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## **Petroleum Development Oman L.L.C. Health Safety Environment & SD Specification for Medical Examination, Treatment and Facilities**



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## i Document Authorisation

### Authorised For Issue

Document Authorisation		
Document Authority (CFDH)	Document Custodian	Document Controller
Suad Al-Lamki Ref. Ind: MCC Date: 1 Apr 2009	Salim Al-Sawai Ref. Ind: MSE/3 (MSE/3) Date: 1 Apr 2009	Salim Al-Sawai Ref. Ind: MSE/3 (MSE/3) Date: 1 Apr 2009



## ii Revision History

The following is a brief summary of the 4 most recent revisions to this document. Details of all revisions prior to these are held on file by the issuing department.

Version No.	Date	Author	Scope / Remarks
3.0	Apr 2009	Dr. Salim Sawai MSE/3 (MSE/3)	<ul style="list-style-type: none"><li>• Shell Group FTW new version integrated into PDO SP1230. Requirements for medical examinations are similar to the old one but now tabulated and the procedures are clearer.</li><li>• Changes in the required number of First Aiders, requirement reduced from 10% to 5%.</li><li>• Amendments to specific conditions which may affect fitness to work.i.e from using the general term of unfit to work in interior to unfit to work in the field.</li><li>• Changes regarding frequency of health surveillance Medical Examinations. Moving towards risk based medical examination; hence the frequency has been reduced from the 2 yearly medical examinations for every body to every 5 years for those under 40 years of age, every 2 years for those between 40 and 60 and annually for those above 60. Except the following categories have to undergo FTW medical evaluation every 2 years regardless of their age:<ol style="list-style-type: none"><li>1. Persons who are required to wear tight sealed full face masks or half sealed face masks breathing apparatus when undertaking a work task (Breathing apparatus work).</li><li>2. Fire fighting and rescue team workers.</li><li>3. Business travellers</li><li>4. Catering and food preparation workers.</li></ol></li><li>• Clinic requirements- Number of beds from one bed to 2 beds or more depending on the size of workforce.</li><li>• Pages 26-60 are new additions to this specification to make medical examinations requirements and procedures simpler, clearer, user friendly and inline with group standards.</li></ul>

Version No.	Date	Author	Scope / Remarks
2.0	Nov 2003	Khalifa Maskery CSM/31	Changes made: <ul style="list-style-type: none"> <li>2.1.1 HSE Classified jobs: Routine medical check-up for all the positions is same (2 yearly)</li> <li>Appendix H: Defibrillator is added to the minimum requirements for the Camp/Site Clinics</li> </ul>
1.0	Jun 2002	Wayne Austin CSM/32	Original Issue. Supersedes: <ul style="list-style-type: none"> <li>HSE-SM: Chapter 12, Section 2.0 (Rev.0, Oct-96); Appendix 5 (Rev.0, Feb-98); Chapter 14 – Chapter 12 (Rev.0, Feb-98)</li> <li>OHMG: Section 1, Parts 8 and 10; Section 2, GN4 and GN7, Section 4, Appendices 1-8.</li> <li>Ambulance Services Code of Practice (Mar-98)</li> <li>Transport Standards Manual: General Vehicle Standards, Section 11.2 (Rev.0.2, Jan-00)</li> </ul>

### iii Related Business Processes

Code	Business Process (EPBM 4.0)

### iv Related Corporate Management Frame Work (CMF) Documents

The related CMF Documents can be retrieved from the Corporate Business Control Documentation Register [TAXI](#).



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# 1 Introduction

## 1.1 Purpose

This Specification describes PDO's requirements for managing medical examinations, medical treatment and medical facilities in line with Shell group requirements. **In this specification we have adopted the new Shell group FTW standards Pages 26-60.**

## 1.2 Scope

This Specification applies to all PDO employees, all Contractors and Sub-Contractors authorised to work on behalf of PDO.

The Specification addresses:

- Medical examinations **including FTW protocols.**
- Medical treatment
- First aid
- Clinics
- Ambulance services
- Nursing levels

## 1.3 Definitions

Biennial : Every 2 years

Pre-employment : Before commencing employment.

Pre-placement: : **Before commencing employment in a job for which there are predetermined level of medical and physical fitness is necessary for the safe and proper performance of the job duties.**

## 1.4 Deliverables

### 1.4.1 Records

Medical records shall be maintained in each clinic to document the implementation of this Specification and for audit and future reference.

### 1.4.2 Reports

Any non-compliances with this Specification by PDO, contractors or subcontractors shall be notified, investigated and reported per the 'Non Compliance Report Form' (refer to CP 122 HSE Management System Manual, Part 2 Chapter 6).

## 1.5 Responsibilities

### Managers

Managers are responsible for ensuring that the activities they control are managed in accordance with the requirements of this Specification.

### Corporate Functional Discipline Heads

Corporate Functional Discipline Heads are responsible for ensuring that the requirements of this Specification are reflected in the documents for which they are responsible.

### Contract Holders

Contract Holders are responsible for communicating this Specification to Contractors, and for ensuring that the requirements of this Specification are adhered to within the scope of their contracts.

### Contractors

Contractors are responsible for ensuring that activities undertaken within the scope of their contracts are managed in accordance with the requirements of this Specification.

## 1.6 Performance Monitoring

A medical examination, treatment and medical facilities monitoring programme shall be developed, implemented and maintained to demonstrate compliance with this Specification.

## 1.7 Review and Improvement

Any user of this document who encounters a mistake or confusing entry is requested to immediately notify **MSE/3** using the 'User Feedback Form' provided in CP 122 HSE Management System Manual, Part 2 Chapter 3.

This document shall be reviewed as necessary by the Document Custodian, but no less frequently than **every four years**. Triggers for full or partial review of this Specification are listed in PDO's CP 122 HSE Management System Manual, Part 2 Chapter 8.

## 1.8 Reporting Format

There are no routine reporting requirements against this Specification.



## 2 Medical Treatment

### 2.1 PDO

All PDO staff are entitled to free medical care at PDO clinics at a General Practitioner level and within the limits available at PDO facilities **i.e. a primary health care.**

Notwithstanding any primary medical treatment provided by PDO, any staff requiring further treatment shall be referred to a Ministry of Health hospital or private health care if entitled by the PDO Medical Officer.

### 2.2 Contractors

The Contractor shall provide medical treatment facilities and primary medical treatment for its employees at its own cost.

Contractors that are authorised by PDO to obtain primary medical treatment at PDO clinic facilities shall provide the clinic with a list of all personnel who may require medical treatment at any time during the term of the Contract.

The list shall detail the following information:

- Employee name
- Employee number
- Work location
- Contract number under which the employee is engaged

The Contractor shall notify PDO quarterly of any amendments to the list.

Notwithstanding any primary medical treatment provided by PDO, any Contractor personnel requiring further treatment shall be referred to a Ministry of Health hospital or private hospital by the treating medical personnel.

On each occasion that medical services are provided to the Contractor by PDO, the contractor shall complete and submit the "Contractor Medical Attendance and Cost Record" Form. The contractor shall be charged for any medical services provided by PDO.

PDO shall provide out-patient medical treatment to seconded staff at PDO Interior clinics whilst these persons are performing work or services in the Interior. The contractor shall be charged for any medical services provided by PDO.

### 3 First Aid Treatment

#### 3.1 General

First Aid treatment shall be available at all PDO facilities, at all times people are at work. First Aid treatment shall include having competent 'First Aiders' and fully-stocked First Aid kits.

When more **than 20 people** are working at a particular location, a minimum **of 5%** of staff **per shift** shall be competent First Aiders with access to suitable First Aid kits.

When **less than 20 people** are working at a particular location, **at least one** person per shift is to be competent First Aider with access to suitable First Aid kits.

*One additional competent First Aider with access to First Aid kits shall be provided for every 20 employees.*

#### 3.2 First Aiders

First Aiders shall possess a valid certificate of competence in First Aid, obtained either through the PDO-approved course, or through an alternative **accredited** trainers approved by PDO's Corporate HSE Training Advisor (refer to PDO's Specification for HSE Training SP 1157). **i.e. certified in basic life support (BLS), work specific first aid and use of Material safety data sheet (MSDS).** First Aiders must be up to date in knowledge and skills.

##### 3.2.1 Responsibilities of First Aiders

The following are responsibilities of First Aiders:

- Assess the situation and identify the principal problem(s)
- Call for assistance if necessary
- Assess the condition of casualty[ies]
- Give immediate first aid treatment
- Assess the need to call or transfer to Tier 2 and 3
- Appraise site doctor, nurse or company adviser of patient's condition
- First Aiders shall record and report all First Aid treatment given.
- The First Aider is also responsible for initiating plans for ensuring regular updating of his/her knowledge and skills. The First Aiders shall undertake refresher drills every 4 months. This drills or training shall be arranged and organised by the Company doctor or nurse. Regular 4 monthly familiarisation training shall include familiarisation with the Medical Emergency Plan, the layout of the clinic and the location of equipment.

If medivac is required and the First Aiders help is still needed, the First Aiders should follow the instructions from Tier 2 personnel.



Workforce to be informed about the names of first aiders in each location or department.

### 3.2.2 Re-certification of First Aiders

The first aid certification is usually valid for a maximum 2 to 3 years and in order to maintain skills and knowledge levels, First Aiders must re-certified every 2 to 3 years by an accredited trainer.

### 3.3 First Aid Team

First Aid Teams exist to assist in emergency response, particularly in the Interior, where resources are geographically dispersed.

The Nurse shall maintain a list of names, telephone numbers and locations of each member of the First Aid Team. This list shall be up to date and available at the clinic and emergency control room.

### 3.4 First Aid Kits

All First Aid kits shall be:

- clearly identifiable and their location known by all staff
- stored in an accessible location, and shall not be locked
- portable.

All first aid kits shall contain, as a minimum, the contents listed in Appendix M – Contents of First Aid Kits. A list of the contents shall be stored with each kit

A person shall be assigned responsibility to check each First Aid Kit weekly, to maintain the kit fully-stocked, and to record the checks. A record of the checks shall be retained. The location of First Aid kits, and names, telephone numbers and locations of First Aiders shall be centrally posted at each work location.

## 4 Clinics

### 4.1 PDO

Clinic facilities shall be provided by PDO or its contractor as detailed in [Appendix O](#).

Access to the PDO Coastal Clinic shall be provided to the following people:

- Company employees
- Family members of entitled Staff
- Specified contractors and subcontractors

### 4.2 Contractors

Contractors with camps or bases within 10 kilometres of the permanent accommodation for contractors (PAC) shall use the existing PAC clinics, providing the existing PAC clinic have adequate staff and resources to cope with the additional workforce) i.e as long as there is at least 1 extra nurse in the clinic for every additional 500 people.

Contractors shall provide transport for any personnel that require a visit to the clinic.

Minimum requirements for Camp/Worksite clinics are detailed in [Appendix O](#).

The site clinic shall have:

- Access to TIER 2 MER Professionals
- Easy ingress/egress with stretcher
- Easy access to ambulance services
- 24 hours exclusive availability
- Adequate space to hold up 2 beds or more depending on the size of the work force, waiting area and working space as well as storage cabinets
- Adequate ventilation, illumination and temperature control
- Hand washing facilities
- Proper medical waste disposal system
- Lockable filing cabinet.
- Material Safety Data Sheet (MSDS) archive and other medical reference materials.
- Communication with site manager and Remote Medical support direct from site clinic
- Refrigerator for certain drugs



- Accommodation for Tier 2 MER Professional immediately adjacent to the site clinic
- Toilet

#### 4.3 PDO, Contractors and subcontractors Clinics

PDO, contractors and sub-contractors shall:

- maintain, update and store medical records of all employees
- collect, collate and report health surveillance data
- retain health surveillance records for a minimum of 30 years from the date of employment

Medical records of all individuals, including specific details of all medical examinations, shall remain confidential.

A clinic shall be provided by a contractor who has a camp or base in the Interior that:

- accommodates an average of 100 or more people per month (or part thereof, if the duration of the Contract is less than one month), and
- is more than 10 kilometres from the PAC.

A clinic shall be provided by the contractor for an average **of less than 100** people per month if:

- the contractor's work is classed as posing a high risk on the basis of **Health Risk assessment**
- the contractor's camp or base is remote (a distance of 20 minutes or more by road) or more than 10 kilometres from the nearest clinic.

Two or more contractors in adjacent camps shall be permitted to share a clinic providing the clinic has adequate staff and resources to cope with the additional workforce and subject to prior approval from their Contract Holders.



## 5 Ambulance Services

### 5.1 Ambulance Vehicles

All ambulance vehicles shall comply with the ambulance code and following **minimum requirements**:

- Air conditioned throughout the vehicle
- Long wheel base 4-wheel drive vehicle
- Sufficient capacity for carrying one or more patients lying down on stretcher(s) well secured to the vehicle, and a nursing attendant. A sideways facing seat for carrying each stretcher shall be acceptable if it is a permanent seat and at least a retractable-type 2-point seatbelt is fitted.
- Any equipment, cupboards and doors shall be properly secured inside the vehicle
- It shall be possible for the nursing attendant to communicate directly with the driver
- The vehicle shall be fitted with a radio, siren, and flashing warning light.
- Each ambulance vehicle shall contain medical items and equipment in accordance with PDO's Minimum Requirements for Ambulances (refer to Appendix P). For more details refer to ambulance code of practice.
- Each ambulance shall be checked daily to ensure that it is road worthy, regardless of whether or not the ambulance has been recently used.

### 5.2 Ambulance Drivers

All ambulance drivers shall meet the following minimum requirements:

- Physically and mentally fit
- Work in the vicinity of wherever the ambulance is based at all times, to enable a maximum response time of 10 minutes.
- Competent First Aider
- Competent in Casualty Management (PDO-approved course "Basic Life Support")
- Competent in off-road driving. PDO-approved course "Interior Driver Skills", LX900 (This only applies to drivers in the Interior).
- Completed defensive driving course
- Familiar with local Emergency Response Plans
- Familiar with the area of activities



- Ability to read a road map

Refer to PDO's Medical Emergencies Contingency Plan for a detailed description of responsibilities relating to emergency preparedness and response (e.g. duty rostering, call-out and response).

### **5.3 Contractors**

If a contractor is required to provide a clinic, and the contractor camp is more than 10 kilometres by road from the nearest PDO or PAC clinic, the contractor shall provide a vehicle suitable for use as an ambulance.

If required, contractor ambulances shall be called upon to be used to supplement PDO ambulances in emergencies.

## 6 Nurses

### 6.1 General

The minimum number of nurses provided, shall be dictated by the number of people served by the clinic as detailed in the table below.

The required number of nurses shall be maintained at all times, including cover for periods of nurse sickness absence and annual leave.

Nursing Levels

Number of people served by the clinic	Number of nurses
0 - 500	1
500 - 1000	2
1000 +	1 additional nurse for every 500 people

Each qualified nurse shall meet the following **minimum requirements**:

- qualified to State Registered Nurse level (UK Central Council for Nursing, Midwifery and Health Visiting), or an equivalent level approved by PDO's Chief Medical Officer
- Advanced Certificate in Life Support
- 3 years relevant nursing experience
- ability to communicate in English (written and verbal)
- competent in casualty management and resuscitation (PDO-approved course "Basic Life Support", LX401)
- ability to deal initially with all emergencies
- fully conversant with their assigned emergency response duties.

