



Exploration & Production

GENERAL SPECIFICATION

Medical

GS EP MED 061

Medical support for E&P sites

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1. Scope

The purpose of this General Specification is to define requirements and recommendations for medical support for E&P sites in terms of onsite medical personnel, ambulances, first-aid boxes, first-aid training and reports.

2. Reference documents

The reference documents listed below form an integral part of this General Specification. Unless otherwise stipulated, the applicable version of these documents, including relevant appendices and supplements, is the latest revision published at the EFFECTIVE DATE of the CONTRACT.

Standards

Reference	Title
Not applicable	

Professional Documents

Reference	Title
Report N° 343	Managing health for field operations in oil & gas activities, OGP, May 2003

Regulations

Reference	Title
Not applicable	

Codes

Reference	Title
Not applicable	

Other documents

Reference	Title
Not applicable	



Total General Specifications

Reference	Title
GS EP MED 060	Onsite medical structures
GS EP MED 062	Hygiene on bases and in living quarters
GS EP MED 063	Specific risks: clinical and therapeutic elements

3. Medical personnel

3.1 Medical personnel: profiles

When the job is being defined, specific skills may be added to these profiles such as: the practice of gynaecology, paediatrics or tropical medicine, knowledge of a language, ability to use IT resources.

There are five main categories (profiles E to A) of medical personnel depending on their technical skills, their knowledge and therefore the fields of medicine in which they are authorised to practise. These five skills levels may be linked to managerial functions, which are more a reflection of intrinsic qualities than the level of studies and technical skills.

3.1.1 Ambulance staff (profile E) – Drivers and attendants

Initial training: in accordance with the host country's legislation, having a first-aid qualification such as PSE₂ or AFA (OGP level 2) when hired and pursuing continuing first-aid training.

Functions:

- Is familiar with emergency equipment and helps the medical staff use it.
- Assists the EMU manager with daily equipment verification.
- Carries equipment during the intervention and transports the patient or victim on a stretcher.
- Position may be combined with that of stretcher-bearer or care attendant or cleaning staff

Possible managerial position: First-Aid Station Manager.

3.1.2 Paramedical Personnel

Conditions to practise:

They shall be able to present:

- a certificate of proof that they are covered internationally by professional liability insurance for the functions they are required to fulfil and the procedures they are required to perform.
- a certificate of proof that they are currently, or in the process of being, registered with the host country's Board of Physicians or any other document showing they are authorised to work in the host country.

They usually work under the responsibility of a doctor who is physically present.

Depending on the circumstance and their skills, they may be asked to hold consultations or perform procedures in the doctor's absence. They then have to follow protocols and they have



the possibility of communicating with a doctor at any time (for any work not falling under a protocol, a difficult clinical case or interpretation of an ECG). This option is possible if and only if the previous two conditions are fulfilled.

Depending on their place of work, a BOSIET, HUET or other specific training shall be required.

3.1.2.1 Paramedics (profile D)

Nurses, specialised nurses, class 1 and class 2 medical assistants, Paramedics or similar positions (the name and skills level vary according to their country of origin and qualifications).

Functions:

- Nursing care for hospitalised patients
- Outpatient nursing care
- Vaccinations depending on the country
- Management and maintenance of medical and first-aid equipment
- Managing the pharmacy and the infirmary's administration
- Hygiene in living quarters and hygiene at work
- Responsible for the cleanliness and sanitation of medical facilities
- Procedures performed by request and under doctor supervision
- Certain diagnostic procedures
- Consultations assigned to nurses in some countries
- Patient health education
- Supervision of hygiene and equipment in the consultation and treatment rooms

Possible managerial position:

SMS manager: for more details, see job sheets corresponding to the function

Paramedical personnel with solid knowledge of the oil industry, recognised by peers for his/her skills and integrity.

One particular category warrants attention:

3.1.2.2 Emergency Medical Technicians-EMT (profile C)

Initial training: IADE (stage-registered nurse anaesthetists), IDE for state-registered emergency, medic or specialised paramedic nurses.

Additional training: DU in Disasters or equivalent.

They have proof of solid experience in a trauma (or intensive care) centre and in pre-hospital emergency medicine.

Mission:

Their role is to manage any vital emergency onsite or in the reception area of a Site Medical Structure in accordance with current international standards (working under a protocol with the possibility of communicating with a doctor at any time, if they are working on an isolated site): administration of thrombolysis, induction of anaesthesia and maintenance of sedation,



intubation (including use of difficult intubation techniques), mechanical ventilation, CPAP, defibrillation, cardioversion, bone administration, luxation or fracture reduction, management of a vital distress, management of a functional emergency, management of an ACS, management of childbirth and a paediatric emergency depending on the site, plus perfect knowledge of first-aid techniques and particularly emergency extrication of victims, immobilisation and stretcher-bearing.

They shall also be hired based on their ability to work on an isolated site: awareness of their limitations, professionalism and complete proficiency in first-aid techniques.

Their A&E continuing training shall be up to date: ACLS, PHTLS, ATLS or equivalent. Capable of and trained in wearing an Open-Circuit SCBA; and, depending on the case, a Closed-Circuit SCBA. Capable, depending on the site, of working in hazardous environments.

Preferred functions:

- Emergency entrance area
- ICU
- Operating theatre
- EMU
- Monitoring of resuscitation equipment and supervision of biomaintenance.
- Coordination of the Paramedical Personnel's continuing professional training
- Training of PSE₂ first-aid workers and ambulance attendants

Possible managerial positions:

EMU2 manager (for more details, see job sheet corresponding to the function)

Working under a protocol and able to communicate with a doctor at any time.

This function may be combined with that of:

SMS manager (for more details, see job sheet corresponding to the function)

3.1.3 Doctors

Conditions to practise:

They shall be able to present:

- a certificate of proof that they are covered internationally by professional liability insurance for the functions they are required to fulfil and the procedures they are required to perform.
- a certificate of proof that they are currently, or in the process of being, registered with the host country's Board of Physicians or any other document showing they are authorised to practice medicine in the host country.

3.1.3.1 Medical Practitioners and Occupational Medicine Practitioners (profile B)

There are two types:

- Occupational Medicine practitioners
- General practitioners or other specialised practitioners



3.1.3.2 A&E Doctors (profile A)

Initial training: General Medicine, Anaesthesia-Resuscitation, Intensive care, sometimes Surgery (in some countries).

Specialised training: *Capacité de Médecine d 'Urgence* [*Capacité d 'Aide Médicale Urgente* (or other equivalent Diploma in Emergency Medicine) and *Capacité de Médecine Catastrophe* (disaster medicine diploma)]. A *Diplôme Universitaire* (university degree) in Paediatric Emergencies if needed.

They have proof of solid experience in a trauma (or intensive care) centre and in pre-hospital emergency medicine other than that acquired as a student.

