Better practice responses for managing the risks associated with COVID-19

The National Offshore Petroleum Safety and Environmental Management Authority (NOPSEMA) is taking direct action to help protect and support the offshore workforce from risks associated with COVID-19. Nineteen months after our Better Practices survey at the start of the pandemic, NOPSEMA has again surveyed arrangements in place for reducing the health risks to the Australian offshore petroleum industry workforce.

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. NOPSEMA believes that implementation of these practices, where practicable and appropriate, will assist industry to reduce the risks associated with COVID-19, and to limit opportunities for exposure among the offshore workforce.

Over late 2020 to 2021, NOPSEMA has progressively returned to offshore inspections relating to the COVID-19 control measures using the survey questions as an inspection prompt sheet.

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.

Prompt	Specifics	Better Practices Responses
Auditing – Infectious Diseases SMS In accordance with the safety case in force, arrangements should be in place for auditing the safety management system (SMS), including infectious disease management.	1. Are arrangements in place for auditing the implementation of COVID-19 related control measures and reviewing the effectiveness of those control measures? Are offshore COVID-19 drills performed to test the efficacy of procedures and to increase understanding and awareness of roles and responsibilities in the event of a COVID-19 case offshore?	Field checks and quarterly assurance assessments are conducted on the Communicable Disease, COVID-19 Procedure, and the COVID-19 Heath Management Plan. COVID-19 emergency response plan exercised. Lessons learned are captured and improvements implemented. Drills are undertaken regarding emergency evacuation of personnel from the facility as part of annual response testing requirements.
Hazard identification- Integrated SMS Are Infectious diseases identified as a workplace hazard for control and management within the formal safety assessment or the general occupational health and safety systems? Is guidance provided on identification, assessment, and control?	2. Is COVID-19 identified as an infectious disease and considered an occupational health hazard which could result in a major accident event?	COVID-19 is identified in the safety case as an infectious disease and considered an occupational health hazard which could result in a major accident event (MAE).
	3. Does the plan or procedure to manage infectious diseases, including COVID-19, provide guidance regarding prevention, management, and the control of outbreaks on-board the facility and is it part of the overall safety management system? This should include emergency response plans for managing affected patients up to the point of care, for example suitable hospital capable of managing COVID-19 patients.	COVID-19 Corporate Standards and /or Biological Pandemic Management Plans are part of the integrated Safety Management System (SMS) and management systems, which describe the framework employed to support disease prevention, facility/vessel preparations for an outbreak, and control measures to implement when an outbreak occurs. The integrated Medical Response Plan outlines prevention, surveillance strategies, process for PCR testing, which can be undertaken on the facility, as well as contact tracing, isolation, reporting and clinical transfer guidance (executing medevac of infected personnel) to hospitals as designated by Department of Health public health physicians. For COVID-19 (as per the medical response plan, seriously ill patients are to be transferred to public hospitals (or other destination determined by the on-site doctor) in consultation with the on-call public health physician.
Safety management systems - Maintained and Continuous Improvement How often are you monitoring the changing circumstances around COVID-19, adapting your strategy, and reviewing Infectious disease management plans?	4. Is the system used to manage infectious diseases, including COVID-19, regularly reviewed, and updated? E.g. • when circumstances change, such as new contagious strains of the virus emerge, • when controls are added or removed, and • from the findings and actions from internal and external auditing and planned NOPSEMA inspections.	Periodic/cyclic reviews occur for COVID Management Procedures. Reviews also occur as circumstances change e.g. public health orders the requiring offshore personnel to have vaccination prompted review of the risk register and procedures. Health team (Occupational Physician, Nurses, Hygienists) and Business continuity team regularly review information. Any data point that could impact site operations is reviewed and appropriate mitigation strategies taken at that time i.e., stopping staff mobilisation to the facility and following up with members of the workforce if a new “hotspot” is designated. COVID trends and management strategies are discussed at a weekly Emergency Management Team meeting (multi-disciplinary team including leaders from all-operated assets, Medical, Human Resources

