

## Managing the risks associated with COVID-19

Last updated: 9 April 2020

NOPSEMA is taking direct action to help protect and support the offshore workforce from risks associated with COVID-19 (Novel Coronavirus).

NOPSEMA recently wrote to offshore petroleum facility operators in response to the emerging COVID-19 issue, asking them to review their infectious disease management plans to ensure that they have arrangements in place for reducing the health risks to the Australian offshore petroleum industry workforce. We followed up this letter with a 39 point survey with a primary aim of gaining an assurance on behalf of the Australian community that the Australian offshore petroleum industry has systems in place, and has commenced implementing those arrangements, to manage health risks to their workforce such that these risks are reduced ALARP.

In the interests of sharing reasonably practicable measures, and to provide some interim guidance to industry, the survey is provided below, with examples of the better practices reported by industry. NOPSEMA is sharing this information as a means of encouraging consistent practice across the industry, to reduce the risks associated with COVID-19, and to limit opportunities for exposure among the offshore workforce.

Subsequently, NOPSEMA has progressively undertaken remote inspections relating to the COVID-19 control measures described in individual survey responses, using the survey questions as an inspection prompt sheet. Additional questions have been added to the prompt sheet as additional questions and controls have been identified during inspections. These are captured through questions 40 onward. Where better practice responses are not provided, these represent emerging areas that operators should consider. NOPSEMA will continue to update this document as new and/or better practices are identified.

Facility operators are encouraged to review the below information and identify opportunities to improve their current systems and practices.

Members of the offshore workforce are encouraged to use the below information as a prompt to review current practice on their facilities and to encourage facility management to adopt better practice where possible.

*Note: For the purpose of this checklist, the term 'competency' refers specifically to those competencies required to prevent and mitigate hazardous events.*

Prompt	Specifics	Better Practice Responses
Are your personnel aware of the requirements of Clause 9(1)(a) to take all reasonably practicable steps to maintain a physical environment at the facility that is without risk to health?	1. Do you have a system in place to manage infectious diseases such as the novel coronavirus (COVID-19) on the facility?	A specific COVID-19 management protocol has been developed. Pandemic Plan being implemented in response to COVID-19.
	2. Is the facility management aware of management's responsibility for the avoidance (prevention and mitigation) of infectious diseases such as seasonal influenza and novel viruses e.g. COVID-19 related hazards in the workplace?	Facility management are aware. A task force has been set up to continually monitor the development of COVID-19. An impact assessment has been completed and the business has decided to extend the list of restricted countries to include all of Italy and Japan.
	3. Are supervisors and OHS personnel provided with any guidance or training on identifying potential cases of infectious diseases such as seasonal influenza and novel viruses e.g. COVID-19 and managing possible/probable COVID-19 infections?	The on-board doctor provides COVID advice to all personnel. Weekly general safety meetings are used as a forum to convey COVID updates. On-board management meeting and daily meetings with shore base are used to discuss and convey any updates regarding response planning.
	4. What infectious disease, e.g. COVID-19, management processes are in place for contractor personnel (e.g. well work over crews, rope access crews, etc.)?	The same management processes apply to contractor personnel as well as core crew Contractors are provided with information on Company requirements and restrictions, are required to have pandemic management plans in place, and are kept up to date with Company response measures. Contractors who present symptoms while on site (office or facility) will be provided with immediate care response.
Do you have a policy to specifically address the management of infectious diseases e.g. COVID-19 and related hazards? Is there an infectious diseases management plan in place for the facility?	5. Does this policy form part of the overall SMS e.g. defining infectious diseases such as novel coronavirus (COVID-19) as a workplace hazard for management within the general health and safety systems?	Yes
	6. Is there a documented plan in place?	Infectious disease outbreak plan; infection control procedure
Is there an employee health screening process in place which considers infectious disease risks?	7. Does the plan provide basic guidance and recommendations regarding prevention, management and the control of outbreaks of contagious diseases on-board the facility?	It describes in detail how to respond and mitigate in case a contagious person is identified on board.
	8. Forms for self-assessment/self-declaration?	Pre-mobilisation questionnaire sent with joining instructions
Given the definition of 'accident' includes the contraction of a disease, does you have arrangements in place for notification and reporting the contraction of infectious diseases, such as the novel coronavirus (COVID-19) to NOPSEMA?	9. Do you acknowledge that 'Accidents' include the contraction of a disease and therefore the notification and reporting obligations of the Act apply?	Confirmed cases of COVID-19 will be notified to NOPSEMA