Mission:

Their role is to manage any vital emergency onsite or in the reception area of a Site Medical Structure, in accordance with current international standards: administration of thrombolysis, induction of anaesthesia and maintenance of sedation, intubation (including use of difficult intubation techniques), mechanical ventilation, CPAP, defibrillation, cardioversion, bone administration, luxation or fracture reduction, management of a vital distress, management of a functional emergency, management of an ACS, management of childbirth and a paediatric emergency depending on the site, plus perfect knowledge of first-aid techniques and particularly emergency extrication of victims, immobilisation and stretcher-bearing.

They shall also be hired based on their ability to work on an isolated site: ability to make a decision quickly, professionalism, inventiveness and proficiency in first-aid techniques.

Their A&E continuing training shall be up to date: ACLS, PHTLS, ATLS or equivalent.

Depending on the site where they practise, they shall also have updated their BOSIET, HUET or equivalent. Capable of and trained in wearing an Open-Circuit SCBA; and, depending on the case, a Closed-Circuit SCBA.

They shall be capable, depending on the site, of working in hazardous environments.

Managerial positions (see job sheets corresponding to the function):

EMU1 Manager: for more details, see job sheets corresponding to the function.
Shall be an A&E Doctor (profile A).

SMS manager: for more details, see job sheets corresponding to the function.
A Medical Practitioner or A&E Doctor (profile B or A)
Has good knowledge of the oil industry and is interested in public hygiene.
The required experience depends on the size of the SMS.
May be combined with EMU1 Manager if A&E Doctor (profile A).

GMS Manager: for more details, see job sheets corresponding to the function.
Preferably an A&E Doctor (profile A).
Shall have a diploma and be trained in Disaster Medicine as a *Directeur des Secours Médicaux* (medical rescue director).
Solid experience in the oil industry.
Recognised by peers for his/her skills and moral values.
Function always associated with that of SMS Manager.

SMF Coordinator (called SMF Chief Doctor if organic doctor)
Shall have a diploma in Disaster Medicine (*Capacité*) and have attended regular training to be a *Directeur des Secours Médicaux* (medical rescue director) and be a potential media liaison.



S/he is a member of the Emergency Management Unit.

Doctor with previous experience as GMS Manager and good knowledge of the host country's laws.

Function may be combined with that of GMS Manager.

Appointed by the subsidiary manager (General Manager) upon recommendation from the IMD.

3.1.4 Laboratory, Pharmacy and Radiology Personnel

Laboratory Technicians, samplers

Pharmacy dispensers or pharmacy assistants

X-ray technicians

Functions: laboratory techniques and samples, radiology techniques, pharmacy management under the authority of a certified pharmacist.

3.1.5 Medical Assistants

Personal care attendants

Stretcher bearers

Secretaries

Cleaning staff

Shall have first-aid experience, have a PSE₁ level when hired and rapidly attend PSE₂ (AFA or OGP level 2) training if possible

Functions:

- Cleaning and hygiene in care and consultation areas
- Cleaning and hygiene in hospitalisation areas
- Cleaning and hygiene in common areas (hallways, recovery areas, waiting rooms, toilets, etc.)
- Patient reception and secretarial services
- Stretcher bearing
- Driving vehicles
- Helping patients wash themselves and perform daily tasks (dressing, eating, drinking, etc.)

Ability to perform a variety of tasks shall be given preference.

3.2 Decision-making tool for the choice of medical staff

3.2.1 Choice of profiles

Table 1: factors determining the profile of medical personnel

Factor determining the profile	Yes/No	Qualification or experience required
Population requiring care		
Men only		None in particular
Women		Experience in Gynaecology, especially if pregnancies may need to be monitored
Children		Experience in Paediatrics
Geographic origin of this population		
Nationals		Possibly local medical personnel
Expatriates (specify)		Speaks English or other language

3.2.2 Choice of number

60% +/- 20% of the population consults a doctor once a month. The fact that medical personnel are not just limited to consultations should also be factored in. They are also responsible for hygiene inspections, first-aid training courses, etc., and are generally on-call 24 hours a day.

Table 2: factors determining the number of medical personnel

Factor determining the number	Recommended number and observations
Population to be supported	
0 to 150	1 member of medical staff
150 to 400	2 members of medical staff
400 to 1000	2 or 3 members of medical staff
1000 to 2000	3 or 4 members of medical staff
2000 to 4000	4 or 5 members of medical staff
Origin	
% nationals	Choose or add one or more medical staff members of the same origin to reflect the distribution
% expatriates from the same country	
Distance from site	
Medical structures close by, easily accessible and reliable	In this situation, the numbers of medical staff do not need to be correlated with the size of the population to be supported
Number of sites located more than 30 minutes away from a medical team	Each of these sites shall have its own medical team
Number of ambulances	2 ambulance drivers per vehicle

3.3 The recommendation: a summary

Further to an analysis of sites' needs, a recommendation as to the number and profile of medical personnel to be hired may be made.

Table 3: recommended number and profiles of medical personnel

	POB				
	0-150	150-400	400-1000	1000-2000	2000-4000
The SMS is also the headquarters of the GMS and an EMU	1A + 1 D + 2E	1A + 2 D + 2E	1A + 1B + 2D + 2E or 1A + 1C + 2D + 2E	1A + 1B + 3D + 2E or 1A + 1B + 1C + 2D + 2E	1A + 2B + 2D (+/- 1C) + 2E
The SMS is neither the headquarters of the GMS, nor the headquarters of an EMU (located less than 30 min. from medical transport) and a doctor can be reached 24/24, 7/7	1D	1D + 1D	1D + 2D	1B + 2D	1B + 1B + 2D
The SMS is neither the headquarters of the GMS, nor the headquarters of an EMU (located less than 30 min. from medical transport) and a doctor cannot be reached 24/24, 7/7	1B	1B + 1D	1B + 2D	1B + 2D	1B + 1B + 2D
The SMS is not the headquarters of the GMS, but is the headquarters of an EMU (located more than 30 min. from medical transport) and a doctor cannot be reached 24/24, 7/7	1A + 2E	1A + 1D + 2E	1A + 2D + 2E	1A + 1B + 2D + 2E	1A + 1B + 1C + 2D + 2E
The SMS is not the headquarters of the GMS, but is the headquarters of an EMU (located more than 30 min. from medical transport) and a doctor can be reached 24/24, 7/7	1C + 2E	1C + 1D + 2E	1C + 2D + 2E	1C + 1B + 2D + 2E ou 1B + 1C + 2D + 2E	1B + 1B + 1C + 2D + 2E

Structure managers are in red (A, B, C, D, E)

MINIMUM REQUIRED QUALIFICATION AND NUMBER AT A SITE UP TO 4000 people, WITH NO FAMILY and WITH NO PARTICULAR RISK

Now the various profiles need to be described in detail by filling in the following sheet for each medical staff member needed.

