to provide a safe place of work for their staff and to allow for business recovery and continuity. In doing so they should facilitate the appointment of at least one Lead Worker Representative (LWR) for the workplace, which shall be done in consultation with the workers and/or representatives. In developing a COVID-19 response plan, the following detail should be considered with regard to staffing:

- What staffing levels are required in the cinema? Consider the entire staffing makeup of the organisation to include permanent and temporary.
- Ensure appropriate training, upskilling and briefing of staff in new or changed COVID-19 related roles and responsibilities in a manner that is understood.
- Developing online systems that allow working from home where possible.
- Assess how increased levels of absenteeism could affect critical activities and how this could be prevented, such as by cross-training to ensure cover on roles.
- Update Human Resource policies and procedures to bring them in line with new government guidelines including policies for sickness, absence, well-being, remote/flexible working and training. Any changes should be communicated to all staff.
- In applying this and other guidance, employers must be mindful of their obligations to provide equality in the workplace, especially when considering the particular needs of different groups of workers/individuals.
- Conduct a risk assessment which takes account of any COVID-19 instances or restrictions at the place where security or access control is being provided.
- Ensure that where work practices have been changed or modified to prevent the spread of COVID-19, workers are not inadvertently exposed to additional occupational health and safety hazards and risks

Compliance with measures implemented to reduce the spread of COVID-19 is the collective responsibility of every individual who works in or visits the venue, including management, workers, suppliers and audiences. In support of this and through training and induction Staff should :

- Make themselves aware of the signs and symptoms of COVID-19 and monitor their own wellbeing.
- Not go to work if they are displaying signs or symptoms of COVID-19 or if feeling unwell.
- Immediately self-isolate or restrict their movements at home if they display any signs or symptoms of COVID-19 and contact their family doctor to arrange a test.
- Stay at home, if identified as a close contact of a confirmed case of COVID-19, and not go to work. In such instances, they must also restrict their movements for 14 days.
- Report to the duty managers immediately if any symptoms develop during work.
- Cooperate with any public health personnel and their employer for contact tracing purposes and follow any public health advice given in the event of a case or outbreak in their workplace

Staff Teams/Pods

Where possible, organise staff into teams or pods who consistently work and take breaks together. Staffing rosters should ensure the separation of key staff in order to limit exposure and protect the ongoing ability to provide a service.

The teams should be as small as is reasonably practicable in the context of the work to be done and there should be no cross-over between teams. This is to allow for easier isolation should symptoms of COVID-19 be present. In the event of an infection of a staff member this will decrease the risk of losing all staff. Breaks should be organised in such a way as to facilitate maintenance of physical distancing, for example, placing tables and chairs far enough apart in canteens, reorganising and staggering breaks.

Staff Welfare and well-being

Consideration will need to be given to the mental health and well-being of all your staff. A support plan for workers should be put in place by:

- Providing ongoing communication to all workers and affected stakeholders
- Having an open-door policy for staff (permanent and temporary) to be able to discuss any concerns they may have.

The HSA website provides general information and advice on workplace stress and Work related stress during COVID-19.

Returning to work

In advance of returning to work staff are required to complete a 'pre- return to Work Form' or the first time after a workplace closure to confirm to the best of their knowledge that they:

- have no symptoms of COVID-19
- are not awaiting the results of a COVID-19 test
- are not self-isolating or restricting their movements.
- have not returned from travel abroad

Note: From 9 November, Ireland is implementing the new EU "traffic lights" approach to travel, which applies to countries in the EU/EEA (+UK). The advice for travel to these countries remains "exercise a high degree of caution." The general advice for any other overseas travel remains "avoid nonessential travel" or some cases, "do not travel." Travel within the island of Ireland can continue as normal, subject to domestic public health restrictions on gov.ie. Workers who have travelled abroad – only in certain defined circumstances – may be able to return to work after their arrival back in Ireland.

While the pre-return to work form itself does not need to be resubmitted, employers may request staff to reconfirm that the details in the pre-return to work form remain the same following an extended period of absence from a workplace (e.g., following annual leave) or staff may only access the workplace infrequently.

A sample Return to Work Safely Checklist is available from the HSA.

On returning to, or starting work, every worker must undergo an induction training programme. The training should include current advice and guidance on public health. The HSA have issued an Employees Checklist to inform staff of their individual responsibilities in helping to stop the spread of the virus. This sheet can be given to employees as part of their induction training - HSA Employee Responsibility Form.

Recommended content of the training include:

- Good hygiene practices including correct hand washing technique, respiratory etiquette and other details of the IPC measures at the workplace.
- Social distancing guidelines and how to adhere to them, including no shaking hands policy.
- Symptoms of COVID-19.
- Changes that have been implemented in the workplace including operational and physical changes.
- What to do if they (or someone around them) is displaying symptoms of COVID-19 both when in work and outside of work. The use of the isolation area and the procedures in place.
- When they can return to work following suspected/confirmed case COVID-19.
- Who to contact in the workplace if they have any concerns or queries in regard about new working practices?
- Reinforcing of pre-existing safety protocols and procedures, e.g. working at height, manual handling and sector specific advice
- The responsibilities of the employee to other employees and the employer, as stated in the Safety, Health and Welfare at Work Act 2005.

- Identify the points of contact for the employer and the Lead Worker Representative.
- Highlighting the Covid Tracker App and encouraging staff to download it.
- Information on how to receive illness benefits and other Government COVID-19 supports should be made available, link here.

Higher Risk Groups

There are certain groups within the population whose health would be considered at greater risk if they contracted COVID-19. These groups include the elderly and people with certain underlying health conditions. There are two level of higher risk groups:

- very high risk (also called extremely vulnerable)
- high risk.

There is different advice on how to protect each group. The HSE has produced a list of those who are considered to be in the very high risk and high risk groups.

Staff

Staff who fall into the higher risk groups should be allowed work from home wherever possible.

Those who fall into the very high risk (extremely vulnerable) group should seek advice from their occupational health service and healthcare team before returning to work.

Anyone in the higher risk groups who has to attend the workplace, should be preferentially supported by management regarding the 2m physical distancing protocol. They should pay close attention to infection prevention and control guidance regarding personal protective equipment and hand washing. A risk assessment should be carried out to ensure all possible controls are in place.

Plan for Working from Home/Remotely

Where possible working from home should be encouraged, especially those who fall into the higher risk groups. Taking into consideration the Government's levels 1-5 Resilience and Recovery 2020-2021 Plan for Living with COVID-19, outlines where work should continue to be carried out at home/remotely, where practicable and attendance at work should only be for essential reasons. The responsibility for health and safety at work under Safety Health and Welfare at Work 2005 Act (SHWW) rests with the employer regardless of whether an employee works from home/remotely.

The employer should develop and consult on any working from home policy in conjunction with staff. The HSA have advice on topics such as the key responsibilities for the employer, ergonomic assessments of an employee's home/remote workspace, equipment provision and good practice when using digital technologies. Employees also have responsibilities when they are working from home/remotely. Further detail and advice on working from home/remotely can be found from the Department of Enterprise, Trade and Employment.

How is COVID-19 spread?

You can get COVID-19 if you come into close contact with someone who has the virus.
There are three main ways COVID-19 can be spread:

- COVID-19 is mainly spread through close contact and droplets that come from the nose and mouth. For example, from someone who is talking loud, singing, shouting, coughing or sneezing. This happens when people are within 1 to 2 metres of each other and is why keeping a two metre distance from other people is so effective in reducing the spread. There is increasing evidence that persons with mild or no symptoms (asymptomatic) contribute to the spread of COVID-19 - ECDC
- COVID-19 can also be transmitted by coming into contact with a contaminated surface. For example, when someone who has the virus sneezes or coughs, droplets with the virus can fall onto surfaces around them. If another individual then touches that surface and then touches

> their eyes, nose or mouth, they could become infected too.
- Airborne transmission is the spread of a virus in very tiny respiratory particles. This can happen over a longer distance than droplets, such as across a room. To protect yourself, keep indoor spaces well ventilated. There is a higher risk of transmission within indoor rather than outdoor spaces.

Symptoms

It can take up to 14 days for symptoms of COVID-19 to appear. They can be similar to the symptoms of cold and flu.

Symptoms of COVID-19 may include (but are not exclusive to):
- a fever (high temperature – 38 degrees Celsius or above)
- a new cough – this can be any kind of cough, not just dry
- shortness of breath or breathing difficulties
- loss or change to sense of smell or taste – this means an individual may have noticed they cannot smell or taste anything or things taste different to normal.

If an individual has symptoms of COVID-19, however mild, they should self-isolate and contact their GP who will be able to arrange a test. If an individual receives a positive test for COVID-19, they should only stop self-isolating when they have had no fever for 5 days and it has been at least 10 days since they developed symptoms.

Further information from the HSE on self-isolation is available here.
The HPSC has produced a self-isolation guide:
For Adults and Children Aged 13 and over
For Children Under 13

It is essential to ensure that all workers (permanent and temporary), contractors, and visitors including public are informed of the symptoms of COVID-19 and asked to stay at home and follow recommended guidelines should they display any symptoms.

Close Contact Definitions

If you are a close contact of a confirmed case, you will need to get tested for COVID-19 and restrict your movements for 14 days.

