

Operations: HSE

Health and Industrial Hygiene

Communicable Disease Management

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1	06/06/2014	Revision	Health & IH Manager	HSE Manager
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AMENDMENT RECORD

Amendment Date	Revision Number	Amender Initials	Amendment
0	11/30/2012		Initial issue as a controlled document
1	06/06/2014	VM, DH	Section 1 Purpose and Scope - removed information on OMS. Section 2 Key Responsibilities - verbiage changes and added additional responsibilities for the Health and IH Manager, OHP, OHN, Medicand OIM/Onshore Facility Manager, and Camp Boss. Section 3 General Requirements is new and includes background on communicable diseases; table of communicable diseases, transmission modes, and signs and symptoms; foodborne diseases and methods to prevent transmission, and updated the process for Managing Communicable Diseases and put into a decision tree format. Section 4 Procedures - verbiage changes. and isolation and disinfection procedures are now included here instead of as an attachment.The MRSA Exposure Control Plan (00710-2) is now combined into this SWP.
2	09/26/2019	VM, MG	New format. References added.

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1. Purpose / Scope

The Communicable Disease Management policy provides information on the identification, assessment, treatment, and control of communicable disease at BP GoM operated facilities. Communicable diseases are those that can be readily transmitted from person to person. This policy will assist personnel whose job is to minimize the spread of the potential illness and disease and provide medical intervention.

This policy does not address blood borne pathogens (HIV, Hepatitis B and C) which are covered in the Bloodborne Pathogens policy. This Communicable Disease Management policy does not address emerging infectious disease which is covered in the GoM Pandemic Response Plan.

2. Key Responsibilities

2.1. Operations Installation Manager (OIM) and Onshore Facility Manager

- A. Verify that recommended measures are completed as appropriate to manage and prevent spread of communicable disease.
- B. Verify Health and Industrial Hygiene Team Leader is notified regarding suspected communicable disease (other than flu and colds) within 4 hours of a recognized case.
- C. Request transportation of potentially contagious personnel to onshore location by working with BP Heliport Base Manager.
- D. Verify confirmed communicable diseases (other than flu and colds) are entered into IRIS

within 24 hours.

2.2. Medic (and Topside Medical Control)

- A. Assess and treat an individual with a suspected communicable disease with guidance from Topside Medical Control
- B. Notify Occupational Health Advisor within 4 hours of a suspected communicable disease (other than flu and colds).
- C. Notify offshore leadership of a suspected communicable disease (other than flu and colds).
- D. Provide Sickbay Log to Health and Industrial Hygiene Team Leader. Use electronic reporting tool (Survey 1-2-3).
- E. Provide appropriate personal protective equipment for the transport of potentially infectious personnel.
- F. Communicate presentations from Occupational Health Advisor regarding communicable disease information to the workforce.
- G. Work with OIM to determine if transport of individuals with potentially infectious medical conditions is required.
- H. Inform BP Heliport Base Manager of an individual with an potentially infectious medical condition and request transportation.

2.3. Camp Boss

- A. Verify catering and laundry staff are free of communicable diseases listed in Tables 1 and 2.
- B. Report staff with illnesses listed in Tables 1 and 2 to the Medic immediately upon knowledge of illness.

2.4. Health and Industrial Hygiene Manager

- A. Provides assurance the Communicable Disease Management SWP is being effectively implemented by tracking metrics.
- B. Notify GoM Crisis Manager of a potential communicable disease outbreak. See GoM Region Pandemic Plan.
- C. Provide technical guidance on personnel isolation requirements (i.e. sanitation or ventilation).

2.5. Occupational Medicine Advisor (OMA):

- A. Provide technical support relating to communicable disease control measures.
- B. Prepare and send employee notification letters and alerts after confirmed cases of communicable diseases.
- C. Coordinate corporate occupational health response with external physicians and public health authorities.

