



COVID for Choirs - Opening up WA

Living with COVID and keeping your choir viable while you're at it.

As has been the case throughout this pandemic, your choir must abide by the public health regulations in force at any time. The challenge arising for WA choirs is that we haven't lived with COVID at all as yet and the fear of doing so, or the reality of doing so, may impact on your choir members in ways that adversely impact the viability of your choir in this phase of opening up to the rest of the country and the world.

Our goal is to assist you and the broader singing community to prepare for this phase, as best you can, while we are still COVID-free and have some time to work through some potentially complex issues in a considered way.

The published public health restrictions planned for WA when we reach the point on 90% full vaccination of the population over the age of 12 are detailed in the "Fact to Share" section below. These will have almost no impact on your ability to rehearse and perform as you are currently doing. The issue that choirs and individual singers have to grapple with is what measures your particular choir feel is appropriate, if any, over and above these restrictions, to address the risk of choir members contracting COVID in the choir setting once COVID is circulating in the WA community.

Every person will perceive the risk that COVID represents to them differently and will have different risk thresholds. Ideally you want to work with your members to arrive at an agreed approach such that your members are comfortable that coming to choir represents an equivalent or lower risk to their wellbeing than undertaking other activities that they are also prepared to continue doing once COVID arrives. You are not striving for or promising zero risk of infection. That's a promise you can't keep. You are assisting your members to develop an awareness of the risks they face in every aspect of their lives and to mentally prepare to live with COVID.

The peak bodies for choirs in WA can not and will not mandate specific approaches that every choir should take. This is a matter of individual choice and the collective approach of the specific group of individuals that currently make up your singing group and new members you will attract in the future. However we will provide you with a **"shopping list"** of measures that your choir should consider and adopt, or not, as your members consider appropriate for their perceived vulnerability and appetite for risk. We will also provide you with another **list of scenarios** that your members can consider to determine what your group agree to be the most appropriate response should such situations arise for your members in the future. These could form the basis for a series of discussions which will lead to guidelines which you can share with all your current and future members.

Obviously you will be striving to arrive at solutions that suit the needs of the vast majority of your existing members. The willingness of people to be open to the needs of others and accept compromise will assist this and will require some skilful dialogue and, potentially, the sharing of some facts as a basis for these discussions. We have prepared such a **fact sheet** that we believe represents a reasonable summary of the currently accepted facts as published by reputable health authorities which you may choose to share with your choir members if you see fit.

Having done all this there is still a chance that you will discover that a significant minority of your members have concerns that are unable to be addressed by consensus. In the opinion of the peak community singing bodies in WA, it is most important that choirs continue to survive and prosper through these challenging phases. If your choir discovers that it is going to be challenged through a potential loss of membership, a need to invest in new technology, a need for a new rehearsal venue etc, etc, this is important information for your choir to grapple with sooner than later so that mitigation plans can be put in place and assistance sought.

Your peak singing bodies, Voice Moves WA, SongFest Inc and ANCA (WA) will seek to share information, provide support and make representation as appropriate in support of choirs that identify specific concerns. Please take the opportunity to prepare your choir now and get the conversations started. COVID is coming and we in WA are uniquely fortunate in the world to have some time to prepare. Please use that opportunity.

COVID Policy Shopping List for Your Choir

Measures that we know are effective in limiting the spread of the Delta strain of COVID-19 and which your choir may consider as part of your “Living with COVID Plan” include;

- Singers who feel unwell, even mildly, stay away from rehearsals
- Singers who are mildly unwell but have a recent negative COVID test can attend rehearsals
- Singers who stay away from rehearsal for health reasons are given credit on their fees for missed sessions
- Rapid antigen testing of all singers prior to admission to the rehearsal space
- Spacing between singers
- Natural ventilation of the rehearsal space
- Wearing of masks when not engaged in singing activities
- Wearing masks while singing
- Limitations on socialising before and after the rehearsal
- Cleaning of touch points
- Members becoming fully vaccinated
- Members sharing their vaccination status with the choir
- Vulnerable singers opting to withdraw from face-to-face rehearsals
- Vulnerable singers not present at rehearsals being supported and engaged until they feel confident to re-engage in face-to-face rehearsals through some version or combination of;
 - Live streaming of rehearsal to private Facebook group (able to be consumed at a later date but non-interactive)
 - Publishing a recording of rehearsals (perhaps within a closed group such as a private YouTube channel, etc.) for those unable to attend
 - Live connection to rehearsal via phone (audio only)
 - Live connection to rehearsal via individual Zoom (or equivalent) with visual interaction with MD and choir members

Scenarios that Choirs should consider in developing their guidelines;

- How many feel vulnerable to COVID infection and intend to stay away for a significant period after WA opens up, no matter what else you do?
- How many feel vulnerable but are prepared to attend if certain precautions or processes are adopted by all members?
- Is your MD involved in multiple choirs? Are they concerned about their exposure? Do they want to see specific measures introduced to manage their infection risks?
- What is agreed as the appropriate response by choir members if an infection occurs in their family, children's school, or workplace?
- What is agreed as the appropriate response by choir members if they are identified as a close contact at any stage?
- What is agreed as the appropriate response by choir members they discover that they are infected with COVID?
- What is agreed as the appropriate response by choir members if they feel unwell prior to a rehearsal or performance?

