

OMV HSSE
ZERO Harm – NO Losses


**Emergency Care in
Occupational Health Setting**
Example of OMV

Seoul, June 4th 2015 OMV Group

Susanne Schunder-Tatzber
Head of Corporate Health Management

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My Austrian Red Cross Background



Disaster Training
1980



Volunteer Nurse
1982



OH Physician
1995

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My OH & OH Training Background



Head of the Corporate
Health Management
Department of OMV
(Vienna) /
President of Board of
PetroMed (Bucharest)



President of the Austrian
Academy of Occupational
Health & Prevention

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OMV & Health

► Occupational Health



Curative Medicine



Preventive
programs



Emergency care &
preparedness




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Operative Health Standard



Managing health for field operations in oil and gas activities
A guide for managers and supervisors in the oil and gas industry





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Health Standard

- Emergency preparedness & response
- Health Impact Assessment
- Documentation
- Records & storage
- Non confidential & confidential reports
- Information & Communication
- Kitchen hygiene
- Checking, corrective actions & OH auditing
- OH audits
- Link to OMV Management Reviews

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PetroMed: Network of clinics, medical staff and employees served

Clinic Name	Medical Staff
Cluj Napoca	Dr. Paul Eininger
Bucaresti	Dr. Elena Ciocanel
Timisoara	Dr. Elena Ciocanel
Oradea	Dr. Elena Ciocanel
Cluj Napoca	Dr. Elena Ciocanel
Bucaresti	Dr. Elena Ciocanel
Timisoara	Dr. Elena Ciocanel
Oradea	Dr. Elena Ciocanel
Cluj Napoca	Dr. Elena Ciocanel
Bucaresti	Dr. Elena Ciocanel
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Oradea	Dr. Elena Ciocanel
Cluj Napoca	Dr. Elena Ciocanel
Bucaresti	Dr. Elena Ciocanel
Timisoara	Dr. Elena Ciocanel
Oradea	Dr. Elena Ciocanel

OMSP Structure II

- Dr. Paul Eininger - The London General Practice - UK
- Eva Cernikova - Sante - Czech (2014)
- Dr. Lofay, Peter - Medlab - Slovakia
- Dr. Kljebencetel, Jadran - Slovenien (2010)
- Dr. Kirschnier Andras - Swatodinic - Hungary (2011)
- Dr. Ivana Petrovic - Serbia
- Dr. Amara, Suzanna - Tunisia
- Dr. Topalnic, Nikolaj - Bulgaria (2006)
- Dr. Al Abbadi, Nazari - Yemen (2009)
- Dr. Eberle, Manfred - Bayern (1987)
- Dr. Rune Meland - Medico Norway (2008)
- Dr. Radu Colnazo - Moldova (2010)
- Dr. Bahulolov, Atanagoley - Kazakhstan (2009)
- Dr. Celenigil Kutay, Boyca - Petrolifisi (2007)
- Dr. Basit, Tariq - Pakistan (2004)
- Dr. Simon Ryder - Lewis - NZ (2009)
- Dr. Ahmed, Karzan - Kurdistan, Iraq (2008)

Clinics in OMV worldwide

- Clinic Vidale - RO
- Clinic Berca - RO
- Clinic Targoviste - RO
- Clinic Waha - TU
- Clinic Komsomolskoye - KAZ
- Clinic RORORA - NZ

Medical Emergency Preparedness

Medical emergency preparedness includes multiple levels of assistance ("Rescue Chain" or "Chain of Survival"):

Elements:

- Management of the "emergency call"
- Buddy help by colleagues and bystanders
- First Aid
- Emergency Medical Care by medical personnel
- Emergency Medical Care by Ambulance Services (Emergency Medical Service = EMS)
- Hospital Care

Source: Emergency Response: First Response Curriculum, American Red Cross 1997

Every single piece of the mosaic is part of a whole

Health Risk Assessment



- Medical Equipment & Drugs
- First Aid Training & First Aid Kit
- Training for Medical Staff
- Emergency Plans
- Accident Simulation Training
- Emergency Medical Drills