Table 4: sheet for medical staff needed

Profile	
A (experienced A&E Doctor)	
B (Medical Practitioner; indicate the area of speciality if needed)	
C (EMT Personnel)	
D (Paramedical Personnel)	
E Ambulance attendant	
Holder of a Diploma in Disaster medicine	
Certified and trained <i>Directeur des Secours Médicaux</i> (medical rescue director)	
Geographic origin and origin of diploma	
Western or "Western certified"	
National	
Required years of experience	
Specify the number of years preferred	
Experience	
Experience on isolated sites	
Management, administration experience	
Experience in emergency medicine	
Experience in tropical medicine	
Gynaecology experience	
Experience in paediatrics	
Experience in hyperbaric medicine	
Use of computing tools	
Experience driving ambulances	
Spoken languages	
English	
French	
Other	

3.4 Job description sheet

3.4.1 Nurse or Paramedic (profile D)

Medical care:

- Hold routine consultations within the limit of his/her knowledge, always under the responsibility of a doctor, prescribe treatments and monitor progress, perform and follow up on minor surgery, refer cases s/he cannot resolve alone.
- Give necessary advice on the prevention of infectious diseases or diseases related to local conditions, administer and monitor chemoprophylaxis and vector control measures.



- Administer emergency care and prepare patients for evacuation. To this end, s/he shall at least know how to:
 - o Evaluate the seriousness of the condition of any patient, one or more of whose vital functions are threatened, decide upon and organise his/her evacuation.
 - o Combat respiratory failure, ventilate with a bag valve mask and insert a COMBITUBE if needed for a patient in respiratory arrest.
 - o Fight circulatory failure, insert peripheral venous catheters, use the correct vasoactive amines and anti-arrhythmic molecules, use a multiparameter monitor and its auxiliary equipment (manual defibrillation and electro-systolic pacing).
 - o Prepare an intubation tray, a tray for inserting a central venous catheter and for central venous pressure, a tray for inserting a chest drain.
 - o Insert a urinary catheter.
 - o Insert a nasogastric tube.
 - o Insert a Faucher tube and be familiar with its indication and contraindications.
 - o Measure central venous pressure.
 - o Administer sedation to patients experiencing severe pain (having multiple traumas, burns, etc.) using powerful analgesics if necessary.
 - o Organise first-aid and medical triage in a mass-casualty situation.
- Ensure the complete operational availability, 24 hours a day, of all medical intervention equipment, and particularly emergency bags, mobile equipment and ambulances, so as to be able to intervene anywhere on the site.
- Provide the staff with psychological support.
- Manage equipment and the stock of drugs, make sure they are capable of meeting onsite needs, organise stock renewal and monitor medical devices.
- Help draw up rescue plans and organise drills.
- Participate in first-aid education.
- Monitor staff immunisation.
- Inspect the certificates of fitness of staff from contract companies, organise fitness-for-work medicals for non-expatriate staff from the subsidiary, and check the fitness-for-work of Group expatriates if necessary.
- Authorise exemptions from and inabilities to work within his/her knowledge, refer cases s/he cannot resolve alone to a doctor.

Hygiene:

On the request of his/her SMS manager

- Organises HACCP with the Camp Boss.
- Regularly inspects all stages of the food chain, living quarters and their outbuildings, water quality and waste management.

- Participates in hygiene education for all staff members and supervision of personal hygiene.
- Ensures that all catering personnel are fit for work.
- Notifies the SMS manager of any significant anomaly identified during these inspections.

3.4.2 Emergency Medical Technicians (profile C)

They combine the characteristics of § 3.1.2.2 and those of § 3.4.2 Initial training: IADE (state-registered nurse anaesthetists), IDE for state-registered emergency, paramedic or specialised paramedic nurses.

Additional training: DU in Disasters or equivalent.

They have proof of solid experience in a trauma (or intensive care) centre and in pre-hospital emergency medicine.

Mission:

Not only their role as Paramedics:

Medical care:

- Hold routine consultations within the limit of his/her knowledge, always under the responsibility of a doctor, prescribe treatments and monitor progress, perform and monitor minor surgery, refer cases s/he cannot resolve alone.
- Give necessary advice on the prevention of infectious diseases or diseases related to local conditions, administer and monitor chemoprophylaxis and vector control measures.
 - o Prepare a tray for inserting a central venous catheter and for central venous pressure, and a tray for inserting a chest drain.
 - o Insert a urinary catheter.
 - o Insert a nasogastric tube.
 - o Insert a Faucher tube and be familiar with its indication and contraindications.
 - o Measure central venous pressure.
 - o Administer sedation to patients experiencing severe pain (having multiple traumas, burns, etc.) using powerful analgesics if necessary.
 - o Organise first-aid and medical triage in a mass-casualty situation.
- Ensure the complete operational availability, 24 hours a day, of all medical intervention equipment, and particularly emergency bags, mobile equipment and ambulances, so as to be able to intervene anywhere on the site.
- Provide the staff with psychological support.
- Manage equipment and the stock of drugs, make sure they are capable of meeting onsite needs, organise stock renewal and monitor medical devices.
- Help draw up rescue plans and organise drills.
- Participate in first-aid education.
- Monitor staff immunisation.



- Inspect the certificates of fitness of staff from contract companies, organise fitness-for-work medicals for non-expatriate staff from the subsidiary, and check the fitness-for-work of Group expatriates if necessary
- Authorise exemptions from and inabilities to work within his/her knowledge, refer cases s/he cannot resolve alone to a doctor.

Hygiene:

On the request of the SMS manager:

- Organise HACCP with the Camp Boss.
- Regularly inspect all stages of the food chain, living quarters and their outbuildings, water quality and waste management.
- Participate in the hygiene education of all staff members and supervision of personal hygiene.
- Ensure that all catering personnel are fit for work.
- Notify the SMS manager of any significant anomaly identified during these inspections.

But also a specific role:

Their specific role is to manage any vital emergency onsite or in the reception area of an SMS in accordance with current international standards (working under a protocol with the possibility of communicating with a doctor at any time, if they are working on an isolated site): administration of thrombolysis, induction of anaesthesia and maintenance of sedation, intubation (including use of difficult intubation techniques): Fast Trach, Light Trach, retrograde intubation, Eschmann Tracheal Tube Introducer, etc.), mechanical ventilation, CPAP, defibrillation, cardioversion, bone administration, luxation or fracture reduction, management of a vital distress, management of a functional emergency, management of an ACS, management of childbirth and a paediatric emergency depending on the site, plus perfect knowledge of first-aid techniques and particularly emergency extrication of victims, immobilisation and stretcher bearing.

They shall also be hired based on their ability to work on an isolated site: awareness of their limitations, professionalism and complete proficiency in first-aid techniques.

Their A&E continuing training shall be up to date: ACLS, PHTLS, ATLS or equivalent. Depending on the site where they practise, they shall also have updated their BOSIET, HUET or equivalent.