Prompt	Specifics	Better Practices Responses
		etc). This group have an internal communication page whereby any news of note or change of practice can be documented and circulated to leaders immediately. A weekly report is distributed to members of the workforce with updates on COVID-19 management and maintenance of site and office protocols. Monthly HSE meetings are held and discussions during these meetings include audit and inspection findings.
Management of Change (MoC) Changes have the potential to introduce new hazards and the management of change must include a hazard identification process. How are organisational changes to the COVID-19 infectious diseases safety management system managed?	5. Has the existing management of change (MoC) process been used when there are changes to documentation, personnel and operations associated with COVID-19?	The MOC process has been used to assess risks associated with COVID-19 for people movement, quarantine arrangements for Offshore workers and competency management.
	6. Is MoC used when tasks which were normally occur offshore are now performed onshore? e.g., training, assessments, audits, and inspections.	Safety barrier assurance assessment were converted to an Onshore activity (with Offshore interviews) in 2020. The scope of this assurance activity was managed through MOC.
Who should go to work – Vaccination? Is there a medical screening process in place which considers COVID-19 vaccination status risks prior to travel offshore?	7. Is a screening process implemented to determine who has been vaccinated pre-mobilisation?	Workforce vaccination status for compliance to the applicable state government directives are monitored and tracked as medical information. Additionally, a process is in place whereby if a “hotspot” or new border restriction measure is introduced the health team can identify individuals on sites that are impacted by these updates. They are then contacted and screened (daily if necessary) as new exposure sites are added) to ensure they are not a risk to others on site.
Who should go to work – Medical testing /Quarantine? What are the COVID screening and testing used to identify potential COVID-19 carriers, enable rapid isolation from the rest of the offshore workforce, and monitor treatment as appropriate?	8. Is diagnostic medical testing (PCR) or a screening test (RAT) performed for members of the workforce pre-mobilisation?	Pre-mobilisation PCR testing with or without pre-mob quarantine depending on community cases identified. Testing recommendations align with government mandated protocols whereby PCR/RAT testing should be conducted if you have any symptoms of COVID-19 or into WA from any interstate or international destination.
	9. If a pre-work quarantine period is imposed, is regular testing of personnel for COVID-19 carried out, e.g., testing on day 6 and day 13 of quarantine to confirm no infection prior to personnel returning to offshore work?	Current position is that if COVID-19 positive cases escalates then a precautionary isolation PCR test will be implemented which will include a 4-day quarantine and PCR test on exit. If a person is completing quarantine in a State managed/ approved facility, testing is completed as per State Police requirements. For interstate personnel subject to WA Government-imposed Quarantine directions, medical dept oversee a “quarantine” facility in the Perth, such that at any given time, personnel have somewhere safe to quarantine and which is recognised by both State Police and DoH.
Who should go to work - Health screening? Is there a health screening process in place which considers infectious disease (COVID-19) risks prior to travel offshore? e.g. • whether the traveller has COVID-19 symptoms of a fever of 37.5°C or more or a history suggestive of fever (night sweats, chills) OR an acute respiratory infection (e.g., cough, shortness of breath, sore throat)? OR loss of smell or loss of taste? • whether the traveller has had close personal contact with anyone suspected or confirmed to have COVID-19?	10. Is the screening process proportionate and responsive to current community infection threats, e.g., measures would likely be scaled back in jurisdictions where there are no ongoing infections?	Every person that deploys to an operational site completes a pre-flight screening questionnaire which includes questions around travel, symptoms, and any relevant contact with potential contacts. Screening questionnaire is updated when any new COVID related information comes to hand i.e., exposure site, new symptoms etc. Electronic self-assessment/declaration process in place via logistics process prior to mobilisation COVID-19: Pre-Travel Screening
	11. Does the timing of the self-screening questionnaire allow identification of individuals who have become symptomatic between the time they leave home and the time they reach their mobilisation point	Questionnaire must be submitted no later than 24 hours and no more than 72 hours prior to travel. Reminder email and text message between 72 and 24 hours prior to mobilisation in place. There are reminders in the questionnaire on what to do if unwell at any time. Then health screening is completed at the point of mobilization with travelers. • In the past 48 hours, have you had any symptoms which are suggestive of a cold or flu? (e.g., Fever, feeling hot/cold, cough with orwithout phlegm, sore throat, runny nose, difficulty breathing). • In the past 14 days, have you had close contact with a confirmed, suspected, or probable case of COVID-19? (with definitions provided). • In the past 14 days, have you been to an area identified by the State Government department of health as either a hotspot, medium risk and/or location visited that now necessitates

