

The Australian oil and gas industry is responding to the personnel and operational challenges posed by the COVID-19 pandemic to ensure vital energy supplies are maintained.

The purpose of these protocols (offshore and onshore) are to:

- 1. keep the oil and gas industry workforce safe and healthy*
- 2. to ensure that the oil and gas industry does not adversely impact the health of regions and communities it operates in and does not undermine public health efforts; and*
- 3. to maintain operations, business continuity and production for the benefit of the Australia's energy and fuel security, the industry, workers, and communities in which they operate.*

These protocols have been developed by the Australian oil and gas industry to inform external stakeholders, such as Governments, of the industry protocols / controls which are in place to protect offshore workers and the community. The controls broadly reflect a staged approach to emergency management through phases of prevention, preparedness, response and recovery.

These protocols are intended to reinforce and operate concurrently with the emergency management and public health arrangements as they are put in place, from time to time by Australian state and territory governments, to manage and address the impacts of the COVID-19 pandemic (including restrictions / prohibitions on borders or movements).

OFFSHORE PROTOCOL

Protocol	Principal Requirements	Guidance
Pre-Mobilisation		
COVID-19 self-assessment questionnaires & declarations	<ol style="list-style-type: none"> 1. All personnel are required to complete a self-assessment (this may include prior to attending site or embarking on fixed / rotary wing travel). 2. Personnel who report or present with respiratory or flu symptoms are not permitted to travel. 	<ul style="list-style-type: none"> ▪ Questionnaire is reviewed and updated as needed. ▪ Statement of recent overseas / interstate travel – exclusion of 14 days since return from overseas travel or transit through an identified or prescribed ‘hot spot’. ▪ Questionnaire includes a declaration that to their knowledge they don’t have symptoms of COVID-19 including flu like symptoms and have not been in contact with a confirmed case of COVID-19. ▪ Personnel experiencing respiratory or flu like symptoms should stay home and not board transport to a work site (self-isolate).
Physical checks at point of disembarkation.	<ol style="list-style-type: none"> 3. Operators to consider implementing screening controls prior to entering an oil and gas facility. 	<ul style="list-style-type: none"> ▪ The screening options employed will be facility dependent and may include temperature screening as part of a portfolio of screening options. ▪ If implemented, persons that provide an elevated temperature prior to travel will be denied and further testing may be applied.

Inter and Intra-State Travel

Air travel requirements - Outbound.

4. Interstate travel for personnel to be undertaken by commercial or aircraft charter as available. Personnel are to follow instructions of responsible officers at airports.
5. Controls are implemented and adhered to whilst transiting air terminals.
6. Airport transit to connecting flights should maintain required physical distancing from the general population.
7. Personnel use personal vehicles, where possible, when transiting to air terminal and avoid unnecessary detours.

- Personnel will only be allowed to enter and depart on aircraft that departs from or arrives at Australian capital cities or regional airports and arrives at specific sites, oil and gas facilities and regional operations.
- Maximum spacing of personnel in aircraft will be maintained, wherever practical and based on government advice.
- Industry and companies liaising regularly with metropolitan airports, regional airports and airlines to ensure controls to facilitate physical distancing and ensure the community has confidence the most robust health practices are in place. Examples of practical measures include:
 - Increase security and terminal patrols.
 - Increased signage.
 - Markers in all the key areas to help workers space themselves out.
 - Stagger boarding processes to reduce the number of people in a departure lounge by around 50 per cent.
 - If a flight is not ready to board, personnel should wait in a much larger, area until closer to flight time to maintain physical distancing.
 - Physical distancing on dedicated charter planes, where applicable to be enforced.
- If regular public transit (RPT) flights are unavailable, industry representatives will work with resources companies to undertake a 'needs analysis' and, if necessary, to adjust shift rosters to ensure minimum number of fly in fly out (FIFO) charter flights to maintain safe operations.
- Physical separation of members of critical teams, is recommended, as identified by the operator.
- Close proximity of interstate personnel, that have not undergone 14 days self-quarantine, and local community members is restricted and processes should be put in place to prevent close contact.