2.6. Occupational Health Advisor (OHA)

- A. Liaise with Medic and other BP health professionals (i.e. OMA, epidemiologist, and HR) referring suspected communicable diseases.
- B. Provide technical support relating to communicable disease control measures.
- C. Assist with preparing and sending employee notification letters and alerts after confirmed cases of communicable diseases.
- D. Work with contractor case manager to verify contractors communicable disease diagnosis and fitness for duty.
- E. Provide BP employees a Health Care Provider Report for the treating medical provider to complete.

3. General Requirements

3.1. Background on communicable diseases

Communicable diseases, also known as transmissible diseases, are comprised of clinically evident illness (i.e., characteristic medical signs and/or symptoms of disease) resulting from the presence and growth of pathogenic biological agents in an individual. Communicable diseases are spread by direct and indirect contact. Examples include physical contact with an infected person; contact with a contaminated object or surface, food, or blood; insect bites or animals capable of transmitting disease; and airborne exposures. Examples of communicable disease of concern in the offshore environment include disease in Table 1. as well as other diseases. Refer to the Centers for Disease Control and Prevention (www.cdc.gov) for more information about communicable diseases. Diagnosis of infectious disease is verified by medical history, physical examination, and possibly cultures collected from an individual.

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3.2. Communicable diseases of concern

Table 1 - Communicable Disease Definitions, Modes of Transmission, and Signs and Symptoms

Disease	Definition	Transmission	Signs & Symptoms
Tuberculosis (TB)	TB is an infectious disease that primarily affects the lungs, but it can attack almost any part of the body.	Airborne and inhalation BCG vaccine is variably protective, mostly in youth	Cough, bloody cough unintentional weight loss, fatigue, fever, night sweats, chills, loss of appetite
Methicillin-resistant Staphylococcus aureus (MRSA/Staph)	Staph infections are caused by bacteria, a type of germ commonly found on the skin or in the nose of even healthy individuals. MRSA infections are caused by a strain of staph bacteria that's become resistant to the antibiotics commonly used to treat ordinary staph infections.	Spread by contact with objects as well as person to person Antibacterials and antibiotics can limit spread	Most often, it causes mild infections on the skin, like sores or boils. But it can also cause more serious skin infections or infect surgical wounds, the bloodstream, the lungs, or the urinary tract.
Chicken Pox (Varicella)	It is a highly contagious viral infection that causes an itchy, blister-like rash,. Zoster is the same virus that presents in later life.	Spread by direct contact) with rash. Chicken Pox can also spread by droplets in air from coughing or sneezing (highly contagious) to those who have not had the disease or have not been vaccinated Varicella vaccine or prior Chicken Pox infection leads to immunity	Characteristic rash, fever, loss of appetite, headache, tiredness, malaise. Can be more severe in adults without immunity.

Disease	Definition	Transmission	Signs & Symptoms
<p>Shingles (Herpes Zoster)</p>	<p>A viral infection that causes a very painful rash. It is the same virus that causes chicken pox.</p>	<p>Shingles is contagious and can be spread by direct contact with the shingles rash to those who have not had chickenpox or been vaccinated. But instead of developing shingles, these people may develop chickenpox. Once they have had chickenpox, people cannot catch shingles (or contract the virus) from someone else. Once infected, however, people have the potential to develop shingles later in life.</p> <p>A Shingles vaccine is available and reduces risk and symptom severity</p>	<p>Pain, burning, numbness, tingling, a red rash, fluid filled blisters, itching, fever, chills, headache, fatigue, and general achiness</p>
<p>Scabies</p>	<p>Very itchy skin rash caused by an allergic reaction to tiny mites that burrow into the skin.</p>	<p>Spread from person to person by close contact, and by sharing towels, clothing, and other personal items.</p> <p>Early or prophylactic (preventive) antiparasitics creams can limit spread</p>	<p>Severe itching usually worse at night, a rash with tiny blisters or sores between the fingers and on the palm side of the wrists, outside surfaces of the elbows and in the armpits, around waistline and navel, on the buttocks, around the nipples, and the sides of the breasts</p>
<p>Measles</p>	<p>Contagious itchy skin rash caused by a virus.</p>	<p>Inhaled droplets from infected person coughing, sneezing, talking, etc. or contact of nose or mouth with infectious secretions</p> <p>Measles vaccine prevents disease</p>	<p>Cough, runny nose, inflamed eyes, sore throat, fever, and red blotchy skin rash often starting on the head and moving down the body.</p>