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		quarantine and/or testing?
	12. What arrangements are in place if an individual becomes symptomatic between the time, they leave home and the time they reach their mobilisation point (heliport)?	If an individual become symptomatic at any stage prior or during travel, the person is not permitted to board the flight, notifies either head office and or self-report to line manager, isolate and seek medical assessment and clearance as per the infectious disease response plan. Isolation occurs as per guidelines for offshore travel overnight at hotel. The individual's name is automatically forwarded to the medical team and a designated person then follows up the individual or if a contractor, forwards the information to the relevant employer.
Who should go to work - Higher risks groups? Is there arrangements in place to take account of the government advice Groups at higher risk of developing COVID-19 | health direct which identifies groups of people who may be vulnerable if they do become infected, and are more likely than others to become severely unwell, require admission to hospital, or indeed die from the infection? e.g. pregnant women, persons with disabilities, indigenous communities, 70 years or older, transplant recipients.	13. Have operators used the available health information to identify workers who may be at higher risk of developing severe illness if they become infected, and able to make a risk-based decision regarding their mobilisation, which may include: • risk to the individual of developing severe symptoms offshore • impact on the teams who may need to look after them offshore if they do become unwell • impact on business / safety-critical roles and appropriate manning levels • are online calculators used to assess workers vulnerability e.g., Covid-19 Medical Risk Assessment – Alama	The health team manage all individuals' "Fitness for Duty" to ensure they are fit to work on site during COVID-19. Offshore travel medicals are used to ensure employees are fit for work. Members the workforce who are categorised as vulnerable are managed via documented procedures by the health and medical division and HR processes and to enable them to continue working in alternate locations as their vulnerability allows. FAQs do include guidance for vulnerable people and whether they can come to work. Co-morbidity factors have been added to the pre- mobilisation health check sheet submitted to the Medic prior to travel. This declaration is then used in conjunction with historical health information for the person to determine if exposure to COVID-19 is acceptable to their health profile. System is to be reviewed in preparation for removal of border restrictions with staff to be reminded through proactive and consistent internal communications to inform Health division of the business if they are vulnerable and there is community transmission. Where an incoming person in a safety critical role is unable to come to site the back-to-back outgoing person does not leave until appropriately relieved. COVID quarantine review conducted with risk consultant and subject matter expert of COVID-19 procedure, quarantine requirements and other associated practices to determine if these practices may be modified to reduce the psychosocial risks to exposed workers, and with consideration being given to any potential change in the likelihood of a virus infection occurring on the facility due to the modification. Offshore Medic has the COVID-19 Health Management Plan to respond to COVID-19 positive cases.
Managing Visitors and Contractors A key consideration in the management of visitors and contractors is to reduce, where possible, the number of personnel attending the facility and ensuring only those who need to attend in person are mobilised. For those that need to attend, what COVID-19 management processes are in place? e.g. operators may wish to check that any bridging documents between the facility operator and contracting companies covers issues such as responsibility for arranging onward travel for individuals returning to shore to enter self-isolation.	14. How are contractor personnel being managed (who will be coming to the facility), pre-flight screening, etc.? • Are they managed in the same way as other members of the workforce or are you relying on the contractor's systems? • If the latter, what oversight have you got over the contractor's systems? • How are expectations and any additional requirements clearly communicated prior to mobilisation for personnel travelling to the facility during the pandemic? • Does the operator review third party COVID-19 risk management plans where they could impact the risk on the facility?	Facilities are offshore and, as such, people movements to and from the facility are limited and only where there is a business requirement. As per core crew every individual who mobilises to site is managed in the same way regarding screening processes including the pre-flight questionnaire, temperature check and showing proof of vaccination status. All arrivals are managed the same as per facilities COVID Management Plan. Employers are responsible for verifying vaccination status. Joining instructions for each facility provides for the communication of all relevant information prior to traveling to the facility. Any new requirements are communicated to the relevant contracting companies via the contracts department. Offshore travel booking form also stipulates these requirements. Personnel must complete a questionnaire relating to vaccination completion, travel origin, destination, and travel route. Screening of third party COVID-19 plans occurs as part of COVID-19 Management. COVID-19 management plans are requested and reviewed for onboarding new facilities. International vessels are pre-screened (COVID compatibility check) for potential offtakes offshore, including reviewing their COVID-19 management plans.

<table>
<tr><th>Prompt</th><th>Specifics</th><th>Better Practices Responses</th></tr>
<tr><td rowspan="2">Ventilation
Adequate ventilation reduces how much virus is in the air and helps reduce the risk from transmission.
This can be achieved by:
1. natural ventilation or ‘passive airflow’ - fresh air comes in through open windows, doors, or air vents, or
2. mechanical ventilation - fans and ducts bring in fresh air from outside
What steps have been taken to ensure there’s an adequate supply of fresh air (ventilation) in enclosed areas of the workplace?</td><td>15. Has ventilation assessment been conducted to:
• identify poorly ventilated areas.
• assess the risk from breathing in the virus (airborne transmission) in enclosed areas; and
• decide on the steps you can take to improve ventilation?</td><td>Ventilation Risk Assessment conducted to confirm possible transmission routes of the virus. Design and maintenance of the Living Quarters HVAC was assessed by SMEs. Accommodation HVAC system is multi barrier. High efficiency filtration (MERV #13), in-duct UV sterilization and greater than 5 Air changes per hour (ACH).</td></tr>
<tr><td>16. Have isolation room(s) been identified with ventilation which exhausts directly to the exterior? If not, how is the risk of infection spreading minimised?</td><td>There are designated isolation rooms and a hospital/clinic with ventilation exhaust directly to exterior. Communicable Disease Management Plan documents an isolation plan. Additional isolation rooms have been identified close to the hospital.

All room ducting exhausts via the Air Handling Unit to the exterior, of the topsides, at a point neither at a thoroughfare or occupied area. Room filters changes on a regular basis and the HVAC system maintained as per the PM requirements which include sterilization systems such as UV.

Personnel who appear, or are confirmed infected, can be isolated from other personnel in their own rooms. If it is not possible, plan is for personnel to be segregated/demobilised. Standard preventative controls still maintained to include cleaning, sanitisation hand washing etc.</td></tr>
<tr><td>Accommodation onboard the facility
Have operators periodically reassessed their accommodation arrangements, considering both the regional COVID threat level and each of their facility’s specific situations using a hierarchical approach to the risk assessment process?

Any risk assessment should also take account of the health status of personnel and may also include consideration of the COVID status of the domestic location of origin of cabin occupants.</td><td>17. Are the workforce engaged with COVID-19 risk assessments and resulting arrangements (the workforce should be engaged with and consulted on the introduction of any new or revised arrangements)?</td><td>As changes occur, the workforce is consulted and informed. Regular engagement through Health Safety Representatives and workgroups e.g., risk assessments; implemented vaccination requirements, outbreak management approach, ventilation assessment and when accommodation arrangements have been adjusted such as reducing/increasing seating in the dining room.

