As a result of the COVID-19 pandemic, BSEE completed a performance-based risk inspection (PBRI) of the pandemic management plans of select Outer Continental Shelf (OCS) operators. BSEE reviewed the results supplied by the operators and drew multiple conclusions and recommendations on pandemic mitigation barriers, screening methods, isolating personnel who may have contracted the disease, etc.

As of October 20, 2020, 413 individuals were confirmed to have COVID-19 on facilities in the Gulf of Mexico and more were quarantined and/or evacuated due to symptoms.

Disclaimer: The information submitted by operators is tied to a specific date of acquisition by BSEE. Industry’s response to COVID-19 remains very dynamic and best practices are still evolving as more is learned about COVID-19.

The following summarizes findings from BSEE’s Pandemic Management PBRI:

- By the time of the evaluation, many operators had developed plans specific to COVID-19 and actively revise them to address continuously changing conditions.

- By the time of this PBRI, operators were highly engaged in providing and implementing effective barriers on their offshore assets to prevent the transmission of COVID-19 between personnel; however, there was some noted lack of awareness on the effectiveness of personnel protective equipment (PPE).

- Each operator utilized a system to aid in mitigating the risk of infection to offshore personnel. While some of the operators’ screenings were inclusive of temperature checks and questionnaires by medical professionals, other operators included onshore isolation and quarantine protocols or COVID-19 test screenings (PCR testing and POS Antibody testing).

- Response plans in place at the time of this PBRI were inclusive of isolation, contact
tracing, medical treatment of symptoms and, in some cases, evacuation.

- Most of the plans reviewed during this PBRI did not specifically address the minimum number of workers needed to ensure continued safe operations.
- Most operators prolonged hitches by seven to 14 days to reduce the number of times potentially infected personnel boarded a facility. Operators also limited non-essential activities to limit additional personnel from visiting or working on facilities.
- Most operators had no specific protocol to provide additional barriers for critical facility roles. Additionally, essential employees were treated the same as non-essential employees in terms of at-home procedures and guidance.
- Even though operators requested departures and extensions through normal processes, there was no evidence that operators experienced delays with regulatory testing due to limited personnel at facilities.
- Unclear guidance caused uncertainty among operators regarding a 14-day pre-travel quarantine requirement.
- Half of the operators evaluated were not familiar with API Guidance Document 1180, “Pandemic Planning Guide,” which provides a useful framework for creating a pandemic response policy.
- Due to medical privacy rules, most operators relied on employees to self-identify as high risk for severe illness from COVID-19.
- Most operators did not conduct pandemic drills or evacuation procedures based on realistic scenarios to exercise elements contained in their pandemic management plans.

Therefore, BSEE recommends that operators should consider the following:

- Develop and implement a broad pandemic management plan that covers general infection and communicable diseases;
- Include in plans, at minimum, measures to identify, prevent, and control contagious communicable diseases, periodic training on the plan, and authority of appropriate persons to initiate emergency response and control of contagious diseases;
- Ensure plans include guidance on personal protective equipment and associated medical precautions and requirements, cleaning and decontamination protocols, procedures to reduce personnel interactions and to observe social distancing, self-isolation practices, protocols for travel to and from a facility, health monitoring protocols, and other pertinent guidance from sources such as the Center of Disease Control and Prevention (CDC);
- Evaluate the effectiveness of personal protective equipment and other mitigation strategies, including barriers;
- Review the latest edition of the Offshore Operator Committee’s “COVID-19
Screening and Status Codes for Offshore Energy Operations” to identify and implement an effective framework to screen personnel traveling to offshore assets;

- Assess existing strategies for managing personnel who may have contracted an infectious disease, including isolation planning, protocol to prevent ill or potentially infected personnel from walking throughout a facility, clear communication to offshore personnel, sanitation procedures, case management processes, and return to work protocol;

- Identify the scope of work at specific facilities and make an assessment on the minimum number of personnel or positions required to continue operations safely;

- Review personnel on-board requirements and evaluate the potential benefit of extending hitches, single asset crew change days, and/or reducing work to essential activity only;

- Evaluate the mental health or retention of focus of personnel if offshore schedules are extended to reduce exposure to COVID-19;

- Verify that personnel are knowledgeable of social distancing practices, are aware of disease symptoms to monitor, and understand eligibility to travel if they exhibit symptoms or are in close contact with infected individuals;

- Incorporate pandemic response and evacuation procedures drills into existing Emergency Response and Control drills, as referenced in 30 CFR 250.1918(c).