

Communicable Disease Management Safe Work Practice (SWP)

1 Purpose / Scope

The Communicable Disease Management Safe Work Practice (SWP) 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 SWP will assist personnel whose job is to minimize the spread of the potential illness and disease and provide medical intervention.

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 Tr@ction within 24 hours.

2.2 Medic

- A. Assess and treat an individual with a suspected communicable disease with guidance from the Acadian Medical Director.
- B. Notify Occupational Health Nurse 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 bi-weekly GoM Region Medic Shift Log to Health and Industrial Hygiene Team Leader.
- E. Provide appropriate personal protective equipment for the transport of potentially infectious personnel.
- F. Communicate presentations from Occupational Health Nurse 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.
- C. Provide technical guidance on personnel isolation requirements (i.e. sanitation or ventilation).

2.5 BP Occupational Health Physician (OHP):

- 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 Nurse (OHN):

- A. Liase with Medic and other BP health professionals (i.e. occupational physician, 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 blank 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 scabies, chicken pox, seasonal or novel influenza, and tuberculosis, 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.

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 Vaccine is variably protective	Cough, unintentional weight loss, fatigue, fever, night sweats, chills, loss of appetite

<p>Methicillin-resistant Staphylococcus aureus (MRSA/Staph)</p>	<p>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 is caused by a strain of staph bacteria that's become resistant to the antibiotics commonly used to treat ordinary staph infections.</p>	<p>Spread by contact with objects as well as person to person</p> <p>Antibacterials and Antibiotics can limit spread</p>	<p>MRSA depends on where you're infected. 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.</p>
<p>Chicken Pox</p>	<p>It is a highly contagious viral infection that causes an itchy, blister-like rash.</p>	<p>Spread by direct contact with rash or by droplets in air from coughing or sneezing to those who have not had the disease or have not been vaccinated</p> <p>Vaccine preventable</p>	<p>Rash, fever, loss of appetite, headache, tiredness, malaise</p>

Disease	Definition	Transmission	Signs & Symptoms
<p>Shingles</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. 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>Vaccine preventable</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 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 (preventative) antiparasitics 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>

Measles	Contagious itchy skin rash caused by a virus.	Inhaled droplets from infected person coughing, sneezing, talking, etc. or contact of nose or mouth with infectious secretions Vaccine preventable	Cough, runny nose, inflamed eyes, sore throat, fever, and red blotchy skin rash often starting on the head and moving down the body.
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Disease	Definition	Transmission	Signs & Symptoms
Meningitis	An infection of the brain caused by a virus, bacteria or fungus.	Inhaled droplets from infected person coughing, sneezing, talking or contact of nose or mouth with infectious secretions One type, caused by bacteria Neisseria Meningitidis, is vaccine and prophylactic antibiotic preventable	Sudden high fever, severe headache, stiff neck, vomiting, seizures, light sensitive, fatigue
Seasonal or Novel Influenza	Viral infection that attacks respiratory system.	Inhaled droplets from infected person coughing, sneezing, talking, etc. or contact of nose or mouth with infectious secretions Vaccine prevents or limits symptoms Initially there is no vaccine for novel influenza	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.	Spread by direct or indirect contact with infected eye secretions Most cases are caused by a virus and spread is not prevented by antibiotics	Redness, itchiness, gritty feeling, tearing, discharge, in one or both eyes
Whooping Cough (Pertussis)	Highly contagious bacterial respiratory infection.	Inhaled droplets from infected person coughing, sneezing, talking, etc. Vaccine preventable	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.	From contaminated food, water, or close contact with someone already infected Vaccine preventable	Fatigue, nausea, vomiting, abdominal pain, loss of appetite, low grade fever, dark urine, jaundice