Medical responsibilities of the nurse shall take precedence over non-medical duties. Medical responsibilities of each nurse shall include, as a minimum, those listed in Appendix Q.

### 6.2 Contractor

Before employing a nurse, the Contractor shall obtain:

- A clearance certificate for the candidate from the Ministry of Health in Oman.
- Approval for the candidate from PDO's Chief Medical Officer. The candidate may be required to serve a probationary period of approximately one week in a PDO clinic as part of the approval process.



The contractor's nurse shall refer treatment of all illnesses or injuries that are beyond their abilities to the nearest PDO clinic. The nurse shall contact the PDO doctor or nurse before transfer to discuss the case and any special requirements.

## 7 Medical Examinations

### 7.1 General

The contractor shall arrange and pay for pre-employment and routine medical examinations of all contractor staff to be engaged under a contract to perform work or services for PDO and staff seconded to PDO under a contract. No contractor staff shall be seconded to the Company until approved by PDO's Chief Medical Officer.

All medical examinations shall be conducted either by a PDO Medical Officer or a PDO-approved Medical Practitioner (refer to Appendix L).

All medical examinations shall be conducted in accordance with PDO and Shell group Medical Fitness Standards and in accordance with the requirements of Omani Labour Law.

In the medical assessment, the Examining Physician is responsible for carefully assessing the physical and mental health of the individual and the suitability of that individual to do that type of work, with particular regard to the unique nature of the PDO workplaces.

The examining Medical Practitioner shall:

- complete and sign an Initial Medical Examination Report, EX1 (refer to Appendix R)
- communicate the results of the examination, including any medical restrictions (temporary or permanent), to Contractor management.

Any person found to be medically unfit for the work shall not be employed under the contract.

Any person found to have medical restrictions shall not be employed under the contract until approved by PDO chief Medical Officer or PDO Occupational Health Advisor. The Contractor shall arrange for the examining Medical Practitioner to submit all medical details of such personnel to the PDO Medical Officer upon request.

If approval is withheld or rejected the Contractor shall communicate the outcome to the person concerned at no cost to PDO.

The Contractor shall maintain, update and store medical records of all staff working for PDO under a contract.

### 7.2 Objectives of the Medical Assessment

- to ensure that designated personnel are medically fit to work
- to anticipate and, where possible, prevent the avoidable occurrence of ill-health or worsening of pre-existing medical conditions at work, which could place the individual, their colleagues and the emergency rescue services at risk
- to provide occupational health surveillance.



The Examining Physician should conduct the assessment in accordance with recognised occupational health standards. In order to satisfy the requirement for proper duty of care these will include experience and/or qualifications in occupational medicine and a thorough knowledge of the individual's occupation and work place.

### **7.3 The PDO Workplaces**

In accordance with good occupational medicine practice, the Examining Physician shall ensure that the medical assessment of an individual relates to the particular work factors and environment of the work site. The Examining Physician should, therefore, have a thorough knowledge of these health hazards, which include, but are not limited to the following:

#### **A) PDO Work Site Related Factors**

- Physical exertion and exposure to heat
- Shift work with long hours (e.g. twelve hour shifts) and changes in routine
- Absence from home for prolonged periods
- Adverse weather
- Confined work place
- Limited privacy
- Peer group pressure

#### **B) The PDO Interior Environment**

- May be remote from interior clinics and health centres
- Adverse weather conditions may prohibit or delay medical evacuation from interior work sites

### **7.4 Medical History**

Proof of the identity of the prospective employee (e.g. by passport, drivers licence or similar) is required.

A medical history questionnaire must be completed (Form EX1 or Form EX2). All positive answers in the questionnaire must be discussed with the individual, and the results recorded.

The employee must sign the completed questionnaire as being a complete and true record, and should recognise the significance of doing so.

### **7.5 The Assessment**

A full clinical examination (including an assessment of dentition) must be performed.

- Urinalysis (for glucose, protein, blood) and blood analysis (for **FBC, lipids, renal function** and liver function) is essential.
- Baseline audiometric testing to the standard described in this document is essential as they may be required as medico-legal evidence. Frequency of audiometric testing depends on exposure and level of noise at work place.
- A chest X-ray is not mandatory at the initial assessment, but may be required for clinical indication, or at the discretion of the Examining Physician.
- ECG is mandatory for staff who are above 40 years of age and when clinically indicated.
- Further investigations e.g. other blood tests, stool examinations, special eye examination, ECG and radiological examinations including mammogram may be required to clarify clinical findings or because of particular job requirements.

## 7.6 Assessment of Fitness

Fitness to work shall be determined by the medical findings, but the evaluation may be influenced by any of the following:

- Location of the operating site and the availability of medical services.
- Prognosis of any condition and the efficacy or potential side effects of treatment
- Risk of relapse or acute exacerbation requiring immediate medical intervention
- Any adverse effects which could be precipitated by the interior environment
- The proposed frequency and duration of interior visits
- The availability of special medical support
- Age should not be a bar to fitness to work in interior locations, but must be taken into account carefully, with all the other findings in the assessment. The minimum age acceptable is 18 years. The maximum age acceptable is 60 years.

## 7.7 Certificate of Fitness

All employers should ensure that a current valid certificate of fitness is maintained for each worker. It is the responsibility of the employer, and of the individual, to take all reasonable and practical steps to maintain valid certification.

Following evacuation from a worksite for medical reasons, the individual must not return to the worksite unless certified as medically fit to return to work.

## 7.8 Frequency of Examination

Every person shall be examined prior to employment and thereafter as specified in this specification.



The Examining Physician may recommend increasing the frequency of periodic assessments if clinically indicated, such as in those persons with chronic, but not disqualifying conditions. In some circumstances specific vocational testing may be required (e.g. visual acuity, auditory acuity). Medical examination should also be undertaken prior to termination of employment.

Following sickness absence due to injury or illness, an individual's medical fitness must be assessed. This does not automatically involve further medical examination.

## 7.9 Types of Medical examinations

Medical examinations to ensure the fitness of an individual for a particular job shall be classified as one of five categories:

- Pre-employment examination
- Pre-placement examination
- **Routine Medical Examinations (Health Surveillance)**
- Pre-transfer or overseas
- Medical Board
- Fitness To Work Examinations (FTW)

These are discussed in more detail in the following sections.

The process for carrying out medical examinations is outlined below.

The results of any medical examination shall be communicated to management as one of four categories:

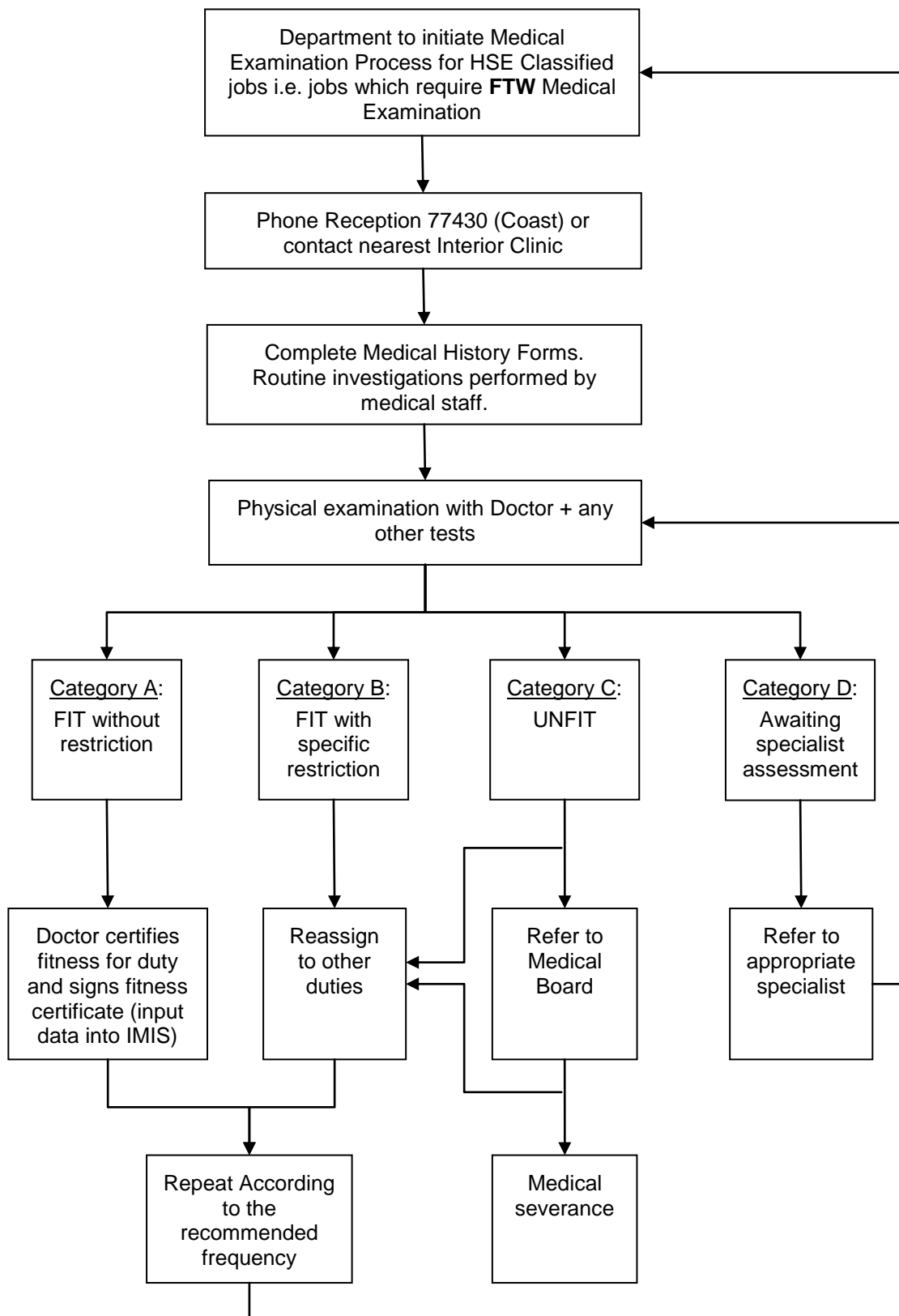
- A (fit without restriction)
- B (fit with specified restriction)
- C (unfit)
- D (awaiting specialist assessment)

All medical examinations shall be conducted in accordance with PDO's Medical Fitness Standards and in accordance with the requirements of Omani Labour Law.

All medical examinations shall be conducted by a PDO approved Medical Officer.



## 7.10 Process for Medical Examinations



### 7.11 Pre-Employment Examinations

All proposed new employees shall undergo a pre-employment medical examination.

If pre-employment examination **is not feasible** to be conducted by a PDO Medical Officer, **then a PDO-approved Medical Practitioner** (refer to Appendix L) can be used. The examining Medical Practitioner should conduct all the medical examinations in accordance with the requirements stipulated in this specification and sign the Medical Examination Report, EX1 (refer to Appendix R).

A firm offer of employment shall not be made until an opinion on whether the person is fit for the job, including any restrictions, has been communicated to management by the examining doctor.

### 7.12 Pre-Placement Examinations

A PDO Medical Officer shall be consulted in the following circumstances to determine if a pre-placement medical examination of an individual is required:

- Line management is concerned that a person may not be medically fit for a planned job change; or
- An employee is planned for a job change involving work tasks that they are not required to perform in their existing position.

The person shall not be placed in a new position until an opinion on whether the person is fit for the job, including any restrictions, has been communicated to management by the examining PDO Medical Officer.

### 7.13 Medical Board

A Medical Board shall be convened to assess the fitness of an individual to continue in a particular job position if an individual has or appears to have a medical problem that is significantly affecting their performance at work.

The employee himself or his direct supervisor/manager may request referral to the Medical board, if an individual has, or appears to have, a medical problem that is significantly affecting their performance at work.

For a case to be referred to the Medical Board, a PDO Medical Officer has to recommend that a Medical Board is the most appropriate course of action and PDO's Chief Medical Officer has to approve the recommendation

In situations where a Medical Board decides that a person shall be assigned a category C medical classification (unfit), medical severance award shall be considered. The details of the award shall depend on prevailing PDO policy at the time and the severity of the disability.



## 7.14 Routine Medical Examinations (Health surveillance)

All expatriate employees shall undergo a routine medical examination for the purpose of renewing their Labour Permit. The frequency and method of examination shall be in accordance with PDO'S medical fitness standards and the Omani Labour Law.

All Omani National employees and expatriate employees should undergo routine medical examinations, every 5 years for those under 40 years of age, every 2 years for those between 40 and 60 and annually for those above 60.

Please note the following categories have to undergo FTW medical evaluation every 2 years regardless of their age:

- A) Persons who are required to wear tight sealed full face masks or half sealed face masks breathing apparatus when undertaking a work task (Breathing apparatus work).
- B) Fire fighting and rescue team workers.
- C) Business travellers
- D) Catering and food preparation workers.

The examining doctor shall complete and sign the Medical Examination Report, EX2 (refer to Appendix S).

All PDO employees and expatriates shall undergo a final pre-departure, pre transfer at the end of their posting with PDO and a pre-overseas medical examination.

## 7.15 Fitness to work Medical Examination (FTW)

These guidelines are based on Shell group protocols and guidance notes on the Medical Evaluation of Fitness to Work, issued in March 2006.

### 7.15.1 Introduction

The purpose of this guide is to ensure that a lack of Fitness to Work (FTW) does not result in significant injury or illness, risks to the business or risks to the community or Company reputation.

These Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work have been developed to support the effective implementation of the Fitness to Work requirements of the Minimum Health Management Standards, more fully described in the yellow guide "Fitness to Work - Management Process" July 2003. FTW requirements have been defined for tasks that have been assessed on the Shell Risk Assessment Matrix at RAM 4 or 5 and for one additional group (catering and food preparation). Work tasks place physical and psychological demands on the employee. Every reasonable effort should be made to assist those with functional limitations such that they are accommodated in the workplace whilst not compromising the health and safety of that employee or a co-worker. The protocols specify both minimum and maximum requirements for medical evaluations of Fitness to Work.

This document describes the medical evaluation processes, which in specific circumstances support the safe execution of a task in the workplace. This document is a technical professional document, intended primarily for health advisors involved in the fitness to work medical examination.

### 7.15.2 Purpose

This document provides simple but risk based protocols and guidance for medical evaluation as part of a fitness to work programme. As such they complement, but do not replace the clinical competences of the assessing health care professional. The overarching principles of these protocols are that they:

- Be focused on risk and evidence based wherever possible.
- Be based upon a consensus of professional opinion where evidence is lacking.
- Focus on the capacity of the employee and the essential tasks of a position and not in isolation, the presence or absence of an illness or disease.
- Be simple and value adding through the elimination of unnecessary and / or inappropriate evaluations.
- Provide a standard process in respect of medical evaluation of fitness to work.

These protocols specify PDO and Shell group requirements for the medical evaluations of fitness for work. Specifically, they describe:

- When an evaluation is required.
- How frequently it shall be repeated.
- What the medical evaluation shall (and shall not) include.

The decision regarding whether an employee is fit for work or not (and any accommodation that may be required) should result from the outcome of the medical evaluation and other relevant evaluations e.g. a trade test.