Disease	Definition	Transmission	Signs & Symptoms
Meningitis	An infection of the brain caused by a virus, bacteria or fungus.	<p>Inhaled droplets from infected person coughing, sneezing, talking or contact of nose or mouth with infectious secretions</p> <p>One type, caused by bacteria <i>Neisseria Meningitidis</i>, is vaccine preventable and post-exposure antibiotic can prevent disease</p>	Sudden high fever, severe headache, stiff neck, vomiting, seizures, light sensitive, fatigue
Seasonal or Novel Influenza	Viral infection that attacks respiratory system.	<p>Inhaled droplets from infected person coughing, sneezing, talking, etc. or contact of nose or mouth with infectious secretions</p> <p>Vaccine prevents or limits symptoms</p> <p>Initially there is no vaccine for novel influenza strains</p>	Fever, chills, sweats, aching muscles, headache, dry cough, fatigue, weakness, nasal congestion
Conjunctivitis	Pinkeye (also called conjunctivitis) is redness and swelling of the conjunctiva, the mucous membrane that lines the eyelid and eye surface.	<p>Spread by direct or indirect contact with infected eye secretions</p> <p>Most cases are caused by a virus and spread is not prevented by antibiotics</p>	Redness, itchiness, gritty feeling, tearing, discharge, in one or both eyes
Whooping Cough (Pertussis)	Highly contagious bacterial respiratory infection.	<p>Inhaled droplets from infected person coughing, sneezing, talking, etc. More dangerous to infants than adults.</p> <p>Vaccine prevents disease.</p>	Running nose, sneezing, dry cough, fever, red watery eyes, mild fever, later uncontrollable cough
Hepatitis A	Highly contagious liver infection caused by hepatitis A virus.	<p>From contaminated food, water, or close contact with someone already infected</p> <p>Hepatitis A vaccine prevents disease</p>	Fatigue, nausea, vomiting, abdominal pain, loss of appetite, low grade fever, dark urine, jaundice

Gastrointestinal viruses and bacteria (Norovirus, Shigella spp., Shiga Toxin-producing E. Coli, Salmonella)	Fecally transmitted pathogens that lead to diarrheal illnesses	From contaminated food, water, ice, or contact with contaminated surfaces For bacterial illnesses, antibiotics may shorten disease course	Stomach ache, vomiting, diarrhea, fevers, fatigue, chills.
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3.3. Medical Symptoms and Disease Reporting

