COVID-19 MANAGEMENT STRATEGIES FOR OFFSHORE ENERGY OPERATIONS

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Disclaimer

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Technology, Safety and Collaboration in Offshore Energy Development since
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COVID-19 Management Strategies for Offshore Energy Operations

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1   Overview

This document contains management strategies for COVID-19 as it relates to ongoing offshore energy operations. Each company engaged in offshore energy development should be aware of current Centers for Disease Control and Prevention (CDC) information associated with the Coronavirus Disease 2019 (COVID-19) at (https://www.cdc.gov/coronavirus/2019-ncov/index.html).   The mitigations within this document are organized in the following categories:

- Worker Self-Screening (before you go to work)
- Pre-Travel Screening (Example: Heliport)
- Marine & Shorebase Screening
- Facility Mitigations (offshore)
- Additional Mitigations
- COVID-19 Case Management Considerations
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Additional considerations for critical infrastructure works can be found on the CDC website at:

https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html

2   Worker Self-Screening

All workers should monitor their own health before going to work. One key action everyone can take is to look for symptoms of COVID-19, which the CDC describes as:

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** *People with these symptoms may have COVID-19:*

- *Fever or chills*
- *Cough*
- *Shortness of breath or difficulty breathing*
- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *New loss of taste or smell*
- *Sore throat*
- *Congestion or runny nose*
- *Nausea or vomiting*
- *Diarrhea*

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. You may also utilize the CDC Self-Checker at:

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html#

Not all individuals that test positive for COVID-19, or are infected with SARS-CoV-2 exhibit the above symptoms, or meet the COVID-19 case definition above. Symptoms may appear 2 to 14 days after exposure to COVID-19. The decision of possible acute illness is a clinical one, and relies upon the clinical judgement of the medical professional. Nothing in this guide is meant to restrict a medical professional from a determination of illness due to SARS-CoV-2.

The CDC recommends that any worker call their doctor if they have developed symptoms (listed above), or have been in close contact with a person known to have COVID-19.

The CDC also recommends that individuals get medical attention immediately, if you have any of these emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

MITIGATION: *Workers who have symptoms, traveled to areas with community spread or close contact with anyone who has,* **should not proceed to Heliport and Shorebase facilities**. *They should contact their employer and follow company guidelines.*

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3   Pre-Travel Screening

Companies should screen all personnel at offshore transportation points (Heliports & Shorebases) before travel offshore. Several common screening strategies are listed below.

Screening Point Mitigations
- Encouragement of self-evaluation before arrival
- Screening Point prior to entering Heliport Check-in Area

Screening Related Mitigations
- Exposure & Symptom Screening Questionnaire, including if the individual has complied with government-recommended quarantine guidelines, as well as information on the occupation of co-habitants (e.g. do you live with a healthcare worker with high probability of exposure to COVID-19?).
- Temperature Screening
- Additional Medical Screening (where appropriate)

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3.1   Personnel Screening Levels

All workers should be screened for symptoms of COVID-19 prior to traveling offshore. There are several levels of screening that are captured below for clear communication between stakeholders.

- Level 0: No organized screening (Not currently advisable)
- Level 1: Questionnaire related to CDC Guidance
- Level 2: Medical screening related to symptoms
- Level 3DV: COVID-19 Diagnostic Antigen test screening, exempting asymptomatic vaccinated personnel
- Level 3D: COVID-19 Diagnostic Antigen Test screening (no exemptions)
- Level 3V: COVID-19 Molecular Test screening, exempting asymptomatic vaccinated personnel
- Level 3: COVID-19 Molecular Test Screening (no exemptions)
- Level 3+: Level 3 screening plus self-monitored onshore quarantine protocols outlined in section 3.2

Note: the facility status should only be reported as the lowest screening level of all personnel onboard, even when a short-term visitor boards with a lower screening level.

Note: Current CDC and FDA guidance indicates that Diagnostic Antigen tests may have lower sensitivity than PCR/NAA tests. The FDA indicates that negative results may need to be confirmed with a molecular test since they are more likely to miss an active infection compared to molecular tests, especially when the individual exhibits symptoms of COVID-19.