Prompt	Specifics	Better Practice Responses
What screening is done in relation to the potential for infectious diseases (e.g. the Coronavirus COVID-19) prior to travel offshore? Have you identified potential sources of exposure?	10. Is there a self-screening questionnaire in place?	All personnel have to complete an online questionnaire prior to travel to the airport.
	11. Are members of the workforce having their temperature measured (screening) at the heliport or airport before going offshore?	All individuals who fly to site are either screened prior to departure or on arrival by clinical staff. Screening from the Cobham terminal since end of January, Perth airport has only recently agreed to screening at T2.
	12. Does the questionnaire ask about recent (typically within 14 days) international visits to e.g. mainland China, South Korea, Hong Kong, Macau, Italy, Iran or other known 'hot spots'?	The questionnaire is updated online when any government changes / recommendations are made to the designation of 'high risk' and 'moderate risk' countries
	13. Does the questionnaire ask about close personal contact* with anyone who has travelled from e.g. mainland China, South Korea, Hong Kong, Macau, Italy, Iran, etc. within that period (14 days prior)?	Yes
	14. Does the questionnaire ask about whether the traveller has had close personal contact* with anyone suspected or confirmed to have the novel coronavirus (COVID-19)?	Yes
	15. Does it ask whether the traveller has a Fever and any of these symptoms: Cough, sore throat, nausea, vomiting or difficulty breathing?	Yes
Does your risk assessment consider location of members of the workforce when they are off-swing?	16. Other than self-assessments/declarations, is there any other consideration of where members of the workforce may travel or live, and the impacts on risk this may have?	<p>Travel/location history of personnel outside of Au/NZ is being sought before mobilisation. Anyone who has travelled to/from or via any country/region on the Department of Health list of high and moderate risk countries is prevented from travelling to site for 14 days.</p> <p>Implemented travel restrictions so that personnel are not transiting through high risk zones. Any non-essential travel must be approved by the VP and training is being reviewed on a case by case basis if international travel is required.</p> <p>All personnel have been informed of the company travel restrictions and that, if personnel choose to travel, that they will not be able to return offshore for a period of 14 days, after return. Offshore personnel who are domiciled in titleholder restricted countries are being re-located to Australia, where practicable.</p> <p>Travel is being re-routed where possible to avoid sending anyone through China, South Korea, Iran, Italy, Hong Kong and Japan. If unavoidable stopover is required, then this needs to be approved prior to travel.</p>
Are there measures in place to deal with members of the offshore workforce who develop symptoms while offshore?	17. Are people showing symptoms immediately isolated from others? Does the isolation room have ventilation exhausted directly to the exterior? If not, how is the risk of contagion spreading minimised?	Personnel showing symptoms will be immediately isolated. Rooms with independent split system air conditioning units have been designated for isolation rooms if/when required.
	18. Are other members of the workforce immediately quarantined or on confirmation of a confirmed case?	Members of the workforce that are identified as close contacts will also be quarantined on confirmation of a confirmed case.
	19. What testing arrangements are in place to confirm suspected cases?	Test kits are on board. The health analyst has been trained in procedure to safely take swabs which will be immediately transported to Perth laboratory for same/next day testing.
	20. At what point are cases/suspected cases medevac'd to shore for admission to hospital?	Any patients that clinically requires transfer to hospital will medivac via rotary wing and then transfer on to hospital via Medical fixed wing jet.
	21. Do plans cover the medevac route through to final destination of the case/suspected case?	Helicopter and fixed wing providers have procedures for carrying infectious patients, this includes PPE and cleaning requirements
	22. Are PPE (e.g. surgical masks, gloves), alcohol-based hand sanitiser, disinfectant, etc. readily available offshore for medical staff and members of the workforce?	Supplies of all PPE have been increased and are available offshore.
	23. Are appropriate disinfecting agents and cleaning supplies available?	There are extra supplies of cleaning and sanitising chemicals in use and in stock on board.