Health Risk Assessment


Planning for OH hazard identification, OH risk assessment and OH risk control

- Chemical substances
- Physical influence (radiation, temperature, noise, vibrations)
- Likelihood of injuries caused by handling and manipulation of loads, slips, trips and falls, handling of dangerous machinery, vehicles & road safety in co-operation with the safety department.
- Psychological aspects (shift, strain, stress, mobbing ...)
- Geographical positions (working in tropical areas, humidity, ...)
- Epidemic and endemic diseases like malaria, HIV, ...
- Ergonomic working conditions
- Food-, beverages- and kitchen hygiene at workplace
- Working procedures and - organisation


Emergency Care


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Medical facilities and equipment



Minimum requirements for Office clinics, Site clinics & Basic medical equipment.
First Aid Kit for vehicles and sites First Aid Kits for doctors & Ambulance cars



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Telemedicine offshore Romania




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First Aid

- ▶ "First Aid" can be defined as **immediate and temporary treatment** of a ill or injured person while awaiting the arrival of (professional) medical aid. It consists of simple emergency medical care procedures intended for lay rescuers to **"bridge the gap"**.
 - ▶ Proper early measures may be instrumental in saving life and ensuring a better and more rapid recovery.
 - ▶ The avoidance of unnecessary movement of the patient often prevents further injury.
 - ▶ Some urgent conditions (like blocked airways or severe bleeding) require immediate intervention to avert death.


If such urgencies are missed at the scene of the accident, they often cannot be repaired in the hospital!
- ▶ A "First Aider" is a person, who has been trained in accordance to a defined First-Aid curriculum.

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First Aid - Requirements
(depending on local regulations)


- ▶ **Number of First Aiders**
 - ▶ 10% of personnel in industrial/production sites
 - ▶ 5% of personnel in offices
- ▶ **First Aid Training**
 - ▶ according to local legal regulations
 - ▶ performed by qualified and approved trainers or organizations
 - ▶ at least 2 days (16 hours)
- ▶ **First Aid Kits**
 - ▶ labeled according to local legal regulations
 - ▶ periodical check-up and replacement (organised by line management)



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First Aid Training & First Aid Kit




In many countries strict regulations on how many people have to be trained in FA
We have to ensure that well trained FAs are available in organizations and that these people are willing to help
First Aiders shall be able to perform resuscitation and First Aid until professional medical emergency care arrives

First Aid Kits:
At all work places appropriate/legally required FA have to be available
Processes for checking/refilling are necessary to be set up and audited!



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Response by Medical Personnel


Medical emergency management will always have two components:

- ▶ Actual **medical care** for the patient and
- ▶ **Coordination** tasks (e.g. coordination with fire service regarding rescue, taking part in a joint command post, notification of EMS and hospitals)


Medical personnel has to **notified ("alerted")** without any delay - whether an emergency is confirmed or only suspected.

(Pre-)Notification of public emergency medical service (EMS) should be given by the switchboard, as soon it is expected, that injured persons will require transport to the hospital.


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Training for Medical Staff



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Response by Medical Personnel - Requirements

The following needs to be provided:

- ▶ Communication means
- ▶ Transport means
- ▶ Clear guidance (decision criteria), when to move to the incident site
- ▶ Access to all locations (accompanied, if necessary)
- ▶ Appropriate maps of all working places and access ways
- ▶ Appropriate PPE (personal protective equipment)
- ▶ Portable medical emergency equipment

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Response by Medical Personnel - Initial Steps


As soon as medical personnel arrives at the scene, the following issues will have to be addressed:

- ▶ Scene safety
- ▶ Coordination with Fire/Rescue Service
- ▶ Task allocation within the medical team

As soon as medical personnel gains access to the patient, the following priorities arise:

- ▶ Initial assessment (like a "5-second round")
- ▶ Life support / resuscitation (using a structured approach like "ABCDE")
- ▶ Continuing monitoring and medical care
- ▶ Hand-over to EMS

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Response by Medical Personnel - How long?