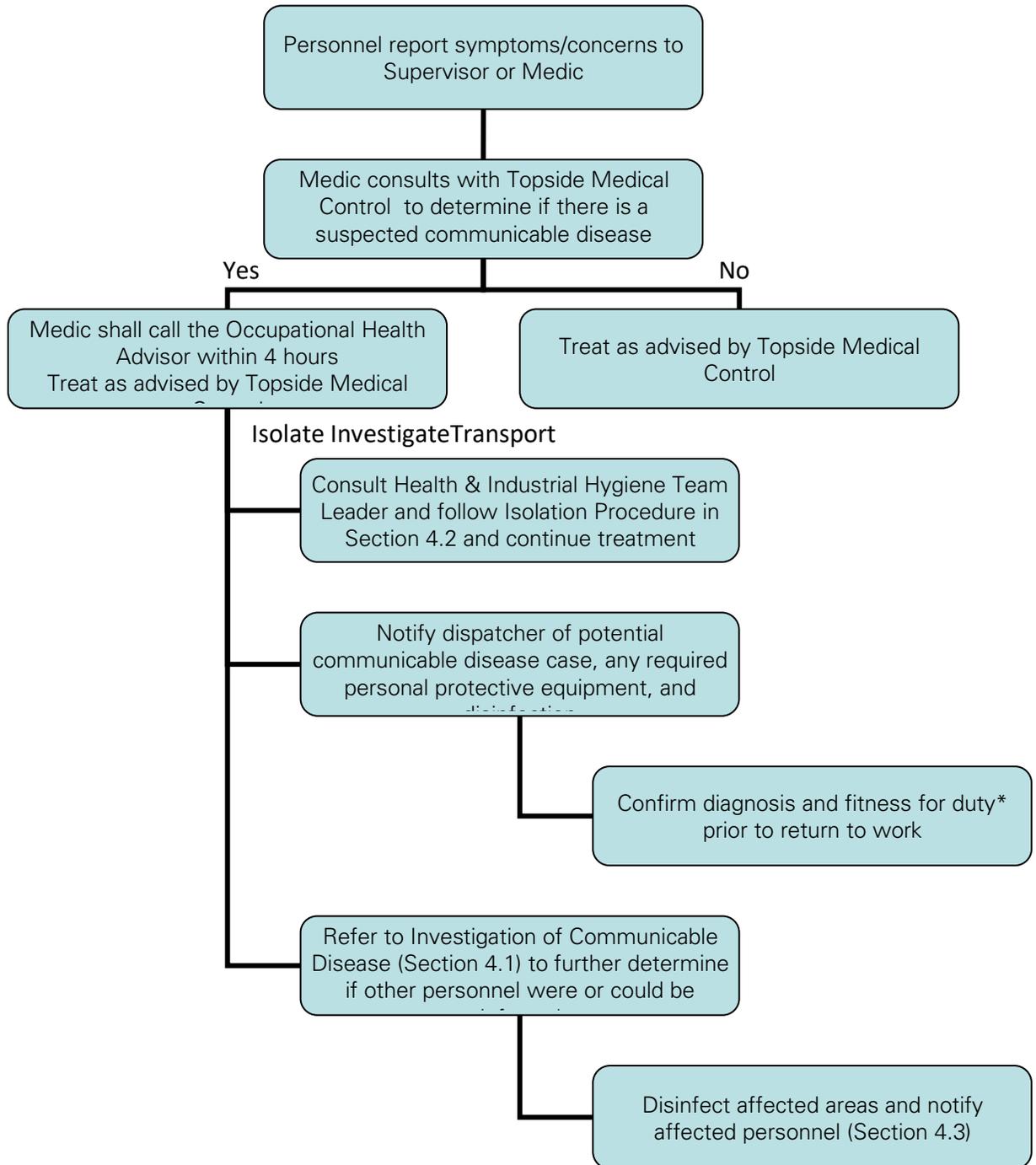
Personnel shall report any symptoms of illness to the Medic.

Catering and laundry staff shall be free of medical conditions that may cause foodborne disease and other communicable disease transmission. The following symptoms, diseases listed in Table 1, and those diseases related to foodborne transmission (i.e., Norovirus, Shigella spp., Shiga Toxin-producing E. Coli, Salmonella) are reportable to the Camp Boss and Medic: vomiting, jaundice, diarrhea, sore throat with a fever, or a lesion containing pus such as a boil or infected wound that is open or draining.

Catering and laundry staff are required to wear an impermeable cover (i.e., a finger cot or stall) that protects a hand or wrist lesion and a SINGLE-USE glove shall be worn over the impermeable cover. If the lesion is on exposed portions of the arms, the lesion shall be protected by an impermeable cover. Lesions on other parts of the body shall be covered by a dry, durable, tight-fitting bandage.

END OF PAGE

3.4. Process for Managing Communicable Diseases Offshore



*Workforce shall be informed of any precautions to take if communicable disease was confirmed.