Capable of and trained in wearing an Open-Circuit SCBA; and, depending on the case, a Closed-Circuit SCBA.

Capable, depending on the site, of working in hazardous environments.

Preferred functions:

- Emergency entrance area
- ICU
- Operating theatre
- EMU
- Monitoring of life-support equipment and supervision of biomaintenance



- Coordination of the Paramedical Personnel's continuing professional training
- Training of PSE₂ first-aid workers and ambulance attendants

3.4.3 Medical Practitioner (profile B)

3.4.3.1 General Practitioner or other specialised Practitioner

Medical care:

- Holds routine consultations for any type of disease related to his/her area of speciality, prescribes treatments and monitors progress, performs and follows up on (minor) surgery, refers patients requiring further tests or opinions to a specialist.
- Gives necessary advice on the prevention of infectious diseases or diseases related to local conditions, administers and monitors chemoprophylaxis and vector control measures.
- Performs emergency care and prepares patients for evacuation, while waiting for the Emergency Medical Unit. To this end, s/he shall at least know how to:
 - o Evaluate the seriousness of the condition of any patient, one or more of whose vital functions are threatened, decide upon and instigate his/her evacuation.
 - o Combat respiratory failure.
 - o Fight circulatory failure, insert peripheral and central venous catheters, use the correct vasoactive amines and anti-arrhythmic molecules, use a multiparameter monitor and its auxiliary equipment (manual defibrillation and electro-systolic pacing).
 - o Administer sedation to patients experiencing severe pain (having multiple traumas, burns, etc.) using powerful analgesics if necessary.
 - o Help organise first-aid or medical triage and install a medical outpost station in a mass-casualty situation.
- Ensure the complete operational availability, 24 hours a day, of all medical intervention equipment, and particularly emergency bags, mobile equipment and ambulances, so as to be able to intervene anywhere on the site.
- Provide the staff with psychological support.
- Help manage equipment and the stock of drugs, make sure they are capable of meeting onsite needs, participate in stock renewal and in medical device monitoring.
- Help organise drills that are part of rescue plans;
- Participate in first-aid education.
- Monitor staff immunisation.
- Help draw up certificates of fitness for staff from contract companies, or participate in fitness-for-work medicals for non-expatriate staff from the subsidiary or Group expatriates.
- Authorise exemptions from and inabilities to work.



Hygiene:

- Participate in the following, on the SMS manager's request and according to his/her skills:
 - o The hygiene education of onsite staff.
 - o Onsite hygiene audits and inspections.
 - o Preventive measures.
- Organise HACCP with the Camp Boss.
- Regularly inspect all stages of the food chain, living quarters and their outbuildings, water quality and waste management.
- Participate in the hygiene education of all staff members and supervision of personal hygiene.
- Ensure that all catering personnel are fit for work.
- Notify the SMS manager of any significant anomaly identified during these inspections.

General:

- Send the SMS Manager a monthly activity report that contains:
 - o Global medical activity and the distribution pattern of the main illnesses.
 - o Any notable events (evacuations on medical grounds, accidents, etc.).
 - o Medical device monitoring.
 - o Salient points concerning medical hygiene.
- Keep the medical activity register(s) up to date.
- Carry out, on the SMS Manager's request and within his/her capacities, the information, awareness-raising and screening programmes set out by the SMF's Coordinating Doctor.
- Participate in regular continuing training sessions during his/her off-duty periods.

3.4.3.2 Occupational Medicine Practitioner

Doctor with a diploma in Occupational Medicine.

His/her role is to be a medical expert. S/he cannot treat employees.

S/he advises both employees and the management in matters relating to Occupational Health.

S/he is part of the SMF's medical personnel and in that capacity, reports to the SMF's Coordinating Doctor.

S/he supervises and coordinates the Occupational Medicine team.

Mission:

- Keep employees' health from deteriorating as a result of the work they do under the Company's responsibility.
- Respond to statutory requests relating to accident prevention at work.
- Practice his/her activity in accordance with the international and host country's Occupational Medicine regulations.

- Practice his/her activity in accordance with subsidiary and Group HSE regulations.

Activity:

- Make sure there are no medical reasons keeping employees from doing their assigned work. Check-ups should be mandatory and take place on a regular basis (hiring visit then annual visit, and visit after each work stoppage).
- Draw up protocols and practical procedures to organise medical surveillance in accordance with HSE regulations.
- Help assess risks and possible accidents at the workstation and ensure compliance with prevention rules: evaluation of noise, poisoning, lighting, ergonomics and risks of infection. To do so, s/he works in close cooperation with the Industrial Hygiene Unit and promotes the KITRY software programme to his/her medical colleagues.
- Organise and administer continuing training for the Medical Personnel in charge of work-related illnesses: tentative diagnosis, CAT, etc.
- Examine working conditions and ensure they are designed ergonomically and in such a way that does not jeopardise the worker's health. This requires solid knowledge of the employees, their work and the risks inherent in this work. S/he alone is responsible for continuously analysing both work and health, while promoting dialogue and employee integration in the Company.
- Promote individual prevention of serious diseases through systematic screening: spirometry, cardiovascular tests, eye tests, hearing tests, laboratory tests.
- Promote the collective prevention of professional accidents and illnesses related to handling, noise, flash burns, toxic products or modifications related to a change in work or working conditions.
- Provide employees with collective information through prevention campaigns as s/he is responsible for keeping the staff in good health and promoting a healthy lifestyle for employees and their families.
- Notify his/her colleagues if workers are taking drugs that are not compatible with their function, so as to prevent work-related accidents.
- Help control treatment costs by reducing the number of unnecessary consultations and by notifying the SMF's Coordinating Doctor of any abuse of clinics or specialists.
- Make a decision on how long an employee's medical leave should last, on request of the management.
- Rule on the reclassification of a worker and/or the layout of his/her workstation if necessary.

3.4.4 A&E Doctors (profile A)

They combine the characteristics of § 3.1.3.2 and those of § 3.4.1.1.

Initial training: General Medicine, Anaesthesia-Resuscitation, Intensive care, sometimes Surgery (in some countries).

Specialised training:

Capacité de Médecine d'Urgence [Capacité d'Aide Médicale Urgente (or other equivalent



Diploma in Emergency Medicine) and *Capacité de Médecine Catastrophe* (disaster medicine diploma)]. A university degree in Paediatric Emergencies if needed.

They have proof of solid experience in a trauma (or intensive care) centre and in pre-hospital emergency medicine other than that acquired as a student.