*MITIGATION: Companies should provide for questionnaires, temperature screening and other **screening methods outside of the confined personnel check-in and staging area** if no pre-travel screening is conducted offsite.*

*MITIGATION: Facilities at established screening levels **should not receive visitors with lower screening levels**. If a visitor is permitted on the facility with a lower screening level, the risk of exposure is increased and additional mitigations may be required to maintain planned exposure risk levels (as outlined in section 3.3). In this instance, the facility status code would reflect the admitted lower screening level.*

3.2   Level 3+ Quarantine Guidelines

Maintaining an offshore workforce with minimal exposure to COVID-19 may include additional isolation measures that take place onshore between offshore rotations. The isolation protocols and verification should be operator managed and outlined in writing. The isolation protocols should be available to all personnel prior to facility arrival.

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3.3   Visitor Mitigations

In the case where a visitor, such as a specialist or regulator, arrives on a facility with a higher screening level than that of the visitor, the following mitigations should be considered.

- The same COVID-19 exposure related personnel PPE on a facility should apply to all onboard the facility inclusive of staff, third parties, regulators and visitors. In cases where N95 respirators are specified, individuals who have not met the requirements to wear N95 respirators should wear face coverings at a minimum.
- Pilots in helicopters with lower screening levels should:
  1. Wear face mask/coverings when around passengers, except during flight if cabin barriers are utilized
  2. Should coordinate with facility personnel and follow prescribed mitigations if they need access to facility beyond the helideck (facilities may require specific cleaning protocols after visit)
- Helicopters with pilots at lower screening levels than passengers should:
  1. Consider FAA approved barrier between pilot and passengers
  2. Consider limited passenger numbers

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4   Common Facility Status Codes

To aid in clear communication between stakeholders, understanding the status of an isolated asset can enable appropriate interactions.

4.1   Status Code System

The following code system covers number of symptomatic and confirmed COVID-19 cases onboard an isolated asset.

- **Q**: Individuals with or without symptoms that have been selected for further investigation* onboard the asset within the last 14-days (if test(s) are negative, Q# remains until the 14-day period has expired)
- **C**: Individuals confirmed with COVID-19 onboard within the last 14-days
- **#**: Number of individuals

Utilizing the screening levels in section 3 and status codes above, the following reporting can be implemented in stakeholder communications.

$$LQ\#C\#$$

Where,

L *is the screening level*

Q *denotes personnel under investigation for potential COVID-19*

*is the number of individuals under investigation onboard within last 14-days*

C *denotes confirmed COVID-19 case*

*is the number of individuals testing positive for COVID-19 onboard within last 14-days*

*Further Investigation means all personnel who have been selected for COVID-19 testing. This includes symptomatic, asymptomatic, close contacts, etc.

NOTE: At the time of publication of this document, increased concerns over asymptomatic personnel offshore exist. To mitigate risk of asymptomatic personnel offshore, asset owners should consider robustness of their screening questionnaires for exposure situations and ability to conduct contact tracing. In instances where a confirmed case has been detected, timely contact tracing and testing has shown to be effective in detection of asymptomatic personnel.

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4.2   Operational Designation (Color Flags)

Once individuals have been identified with symptoms outlined by the CDC that has prompted further investigation (Q), operators may be sending the symptomatic and asymptomatic individual(s), including close contacts, to shore for testing (or tested offshore) and will inform all personnel traveling to and from the asset and implement additional measures onboard to minimize exposed personnel until COVID-19 test results confirm a negative. As such BSEE and USCG should be advised to not visit the facility.

Should testing indicate a "confirmed positive" (C), efforts to proactively test offshore will be implemented for determination and removal of infected individuals from the facility.   Close contacts should be determined by the latest CDC guidance for high-density critical infrastructure or offshore oil and gas facilities, and include considerations for vaccinated, asymptomatic personnel into the guidelines.   The operator (and rig contractor for MODUs) will actively evaluate the situation to determine agreed path forward regarding ongoing and future operations. In this case, personnel movement will be limited and any personnel movement to the facility will be conducted only with consent. Again, BSEE and USCG should be advised to not visit the facility, required inspections should be conducted using e-inspection techniques and protocols.