4. Procedures

4.1. Investigation of Communicable Disease

If there is a suspicion or diagnosis of a communicable disease, the following information shall be obtained to further determine cause of the disease and to prevent its spread. If considered pandemic, refer to the GoM Pandemic Response Plan. For bloodborne pathogens (HIV, Hepatitis B and C) see the Bloodborne Pathogens policy.

- A. When did the symptoms first begin and how long have you been on location offshore?
- B. Describe the symptoms.
- C. Does individual know if anyone else is infected?
- D. Who are their roommates or close contacts?
- E. Taking into account the incubation period of the communicable disease, what facilities and locations have they visited immediately prior to the symptoms and since the symptoms began?
- F. Have they had prophylactic treatment or vaccination?
- G. Have they had diagnostic testing or treatment for symptoms? If so, what were the treatments or results of testing?
- H. Inquire about possible sources of spread such as: living quarters on platforms, laundry and laundry procedures, work out facilities, etc.
- I. Speak with Medic concerning other potential exposures.
- J. Develop a timeline with the above information.

4.2. Isolation Procedure

If the initial medical assessment by the Medic concludes that the person may be suffering from flu, other virus, or other communicable diseases, or is likely in the infectious incubation period, the following actions should be taken:

- A. Individual shall remain isolated in their quarters, inform the Medic and practice "social distancing." (minimum 6 feet as a guide)
- B. Individual shall be issued an approved mask from the Medic and shall wear at all times if possible. The mask shall be worn until the person leaves the workplace and has received medical advice.
- C. Individual shall be advised and issued supplies to allow for frequent hand washing and wiping of secretions from nose and mouth
- D. Persons who are diagnosed with flu or other virus by a physician shall remain isolated until the illness has resolved and they have been cleared by a physician.
- E. Roommates of suspected cases should be relocated to other quarters to minimize exposure to other crew members. They shall be monitored closely for signs and symptoms by the Medic. Additional preventive measures may be considered.
- F. The Medic shall be ready and capable of managing any person with confirmed or suspected flu or other virus with support and guidance from the Acadian Medical Director until transport to definitive care onshore is available.
- G. Medics shall have access to supplies:
 - a. Approved surgical masks or N95 National Institute for Occupational Safety and Health (NIOSH) rated mask for suspected infected personnel and those assisting in care of offshore personnel in sick bay.

- b. An adequate supply of antivirals, antibiotics, antibacterials, antiemetics, antipyretics, vaccinations and other prophylactic or treatment medications for offshore population.
- H. Implement increased diligence in sanitary measures and infection control once a possible case of flu or virus is identified. did the symptoms first begin and how long have you been on location offshore?

4.3. Disinfection Procedure

Personnel infected with a communicable disease shall be identified as quickly as possible. An appropriate control plan should be instituted. The following are control measures that should be implemented with suspected cases using a 1:10 chlorine bleach solution and/or disinfectant (i.e. Lysol): Following a work-related incident, the worker will be medically stabilized first and then may be required to submit to substance abuse testing.

- A. Individual Clean rooms occupied by infected personnel (personal care items, bedside equipment and frequently touched surfaces).
- B. Clean door handles, hand rails, telephones in common areas, frequented by infected personnel.
- C. Spray mattress, if plastic covers are used, mattresses should be thoroughly wiped down.
- D. Wash bedding linens and towels in water temp above 140 degrees while using bleach if not color sensitive (ensure laundry bags are washed).
- E. Cleaning crews should have knowledge of communicable disease disinfection and safeguards.