3.4.4.1 Role as Consulting Practitioner

Medical care:

- Holds routine consultations for any type of disease, prescribes treatments and monitors progress, performs and follows up on (minor) surgery, refers patients requiring further tests or opinions to a specialist.
- Give necessary advice on the prevention of infectious diseases or diseases related to local conditions, administer and monitor chemoprophylaxis and vector control measures.
- Ensure the complete operational availability, 24 hours a day, of all medical intervention equipment, and particularly emergency bags, mobile equipment and ambulances, so as to be able to intervene anywhere on the site.
- Provide the staff with psychological support.
- Help manage equipment and the stock of drugs, make sure they are capable of meeting onsite needs, and participate in stock renewal and medical device monitoring.
- Help organise drills that are part of rescue plans.
- Participate in first-aid education.
- Monitor staff immunisation.
- Help draw up certificates of fitness for staff from contract companies, or participate in fitness-for-work medicals for non-expatriate staff from the subsidiary or Group expatriates.
- Authorise exemptions from and inabilities to work.

Hygiene:

- On the request of the SMS manager, participate in:
 - The hygiene education of onsite staff.
 - Onsite hygiene audits and inspections.
 - Preventive measures.
- Organise HACCP with the Camp Boss.
- Regularly inspect all stages of the food chain, living quarters and their outbuildings, water quality and waste management.
- Participate in the hygiene education of all staff members and supervision of personal hygiene.
- Ensure that all catering personnel are fit for work.
- Notify the SMS manager of any significant anomaly identified during these inspections.

General:

- Send the SMS Manager a monthly activity report that contains:
 - o Global medical activity and the distribution pattern of the main illnesses.
 - o Any notable events (evacuations on medical grounds, accidents, etc.).
 - o Medical device monitoring.
 - o Salient points concerning medical hygiene.
- Keep the medical activity register(s) up to date.
- Carry out, on the SMS Manager's request and within his/her capacities, the information, awareness-raising and screening programmes set out by the SMF's Coordinating Doctor.
- Participate in regular continuing training sessions during his/her off-duty periods.

3.4.4.2 Specific role of A&E Doctor

Manage any vital emergency onsite or in an SMS reception area, in accordance with current international standards: administration of thrombolysis, induction of anaesthesia and maintenance of sedation, intubation (including use of difficult intubation techniques: Eschmann Tracheal Tube Introducer, Light Trach, Fast Trach, retrograde intubation), mechanical ventilation, CPAP, defibrillation, cardioversion, central venous catheter, bone administration, luxation or fracture reduction, management of a vital distress, management of a functional emergency, management of an ACS, management of childbirth and a paediatric emergency depending on the site, plus perfect knowledge of first-aid techniques and particularly emergency extrication of victims, immobilisation and stretcher bearing.

They shall also be hired based on their ability to work on an isolated site: ability to make a decision quickly, professionalism, inventiveness and proficiency in first-aid techniques.

Their A&E continuing training shall be up to date: ACLS, PHTLS, ATLS or equivalent.

Depending on the site where they practise, they shall also have updated their BOSIET, HUET or equivalent.

Capable of and trained in wearing an Open-Circuit SCBA; and, depending on the case, a Closed-Circuit SCBA.

They shall be capable, depending on the site, of working in hazardous environments.

3.4.5 SMS manager

Doctor or Nurse (profile A, B, C, D)

- Practises his/her profession as a caregiver: Nurse, Paramedic or Doctor (see corresponding job sheet).
- Reports to the GMS Manager.
- Activates, via the GMS manager, the EMU that "covers" the SMS s/he manages.
- Initiates, with the help of the RSES, MEDEVAC procedures and provides the GMS manager with medical data so that an appropriate destination may be chosen.
- Sends the SMF's coordinating doctor, via the GMS manager, a monthly activity report that contains at least:

- o Global medical activity and the distribution pattern of the main illnesses.
- o Any notable events (evacuations on medical grounds, accidents, etc.).
- o Medical device monitoring.
- o Salient points concerning medical hygiene.
- Manages stocks of drugs, medical equipment, first-aid equipment and medical secretariat equipment.
- In charge of the entire team working in the SMS, s/he guarantees its quality, cohesion, continuing training and especially its efficiency.
- Manages first-aid kits and ensures that first-aid equipment is located in an appropriate place.
- Manages the SMS's furniture and premises (maintenance, replacement, etc.).
- Keeps a medical activity register(s) up to date.
- Implements the information, awareness-raising and screening programmes set out by the SMF's Coordinating Doctor.
- Attends HSE meetings and collaborates with the RSES on any useful issues.
- S/he enforces medical secrecy and reports any non-compliance to his/her GMS manager.

S/he is responsible for collective hygiene on the site

In this capacity, s/he:

- Organises HACCP with the Camp Boss.
- Performs or assigns someone to perform appropriate chemical and/or bacteriological analyses.
- Participates in menu planning.
- Regularly inspects all stages of the food chain, living quarters and their outbuildings, water quality and waste management.
- Organises hygiene education for all staff members and supervision of personal hygiene.
- Sees that all catering personnel are fit for work.
- Notifies the GMS manager if any significant anomaly is identified during these inspections and takes all useful corrective measures.

S/he is the primary Medical Manager on the front when there is a catastrophic accident with multiple victims. S/he shall:

- Anticipate such a situation and identify potential rescue workers, potential secretaries, potential stretcher bearers, potential logisticians and train them to work together.
- Instil a culture of disaster medicine on the site for which he is medically responsible: terminology, triage explanation, switch from individual medicine to mass medicine with a shortage of resources.



3.4.6 EMU manager

S/he reports, via the manager of the SMS where the EMU is located, to the GMS manager that the EMU reports to.

S/he is an EMT (profile C): EMU2 manager. This implies that s/he can reach a doctor 24 hours a day, 7 days a week, and that s/he works under a protocol.

S/he is an experienced A&E Doctor (profile A): EMU1 manager

In both cases, their role is the same:

- Manage any emergency in the EMU's scope of responsibility (any patient within 30 minutes from the SMS hosting the EMU).
- Coordinate the action of the EMU team [one other caregiver and 2 ambulance attendants-stretcher bearers-rescue workers (AFA or PSE₂)].
- Train the EMU and maintain it at a high level through regularly scheduled drills.
- Organise emergency medicine training and train medical personnel in the EMU's territory.
- Inspect emergency bags and all equipment used by the EMU: multiparameter monitors, automatic syringes, respirators, supply of consumables, supply and storage of drugs and particularly of anaesthetics and morphine.
- Oversee the biomaintenance of the EMU's medical equipment.
- Make sure the EMU's means of transport is operational year-round and find a replacement solution if needed.
- Make sure the EMU's members practise and attend training: on wearing an open-circuit SCBA, for example, or on stabilising a victim in a hazardous environment.
- Coordinate the EMU with specialised teams (fire protection, etc.)
- Update and verify the applicability of individual and collective emergency plans (situation or accident involving many victims).
- Ensure that the EMU has resources downstream (holding capacity of downstream medical structures, for example).
- Ensure that the EMU has its own means of communication (radio, telephone, etc.) and that it uses them properly and keeps them in good condition.

Function may be combined with that of SMS Manager.

3.4.7 GMS Manager

A doctor, preferably profile A

Shall have a diploma and be trained in Disaster Medicine as a *Directeur des Secours Médicaux* (medical rescue director).