A close contact can mean:
- Spending more than 15 minutes of face-to-face contact within 2 metres of someone who has COVID-19, indoors or outdoors
- Living in the same house or shared accommodation as someone who has COVID-19
- Sitting within 2 seats of someone who has COVID-19 on public transport or an airplane
- Spending more than 2 hours in an indoor space with someone who has COVID-19 will sometimes count as close contact. This could be an office or a classroom. This risk within cinemas is reduced by the mitigating measures introduced within this guidance document including social distancing, hygiene and ventilation.

Contact Tracing
The Contact Tracing system is run by the HSE and is the process of identifying persons who may have come into contact with a person infected with COVID-19 and the subsequent collection of further information about these contacts. The 'Work Safely Protocol' advises that all organisations appoint a case manager/designated contact person(s) for dealing with a suspect case and to keep a contact log to facilitate contact tracing in the event of a confirmed case of COVID-19 case. This may be through the use of sign in sheets, clocking systems or visitor logbooks but at a minimum should include the name, address and contact number of the individual worker.

Contact details for visiting public could be collected in advance by electronic means for example, (possibly through your ticketing platform) or could be requested at the cinema on the day of their visit. This information should be stored securely in line with General Data Protection Regulations (GDPR) and should be readily available upon request from the HSE to assist with contact tracing. Further information on contact tracing can be found here.

GDPR

Data protection law does not stand in the way of the provision of healthcare and the management of public health. However, measures taken in response to COVID-19 involving the use of personal data, including health data, should be necessary and proportionate. Decisions should be informed by the guidance and/or directions of public health authorities, or other relevant authorities. Only the minimum necessary amount of data should be processed to achieve the purpose of implementing measures to prevent or contain the spread of COVID-19. The information gathered for the purposes of contact tracing and Public Health must be deleted or destroyed after 28 days. Further information is provided by the Data Protection Commission.

Response plan if somebody presents with symptoms

The key message is that a staff or audience member should not attend the cinema if they are displaying any signs or symptoms of COVID-19 or are feeling unwell.

The message above can be communicated to the different groups in several ways, including training, information sheets, social media, pre-show announcements and signage in the cinema.

The first aider, or other pre-designated responder, should be contacted if an individual feels unwell and is displaying recognised symptoms. The symptomatic individual should be allowed to make their way home if they are feeling well enough and can do so safely. If not, the designated responder should escort them to the isolation area, remaining 2m away from the patient and ensuring that all other individuals on the premises maintain a 2m distance.

The patient should be given a disposable facemask, if not already wearing one, whilst walking to the isolation area and when exiting the building and advised not to touch any surfaces, objects or people.

Once in the isolation area, the first aider can assess the individual to see if they well enough to return home, contact their GP by phone from home and isolate there. If the person is not well enough to travel home, then they should contact their GP by phone (preferably using their own mobile phone) to discuss the next steps. Anyone showing symptoms of COVID-19 should not use public transport and an alternative method of transport should be organised.

If the individual displaying symptoms is a member of the public who is visiting the cinema they may be accompanied by other individuals, who may also need to be considered as suspected cases.

Reporting Requirements

Currently there is no requirement within the non-healthcare sector for an employer to notify the Health & Safety Authority if an employee contracts COVID-19.

Isolation area

A suitable isolation area should be identified in advance of it being required. This will be the location where a person experiencing symptoms of COVID-19 can be brought in order to isolate the individual and minimise the risk of contact with others on the premises. The isolation area/room should be easily accessible, bearing in mind it may need to be accessed by members of the public as well as employees, and be accessible for those with disabilities.

An isolation area should ideally be a room where the door can be closed and has a window for ventilation. Where a closed-door area is not possible, an area away from others could be used. Only the minimum amount of furniture should be placed in the room to facilitate easier cleaning and disinfecting when the room has been used and should contain the following:

- Tissues
- Hand sanitiser
- PPE including gloves and surgical facemask
- Disinfectant and/or wipes
- Waste bags or waste bin with lid (pedal bin or non-touch mechanism).

COVID-19 Contact Tracing Log for Suspected Case

A COVID-19 log (see appendix for sample) should be completed as part of your COVID-19 response policy, managed by designated contact person/case manager. It should be filled in if a person presents themselves as feeling unwell at your venue and treated as someone presumed to have COVID-19. It is not intended to be a substitute for First Aid Patient Report form.

The aim of the contact tracing log is to identify who has been in close contact and the areas of the cinema that may be affected. Inclusions and functions are:

- Staff who have potentially been exposed and what impact it may have on the operations of the venue.
- To assist the HSE contact tracing process.
- To obtain critical information for post incident actions required for your place of work to remain functioning.
- To provide detailed records for the enforcing authorities (HSE, HSA) should they require further information.

First Aid/Medical Provision

On-site first aiders will need to provide initial treatment as necessary, or until the emergency services arrive. Management should ensure first aiders receive any necessary training updates and are confident that they can help someone injured or ill.

- Review all first aid procedures to adapt in line with current COVID-19 guidance. The Pre-Hospital Emergency Care Council (PHECC) have issued an update in regards to COVID-19 and First Aid Provision in the Work Place.
- Ensure sufficient resources are available to deliver first aid including adequate supplies of PPE - single use nitrile gloves, disposable plastic aprons, surgical face masks and eye protection.
- Good hand hygiene should be practised during any first aid situation including hand washing with warm water and soap or the use of hand sanitiser before and after providing first aid treatment.
- Understanding of the venue specific response plan for how to deal with a suspected case of COVID-19.
- Identify a suitable isolation room where a suspected case of COVID-19 can be brought. As outlined above, the isolation room should be a separate area to the first aid room. However, your first aid room may need to become an isolation area if a patient receiving first aid treatment shows symptoms of COVID-19 while being examined by the first aider. Contingency plans should identify alternative suitable areas for the provision of first aid should the main first aid room become unavailable.
- If a first aider encounters an individual with suspected COVID-19 within the workplace, the patient should be given a disposable mask to wear.

Further information:
PHECC website.
HSA website – Dealing with a Suspected Case of COVID-19

Exercise Scenario 1	
Suspect case - A member of staff shows symptoms of COVID-19 during opening hours.	
General detail:	
➢ COVID-19 response plan developed, tested and communicated to staff.	
➢ All staff and contractors are made aware of the symptoms of COVID-19 via in-house training, induction, posters/ information sheets.	
➢ Procedures and training provided to all staff to respond to suspected case of COVID-19.	
➢ Isolation room/area has been identified and is stocked with appropriate PPE.	
➢ Contact log with details of all those visiting the cinema in place to aid contact tracing if necessary (and kept for 28 days).	
➢ Encourage all staff to download the COVID Tracker App.	
COVID-19 symptoms	• Cough this can be any kind of cough, not just dry. • Fever (high temperature - 38 degrees Celsius or above). • Shortness of breath or breathing difficulties. • Anosmia -Loss or change in your sense of smell and taste. This means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.
Notified staff member	To maintain physical distance from member of staff with suspect symptoms.
Alerting key staff	The notified staff member will contact: • The first aider or designated contact person/case manager. Inform that a member of staff is feeling unwell and displaying recognised symptoms, giving your location. Decide on the best form of communication: radio, mobile.
Immediate response at the initial location	• The designated responder to attend and staff member (the patient) to be given a facemask at the scene (if not already wearing one). • The designated responder escorts the individual patient to the isolation area/room. • Advised the patient not to touch any surfaces, objects or people. • Remain at least 2m away from the patient. • Ensuring all individuals on the premises maintain 2m social distancing.
Key actions by first aider /responder in isolation area	Responder to assess the patient to see if they are well enough to return home and to contact their GP by phone from home. If patient is not well enough to travel home: • To contact their GP by phone (preferably using their own phone) to discuss the next steps. • Any patient displaying symptoms staff or public should not use public transport and an alternative method of transport should be organised. • Further detail can be found on HSE COVID-19
Suspect COVID-19 protocol	While waiting for a diagnosis from the GP or HSE. In the meantime: • Who may have been exposed to the staff member? • Identify who were they in close contact with through your contact log records. • If a positive COVID-19 diagnosis is confirmed, close contacts of a confirmed case will need to get tested and restrict their movements for 14 days. Close contact and casual contact • No personal details of the suspect/confirmed case should be shared.

Key questions to consider in this scenario	- Can you continue operating as a place of work? - Have you built in contingency plans to ensure the venue can remain functioning? - Can you keep the venue open if a number of staff have to self-isolate? - Can the venue be cleaned in time? - Do you have separate work teams (pods) -FOH/BOH that work in rotation and do not mix? - Do you need to consider cancelling screenings and what is your cancellation policy? - Insurance cover - Planning and arrangement with a medical provider service for prompt COVID-19 testing.
Follow up actions	- Suspect COVID-19 cases to be reported to senior management. - Incident report to be completed. - Be available to assist with any contact tracing request should a case of COVID-19 be confirmed. - Ensure that staff are aware of government financial supports for the staff required to self-isolate. Review and amend your cinema policies accordingly.

The scenario listed above is only an example for the purpose of guidance.

Occupational Safety

The responsibility to ensure a safe place of work is that of senior management and these overall responsibilities cannot be passed on to individual staff roles. The organisation is responsible for the health and safety for staff and others under Safety Health and Welfare at Work 2005 Act. Staff consultation and an inclusive approach is integral to the successful operation of the cinema. Creating and maintaining a safe space for staff and audience requires strong communication and a shared collaborative approach between employers and staff and is essential to achieve success and maximum buy-in.

Underpinning all Infection Prevention and Control (IPC) measures is that the BEST way to prevent the spread of COVID-19 in a workplace or any setting is to practice physical distancing, adopt proper hand hygiene and follow respiratory etiquette.