### 7.15.3 Objectives

The Medical Evaluation of Fitness to Work process is designed to:

- Minimize the risk of an adverse consequence to the health and / or safety of an employee or third party, resulting from a foreseeable health condition.
- Match, wherever reasonably practicable, the requirements of a position and its associated tasks to the functional capacity (physical and psychological) of the employee.
- Minimise the risk of liability arising from medical evaluation of fitness to work.
- Complement other non-medical evaluations as part of the overall fitness to work process.



- Avoid non-risk based pre-employment medical examinations, which may exclude people from employment with PDO.

#### 7.15.4 Scope

These protocols should be implemented by and applied to PDO employees, contractors and subcontractors working under the operational control of PDO Health and Safety Management System. PDO management, health department and contract holders should use their influence to see that contractors and sub-contractors working for PDO Company adopts these protocols.

#### 7.15.5 Definitions

*Fitness to Work (FTW):* An employee is currently in a physical and psychological condition in which he / she can carry out specific work, without significant risk to him / herself, the business and / or third parties. FTW is a category of the possible occupational health controls (e.g. elimination substitution, engineering, procedures and personal protective equipment) which may be required for the safe execution of a task.

*Accommodation:* The process by which reasonable changes may be made to the workplace, or work task such that an employee may safely conduct the task.

*Cardiovascular (CVS) Profile:* A Cardiovascular system risk calculator (e.g. Framingham or equivalent may be used to give an indication of an employee's potential for a cardiovascular event directing the need for further investigation. They do not provide an absolute and personal measure of individual risk).

*Health Advisors:* A clinical physician, occupational physician, nurse practitioner or nurse who has been assigned responsibilities in a fitness to work programme who is deemed competent to complete the assigned tasks.

*Safety Sensitive Position:* These are positions in which the incorrect action of the incumbent or a failure to act can be a significant factor in events causing or leading to unsafe acts, environmental damage or material losses.

*Medical evaluation:* The process by which medical information is solicited through questionnaire and or examination as part of the decision making process in respect fitness to work.

*Non medical evaluation:* Evaluations which are not medical in nature but which are integral parts of the fitness to work decision making process. Examples include strength and agility tests, substance abuse tests and trade tests.

*Trade Test:* The process of evaluation, in controlled circumstances, of an employee's proficiency to complete a required task e.g. helicopter evacuation training, fire-ground training and colour vision task testing.

*Unfit:* This describes a decision made as a result of medical and non-medical evaluation, that an employee has a functional limitation such that they are not able to complete the designated task safely. In these circumstances the process of accommodation is applied to facilitate the retention of the employee in the workplace.

*With cause evaluation:* A with cause evaluation is one where an “off-schedule” review of fitness to work is carried out. An essential element of any FTW program is the capacity to review and repeat an assessment of an employee’s fitness to work between regularly scheduled evaluations. Examples of circumstances when a “with cause” evaluation may be appropriate include, but are not confined to:

- Return to work after illness or commencing new medication.
- Referral by a supervisor following observed behaviour in the workplace e.g. failing to complete a task appropriately.
- Self-referral by an employee with concerns over fitness to work.
- Following an incident or accident in the workplace where it is considered fitness to work may have been a factor.

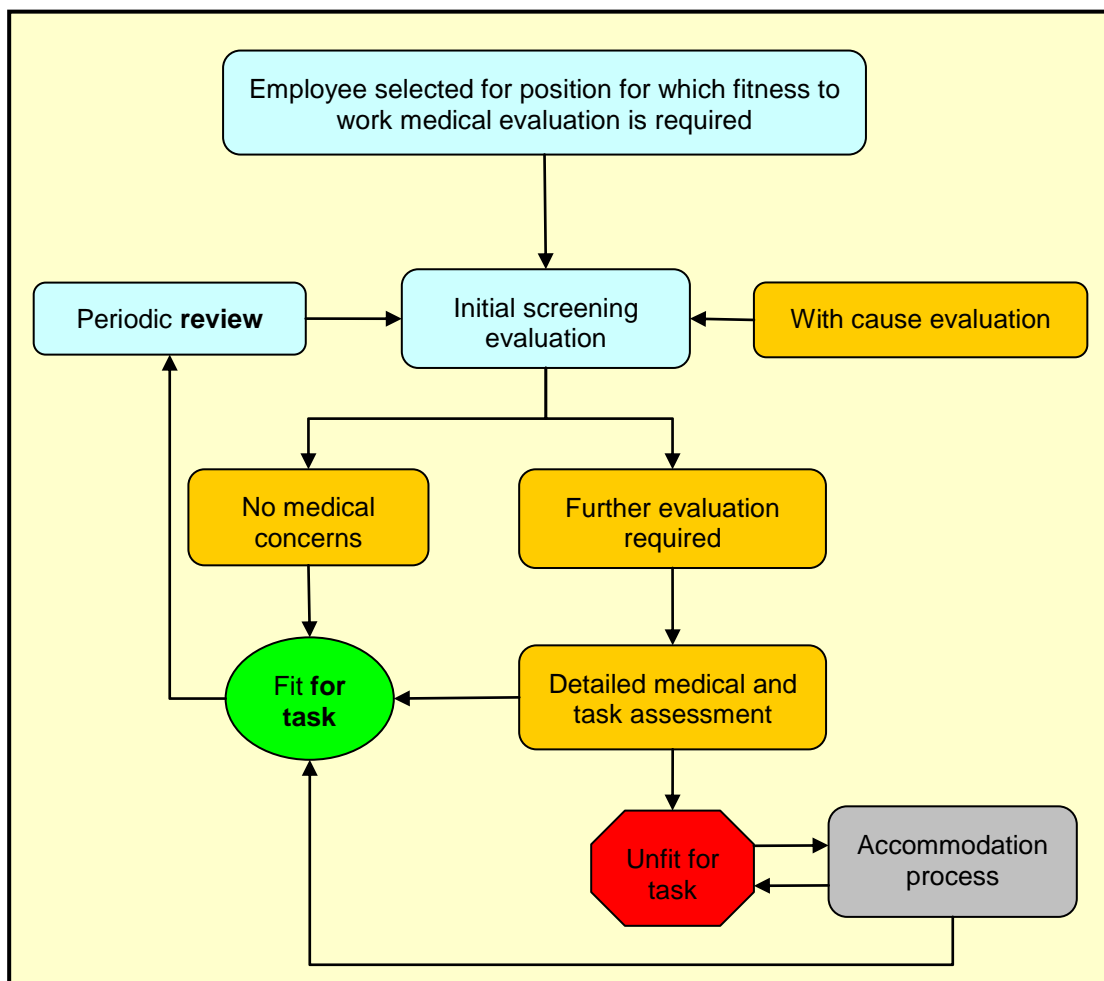
#### **7.15.6 Principles of Medical Evaluation of Fitness to Work**

Medical evaluations of fitness to work **are not voluntary** and must be distinguished from health promotion, health surveillance related to workplace exposures and / or health and wellness evaluations. An employee, who refuses to participate in a required medical evaluation as part of the fitness to work process, shall be temporarily declared unfit for that position and referred to human resources and / or line management.

Medical evaluations for fitness to work may be rationally combined with other visits to a medical facility for either health surveillance and or health promotion but the mandatory elements of the fitness to work programme must not be confused with other voluntary elements.



### 7.15.7 Medical Evaluation of Fitness to Work



### 7.15.8 Legal Requirements and Constraints

This document describes the medical evaluation process that shall be applied in a fitness to work program for PDO, contractors and subcontractors working for PDO. Local legislation shall always be met, but if this guidance requires more frequent or extensive evaluation, then the requirements of this document shall apply.

Specifically this means the following:

- The frequency of evaluations in this document shall be applied if it is more frequent than that required by local legislation.
- The content of the examinations specified in this document shall apply. If country legislation requires use of a specific form it shall be used but at the frequency required by these protocols.
- If any practice is required by law, it shall be followed. This may include the content of an examination and / or the means of recording it.
- If this document makes additional requirements over and above the country specific requirements, they shall be followed and applied.



- Where no practice for a fitness to work evaluation is specified in a country of operation, then the process (content and means of recording) in this document shall be followed.

***Any specific requirements of legislation in a country of operation shall be followed.***

Specifically this means the following:

- The conduct of medical enquiries and examinations must be permitted in the context of country specific legislation. If it is not, an alternate process must be identified.
- Terms such as “reasonable” and “accommodation” are to be interpreted consistent with country of operation legislation.

#### **7.15.9 Responsibilities**

*Corporate Health Services is responsible for:*

- Maintaining an up to date view of current best practice on medical evaluations for FTW and amending these protocols and guidance notes as required.

*Health advisors are responsible for:*

- Application of these protocols and guidance notes.
- Protecting the confidentiality of medical records and information.
- Adhering to country specific legislation.
- Providing fitness to work advice to line / HR on a case by case basis.

*Human Resources advisors are responsible for:*

- Ensuring that these protocols and guidelines are applied to all employees before they are going to be engaged in a task for which a medical evaluation of fitness to work is required.
- Applying in association with the line, an appropriate accommodation assessment procedure.
- Defining and applying a process for managing employees found to be unfit for a required task.

*Line Managers are responsible for:*

- Reviewing the HSE case and health risk assessments to determine if activities within their business include specific tasks or working conditions for which medical evaluation of fitness to work has been identified as a control.
- Arranging fitness to work medical evaluations for employees in accordance with location FTW programme requirements.



- Referring an employee to occupational health should they have a concern about the individual's fitness for a specified task?
- Ensuring that employees engaged in tasks identified in this document have completed the necessary medical evaluation process.

*Employees are responsible for:*

- Attending required medical evaluations in a timely fashion.
- Declaring a change or possible change in their physical or psychological capacity for work to their line managers or the health advisor, so that their fitness may be assessed.

## 8 HSE Classified Jobs requiring FTW medical examinations

These guidelines are based on Shell group protocols and guidance notes on the Medical Evaluation of Fitness to Work, issued in March 2006. Certain jobs with specific HSE risks i.e. jobs that have been assessed on the Shell Risk Assessment Matrix at RAM 4 or 5 and for one additional group (catering and food preparation) are listed below with examination requirements and frequency intervals defined. This list is to be reviewed and updated regularly as high risk jobs are identified that may require additional content or different frequency of examination. The examining doctor can, at any time, order additional tests as deemed necessary by individual circumstance.

The following categories have to undergo FTW medical evaluation every 2 years regardless of their age:

- A) Persons who are required to wear tight sealed full face masks or half sealed face masks breathing apparatus when undertaking a work task (Breathing apparatus work).
- B) Fire fighting and rescue team workers.
- C) Business travellers
- D) Catering and food preparation workers.

**Note:** To open any of the below website reference link you have to press Ctrl and then click on the link. Some may not open due to security reasons.

Refer to protocols and guidance notes on medical evaluation of FTW  
[http://www.shell.com/health/standards/hms/fitness\\_to\\_work.html](http://www.shell.com/health/standards/hms/fitness_to_work.html)

SI-HE Guidance on Fitness To Work May 2003- HE 03.017- heart beat link-MHMS-FTW\$medical surveillance-FTW reference documents-FTW general

[https://www-knowledge.shell.com/knowhow/livelink.exe/fetch/2000/1679963/77068157/77994892/77981170/81916692/81918911/81934133/SI-HE\\_Guidance\\_Fitness\\_to\\_Work\\_final\\_version\\_-\\_2003.pdf?nodeid=20350746&vernum=0](https://www-knowledge.shell.com/knowhow/livelink.exe/fetch/2000/1679963/77068157/77994892/77981170/81916692/81918911/81934133/SI-HE_Guidance_Fitness_to_Work_final_version_-_2003.pdf?nodeid=20350746&vernum=0)

### 8.1 Aircraft refuelling

<b>Fitness to Work Group</b>	<b>Aircraft refuelling</b>
<b>Scope and Application</b>	Employees who conduct the refuelling of aircraft.
<b>Critical activity and potential hazards</b>	The 3 commonly used aviation fuels have different colours <ul style="list-style-type: none"> <li>• Avgas 100LL is blue</li> <li>• Avgas 100 is green</li> <li>• Jet A1 is white/straw</li> </ul>



	<p>Accordingly the colour vision requirement is:</p> <ol style="list-style-type: none"><li>1. Ability to recognize and identify above three different fuel types</li><li>2. Ability to detect change from yellow to blue green using Shell water detection capsule</li><li>3. Ability to recognize and distinguish lettering and labelling on Avgas (red) and Jet A1 (black)</li></ol> <p>An error when fuelling an aircraft could have catastrophic consequences. There are many engineering controls but this final colour dependent identification of fuel is a required safe working practice.</p>
<b>Procedure</b>	<p>Pre placement evaluation of colour vision – once only.</p> <p>Screening test using Ishiara plates. Fit for task if no errors.</p> <p>If errors on Ishiara, complete Farnsworth Munsell 100 Hue test - an applicant shall demonstrate an individual error of 5 or less on the specific axis corresponding to Duetan or Protan axis and complete the test with a total score of not less than 100. (The Farnsworth Munsell D-15 is an acceptable alternative test).</p> <p>If employee passes either of above tests they shall also complete a field trade test confirming that they can complete all three tasks identified above.</p>
<b>Questionnaire</b>	None
<b>Physical evaluation</b>	<p>Ishiara screening for all at pre-placement in task.</p> <p>General physical examination.</p>
<b>Investigations</b>	<p>Further investigation as above only for those with errors on Ishiara screening.</p> <p>Audiometry.</p>
<b>Frequency</b>	<p>Colour vision- Once only at pre placement.</p> <p>Colour vision is largely stable and repeat periodic testing is not indicated unless there is clinical indication to suspect a change in status of employee.</p> <p>Medical check every 5 years including <b>Audiometry</b>.</p>
<b>Key fitness for work issues</b>	Adequate colour vision is an absolute requirement for this task.
<b>Reference Resources</b>	<a href="#"><u>Shell Colour vision standards</u></a>
<b>Performance indicators</b>	% of those in position who have been positively assured colour safe for task.

