

Gulfof**Mexico**



Operations: Health

Offshore Medical Services

Amendment Date	Revision Number	Amender Initials	Amendment
9/29/2015	4	D Haines	Changed document authority and custodian. 1.5 Added preventive health actions... the environment 3.1 removed- involve an implicit contract of confidentiality. 3.B.7 Added A Network...available 4.1.2 removed: physician...work environment. 4.4 changed Medical Authority to Health Manager. Also added Supply chain and Procurement. Reworded 4.6 D.. 4.2.3. Added additional communication responsibilities. 4.3 Added other medical duties. Moved Table 1 Service Treatment Matrix to Appendix 1. Moved GoM Medic Competencies/Duties Checklist to Appendix 2. Reformatted to a new template. Changed from controlled document to managed document.
7/26/2012	3		Remove: 4.1- Fibrinolytic therapy deleted 4.1.2- Addition to Staffing Decision Issues section. 4.2.2 Added -The Medic shall provide a monthly spreadsheet summary record of patient encounters to BP Medical Authority via e-mail. Added Appendix 1 to 4.3.2.
3/10/2008	2		Revised authority and custodian. Included link to GoM Medication Guideline.
02/07/2007	1		Changed CD # 10130 from to UPS-US-SW-GOM-HSE-DOC-00096-3. Removed custodian Safety Network Team Leader. Revised remaining custodian. Revised two authorities. Revised the title slightly from GoM Deepwater Medical Services to GoM Medical Services.
08/02/2004	0		Initial Issue

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1 Introduction

The GoM Region Offshore Medical Services managed document describes how medical services will be provided to the workforce. The recommendations outlined in this document are based on an evaluation of the geographical limitations and operational risks of offshore work.

- A. Geographical limitations may include the logistical limitations typical for a GoM facility. A medical evacuation will typically require in excess of three to four hours from the request for logistical helicopter support until the patient is delivered to the nearest qualified hospital.
- B. Operational risks may include the health and safety risks associated with the variety of tasks which could be ongoing at or around an offshore facility, including simultaneous operations (SIMOPS) activities.

2 Purpose/Scope

These guidelines are in accordance with the Department of Transportation (DOT), Coast Guard, [USCG 2001-11149]: Guidelines for Assessing Merchant Mariners through Demonstrations of Proficiency for Persons in Charge of Medical Care.

These guidelines provide sufficient medical services and response such that:

- A. Critical health incidents may be responded to with sufficient expertise and speed that immediate threat to life or limb may be successfully mitigated pending arrival of shore-based medical evacuation response,
- B. Significant but non-critical health incidents may be responded to in a timely manner and triaged based on ability to treat onboard or ship to shore,
- C. Minor types of trauma or illness can be handled on-board, without need to ship to shore, providing for less delay in treatment, more rapid recovery, and avoidance of significant productivity loss,
- D. Common medical complaints or questions can be addressed in a timely and effective manner such as to minimize productivity loss as well as to prevent progression to a more serious condition, and
- E. Preventive health actions can be taken to reduce the risk to individuals, coworkers, the facility, and the environment.

3 Key Responsibilities and Qualifications

- A. Offshore Medic Qualifications and Competencies
 - 1. Must have at least two years of applicable practice experience,

2. Current state certified, nationally registered, or licensed paramedic or physician's assistant (PA),
3. Current advanced cardiac life support certified (paramedic/PA),
4. Current basic trauma life support or pre-hospital trauma life support certified (paramedic/PA), and
5. Trained in advanced remote medicine to include suturing; rapid sequence intubation; twelve lead monitor or AED defibrillation; eyes, ears, nose and throat clinical pathophysiology; and antibiotic therapy (paramedic/PA).

The Medic shall follow medical (operative) protocols describing authorized processes and procedures for medical services.

B. Onshore Medical Practitioners/Medical Control

6. A fully licensed Medical Control Physician shall be available on call 24 hours a day, seven days a week for medical consultations with the on-site Medic.
7. Authorization from onshore Medical Control must be obtained and documented prior to performing treatment beyond basic first aid. An exception to this would be for life threatening emergency where immediately response is required. Those emergency scenarios will be clearly described within the medical protocols.
8. A network of medical specialists and back-up physicians will be identified and readily available to assist the primary Medical Control Physician. For instance, in the case of offshore initiation of thrombolytic therapy, a Cardiologist will be available for consultation while the patient is treated offshore.
9. Alternate Medical Control when the 24/7 primary Medical Control is not available shall be provided.

4 General Requirements

4.1 Confidentiality

Confidentiality is a vital element of medical practice and requirement for ensuring patient/employee confidence. Ethical standards of medical practice for professional occupational medical team staff (i.e., physicians, nurses, physicians assistants, Medics and other paramedical staff) exist whenever medical information is obtained about an individual either directly or indirectly.

The confidentiality of medical information relating to named or identifiable individuals, whether in verbal, "hard copy" or electronic format is an essential requirement and must be ensured.