HSE medics have been included in risk workshops and management plans are owned/approved by OIMs. Border restrictions are considered when completing risk assessments.</td></tr>
<tr><td>Alternative work arrangements
Operators may choose remote working for activities, or parts of activities, that can be conducted remotely rather than onboard facilities: training; assessments; audits and inspections.</td><td>18. What measures have been made for alternative work arrangements to limit the exposure and transmission to COVID-19?</td><td>Offshore - Alternative work arrangements are assessed on a case-by-case basis to determine whether offshore travel is required. Alternate methods, such as in field video meetings, have been employed where international vendors could not attend the platform. Similar methods have been employed for PCR testing implementation, remote audits / inspections, and training/competency assessment, (where practicable). Roster was and can be modified to manage the COVID-19 risk. Should there be an increased COVID risk business would revert to a 2 week on 2 week off roster.

Weekly screening and planning meetings to review upcoming work scope (6 week lookahead), which allows for alternative arrangements to be made if required.

Onshore - Option for working at home for office personnel. Remote working has been available on a case-by-case basis for people impacted by border closures.</td></tr>
<tr><td>Workforce management
Are arrangements in place to limit contact between different shifts or work groups to assist in preventing the spread of infection, particularly when considering access to common facilities and areas?</td><td>19. Are measures in place limiting contact between different shifts or work groups?</td><td>Controls including capacity limits are in place offshore, e.g., work groups smaller sizes, conducting pre-start and toolbox talks in smaller groups and separate areas, room capacity limits still in place for gym, cinema, limit mealtimes and seating arrangements in mess to ensure physical distancing.</td></tr>
<tr><td>Communication and Training</td><td>20. Has training been conducted for new systems of work associated with COVID-19 controls? e.g.
• socially distanced mustering during emergency response exercises</td><td>Training implemented for social distancing, use of PPE (masks) and personal hygiene (washing hands regularly/ using sanitiser). Mustering risk assessment conducted to allow for mustering to occur with controls. Muster areas have “x” marked on the floor to designate spacing.
Weekly muster drills and exercises with controls implemented incl. social distancing, with after action</td></tr>
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Prompt	Specifics	Better Practices Responses
Where new ways of working have been implemented, have training and exercises been conducted to ensure these are understood and implemented? Examples may include • socially distanced mustering during emergency response exercises; • additional precautions for first aiders; and • medical evacuation of suspected or confirmed case of COVID-19.	• additional precautions for first aiders • Medical evacuation of suspected or confirmed case of COVID-19	review. Where RAT testing has been implemented training has been completed either internally or provided by subject matter experts. Medic provides regular training to Medic Assist which includes response to suspected COVID cases including medical evacuation. Site arrival briefing includes content on reporting to Medic if feeling unwell and/ or symptomatic. Personnel are encouraged to stay in their cabins/ rooms if unwell and office personnel are encouraged to stay at home if unwell.
	21. Is there regular and repeated communication given to members of the workforce? • including the procedures by which infectious diseases are to be managed, • the way the virus is spread, the symptoms of COVID-19, • the action to be taken in the event of developing them, and • the behaviours needed to prevent the spread of the virus, to ensure that behavioural change is implemented and maintained.	Weekly communications are distributed to all personnel with required COVI-19 information and critical government updates as well as slides presented during weekly safety meetings. Our return to platform briefing contains a dedicated section for COVID-19 updates, this includes instruction as to how to contact the medic when flu like symptoms present. OIM notices are issued via email and placed in the dining room to brief all personnel when changes occur related to COVID. These are also included in the pre-start notices which are issued daily. Signage is in place requiring use of hand cleaner in areas such as the dining room. FAQs toolbox discussions and COVID-19 intranet page are used along with internal globalmessaging.
	22. Are members of the workforce given clear instructions and training on where to go to avoid contact with other personnel, and how to contact the facility medic by phone in the event of developing symptoms?	Infectious Disease Plan has been communicated to personnel and regular messaging through daily pre-starts, newsletter, toolboxes. Any personnel presenting with symptoms to present to Medic for testing. Personnel regularly present with symptoms and regular PCR testing is performed. All staff (if not at an operational site) complete a weekly screening questionnaire which is updated if their circumstances change, therefore everyone is aware of the various clinical symptoms of COVID-19. If they do not complete the questionnaire an automatic reminder is sent to the individual and their supervisor advising them to complete it. The health team members deliver key measures to the business, including via leadership meetings, site pre-starts and specific education sessions for key topics such as vaccinations. There is always a health team member on call to answer queries or provide advice to the business. Clinical staff are available on each site and are responsible for reviewing any individuals referred to them.
	23. Have management, supervisory staff and the medics received any training on what to do if they suspect someone may be infected with COVID-19?	Medics have qualification which support them for assessing and treating infectious disease (infectious disease protocols).
	24. Are health professionals being involved in delivering these messages?	Welcome back messaging by health professionals for all personnel onboarding offshore. Onshore medical physician conducted a live webinar for workforce to provide information and answer questions on COVID-19 vaccinations. Webinar recorded and made available on intranet site.
Social distancing onboard It is unlikely that any offshore facility will be able to achieve an appropriate social distancing distance between individuals all the time while maintaining safe operations. What changes to work tasks have been made wherever possible to maintain increased frequency of personal hand hygiene routines and social distancing?	25. Where it is not possible to achieve appropriate social distancing between individuals all the time while maintaining safe operations, what other actions have been considered to reduce the risk of infection? e.g. • physical barriers, • ensuring workers are not positioned face to face, • restricted access to critical areas, • time in proximity is limited, • enhanced cleaning is conducted, and • personal protective equipment is provided.	COVID-19 Guidance for Working in Close Proximity identifies close proximity work activities and works through the hierarchy of controls to identify barriers to consider when working in close proximity is required and social distancing cannot be maintained. When social distancing requirements are unable to be met, use of masks is required with recommended time limits.