## 8.2 Breathing Apparatus (BA) work

<b>Fitness to work Group</b>	<b>Breathing Apparatus (BA) work</b>
<b>Scope and application</b>	Persons who are required to wear breathing apparatus when undertaking a work task. For the purposes of this FTW group, "Breathing apparatus" includes all personal respiratory protective equipment where a tight seal is required to confer protection on the user. This is always the case for self-contained breathing apparatus (SCBA) and a supplied air respirator with full-face mask (SAR). It is also required for sealed half facemasks but not necessary for simple non-sealed devices e.g. dust mask.
<b>Critical activity and potential hazards</b>	Breathing apparatus can increase work load due to increased cardio respiratory effort related to breathing through a filter, thermoregulatory demand and the additional weight of the equipment. In addition the work task itself often increases cardio respiratory and thermal load.
<b>Procedure</b>	<p>Pre-placement questionnaire and physical evaluation.</p> <p><b><i>Periodic review – two yearly screening questionnaire and self-confirmation of fitness to work.</i></b></p> <p>An initial assessment is required to exclude problems, which may be exacerbated, by the work or the use of BA. The assessment should include a fit test (to confirm seal of mask) appropriate for the type of respiratory protective equipment (RPE) - to be repeated once every two years.</p>
<b>Questionnaire</b>	<p><b>Form Q1</b> for initial evaluation(refer to index F)</p> <p><b>Form SQ2</b> for periodic two yearly screening review</p>
<b>Physical evaluation</b>	<p><b>E1</b> for pre placement physical examination to include blood pressure and Body Mass Index (BMI).</p> <p><b>E1</b> for two yearly reviews of SCBA users requiring a cardiovascular (CVS) profile.</p>
<b>Investigations</b>	<p>Spirometry is desirable for a baseline on the pre placement evaluation but not required unless clinically indicated. It should only be repeated on clinical indication thereafter.</p> <p>SCBA users should have a CVS profile once every two years when age 40 or over.</p>
<b>Frequency</b>	<p>Under 60 - Two yearly screening review and fit test (see OSHA reference below) with 2 yearly CVS profile for SCBA users</p> <p>Over 60 – annually.</p>



<b>Key fitness for work issues</b>	<p>Previous successful use of BA is the best predictor of ongoing successful use.</p> <p>The use of half face or full face respirator decreases the visual field and may render it difficult to use corrective spectacles (Visual acuity and fields should be adequate for task - need not be tested unless reported concerns)</p> <p>Depending on the frequency and physical demands during use, BA users may need further cardiovascular risk assessment, especially those required to use SCBA.</p>
<b>Reference Resources</b>	<p><a href="#">OSHA Respiratory Protection. - 1910.134</a></p> <p><a href="http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&amp;p_id=12716">http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&amp;p_id=12716</a></p>
<b>Performance indicators</b>	<p>% employees using BA who complete periodic questionnaire and Fit test.</p>

### 8.3 Business travel

<b>Fitness to work Group</b>	<b>Business travel</b>
<b>Scope and application</b>	<p><b>Frequent business travellers</b> have been defined as those who travel:</p> <ul style="list-style-type: none"><li>• Within the region on travel of more than 4 hour flights three or more times per month</li><li>• On long distance (intercontinental) trips three or more times annually</li><li>• Less frequently but to high risk destinations (significant local health risks/basic local health facilities/difficult access)</li></ul>
<b>Critical activity and potential hazards</b>	<p>Travel to and operate in a country other than base location. Hazards may include</p> <ul style="list-style-type: none"><li>• Those of destination e.g. infectious disease, altitude sickness, remote location.</li><li>• Those associated with travel e.g. jet lag, deep vein thrombosis (DVT).</li><li>• Exacerbation of a pre-existing medical condition</li></ul>
<b>Procedure</b>	<p>Screening questionnaire and training on hazards of business travel, once every two years.</p> <ol style="list-style-type: none"><li>1. Traveller register's on Global business travel website. <a href="http://sww.shell.com/travel/health/">http://sww.shell.com/travel/health/</a></li><li>2. Traveller completes training module on business travel.</li><li>3. Traveler completes screening questionnaire</li><li>4. Questionnaire review completed by a competent health advisor and traveller approved fit or called forward for clinical review as necessary. All travellers should check vaccination requirements for their destination at</li></ol>

	<a href="#">Shell Health Services - travel health</a> <a href="#">Medical clearance guidelines for travelling by air</a>
<b>Questionnaire</b>	Form (refer to Appendix G)
<b>Physical evaluation</b>	Only if considered necessary based on screening questionnaire follow up. Attendance for vaccination and malaria prophylaxis required if appropriate for country of destination.
<b>Investigations</b>	<i>None routinely - As clinically indicated for specific fitness to work concern.</i>
<b>Frequency</b>	Two yearly
<b>Key fitness for work issues</b>	<ul style="list-style-type: none"> <li>Assess risk of exacerbation of pre-existing condition</li> <li>Address any location and task specific requirements e.g. offshore work, malaria prophylaxis</li> <li>Vaccination requirements for destination</li> <li>Post travel health concerns</li> <li>Impact of flying on health condition</li> </ul>
<b>Reference Resources</b>	<a href="#">Shell Health Services - travel health</a> <a href="http://www.shell.com/travel/health/">http://www.shell.com/travel/health/</a>
<b>Performance indicators</b>	% of business travellers completing assessment within the previous two years

## 8.4 Catering and food preparation

<b>Fitness to work Group</b>	<b>Catering and food preparation</b>
<b>Scope and application</b>	<p>A food handler is defined as a person who presents a risk of transmitting pathogenic organisms in the course of their work which involves touching unwrapped foods to be consumed raw or without further cooking or other forms of treatment. (See <a href="#">Health Guidelines for Catering</a> 1995) refer to A to Z</p> <p><a href="#">A to Z: Guides, Manuals, Standards</a></p>
<b>Critical activity and potential hazards</b>	<p>Good food handling techniques and storage are critical to minimize risk of food related disease transmission. Frequent hand washing is required and staff should be trained in food preparation and handling.</p> <p>The main control in the prevention of food contamination is competence of the employed staff and appropriate working practice.</p>
<b>Procedure</b>	<p><b>Pre placement screening questionnaire (Appendix H)</b></p> <p><b>Questionnaire following illness absence (Appendix I)</b></p> <p>An Initial screening questionnaire is required for all catering staff</p>



	with focus on conditions which may impact on food handling techniques e.g. skin conditions and current GI illness.
<b>Questionnaire</b>	Pre- employment (Appendix H) When returning to work after illness(Appendix I)
<b>Physical evaluation</b>	None unless indicated by screening questionnaire. If indicated, particular review of skin.
<b>Investigations</b>	None routinely. Following food contamination episode investigation and review may include stool sampling.
<b>Frequency</b>	2 yearly and following illness absence.
<b>Key fitness for work issues</b>	Recurrent skin disease may reduce frequency of hand washing. Self-confirmation of symptom resolution is required following any illness absence (self) or gastrointestinal disease (self or family). Catering staff shall be excluded from work during, and for 48 hours after any gastrointestinal illness.
<b>Reference Resources</b>	<a href="#">Health Guidelines for Catering</a> 1995 refer to the link below <a href="#">A to Z: Guides, Manuals, Standards</a>
<b>Performance indicators</b>	% staff completing initial screening questionnaire Compliance with SQ4a post illness.

## 8.5 Heavy vehicles driving

<b>Fitness to work Group</b>	<b>Heavy vehicles driving</b>
<b>Scope and application</b>	Drivers of overhead cranes and dozers etc shall be assessed against this protocol. It may be applied to smaller workshop cranes on the basis of a local risk assessment.
<b>Critical activity and potential hazards</b>	Operate a heavy vehicle within above definition in a safe and reliable manner such that safety of self, colleagues or third party is not compromised. Hazards of heavy vehicles driving may be exacerbated by pre-existing medical condition or treatment thereof. Particular attention should be made in the risk assessment to the requirement to lift and place the load and to clear obstacles during transfer.
<b>Procedure</b>	<b><i>Pre placement questionnaire and examination including assessment of risk of sleep apnoea.</i></b> <b><i>Periodic review questionnaire and examination.</i></b> All applicants for heavy vehicles driving positions require a pre placement evaluation prior to taking up position whether as a new hire or a transfer from a new position.
<b>Questionnaire</b>	Form Q1 and Appendix J and Form SQ5



<b>Physical evaluation</b>	E1 Physical examination shall include: <ul style="list-style-type: none"> <li>Visual acuity and fields (confrontation method only unless abnormal)</li> <li>Blood pressure</li> <li>Forced whisper test</li> </ul>
<b>Investigations</b>	Audiometry. Cardiovascular (CVS) profile once every two years age 40 or over
<b>Frequency</b>	Under 40 years - every five years. Over 40 years - every two years. Over 60 annually.
<b>Key fitness for work issues</b>	Visual acuity with corrective lenses if necessary must be carefully assessed. Cardiovascular risk must be assessed in all candidates and cardiology review completed if indicated (pre-existing disease and/ or over age 40 and >20% 10 year risk of myocardial infarction) Assess endocrine disorders and impact of any medication. Body Mass Index (BMI) - consider trade testing for fitness for duty if BMI >30 and screen all for sleep apnoea. Capacity to complete associated tasks - e.g. climb on trailer, crane gantry etc.
<b>Reference Resource</b>	<a href="http://www.nccco.org/general/handbooks.html">USA National Commission Certification of Crane Drivers</a> <a href="http://www.nccco.org/general/handbooks.html">http://www.nccco.org/general/handbooks.html</a> <a href="http://www.austroads.com.au/cms/AFTD%20web%20Aug%202006.pdf">Australian Driving Standards</a> <a href="http://www.austroads.com.au/cms/AFTD%20web%20Aug%202006.pdf">http://www.austroads.com.au/cms/AFTD%20web%20Aug%202006.pdf</a>
<b>Performance indicators</b>	% of professional drivers completing assessment within required time frame.

## 8.6 Fire Fighting and Rescue team work

<b>Fitness to work Group</b>	<b>Fire Fighting and Rescue team work</b>
<b>Scope and application</b>	Members of an emergency response team located on or offshore, hazardous material handling team members or equivalent. It does not include office based emergency support teams. (Team members not engaged in hazardous rescue activity do not require to meet this standard – e.g. communication and coordination roles, drivers etc).
<b>Critical activity</b>	Activity of emergency response crews may include



<b>and potential hazards</b>	<ul style="list-style-type: none"><li>• Fire fighting.</li><li>• Use of Self Contained Breathing Apparatus (SCBA)</li><li>• Lifting and carrying loads including casualty rescue, ropes, ladders, fire-hoses etc.</li><li>• Work in extreme heat, flame and smoke filled environments.</li><li>• Work in hazardous chemical environments.</li><li>• Work at heights and or in confined spaces.</li></ul>
<b>Procedure</b>	<p><b><i>Pre placement questionnaire and examination.</i></b></p> <p><i>and</i></p> <p><b><i>Applicants who have no contraindication shall complete an annual trade test of fitness for emergency response duty.</i></b></p> <p><i>and</i></p> <p><b><i>Periodic repeat questionnaire and physical examination.</i></b></p> <p>The trade test will, in controlled circumstances, represent actual or likely duties of that person's emergency response role. Applicants completing this test to the satisfaction of the emergency response team supervisor, will be considered fit for emergency response duty.</p>
<b>Questionnaire</b>	Form Q1
<b>Physical evaluation</b>	E1 Physical examination shall include <ul style="list-style-type: none"><li>• Visual acuity and fields (confrontation method only unless abnormal)</li><li>• Blood pressure</li></ul>
<b>Investigations</b>	Audiometry CVS profile once every two years age 40 or over.
<b>Frequency</b>	Under 60 every two years. Over 60 annually.
<b>Key fitness for work issues</b>	Visual fields and acuity with corrective lenses for use with SCBA. Potential for loss of consciousness related to Insulin Dependent Diabetes Mellitus, epilepsy or related condition must be assessed. Cardiovascular risk must be assessed in all candidates and cardiology review completed if indicated (pre-existing disease and or over age 40 and >20% 10 year risk of MI). Locomotor conditions that may impact mobility and carry capacity must be carefully reviewed.
<b>Reference resources</b>	<i>In development</i>
<b>Performance</b>	% medically reviewed within past two years.

indicators	% successfully completed trade test for emergency response.
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## 8.7 Professional driving

Fitness to work Group	<b>Professional driving</b>
Scope	Professional drivers, whether PDO employed or contracted, are those drivers where driving on PDO business is an integral and significant part of their job, e.g. distribution tanker drivers, chauffeurs, personnel transport drivers and van drivers.
Critical activity and potential hazards	Operate a vehicle within above definition in a safe and reliable manner such that safety of self, colleagues or third party is not compromised. Hazards of driving may be exacerbated by pre-existing medical condition or treatment thereof.
Procedure	<p><b><i>Pre placement questionnaire and examination including assessment of risk of sleep apnoea(Appendix J)</i></b></p> <p><b><i>Periodic review including questionnaires and examination.</i></b></p> <p><i>Many legislations require specific questionnaires and examinations to be completed. Local country requirements must be met. The guidelines apply in addition to country specific requirements.</i></p>
Questionnaire	Form E1(index R)
Physical evaluation	Physical examination including: <ul style="list-style-type: none"> <li>• Visual acuity and fields (confrontation method only unless abnormal)</li> <li>• Blood pressure</li> <li>• Forced whisper test (Audiometry only required if a statutory requirement of country of operation or abnormal whisper test)</li> </ul>
Investigations	CVS profile once every two years age 40 or over Audiometry (see above)
Frequency	Under 40 years - every five years. Over 40 years - every two years. Over 60 annually.
Key fitness for work issues	Visual acuity with corrective lenses must be carefully assessed. Cardiovascular risk must be assessed in all candidates and cardiology review completed if indicated (pre-existing disease and or over age 40 and >20% 10 year risk of MI). Assess endocrine disorders and impact of any medication BMI - consider trade testing for fitness for duty if BMI >30 and screen all for sleep apnoea. Evidence of active alcohol or substance abuse.



	Capacity to complete associated tasks - e.g. climb on trailer
Reference Resources	<p><a href="#">DVLA (UK) At A Glance</a> <a href="http://www.dvla.gov.uk/medical/ataglance.aspx">http://www.dvla.gov.uk/medical/ataglance.aspx</a> <a href="http://www.dvla.gov.uk/media/pdf/medical/aagv1.pdf">http://www.dvla.gov.uk/media/pdf/medical/aagv1.pdf</a> <a href="http://www.dvla.gov.uk/">http://www.dvla.gov.uk/</a> <a href="#">Australian Driving Standards</a> <a href="http://www.austroads.com.au">http://www.austroads.com.au</a> <a href="http://www.austroads.com.au/cms/AFTD%20web%20Aug%202006.pdf">http://www.austroads.com.au/cms/AFTD%20web%20Aug%202006.pdf</a> <a href="#">f</a></p> <p><b>Any of these three reference sources provide detailed guidance of fitness to drive. These must be interpreted within country specific disability legislation.</b></p>
Performance indicators	% of professional drivers completing assessment within required time frame.

## 8.8 Remote Location Work including Offshore\*

Fitness to work Group	<b>Remote Location Work including Offshore*</b>
Scope	Remote locations are those at which in foreseeable circumstances (e.g. inclement weather) an injured or ill employee or family member cannot be evacuated to a tier three (i.e. hospital) medical facility within four hours.
Critical activity and potential hazards	The particular hazard addressed by this standard is the potential for the remoteness of a place of work or domicile to add to the risk (probability and outcome) of an adverse health event. i.e. that a delay in reaching a medical facility (that is reasonably likely and foreseeable for the location in question), might compromise the health and well being of an employee. The hazards of any particular occupation at that location are additional to these requirements (e.g. the need to wear breathing apparatus).
Procedure	<p>Pre placement questionnaire and examination.</p> <p><b><i>Periodic review including questionnaire and examination.</i></b></p> <p>In addition to considering the suitability for a candidate to live in a remote location, an additional specific assessment shall be made of any task which will be required of the individual in the location and the appropriate additional standard applied – e.g. requirement to participate in a rescue team or use SCBA. Position requirements should be clarified with human resources if not clear at the time of assessment.</p>
Questionnaire	Form Q1

<b>Physical evaluation</b>	E1 Physical examination shall include <ul style="list-style-type: none"> <li>• Weight and Height ( Body mass index)</li> <li>• Blood pressure</li> <li>• Visual acuity and fields</li> </ul>
<b>Investigations</b>	CVS profile once every two years age 40 or over
<b>Frequency</b>	Under 40 years - every five years. Over 40 years - every two years. Over 60 - annually.
<b>Key fitness for work issues</b>	Cardiovascular (CVS) risk must be assessed in all candidates and cardiology review completed if indicated (pre-existing disease and or over age 40 and CVS risk score >20%). Assess chronic diseases and the need of monitoring and medication. BMI - consider trade testing for fitness for duty if >30. Evidence of active alcohol or substance abuse or any other psychiatric disorder. Capacity to complete associated tasks - e.g. climb on different types of transport, helicopters, boats etc.
<b>Reference Resource</b>	UKOOA Guidelines for Medical Aspects of Fitness for Offshore Work: Guidance for Examining Physicians, Issue No. 6, April 2008 (not currently available online). Can be purchased from <a href="http://www.ukooa.co.uk/">http://www.ukooa.co.uk/</a>
<b>Performance indicators</b>	% of remote location workers assessed within required period.

