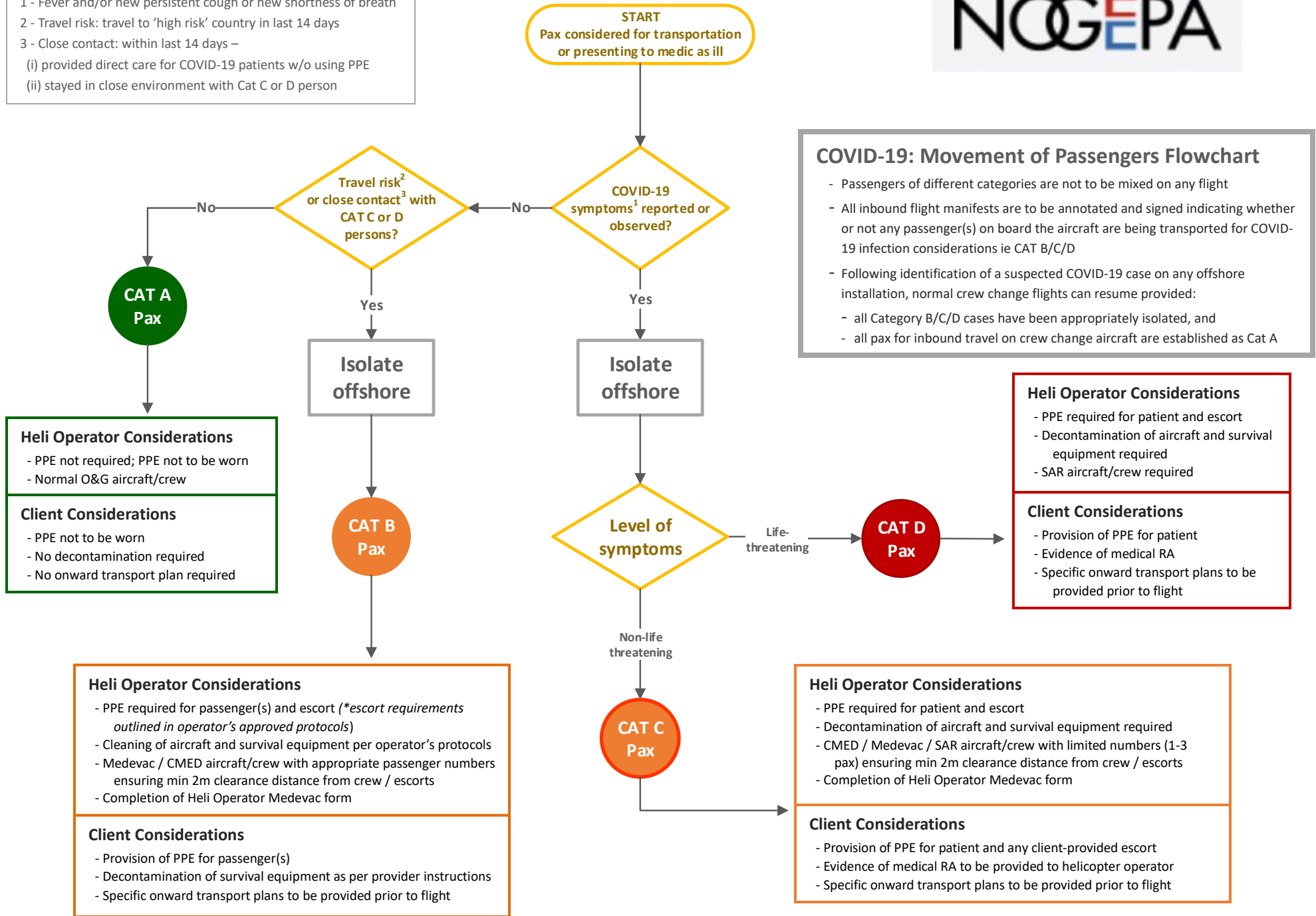


Notes:

- 1 - Fever and/or new persistent cough or new shortness of breath
- 2 - Travel risk: travel to 'high risk' country in last 14 days
- 3 - Close contact: within last 14 days –
 - (i) provided direct care for COVID-19 patients w/o using PPE
 - (ii) stayed in close environment with Cat C or D person



Understanding and implementing the 'Movement of Passengers' Flowchart

Situation 1 - Offshore installation has NO case(s) of Covid-19

Normal flying

Situation 2 - Offshore installation has one or more cases of Covid-19

Diagnosis will be made clinically (NO testing) by installation medic, Topside doctor, and Installation Operator Company Medical Advisor.