Best practice requires that;

- A. With the exception of emergency situations where it may not be possible, face to face or other verbal contact with individuals or discussion between medical team personnel

about named individuals should only occur in situations where this cannot be overheard. For example, ideally a closed, sound proofed office.

- B. Hard copy documents must be maintained in lockable cabinets within a lockable room. If removed from this environment they must be in the possession and control of a medical team member and not left unattended in a non-secure area.
- C. Electronic confidential medical information should either be maintained on a stand-alone system or appropriate security/password protected system.

4.2 Fitness for Duty

BP personnel, contractors and visitors to the facility will be requested to advise on-board Medics of any medical conditions and/or medications which may place their health or safety at risk in the offshore environment. See the [GoM Medication Guidelines & GoM Offshore Fitness for Duty Policy](#).

4.3 Staffing Decision Issues

- A. Staffing decisions will include considerations of remoteness of operations, persons on board (POB) expectations, hazardous nature of operational activities and any other logistical challenges expected. Either physician assistants or expanded-scope paramedics would be considered appropriate Medic providers. See Appendix 1 - Service Treatment Matrix.
- B. During the onboarding of a new Medic, the following subjects will be covered by BP as a minimum:
 - 1. BP Organizational Structure
 - 2. Staff Meeting Schedule
 - 3. BP Expectations and Code of Conduct
 - 4. Roles and Responsibilities of the Medic and Importance of Communication and Documentation
 - 5. Critical Competencies and Priorities
 - 6. Confidentiality Rules and Guidelines
 - 7. Health and Industrial Hygiene Safe Work Practices (SWPs)

4.4 Sourcing

- A. Sourcing most commonly will occur via contract arrangement with vendors who have undergone preauthorization by the Health Manager, Procurement & Supply Chain Management, and HSE contractor approval. There may be occasions where BP personnel may be utilized either in conjunction or in addition to vendor personnel. General company requirements are as follows;

1. The company that provides paramedics for BP's deep-water projects needs to be capable of supplying nationally registered paramedics with an expanded scope of practice curriculum that includes ear, nose, and throat (ENT) examinations and treatment of minor findings, expanded scope (antibiotic therapy) pharmacology, wound closure techniques, and flight physiology. PAs utilized must be operating under collaboration agreement with a licensed US physician; must be experienced and skilled in provision of acute trauma or illness response to at least the same level as would be expected for an expanded scope Paramedic; and have extended capabilities for assessment and treatment of routine non-emergent illness or injury as would be typical of primary care medicine provision.
2. The company must have a fully licensed medical control physician available for call 24 hours a day, seven days a week for medical consultations with the on-site paramedic or physician's assistant.
3. The company must also be listed as an approved contractor for BP, exhibiting a HSE management system including a training system for individual employees, in not only medical training, but health, safety and environmental training as well. A copy of the company's Safe Practices Manual should be available for the paramedic on location.

4.5 Clinical

A. Primary Role

The primary role of the Medic will be to attend to potentially ill or injured persons on board with both assessment and treatment recommendations and actions. Careful consideration must be made to avoid occurrence of dual duties that, in emergency situations, would prevent the Medic from performing the emergency medical response role.

B. Clinical/Patient Care

It is critical that Medics function strictly within the limits of their licensure to practice and in adherence with the medical protocols provided by their medical control.

Care is provided to all persons who work, visit or otherwise occupy the platform and should include:

1. Attention to common daily complaints such as headaches, sinus congestion, heartburn, minor aches and pains,
2. Monitoring of persons presenting with chronic conditions who seek or require assurance of ongoing condition control (such as blood pressure monitoring),
3. Assessment of injuries/illnesses that may or may not be work-related,
4. Assisting management with assessment of individuals who may not be fit for duty

C. Communication Responsibilities

1. The Medic shall assure that patient interactions are documented by written medical record and that those medical records are periodically reviewed by his/her Medical Control.
2. The Medic shall contact his/her Medical Control for treatments other than those utilizing only basic first aid and/or over-the-counter medications.
3. The Medic shall advise BP Occupational Health (OH), as soon as possible, of the following:
 - (a) Any medical treatment which results in an OSHA recordable injury or illness.
 - (b) Questionable ongoing fitness for duty.
 - (c) Sending the patient to shore for further assessment or treatment.
4. Provide OH, if requested, daily clinic logs of presenting complaints and/or conditions (names excluded).
5. Notify OH of BP and contract worker medivacs for work related or non- work related injuries / illnesses and provide company contact.
6. Notify OH of BP and contract worker positives responses on Offshore Medical Information Form and / or Dangerous or Restricted Medications). Coordinate request for medical clearance with employer. Provide contractor company contact.
7. Notify IH Advisor of known or suspected chemical exposures.
8. Notify OH Advisor and IH Advisor of known or suspected food or water borne illness.
9. Respond to OH and IH inquiries within 24 hours.
10. Notify OH of heat related illnesses.

