



Exploration & Production

GENERAL SPECIFICATION

Medical

GS EP MED 061

Medical support for E&P sites

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Contents

1. Scope	3
2. Reference documents.....	3
3. Medical personnel	4
3.1 Medical personnel: profiles	4
3.2 Decision-making tool for the choice of medical staff.....	9
3.3 The recommendation: a summary	10
3.4 Job description sheet.....	11
4. Medical transport	23
4.1 Land ambulance	23
4.2 Commercial aircraft (evacuation in recumbent position).....	24
4.3 Medical aircraft (Air ambulance)	24
4.4 Helicopter.....	24
5. First-aid boxes.....	25
5.1 First-aid boxes in buildings	25
5.2 First-aid boxes in vehicles	25
6. First-aid training.....	26
6.1 Personnel involved	26
6.2 BFA (OGP Level 1).....	26
6.3 AFA (OGP Level 2).....	27
7. Reporting	27
8. Emergency medical procedures	29
8.1 The contingency plan.....	29
8.2 Primary plans.....	29
Appendix 1 Acronyms.....	34



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.