Therefore, the following operational designations or "flags" for the facility are suggested:

- Green -- All clear, no suspect cases
- Yellow -- Suspect case(s) under investigation (until results indicate negative or positive – and will turn back to Green or Red)
- Red -- Confirmed case and status remains red until further information based on medical direction aligned with CDC guidance.

Operators of offshore assets should either adopt the operational designation (color) protocol outlined above or document their own protocol in writing.   BSEE and other stakeholders may request an asset owner's operational designation (color) protocols if different from the guidance provided within this document.

4.3   Examples

The following examples are provided to gain understanding of how this system works.

A. "3Q6C1" would be an accurate code for an asset where 6 PUIs (1 symptomatic and 5 close contacts) were sent in for testing within the last 14-days and one of those PUIs tested positive for COVID-19. In this example, the code would have been 3Q6C0 before the test results came in. For this example, the Q6 would remain for 14-days since they were removed from the asset, even though their test was negative.
B. "2Q0C0" means everyone onboard has been screened via questionnaire and temperature screening and no one under investigation or confirmed cases onboard in the last 14-days
C. "2Q3C0" means everyone onboard has been screened via questionnaire and temperature screening, 3 individuals under investigation onboard in the last 14-days, no confirmed cases onboard in the last 14-days
D. "1Q2C1" means everyone onboard has been screened via questionnaire and within the last 14-days, 2 individuals were under investigation and 1 individual was confirmed with COVID-19
E. If a "2Q0C0" platform accepts personnel on board from a "1Q0C0" helicopter without completing on-site level 2 screening, the platform now becomes a "1Q0C0"
F. In the example above, the platform would not return to "2Q0C0" until all of the personnel onboard where screened Level 2 after exposure to the "1Q0C0" helicopter
G. If a "1Q0C0" aircraft or vessel personnel are Level 2 screened at the facility and pass, a "2Q0C0" would remain a "2Q0C0"

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5 Marine & Shorebase Facilities

The following mitigations are recommended.

- Following all Center for Disease Control (CDC) and World Health Organization (WHO) recommendations.
- Utilize screening questionnaire for all that enter facilities and/or board vessels
- Supply all of vessels with additional alcohol-based hand sanitizer as well as additional surface sanitizing products. Review cleaning regimes with a view of increasing the frequency
- Provide basic PPE to individuals, such as cloth facemasks, or establish procedures for individuals to arrive at the facility with their own personal PPE.
- Secure digital no-touch thermometers and N95 respirators as a precautionary measure for personnel conducting close proximity screening activities
- Provide vessels in international locations with updated risk management techniques and hygiene awareness communications
- Develop/implement plans to manage suspected case on board a ship – including PPE recommended by the CDC to allow proper care for the suspected individual during the quarantined period and until the individual can be safely removed from the vessel.

MITIGATION: *Companies should provide questionnaires, temperature screening and other* **screening methods prior to boarding vessel** *if no pre-travel screening is conducted.*

MITIGATION: *Companies should provide onboard measures to enable* **exposure limiting practices, plans for symptom assessment,** *and* **plans for symptomatic individuals**.

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6   Facility and Boarding Mitigations

Offshore facilities should enable and maintain screening practices for all personnel onboard. Consideration should be paid to mitigations appropriate for the travel methods used to and from the facility. While onboard, additional mitigation can be implemented to reduce the risk of COVID-19 spread.

6.1   Helicopter Travel

Helicopter travel to offshore facilities should consider mitigations, such as those listed below, to help limit the potential spread of COVID-19.

- Consideration for increased cleaning protocols
- Consideration of PPE while transiting, such as masks or face coverings
- Consideration of hand sanitizing prior to flight

6.2   Arriving Individuals from Secondary Transportation

Offshore facilities should have procedures for screening individuals who have not been screened at Heliports & Shorebases before arrival. Support vessels, specialized vessels and other service platforms may have individuals on board that have not been pre-screened. Companies should ensure they have processes in place to obtain confirmation of individual screening or methods to screen prior to accepting personnel to the general population on board. (Emergency exceptions, such as someone on a vessel that required immediate medical attention and needs to be brought onboard the offshore facility or if the Medic would need to be sent to the vessel. These exceptions, if they occur, should be documented and may affect the code status of the facility.)