Solid experience in the oil industry.

Recognised by peers for his/her skills and moral values.

Function always associated with that of Manager of the SMS from which the GMS is managed.

Function may be combined with that of EMU1 Manager.



The GMS Chief Doctor:

- Initiates activation of the Emergency Mobile Unit requested by an SMS manager.
- Initiates medical MEDEVAC procedures and selects, together with the IMD and the assistance provider, a destination that is appropriate for the patient and his/her illness. To that end, s/he keeps an updated list of possible host structures for each illness, their respective capacities and the time needed to reach them from the various SMSs, using the GMS's available means of transport. This list also contains the telephone (or other means of communication) numbers of these medical structures as well as vehicle call centres; it distinguishes between rescue structures and stabilisation structures.

This Contingency Plan shall be updated and sent to the SMF's Coordinating Doctor and the IMD on a regular basis (see § 8).

- Sends the SMF's coordinating doctor a monthly report of the GMS's activity that contains at least:
 - o Global medical activity and the distribution pattern of the main illnesses.
 - o Any notable events (evacuations on medical grounds, accidents, etc.).
 - o Medical device monitoring.
 - o Salient points concerning medical hygiene,and after summarising this activity, s/he suggests relevant corrective measures.

Manages stocks of drugs, medical equipment, laboratory equipment, first-aid equipment and medical secretariat equipment by organising a buffer stock so that the GMS may enjoy a certain degree of autonomy.

- Manager and Coordinator of the SMSs and EMUs that comprise the GMS, s/he ensures their cohesion, organises continuing training and sees that they are complementary, so that the GMS may enjoy a certain degree of autonomy.
- On the request of the SMF's Coordinating doctor, manages a "disaster kit" or a "multiple-victim kit" and decides where it is kept. S/he requisitions and trains the staff who use it.
- Ensures that the GMS has the means it needs to communicate and issue alerts and notifies the managers of the relevant centres of any problems encountered, so that official action may be taken. S/he is informed by the latter as corrective maintenance progresses so s/he may monitor it. S/he passes on information to all of the GMS's SMS managers.
- Organises the information, awareness-raising and screening programmes set out by the SMF's Coordinating Doctor.
- Attends HSE meetings, collaborates with RSEs on any useful issues, and stays informed of HSE meetings with all relevant SMSs.
- S/he enforces medical secrecy and helps find solutions to the SMS's problems as needed with the help of the SMF's Coordinating Doctor.

During Medical Disaster situations, s/he is the primary DSM on the site and, after analysing the situation, decides where the medical outpost station is located and which supplies are sent to the disaster site first. While waiting for the SMF's Coordinating Doctor to take over, s/he also manages victim evacuation.



4. Medical transport

All means of transporting casualties are considered without their specific medical equipment.

Special cases:

- A vacuum mattress may be present in certain ambulances. The same is true for a mucus suction device.
- Oxygen fulfils specific criteria:
 - o Onshore ambulances generally require large-capacity bottles.
 - o In commercial aircraft and air ambulances, only bottles certified "aeronautical" are allowed onboard. They may be supplied by the team in charge of transport or by the airline company (private airline charterer). It is important to check the compatibility of the regulators and manometers, which may not necessarily be adaptable to the equipment used for the initial stabilisation of the patient (masks and tubing, respirators). In all cases, this procedural point shall be anticipated well in advance.
 - o In helicopters, practices vary depending on the company and country; once again, this point shall be anticipated.

The lists of emergency equipment set out in **GS EP MED 060** are designed so that any medical means of transport may be equipped. The emergency first-aid bag is critical here.

4.1 Land ambulance

- Transmission: 4x4 or standard depending on the state of the ground (worksite or road)
- Fuel: Diesel
- Front and rear disc brakes
- Power steering
- ABS brakes
- Airbags
- 12-Volt electrical power system in the passenger cabin
- Heating and air-conditioning with air filter generating a temperature of around 20° C in the passenger cabin
- Dark tinted windows (or opaque frosted glass), protection against dust and sand
- Radio equipment compatible with the expected area of activity and the site's communication scheme
- Large rear opening so that a stretcher can easily be loaded
- Stretcher with folding legs and straps for the patient
- Loading ramp for the stretcher with solid attachment points
- Folding wheelchair
- Bench or seats with safety belts for people accompanying the patient
- Sufficient room to work at patient head level



- Storage space for medical equipment with tie-down straps
- Ceiling height: 1.75 m ideally
- Separation between passenger cabin and driver's seat allowing the two to communicate (sliding glass or interphone)
- Adequate light in the passenger cabin for precision work
- Ceiling-mounted support to hang perfusion equipment
- Brackets for oxygen bottles
- Interiors surfaces of the cabin should be washable and disinfectable
- Adequate soundproofing and shock absorption
- Bedpan for urine and faeces, urine receptacle, kidney-shaped recipient for vomit
- Blankets and pillow

4.2 Commercial aircraft (evacuation in recumbent position)

The airline is responsible for the installation of equipment:

- Stretcher (named PCI) with straps for the patient
- Blankets and pillows
- Isolating curtain
- Oxygen (see above)

Generally, there is no electricity supply available onboard commercial aircraft.

4.3 Medical aircraft (Air ambulance)

- Stretcher (may be removable) with straps for the patient, attached to the structure at four points at least, installed lengthwise in the aircraft, blocking neither the doors nor the emergency exits
- Blankets
- Oxygen (see above)
- 12-Volt electrical power system in the passenger cabin
- Adequate cabin lighting
- Pressurised compartment at cruising altitude
- Heating generating at least 20°C in the passenger cabin

4.4 Helicopter

- Engine: twin engine
- Stretcher (may be removable) with straps for the patient
- Blankets
- Oxygen (see above)

- Enough room to seat two attendants, hold medical equipment and enable access to the patient
- Tie-down straps for medical equipment
- Adequate cabin lighting
- Interior radio communication between crew and medical team

Generally, there is no electricity supply onboard helicopters

5. First-aid boxes

5.1 First-aid boxes in buildings

The recommended content of these boxes is as follows:

- A pair of large scissors (for cutting clothing and dressings)
- Non-sterile examination gloves (several sizes)
- A cloth tourniquet
- An emergency trauma compress (*Coussin Hémostatique d'Urgence Traumatique, CHUT*)
- A bottle of iodine disinfectant (Betadine)
- A bottle of non-iodine disinfectant (Hibidine)
- Several packs of sterile compresses (packs of 5 or 10)
- A pack of non-sterile compresses (packs of 50 or 100)
- A roll of adhesive surgical tape
- A roll of adhesive elastic bandage (10 cm wide)
- Four rolls of crepe bandage (cotton - 5, 10 and 20 cm wide)
- Various sizes of ready-to-use dressings
- Two cloth triangles for slings
- A book of instructions explaining safety and first-aid procedures
- An eye-wash kit (for worksites only)
- Watertel dressings and blankets: optional, location to be defined by the site's health manager
- List of contents