The Government's Work Safely Protocol sets out the minimum COVID-19 control measures needed in every workplace including:
- Developing/updating a COVID-19 Response Plan including a COVID-19 risk assessment.
- Developing procedures for prompt identification and isolation of workers who may have symptoms of COVID-19.
- Implementing COVID-19 prevention and control measures to minimise risk to workers including:
  - Hand hygiene
  - Respiratory hygiene
  - Social distancing
  - Enhanced cleaning procedures.
- Help people to work from home where practical.
- Manage transmission risk where social distancing is not possible.
- Protect people who are at higher risk.

COVID-19 Risk Assessment

Where a risk of exposure to COVID-19 is identified in the COVID-19 response plan, a safety risk assessment should be completed, considerations include:
- Review of existing and normal work arrangements.
- Workspace assessment as regards layout, space and ventilation.
- How might individuals come into contact with other people while in your venue, how frequently and for how long?
- Assessing work tasks where there is close proximity for either staff or public.
- How do staff travel to and from work?
- Identifying which staff are in the higher risk groups.
- Considering minimum safe level of staffing: how would absenteeism affect operations?
- Putting arrangements in place for if someone becomes unwell on the premises, including designating an isolation area and facilitating the provision of first aid.
- The need for regular reviews of the risk assessment.
- Establishing home working arrangements.

In keeping the COVID-19 plan up to date the cinema should ensure that where work practices have been changed or modified, that staff are not inadvertently exposed to additional occupational health and safety hazards and risks.

The welfare and safety of those working from home, current information here from Citizens Information. The NSAI 'Workplace Protection and Improvement Guide' offers guidance on how to complete a COVID-19 Risk Assessment.

Hand Hygiene/Hand Sanitising

Good hand hygiene will help to stop the spread of COVID-19. It is important to encourage frequent hand washing using soap and warm water and that staff are familiar with and follow HSE handwashing guidelines. Between hand washing, the use of hand sanitisers (alcohol (minimum 60%) or non-alcohol based) is recommended. In choosing a hand sanitiser, it is important to ensure that it is effective against Coronavirus.

In addition to a **No Handshake policy.**
It is recommended to wash hands:
- Before and after being on public transport (if using it, consider scheduling to avoid rush hour.)
- At the start and end of a work task.
- After coughing and sneezing.
- Before and after eating.
- Before and after preparing food.
- Concession staff should sanitise between every transaction. Staff should strictly process transactions in the following order: The order will be processed and confirmed on the till; then payment will be taken; the staff member will then sanitise their hands before getting the products.
- If in contact with someone who is displaying any COVID-19 symptoms.
- When arriving and leaving the cinema.
- Before and after having a cigarette or vaping.
- When hands are dirty (incl. handling money).
- After using the toilet.

Encourage staff to maintain good general hygiene practices whilst at work:
- Install extra hand washing and hand sanitising dispensing units. Alcohol based hand sanitiser will require a fire risk assessment; for conditions of use (see the following section).
- Keep personal workspace free from clutter to facilitate easier cleaning.

- Provide appropriate cleaning resources for staff to be able to use on their personal workspace.
- Hot-desking should be avoided wherever possible, and workspace allocated for individual use. When a space is used by more than one person, the desk/workstation should be cleaned and disinfected before and after each use.
- Provide additional waste bins with lids in workspace, preferably a pedal bin or having a non-touch opening mechanism.
- Staff to bring in their own drinking bottles, which should be labelled.
- The use of shared hand towels should be avoided.
- Work schedules will need to include cleaning, at the beginning and end of each task or session, the responsibility should be on all staff within the working area and on all departments.
- Consideration should be given to the environmental impact of new COVID-19 related working practices and, where achievable, adopt an environmentally sustainable approach.

The Health Service Executive (HSE) has designed resources including posters and videos which are freely available for employers to encourage preventative measures for the spread of the COVID-19. These resources can be found through the [HSE website](#).

Alcohol- Based Hand Sanitiser Dispenser units

Considerations should be given to the safe use and storage of alcohol-based sanitisers. In particular the installation of these dispensers is a fire hazard and should meet the following conditions:

- Individual alcohol-based hand sanitizing dispensers do not exceed a maximum individual capacity of 1.2 litres (40.6 ounces).
- Dispensers are not installed above electrical outlets, light switches, other heat or potential ignition sources.
- Avoid ignition sources immediately after applying hand sanitiser e.g. lighting candle or smoking.
- Dispensers should be located in well-ventilated areas with no open drains or access points to waste/drainage.
- A drip tray to be located under dispensing point and any waste to be disposed of safely and regularly into a fire-resistant waste container.
- Corridors where dispensers are installed have a minimum width of 2 metres and without a combustible floor covering such as carpet.
- Dispensers that project more than 9cm into a corridor must be clearly noted in the cinema's Health and Safety Plan.
- Additional fire extinguishers to be located near dispensing point.
- All storage of replacement alcohol-based hand sanitizing containers on floors, should be limited in quantity to the week's requirements and shall be within approved flammable liquid storage cabinets.
- Bulk storage of these gels should be in a properly ventilated and fire-resistant room located remotely from the main building, and away from escape route. Smoke detectors should be provided and linked to the main alarm in this space.
- The cinema's fire risk assessment should be reviewed, and a review of training and fire safety measures should be undertaken prior to installation of these dispensing units, with specific reference to these units and the hazard of fire.

Respiratory Hygiene

When coughing or sneezing, the mouth and nose should be covered with either a tissue or the individual's bent elbow. Tissues should be placed into a sealed bin and hands washed. If a person's hands are contaminated and they touch their face, they can then transfer the virus to their nose, mouth and eyes where the virus can then enter their body. This reinforces the necessity for good hand hygiene.

There is an increased risk of transmission, particularly as a result of aerosolisation and droplet dispersal

from audiences singing, shouting or having to raise their voices, particularly within indoors settings. Cinemas should risk assess the proposed activity considering the event type, audience behaviour, space layout, event duration and ventilation. This may mean refraining from showing certain types of films e.g.sing-alongs or avoiding unnecessary increased amplified noise levels

Face Coverings

By law it is compulsory to wear a face covering on public transport and in shops and other indoor settings including theatres, cinemas and museums. Except for the circumstances listed above, all patrons must wear a face covering at all times other than the limited purpose and limited time period necessary to consume food and beverages.
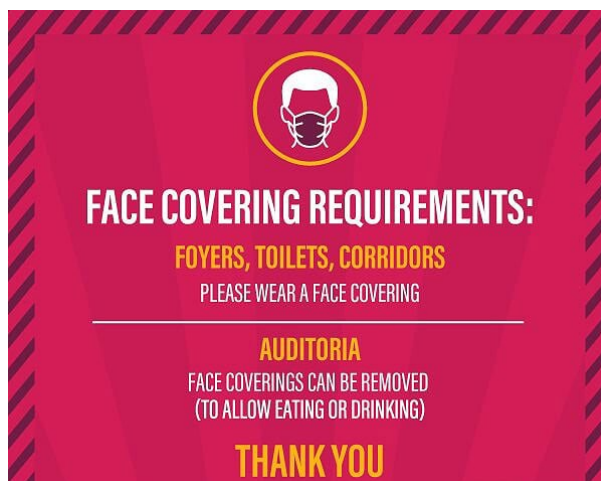
Example Face Mask Signage

Individuals do not have to wear a face covering if they have an illness or impairment that would make wearing or removing a face covering upsetting or uncomfortable. Children under 13 are also not required to wear a face covering. There are also some exemptions for workers for example, where there is a screen separating the worker from other persons.

Visors are not the best option for offering protection from COVID-19. Visors may stop some spread of droplets from the nose or mouth. This is better than not wearing any face covering. But visors should only be worn by individuals who have an illness or impairment that makes wearing a face covering difficult. Further advice on face coverings and visors can be found here.

Wearing of masks is not a substitute for the Infection Protection Control (IPC) measures outlined (social distancing, hand hygiene respiratory hygiene, worker teams' arrangements etc) but they may be used *in addition* to these measures especially where maintaining physical/social distancing is difficult. If masks are worn, they should be clean and they should not be shared or handled by other colleagues. Further information on advice about wearing face coverings and a full list of places where masks should be worn can also be found on the HSE website.

Ventilation

The ventilation of enclosed places of work is a requirement under the Safety, Health and Welfare at Work Act (General Application) Regulations, 2007. Natural (via windows and doors) and mechanical ventilation (Heating, Ventilation and Air Condition systems -HVAC) significantly improves hygiene and better air quality. The ability to adequately ventilate an indoor setting including opening windows and doors where possible, and the use of HVAC will greatly inform the assessment for space occupancy and is a primary tool to reduce the risk of transmission in such settings.

General recommendations contained with HPSC Guidance on Non-Healthcare Building Ventilation during COVID-19 (14.10.11) are listed below. This document provides an overview of the current

literature examining the association between ventilation and COVID-19 and is aimed at commercial and public buildings but does not include residential or health care settings.