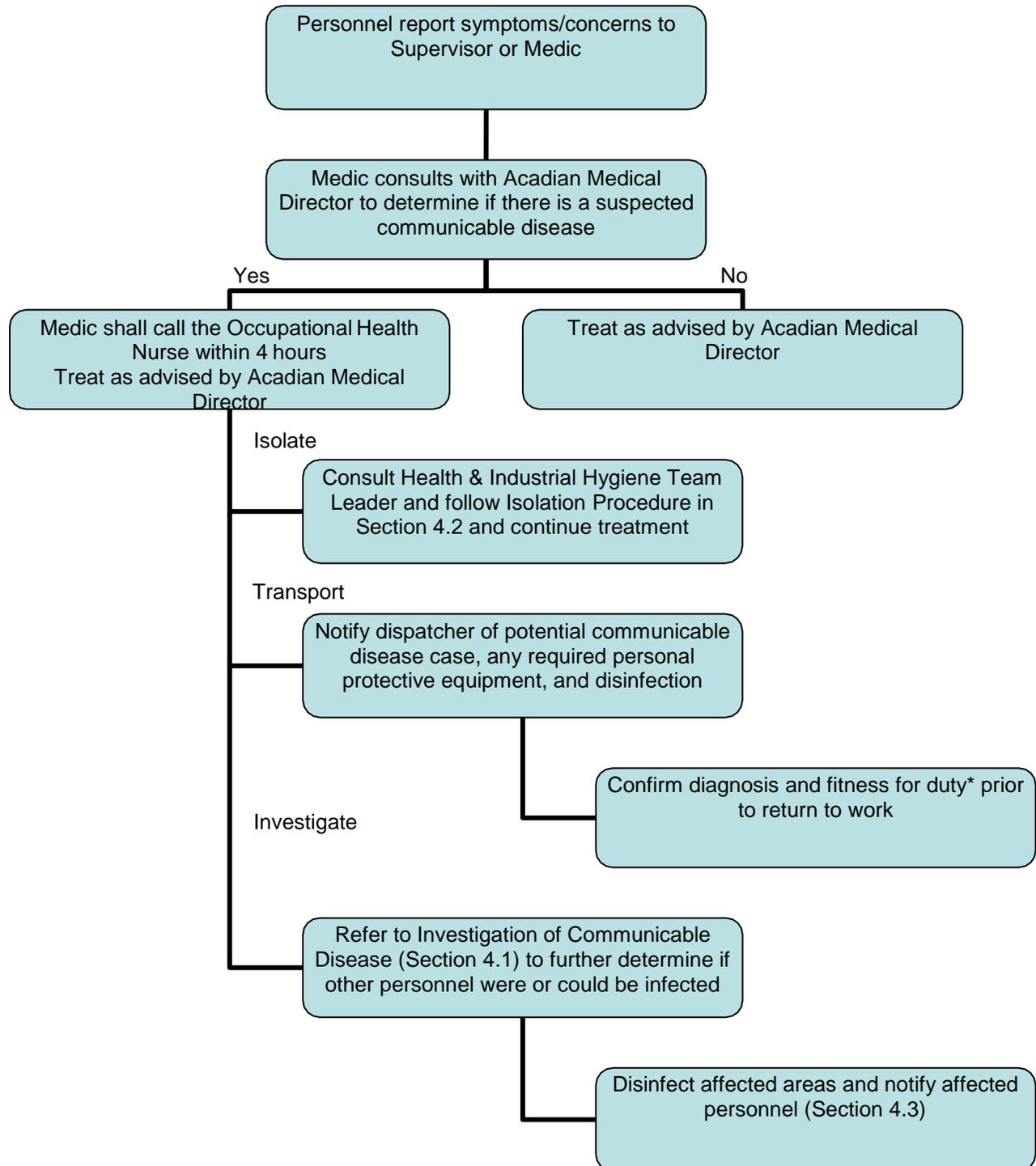
3.3 Medical Symptoms and Disease Reporting

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.

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 Pandemic Response Plan E&P Gulf of Mexico Document Number: UPS-US-SW-GOM-HSE-DOC-00729-2.