Prompt	Specifics	Better Practice Responses
	24. Has a cleaning regime been fully implemented?	Enhanced infection control requirements outlined in Communicable Disease Management Plan Plans to include an additional full-time employee to sanitise should pandemic phase level 5 be reached.
How often are you monitoring the changing circumstances and adapting your strategy?	25. Are you regularly reviewing and updating your screening arrangements to include additional international destinations where there is a confirmed outbreak?	Twice daily monitoring of various advisory webpages is undertaken by the Medical Services Supervisor and Chief Medical Officer.
Have you considered potential for escalation?	26. Have you considered what the next steps may be if/when infection sources/connections cannot be established – e.g. virus in general Australian community?	Discussions have been had with WA Chief Medical Officer and cohort management plans are in place. Detailed plans developed for Pandemic Phase 4/5/6
Do you have arrangements to regularly monitor relevant health warnings and update their arrangements accordingly?	27. Health Department - <a href="https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources">https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources</a> World Health Organisation - <a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019">https://www.who.int/emergencies/diseases/novel-coronavirus-2019</a> John Hopkins - <a href="https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6">https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6</a>	Twice daily monitoring of various advisory webpages is undertaken by the Medical Services Supervisor and Chief Medical Officer.
Do you have monitoring systems in place?	28. Do you have systems in place to ensure that your arrangements for dealing with infectious diseases: <ul style="list-style-type: none"> <li>• are being implemented?</li> <li>• are effective?</li> </ul>	We have conducted a desktop drill. Details of the drill, lessons learnt have been shared with the offshore team.
Does the medic have access to support from a doctor onshore?	29. Does the facility medic have 24 hour access to the onshore doctor for advice and support?	Yes
Are the management, supervisory staff and the medic knowledgeable in relation to the signs of potential infectious disease and appropriate control measures specific to the workplace?	30. Is there any offshore assessment of a person's fitness to work?	Medical declaration upon arrival, mandatory reporting of injury or illness whilst on board.  On-boarding precautions – all personnel including 3rd party contractors are required to complete a post arrival form and be screened by the medic upon arrival in the helicopter departure lounge.
	31. Has there been training/awareness on the identification of signs of infectious diseases?	<ul style="list-style-type: none"> <li>• Health Alert: Novel Coronavirus (Covid-19) updated regularly</li> <li>• Available electronically and on Mess noticeboard.</li> <li>• Safety sessions lead by the Medic</li> <li>• Detailed education developed for Medics: <ul style="list-style-type: none"> <li>o Coronavirus Isolation in Camps</li> <li>o Covid-19 infection control guidelines</li> <li>o Covid-19 work instructions for Health team</li> </ul> </li> </ul>
	32. Are there effective immediate strategies for managing/mitigating personnel who may have contracted an infectious disease? <ul style="list-style-type: none"> <li>• remain on the facility or medivac?</li> <li>• Quarantine/isolation from others?</li> <li>• Identification of other contacts?</li> <li>• Wearing surgical masks (PPE) when other people are in the room?</li> <li>• Are there any decontamination procedures for surfaces, clothing, bedding etc.?</li> </ul>	Current strategy is to immediately quarantine any suspected infectious case and remain on facility unless immediate hospitalisation or specialised care is required – this to reduce risk to helicopter crew. Any evacuation would be carried out in consultation with appropriate authorities – e.g. Public Health Unit. Other close contacts would be identified and quarantined. Surgical masks are available for wearing when directed/indicated. Decontamination procedures are in place as part of management protocol.  Identification of contacts - personnel that had come in contact with a suspected case will be notified. More than likely in the confinement of an oil rig it would require escalation of quarantine measures if greater than one case.
	33. Are catering staff aware of, and practicing, enhanced safety practices and increased cleaning of common/high use surfaces?	Facilities Management documents available: <ul style="list-style-type: none"> <li>• COVID-19 toolbox talk</li> <li>• Infection cleaning for COVID-19: toolbox talk</li> <li>• COVID-19 FAQ</li> <li>• Isolation room cleaning</li> </ul>