Facts to share

The information below are summaries sourced from Government Health and peer reviewed medical journal sources. Where applicable links are provided to the source material.

- To mitigate the risk to the wider community all citizens must comply with the health restrictions applicable at any time. <https://www.wa.gov.au/government/document-collections/covid-19-coronavirus-state-of-emergency-declarations>
- COVID (Delta strain) is highly contagious and is readily spread by airborne transmission. <https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>
- High risk environments for contracting the virus from an infected person are poorly ventilated (or recirculated air conditioning) indoor spaces and certain workplaces/occupations. <https://www.worksafe.vic.gov.au/managing-risk-covid-19-exposure-construction-industry>
- All interactions with other people represent some risk of contracting COVID. Singing presents some transmission factors that may not exist in other environments. These factors are likely to be equivalent to or less than being in environments where people are speaking to each other in close proximity. Each individual must form a view and make choices about which risks they are prepared to take on and which they aren't when COVID is circulating in our community. These choices may change over time as additional information becomes available.
- Full vaccination with an approved vaccine (after 2 weeks from the second or booster shot) provides some protection against getting infected (reducing the rate of spread of the virus in the community) and considerable protection from suffering serious illness which would require hospitalisation, intensive care or result in death (reducing the stress on the public health system). <https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>
- The efficacy of vaccines reduces over time and a third "booster" shot will be required to maintain a significant level of protection, currently available in Australia 6 months after the second dose. Ongoing boosters may be required (similar to current flu vaccinations) to maintain this protection. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02183-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02183-8/fulltext)
- Fully vaccinated people can still catch COVID ("Break-out" infection) and, if they do, can infect others. The likelihood of infecting your close contacts shortly after your second vaccination is less than if you were unvaccinated. However, studies from the UK currently indicate that, with Delta strain, this beneficial effect dissipates after about 3 months. That is, after 3 months, fully vaccinated and unvaccinated people are equally infectious should they

catch the virus. Fully vaccinated people are still less likely to get infected in the first place but, in the long term, most of us; vaccinated and unvaccinated, will probably catch COVID and some of us may do so more than

once. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00648-4/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00648-4/fulltext)

- Should fully vaccinated people become infected they are two thirds less likely to be asymptomatic than unvaccinated people. As such, asking people who feel unwell to stay away from rehearsals or events does not guarantee that infected people will not be present. However vaccinated people are less likely to be asymptomatic in such circumstances. <https://jamanetwork.com/journals/jama/fullarticle/2786040>
- The vast majority of people who catch COVID do not die of COVID. A significant minority of people who catch COVID, particularly among those who have received intensive care treatment, can experience “long COVID” and experience a variety of symptoms for many months after their initial infection. <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/ongoing-support-during-coronavirus-covid-19/what-you-need-to-know-about-coronavirus-covid-19>
- At present the WA Roadmap states that WA will open up its borders when 90% of the population aged 12 and over is fully vaccinated. At this point;
- Health advice is that high rates of vaccination alone are not enough to manage COVID-19 when borders transition.
- Baseline public health and social measures play an important part in reducing community transmission, and these will apply at the time of transition based on the latest health advice and include:
- Mask-wearing in higher risk indoor venues, including public transport, hospitals, and aged care facilities
- Using the SafeWA app or manual contact registers
- Revised COVID Safety Plans for workplaces and Event Plans for large events
- Requirement to show [proof of vaccination](#) to attend large events, of 1,000+ people, nightclubs and the casino.
- Increased public health measures could be introduced based on up to date health advice.
- Contact tracing of COVID infections will continue for some time after WA opens up, presumably until such time as the health authority is satisfied that the risk of COVID cases overwhelming the public health system has passed. Until that point, if you are identified as a close contact of an infected person by the Health Authority, you must self isolate for the prescribed period. Based on the example of NSW and Vic it is likely that this period will be 7 days for fully vaccinated people and 14 days for unvaccinated people. <https://www.coronavirus.vic.gov.au/checklist>

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