- Make sure that any mechanical ventilation systems are adequately maintained as per manufacturer's instructions. There is no need for additional maintenance cycles beyond the routine maintenance.
- Where filters are used in the central HVAC system, ensure that these are replaced regularly as per manufacturer's instructions. There is no need for additional cleaning or changing beyond routine maintenance.
- If filters are used as part of a central ventilation system, consideration should be given to installing the most efficient filter for the system (Minimum Efficiency Reporting Value-MERV-13 to 16; ISO 16890 ePM1 rating 60-90%). HEPA filtration should be considered where air is re-circulated.
- Increase the outdoor air fraction of air inside buildings as much as possible. This can be done by fully opening outside air dampers in mechanical systems or opening windows where available.
- Increase total airflow supply to occupied spaces by increasing number of air exchanges per hour.
- Mechanical fans should only be used where there is a single occupant in a room. If this is not possible, then fans should be directed to exhaust directly to the exterior environment (e.g. open window), to minimise potential spread of pathogens.
- Disable demand controlled mechanical ventilation if possible. These types of HVAC systems are set to only circulate air when a certain threshold is passed, usually the amount of CO_2 build-up in the room, or the ambient room temperature. If it is not possible to bypass this system, then set the threshold to the lowest possible setting (e.g. 400ppm or less of CO_2) so that the system remains ventilating at a nominal speed.
- Keep ventilation running at all times (i.e. 24/7), regardless of building occupancy. When unoccupied, ventilation can be reduced to the lowest setting.
- Extend the hours of nominal HVAC operations to begin two hours before the building is occupied, and to only reduce to lowest setting 2 hours after the building has emptied. This ensures that rooms are well ventilated before occupancy each day.
- Ensure extractor fans in bathrooms are functional and running 24/7. When the building is occupied, they should operate at full capacity. As with the central HVAC, they can be set to the lowest speed 2 hours after the building is emptied and ramped up again 2 hours before occupancy if the system allows.
- Avoid directing air flow directly onto individuals or across groups of individuals, as this may facilitate transmission of pathogens between individuals.
- Avoid the use of air-recirculation systems in HVACs as much as possible. Use 100% outdoor air if supported by the HVAC system and compatible with outdoor/indoor air quality considerations. If it is not possible to disable the air recirculation system, then HEPA filtration or the highest efficiency filter possible according to the HVAC manufacturer's specifications should be considered.
- While there is evidence in experimental settings that coronaviruses like the SARS-CoV-2 virus deteriorate faster in high temperatures and humidity, the levels that need to be achieved are not attainable or acceptable in buildings. In addition, indoor humidification is not a common feature in most HVAC systems, and would incur additional maintenance and equipment costs. However, low relative humidity (<20%) is known to increase an individual's susceptibility to infection. Where such systems do exist, the advice is to maintain a relative air humidity of 20-60% if feasible.
- Create "clean" ventilation zones for staff that do not include high-risk areas (e.g. visitor reception). This can be done by re-evaluating the positioning of the supply and exhaust air diffusers and adjusting flow rates to establish measurable pressure differentials.

Social (Physical) Distancing

Social distancing is one off the most important measures in reducing the spread of COVID-19. It does this by minimising contact between people who may be infected and healthy people.
Social Distancing involves:
- Keeping a space of 2 metres between people
- Avoiding any crowded places
- Not shaking hands or making close contact with other people, if possible.

There is very little risk if you are just passing someone, but a distance of 2 metres should be maintained as much as possible.

COVID-19 Social Distancing will affect the cinemas occupancy capacity and in determining revised capacity figures depends on the available space. A revised capacity should consider:
- Entry and exit capacity
- Seating capacity within each auditorium
- Capacity within common areas including foyer, toilets and F&B areas
- Any effect on emergency arrangements.

When the revised capacity figure is known, a system of access control will be needed to ensure this number is not exceeded and that the name and contact details of all those within the building are captured. If any changes to spaces alters or impacts your fire safety strategy (e.g. fire doors, seating layout escape routes), then this should only be done with the considered advice from a chartered fire engineer.

To assist social distancing protocol around the cinema, the following should be considered:
- Reducing movement by discouraging non-essential trips within buildings, for example, restricting access to some areas or encouraging the use of radios for communication.
- Remote working and online meetings should be encouraged to reduce face-to-face contact.
- In larger, open plan workspaces other measures may need to be used including one-way systems and floor markings.
- Workspaces (including Front of House, food prep areas, offices) should be spaced out to allow for social distancing. Furniture may need to be removed, fixed in position or marked 'not for use' to facilitate correct spacing. If this is not possible, consider shift patterns or remote working to reduce the overall number of staff in the workspace at any one time.
- Rooms and workspaces should be given a revised capacity figure with the capacity indicated on a sign outside the room or workspace.
- Installing screens between workspaces where social distancing is not possible and customer facing positions. Screens do not need to be floor to ceiling but should be of an adequate height (e.g., cover a person in a standing position) and width to block the pathway from the nose and mouth to the face and workspace of the other persons. Screens may be fixed or mobile depending on requirements including emergency access. Screens should be regularly cleaned with detergent and water. Further advice on screens is given by the Health Protection Surveillance Centre (HPSC) and the National Collaborating Centre for Environmental Health (NCCEH).
- Stagger staff break times to reduce congestion and ensure SD measures in circulation areas and canteen/welfare facilities (including smoking areas).
- The introduction of social distancing protocol within the wider community has been especially hard for blind people, and consideration should be given with venue layout and staff training.

Areas of circulation or movement, including corridors and stairwells, where wide enough should have clearly marked and separated direction signs; and, where not wide enough, should be single direction or stop/go with additional measures including:
- Discouraging conversations, phone calls or gatherings in corridors.
- Where corridor has shared access, agree access times for deliveries/collections, to reduce the footfall to a minimum, and establish who may access on other occasions.

- Assessment of disability access and identify users, considering access for circulation and access to toilets and lifts.
- Develop new circulation routes, or access around the building, identify points of higher activity – e.g. relocating storage areas, whilst being cognisant of pre-existing security or fire safety or manual handling requirements.

There may be certain tasks and situations where it is not possible to maintain social distancing requirements between individuals. Where such a situation has been identified the following questions should be asked:

- What does the task involve, and is it absolutely necessary?
- Are there alternative ways of achieving the task to ensure social distancing and safety compliance?
- Determine the number of people required for the task to be undertaken safely and use a partnering and worker team's approach.
- As a last resort, if social distancing cannot be maintained, what PPE should be used to safeguard individuals?

Where the recommended 2m social distancing cannot be achieved, the following measures should be considered:

- Maintaining a minimum distance of 1m where possible and keeping those involved to the minimum number required to perform the task, minimising any direct worker contact.
- Installation of screens/barriers or use of PPE as identified by specific risk assessment, and in line with Public Health guidance.
- Further increase the frequency of hand washing and surface cleaning.
- Keeping the activity time involved as short as possible.
- Reducing the number of people each person has contact with by considering the use of fixed teams, pods or partnering so that each person works with only a few others.
- Provide face coverings in line with public advice.
- Using back-to-back or side-to-side positioning (rather than face-to-face) for conversations whenever possible.

Signage

The use of signage is an essential tool to inform and remind all staff and cinema audiences to adhere to the new working guidelines. Signage should be placed in prominent and relevant positions, reinforcing key messaging around:

- Social distancing
- Face coverings
- Area and room capacities
- Good hand hygiene
- Respiratory etiquette
- Entry requirements/admission policy
- Symptoms of COVID-19 and what to do if symptoms are experienced while on the premises
- Directional signage including one-way systems and entry and exit points.

Floor/lane markings can be used to advise of pedestrian flow routes around the cinema. Social distancing floor markers should be put in place where queuing is likely to occur.

Signage Resources:
HSE Resources
HSA Resources

Personal Protective Equipment (PPE)

Under existing Health and Safety legislation, when employers cannot protect staff by either avoiding certain tasks or implementing other measures, then they must provide the necessary PPE as identified

through their risk assessment.

With regards to the transmission of COVID-19, risk mitigating measures, such as social distancing, good hygiene practices and rigorous cleaning should all be in place. PPE is the **last step** in the hierarchy of risk controls. Where PPE is already being used in a work activity to protect against non-COVID-19 risks, this should continue. The organisation must pay the cost of providing the PPE. The PPE selected must be suitable and fit for purpose and take into account the conditions of the workplace, ergonomics, the wearer's state of health, and it must fit the wearer.

Information and training on the safe use of PPE should be provided to all staff who are required to use it. PPE is recommended for:
- Specific role-based tasks for example, first aiders and cleaners.
- Situations where social distancing cannot be observed e.g. FOH positions after risk assessment.
- A potentially infected individual (when moving to isolation or exiting the cinema).

The following PPE resources are available:

Health Protection Surveillance Centre (HPSC) website:
Video Resources
Poster Resources

Health & Safety Authority (HSA) Information on PPE

Cleaning Protocol and Procedures

Hygiene and cleaning recommendations are a fundamental factor in efforts to stop the spread of COVID-19. The LWR should liaise with departments to ensure necessary changes to cleaning requirements, that cleaning schedules are being followed, and that adequate cleaning supplies and equipment are in stock.

Definitions:
Cleaning removes germs, dirt and impurities from surfaces or objects. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting a surface will eliminate the disease-causing microorganisms.

Sanitising reduces of bacteria to safe levels, as set by public health standards, to decrease the risk of infection, may not kill all viruses.

Your risk assessment will help determine your cleaning procedures. If an area needs to be disinfected, it should be thoroughly cleaned first. Disinfection should never be a substitute for cleaning.