Air travel requirements - Inbound.	<ol style="list-style-type: none"> 8. Return travel of personnel from work for leave in their normal residential states or territories of origin will be subject the same physical distancing and testing requirements as outbound travel. 9. Controls are implemented and adhered to whilst transiting air terminals. Personnel are to follow instructions of responsible officers at airports. 10. Personnel should use personal vehicles, where possible when transiting from air terminal to home. 	In some jurisdictions additional declarations may be required for example offshore Commonwealth to state inbound personnel.
Pre-Offshore mobilisation monitored isolation	<ol style="list-style-type: none"> 11. Depending on resident state / territory or company specific policies offshore personnel may be required to undergo monitored isolation periods prior to travelling to an offshore site. 	<ul style="list-style-type: none"> ▪ Personnel are accommodated in a secure location in isolation prior to mobilising to an offshore worksite. ▪ Isolation periods may vary in duration based on company-specific and public health advice.
Rotary wing travel requirements	<ol style="list-style-type: none"> 12. Medical declaration at heliport. 13. Helicopter transport to offshore facilities to adhere to enhanced sanitation practices. 	<ul style="list-style-type: none"> ▪ All personnel, including third party contractors, are required to complete a post arrival form and may be temperature screened upon arrival at the helicopter departure lounge. ▪ Shared personal protective equipment (PPE – ear defenders, life vests, harnesses etc) to be sanitised after each transit. ▪ Interior cabin of helicopter contact surfaces to be cleaned and sanitised regularly
Emergency response teams	<ol style="list-style-type: none"> 14. Increased community transmission of COVID-19 may trigger emergency, crisis incident management teams to be stood up. Should responses escalate, there may be impacts to the movement of specialist 	<ul style="list-style-type: none"> ▪ Exemption requests for specialist personnel are being assessed on a case by case basis. ▪ Specialist personnel should apply as early as possible for relevant state or territory governments exemptions, per each jurisdictions’ approved manner.

	<p>personnel, such oil spill response personnel (needed to be can mobilised in the unlikely event of an accident) event.</p>	<ul style="list-style-type: none"> ▪ More broadly, personnel requiring to mobilise across national and regional boundaries, including mutual aid, will comply to this protocol on a best endeavours basis (e.g. in some cases monitored isolation practices will need to be managed in accordance to ALARP principles including consideration of ability to maintain relevant physical distancing & hygiene protocols during oil spill response deployment).
Road vehicle travel requirements	<p>15. Dedicated road vehicles for travel to work sites may be available. Where available, stringent regular internal vehicle cleaning regimes shall be maintained.</p> <p>16. Vehicle driver controls enforced.</p> <p>17. Controls are implemented when transiting from interstate or across regional boundaries.</p>	<ul style="list-style-type: none"> ▪ Vehicle interior cleaned and sanitised regularly in line with sanitisation protocol. ▪ Apply physical distancing for all transport – including buses and light vehicles, in line with relevant state or territory government requirements. ▪ Activities and personal interaction must be essential only and not involve broader community contact. For example, this may include toilet stops, refuelling, fatigue breaks - with physical distancing observed at all times. ▪ In line with responsible officer advice, family members can support intrastate travel for essential workers in transit.

Site Provisions (note- some site provisions may not be applicable during the recovery / de-escalation phase).		
Dedicated, trained COVID-19 managers on worksites.	<p>18. Every worksite to maintain a dedicated or nominated COVID-19 infectious control manager.</p> <p>19. Management, supervisory staff and medics receive training on how to manage suspected COVID-19 infection.</p> <p>20. Management, supervisory staff and medics regularly monitor regular health updates and update arrangements accordingly.</p>	<ul style="list-style-type: none"> ▪ All sites to have dedicated staff charged with the management of controls and sanitation protocols and a medical professional either on site or available through the local health system. ▪ Detailed education developed for medics could include: <ul style="list-style-type: none"> ○ COVID-19 isolation in camps ○ COVID-19 infection control ○ COVID-19 work instructions for health teams. ▪ Daily monitoring of various advisory webpages is undertaken by Medical Supervisor/Chief Medical Officer.