*MITIGATION: Facilities should provide for managing **verification of screening or conducting screening of arriving individuals whom have not been screened at Heliports and Shorebases** before accepting them into the general population onboard.*

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6.3   Onboard Measures

Facilities contain communities of individuals who work, eat and sleep onboard. Several mitigations can be implemented to enable social distancing practices, some of which are listed below:

Self-Monitoring/Self Protection
- Review of health status with every employee at an appropriate interval.
- Employees reporting immediately and isolating if symptomatic.
- Personal hygiene/handwashing focus.
- Measures to reduce airborne spread within 6 feet of another person. (Mask use.)

Galley Mitigations
- Elimination of self-serve dining with community utensils.
- Replacement of communal condiments with single-serving packets.
- Prior to any food preparation, proper sanitization and personal hygiene precautions must be taken.
- Verify workers to wash hands or use hand sanitizer upon galley entry (designated monitoring personnel).
- Eliminate the use of "common cloth towels." Use of disposable paper towels for drying dishes, surfaces, hands, etc. (in galley).
- If possible, consider limiting the number of personnel in the galley at any given time.

Additional Mitigations
- Good housekeeping practices (examples below).
  - Increased cleaning measures of cabins between crew changes.
  - Clean frequent contact surfaces daily (handrails, electronics handsets, telephones, radio mikes, handheld radios, door handles, door surfaces, lavatories, shower doors, bathroom stall doors, equipment controls, etc.).
- Change HVAC filters at a minimum of once a week.
- Hot water wash for all laundry.
- Enhanced cleaning and disinfecting for 72 hours after last ill person is released from isolation or has been evacuated.
- When warranted, provide basic PPE (if available), such as face coverings, or establish procedures for individuals to utilize their own PPE. Instruct personnel in the basic use of PPE.
- Quarantine and specialized transportation plans for any individuals on board exhibiting symptoms.
- Consideration for COVID-19 testing offshore prior to transportation onshore (when appropriate or available).

*MITIGATION: Facilities should practice **good housekeeping**, enable measures that **limit contact** with communal surfaces, and have plans for **handling individuals on board that may develop symptoms**.*

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7   Additional Mitigations

Offshore energy operations involve many personnel not only offshore but in the support offices onshore. Additional mitigations should be considered in all onshore facilities and offices that allow for social distancing and diligence with self-assessment (as mentioned in section 2).   Some of these mitigations are listed below:

Exposure Limiting Mitigations
- Adhere to local, state or Federal recommendations on social distancing and stay-at-home orders
- Encourage regular self-assessment
- Limitation of non-essential travel
- Individuals returning from areas of active communal spread should inform their supervisors and follow CDC guidance before attend meetings or events offsite, exceptions may be made for vaccinated individuals
- Enable policies for onshore personnel who exhibit symptoms or test positive for COVID-19
- Increased housekeeping measures at onshore offices and facilities (disinfection protocols)
- Posting of CDC personal hygiene signs in appropriate locations
- Limitation of communal items in onshore cafeterias (use of individually wrapped utensils, individual condiment packets)
- Implement additional medical staff precautionary measures

Business Impact Limiting Mitigations
- Companies should implement return to work policies that specifically set out the requirements to return to work for individuals who have tested positive for COVID-19
- Plan for office staff who exhibit symptoms (Example below)
    - Notify supervisor and medical department by telephone of the onset of symptoms
    - Leave the workplace immediately and go directly home
    - Call personal health care provider and let them know about symptoms consistent with COVID-19 (then follow advice of healthcare provider)
    - Remain out of the workplace until 10 days after symptoms have resolved or have two consecutive negative tests for COVID-19, and cleared to return by medical personnel
- Considerations for highly specialized workers (examples noted below)
    - Limit simultaneous exposure of highly specialized workers
    - Develop contingency plans for highly specialized worker quarantine periods
- Increased use of web-based meetings involving more than 10 people
- Increased use of remote working where possible

*==MITIGATION: Onshore facilities and offices should enable practices that allow for **social distancing, notice and action plans for individuals who exhibit symptoms,** and **increased cleaning measures**==*.