- A member of management should be appointed with responsibility for implementing and managing the new cleaning processes within the cinema.
- There should be frequent cleaning of objects and surfaces that are touched regularly, including ticket machines, ATMs, cash registers, staff handheld devices etc, and making sure there are adequate disposal arrangements for cleaning products.
- Work areas and equipment should be frequently cleaned between use.
- Avoid use of items that are not easily cleaned, sanitised, or disinfected, consider removing soft and porous materials in high traffic areas. Attention should be given to soft furnishings and seating, with manufacturers cleaning and disinfectant procedures for auditorium seating.
- Where practical and safe to do so, consider keeping high traffic point doors open to limit the use of contact points – with the exception of fire safety doors. Hold-open devices linked to the fire detection and alarm system are recommended to avoid the easy spread of fire and possibly

negate your insurance as well as endanger life and property. Note management's responsibilities under current fire legislation.

- Staff should be provided with essential cleaning materials to keep their own workspace and equipment clean.
- Staff should clear their workspace and remove waste and belongings from the work area at the end of a shift.
- Waste bins should have lids and have pedal/non-touch opening mechanism. Waste should be collected frequently and regularly monitored to ensure bins do not become full.
- Waste from areas where suspected cases have been e.g. isolation area, should be put in a plastic rubbish bag and tied. The plastic bag should then be placed in a second rubbish bag and tied. Label the outer bag with the date. Waste should be stored safely for at least 72 hours and then put in with the normal waste.

Auditoria Cleaning

To minimise the risk of transmission in auditoria:

- They should be cleaned frequently, typically between each screening, with particular attention paid to surfaces that customers' hands are likely to come into contact with such as screen doors and handrails.
- Seats should be cleaned between each screening.
- Schedule screenings in each auditorium to allow staff sufficient time to undertake necessary cleaning before the next audience arrives.
- Paying attention to ventilation and allowing fresh air between screenings if possible.
- Providing more waste facilities and more frequent rubbish collection.
- All booster seats should be removed from screens after use and sanitised before being used again.

A sample cleaning checklist can be found in the appendices.

Cleaning Guidelines after the presence of a Suspected Case of COVID-19

The following are recommendations for cleaning/disinfecting a room after the presence of a suspected or confirmed case of COVID-19, for example following the use of an isolation room:

- As soon as the suspected case has left the room, keep the door to the room closed for 1 hour.
- Carefully clean all surfaces and furniture in the room with a neutral detergent, followed by decontamination of surfaces using a disinfectant effective against viruses. Disposable cleaning cloths are recommended. Open the window in the room while cleaning is in progress.
- Staff responsible for cleaning after a suspected or confirmed COVID-19 person was present should wear disposable single use non-sterile nitrile gloves and a disposable plastic apron and should avoid touching their face during the cleaning procedure. If an area has been heavily contaminated, such as with visible bodily fluids, from a person with COVID-19, use protection for the eyes, mouth and nose, as well as wearing gloves and an apron. Avoid creating splashes and spray when cleaning.
- Do not allow anyone to use a potentially contaminated room until it has been cleaned/disinfected, and all surfaces are dry.

Further information on cleaning in non-healthcare settings is available from the ECDC website.

Visitors and contractors

Contractors or visitors visiting should follow the cinema IPC measures and take into account public health advice around preventing the spread of COVID-19. A system for recording visits to the site(s) by staff/others as well as visits by workers to other workplaces should be put in place by employers and completed by workers as required (contact log).

Induction training for contractors and visitors to the workplace should be provided. The HSA offer a free online course Return to Work Safely Induction can also be used. Any specific advice related to the cinema should be in addition to this general induction.

Environmental Health

Due to the COVID-19 pandemic, normal environmental health procedures and regular maintenance checks may not have been taking place. These areas should be identified and addressed before the building is opened to staff and the public.

Legionella

During the COVID-19 pandemic, cinemas may have been closed, or their use restricted. This can increase the risk of Legionella growth in the water systems and associated equipment including evaporative air conditioning systems, water fountains, showers, taps, toilets, humidifiers in food cabinets and other equipment if the water systems have not been managed adequately. Before reopening, control measures will need to be in place to avoid the potential for Legionnaires' disease.

Further advice on the prevention of Legionnaires' disease following building closures due to COVID-19 Pandemic is available on the HSA website.

Pest Control

As businesses may close for significant periods it will be necessary to re-establish pest control to deal with any build-up of pest activity during the closure period. Your pest control company will be able to advise you on the best course of action and steps that will need to be taken.

Emergency Plans

Emergency plans must be regularly tested and reviewed. If any changes are made to existing plans this should be communicated to all relevant staff and stakeholders with consideration for how practice and tests are conducted to comply with COVID-19 requirements. However, in the case of an emergency the requirement for personnel safety will supersede the public health social distancing requirement. Emergency exit plans should reflect that moving visiting public away from the most urgent hazard is the primary consideration. Fire safety plans should include the fire risk associated with the storage of hand sanitiser.

Exercise Scenario 2 The HSE contact tracing team has identified an outbreak (two or more cases) of COVID-19 at your cinema who attended 48 hours previously.	
General detail: ➢ The cinema will have been contacted by the HSE contact tracing team. ➢ Work with the HSE on all their requests, requirements, and take their guidance. Procedures in place to notify all relevant staff. ➢ The cinema has developed a stakeholder communication procedure. ➢ Daily contact log kept of all visitors, staff and contractors. ➢ Ticketing department policy in place for contact tracing for members of the public. ➢ Encourage all staff to download the COVID Tracker App.	
Immediate response to HSE notification of an outbreak	Notify senior management and consider the following: • Inform key stakeholders as per procedure i.e. zoom meeting. • Inform individual staff if they have been in close contact with a confirmed case of COVID-19 if requested by HSE or local department of public health. No personal details of the confirmed case should be shared. If there is a screening the same day, consider the following based on advice from the HSE: • Close contact assessment • Postponing or cancelling the days screenings. • Initiate the communication plan with the public/ticket holders. • COVID-19 cleaning procedures of the venue.
Employer manager/LWR/case manager	• Employer, Manager, Case Manager, LWR to assist HSE in the process. • Need to establish a timeline of work/events in the last 48 hours.

	• Ensure availability of close contact details should they be requested by the HSE.
Management	• Communications with staff, contractors and members of the public as per HSE recommendations to remain open, delay schedule, postponement or cancellation of days screenings.
Key questions to consider in this scenario	If there is contingency built into operations, consider the following: • Do you have separate work teams A & B that work in rotation and do not mix? • Can you reopen using the team that potentially were not exposed 48 hours ago? • What are the minimum staffing levels to open the cinema? • Can the cinema be professionally deep cleaned are per cinema protocols in time?
Follow up actions	• Follow advice given by HSE. • Incident report to be completed. • Review COVID-19 plans and update. • Provide advice and assistance to affected staff members and their well-being. • Review and amend your cinema policies accordingly.

The scenario listed above is only an example for the purpose of guidance.

Customer Safety

The key to operating safely as a public venue is by maintaining safe systems of work and the efficient and effective management of agreed capacities, hygiene and safety protocols. These safety measures should be communicated to patrons to provide reassurance that their visit to the cinema will be a safe and enjoyable experience.
Consider the physical journey for audience and staff (see appendix for detailed considerations).

Critical Action Points
- Facilitating social distancing
- Rigorous cleaning programme
- Promotion of good hygiene practices
- Clear communication with staff and visitors.

As part of your Risk Assessment you will need to analyse the processes in place to allow public access. The Risk Assessment should identify areas that are likely to be of higher risk, including staff and visiting public interface.

Capacity Considerations

The capacity of areas is dependent on allowing 2m social distancing and will vary depending on the size of usable space, intended purpose and ventilation. As stated previously, closed spaces with close contact settings and poor ventilation increases the risk of transmission (with a higher risk of transmission within indoor and enclosed rather than outdoor spaces) and in effect decrease numbers.

1. Higher Risk Exposure Areas – Convergence, assembly points or spaces
   - Entrance including queuing area and ticket collection
   - Facilities including toilets
   - F&B and other concessions
   - Auditoria
2. Circulation areas - Include all areas where visitors move between points
   - Corridors, stair wells, emergency escape routes
   - Auditorium aisles.
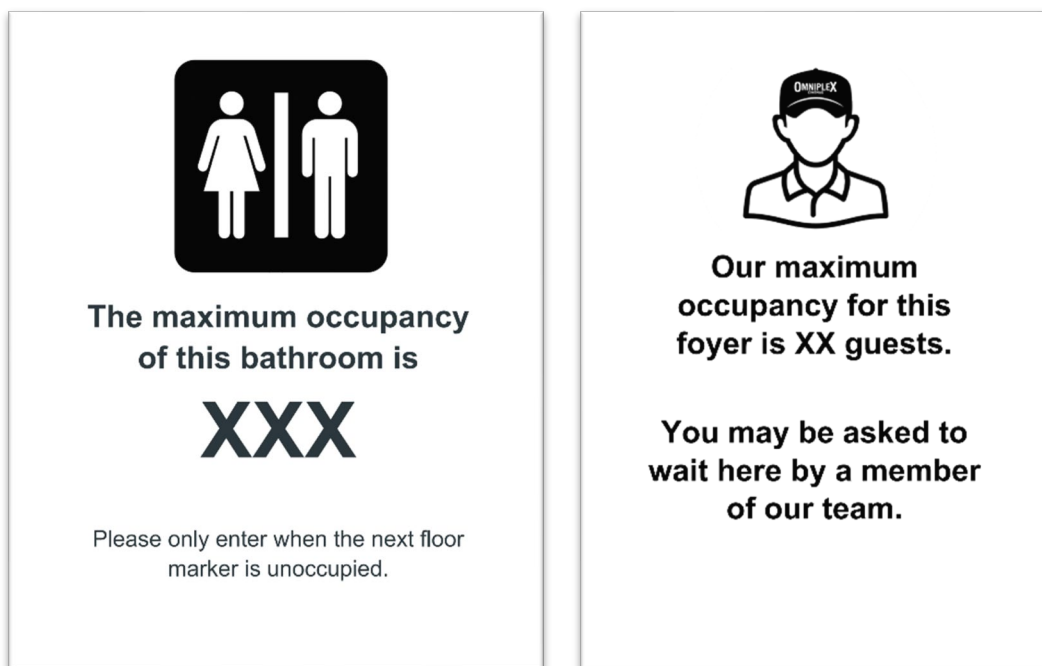
Example Capacity Signage

