Health Projects Update

شركة تنمية نفط عمان
Petroleum Development Oman

2009– SP1230 Update

Changes on frequency of health surveillance (Periodic Medical Examinations).

Moved towards risk based medical examination and hence the frequency has been reduced from the 2 yearly 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 till the age of 63 yrs

Exceptions are for the following categories who have to undergo FTW medical evaluation every 2 years regardless of their age:

- Persons who are required to wear tight sealed full face masks or half sealed face masks breathing apparatus
- Fire fighting and rescue team workers.
- Professional drivers
- Business travellers
- Catering and food preparation workers.

SP1230 – what is new?

Improved forms
(medical checklist)

Introduce Sickling test during pre-employment

Added the list for essential and emergency medications to be kept in clinics (in line with MOH).

Added checklist for returning to work after significant ill health, injury or long absence from work for any other reasons.

A doctor to be recruited by any contractor with 1000 employees or more on the same site or area.

Updated the list of PDO approved Clinics.

Updated the list of HSE classified job to include radiation, Asbestos, Mercury, lead and Benzene workers. All these workers to undergo 2 yearly medical check up (health surveillance).

Added specification for the converted emergency evacuation vehicles.

Use of Framingham (> 40 years)
And
Introduce TMT during pre-employment (>50 years).

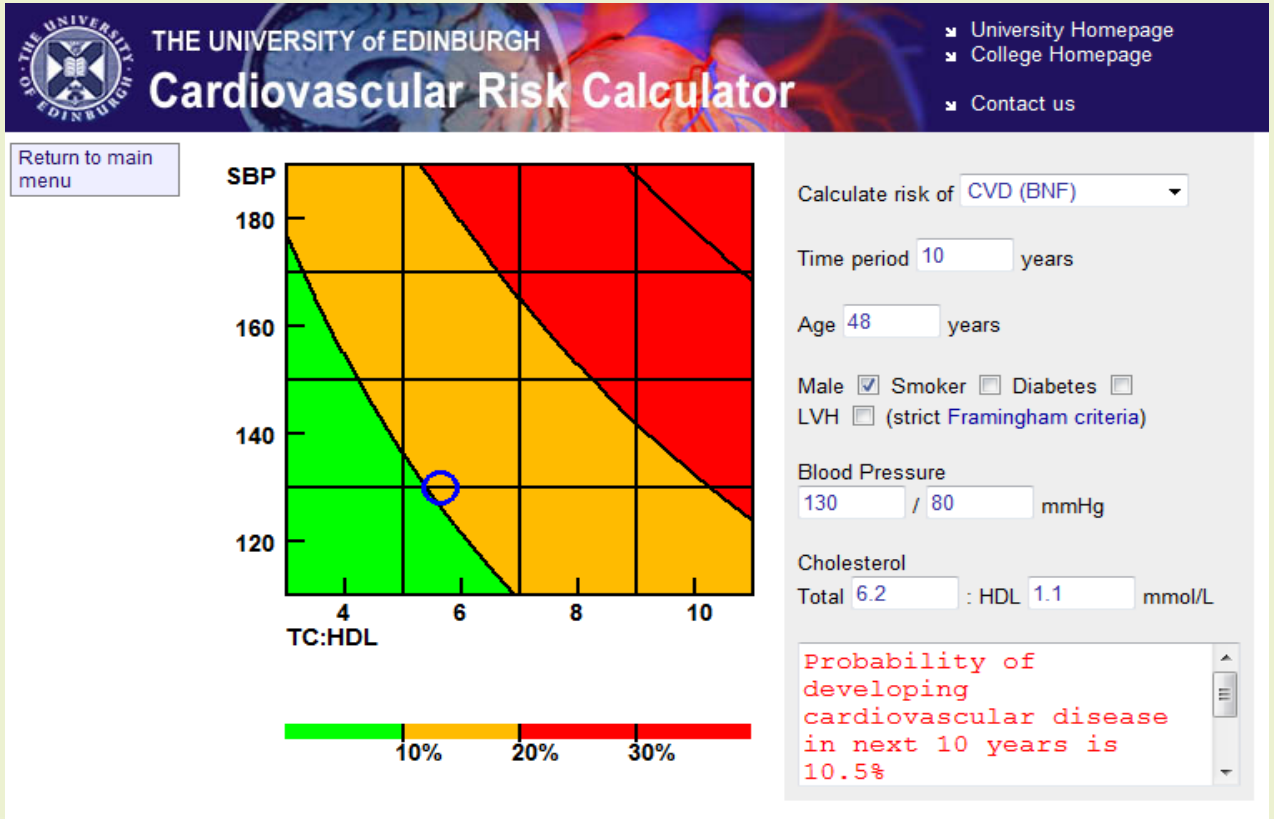
Added summary information on centralization strategy. Removing the necessity to provide a clinic for camps within 30km of the nearest PAC.

Added ATLS for all medical professionals. (**)

Framingham Risk Score

Risk assessment tool for estimating an individual 's 10-year risk of developing heart attack and other cardiovascular Emergencies (Initiated April 2014 and on going)

http://cvrisk.mvm.ed.ac.uk/calculator/framingham.htm



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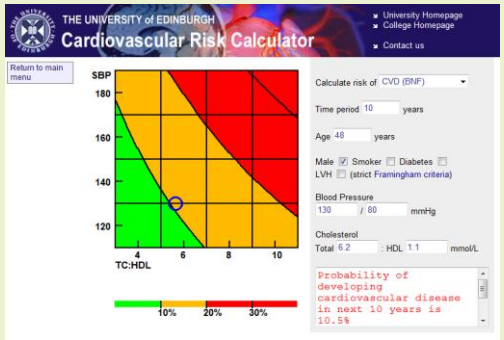
Heart Risk Screening using Framingham Online Tool



Screening by Framingham

(existing routine patient medical data)

6831 screened (1643 PDO + 5188 Contractors)

Low Risk

No further action

Moderate risk

Strong previous history, family history, Obese, other risk and symptoms?

Yes

No

Opportunity to discuss the life style modification and follow up other chronic conditions with your local doctor.

High risk

(489 identified)

Stress test (TME)
(407 tested)

(-ve) TME

(+ve) TME

Management by a GP or cardiac specialist

102 Active intervention and may prevented NAD

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Issues that remain as a challenge

Challenges in few new setup clinics. Recent MOH involvement in our interior operations will aid contractor's accountabilities.

Only PDO medical staff have ATLS. Plan in place to arrange one condensed training for delivery locally.

FTW - Majority comply but issue of qualified examining professionals as oppose to approved clinic.

Medical provision: Not all are regularly followed up for chronic medical conditions. **This is where challenges occur and the risk of NADs.**

Centralization of Medical Services

Background:

Following external and internal medical services review, investigation of several NADs and other medical emergency responses, it was noticed that contractor medical services were not always adequate enough. Therefore, it is proposed to centralize the provision of the medical services in each hub to better serve the workforce and deliver a coordinated Medical emergency response.

2 steps plan

1. **Closure of all close-by permanent clinics that are run by single nurses and relocate the services to the existing PAC clinics in that particular location (e.g. Marmul, Fahud, Nimr, etc.) , however:**
   - **Mobile rig clinics will continue to exist with better support and rotation of competent paramedics.**
   - **Temporary clinics that are remotely located will only exist under strict criteria and will be supported by a form of PDO telemedicine.**

2. **Construct a proper Public Health Centre in each hub as per the needs. This requires services assessment from the existing PAC medical facilities.**