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8   COVID-19 Case Management Considerations

Case management plans for offshore assets should consider the following actions to manage the risk of COVID-19 spread. Once an individual is suspected of potentially being infected with COVID-19 (through established screening processes), they can be referred to as a Person Under Investigation, or PUI. Throughout the case management process, appropriate medical, health, and company resources should be notified.

1. Assign one individual or medic the responsibility to monitor the PUI. (Note: Where on-site medical is not feasible, consider telemedicine options)
2. Provide an N95 Mask or face shield (or similar) to the PUI as soon as possible
3. Require all personnel engaging a PUI to wear a N95 mask or PPE recommended by the CDC
4. Verify and document PUI symptoms or risk factors
5. Verify and document areas and personnel onboard where the PUI has interacted with in close proximity
6. Assign PUI to an isolation room
7. Individual should be evacuated as soon as reasonably practicable to an appropriate onshore medical facility for testing if symptoms warrant, or test positive offshore.
8. Conduct and verify cleaning procedures for isolation room and any areas onboard where PUI was known to touch or interact with
9. Perform contact tracing per CDC guidance and inform close contact(s) of quarantine expectations.

8.1   Contact Tracing Considerations

An important component of COVID-19 Case Management when a PUI has been identified on an asset where other workers may have been exposed is contact tracing. The CDC recommended practices at the time of this publication are:

- Contact tracing will be conducted for close contacts (as per CDC guidance and include vaccinated, asymptomatic individuals)**.**
- Remote communications for the purposes of case investigation and contact tracing should be prioritized; in-person communication may be considered only after remote options have been exhausted.
- Testing is recommended for all close contacts of **confirmed or probable COVID-19 patients**.
- Those contacts who test positive (symptomatic or asymptomatic) should be managed as a confirmed COVID-19 case.
- Asymptomatic contacts testing negative should self-quarantine **for 14 days from their last exposure** (i.e., close encounter with confirmed or probable COVID-19 case)
- If testing is not available, **symptomatic and vaccinated asymptomatic** close contacts should self-isolate and be managed as a probable COVID-19 case.
- If testing is not available, **asymptomatic** close contacts should self-quarantine with linkage to clinical care for those who develop symptoms.

Additional guidance on contact tracing can be found at:

https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html

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9   Personnel Isolation

Isolation of potentially infected personnel is a valuable mitigation against the risk of COVID-19 spread. Effective isolation includes considerations for dedicated room(s) and related protocols. The guidance for "dedicated room(s) does not apply to individuals who are awaiting (on a short time basis) transportation to shore for enhanced medical care. *Note, all offshore assets may not have sufficient room or configuration to dedicate rooms for isolation. In these circumstances, the asset operator should evaluate available options and consider which mitigations are most effective given the asset configuration.*

9.1   Isolation Room(s)

Offshore assets should consider dedicated isolation room(s) for personnel experiencing COVID-19 symptoms. Each isolation room should be clearly identified and consider containing the following equipment:

- N95 masks for potentially infected personnel use
- Telephone or communication method
- Water
- Soap and disposable towels
- Hand sanitizer should be available within the room
- Dedicated room cleaning materials
- Posted medic and emergency contact methods

Isolation rooms should be considered for ventilation characteristics. To mitigate against airborne transmission through an HVAC system, IPIECA guidance states 'if practical, the selected isolation room should have an exhaust that is directed to the exterior of the facility". Where this is not possible, consider minimizing the recirculation of air on the asset. Isolation rooms configured with a bedroom and in-suite bathroom are preferred.

9.2   Personnel Isolation Protocols

In addition to dedicated isolation room(s), the following protocols should also be considered to decrease the risk of spread onboard the offshore asset.