5 References, Key Attachment

5.1. References

GoM Pandemic Response Plan
Group Guide Emerging Infectious Disease
GoM Bloodborne Pathogen Policy
[United States Public Health Service 2013 Food Code](#)

5.2. Attachment

Example Notification Letter: Scabies

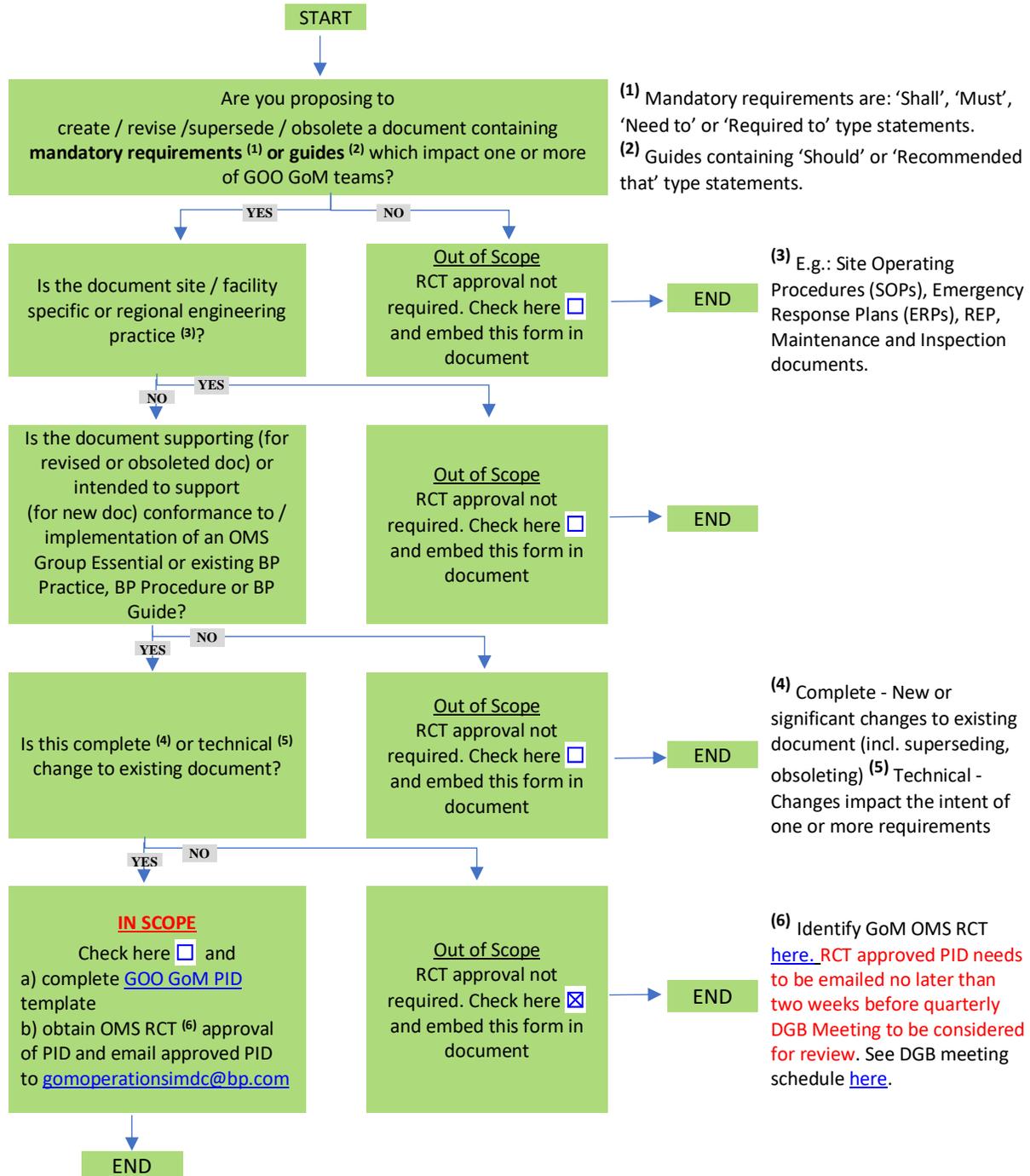


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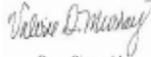
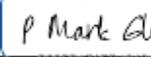
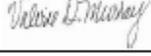
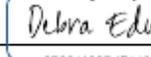
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