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	26. Have common areas used during non-working hours been considered during the risk assessment e.g., changes may include reducing seating, spacing queues, and scheduling or otherwise reducing access to gyms, television rooms?	All areas are included in assessment, incl. gym, mess and cinema with capacity restrictions and social distancing in place. Common room occupancy limits are adjusted based on risklevels in the broader community and any health directions in place. If risk is higher gyms and common areas are closed or restricted and extra cleaning applied.
	27. Has the food service been reviewed to ensure that contact is minimised? Has the provider of catering and stewarding services been included in this review?	Dining room service can be changed from self-service to chef-service, along with enhanced cleaning based on risk levels and community transmission of COVID-19. Facilities management contractor included in review and has COVID-19 management plan in place which addresses food and cleaning service adjustment according to risk.
PPE and Face Coverings **Training and Fit testing** PPE is the last stage in the hierarchy of controls, and industry's focus should therefore be on other measures which have a collective effect (e.g., ventilation, social distancing, and cleaning) in order to reduce the risk to ALARP. Only where these cannot be satisfactorily implemented should PPE be considered. Existing requirements for Respirator Protective Equipment to protect workers from other respiratory hazards in the workplace are not to be superseded, by new controls to managing COVID-19. If a worker has been provided training and instruction about using a mask, they must comply with that training and those instructions.	28. Has a risk assessment been performed to decide if workers are to wear face masks as protection against respiratory illnesses? Risk assessments should ensure that infection risk is considered for disposal of used PPE and face coverings.	Risk assessment completed. Higher level controls considered first e.g. controls for working in proximity. Face masks are worn when designated under the Health Directions: i.e. unable to maintain social distancing parameters. As outlined in Communicable Disease Management Plan masks to be used if there is a suspect case on the facility, a normal medical protocol for infectious diseases. If individuals become symptomatic on board, then a risk assessment is conducted by the medic which includes consideration of segregation, PPE, and PCR screening. Facilities Management Decontamination procedures contained in: Standard Operating Procedure: Infection Control Cleaning – (Full Clean)
	29. Have members of the workforce been provided appropriate training in how PPE should be fitted and worn properly and instructed on proper donning, removal and conditions of use, and any safety implications arising (e.g., the suitability of the fabric for work environment, or impact on communications)?	Appropriate training and documented guidance are provided to personnel on how to apply, wear and remove respiratory Protection (P95 facemasks) and for face coverings. Flame resistant face masks are available for personnel working in the process area.
	30. Have members of the workforce been afforded appropriate respirator fit testing to ensure that masks are effective?	User fit testing conducted by occupational health SME for P2, N95 and maintainable full face moulded respirators.
	31. Is PPE available for: • "Normal" operations requiring respiratory protection, such as breaking containment, or emergency response duties? • Clinical assessment, treatment and care for individuals becoming symptomatic while onboard: primarily the facility medic and first aiders, if aerosol generating procedures are performed (mechanical ventilator)? • Symptomatic individuals who need to leave isolation, for example during muster, or prior to and during transportation home?	Specific levels of Respiratory Protection Equipment e.g., tight fitting particulate respirators are available (P2, N95) and maintainable (full face moulded) respirators is available on board for alternative scenarios e.g., breaking containment and emergency response related activities. PPE for clinical assessment and symptomatic individuals is also readily available. Disposable masks available are readily available as required.
Business Continuity **Minimum manning during offshore or community outbreak** Has the operator considered what their facility minimum manning levels might be to be able to continue to operate their facility safely during a offshore and /or community outbreak e.g.:	32. What arrangements are in place to ensure required safety critical maintenance and testing is carried out?	Safety critical maintenance & testing is planned and tracked daily. When maintenance and testing is unable to be completed (e.g., vendor unable to travel due to border restrictions) the risk is evaluated, and mitigations sought through a deviation process. The deviation process in placed to assess the risk of not completing the maintenance which includes the assessment of alternative methods.
	33. What arrangements are in place to ensure there are sufficient numbers for emergency response (e.g., response teams, firefighting, lifeboat launching, etc.)?	Competency records dashboard and rostering ensure sufficient numbers are available for medical evacuation. Extra personnel are onboarded to fill roles as required. Operational risk assessments are conducted if roles are not available. There are always 2 medics on board to support medical evacuations and medical provider has back up plan in place. Engaged with our contractors in the provision of emergency response services and key backup personnel, to confirm there will be adequate personnel to respond to emergency situations should