Prompt	Specifics	Better Practice Responses
		<ul style="list-style-type: none"> <li>• Quick share – COVID-19</li> <li>• Right way to wear P2</li> <li>• Posters: reduce your risk</li> </ul>
Are the management, supervisory staff and the medic knowledgeable of the procedures by which infectious diseases are to be managed in the workplace?	34. Have management, supervisory staff and the medics received any training on what to do if they suspect someone may be infected with COVID-19?	<ul style="list-style-type: none"> <li>• Detailed education developed for Medics:               <ul style="list-style-type: none"> <li>○ Coronavirus Isolation in Camps</li> <li>○ COVID-19 infection control guidelines</li> <li>○ COVID-19 work instructions for Health team</li> </ul> </li> </ul>
Are members of the workforce encouraged to practise good hand hygiene and good sneeze/cough hygiene?	35. Wash hands often with soap and water, or use alcohol-based sanitiser before and after eating as well as after attending the toilet. 36. Avoid touching the face (mouth, eyes and nose) with unwashed and gloved hands. 37. Use appropriate PPE if close contact with an ill person is required. 38. Are members of the workforce trained in the how PPE should be fitted and worn properly? 39. Are cleaning and disinfection activities undertaken? <ul style="list-style-type: none"> <li>• Routine sanitisation?</li> <li>• Response to an ill crew member?</li> <li>• Waste management arrangements?</li> <li>• Laundering sheets, clothes, blankets, etc.?</li> </ul>	Posters and other education material Posters and other education material Provision of appropriate PPE and training in its use for Medics Training conducted at pre-start toolbox meetings and facility on-boarding sessions at which point additional PPE is advised to be implemented. Routine cleaning and sanitisation is a standard practice. Cleaning and disinfection will be carried out in rooms occupied by ill crew members. Clinical (biohazard) waste disposal route is already in place. Clothes (coveralls) and blankets will not be laundered, but will be bagged and disposed of as biohazard waste. Yes, additional cleaning and sanitising have been conducted by our offshore catering teams, this has been further verified and discussed offshore during planning, and desk top drill.
Have minimum manning levels been established?	40. Has the operator considered what their facility minimum manning levels might be in order to be able to continue to operate their facility safely, e.g.: <ul style="list-style-type: none"> <li>• To ensure required maintenance and testing is carried out?</li> <li>• To ensure sufficient numbers for emergency response (e.g. response teams, fire-fighting, lifeboat launching, etc.)?</li> <li>• To perform medivacs?</li> </ul>	Minimum manning levels established and implemented. Limiting all non-essential personnel. Core crew and safety-critical maintenance personnel only.
Social distancing	41. What control measures has the operator employed to address COVID-19 risks during ‘hand-over’ between swings? <ul style="list-style-type: none"> <li>• Social distancing – can hand-over be done remotely, while still ensuring the safety-related issues (e.g. current process isolations) have been adequately handed over?</li> <li>• How is potentially transferred PPE handled e.g. ear defenders in helicopters, life jackets, etc.? Are these subjected to cleaning or is each worker issued with personal issue PPE?</li> </ul>	<ul style="list-style-type: none"> <li>• Hand-over between swings done via non-contact means (e.g. Skype)</li> <li>• Either individual allocation of PPE or sanitising of PPE before hand-over</li> </ul>
Self-reporting risks	42. Are there measures in place to address the risks associated with disincentives to self-reporting? e.g. no loss of pay/contracts	No loss of pay/contracts for those who self-declare.
Communications and awareness of the workforce	43. Is there adequate communication with the offshore workforce and suitable information, guidance provided, etc.?	Regular updates are provided through a variety of forums such as: <ul style="list-style-type: none"> <li>• Pre-start meetings for each shift</li> <li>• Toolbox meetings</li> <li>• Regular Q&amp;A sessions</li> <li>• Shift pre-tour meetings</li> <li>• Weekly safety meetings</li> <li>• Medic-delivered information sessions</li> <li>• Joining instructions</li> <li>• Fleet notices</li> <li>• Ad-hoc meetings called by management</li> </ul>