Primary survey and emergency medical care have the goal to

- ▶ stabilize the patient and
- ▶ prepare the handover to the "regular" Ambulance Service or EMS, which usually will take over the responsibility for the patient as soon as it arrives.

If the patient cannot be handed over to EMS in due time, he/she must be continually monitored and observed, until he/she can be transferred to EMS or another medical care facility.

Contemporary recommendations in trauma care advocate, that the patient should be in a trauma center within the hour! ("Golden Hour" of Trauma Care)

"Stabilisation" bei OMV medical staff should remain an exception for remote locations and should never last longer than several hours.

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Response by Medical Personnel - If there are many patients

When medical staff is confronted with a large number of patients, the **coordination** tasks take precedence over the actual **medical care** efforts. The priorities will now comprise:

- ▶ Scene safety
- ▶ Initial scene assessment (1-2 minutes) and initial report
- ▶ Coordination with Fire/Rescue Service
- ▶ Scene organisation - including
 - ▶ "Hot Line" (= border of the hazard area, no access for med. staff)
 - ▶ Casualty collection point(s)
 - ▶ Access roads (for a one-way route for ambulance cars)
- ▶ Finding the most urgent "critical" casualties ("Triage")

The Medical Emergency Response Plan shall provide all relevant information for such initial steps as well as for the arriving EMS units.

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Medical emergency resilience

- ▶ Trainings and drills



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OMV Work Procedure

Project Name	Project No.	OMV
Responsible	Start/End	OMV
Approval for Project Execution		
Planning, Preparation, Execution, Reporting		
This procedure gives instructions to plan, prepare and conduct medical emergency exercises in a safe and effective way while providing the greatest benefit for all participants.		
This document governs activities, methods and reporting.		
Medical Officers, all medical experts, EMS Experts		
OMV Management/Head of all companies shall not be held responsible for compliance with this procedure unless OMV Management/Head of all companies issues all necessary resources and/or instructions in order to be able to follow this procedure and to be supported by the necessary resources.		
Responsible for Content	07/18	Andreas Engler
Responsible Approval 1	08/18	Thomas Schindler/Thomas
Responsible Approval 2	02/19	Andreas Engler
Approved by the Executive Board of OMV	02/19/2019	

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Main Topics

- ▶ Planning & preparation
 - Exercise Manager
 - Objectives
- Organisation & preparation
 - ▶ Date & time
 - ▶ location,
 - ▶ definition of scenarios,
 - ▶ definition of participants
 - ▶ Trainees
 - ▶ Accident simulators
 - ▶ Evaluators
 - ▶ Safety observers
 - ▶ Visitors
- Materials needed
- Safety briefing
- Notification, debriefing & reporting

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Main Topics

Annex A: Medical Emergency Exercise - Planning Checklist

Checklist for planning and conducting a medical emergency exercise. The checklist is organized into several sections:

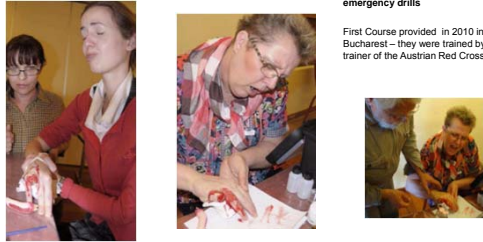
- Exercise Objectives:**
 - 1. Verify that all personnel involved in the exercise are trained and qualified.
 - 2. Verify that all personnel involved in the exercise are aware of their roles and responsibilities.
 - 3. Verify that all personnel involved in the exercise are aware of the location of the exercise.
 - 4. Verify that all personnel involved in the exercise are aware of the location of the exercise.
- Exercise Details:**
 - 1. Verify that the exercise is planned and conducted in a safe manner.
 - 2. Verify that the exercise is planned and conducted in a safe manner.
 - 3. Verify that the exercise is planned and conducted in a safe manner.
 - 4. Verify that the exercise is planned and conducted in a safe manner.
- Exercise Results:**
 - 1. Verify that the exercise is planned and conducted in a safe manner.
 - 2. Verify that the exercise is planned and conducted in a safe manner.
 - 3. Verify that the exercise is planned and conducted in a safe manner.
 - 4. Verify that the exercise is planned and conducted in a safe manner.
- Exercise Evaluation:**
 - 1. Verify that the exercise is planned and conducted in a safe manner.
 - 2. Verify that the exercise is planned and conducted in a safe manner.
 - 3. Verify that the exercise is planned and conducted in a safe manner.
 - 4. Verify that the exercise is planned and conducted in a safe manner.