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		they arise.
	34. What arrangements are in place to ensure sufficient numbers to perform medical evacuation?	Emergency response and rescue team roles are reviewed prior to each swing mobilisation to determine that minimum requirements are met. Medical Evacuation Procedure outlines medivac arrangements which include injured persons due to infectious disease.
Business Continuity **- Safety-critical roles/personnel** Have offshore/onshore operations implemented systems to protect those in safety-critical roles including when they are while they are off-swing?	35. Have business continuity plans been developed for safety critical roles?	Business Continuity Plan developed for the Coronavirus Pandemic which includes management of competency and safety critical roles. Back- up resources have been identified that can be deployed to fill safety critical roles if required.
	36. Is there a contingency plan which will ensure sufficient resourcing to fill critical roles in the event a facility outbreak results in the full evacuation and demobilisation of the facility?	Gaps in safety critical roles are managed as a competency deviation, which includes risk assessment and mitigations. A reduction to minimum manning may require a temporary MOC. In the event significant numbers of personnel were required to be medevac'd such that safety critical roles could not be resourced, reduced operations/ shutdown would be considered at the time.
	37. Are offshore and onshore systems implemented to ensure safety critical personnel on different shifts do not interact (reduce possible spread of infection)?	Dayshift and nightshift interactions comprise a short 5–10- minute handover. Masks and social distancing protocols are followed. Incoming crews to the platform do not mingle with outgoing crews.
Business Continuity **Postponed work scopes** Operations must be conducted in a manner which manages the additional risk posed by COVID-19 to as low and as is reasonably practicable (ALARP). Facility operators will make risk-based decisions about their own circumstances when deciding what work should go ahead, and which workers will be needed to conduct it.	38. Are postponed work scopes subject to a comprehensive risk assessment to determine if the work should be undertaken during the COVID-19 pandemic or delayed to a later date?	Established planning protocols are followed to manage maintenance activities, this includes risk assessment of safety critical work scopes. All postposed work scopes related to safety critical equipment and/or activities are subjected to a operational risk assessment. Where appropriate, mitigations are also assigned to support managing the risk.
	39. Are arrangements in place to discharge delayed work scopes and/or postponed activities which have become critical over time, and have the balance between COVID-19 risk and major accident event risks changed as a consequence?	Maintenance scopes are assigned priorities based on risk and criticality and are then scheduled and executed based on the priority. Delayed work scopes are reviewed periodically. Work scope changes are subject to ORAs. Cumulative facility risk is systematically reviewed at least weekly and if emerging cumulative risk is detected then actions will be taken to mitigate this risk e.g. changes to work scope timing.
Managing a Case of COVID-19 Offshore Are there arrangements in place for members of the offshore workforce who develop symptoms while offshore and/or person(s) offshore identified as a contact following exposure to a confirmed case onshore?	40. Are there measures in place to isolate person(s) offshore, including accommodation, provision of medical supervision, meals, and roles in emergency procedures such as musters and drills, until such time as the individual can be removed from isolation or returned onshore to isolate at home?	The specific detail of management of a person isolated offshore is managed by the offshore medic in consultation with the health and medical team and department of health. A specific cabin is identified as the "isolation" cabin and a process in place to ensure all welfare issues are addressed. Drills are completed with the catering team and medical response teams. Primary position is to follow Government / medical advice or requirements (if any). E.g. Follow directions from Department of Health Symptomatic people/ close contacts offshore: 1. Worker will be given a mask and placed in isolation room. 2. Worker will be tested for COVID-19 and Influenza (PCR machine available offshore). 3. Close contacts will be identified. 4. Enhanced cleaning will be undertaken. 5. Worker will remain in isolation until test results return. 6. Supervision and care of person by Medics 7. Dedicated person from facilities management provides meals, no contact.