Film Scheduling

- Film start times should be staggered to minimize congestion and limit the number of patrons in the foyer.
- Film finish times should be scheduled to avoid multiple movies ending at the same time to minimize congestion and limit the number of patrons in the foyer and toilets at any one time.
- Seating patrons may be required in some screenings so sufficient time will need to be allocated between those screenings to avoid build-up of patrons in queues.
- Consider the length of duration allowed for adverts and trailers to help minimise the length of time patrons spend in the auditoria.
- It may be necessary to not open all auditoria in some locations to ensure social distancing is managed appropriately, depending on the mandated distancing at that time.
- Programming should avoid film content which is likely to encourage audience behaviours increasing transmission risk. All venues should ensure that steps are taken to avoid people needing to unduly raise their voices to each other. This includes - but is not limited to - refraining from playing music or broadcasts that may encourage shouting or singing, including if played at a volume that makes normal conversation difficult. This is because of the potential

for increased risk of transmission - particularly from aerosol transmission. This would include, for example, sing along screenings of a musical. Similar steps should be taken to prevent other close contact activities - such as communal dancing.

Cinema Entrance and Admission

The Front of House area is the first point of contact where customers begin their cinema experience. It is vital that good operating procedures including COVID-19 measures are in place to make the customer feel safe and to create an enjoyable experience.

- Use areas outside the premises for queuing where available and safe.
- Manage outside queues to ensure they do not cause a risk to individuals or other businesses, or additional security risks, for example by introducing queuing systems, having staff direct customers and protecting queues from traffic by routing them behind permanent physical structures such as street furniture, bollards or putting up barriers.
- Individual businesses or venues should consider the cumulative impact of many venues re-opening in a small area. This means working with local authorities and neighbouring businesses to assess this risk and applying additional mitigations. These might mean staggering entry times with other venues and taking steps to avoid queues building up in surrounding areas.
- Where cinemas are in shopping centres, queuing outside the cinema will be coordinated with centre management
- Ensuring any changes to entries, exit and queue management take into account reasonable adjustments for those who need them, including disabled customers. For example, maintaining pedestrian and parking access for disabled customers.
- Patrons who don't already have their tickets or concessions pre-purchased should be encouraged by staff to book them using their phone or kiosks.
- All patrons should be encouraged to use hand sanitiser as they enter the premises. Hand sanitiser units should be placed in prominent positions throughout the cinema with clear signage to encourage use.

Example of Foyer Sanitisation Station and Soft Ticket Check

Example of Foyer Sanitisation Station

- Patrons should be advised on admission times, for example, only being allowed to enter the cinema at the earliest 30 minutes before their movie start time and up to 15 minutes after their movie start time.
- Consideration should be given to policy recommending children under a fixed age being accompanied by an adult to help them follow social distancing guidance. This should be clearly advertised online and at the cinema entrance.
- When the foyer has reached its maximum permitted number of patrons, further patrons will only be allowed enter as other patrons pass through ticket check or exit the cinema. Staff should monitor and coordinate this through the use walkie talkies where necessary. Signage will be placed at the cinema entrance advising patrons of this policy.
- At peak times the beginning of the queue at the cinema entrance will be clearly identified with a freestanding protective screen, behind which a staff member will be stationed to control entry/ exit; regulate traffic flow and reassure patrons. They will also be able to remind patrons of the online booking facility for those who have not yet purchased their tickets and to ask patrons to sanitise their hands.
- Conditions of entry will be informed by current public health advice including:
  - Wearing of face mask
  - Application of hand sanitiser on entry
  - Providing contact details for contact tracing (either at the cinema or through online ticketing platform)

Example Entry Information

Foyer

- The capacity for the number of patrons permitted in the foyer will be calculated in accordance with social distancing requirements and these numbers will be strictly managed by staff through the use of entry and exit control points, signage and floor markers.
- Only kiosks/desks which are the required social distancing apart and/or have protective screens in place will be in operation.
- Floor queue SD markings will be in place wherever queues may form in the foyer and/or at the kiosks.
- All loose tables and chairs will be removed to eliminate patrons' dwell time.
- All fixed seating will be blocked from use. Signage will be in place advising patrons these seats are not in use.

Concessions

To date, no reported cases of COVID-19 have been linked to the contamination of food or beverages (F&B). The main risk of transmission is from close contact with infected people. It is therefore essential that areas serving bars maintain good hygiene practices and social distancing measures. To ensure safety measures are maintained during the sale of concessions the following should be considered:

- Remove all open, unpackaged, self-service confectionery (such as 'pick 'n' mix')
- screens should be used to create a physical barrier between staff and customers at concessions desks.
- Use ground markings, barriers and appropriate signage to ensure recommended social distance is maintained.
- Online pre-ordering of concessions should be encouraged.
- Contactless payments should be actively encouraged.
- For those working on concessions, working areas should allow them to maintain social distancing from one another as well as the public.
- Working areas should be assigned to an individual as much as possible. If they need to be shared, they should be shared by the smallest possible number of people.
- If it is not possible to keep working areas socially distant then businesses should consider whether that activity needs to continue for the business to operate, and if so take all mitigating actions possible to reduce the risk of transmission.
- Cinemas offering table food service or licenced as a restaurant must adhere to the Fáilte Ireland's Guidance For Reopening Restaurants and Cafés within those areas.

Further information:
The Food Safety Authority of Ireland (FSAI) COVID-19 Advice

Audience circulation

Circulation of patrons within the cinema will depend on the number of people and available space. Consider all user groups with regard to the changes being made, especially children, access for people with disabilities and those in the (COVID-19) high risk categories. Measures should include:

- One-way system of movement through buildings**.**
- Patron self-scan tickets
- Use of floor markings, signage, barriers and staff assistance to ensure recommended social distance is maintained.
- Reducing the number and/or staggering the timing of screenings to manage customer flows around - and in and out of - the cinema.
- Zoning to allow for safe circulation and access. Communication between staff managing the different zones will be key to ensuring efficient flow of visitors through the premises and early identification of any issues.
- Regulating use of high traffic areas including toilets, corridors, escalators and lifts to maintain social distancing.
- Ensure access for people with disabilities is maintained. Lifts should be reserved for persons with reduced mobility.

IN THIS WAY

ONE WAY SYSTEM IN PLACE

⬆ ⬆ ⬆

THANK YOU

ENTRY ONLY

ONE WAY SYSTEM IN PLACE

🚫

THANK YOU

OUT THIS WAY

ONE WAY SYSTEM IN PLACE

⬆ ⬆ ⬆

THANK YOU

EXIT ONLY

ONE WAY SYSTEM IN PLACE

🚫

THANK YOU

Examples of Circulation Signage

Cinema Auditorium

- Utilise allocated seating systems where available to facilitate social distancing between groups. Some booking system have the ability to automatically apply the required social distancing by blocking the necessary number of seats around each booking. Where these systems are not available, and cannot be introduced, cinemas must identify alternative ways of achieving appropriate social distancing.
- Introduce one-way flow through auditoriums, including the potential use of alternative exits from the auditorium. (Where such changes are made, a new fire risk assessment will be required).
- Provide floor markings and signage to remind customers to ensure social distancing is being maintained.
- Ensure sufficient staff are available to support customers and ensure social distancing is being observed both in the auditorium and in communal areas including toilet facilities.
- Where necessary the staff members at ticket check and the main entrance will coordinate closely and prevent any further patrons from entering the cinema or through ticket check until any queue outside the auditoria has been cleared.
- Doors to the auditoria should be kept open before and after the movie thereby reducing potential contact points so patrons don't need to touch them. They will be closed immediately before the feature begins and again after staff have cleaned the auditoria.
- Cinemas should not permit in person live performances, including drama, comedy and music, to take place in front of a live audience. This is important to mitigate the risks of aerosol transmission - from either the performer(s) or their audience.
- Where cinemas deliver a mix of services, only those services that are permitted to be open under the Governments 'Plan for Living with Covid-19' should be available.
- When a staff member is required in the auditorium they must control traffic flows to ensure patrons can stay socially distant and must make sure patrons do not sit in the wrong seats and compromise social distancing.
- Pre-show on screen messaging and signage at the auditorium entrance should be utilised to remind patrons they must remain in their booked seats.
- Screen checks will be increased to every 30 minutes and include a check to make sure nobody has moved seats and that the required social distance is between every group. Sites should print the seat chart after every movie has started which staff must cross check against where people are actually sitting. Taking immediate action to move people if necessary.