COVID testing	21. Have in place an approved COVID-19 testing methodology, while ensuring the method does not put an unnecessary strain or compete with the public health system	<ul style="list-style-type: none"> ▪ Maintain approved COVID-19 testing methodologies in line with public health / responsible officer advice. ▪ COVID-19 testing to be available at work sites, subject to capacity and availability of evidenced based protocols on applicability of use of the tests and required actions in response to non-negative and negative results, ensuring this does not compete with the public health system. ▪ Industry to be proactive at identifying possible alternate providers, so as not to compete with the public health system.
Establishment of optimum safe manning levels	22. Optimised manning levels established and implemented, based on COVID-19 risk.	<ul style="list-style-type: none"> ▪ De-escalation and escalation triggers are monitored and can amend roster/manning levels based on risk to business continuity.
Daily workforce testing regimes may be undertaken	<p>23. Facility workforce may undergo regular temperature checks.</p> <p>24. Facility workforce required to report any changes in health or well-being at any time whilst on work site.</p>	<ul style="list-style-type: none"> ▪ Facility operators may require facility personnel to undergo temperature checks as part of a workplace disease risk management. ▪ Any elevated temperature checks will subject worker to site quarantine.
Workforce physical distancing and staggered messing practices are implemented and enforced	<p>25. Physical distancing protocol maintained wherever possible on facility.</p> <p>26. Messing facility to identify and control maximum occupancy to maintain physical distancing protocol.</p>	<ul style="list-style-type: none"> ▪ Hand-over between swing shifts undertaken by non-contact means are recommended e.g. teleconference ▪ Government mandated physical distancing requirements are maintained, except where for safety reasons a task cannot be carried out. ▪ Messing facility control maximum occupancy and staging of services to maintain physical distancing, in line with state or territory government requirements, for example: <ul style="list-style-type: none"> ○ Provision of pre-served meals. ○ Removal of furniture in mess or designation of empty seats. ○ Staggered mealtimes to significantly reduce people numbers in one place.

<p>Workforce information and education programs are initiated</p>	<p>27. Frequent workplace updates provided on infection controls and any changes to infection control practices provided.</p> <p>28. Information and training on personal, living space and workspace hygiene provided.</p> <p>29. Members of the workforce encouraged to practise good hand hygiene and good sneeze/cough hygiene.</p> <p>30. Extensive distribution of hand sanitizers wherever available and backed with workplace education campaign.</p> <p>31. Workforce trained and instructed in the appropriate use of infection control PPE.</p>	<ul style="list-style-type: none"> ▪ Extensive workplace hygiene practices – hand washing, physical distancing, ban on non-essential travel and meetings, physical separation of teams and shift change over ▪ Avoid touching the face (mouth, eyes and nose) with hands. ▪ Wash hands often with soap and water, or use alcohol-based sanitiser before and after eating as well as after attending the toilet. ▪ Distribution of posters and other educational material in the workplace on COVID-19 controls.
<p>HSER’s and company supervisors used as focal point for information dissemination</p>	<p>32. Onsite training conducted (e.g. at pre-start toolbox meetings and facility onboarding sessions)</p> <p>33. Regular updates are provided to personnel at a number of forums.</p>	<ul style="list-style-type: none"> ▪ Workplace consultation may include regular updates via: <ul style="list-style-type: none"> ○ Pre-start meetings at each shift ○ Toolbox meetings ○ Regular Q&A sessions ○ Shift pre-tour meetings ○ Weekly safety meetings ○ Medic-delivered information sessions ○ Joining instructions ○ Fleet notices ○ Ad-hoc meetings called by management.
<p>Support the mental health and wellbeing of employees</p>	<p>34. Describe the range of controls / initiatives that are in place to support the mental health and wellbeing of employees and their families.</p>	<ul style="list-style-type: none"> ▪ Primary controls to maintain mentally healthy workplaces may focus on design and include organisational and environmental factors. ▪ Secondary controls typically focus on harm reduction, based on exposure to workplace psychosocial hazards (e.g. stress, fatigue etc.) ▪ Companies make available access to 24/7 Employee Assistance Programs via call centres available to all employees.