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		8. Plans in place for mustering and drills for isolated who will muster withthe medics away from other personnel, wearing PPE, no contact with surfaces, etc. 9. If PCR test negative, person returns to workforce or will be demobilised depending on direction from public health.
	41. What testing arrangements are in place to confirm suspected cases? E.g., offshore PCR or onshore PCR testing systems and or RAT	If suspected COVID infection, a swab is taken by the Medic offshore and offshore PCR testing is implemented with 70-minute turnaround time. Verification PCR testing onshore for each test performed. RAT will be available if there is a large number of community cases.
	42. How is contact tracing initiated to identify close contacts that the individual has had while on board?	Medics will conduct contact tracing, by obtaining the bedding plan and list of all potential contacts following interview with the individual. Further guidance as per department of health. Contact tracing performed by Police Department for community transmission prior to mobilization.
	43. Is information on work groups and cohorts (double room occupancy where two individuals in a cohort occupy the same cabin at the same time (either days or nights) readily available?	A POB list is maintained that itemizes individual names, parent company and role. Facilities management manage and maintain cabin occupancy on the facility and room allocation information is readily available. Sharing of room is between day and night shift such that cleaning can be completed during the shift change.
	44. Are fully vaccinated, close contacts of anyone testing positive, with a least two weeks having passed since completion of the vaccination course, exempt from self-isolation if they test negative for COVID-19 by PCR or RAT?	All close contacts, irrespective of vaccination status are isolated as per CDNA Guidelines [Coronavirus Disease 2019(COVID-19) (health.gov.au).](health.gov.au)
	45. For those who are not fully vaccinated, at least two weeks prior to close contact, is a risk-based decision conducted on whether they: • remain offshore and continue to work under close monitoring, • should isolate on board; or return onshore to a hotel or home to isolate there?	Guidance sought from the Department of Health on managing vaccinated & unvaccinated personnel. All crew follow the directives in place for the area of operations. As per the Public Health orders, no person is allowed on site without being vaccinated unless they are “exempt”. If a valid exemption is in place for any person, a medical team conducts a fitness for duty assessment before that person can be deployed to site.
Medevac arrangements Are final decisions on medical evacuation for COVID-19 cases undertaken in consultation with relevant state/territory health authorities?	46. At what point are cases/suspected cases medevac’d to shore? e.g., a person presenting with symptoms and testing positive is evacuated immediately rather than waiting till a person requires hospitalisation.	If a person is clearly symptomatic, and unwell/ unfit for work, the decision to medivac is as per current health risk assessment process between Medic and Company Physician. Final decisions regarding evacuation of individuals from an offshore location to the mainland are made in conjunction with the treating clinical staff and the Department of health (DoH) who will designate suitable destination facility for the individual(s). Any instructions from the DoH is provided to the individual(s) and in the event the individual(s) are not hospitalised, checks can be conducted by Police Department to ensure instructions / directions are being adhered to.
	47. Are there arrangements in place to demobilise all personnel in the case of a facility outbreak?	In the event a facility outbreak occurs, and the facility needs to be de-manned, demobilisation will occur e.g., Medevac worker; Demobilise close contacts; Demobilise vulnerable people; Demobilise non-essential personnel. Platform can be remotely operated for a period.
	48. When an individual is to isolate at a hotel or home, is clear instruction given in line with current government advice, about what they should do and how they will make the journey from the heliport to home?	Through the quarantine guidelines, joining instructions and covid management plans. Logistics are coordinated in conjunction with state police, contractors for travel (helo/ vessel/ vehicle/ accommodation) and individual (s).
Cleaning and Sanitising the Workplace What are the arrangements for cleaning and sanitising the workplace? As with any workplace during the pandemic, enhanced cleaning routines would have been implemented onboard facilities to minimise the risk of infection. The changes made should reflect the mechanism by which COVID-19 is known to spread, that is directly via	49. Are there additional cleaning routines and/or increased frequency for cleaning of points of shared contact, cleaning between shifts and between rotations, as well as the arrangements for cleaning following identification of potential cases offshore?	Additional cleaning is completed focusing on high contact areas. Routine deep cleaning procedures are documented and take account of various methods of transmission (aerosol, droplet) and how long virus services on different surfaces Process in place for dedicate personnel to deep cleaning and decontaminate cabins used for isolation. Cleaning supplies and disinfecting agents approved for COVID-19 management (TGA approved). Currently no community transmission but increased cleaning is performed based on number of symptomatic people presenting for testing offshore which at times allows for identification of clusters. Although no COVID, common colds can be identified as well now with the PCR testing