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Accident Simulation Training

Nurses were trained to organize emergency drills


First Course provided in 2010 in Bucharest – they were trained by a trainer of the Austrian Red Cross



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Simulators

- ▶ Should get realistic wounds & signs of shock
- ▶ Need proper induction



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Accident Simulation



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Emergency Drill in Petromar



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Waha Camp Tunisia – Spring 2014



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Emergency Drill Petromar Platform – May 2014



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Emergency Drill Petromar Platform – May 2014



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Conclusion & Feedback of Drill

- Discussions separately with each team, strengths



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Response by Medical Personnel - Aftercare, Continuing Improvement

Incident Aftercare (Psychosocial)

- All employees should have access to immediate psychosocial support by an approved specialist after an emergency situation, if needed.

Incident Review, Reporting and Feedback to Preparedness

- All interventions by OMV Group medical staff should be recorded in an appropriate way.
- Cooperation with EMS can be enhanced by using the same medical record form as the local EMS.
- "Lessons learned" need to be learned!

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Audit checklists

Medical Site AUDIT - Checklist										
Site:	Auditor:			Date:			TOTALS			
Score	1	2	3	4	5	6	7	8	9	
Score	1	2	3	4	5	6	7	8	9	
1. Organizational										
1.1 OH / Health Policy										
1.1.1	Did the local doctor inform the local management sufficiently about health requirements and responsibilities?	Management is not informed.	Management is not sufficiently informed with major deficiencies.	Management is informed and aware of their health-related responsibilities, some details not enough.	Management is fully informed and aware of their health-related responsibilities.	0	1	0	3	0%
2. Planning Elements										
2.1	Over & local comprehensive health plan exist?	No site health plan exists.	Corrected to not comprehensive or is not compatible with the EDC/Corp Health Management Plan.	Corrected to fully comprehensive and is compatible with the EDC/Corp Health Management Plan.	Corrected to comprehensive and is compatible with the EDC/Corp Health Management Plan.	0	1	0	3	0%
3. Implementation and Operation										
3.1 General Aspects										
3.1.1	Are OH/ Health related regulations (e.g. Health Standard, Workguidelines) Health) available?	Not OH/ regulated regulations are available.	Regulations are available but not up to date and/or complete.	Regulations are available and mostly up to date and/or complete.	Regulations are available, up to date and complete.	0	1	0	3	0%
3.1.2	Are the local national legal health regulations available? Are responsible persons informed?	Valid national legal health regulations are not available.	Valid national legal health regulations are partly available.	Valid national legal health regulations are available. Responsible persons are informed.	Valid national legal health regulations are available. Responsible persons are informed.	0	1	0	3	0%

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Kasachstan - Komsomolkoye – 2011



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Health Audit Waha Camp 2014



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Audits Platforms & Production ships



Neu Zealand – New Plymouth 2014



Constanca – Rumania - 2014

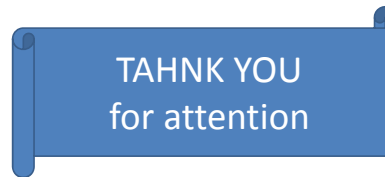


Tunesia –Ashtat - 2012

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Questions ?



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