Patient/case/person-with-symptoms ('symptomatic') will automatically be either 'Cat C' or 'Cat D' passengers

Preference for medevac of patient/case/person-with-symptoms at stage of 'Cat C' passenger, before possible deterioration to 'Cat D'

Shore destination for 'Cat C' passengers will NOT be hospital or GP – will be home, for self-care and isolation at home.

'Cat C' passengers will be returned ashore on a medevac flight with infection control measures and an escort

For movement of personnel without symptoms (asymptomatic passengers):

Installation operator, in consultation with its medical advisor, to categorise remaining personnel (who are NOT 'symptomatic' – they do not have symptoms) as either 'Cat A' or 'Cat B'

Why? Because helicopter carriers are aware of government advice to persons 'in the same household' as a case is that they should self-isolate at home too. Considering offshore installations as 'the same household' led to suspension of flights to and from installations with a Covid-19 case. However, being on an offshore installation is NOT the same as being in the same household as someone. Offshore installations are more of a 'halfway house' - a place of work, but also a place where people live. It is NOT appropriate for all remaining personnel on the installation to 'self-isolate' there, but some will have been sufficiently close to the patient/case/person-with-symptoms to count as equivalent to having been 'in the same household'.

Thus, a 'Cat A' passenger is a normal passenger, in the same way as an outbound passenger at the heliport is a normal passenger. A 'Cat B' person is someone who had they been at home would be self-isolating because someone else at home was unwell ('symptomatic'). The objective is to enable normal passengers to travel normally, and 'Cat B' passengers to return ashore to self-isolate at home there.



So who on an offshore installation is ‘in the same household’ as the patient/case/person-with-symptoms? Deciding this is predicated on the concept of ‘contact’. ‘Contact’ sufficient to render a worker equivalent to being ‘in the same household’ is defined as:

Generally, having been in proximity of less than two metres for a period greater than 15 minutes with the patient/case/person-with-symptoms WHEN THEY ACTUALLY HAD SYMPTOMS (*1), and more specifically (*2):

i	In the past 14 days, has provided direct care for patient(s) with Covid-19 disease without using proper personal protective equipment – i.e. an unprotected medic. NB Protected medic is NOT contact
ii	Travelling in close proximity with (that is, having less than 1 m separation from) a Covid-19 patient, when they had symptoms, in any kind of conveyance. (e.g. bus, train, taxi, aeroplane). For infectious diseases on aircraft, HPS/PHE generally considers this to be within two seat rows in front of or behind the patient. NB further away than 1 metre is NOT contact
iii	Having shared a cabin with, been in the same workteam (e.g. drill floor) as, or having been in close (face-to-face) conversation at the same meeting/conference as a patient/case/person-with-symptoms (when the person had symptoms), within the past 14 days since that patient started having symptoms.

Contact of type (i) above should be rare: medics will use PPE when dealing with workers with possible Covid-19; contact of type (ii) should be rare also – only in the event of a worker actually first becoming unwell on an outbound (shore to installation helicopter) is this likely to apply; contact of type (iii) is the most likely on offshore installations. If offshore workers follow local instructions to seek advice from the medic about symptoms without delay, the number of co-workers with contact of type (iii) will be as small as possible.

Installation operators are asked to classify passengers for flights ashore from an installation where a case of Covid-19 has occurred into either ‘Cat A’ (those with no contact, as described above, with the patient) or ‘Cat B’ (where they have had contact as defined above). Once ‘Cat B’ and ‘Cat C’ cases have been isolated, ‘Cat A’ passengers will return ashore with no specific measures needed; helicopter companies will then implement measures which provide confidence for aircrews that ‘Cat B’ passengers can be flown ashore with no significant risk of transmission of infection to aircrew.

‘Cat B’ passengers will have been isolated prior to boarding the flight, and will be subject to helicopter carrier measures which may include an escort (tasked to conduct communication between passengers and aircrew if necessary). Mixtures of ‘Cat A’ and ‘Cat B’ passengers will not be carried on the same flight.

Accurate categorisation of ‘Cat A’ and ‘Cat B’ will allow the helicopter operators to take the necessary precautions to ensure the safe transportation of the passengers back to shore, as well as ensuring the sustainability of helicopter operations through protecting the crews as appropriate.

(*1) based on initial UK Public Health authorities definition of ‘contact’ during initial containment phase of pandemic

(*2) based on WHO definition of ‘contact’ in Global Surveillance guidance February 2020