Prompt	Specifics	Better Practices Responses
respiratory droplets and aerosols and through transfer of these through contact points and then hands to eyes, mouth, and face. Removing the virus from surfaces through cleaning and sanitising provides **group protection**. COVID-19 cleaning routines should account for any changes in access times for cleaning communal areas and cabins as well as the additional cleaning itself. It is likely that existing assumptions about the ratio of stewarding personnel to POB will be inappropriate given the additional duties required, and any decision to change manning levels should include a review of the additional cleaning this may entail. Normal disinfectants and equipment are sufficient to conduct cleaning of the workplace environment, although additional supplies may be needed.		machine allowing for increased cleaning as needed.
	50. Have additional staff been employed to perform the additional cleaning? Have any additional cleaning staff been removed from the facility?	Extra catering personal has been added when necessary to focus on the extra sanitisation and cleaning.
	51. Are these additional cleaning routines likely to remain as an ongoing feature that where not in place pre-covid?	Potentially, to be determined post-COVID- 19 emergency status no longer in place. Additional cleaning routines are employed and discontinued (scalable) based on risk levels (escalation).
	52. Are these additional cleaning routines scaled to the prevailing community risk? I.e., removed or added based on community transmission and if so what at the triggers?	Additional cleaning routines are employed and discontinued based on risk levels.
	53. Has the cleaning regime and risk assessment been reviewed in the last 12 months to accommodate up manning to POB numbers for routine operations? Does the risk assessment consider the requirement for routine cleaning frequency, enhanced cleaning requirements, cleaning between shifts and between rotations, as well as the arrangements for cleaning following identification of potential cases offshore?	Health Risk assessment reviewed. Increased cleaning for all cabins/rooms regardless of number of personnel in room. Additional cleaning routines are employed and discontinued based on risk levels.
	54. Have additional cleaning routines been implemented for accommodation where reducing cabin occupancy is not a viable option, and for shared sanitary facilities?	Cleaning Service provided can be scaled up dependant on escalation and sharing of facilities. Cleaning procedures have been increased as a planned activity and provide for unwell personnel in cabins/rooms.
	55. It is possible individuals will need to enter isolation while offshore. What procedures and training are implemented for cleaning, disinfection, and biohazard waste disposal after an individual with symptoms of, or a confirmed infection of, COVID-19 has left the setting or area?	Cleaning staff have been trained in cleaning, disinfection, and biohazard waste disposal. Incident Management Guides detail protocols for dedicated COVID response stages. Medic has procedures and works with cleaning staff to train the requirements of the procedure.
	56. Are appropriate cleaning supplies and disinfecting agents available?	Hand sanitiser, disinfectant, and masks readily available as required.
Travel to and from a facility Travel to and from offshore facility is primarily conducted via commercial air transport, on different types of helicopter airframe. What controls have been implemented to minimise the potential for transmission of infectious diseases?	57. Have additional controls been implemented for travelling to and from the facility? e.g. • have barriers installation between passengers and flight crews? • are personnel numbers limited onboard aircraft to maximise the distance between travellers? • are masks or face coverings (snoods) provided for use during the flight to minimise the possibility of droplet spread while in the aircraft?	Based on health/aviation advice around physical distancing on aircraft, Government directions are followed on commercial flights (incl. mandatory mask wearing, distancing, hygiene protocols at airports and onflights) • Helicopter barrier installed between pilots and passengers. • Pilots wear face masks. • Medevac process in place • life jackets on the helicopter transfers are disinfected following each passenger use. • Personnel travel in their own personal vehicle. Extra precautions are in place for international vendors/contractors such as precautionary isolation and additional PCR testing before flying offshore.
	58. Are arrangements in place for the transfer of individuals who are suspected of having COVID-19, or have been in close contact with suspected cases, via configured for medical duties helicopters?	Arrangements assessed during campaign HAZID / Bowtie workshops in conjunction with the helicopter operator, the titleholder and operator stakeholders. Both rotary wing and fixed wing aircraft have processes in place for transfer of potential COVID infected patient, this involves, crew wearing PPE as well as the patient and a cleaning protocol being followed post transfer of personnel who may be infected. Process of dedicated helicopter and fixed wing is implemented for COVID-19 Management. Where pilots change out every 4 weeks.
Psychosocial hazard management Are arrangements in place to identify, assess and mange psychological hazards associated with the effects of COVID-19 management? e.g. spending time	59. Have psychosocial hazards been identified and assessed and steps taken to reduce to a level that is as low as reasonably practicable?	Psychosocial hazards are assessed during a campaign HAZID workshop and or a Psychosocial Hazard Risk Assessments. Supervisors participate in Mental Health First Aid training. Individuals in quarantine facility are allowed to exercise as twice a day if they have arrived from jurisdictions classified as Low Risk. If persons are restricted from exercising, then portable exercise equipment is made available in their room. Those individuals in quarantine are offered a special mental

Prompt	Specifics	Better Practices Responses
in isolation, working longer swing patterns and dealing with extended separations from loved ones. Are there additional arrangement in place beyond employee assistance programs?		health support program from the EAP provider. Employee Assistance program (EAP) providers exist for all personnel on the facility as well as medical assistance if required. Open discussions with personnel include promotion of this resource. Multiple Wellness tools available online for personnel to utilise including things such as Headspace, Smiling mind, meQuillibrium, online Pilates and yoga classes.
	60. Have you considered how to minimise the psychosocial risks introduced as a result of COVID-19 management strategies?	Mental health support, wellbeing and assessment program implemented by qualified medical personnel for personnel in quarantine/ isolation and for any personnel requesting assessment/ support (case-by-case basis). Assessment check-ins done during pre-mobilisation quarantine/ isolation including measures to support mental wellbeing in this period, as well as when offshore for swing. Personnel offered relocation packages if living interstate. To minimise the psychosocial risks the following is in place: • Peer support network established with ongoing training • Regular EAP support incl. psychologist visits offshore monthly and virtual support available as needed • On site medic support 24/7. • Fatigue management plan in place including modified rosters to be able to manage worker's fatigue and psychosocial risk. • Virtual and face to face awareness sessions. • Health team supporting workers, incl. individually. • Empowering workers to self-declare.
	61. Is the operator aware of the NOPSEMA Guidance N-09000-GN1958 - Psychosocial Risk Management and the National guidance material on Work-related psychological health and safety from Safe Work Australia?	Operator aware and have reviewed NOPSEMA Guidance N-09000-GN1958 - Psychosocial Risk Management, referenced as supporting material in health risk assessments.