		<ul style="list-style-type: none"> Companies have capacity and leading practices on mental health, particularly the deployment of mental health first training and first aiders.
Government biosecurity and public health advice to remote communities / at risk populations needs to be followed.	<p>35. Minimising face-to-face activities until further notice while maintaining strong engagement, including support for community-led health planning and local economic activity.</p> <p>36. Continued essential services provision including health services, electricity and emergency response capability. Strict hygiene protocols are in place for employees undertaking essential services in communities</p> <p>37. Progressing arrangements for employees returning from sites to remote Aboriginal and Torres Strait Islander communities.</p> <p>38. Supporting local Aboriginal and Torres Strait Islander health services providers to undertake awareness activities and implement hygiene protocols</p>	<ul style="list-style-type: none"> Follow government biosecurity and public health advice to remote communities / at risk populations.
All facility personnel to minimise contact with members of the broader local community	39. Separation regimes are maintained where practical to limit close contact of facility personnel with members of the local community.	
Critical suppliers and contractors	40. Application of this protocol to suppliers and contractors.	<ul style="list-style-type: none"> Contractors provided with information on requirements and restrictions. Contractors will be required to have management plans in place and are kept up to date in line / commensurate with operator response measures.

	<p>41. Marine service provider plan provisions extend to all 'non-marine crew' essential personnel in contact with the vessel.</p>	<ul style="list-style-type: none"> ▪ Contractors who present symptoms while on site (office or facility) will be provided with immediate care response.
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Marine service		
<p>Contracted marine service providers implement infectious disease control plans</p>	<p>42. Marine service providers infectious disease control plans apply</p>	
<p>Personnel movements for the purpose of crew changes to reflect protocols</p>	<p>43. Application of 'Pre-mobilisation' protocol (listed above (#1) for crew changes</p>	<ul style="list-style-type: none"> ▪ Health declaration to be completed prior to mobilisation and upon embarkation.

Isolation (note – low rates of community transmission may mean resident workforces scale back self-isolation / quarantine requirements)

<p>Workers on facilities suspected of being infected with COVID-19 confined to quarters with no interaction with other facility workers</p>	<p>44. Patient provided surgical mask and sent to an appropriate quarantine area.</p> <p>45. Paramedic take appropriate precautions to assesses patient.</p> <p>46. Patient is self-isolated to room including the provision of meals in room.</p> <p>47. Identification of close contacts - personnel that had come in contact with a suspected case will be notified.</p> <p>48. Known areas patient visited (i.e. workstation, quarantine area, dry mess, accommodation) sanitised.</p> <p>49. Government and regulators are notified.</p>	<ul style="list-style-type: none"> ▪ Personnel showing symptoms will be immediately isolated. ▪ Where available, rooms with independent (e.g. split system) air conditioning units to be used for isolation rooms if/when required. ▪ Members of the workforce that are identified as close contacts will also be quarantined on confirmation of a confirmed case. ▪ If test kits are available and the medics / medical officer is appropriately trained in safe collection of specimens, a specimen should be taken and sent to an appropriate testing facility in conjunction with relevant health authority guidance. ▪ Identification of contacts - personnel that had come in contact with a suspected case will be notified. ▪ Operator to work with the relevant health professionals to decide if close contacts and infected person stay on facility or are demobilised for treatment and isolation based on risk. ▪ Criteria for safe transport to be determined in consultation with Medic/medevac consulting doctor. ▪ NOPSEMA and relevant health authorities to be advised of suspected and confirmed COVID-19 infection. ▪ Contact to be made with the national COVID-19 hotline. ▪ APPEA to be advised as soon as practical.
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Evacuation		
Offshore facility workers suspected of COVID-19 infection evacuated from facility at earliest opportunity.	<p>50. Evacuation protocols and agreement in place with helicopter service provider to evacuate suspected COVID-19 infectious cases.</p> <p>51. Suspected infected worker evacuated to isolated onshore accommodation if in good health as determined by a medical professional.</p> <p>52. Suspected case in poor and or deteriorating health as determined by a medical professional to be medically evacuated either via RFDS or other specialty medical transport arranged by the operator in close consultation with local health authorities</p>	
Onshore facilities to evacuate worker to accommodation for isolation.	<p>53. Infected worker on onshore facilities to be isolated to quarters. Will require COVID-19 negative tests as per the CDNA guidelines and public health department clearance before re-joining work roster</p>	<ul style="list-style-type: none"> ▪ Regular health and welfare checks to be undertaken on expert medical advice. ▪ Evacuation to medical facilities in concert with local health authorities if health deteriorates.