Exiting the Cinema

- Management should monitor sales and where a screen is busy a staff member will be assigned to be in the auditorium prior to the closing credits to advise patrons to remain in their seats and then direct them out of the auditorium one row at a time starting with the row nearest the exit. The volume may need to be lowered during the closing credits to help patrons hear the staff member.
- Wherever possible patrons should use a different route to exit the cinema than patrons entering the cinema, alternative exiting plan. Fire exits may be used as exit routes where they lead directly out of the auditoria or foyer to a safe and appropriate location outside the cinema.
- Clear signage to indicate the circulation and exit route. Signage will be in place where customer flow may need to travel in both directions in the same area.
- Where the cinema entrance is the only option to use as the exit route and is less than the required social distance in width, a one in one out system will be operated stopping any patrons entering until the patrons exiting the cinema have gone.
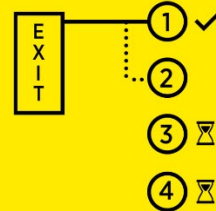
Example Post Show Signage

Toilets

- An area for patrons to queue outside the toilets will be identified in all cinemas should it be required. This will be identified with signage and floor queue markers
- Staff will be assigned to control the number of patrons entering at any one time when required.
- Signage to be placed at the entrance to all toilets advising patrons of the maximum number of patrons allowed in the toilet and to only enter if the next floor marker is available.
- Floor queue markers will be in place inside the toilet area to limit the number of patrons using the toilets at any one time.
- Wall signs will be in place to indicate which urinals and sinks can be used.

Disabled Needs Provisions

Not all disabilities are visible and not all people with disabilities identify as having a disability. Therefore, venues should consider a range of responses. Consideration should be given to the following:

- Any changes to points of entry or exit must ensure continued accessibility for all. Cinemas that temporarily reduce capacity should still offer enough accessible seating, including companion seats.
- Height of hand hygiene stations should allow easy access for wheelchair users.
- Priority entry to the cinema and auditorium should be facilitated for patrons with disabilities, especially if queuing is difficult, particularly people with reduced mobility and people accompanied by a guide dog/service animal.

- Loss of circulation space for wheelchair users with one-way systems, external queueing arrangements and any possible physical structures to accommodate these, should not obstruct access for those with mobility difficulties.
- Many ticketing systems already have the capability of capturing requests for accessible and/or companion seats as well as access services such as audio description, captioning and ISL interpretation. These requests can alert staff in advance of a patron's access requirements. As not all people with disabilities will identify as having a disability in advance, Front of House staff should be trained to deal with requests as they arise and should be familiar with the venue's facilities and access provisions.
- It should not be assumed that ground markings and signage to indicate social distancing, one-way circulation and room capacity will be accessible to all patrons with disabilities. Consequently, additional measures should be implemented such as additional information at the point of booking, public announcements, and priority entry.
- Be aware that the use of masks/face coverings may result in communication issues for staff and patrons who lip read. The use of masks with see through panels to be assessed for certain customer facing roles.
- Blind or sight-impaired people rely on their sense of touch – this reinforces the need for surfaces and contact points to be cleaned regularly.
- It should not be assumed that all patrons with disabilities are part of a "vulnerable/high risk Group" or "Cocooners" as described by COVID-19 public health advice.

The requirement for COVID-19 public health measures should be considered in the context existing equality legislation. Visiting the cinema when it is operating under COVID-19 procedures could be especially challenging for specific impairment groups (people who are Blind or Deaf) who, for reasons of access, need to engage with cinema staff to experience what is on offer. The requirement for COVID-19 public health measures should also consider the existing legal requirement to provide access to these visitors.

Online resources:
Inclusion Ireland: Easy Read Guide COVID-19
AsIam
COVID-19 Guidelines for Employers to Support a Vision Impaired Employee Returning to Work:
Irish Deaf Society Coronavirus ISL Support
Coronavirus Guidance for Irish Wheelchair Association Service Users
Wheelchair and Assistive Technology Users Precautions for COVID-19

Seating

A nose-to-nose measurement is used when calculating physical distance of 2m. The capacity calculation of an auditorium and must be based on accurate and scalable drawings. There are several factors when calculating the physical seating capacity, these include:
- Available space
- Seat Width
- Aisle Width
- Using Alternating or Successive Rows.

The allocation of seats and group booking is determined by the Government Plan for Living with COVID-19 as regards numbers of households and total group size allowable.

Staff should be in position to ensure patrons are adhering to social distanced seating, are not swapping seats or sitting in wrong place before or during a screening.

- Below is a diagram showing the relevant dimensions allowed per person, where seat width has a significant impact on seating capacity:
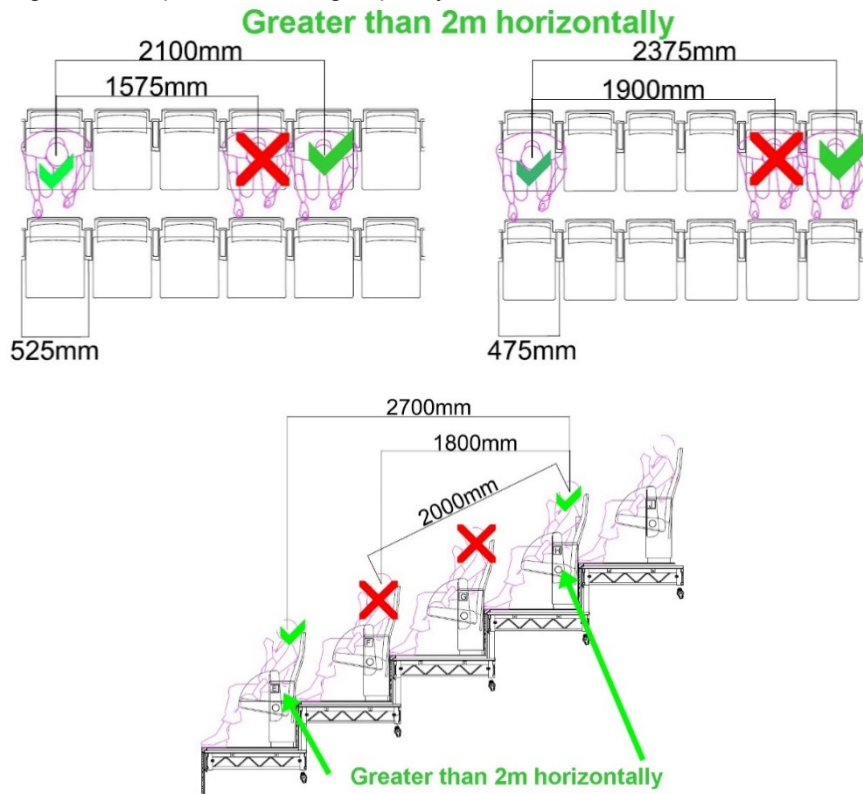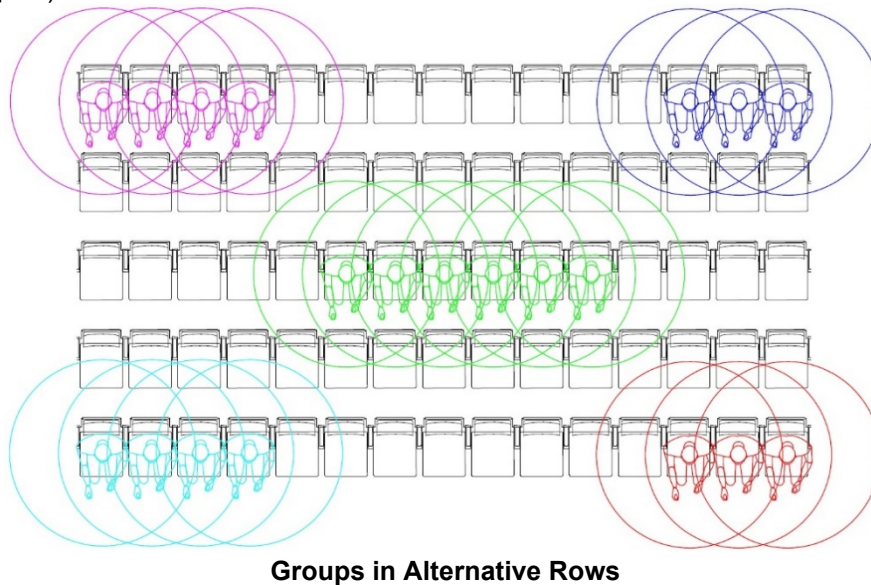

Figure 1 Indicative Raked seating distancing

- Seating capacity may be optimised by allocating seats in either alternating or successive rows depending on the particulars of the Auditorium. Cinema Management must assess each seating area to decide how best to optimise capacity while mitigating risks (e.g. minimising brush past).

Groups in Alternative Rows

- The process of allocating the Buffer (empty) seats around a booking to ensure correct distancing, can be done manually or using some of the developing automated systems. Careful consideration should be given to the process, in each cinema, customising a solution to the unique circumstances for each cinema.
- It may be necessary to eliminate the seats next to narrower gangways and aisles to ensure

physical distancing across aisles.

Brush Past

Where people are sitting in rows, it will be necessary for them to pass each other to leave the area to access the facilities. To do this they would breach social distancing guidelines. While the HSE states that there is little risk if you are passing quickly, one should keep their distance as much as possible. To help manage this risk, the following measures might be considered:

- Requesting audience members to turn their backs as they pass others, avoiding face-to-face contact.
- Requiring audience members to wear face coverings.

Advance Communication

Communicating clearly to cinema patrons will be key to the successful operation of the cinema. Providing information on operating procedures will inform and reassure audiences that they will be entering a safe environment.