## 8.9 Transfers – Group A Country

Refer to [Shell Health Services - travel health](#)

<b>Fitness to work Group</b>	<b>Transfers – Group A Country</b>
<b>Scope</b>	PDO and Shell employed (and dependents), transferred to work in a position in any of the following countries: Abu Dhabi, Australia, Austria, Bahrain, Belgium, Canada, Denmark, Dubai, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Luxemburg, The Netherlands, New Zealand, Norway, Portugal, Qatar, Singapore, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom, USA.
<b>Critical activity and potential</b>	Not different from general working population.



<b>hazards</b>	
<b>Procedure</b>	<p><b><i>Pre transfer screening questionnaire.</i></b></p> <p>The questionnaire is designed to identify any medical needs in country of destination.</p> <p>In addition to considering the suitability for a candidate to live in country of destination, an additional assessment should be made of any task that will be required of the individual in the location and the appropriate additional standard applied – e.g. requirement to participate in a rescue team or use SCBA. Position requirements shall be clarified with human resources if not clear at the time of assessment.</p>
<b>Questionnaire</b>	Form EX42 and for a child EX42C
<b>Physical evaluation</b>	None required but may be requested by employee.
<b>Investigations</b>	None unless clinically indicated.
<b>Frequency</b>	Pre transfer only.
<b>Key fitness for work issues</b>	<p>Group A pose few if any problems for a transferring employee and family. However consideration should be given to</p> <ul style="list-style-type: none"><li>• any tasks of the position for which an FTW standard applies</li><li>• Children with special educational needs.</li><li>• Those with ongoing special medical treatment needs.</li></ul>
<b>Reference resources</b>	None specified.
<b>Performance indicators</b>	% completing transfer screening process.

## 8.10 Group B Country

Refer to [Shell Health Services - travel health](#)

<b>Fitness to work Group</b>	<b>Transfers – Group B Country</b>
<b>Scope</b>	<p>PDO and Shell employed (partner and children), transferred to work in a position in a group B country. Group B is any country <b>other than</b></p> <p>Abu Dhabi, Australia, Austria, Bahrain, Belgium, Canada, Denmark, Dubai, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Luxemburg, The Netherlands, New Zealand, Norway, Portugal, Qatar, Singapore, Spain, Sweden, Switzerland, United Arab Emirates, United Kingdom, USA.</p>
<b>Critical activity and potential</b>	<ul style="list-style-type: none"><li>• Restricted medical services and/or remote sites with difficult</li></ul>

<b>hazards</b>	access <ul style="list-style-type: none"> <li>Psychological Hazards</li> <li>Restricted schooling</li> <li>Infectious diseases (malaria, yellow fever etc).</li> </ul>
<b>Procedure</b>	Pre transfer questionnaire and medical evaluation All applicants for work in a Group B country positions require a pre placement evaluation prior to taking up position whether as a new hire or a transfer from a new position. In addition to considering the suitability for a candidate to live in country of destination, an additional assessment should be made of any task that will be required of the individual in the location and the appropriate additional standard applied – e.g. requirement to participate in a rescue team or use SCBA. Position requirements shall be clarified with human resources if not clear at the time of assessment.
<b>Questionnaire</b>	EX2 (Appendix S)
<b>Physical evaluation</b>	EX2 Physical examination shall include: <ul style="list-style-type: none"> <li>Weight and Height (Body mass index)</li> <li>Blood pressure</li> </ul>
<b>Investigations</b>	<ul style="list-style-type: none"> <li>CVS profile if aged over 40 years</li> <li>Other blood investigations, ECG or similar on clinical indication only</li> <li>HIV/AIDS blood test if required for visa purposes</li> <li>Visa requirements e.g. chest X-Ray</li> </ul>
<b>Frequency</b>	Pre transfer only
<b>Key fitness for work issues</b>	Evaluate <ul style="list-style-type: none"> <li>local facilities for treatment of chronic medical conditions in the worker or dependents.</li> <li>Vaccinations and malaria prophylaxis</li> <li>any tasks of the position for which an FTW standard applies</li> <li>Children with special educational needs.</li> <li>Those with ongoing special medical treatment needs.</li> </ul>
<b>Reference Resource</b>	None Specified
<b>Performance indicators</b>	% completing transfer screening process.



## 9 Appendices

### 9.1 Appendix A: Cardiovascular Risk Assessment (CVS profile)

Fitness to work Group	Cardiovascular Risk Assessment
Scope and application	<p>This assessment is an additional requirement for the following groups of employees</p> <ul style="list-style-type: none"><li>• Professional drivers</li><li>• SCBA users</li><li>• Fire fighters and emergency response crews</li><li>• Remote location workers</li><li>• Crane drivers</li></ul>
Critical activity and potential hazards	<p>In a number of safety critical occupations, the potential for a sudden cardiovascular event may present significant danger for the employee, a co-worker or a third party, e.g. loss of control of machinery or plant or danger to self or others if occurring in a remote or isolated location.</p>
Procedure	<p><b>Over age 40 a CVS profile is required once every two years.</b></p> <p>The purpose of this risk stratification exercise is to target a more detailed investigation to those at greatest risk. Those at higher risk (&gt;20% 10 year) require further cardiological review.</p>
Questionnaire	<p>Form Q1 A cardiovascular screening tool is provided online at <a href="http://hp2010.nhlbi.nih.net/atpiiii/calculator.asp?usertype=pub">Cardiovascular Risk Calculator</a></p> <p><a href="http://hp2010.nhlbi.nih.net/atpiiii/calculator.asp?usertype=pub">http://hp2010.nhlbi.nih.net/atpiiii/calculator.asp?usertype=pub</a></p>
Physical evaluation	<p>Physical examination.</p> <p>Blood pressure.</p>
Investigations	<p>Lipid profile if not completed within previous 2 years or if change in medication, diet or lifestyle.</p> <p>Electrocardiogram (ECG/EKG) and stress testing are not required unless employee falls into high-risk category (see below) or there is a clinical indication.</p>
Frequency	<p>Once every two years</p> <p>Any individual in the high-risk group who is employed in one of the above occupations following specialist review, should be reviewed annually by the reviewing Shell or contract physician.</p>
Key fitness for work issues	<p>Following % based on 10-year risk of myocardial infarction or Cardiovascular death.</p> <p><b>&lt; 10% low risk no action.</b></p> <p><b>10-20% medium risk</b> counsel on lifestyle and refer to Primary Health Care Provider if appropriate. Normally fit for safety</p>



	<p>sensitive work without further investigation.</p> <p><b>&gt;20% high risk</b> refer to Primary Health Care Provider and specialist cardiologist. Positive detailed cardiovascular risk assessment required before confirming fit for one of these safety sensitive positions. This may include stress testing or other relevant testing as directed by a cardiologist.</p> <p>NB Employees may not be excluded from these safety sensitive positions only on the basis of risk factors. A detailed assessment of cardiovascular health and work capacity will assist in the making a decision on the risk for a given employee engaging in these HSSE critical tasks.</p>
Reference Resource	<p><a href="http://www.chd-taskforce.com">International Task Force for Prevention of CHD</a></p> <p><a href="http://www.chd-taskforce.com">http://www.chd-taskforce.com</a></p>



## 9.2 Appendix B: FTW Evaluation Content Summary

Task	RAM	Questionnaire and examination content	Questionnaire	Examination	BMI	Vision	Colour vision	Blood pressure	Spirometry	Hearing test	HIV test	Blood group	CVS assessment
Aircraft refuelling	4B	Pre-placement questionnaire & examination					√						
Breathing apparatus work	4B	Pre-placement questionnaire & examination Re-evaluation – two yearly	Q1 SQ2	E1	√			√	√	√			√1
Business traveller	4B	Pre placement screening questionnaire Re-evaluation – two yearly	SQ3 SQ3										
Catering & food preparation	3B	Pre-placement questionnaire Post illness review only	SQ4 SQ4a										
Crane driving	4B	Pre-placement questionnaire & examination Re-evaluation	Q1 SQ5	E1	√	√2	√	√		√			√
		Five yearly under age 40											
		Two yearly age 40 and over Annually over 60	Q1 SQ5	E1	√	√2	√	√		√			√
Emergency Response team work	4C	Pre-placement questionnaire & examination Re-evaluation	Q1 Q1	E1 E1	√ √	√ √		√ √	√ √	√ √			√ √
		Two yearly aged under 60											
		Annually over 60											



Task	RAM	Questionnaire and examination content	Questionnaire	Examination	BMI	Vision	Colour vision	Blood pressure	Spirometry	Hearing test	HIV test	Blood group	CVS assessment
Professional drivers	4C	Pre-placement questionnaire & examination	Q1	E1	√	√	√	√		√			√
		Re-evaluation	Q1	E1	√	√	√	√		√			√
		Five yearly under age 40 Two yearly age 40 and over Annually over 60	SQ5										
Remote Location including offshore	4C	Pre-placement questionnaire & examination	Q1	E1	√	√		√					√
		Re-evaluation	Q1	E1	√	√		√					√
		Five yearly under age 40 Two yearly age 40 and over Annually over 60											
Transfer Group A	3B	Pre placement questioniare	EX42										
Transfer group B	4B	Pre placement questionnaire & examination	EX2	EX2	√	√		√			√ <sup>3</sup>		√

√<sup>1</sup> SCBA users only √<sup>2</sup> Only if colour dependent task √<sup>3</sup> HIV testing permitted with written informed consent and if an absolute requirement for visa application



### 9.3 Appendix C: Guidance on physiological parameters

Fitness to work group	Aircraft refuelling	Use of Breathing equipment	Business traveller	Catering Staff	Crane driving	Emergency response team work	Professional drivers	Remote location work	Group A work	Group B work
Blood pressure	N/A	<140/90	<140/ 90	N/A	<140/90	<140/90	<140/90	<140/90	N/A	<140/90
Audiometry (with hearing aid if required)	N/A	N/A	N/A	N/A	N/A	Average hearing loss in 500, 1K, 2K Hz of <40dB	Average hearing loss in 500, 1K, 2K Hz of <40dB	N/A	N/A	N/A
Body Mass index	N/A	<30	<35	N/A	<35	<30	<35	<30	N/A	<35
Visual acuity (corrected)	N/A	N/A	N/A	N/A	20/40 (6/12) in each eye	N/A	20/40 (6/12) in each eye	N/A	N/A	N/A
Visual fields (only map if abnormal on confrontation)	N/A	N/A	N/A	N/A	At least 70° in horizontal meridian of each eye	N/A	At least 70° in horizontal meridian of each eye	N/A	N/A	N/A
Colour Vision	See Protocol	N/A	N/A	N/A	Field test	N/A	Field test	N/A	N/A	N/A
Spirometry	N/A	FEV1 / FVC >70%	N/A	N/A	N/A	FEV1 / FVC >70%	N/A	N/A	N/A	N/A
CVS profile (10 year		<20%	<20%	N/A	<20%	<20%	<20%	<20%	N/A	<20%



<b>Fitness to work group</b>	<b>Aircraft refuelling</b>	<b>Use of Breathing equipment</b>	<b>Business traveller</b>	<b>Catering Staff</b>	<b>Crane driving</b>	<b>Emergency response team work</b>	<b>Professional drivers</b>	<b>Remote location work</b>	<b>Group A work</b>	<b>Group B work</b>
risk)	N/A	(SCBA only)								
Sleep Apnoea Score (Epworth)	N/A	N/A	N/A	N/A	<16	N/A	<16	<16	N/A	N/A

Values indicated in this table are minimum values which if the candidate meets, they may be considered fit for the indicated task. (These are not pass / fail standards.) Should a candidate not meet the standard then further assessment on a case-by-case basis should be conducted to address their suitability for the task and any accommodation that may be necessary to permit the safe completion of the task. In the event accommodation cannot be made, alternative employment should be sought.



## 9.4 Appendix D: Questionnaires and Evaluation Forms

Form	Uses	Comment
Q1	<ul style="list-style-type: none"> <li>Breathing apparatus first evaluation</li> <li>Crane drivers all evaluations</li> <li>Emergency Response Team all evaluations</li> <li>Professional driver all evaluations</li> <li>Remote location all evaluations</li> </ul>	Medical history questionnaire
E1	<ul style="list-style-type: none"> <li>Breathing apparatus first evaluation</li> <li>Crane drivers all evaluations</li> <li>Emergency response team all evaluations</li> <li>Professional driver all evaluations</li> <li>Remote location all evaluations</li> </ul>	Medical physical evaluation form – <b>complete only the examinations indicated</b> in the relevant protocol
E2	<ul style="list-style-type: none"> <li>Statement of fitness for work completed by physician</li> </ul>	<i>Where written certification required. (An IT based record of fitness to work is an acceptable alternative)</i>
SQ2	<ul style="list-style-type: none"> <li>Breathing apparatus screening</li> </ul>	When further evaluation is required following completion of a screening questionnaire, the details should be recorded on Q1 and E1 forms. The content will be as <b>clinically indicated for the issue under investigation</b> .
SQ3	<ul style="list-style-type: none"> <li>Business travellers screening</li> </ul>	
SQ4	<ul style="list-style-type: none"> <li>Catering and food preparation screening</li> </ul>	
SQ4a	<ul style="list-style-type: none"> <li>Catering and food preparation -return to work after illness</li> </ul>	
SQ5	<ul style="list-style-type: none"> <li>Epworth sleep apnoea screening</li> </ul>	
EX4	<ul style="list-style-type: none"> <li>Group A transfer adult</li> </ul>	
EX3	<ul style="list-style-type: none"> <li>Group A transfer child</li> </ul>	
EX2	<ul style="list-style-type: none"> <li>Group B transfer</li> </ul>	

## 9.5 Appendix E: Fitness to Work Certificate

<b>Employee Data</b>		<b>Date</b>	
<b>Last Name</b>		<b>First Name</b>	
<b>I.D No.</b>	<b>Age</b>	<b>Occupation</b>	
<b>Type of Medical Evaluation</b>		<b>Mark those applying ✓</b>	
A1 Aircraft refuelling		A6 Emergency response team work	
A2 Breathing apparatus		A7 Professional driving	
A3 Business traveller		A8 Remote location work	
A4 Catering and food preparation		A9 Transfers – group A country	
A5 Crane or forklift driving		A10 Transfers – group B country	

**Health Advisor Statement** The above named person has been examined according to the statements laid down in “Protocols and Guidance Notes on the Medical Evaluation of Fitness to Work”. At this time their fitness to work status for the above tasks is as follows.