- 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? Have they had diagnostic testing or treatment for symptoms? If so, what were the treatments or results of testing?
- G. Inquire about possible sources of spread such as: living quarters on platforms, laundry and laundry procedures, work out facilities, etc.
- H. Speak with Medic concerning other potential exposures.
- I. Develop a timeline with the above information.

Note: For HIV, Hepatitis B & C, see Bloodborne Pathogens SWP

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 of:
 - 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.

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):

- A. 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 Key Attachments, References

- A. Appendix A - Example Notification letter
- B. [United States Public Health Service 2013 Food Code](#)

Revision Log

Revision Date	Authority	Custodian	Revision Details
06/06/2014	HSE Manager	Health and Industrial Hygiene Manager	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.
11/30/12 Issue date	Director of Health and Safety	Health and Industrial Hygiene Team Leader	Initial issue as a controlled document.

APPENDIX A

Example Notification Letter

**Health and Hygiene Alert
Scabies**

Date: XX/XX/20XX

We have recently discovered that a worker onboard XYZ platform from October XX, 20XX to November XX, 20XX had a possible case of scabies and was symptomatic until November XX, 20XX. This note does not mean that you have scabies, only that you have been potentially exposed to them.

Scabies is a fairly common skin infection caused by a microscopic mite. The infection is characterized by pimple-like rash that is most commonly found on the hands, especially the webbing between the fingers, the skin folds of the wrist, elbow or knee, groin area, the breast or the shoulder. The infestations of scabies can often cause intense itching all over the body, especially at night. Scratching of itchy areas can result in sores that may become infected by bacteria. Scabies infestation can affect people from all backgrounds without regard to age, sex, race, or personal hygiene. Mites that cause scabies are transferred by direct skin to skin contact. In severe cases indirect transfer from inanimate objects can occur only if these have been contaminated by an infected person immediately beforehand.

Diagnosis for the infection can only be confirmed by a physician, and the treatment for scabies generally involves a medicated ointment applied to the skin. Those personnel who are concerned about their health should consult with the medic or their personal physician.

We have attached an information pamphlet with additional information on scabies. If you need any additional information in the meantime or have specific questions regarding this incident, please contact the BP GoM Occupational Health at (281) 366-3459.

SIGNATURE

TITLE

APPENDIX A (Continued)**Scabies Information****Health and Hygiene Alert
Scabies****What is scabies?**

Scabies is a fairly common skin infection caused by a microscopic mite. Mites that cause scabies burrow into the skin producing pimple-like irritations and severe itching. Occasionally bacterial infections may occur following intense scratching at the site of the burrow.

Who gets scabies?

Scabies infestations can affect people from all socioeconomic levels without regard to age, sex, race or standards of personal hygiene. Clusters of cases, or outbreaks, are occasionally seen in nursing homes, day care centers and other institutions.

How is scabies spread?

Mites that cause scabies are transferred by direct skin-to-skin contact. In severe cases indirect transfer from undergarments or bedclothes can occur only if these have been contaminated by an infected person immediately beforehand.

How is scabies diagnosed?

Definitive diagnosis involves demonstrating the presence of the mite by skin scrapings and microscopic examination of the scraped specimen.

What are the symptoms of scabies?

The most prominent symptom of scabies is intense itching, particularly at night. The areas of the skin most affected by scabies include the webs and sides of the fingers, around the wrists, elbows and armpits, waist, thighs, genitalia, abdomen and lower buttocks.

How soon do symptoms appear?

After exposure, symptoms will appear from 2 to 6 weeks in people who have not previously been exposed to scabies infestations. People who have had a previous infestation with scabies mites may show symptoms within 1 to 4 days after subsequent re-exposures.

When and for how long is a person able to spread scabies?

A person is able to spread scabies until mites and eggs are destroyed, usually after one treatment with an effective anti-scabies medication. Individuals with scabies should not enter their workplace until the day after treatment is initiated. Except in severe cases, inanimate objects such as clothing, bedding or furniture does not spread mites that cause scabies.