5.2 First-aid boxes in vehicles

The recommended content of these boxes is as follows:

- An aluminium survival blanket
- A pair of large scissors (for cutting clothing and dressings)
- Non-sterile examination gloves (several sizes)

- A cloth tourniquet
- An emergency trauma compress (*Coussin Hémostatique d'Urgence Traumatique, CHUT*)
- A bottle of iodine disinfectant (Betadine)
- A bottle of non-iodine disinfectant (Hibidine)
- Several packs of sterile compresses (packs of 5 or 10)
- One (or more) pack of non-sterile compresses (various sizes, packs of 50 or 100)
- A roll of adhesive surgical tape
- Several rolls of adhesive elastic bandage (10 cm wide)
- Four rolls of crepe bandage (cotton - 5, 10 and 20 cm wide)
- Various sizes of ready-to-use dressings
- Two cloth triangles for slings
- A book of instructions explaining safety and first-aid procedures
- Watergel dressings and blankets: optional, location to be defined by the site's Health Manager
- List of contents

6. First-aid training

6.1 Personnel involved

Table 5: training of operational personnel

Operational personnel	Non-isolated site	Isolated site
BFA (OGP Level 1) or PSC ₁	20% of operational personnel 100% of supervisory personnel	100% of operational personnel
AFA (OGP Level 2) or PSE ₁₊₂	3% of the total workforce	50% of supervisory personnel

These training courses shall be repeated every 2 to 3 years.

Personnel should be able to develop practical skills by using dummies and practising on other trainees (for non-dangerous procedures). The courses should focus on "concrete situations" where the trainees shall find a response in the form of actions based on reference algorithms.

6.2 BFA (OGP Level 1)

Table 6: content of BFA Training

1st part: protection and alert	TR1: protection TR2: alert
2nd part: the victim is suffocating or bleeding profusely	TR3: the victim is suffocating TR4: the victim is bleeding profusely

3rd part: the victim is unconscious	TR5: the victim is unconscious TR6: the victim has stopped breathing (CPR)
4th part: the victim is conscious but is suffering	TR7: the victim does not feel well TR8: the victim is suffering after a trauma

6.3 AFA (OGP Level 2)

48 hours in one full week – 10 modules: E1 to E10

Table 7: content of AFA Training

E1 Emergency first-aid team	E6 Bleeding – wounds - burns
E2 Check	E7 Clearing airways
E3 Emergency extrication of victims	E8 Mechanical ventilation
E4 Lifting the patient	E9 Respiratory therapy – external cardiac massage
E5 Stretcher bearing	E10 Immobilisation

DSA training is included in AFA training.

7. Reporting

Every month, the medical personnel stationed onsite, including those who are employed by a contract company, send the healthcare manager to whom they report a report addressing at least the following points:

- Overall medical activity and the distribution pattern of the main illnesses, which includes:
 - o the main reasons for consultation and numbers
 - o breakdown by personnel category (if this distinction is relevant)
 - o the number of specialised consultations, hospitalised patients and patients kept in their room for observation, and the average period of hospitalisation or observation.
- Special operations:
 - o evacuations on medical grounds
 - o support for at-risk activities
- Medical device monitoring refers to the surveillance of the main biomedical equipment installed on the sites, the date they were last serviced, their next scheduled revision date (based on the frequencies recommended by the manufacturer) and their situation (in storage, in service, undergoing repairs, etc.).

This monitoring mainly concerns electronic medical devices, oxygen bottles and artificial breathing equipment.

By way of reference: in French public hospitals, all electronic medical equipment shall undergo maintenance operations at least once a year.

- Salient points.

The various activities are presented in detail in the following table:



Table 8: activities of onsite medical personnel

Day of the month	Site - Month																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	...
Water analyses																					
Bacteriological																					
Chemical																					
Inspections																					
Catering																					
Accommodation																					
Annexes																					
Showers - toilets																					
Checks																					
Vacuum mattress																					
DONWAY traction splint																					
MAST																					
Oxygen																					
Defibrillators																					
Syringe pump																					
Respirators																					
Suction																					
Batteries																					
Inventories																					
Pharmacy																					
Consumables																					
Narcotics																					
Emergency bags																					
First Aid Boxes																					
Training																					
Stretcher bearing																					
First aid																					
Hygiene																					
Other																					
Drills																					
Casualty collection																					
Evacuation																					
Other																					
HSE meetings																					

8. Emergency medical procedures

This chapter provides an overview of the emergency medical procedures specific to a site, or to an operation, which shall be in writing, knowing that all or some of them may already exist in the establishments mentioned above. The organisation and interaction of all documents shall be meticulously checked. Drills are used to evaluate whether these plans are adapted to the actual situation.

There are two types of emergency medical procedure:

- The contingency plan, which lists the resources needed in the emergency response.
- Primary plans, which define the operating procedures in response to a given situation.

8.1 The contingency plan

This should include at least the following:

- The organisation charts for staff in charge of emergencies.
- Duty periods of managers, rescuers and intervention team members.
- Telephone numbers of people to contact for emergency admissions to reference hospitals
- Communications plans, lists of radio frequencies, telephone numbers.
- The contact information of the various medical assistance personnel and contract references, if applicable.
- Permanently available evacuation means.
- The contact information and available equipment of suppliers of additional evacuation vehicles (ambulances, helicopters, air ambulances, etc.).
- Special emigration or visa formalities according to the nationalities of the staff members concerned and potential evacuation destinations. Permanent arrangements simplify such formalities.
- Lists of pre-positioned equipment, storage location of such equipment.
- Inventory of means that can be mobilised in the event of an accident resulting in a large number of casualties (triage room to use, trained intervention teams, prepared disaster kits, etc.)
- Contact information of the local hospital with list of its technical facilities, useful telephone numbers, and names of people to contact.
- Contact information of reference hospitals with list of their technical facilities (intensive care beds, burn-victim beds, operating rooms, scanner, coronary angiography, etc.), useful telephone numbers, and names of people to contact.

8.2 Primary plans

8.2.1 Evacuation of an injured or sick staff member

This procedure should be drawn up as a logical continuation of the care organisation scheme laid out in § 5. The appropriate destination hospital is determined based on the clinical situation, which means there may be several possibilities. In this case, the logistics may differ and each

case may have its own primary plan. This plan shall specify at least the following:

- The alert, reporting and decision-making chain.
- Reports needed to set off an evacuation, which should contain at least the following information:
 - o Patient's identity, age, occupation and employer
 - o Time and place of the accident or first symptoms
 - o Clinical chart of initial symptoms, evolution
 - o Preparation of patient for transport: procedures performed, current treatment, etc.
 - o Evacuation method: vehicle, position (recumbent, semi-erect, seated, extended leg, etc.), attendant (doctor, nurse anaesthetist, paramedic)
 - o Destination (hospital, department, etc.).
- The convoy's itinerary, organisation (for land transportation).
- Useful logistics providers (e.g. to have an ambulance ready for transportation between a helicopter pad and a hospital entrance).
- Documents required to accompany the patient (identity papers, insurance contract, medical report, etc.).
- The primary team members' job sheets (laying out their actions one by one).