4.6 Other Medical Duties

- A. Maintain the sick bay, its equipment and medical stores, order supplies and keep records of materials and drug usage.
- B. Contact OIM to confirm post-accident drug and alcohol screening requested for any BP or contract worker involved in a suspected work related incident.
 1. Perform drug and alcohol test collection as requested.
 2. Maintain annual calibration of Breath Alcohol Test machine.
 3. Maintain inventory of drug and alcohol supplies (e.g., Chain of Custody Forms, Drug Screen Collection Kits, etc.).
 4. Complete Take required annual training drug and alcohol testing.
- C. Emergency response plans place the Medic in the role of Medical Officer in the event of any emergency, and he/she will be expected to be on alert for directions from the Onsite Incident Commander, as needed.

- D. Supporting medical / rescue action plans that are developed to ensure contingencies have been made for a wide variety of emergencies on the platform. The Medic will be instrumental in developing action plans revolving around patient rescue and care.
- E. Medical Surveillance Support
 - 1. Complete audiometric testing and entry of results into medical database (Medgate).
 - 2. Conduct hearing protection fit observation / training.
 - 3. Assist with respirator clearance requirements as directed by BP OH (i.e., blood pressure)
- F. Record suspected heat related illnesses on heat stress log.
- G. Assist workforce management and operational performance by participating in appropriate compliance activities, potentially to include services such as fit testing, hearing conservation training, etc.
- H. The Medic may be expected to participate as a team member in incident investigations.
- I. Provide on-site industrial hygiene support which may include indoor air quality assessment, sound surveys, potable drinking water testing and food safety inspections.
- J. Be familiar with applicable regulations (DOT, OSHA, USCG etc.).
- K. Fixed membership on the safety committee.
- L. Yearly presentation of a blood borne pathogen presentation (provided by BP's OH Team).
- M. Conduct facility walk-throughs periodically, being alert for fitness for duties issues, heat related problems, etc.
- N. Function as the Helicopter Landing Officer (HLO) and/or POB coordinator as requested.
- O. Refer to [Appendix 2 - GoM Medic Competencies/Duties Checklist](#) for a check list of the above reference duties that can be used to ensure qualifications are met for new medical services providers.

5 Process

5.1 Medical (Sickbay) Facilities

A. Equipment Requirements

Equipment provided will be assured to meet the level of medical response capability outlined below. Sickbays will be equipped with the following: lighting, exam tables, gurneys, decontamination equipment, emergency response equipment (including AED's) and refrigerators, etc., will be equipped. Other specific tools of operation shall be provided by the vendor/provider per contractual arrangements per the medical protocols utilized.

B. Medical Supplies

Although provision of both pharmaceutical and other medical supplies will be the responsibility of the vendor/provider, a detailed inventory will be included in the vendor/provider agreement and reviewed and approved by OH. Expanse or variety of both supplies and medicines will vary with level of service chosen. In any case, pharmaceuticals utilized will be logged and a system will be utilized to assure the use of in-date products.

C. Configuration Recommendations

These are the major considerations for optimal clinic configuration;

1. low noise exposure,
2. ease of access with adequate door and corridor width in addition to minimization of stairs or obstacles to the safe transport of patients to the helipad,
3. upwind of predictable potential toxic exposure,
4. consider collapsible or fold-up bed/gurney structure to serve as second optional patient bed,
5. contain adequate storage area,
6. ability to double lock both controlled medications as well as confidential medical records,
7. non-porous, preferably stainless, surfaces for examination, testing and treatment to allow for adequate cleansing,
8. easy access to external decontamination area,
9. attached Medic living quarters preferred,
10. clinic equipment is on the emergency power circuit, and
11. direct and secure access to shore communications by phone, fax and computer.

6 Definitions

AED is an automatic external defibrillator, a device used in response to cardiac arrest.

BP Medical Authority is a BP employed physician, or his/her delegate, providing services of Medical Director, Medical Advisor to US Offshore Operations.

EMT is Emergency Medical Technician specially trained to provide basic emergency services (cardiopulmonary resuscitation) before and during transportation to a hospital.

Expanded scope paramedics are specially trained paramedics with additional skills to access occupational injuries and illnesses, provide treatment, and triage the patient to an appropriate follow-up medical provider.

Fitness for duty is the ascertained functional capacity to perform essential job functions.

Medic is a general term used to designate a provider of medical services typically in a field setting which may include a scope of providers to include first aid provider, first responder, nurse, EMT, paramedic, physician's assistant or physician.

Medical protocols are a set of detailed directives directing and authorizing Medic actions in both assessment and treatment.

Physician Assistant is a licensed provider of limited scope of medical services under the direction of a physician.

Paramedic is a specialized health care professional who responds to medical and trauma emergencies in the pre-hospital environment, provides emergency treatment, and when appropriate transfers a patient to definitive care for further assessment or follow-up.

7 Key Documents, Tools, References

[GoM Offshore Fitness for Duty Policy](#)

[GoM Medication Guidelines](#)

8 Appendices

Appendix 1 - Service Treatment Matrix



Appendix1_ServiceTreatmentMatrix.docx

Appendix - GoM Medic Competencies/Duties Checklist



Appendix2_GoM Medic Competenciesa

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