Prompt	Specifics	Better Practice Responses
Contractor management	44. How are contractors being managed (who will be coming to the facility), pre-flight screening, etc.? <ul style="list-style-type: none"> <li>• Are they managed in the same way as other employees or are you relying on the contractor's systems?</li> <li>• If the latter, what oversight have you got over the contractor's systems?</li> </ul>	Contractors are subject to the same protocols as staff.
Contractor awareness	45. Are contractors being involved in pre-start and toolbox meetings? 46. Is the entire workforce being given regular updates and clear messages that they can understand? 47. Are the practicalities of implementation of controls being workshopped? 48. Are health professionals being involved in delivering these messages?	<ul style="list-style-type: none"> <li>• All facility personnel, including contractor personnel, participate in pre-start and toolbox meetings</li> <li>• Regular updates are provided to all facility personnel through a variety of forums (see Q.43)</li> <li>• COVID-19 facility specific risk assessment and response plan undertaken with Offshore Workforce and in operation</li> <li>• Health professionals involved in communications with workforce on updates</li> </ul>
Health-sensitive people	49. Have you considered strategies for managing health risks to more sensitive people e.g. members of the workforce with pre-existing conditions or age-related risk factors?	Persons identified as vulnerable are restricted from travel to the facility.
Safety-critical roles/personnel	50. Have you considered how to protect those in safety-critical roles while they are off-swing? <ul style="list-style-type: none"> <li>• Isolation of safety-critical personnel/roles between swings?</li> <li>• Avoiding leaving the state/territory within which they work in between swings to avoid travel restrictions?</li> <li>• Establishing trained back-ups for safety-critical roles?</li> <li>• Sharing expertise across industry where possible?</li> </ul>	<ul style="list-style-type: none"> <li>• 14-day isolation prior to re-boarding the facility</li> <li>• Local accommodation provided for workers</li> <li>• Training and recruitment of back-up personnel for critical roles</li> <li>• Industry associations for sharing</li> </ul>
Pre-work quarantine	51. Have you considered essential workers undergoing a 14 day quarantine prior to returning to work after a swing?  52. During pre-work quarantine, have you considered undertaking regular testing of personnel for COVID-19, e.g. nose swabs taken on day 6 and day 13 of quarantine to confirm no infection prior to personnel returning to work?	<ul style="list-style-type: none"> <li>• Yes, 14-day isolation period prior to returning offshore</li> <li>• <b>Location of pre-mobilisation isolation close to heliport/post fixed-wing; alternatively if fixed-wing is required post-isolation this is via charter flight to avoid in-transit exposure.</b></li> <li>• COVID-19/infection testing conducted at 6 days and 13 days during this isolation period prior to travel offshore</li> </ul>
Management of Swings	53. Has any consideration been given to the management of swing durations and swing cycles to provide for at least a 14-day isolation / quarantine period prior to returning to work? 54. If so, have 'human factors' been appropriately considered e.g. fatigue management?	<ul style="list-style-type: none"> <li>• Yes, moved to a roster including a 2-week isolation period during which COVID-19 testing and health surveillance occurs</li> <li>• Human factors expert consulted and workforce engagement conducted in arriving at roster changes</li> <li>• <b>Extended swing duration has mandatory rest days built in to the schedule</b></li> </ul>
Psychosocial hazard management	55. Have you considered how to minimise the psychosocial risks introduced through pre-mobilisation isolation periods?	<ul style="list-style-type: none"> <li>• <b>Pre-mobilisation isolation is managed per crew so the entire crew is isolated together. While required to maintain appropriate physical distance, crew members can socialise together.</b></li> <li>• <b>Outdoor areas available for exercise and appropriately distanced socialising.</b></li> <li>• <b>Regular scheduled contact with a mental health provider (e.g. every second day, telehealth consultation initiated by mental health provider)</b></li> </ul>

Prompt	Specifics	Better Practice Responses
		<ul style="list-style-type: none"> <li>• <b>“Calling tree” – each person in isolation has a telephone call with a different person from the company each day.</b></li> <li>• <b>Care packages delivered to people during isolation.</b></li> <li>• <b>Unlimited contact with family via tele/video options.</b></li> <li>• <b>Exercise, sleep, diet, and stress management/resilience programs in place during isolation, including a daily program of exercise and meditation classes via video link with trained instructors.</b></li> <li>• <b>Plans and allowances in place should employees need to return home at short notice for family health matters.</b></li> </ul>

\*Note: Close personal contact is defined as conversing with someone for more than 15 minutes at 1 metre within an enclosed space.