<b>Fit with no restrictions</b>		
<b>Fit with following restrictions</b>		
<i>The employee is fit for above work but should avoid the following tasks</i>		
Work near moving machinery or sharp edges		Operate motor vehicles, forklifts or heavy machinery
Working at height		Use a respirator
Pull push carry weight over Kg		Repetitive twisting of valves or wrenches
Ascend/descend ladders or stairs		Flying
Other (Specify)		
These restrictions are Permanent		
These restrictions are temporary until (date)		
<b>Temporary Unfit until (date)</b>		
<b>Permanently Unfit</b>		
Date	Signature	Print Name



## 9.6 Appendix F (Form SQ2): Breathing Apparatus Screening

<b>Employee Data</b>		<b>Date:</b>
<b>Last Name:</b>		<b>First Name :</b>
<b>I. D No.</b>	<b>Tel #</b>	<b>Occupation :</b>

This form is required to be completed either at the time of your fit testing for respirator use or medical evaluation. If you have never completed an initial questionnaire form, you should not be fit tested nor use a respirator until the initial questionnaire has been reviewed and approved by a health care professional. All information provided on this form and during consultations remains strictly confidential.

1. Have you experienced any health problems/signs or symptoms that you associate with respirator use or the ability to use a respirator while performing your work that requires the use of a respirator?

Yes

No

2. Has there been any change in workplace conditions (e.g., physical work effort, protective clothing, and temperature) that has or may result in a substantial increase in the physiological burden placed on you when performing your work that requires respirator use?

Yes

No

3. Do you currently have any medical restrictions or limitations (for example: lifting restrictions) that may affect your ability to safely wear a respirator?

Yes

No

Not Sure

4. Do you have any medical problems (for example: issues related to the heart, breathing problems, seizures, back problems, neck problems, medications, etc.) that may affect your ability to safely wear a respirator?

Yes

No

Not Sure

5. Do you have any medical problems that prevent you or may prevent you from working in a confined space?

Yes

No

Not Sure

6. Would you like to talk with a health professional regarding your health and respirator use?

Yes

No

This form will be forwarded to the healthcare provider who will perform your evaluation for respirator use fitness. If you answered "yes" or "not sure" to any of the questions, then you are prohibited from using a respirator until this evaluation is completed by the healthcare provider and approved to use a respirator.

**Declaration:** I, \_\_\_\_\_ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and **correct**.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## 9.7 Appendix G (Form SQ3): Business Travel Screening Questionnaire

Employee Data		Date
Last Name		First Name
I.D No.	Tel #	Occupation

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have a health condition or concern which you think may be adversely affected by business travel, please contact your doctor or local Health Services. They will assist you in making your trip as safe and healthy as possible. All information provided on this form and during consultations remains strictly confidential.

Do you feel physically and psychologically fit for travel? Y / N

Do you have a history of Deep Venous Thrombosis (DVT), Pulmonary Embolism or a known clotting tendency? Y / N

Are you pregnant? Y / N

Have you been hospitalised or had surgery in the past 3 months? Y / N

Do you have a chronic illness or affliction, e.g. cardiovascular disease, Diabetes or a mental condition? Y / N

Are you currently under medical treatment? Y / N

Please indicate the condition or illness.

What prescription medications do you take on a regular basis?

**This form will be forwarded to the healthcare provider. If you answered “yes” to any question you should seek a medical opinion from your doctor or local Health provider on your fitness for business travel.**

**Declaration:** I, \_\_\_\_\_ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**9.8 Appendix H (Form SQ4): Catering and Food Preparation - Screening Questionnaire**

<b>Employee Data</b>		<b>Date</b>
<b>Last Name</b>		<b>First Name</b>
<b>I.D No.</b>	<b>Tel #</b>	<b>Occupation</b>

**This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your doctor or local Health Services staff. All information provided on this form and during consultations remains strictly confidential.**

Do you have any medical condition that you believe may affect your ability to handle food safely? (Answer "yes" if you do not know) **Y / N**

Have you been in contact with anyone with any infectious disease in the past 12 months e.g. tuberculosis, typhoid, paratyphoid, or enteric fever? **Y / N**

Do you have any skin problems (on arms, hands or face) that require treatment or affect your ability to wear gloves? **Y / N**

Do you have any history of recurrent diarrhoea or other bowel problems? **Y / N**

Have you suffered from a runny ear or chronic ear infection in the past year? **Y / N**

Have you ever previously been advised that you should not prepare or handle food? **Y / N**

**This form will be forwarded to the healthcare provider. If you answered "yes" to any question you should seek a medical opinion from medical personnel on site before continuing to prepare food at work.**

**Declaration:** I, \_\_\_\_\_ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 9.9 Appendix I (Form SQ4a): Catering and Food Preparation

### Screening Questionnaire following illness

<b>Employee Data</b>		<b>Date</b>
<b>Last Name</b>		<b>First Name</b>
<b>I.D No.</b>	<b>Tel #</b>	<b>Occupation</b>

To be completed by all designated food handlers on return to work following

- Absence due to ill health
- Any period of gastrointestinal illness whether resulting in absence or not

This form will be forwarded to the healthcare provider. If your answer is in any of the shaded boxes, you must seek a medical opinion from local Health Services before continuing to prepare food at work.

Please tick the appropriate box	YES	NO
Have you suffered from vomiting, diarrhoea or a bowel disorder during the last 7 days		
Are you currently free from an infection of the skin, ears, nose, throat and eyes?		
Have you been in contact with anyone suffering from Enteric Fever, Typhoid or Paratyphoid		
<b>Health declaration</b>		
I am currently free from all of the above symptoms		
I am currently free of any skin rash affecting my hands forearms and face		
I have been free from sickness or bowel disorders for 48 hours		

**Declaration:** I, \_\_\_\_\_ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 9.10 Appendix J (Form SQ5): Epworth Screening Questionnaire for Sleep Apnoea

Employee Data		Date
Last Name		First Name
I.D No.	Tel #	Occupation

This questionnaire will help identify if you have any health condition which may need a more detailed medical assessment as part of your fitness to work determination. If you have any queries please contact your local Health Services staff. All information provided on this form and during consultations remains strictly confidential.

How likely are you to fall asleep in the following situations?

- 0 Would never doze
- 1 Slight chance of dozing
- 2 Moderate chance of dozing
- 3 High chance of dozing

	sitting and reading
	watching TV
	sitting inactive in a public place (e.g. theatre or meeting)
	as a passenger in the car for an hour without a break
	Lying down to rest in the afternoon when circumstances permit
	Sitting a talking with someone
	Sitting quietly after lunch without alcohol
	In a car, while stopped for a few minutes in traffic
Total .....	

If you score a total of 15 or more you should seek advice from medical personnel on site before continuing to drive or operate machinery in the workplace.

**Declaration:** I, \_\_\_\_\_ (Print Name) certify that to the best of my knowledge the above information supplied by me is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 9.11 Appendix K: Specific Conditions Which May Affect Fitness To Work

### 9.11.1 Infectious Diseases

Active infectious disease is unacceptable. Catering staff require special examination to exclude acute or chronic disease involving gastrointestinal tract, chest, ear, nose, throat and skin.

### 9.11.2 Malignant Neoplasm

Frank malignant disease is usually unacceptable. Each case should be considered individually and the natural history and prognosis of the neoplasm taken into account. The progress and likelihood of complications of the disease or its treatment must be carefully evaluated.

### 9.11.3 Diseases of Digestive System

Dentures or other orthodontic appliances should be well fitting and functional.

History of digestive disorders causing severe or recurrent symptoms requiring special diet or medication (e.g. esophagitis, gastritis, cholelithiasis, inflammatory or parasitic bowel disease) is unacceptable until satisfactorily treated and reassessed.

Acute gastric erosion is unacceptable. The case can be reconsidered following healing, demonstrated by endoscopy, with absence of symptoms.

Proven active peptic ulceration is unacceptable. Where there is a past history of peptic ulceration a person may be acceptable provided that the Examining Physician is satisfied that the risk of complications is reduced to an absolute minimum by successful surgery or the use of appropriate medication. Healing is assessed by endoscopy.

Diaphragmatic hernia is only unacceptable if disabling symptoms are present. Other Hernias are unacceptable until satisfactorily surgically repaired.

Haemorrhoids, fistulae and fissures causing intractable pain, or recurrent bleeding, are unacceptable unless treated. Abscesses and fistulae are unacceptable.

A person with an uncomplicated stoma is usually acceptable, but the Examining Physician should be satisfied that the underlying cause is compatible with the interior work, and that the patient's personal management of the condition is acceptable within the confines of an interior community.

### 9.11.4 Diseases of Liver and Pancreas

Chronic or recurring pancreatitis is unacceptable.

Diseases of the liver are unacceptable where the condition is serious progressive and/or where complications such as oesophageal varices are present. This includes chronic active Hepatitis B.

Asymptomatic Hepatitis B carriers may be acceptable.



#### 9.11.5 Cardiovascular System

The cardiovascular system should be free from acute or chronic disease.

##### *Congenital Heart Disease*

If this is unassociated with symptoms, or haemodynamically significant change, it is acceptable.

##### *Valvular Heart Disease*

If there is significant haemodynamic change, it is unacceptable.

An individual who has undergone successful cardiac surgery for valve or congenital heart disease may be fit for employment if free from symptoms and off all therapy. If otherwise, then cardiac review is needed. Individuals in this grade may require more frequent assessment.

##### *Ischaemic Heart Disease*

Myocardial insufficiency is unacceptable but:

Each case should be considered individually depending on

1. job type if it is physically demanding then they will be unacceptable
2. Severity of myocardial insufficiency. To take into consideration Ejection fraction which should be equal to or more than 40% and severity of the blockage to arteries(confirmed by TME and angiogram)
3. Health risk assessment- That you will be able to evacuate the patient to the nearest Tier 3 hospital within 4 hours.

##### *Myocardial Infarction*

Normally a past history of myocardial infarction is unacceptable but:

Each case should be considered individually depending on

1. job type if it is physically demanding then they will be unacceptable
2. Severity of myocardial insufficiency. To take into consideration Ejection fraction and severity of the blockage to arteries(confirmed by TME and angiogram)
3. Health risk assessment- That you will be able to evacuate the patient to the nearest Tier 3 hospital within 4 hours.

##### *Coronary Bypass Surgery (CABS) and Angioplasty*

Individuals who have undergone these procedures must have their cardiac fitness proven before returning to work. A cardiological opinion is essential and will be appropriate not earlier than six months after the event. This assessment must include sub-maximal exercise testing.

Individuals with cardiac transplants are not acceptable.

##### *Cardiac Arrhythmias*

If these produce symptoms, or are associated with haemodynamic abnormality, then expert cardiac opinion is mandatory.

#### *Cardiomyopathy*

These individuals are usually unacceptable.

#### *Cardiac Enlargement*

Fitness will depend on the underlying cause.

#### *Pacemakers*

The subject of pacemakers is highly specialised and acceptability to work on PDO locations must include assessment of:

- The underlying condition and indication for insertion
- The type of pacemaker
- Type and nature of work
- The effect of the working environment on the unit
- The risk of physical damage to the unit.

### **9.11.6 Hypertension**

As a general rule, hypertension is acceptable provided it is uncomplicated and well controlled by treatment. **Consistent resting BP of more than 180 systolic or more than 100 diastolic is unacceptable.**

### **9.11.7 Peripheral Circulation**

The following conditions are unacceptable:

- Current or recent history of thrombophlebitis or phlebothrombosis with or without embolisation.
- Varicose veins associated with varicose eczema, ulcers or other complications.
- Arteriosclerotic or other vascular disease with evidence of circulatory embarrassment (e.g. intermittent claudication, or aneurysm).

### **9.11.8 Pulmonary Circulation**

A history of more than one pulmonary embolism is unacceptable. An episode requires careful assessment.

### **9.11.9 Cerebro-Vascular Disorders**

Cerebro-vascular accident including evidence of general cerebral arteriosclerosis (including dementia) is unacceptable. **A person who had stroke is usually unacceptable unless there is no residual impairment which may affect performance. History of Transient ischemic attack (TIA) alone does not make the individual unacceptable, the underlining cause and job description have to be taken into consideration.**



#### 9.11.10 Diseases of Blood or Blood Forming Organs

There should not be any significant disease of the haemopoietic system, and the following are unacceptable for working in the interior:

- Anaemias, until investigated and successfully treated.
- Leukaemia, polycythaemia and disorders of the reticulo-endothelial system unless in long-term remission.
- Haemorrhage disorders i.e. bleeding disorders
- Any other disease of blood, or blood forming organs which may adversely affect performance or safety.
- Individuals with immuno suppression are unacceptable.

#### 9.11.11 Mental Disorders

Care is necessary when assessing an individual during remission from one or more episodes of mental illness. An established medical history or clinical indication of any of the following is usually unacceptable for PDO locations:

- Personality disorders characterised by anti-social behaviour
- Psychosis
- Phobias
- Chronic anxiety states and recurrent depression
- Alcohol abuse
- Drug abuse

#### 9.11.12 Diseases of Nervous System and Sense Organs

Organic nervous disease causing or likely to cause any significant defect of intellect, muscular power, balance, mobility, vision sensation or co-ordination is unacceptable.

Established medical history with current diagnosis of epilepsy of any type, or disturbance of consciousness is unacceptable. Any other convulsive disorder, disturbance of consciousness or neurological condition likely to render the individual unable to perform duties safely is also unacceptable. This category includes epileptiform seizure following episodic drinking, tranquilliser, withdrawal, or stroboscopically induced (e.g. the flicker of sunlight).

Established history of migraine which does not interfere with the individual's ability to work efficiently and safely is acceptable.

#### 9.11.13 Musculoskeletal System

There must be no deformity, or amputation of body or limb, to significantly reduce mobility, or interfere with performance of duties, or prevent compliance with all



evacuation procedures. A limb prosthesis may be acceptable providing the above criteria can be met.

Acute chronic or recurrent disease of peripheral nerves, muscles, bones, or joints significantly affecting mobility, balance, co-ordination or ability to perform normal duties, or carry out evacuation procedures, or survival training is unacceptable.

#### 9.11.14 Skin

The skin must be healthy, without evidence of clinical disease:

- Clinical evidence of any recurrent, physically or socially disabling skin disease or sensitivity is unacceptable.
- Any skin condition likely to be aggravated or triggered by items in the PDO work environment (e.g. oils, detergents, or other substances) is unacceptable.

#### 9.11.15 Endocrine and Metabolic Disorders

Adequately controlled thyroid disease may be acceptable, but in all cases, thyroid disorders require careful assessment.

Uncomplicated stable diabetes mellitus treated by diet alone (or diet and an oral hypoglycaemic agent) and satisfactorily controlled, may be acceptable, but will require more frequent assessment. Insulin dependence is unacceptable for work at rig site or the field. **Insulin dependent patients are acceptable to work in interior after careful consideration of their job type i.e as long as they are not working in the field and not doing hazardous jobs such as working at heights, heavy duty drivers or working near machineries.**

Individuals suffering from other endocrine disorders such as Addison's disease, Cushing's syndrome, acromegaly, diabetes insipidus and hypoglycaemia (either functional or due to pancreatic or adrenal pathology) are unlikely to be acceptable for work in the interior, but should be individually considered and carefully assessed.