Infection Control (Clean up)		
Suspected infected workers workspace and accommodation sanitised and cleaned.	54. Cleaning and disinfection to be carried out in rooms occupied by ill crew members. 55. Clinical (biohazard) waste disposal route to be implemented where clothes (coveralls) and blankets will not be laundered, but will be bagged and disposed of as biohazard waste	<ul style="list-style-type: none"> There are extra supplies of cleaning and sanitising chemicals in use and in stock on board.
Catering and hotelling staff aware of, and practicing, enhanced safety and hygiene practices.	56. Catering staff are informed and made aware of, and practicing, enhanced safety practices and increased cleaning of common/high use surfaces.	<ul style="list-style-type: none"> additional cleaning and sanitising will be conducted by offshore catering teams. Snack machines.

Managing inspector access to offshore petroleum facilities and places

Hosting regulatory inspections is an important element of the oil and gas industry’s resilience and business continuity. For APPEA members, implementation and compliance with accepted management plans, provides an opportunity to demonstrate our commitment to high safety and environmental standards.

APPEA members note that NOPSEMA is undertaking a staged return to physical offshore inspections. ¹	APPEA members, will provide reasonable assistance to NOPSEMA, to support inspectors discharging their regulatory compliance duties and functions, during the COVID-19 pandemic.	<p>APPEA members recognize that in some circumstances access may be required, at short notice, to quarantined offshore facilities and places.</p> <p>During the COVID-19 pandemic, including access requests at short notice, APPEA members will ensure their internal procedures for specialist access are compatible / congruent with NOPSEMA’s published Compliance Strategy COVID-19 Pandemic (for example – that control measures are proportionate, consistent and consultative).</p>
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¹ <https://www.nopsema.gov.au/news-and-publications/latest-news/news-announcement/2020/07/10/nopsema-undertakes-staged-return-to-physical-offshore-inspections/>

Housekeeping - Office based roles & visitors

<p>APPEA members are gradually returning to full office occupancy</p>	<p>In areas/ jurisdictions of high COVID-19 community transmission, flexible working arrangements are being maintained for office-based workers.</p>	<ul style="list-style-type: none"> ▪ The following considerations may apply to office-based workers and office-based visitors: <ul style="list-style-type: none"> ○ Stay home if you feel unwell. ○ Declare any contact with a confirmed COVID-19 case. ○ Maintain physical distancing; and good hygiene practices. ○ Avoid unnecessary physical contact. ○ Commuting options. ○ Separate at risk groups of the workforce. ○ Encourage visitors to give advanced notice and communicate controls / expectations. ○ Communicate to visitors any changes in access or egress. ○ Follow company specific COVID19 measures
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