The public's experience of visiting the cinema should match the communication they have received prior to their visit. This information can be shared through your website, social media, advertising, ticketing platforms, information printed on the tickets, on the ticket confirmation email or additional emails. All conditions for entry should be clearly explained. Existing ticketing terms and conditions should be reviewed and adapted to bring them in line with the new guidelines.

Advance Communication to cinema audiences

Information should be provided to the public in advance of their visit or on entry including:

- Notice that visitors should not attend if they:
  - are experiencing any symptoms of COVID-19 or are feeling unwell
  - been diagnosed with confirmed or suspected COVID-19 infection in the last 10 days
  - are a close contact of a person who is a confirmed or suspected case of COVID-19 in the past 14 days (i.e. less than 2m for more than 15 minutes)
  - have been advised by a doctor to isolate or cocoon.
- Patrons are required to wear a face covering.
- Information to encourage good hygiene including hand washing and good respiratory etiquette. Hand sanitisers, provided at the entrance to the cinema, must be used on entry to the premises. Hand sanitiser stations are located frequently throughout the building.
- Queuing, ticket scanning and entry procedures.
- Cinema capacity showing the maximum number of people permitted in each area.
- Information regarding disabled access/special needs facilities.
- Provision of contact details for all those attending (this may already have been completed electronically via ticketing platform prior to the visit.) to assist with HSE contact tracing if needed.
- Notice to follow the guidance and instructions from your staff and to adhere to social distancing from others.
- Advice to encourage the use of contactless payment at the cinema.
- Seating arrangements as regards social distancing implications.
- Arrangements for purchasing concessions and whether these can be pre-purchased online.
- What to do if they feel unwell whilst visiting the cinema.
- Avoid any congregation pre- and post-event.
- Consideration should be given to specific cinema users, for example, those with intellectual difficulties or with Autism, this may include providing easy to read guides of social stories.

Example customer information video, here.

Ticketing Communication

Ticketing platforms will play a key role in the communication process between the cinema and its audiences. Information identified in the Communication Strategy in the section above can be shared through the different stages of the ticketing process to reinforce new operating procedures for the cinema.

- Website/landing site – This should contain all the information regarding how the cinema has adapted its working practices in line with COVID-19 guidelines. Ticketing Terms and Conditions should be updated to reflect the changes.
- Booking system – This will need to be adapted to take into account changes such as new capacities and seating arrangements. In the quest to move to contactless transactions, it may also be possible to pre-purchase concessions through the ticketing system.
- Confirmation email – The confirmation email should provide all the necessary information needed for the ticket purchaser to be able to attend the cinema including conditions of entry, the entry process and the procedures in place once in the venue.
- Post-event questionnaire – A post-event questionnaire could be used to gain customer feedback in order to improve and streamline the new processes.

General Ticketing Procedures

- Encouraging purchasing tickets online
- Update terms and conditions
- Provision of details for HSE contact tracing (provision of contact details for one person per booking)
- Refund policy
- Cancellation/postponement policy.

Appendices

Physical journey for the cinema audience

Below is a generic check list and not all may be applicable to your specific venue. It is not an exhaustive list.

Cinema	Areas of consideration

Pre-Arrival	Pre-booking:
	• Programme schedule advertised and capacity set for each screening.
	• Online ticket sales encouraged.
	• Purchasing of concessions online?
	• Advance communication and information via website, social media etc including:
	    o Safety measures
	    o What to expect when you visit the cinema.
	    o The use of customer information for contact tracing
	    o Cancellation policy.
	    o Admission policy.
	    o Late arrivals policy
	    o FAQs

Pre-opening checklist	• Manager to ensure all pre-opening checks. • Ensure all staff briefed on operational procedures and ready to open. • Ensure cleaning schedules are being followed. • Staff briefed on procedure for what to do if someone presents with symptoms and details of first aid cover. • Queuing systems and movement of patrons through the building. Have staff been assigned responsibility for specific areas?
Arrival	Manage external queuing to process quickly – take into consideration: • Weather implications • Neighbouring facilities • Staggered arrivals • Queueing systems Have you considered/implemented the following: • Hand sanitisers prominently positioned to encourage use. • Consider how online tickets may be self-scanned by visitors. • Contact tracing (if not done at time of purchasing tickets). • Ticket collection process. • Concession ordering and collection process. • Staggered arrival of public (through programming schedule). • Awareness of the venues entry policy (face masks). • Minimising contact points.
Welcome and orientation	Signage: • Signage for Queueing (internal and external) and entry requirements • Clear information about access routes, hygiene, distancing • Disability assisted facilities • Pre-film on screen messaging. Visitor Experience: • Audience welfare (consider their experience and expectation) • One-way systems, exits/entrance, • Increased staff presence to assist with social distancing compliance • Toilet queue management • Remove seating in foyer, outside auditoria etc. to discourage gatherings.
Emergency procedures	• Sustainable adaption to emergency plans. • Film cancellation procedures. • Film stop procedures.

Entering the auditorium	• How many doors are available to public access? 1 door in and 1 door out? • Are there enough staff available and have you risk assessed how to scan, use of contactless scanning, queue control measures/PPE/barriers? • Enough space to accommodate patrons entering into auditorium. System in place to stop flow of public if capacity reached within a specific area. • Where possible direct public straight into auditorium seats (reduce gatherings in foyer, concessions, toilets areas. • Increased staff presence to ensure patrons taking their seats promptly and are sitting in their assigned seats.
Exiting the auditorium	• Sufficient staff positioned to assist with the exiting process and to ensure no congregating within the venue. • Toilet queue management. • Access routes straight to exterior of building. Use of dedicated exit door where possible to avoid entrancing counterflow. • Auditorium check to ensure all public have left. • Cleaning of auditorium

Cleaning Checklist

The HSA also provides a [Cleaning Checklist.](Cleaning Checklist)

Checklist	Yes	No	Further Action
General			
Have you reviewed your cleaning policy to include the COVID-19 requirements?			
Are there adequate supplies of disposable cleaning equipment available?			
Is there adequate supply of cleaning detergents and disinfectants?			
Are there adequate supplies of PPE for cleaning staff?			
Provision of hand sanitiser stations at key points. Are they touchless?			
Is there adequate supervision of cleaning arrangements?			
Have all cleaning staff been inducted and received that appropriate training?			
Do you have an adequate numbers of cleaning staff?			
Cleaning Checks			
Auditoriums cleaned.			
All toilets, door handles, sinks floors cleaned, as per agreed schedule (min. twice daily).			
Corridors access routes – touch points cleaned.			
Foyer cleaned.			
Entrance doors cleaned.			
Concessions/ F&B areas cleaned. (HACCP)			
Stairs/lift access/handrails cleaned.			
Refill hand sanitiser as needed			
Ensure sufficient levels of hand soap and paper			
Staff have appropriate PPE and there is sufficient stock			
Check waste bins have been emptied and contain waste bags.			
Comprehensive clean and disinfection of the venue, considering the movement of public and the areas they will have accessed.			
Treatment of all contact surfaces.			
Check stock levels of cleaning products, hand hygiene products and PPE, and order as necessary.			
Clean and disinfect shared cleaning equipment.			

Contact Tracing Log for Suspect Case (Sample)

Location:

Date:

Patient's Name:

Employee/Contractor: Y/N   Member of Public: Y/N

Try to obtain as much detail as possible (in line with GDPR) factoring in that the patient

may not be feeling very well.

Sample questions	Answers
How long has the person been in the cinema?	
Identify / list the areas the person was in at the cinema.	
Identify possible contact/touch points the person touched?	
Identify close contacts.	
Is the person alone or with a group?	
What follow up is required?	
Do you need to re-issue or refund tickets?	
Have you followed your cleaning protocols and procedures?	

Signed by Case Manager:

Date:

References

Government of Ireland
Resilience and Recovery 2020-2021: Plan for Living with COVID-19
Work Safely Protocol
Covid-19: Stay Safe Guidelines

Health Service Executive
Coronavirus (COVID-19) Resources
Guidance on Non-Healthcare Building Ventilation during COVID-19

Health and Safety Authority
- https://www.hsa.ie/eng/topics/COVID-19/
- https://www.hsa.ie/eng/topics/COVID-19/return_to_work_safely_templates_checklists_and_posters

Health Protection Surveillance Centre
COVID-19 Resources

National Standards Authority of Ireland (NSAI) – COVID-19 Resources
- https://www.nsai.ie/COVID-19/
- https://www.nsai.ie/COVID-19workplaceprotection/

Fáílte Ireland - Business Supports Hub

UK Cinema Association
Cinemas- keeping workers and customers safe during COVID-19

European Centre for Disease Prevention and Control (ECDC) – Disinfection of environments in healthcare and non-healthcare settings potentially contaminated with SARS-CoV-2

Pre-Hospital Emergency Care Council (PHECC) – COVID-19 Update
- https://www.phecit.ie/PHECC/Publications_and_Resources/Newsletters/Newsletter_Items/2020/PHECC_COVID_19_Advisory_v1.aspx
- https://www.phecit.ie/PHECC/Publications_and_Resources/Newsletters/Newsletter_Items/2020/PHECC_COVID_19_Advisory_v1.aspx

World Health Organisation

https://www.citizensinformation.ie/en/employment/employment_rights_during_Covid19_restrictions.html

https://www.gov.ie/en/organisation/department-of-tourism-culture-arts-gaeltacht-sport-and-media/

IOSH COVID-19 risk assessment guidance