All cases of gross obesity require individual assessment. Those in whom exercise tolerance, mobility, general health, or personal hygiene are adversely affected are unacceptable. **As a general rule, those in whom the Body Mass Index exceeds 35 will probably be unacceptable.**

Well controlled gout may be acceptable.

#### 9.11.16 Genitourinary System

The presence of renal, ureteric, or vesical calculi is generally unacceptable to do certain jobs. Recurrent renal colic without demonstrable calculi requires careful assessment. Successful treatment by surgery or lithotripsy may be acceptable.

Recurring urinary infections are unacceptable until investigated and treated.

Chronic renal failure or any renal disease which could lead to acute renal failure (i.e. nephritis, nephrosis) is unacceptable for working in the interior. Polycystic disease,



hydronephrosis or unilateral nephrectomy with disease in the remaining kidney, is unacceptable unless otherwise indicated by a Nephrologist.

Renal transplant in general is acceptable.

Enuresis or incontinence, recent or active, is unacceptable for working in the interior.

Prostatitis is unacceptable. Prostatic hypertrophy or urethral stricture interfering with adequate bladder evacuation is unacceptable.

Hydrocele, or painful conditions of the testicles, requires careful assessment.

#### 9.11.17 Respiratory System

A history of spontaneous pneumothorax is generally unacceptable for working in the interior, except for a single episode without recurrence for one year, or after a successful surgical procedure.

Obstructive airways disease, such as chronic bronchitis, emphysema, and any other pulmonary disease causing significant disability or recurring illness, such as bronchiectasis, is unacceptable for working in the interior.

Restrictive or fibrotic pulmonary disease resulting in significant symptoms or disability is unacceptable.

Open pulmonary tuberculosis is unacceptable until treatment is concluded and the attending physician has certified that the patient is no longer infectious.

A history of asthma requiring frequent or recurrent medication including oral steroids, require careful assessment regarding fitness to do certain jobs.

#### 9.11.18 Ear, Nose and Throat

##### *Ear*

Active otitis external (acute or chronic) is acceptable.

Disorders of the tympanic membrane (e.g. dry perforations and grommets) and the middle ear require further assessment. Chronic middle ear disease is unacceptable for working in the interior. Intractable inner ear disorders with severe motion sickness, vertigo, etc. (e.g. Meniere's disease) are unacceptable.

A functional hearing loss sufficient to interfere with communications or to impede safety (e.g. inability to hear audible warning devices) is unacceptable. Intrinsically safe hearing aids may be worn, but the examinee should not be dependent on such an aid to hear a safety warning. Measurement of auditory acuity is best performed by screening audiometry.

Increasing noise induced hearing loss may be a reason for medical unfitness. All personnel who may be exposed to work related noise must have audiometry performed, both at initial assessment, and as directed thereafter by the Examining Physician in line with PDO's Hearing Conservation Programme. Where the measured loss is greater, in

the better ear, than 35 dBA for lower frequencies, or 60 dBA for higher frequencies, then special assessment of the individual is advised.

#### *Nose*

Chronically infected sinuses, or frequently occurring sinusitis, require careful assessment.

Hay fever is a minor problem in the interior. It is only unacceptable if therapy is required which causes undesirable side effects.

#### *Throat*

Chronically infected tonsils or frequently occurring tonsillitis, require careful assessment.

#### *Eyes*

Any eye disease or visual defect rendering, or likely to render, the applicant incapable of carrying out job duties efficiently and safely, is unacceptable. A history of conditions such as glaucoma and uveitis need specialised assessment.

Visual acuity, corrected, must be at least 6/12 in the better eye, demonstrated by recognised test type procedures.

A monocular individual is acceptable provided the job functions can be performed efficiently and safely. Recent onset of monocular vision is unacceptable (i.e. within six months of onset)

Colour perception should be adequate for the particular type of employment to be undertaken. Colour blindness **per se does not disqualify the person from being commercial driver as long as he/she meets the minimum requirement i.e he/she can recognise the colours of traffic signals (red, green and amber)**

### **9.11.19 Medicines**

Individuals being treated with certain medicines require careful consideration:

- Individuals on anticoagulants, cytotoxic agents, insulin, anticonvulsants, immunosuppressants, and oral steroids are unacceptable for work in the field but may do office based work.
- Individuals on psycho-tropic medications (e.g. tranquillisers, antidepressants, narcotics, hypnotics) are unacceptable for work **in the field**. A previous history of such treatment will also require further consideration.

Any previous adverse drug reaction must be brought to the attention of the Examining Physician.

### **9.11.20 Sleep disorders**

Individuals suffering from Narcolepsy or obstructive sleep apnoea causing excessive day time sleepiness are unacceptable.



#### **9.11.21 Age**

Age should not be a bar to fitness to work in interior locations, but must be taken into account carefully, with all the other findings in the assessment. The minimum age acceptable is 18 years. The maximum age acceptable is 60 years

## 9.12 Appendix L: PDO - Approved Medical Practitioners

1	Medical Department Shell International Petroleum Company Limited Shell Centre London SE1, UK
2	Medical Department Shell Internationale Petroleum Company Maatschappij PO Box 162 The Hague, The Netherlands
3	PDO Medical officers Petroleum Development Oman LLC PO Box 81 Muscat, Sultanate of Oman
4	Medical Advisor Eximp International Ltd Dacca, Bangladesh
5	Medical Advisor Kamte Agencies and Services Private Ltd Flat 23, Abubakar Mansions Shahid Bhagat Singh Marg Bombay, 400039, India
6	Medical Advisor Omanfil International Manpower Corporation PO Box 2222 MCC Makati, The Philippines 31117
7	Medical Advisor Shell Winning NV PO Box 2681 Harriya, Heliopolis Cairo, Egypt
8	"Medical Practitioners" (as defined in the Oman Labour Law and employed by a Ministry of Health in the Sultanate of Oman)

Medical examination by other than the above listed Medical Practitioners is subject to approval by PDO's Chief Medical Officer.



### 9.13 Appendix M: Contents of First Aid Kits

Description	Quantity
Sterile Cotton Bandage (5 cm)	6 rolls
Sterile Crepe Bandage (7.5 cm)	6 rolls
Sterile Triangular bandage	6 rolls
Safety Pins	6 pins
Adhesive Plaster (1.25 cm)	1 roll
Sterile Eye Pad	5 pads
Assorted Plasters	1 packet
Gauze Swabs	20 pieces
Scissors	1 pair
Protective Gloves	2 pairs
Oropharyngeal airway (or mask, or airway shield)	1 item

## 9.14 Appendix N: PDO Clinics Facilities

Location	Clinic Category	Staffing Level	Services Provided
Mina Al Fahal	Major Clinic (Coastal)	Doctors + Nurses	<ul style="list-style-type: none"> <li>Primary Health Care</li> <li>Occupational Health services</li> <li>Hypertensive and diabetics clinics</li> <li>Family planning</li> <li>Immunisation</li> <li>Support Services: <ul style="list-style-type: none"> <li>Laboratory</li> <li>Pharmacy</li> <li>Antenatal care</li> <li>Radiography</li> <li>Physiotherapy</li> </ul> </li> </ul>
Marmul	Major Clinic (Interior)	Doctor + Nurses	<ul style="list-style-type: none"> <li>Primary Health Care (GP)</li> <li>Occupational Health advice</li> <li>Support Services: <ul style="list-style-type: none"> <li>In-patient beds</li> <li>Laboratory (minor)</li> <li>Radiography</li> </ul> </li> </ul>
Fahud	Major Clinic (Interior)	Doctor + Nurse	
Lekhwair	Outlying Clinic	Nurse	<ul style="list-style-type: none"> <li>Primary health care provided by qualified site nurse</li> <li>Back-up from doctors at major clinics</li> </ul>
Qarn Alam	Outlying Clinic	Nurse	
Yibal	Outlying Clinic	Nurse	
Bahja	Outlying Clinic	Nurse	
Nimr	Outlying Clinic	Nurse	



## 9.15 Appendix O: Minimum Requirements for Camp/Worksite Clinics

Quantity	Item	Quantity	Item
3	Oxygen Cylinder	3	Urine Glasses
1	Oxygen Cylinder Stand	1	Dressing Trolley
1	Drip Stand (Portable)	1	Patient Carry Chair
1	Portable Suction Machine	1	Weighing Scales
1	Crash Box and Ambu Bag	2	Oxygen Flowmeter
2	Stretchers - Folding	1	Suture Scissors
1	Refrigerator	1	Undine and Receiver
1	Examination Couch	1	Eye Test Chart
1	Sphygmomanometer	1	Ring Cutter
1	Stethoscope	2	Hospital Beds
1	Patella Hammer	2	Hospital Lockers
1	Torch (Flashlight)	2	Over bed Tables
1	Metal Tongue Depressor	1	Sterilizer
1	Mouth Gags	1	ECG Machine
1	Magnifying Glass	1	Defibrillator- portable Automatic External Defibrillator(AED)
1	Weeder Splints - 4 sizes	1	Electric Kettle
1	Thomas Splint	1	Coleman Flask
1	Ear Tray with Aural Syringe, Receiver, Bowl	2	Dissecting Forceps
2	Tourniquet (venous access only)	1	Medicine Cupboard with: (x1) DDA Cupboard
2	Plastic Basins	1	Hand washing basin with plumbed water
2	Plastic Buckets	1	Artery Forceps
2	Vomit Bowls	1	Patient Carry Chair
2	Urinals	1	Probe
2	Brooms and Handles	1	Instrument Tray c/w Lid
1	Steel Bucket and Mop	1	Stretcher Trolley with: (x1) Infra Red Light (x1) Angle Poise Light
2	Pedal Bins	1	Needle Holder
3	Hand Towel and Holder		
1	Cupboard for medical files		
	Means of communication e.g. Telephone, Fax, GSM and pagers		



Quantity	Item	Quantity	Item
<b>Sterile Supplies</b>			
4	Oxygen Masks with Tubing Asstd 24%, 100%	2 Box	Gloves (sterile and unsterile) (size 7 and 8)
2	Oxygen Flow Meters c/w Key	1 Doz	Razor and Razor Blades
1 Box	Suction Gatherers	2 Doz	Asstd Sutures and Steristrips
1 Box	IV Cannulas 20,18,16g	1 Doz	Eye Pads
6 Bot	IV Normal Saline 0.9%	2	Dressing Scissors
6 Bot	Plasma Expander (Haemacell or equivalent)	2 Each	Oropharyngeal Airways (sizes 2,3,4,5)
2 Box	Syringes (assorted sizes)	6	Draw Sheets
6 Box	Needles	6	Plastic Draw Sheets
5 Box	Plasters (assorted)	2 Doz	Disposable Basic Packs
5 Box	Gauze Swabs	6 each	Towels - hand and bath
5 Box	Cotton Wool	2 Box	Scalpels (assorted blades)
2 Doz	Each Bandages (assorted)	2	Tube Gauze (different sizes with applicators)
5 Box	Sterilised Swabs	3 bottles	Anti-septic solutions
1 Box	Spatulae	1	Spinal board



## 9.16 Appendix P: Minimum Requirements for Ambulances


The ambulance shall contain as a minimum the following:

- A seat adjacent to the stretcher(s) for a nurse / doctor
- Cardiac monitor
- Defibrillator - **portable Automatic External Defibrillator(AED).**
- Resuscitator
- (x1) Oxygen cylinder with breathing apparatus
- (x1) Portable oxygen cylinder with breathing apparatus (AMBU)
- (x1) Hook for hanging IV fluids (drips)
- (x1) Urinal and bed pan, preferably plastic
- (x1) Coleman flask with disposable cups
- (x2) Wooden leg splints
- (x2) Wooden arm splints
- (x1) Locksly stretcher
- (x1) Spinal board (for spinal fracture)
- Bandages / gauze / cotton wool
- Spare oxygen cylinders of each size
- (x1) Suction machine
- Syringes
- IV fluids
- Small plastic bags
- Plasters / scissors / forceps
- Mouth gauge and tongue forceps

## 9.17 Appendix Q: Medical Responsibilities of Nurses

Clinic	<ul style="list-style-type: none"> <li>• Ensure equipment selection and levels are adequate</li> <li>• Ensure clinic is clean, orderly and fit for purpose</li> </ul>
Emergency Response	<ul style="list-style-type: none"> <li>• Deal initially with all emergencies</li> <li>• Be fully conversant in PDO emergency response procedures and nurse duties with respect to emergency response</li> <li>• Ensure that all emergency contact numbers are prominently displayed</li> </ul>
Emergency Equipment	<ul style="list-style-type: none"> <li>• Ensure that all emergency medical equipment is regularly checked and functioning</li> <li>• Ensure emergency medical equipment is stored in a manner that allows it to be quickly used and moved to an incident</li> </ul>
Medical Records	<ul style="list-style-type: none"> <li>• Maintain individual patient files, containing all medical records</li> <li>• Maintain a list of clinic attendances</li> <li>• Calculate non-confidential monthly attendance statistics</li> </ul>
First Aid	<ul style="list-style-type: none"> <li>• Maintain an updated list of First Aiders</li> <li>• Deliver regular, short refreshers in First Aid topics</li> <li>• Organise and supervise the First Aid Team</li> <li>• Liase with management to ensure adequate numbers of First Aiders</li> </ul>
Medications	<ul style="list-style-type: none"> <li>• Maintain a list of allowed medications</li> <li>• Prescribe a limited number of medications</li> <li>• An ability to describe the purpose of any medications stocked and any likely side effects</li> <li>• Suitably store and maintain medications up to date</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Ability to communicate with customers (including verbal and written English)</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>• Conduct routine monthly public health inspections of the camp</li> <li>• Assist the PDO Environmental Health Officers if there is a breakdown of hygiene practices</li> </ul>
Occupational Health	<ul style="list-style-type: none"> <li>• Maintain a good basic knowledge of the health risks associated with the contract and local working environment</li> </ul>
Health Promotion	<ul style="list-style-type: none"> <li>• Deliver health promotion packages as part of HSE meetings</li> </ul>
Training	<ul style="list-style-type: none"> <li>• <b>Attend the scheduled 2 yearly rig medics and other essential training to maintain clinical and casualty management skills.</b></li> </ul>