8.2.2 Onsite/offsite accident

This plan shall specify at least the following:

- The alert chain
- The content of the message to alert the medical team of an accident. The message shall contain at least the following information:
 - o Patient's identity, age, occupation and employer
 - o Time and place of the accident or first symptoms
 - o Types of injury (trauma), primary symptoms (medical illness)
 - o Any bleeding, state of consciousness, breathing, heart rate
 - o Safety and first-aid procedures performed
 - o Special arrangements to reach the patient's location
- Measures that shall be taken to make the site safe for medical intervention: an HSE manager shall always be present to ensure that conditions are safe for casualty collection, and particularly to:
 - o in case of defibrillation, make sure that the atmosphere is not explosive, that the patient is safely isolated from metal structures, etc.;
 - o make sure the route is safe and assign additional personnel to the rescue operation, if it is difficult to carry the stretcher;
 - o order an activity that is underway to be stopped if needed.

- The primary team members' job sheets (laying out their actions one by one).

8.2.3 Mass casualties

An emergency plan to deal with numerous casualties shall give a description of the three stages in managing the situation, which are:

- Casualty collection, i.e. all operations used to move the victims to the triage centre. This procedure may or may not involve medical treatment. Usually, it does not.
- Triage
- Evacuation, i.e. the transport of victims from the triage centre to the selected hospitals.

This plan shall specify at least the following:

- The immediate alert scheme, which should involve, among others, the safety and security managers on the site and the subsidiary's crisis unit. The goal of this alert is to communicate the following to the people in charge:
 - o The nature of the event
 - o Present consequences (number of victims)
 - o Potential consequences (risk of repeat events, exposed population)
- The organisation of various areas: secure perimeter around point of impact, vehicle rallying points, helicopter pad, etc.
- Immediate measures to protect the victims, the intervention teams, the neighbouring population, etc.
- Special means mobilisation plan (medical outpost station, triage room, additional ambulances, etc.).
- The organisation scheme for the collection and evacuation teams: staff members who do not normally play this role have to carry out specific tasks such as:
 - o control vehicle movement
 - o put together intervention teams
 - o supervise entries - exits at the triage centre
 - o etc.
- The content of reports sent from the site to the subsidiary's crisis unit.
- The primary team members' job sheets (laying out their actions one by one)
- The format of the basic medical file [use a standardised sheet such as CSISC (Cross Shaped Injured Sorting Card)] that shall accompany each patient and shall include:
 - o patient's identify, date of birth, employer;
 - o brief description of injuries;
 - o state of vital functions: consciousness, blood circulation, breathing;
 - o brief description of initial preparation for transport;
 - o choice of evacuation method and its priority (characterised by 2 to 4 colours);

- o evacuation conditions (seated, semi-erect, recumbent, with Oxygen, on mechanical ventilation, etc.).
- How the triage centre functions:
 - o registration at the entrance, initial assessment;
 - o organisation into 3 areas where casualties are placed based on their condition: (critical, stable, deceased);
 - o evacuation departure point.

Communication of updates (medical or general, provisional or definitive) to families, the media, the authorities and group employees is the responsibility of the subsidiary's crisis unit.

8.2.4 Transport of a contagious patient

Illnesses with a risk of contagion during medical transport (land or air) are those that are transmitted among humans through the air in the form of respiratory droplets or airborne bronchial secretions. The main illnesses in this category are:

- Tuberculosis in its bacilliferous stage
- Meningococcal meningitis, viral meningitis
- Viral diseases associated with avian influenza (known as SARS)
- Polio

Patients suspected of having one of these illnesses shall be transported individually (repatriation on a commercial flight is not possible).

Measures to be taken concerning the patient:

- Any personal affairs shall be sealed in a labelled airtight bag
- The patient shall wear a surgical mask with a filter on the intubation tube
- It is possible to hire a negative-pressure chamber to transport patients whose illness is so contagious that medical care staff and transporters cannot be sufficiently protected (SARS). This exceptional measure should be discussed on a case-by-case basis with a doctor from the IMD.

Measures to be taken concerning medical care staff:

- Surgical mask, gloves, cap, coat and overshoes shall be worn
- All contact surfaces and equipment should be disinfected after transport
- Ensure that all personnel are effectively immunised (viral meningitis, BCG, polio)
- If needed, administer chemoprophylaxis (Rifampicin)

Measures to be taken concerning non-medical transport staff (pilots, ambulance drivers, etc.). All staff shall:

- be informed and reassured
- have no contact with the patient
- be effectively immunised and be administered chemoprophylaxis if necessary



- wear protective equipment (to be discussed on a case-by-case basis).

Appendix 1 Acronyms

ABS	Antilock Braking System
A&E	Accident and Emergency
ACLS	Advanced Cardiac Life Support
ACS	Acute Coronary Syndrome
AFA	Advanced First Aid
ATLS	Advanced Trauma Life Support
BFA	Basic First Aid
BOSIET	Basic Offshore Safety Induction and Emergency Training
BVM	Bag Valve Mask
CAMU	<i>Capacité d 'Aide Médicale Urgente</i> (emergency medical assistance diploma)
CAT	Procedure to follow
CPAP	Continuous Positive Airway Pressure
CPR	Cardio Pulmonary Resuscitation
CSISC	Cross Shaped Injured Sorting Card
DU	<i>Diplôme Universitaire</i> (university degree)
ECG	Electrocardiogram
EMU	Emergency Mobile Unit (class 1 or 2)
GMS	Site Medical Group
HACCP	Hazard Analysis and Critical Control Points
HUET	Helicopter Underwater Escape Training
IADE	<i>Infirmier Anesthésiste Diplômé d 'État</i> (State-registered nurse anaesthetist)
ICU	Intensive Care Unit
IDE	<i>Infirmier Diplômé d 'État</i> (State-registered nurse)
IMD	International Medical Department
MAST	Medical Anti-Shock Trousers
MEDEVAC	MEDical EVACuation
OCSCBA	Open-Circuit Self-Contained Breathing Apparatus
OGP	International Association of Oil and Gas Producers
PCI	Prevention and control of hospital-acquired infections
PHTLS	Prehospital Trauma Life Support
PSE	<i>Premier Secours en Équipe</i> (team first aid training) (level 1 and 2)
RSES	Site environmental safety manager
SAD	Semi-Automatic Defibrillation



SARS	Severe Acute Respiratory Syndrome
SCBA	Self-Contained Breathing Apparatus
SMF	Subsidiary medical centre
SMS	Site Medical Structure
TR	Technical Reference