- Clearly mark the exterior of the isolation room(s)
- Prohibit entry to the isolation room(s) except for PUIs and assigned monitoring staff
- Door(s) to isolation room(s) should remain closed
- All monitoring staff should be required to disinfect hands before and after entering an isolation room
- All monitoring staff should be required to wear N95* masks before entering an isolation room
- Monitoring staff should avoid contact with surfaces within an isolation room
- If an in-suite bathroom is not part of an isolation room, PUI should be required to wear N95* mask and gloves when using a shared bathroom
- If a PUI need to travel to another area onboard, they should be required to wear N95* mask and gloves
- Assets should document areas PUI travel onboard during isolation
- Once isolation room(s) have been vacated and extensively cleaned, the clean status should be clearly documented and posted

*Note: If N95 masks are not available or approved for use, a comparable mitigation should be utilized.

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10 Additional Offshore Asset Considerations
The following subsections address additional strategies asset operators may want to consider.

10.1 Evacuation of Confirmed Positive or Unconfirmed PUI
Once a Confirmed Positive or Unconfirmed PUI has been identified onboard an offshore asset and verification of symptoms or risk factors have been completed, they may require evacuation for testing, isolation or treatment. In addition to company medevac procedures, the following consideration for confirmed positive or PUI evacuation should be evaluated.

- Consider the severity of illness and availability of transport in evaluating whether a confirmed positive or PUI should medevac to an onshore facility or if a test should be administered on the asset.
- Depending on the potential number of individuals the confirmed positive or PUI had close contact with, consider options for offshore isolation or options on crew change timing.
- Consider dedicated SARS aircraft, suitably prepared conventional aircraft, or additional measures for helicopter crew during transport and cleaning procedures after transport.

10.2 Additional Measures
Once a COVID-19 PUI has been identified onboard an offshore asset, an asset operator may decide to take additional actions to manage the risk of spread. The following considerations should be evaluated.

- Temporary suspension of routine personnel transportation to and from the asset
- Conduct daily medical screening of all personnel onboard the asset

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11 Testing Considerations

The following subsections address considerations for COVID-19 testing.

11.1 Informed Consent

Tests should not be performed on any person without their informed consent. This means the person must be informed of how the test is done, how results of the test are described (e.g. positive or negative), the limitations of the test, the risk of false positive and false negative, and the actions that will be taken as a result of the outcome of the test. Any questions they have should be answered prior to the request for their consent to perform the test. The person should also be informed of the actions that will be taken if they do not consent to the test.

11.2 Clinical Governance

The test process must be performed under careful clinical governance, with a suitably qualified person responsible for, and overseeing the process, including setting up of the test facilities, execution of the test, identification of samples, provision of results to the person being tested, documentation, and disposal of medical waste.

11.3 Health and Safety of Testing Personnel and Persons Being Tested

The test process should include controls designed to protect the health and safety of the testing personnel and the persons being tested. Protection against contamination from specimens, and risk of transmission of infection from one person to another must be in place throughout the testing process. This is particularly so in the collection of nasal swabs, as this collection method often provokes coughing or sneezing in the person being tested, so measures to reduce transmission to the testing personnel, and other persons going through the testing process must be in place.

11.4 Risk Communication

POC antibody testing in particular has limitations in that it will not pick up early infection (due to the test methodology), and it is not considered a confirmatory diagnostic test. Therefore, the testing process using POC antibody testing should not be described as a measure to fully exclude the disease from workplaces, and a test result of "negative" does not give license to ignore other measures of disease transmission prevention such as washing hands and social distancing.

11.5 Evaluate the Testing Process

The test process should be evaluated to assure that clinical governance processes are working, health and safety measures are in place and working, and that informed consent is being given. The process should also be evaluated for predictive value of the test.

11.6 Testing Methods

COVID-19 test methods are rapidly evolving as the medical community learns more about the virus. Organizations implementing a testing program should consult CDC and other healthcare resources, including state and local health departments, to determine a testing regime that best suits their organization's needs. In addition, the availability of testing equipment and supplies may be scarce due to overwhelming societal demand.

CDC information can be found here:

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html

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12 Return to Premises Considerations (Onshore)

Return to work decisions need to address individuals who may have exhibited symptoms of COVID-19 (symptomatic), who did not exhibit symptoms (asymptomatic), who have been vaccinated and those who have not.

Companies should consult with medical professionals when determining return to work protocols specific to their operations. Companies should consider the latest CDC guidance in conjunction with their local community health authorities.