## 9.18 Appendix R: Initial Medical Examination Report (EX1) Q1

 <b>Petroleum Development Oman MEDICAL DEPARTMENT</b>  <b>INITIAL EXAMINATION REPORT</b>		Surname	
		Forenames	
		Address	
		Home telephone number	
Place of examination	Date		
If a dependant or fiancée enter employee's name here:			
Surname:		Forenames:	
Birth date:	Nationality:	Country of birth:	Religion:
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widow (e) <input type="checkbox"/> Divorced / Separated	<b>Relationship to employee</b> <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Fiancee
Number of children:			
Reason for examination			
<input type="checkbox"/> Pre-Employment Job:			
<input type="checkbox"/> Pre-Overseas Area:			
Name and address of family doctor		List your last 3 jobs	
		(1)	
		(2)	
		(3)	
Are you a Registered Disabled Person? (UK only) <input type="checkbox"/>		Do you belong to any Medical Insurance Scheme? <input type="checkbox"/>	
DO YOU HAVE OR HAVE YOU HAD:- (Tick "Yes" or "No" column or put a (?) if uncertain exclude minor ailments.)			
	Y	N	
1. Sinus trouble			22. Heart Disease
2. Neck swelling/glands			23. Rheumatic fever
3. Difficulty in vision			24. Abnormal heartbeat
4. Any ear discharge			25. High blood pressure
5. Asthma/bronchitis			26. Stroke
6. Hayfever/other allergy			27. Serious chest pain
7. Any skin trouble			28. Any blood disease
8. Tuberculosis			29. Kidney disease
9. Shortness of breath			30. Painful passage of urine
10. Coughed/vomited blood			31. Blood in urine
			32. Diabetes
11. Severe abdominal pain			33. Headaches/migraine
			34. Dizziness/fainting
12. Stomach ulcer			35. Epilepsy
13. Recurrent indigestion			36. Joints/spinal trouble
14. Jaundice or hepatitis			37. Surgical operation
15. Gall Bladder disease			38. Serious accident/fracture
16. Marked change in			
		42. Awarded benefits for industrial injury/illness	
		43. Treated for a mental condition, eg depression	
		44. Treated for problem drinking or drug abuse	
		45. Exposed to toxic substance or noise	
		FOR WOMEN ONLY	
		Have you ever had:-	
		46. An abnormal smear	
		47. Any gynaecological treatment	
		48. Are you pregnant?	
		49. HAVE YOU HAD AN ILLNESS NOT MENTIONED ABOVE	

bowel habits			39. Tropical disease				
17. Blood in stools (motions)			40. Fear of heights				
			HAVE YOU EVER BEEN:-				
18. Marked change in weight			41. Rejected for employment or insurance for medical reasons				
19. Varicose veins							
20. Lump in breast/armpit							
21. Cancer							
How much tobacco each day?				Average daily alcohol consumption			
FAMILY HISTORY							
Diabetes	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Blood Disease	<input type="checkbox"/>
						Eczema	<input type="checkbox"/>
						Cancer	<input type="checkbox"/>
<p>PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE KINDLY SIGN IT:-</p> <p>I declared these statements to be true to the best of my knowledge and belief and I agree that the result of this medical examination in general terms may be revealed to the Company if required, and the details sent to my own doctor if this is considered necessary by the examining medical officer.</p>							
Date:				Signature of Applicant:			



# E1

## FOR COMPLETION BY EXAMINING DOCTOR OR SISTER

Further details of medical history and recreational activities

N = Normal A = Abnormal (please describe)					<b>PHYSICAL EXAMINATION</b>							
N	A											
		1. Eyes & Pupils										
		2. E.N.T.										
		3. Teeth & Mouth										
		4. Lungs & Chest										
		5. Cardiovascular System										
		6. Abdo. Viscera										
		7. Hernial Orifices										
		8. Anus & Rectum										
		9. Genito-urinary										
		10. Extremities										
		11. Musculo-skeletal										
		12. Skin & Varicose Vns.										
		13. C.N.S.										
HEIGHT cm	WEIGHT kg	BMI	B.P.	PULSE	HEARING	VISION	DISTANT	NEAR	Colour Vision	Blood Group		
						Uncorrected	R   L	R   L				
						Corrected						
N	A				LABORATORY AND SPECIAL INVESTIGATIONS				N	A		
		1. Urinalysis								6. Audiogram		
		<b>AS INDICATED (2-11)</b>								7. Lung Function		
		2. Hb Bloodcount ESR								8. Chest X-Ray		
		3. Serum Profile								9. Drug Screen		
		4. Stool								10. CR Screen = Country Request (e.g. H.I.V.)		
		5. E.C.G.								11. Others		

### OTHER FINDINGS

### ASSESSMENT

☐ FIT ALL AREAS
 ☐ FIT HOME SERVICE ONLY
 ☐ UNFIT/UNSUITABLE
 ☐ MAY BE REASSESSED


Date

Signature

Name (Block Capitals)

Doctor/Sister

## 9.19 Appendix S: Routine Medical Examination Report (EX2)

<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <b>Petroleum Development Oman</b>  <b>MEDICAL DEPARTMENT</b>  <b>PERIODIC/ROUTINE EXAMINATION REPORT</b>  PLEASE COMPLETE YOUR PERSONAL DETAILS IN  BLACK-BLOCK DETAILS </div> </div>		Company Number:		
		Employee's Name & Initials		
		Present Area:		
		Next Area:		
Place of Examination	Date	Copied to:		
Family Name	Other Names	Birth Date	Nationality	Religion
Reason for Examination <input type="checkbox"/> Two yearly <input type="checkbox"/> Pre-overseas <input type="checkbox"/> Transfer <input type="checkbox"/> +40/ Request <input type="checkbox"/> Travel <input type="checkbox"/> Retirement and date <div style="text-align: right;">/ /</div>				
Present Job(job type)	Ref. Indicator	Office Tel. No.	Years with Group	Date and place of last Shell Medical
<input type="checkbox"/> Male <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Divorced / Separated		Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> No. of Children		
Home / Leave Address		Name and Address of Family Doctor		
Tel No:		Tel No:		
<b>Previous Medical History</b> – All important medical events should be listed and dated at every medical examination. To be completed together with the interviewing Sister or Doctor who will be able to help by referring to your notes.				



Are you a Registered Disabled Person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you belong to any Medical Insurance Scheme? BUPA / PPP / AMA/ Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Please answer the following questions and tick 'N' ('no') or 'Y' (yes) column. If 'Y' please describe</b>					
	<b>N</b>	<b>Y</b>	<b>Description</b>		
Have you, since your last medical been treated by your family doctor or specialist for other than minor ailments?					
Do you take any medicines regularly, or have you done so in the recent past?					
Do you smoke? If yes, what and how much each day?					
Do you drink alcohol? If yes, what is your average weekly intake?					
Are you doing regular sports or physical activities?					
Have you, since your last medical, had any of the following (minor ailments need not be mentioned):	<b>N</b>	<b>Y</b>	<b>Description</b>		
1. Ear, nose and throat problems					
2. Eye problems					
3. Chest problems like asthma, bronchitis					
4. Heart abnormality, chest pains					
5. Abdominal pains, abnormal bowel motions					
6. Urogenital problems (kidney disease, menstrual disorder) for women only: last menstrual period (LMP):					
7. Musculoskeletal diseases					
8. Skin trouble or allergies					
9. Epileptic fits, dizzy spells or migraine					
10. Diabetes, anemia, blood disorders					
11. Any other health problem, accident or fractures					

STATEMENT: I have read the above questions.

The answers are correct and no information concerning my present or past state of health has been withheld.

Signed: .....

Date: .....



## EX2

### FOR COMPLETION BY EXAMINING DOCTOR

Further details of medical history since last examination

(N = Normal, A = Abnormal please describe)					PHYSICAL EXAMINATION				
N	A								
		1. EYES & PUPILS							
		2. E.N.T.							
		3. TEETH & MOUTH							
		4. LUNGS & CHEST							
		5. CARDIOVASCULAR SYSTEM							
		6. ABDO. VISCERA							
		7. HERNIAL ORIFICES							
		8. ANUS & RECTUM							
		9. GENITO-URINARY							
		10. EXTREMITIES							
		11. MUSCULO-SKELETAL							
		12. SKIN & VARICOSE VNS.							
		13. C.N.S.							
		14.							
		15.							
HEIGHT cm	WEIGHT kg	B.P.	PULSE	HEARING L R	VISION Uncorrected Corrected	DISTANT	NEAR	Colour Vision Blood Group	
N	A				LABORATORY AND SPECIAL INVESTIGATIONS		N	A	
		1. Urinalysis							6. Audiogram
		2. Hb Bloodcount ESR							7. Lung Function
		3. Serum Profile							8. Chest X-Ray
		4. Stool							9. Drug Screen
		5. E.C.G.							10. CR Screen = Country Request (e.g. H.I.V.)

### ASSESSMENT AND RECOMMENDATIONS


<input type="checkbox"/> Fit Worldwide	<input type="checkbox"/> FIT Restricted Service	<input type="checkbox"/> Temporarily Unfit (See correspondence)
--	---	---

Signature ..... Doctor/Sister

C.M.O.'s Initials ..... Date .....

Name (Block Capitals) .....

## 9.20 Appendix T: Initial Medical Examination Report (EX3)

 <b>EX3 MEDICAL – CONFIDENTIAL</b> Petroleum Development Oman MEDICAL DEPARTMENT CHILD HEALTH QUESTIONNAIRE PLEASE COMPLETE YOUR CHILD'S DETAILS IN BLACK-BLOCK CAPITALS			Employee's Name & Initials		
			Present Area:		
Place of Examination	Date	Copied to:	Next Area:		
Family Name	Other Names		Birth Date	Nationality	Religion
Height cm	Weight kg		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Home/Leave Address			Name and Address of Family Doctor		
Tel No.			Tel No.		

Has he/she had any of the following complaints?

Please tick 'Yes' or 'No' column or put a '?' if uncertain; if 'Yes', please give details overleaf.

	NO	YES		NO	YES
1. Ear discharge/infection			11. Bronchitis or Asthma		
2. Sinus-or adenoid trouble			12. High fever or other allergy		
3. Recurrent throat infection			13. Skin trouble		
4. Eye problems			14. Kidney disease		
5. Convulsions or fits			15. Diabetes		
6. Frequent headaches or migraine			16. Serious accident/fracture		
7. Severe abdominal pain			17. Congenital abnormality		
8. Blood in stool (motions)			18. Any operation(s)		
9. Heart abnormality			19. Tropical disease		
10. Anaemia or other blood disorder			20. Any other health problem		

21. Is he/she under any treatment at the present time

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

22. Has he/she been immunized against the following diseases: If "yes" give dates

	NO	YES/ DATE (last date only)		NO	YES/ DATE
i. Diphtheria			vi. Measles Mumps Rubella (MMR)		
ii. Tetanus			vii. Tuberculosis (BCG)		
iii. Poliomyelitis			viii. Typhoid		
iv. Whooping Cough (Pertussis)			ix. Yellow Fever		
v. Haemophilus Influenzae B (HiB)			x. Other		

	NO	YES
23. Has he/she had regular dental checks	<input type="checkbox"/>	<input type="checkbox"/>
If yes, date last check		
24. Was the pregnancy with this child normal?	<input type="checkbox"/>	<input type="checkbox"/>
25. Was the delivery normal?	<input type="checkbox"/>	<input type="checkbox"/>
26. What was the birth weight? gms	<input type="checkbox"/>	<input type="checkbox"/>
27. <b>For children under 3 months</b> Is breast/bottle feeding well established?	<input type="checkbox"/>	<input type="checkbox"/>
If bottle fed, what Brand of milk is used?	<input type="checkbox"/>	<input type="checkbox"/>
28. <b>For children under 5 years</b> Has there been any unusual delay (in reaching the usual milestones?) (e.g. sitting-up, crawling, walking, talking)	<input type="checkbox"/>	<input type="checkbox"/>
29. Is the child on regular medication?	<input type="checkbox"/>	<input type="checkbox"/>
30. <b>For children over 5 years</b> Is he/she attending a normal school?	<input type="checkbox"/>	<input type="checkbox"/>
Further details of any abnormal conditions noted above: (Please note the number of relevant question)		
<b>EDUCATIONAL ASSESSMENT</b> Please give details if you have replied YES to any of the following questions:	NO	YES
31. Have there been any problems associated with the educational development of the child? Details:	<input type="checkbox"/>	<input type="checkbox"/>
32. Has the child been referred to an educational psychologist? Details:	<input type="checkbox"/>	<input type="checkbox"/>
33. Are there any medical or educational conditions of which a normal school would need to be aware? Details:	<input type="checkbox"/>	<input type="checkbox"/>

Please read the following statement and, if you agree, kindly sign it:

I declare the above information to be true to the best of my knowledge and belief.

Date: ..... Signature of Mother

or Father

or Guardian

---

**FOR COMPLETION BY DOCTOR**

☐ Fit Worldwide

☐ Temporarily unfit


Signature

(Doctor)

Name (block capitals)

Date: .....

## 9.21 Appendix U: Initial Medical Examination Report (EX4)

<div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <b>EX3 MEDICAL – CONFIDENTIAL</b>  Petroroleum Development Oman  <b>MEDICAL DEPARTMENT</b> </div> </div> <p style="text-align: center;">QUESTIONNAIRE FOR TRANSFEREES OVER 12 YEARS WITHIN WESTERN EUROPE OR RETURNING TO BASE COUNTRY</p> <p style="text-align: center;">PLEASE COMPLETE YOUR CHILD'S DETAILS IN BLACK-BLOCK CAPITALS</p>		<b>Company Number:</b>	
		<b>Employee's Name &amp; Initials</b>	
		<b>Present Area:</b>	
		<b>Next Area:</b>	
<b>Family Name</b>		<b>Other Names</b>	
<b>Birth Date</b>		<b>Nationality</b>	
<input type="checkbox"/> Male  <input type="checkbox"/> Female	<input type="checkbox"/> Employee  <input type="checkbox"/> Son  <input type="checkbox"/> Fiancée/e	<input type="checkbox"/> Spouse  <input type="checkbox"/> Daughter	Date and place of last Shell Medical Exam
<b>Home/Leave Address</b>		<b>Name and Address of Family Doctor</b>	
Tel No.		Tel No.	
Please tick "Yes" or "No" column, as appropriate. If Yes, please specify below by referring to the corresponding number			
		NO	YES
1) Do you feel unfit?			
2) Have you, since your last medical examination, been treated by your family doctor or a specialist? If so, for what reason, and state the name of the hospital in the event of hospitalisation/operation			
3) Have you, in the recent past, taken medicines regularly, or are you still doing so?			
4) Do you have any allergies (food, medicines)?			
5) Do you have any medical problem related to travel?			
6) Do you smoke? If so, what and how much/day? ..... cigarettes / cigars / pipe			
7) Do you drink? If so, what is your average alcohol intake per day? .....			
8) What is your present weight undressed? ..... kg			
9) With regard to your present state of health, would you like to have a medical examination or see a Company doctor?			
Details:			

Statement: I have read the above questions.

The answers are correct and no information concerning my present or past state of health has been withheld

Signed: .....

Date: .....

### FOR COMPLETION BY COMPANY DOCTOR

<input type="checkbox"/> Fit (worldwide / restricted)	<input type="checkbox"/> (temporarily) unfit	Date: _____  Name: _____ (doctor)  Signature: _____
Other Remarks: _____		



## **9.22 Appendix V: Terms and Abbreviations**

AED	: Automatic External Defibrillator
AMA	: American Medical Association
BA	: Breathing Apparatus
BCG	: Bacille Calmette-Guérin
BLS	: Basic Life Support
BMI	: Body Mass Index
BUPA	: UK's leading provider of private health care insurance
CAES	: Coronary Bypass Surgery
CVS	: Cardiovascular
DVT	: Deep Vein Thrombosis
ECG	: Electrocardiogram
EKG	: Electrocardiogram
ESR	: Erythrocyte Sedimentation Rate
FTW	: Fitness To Work
HIB	: Haemophilus influenzae type b
HSSE	: Health Safety Security Environment
LMP	: Last Menstrual Period
MER	: Medical Emergency Response
MSDS	: Material Safety Data Sheet
PAC	: Permanent Accommodation for Contractors
RPE	: Respiratory Protective Equipment
SAR	: Supplied Air Respirator
SCBA	: Self-Contained Breathing Apparatus
UKOOA	: United Kingdom Offshore Oil and Gas Industry Association

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