



Medical Emergency Response

Standard

Document No.: 0000-AH-STD-60052
Security Classification: [Unrestricted](#)

Revision	Date	Issue Reason	Prepared By	Checked by	Endorsed	Approved
3	2/10/2024	Issued for Use	Anna MacFarlane Health, Hygiene & Wellbeing Team Lead	Mathew Hyland Security and Emergency Response Team Lead	Adrian Parody Manager HSE Support	Valarie Ee VP HSEQ, Risk & Assurance

RECORD OF AMENDMENT

Revision	Section	Amendment
3	General	Usability mapped and updated throughout, to improve flow, consolidate as appropriate, and remove duplication.
	Scope	Updated to align to relevant wording and scope for INPEX Australia documents.
	1.1	Revised medical inclusions out of site Emergency Response Plans (ERPs) to align with current practice.
	1.2	Updated to include specific requirements for medical emergency response planning (i.e.: not currently detailed in site ERPs). These should be included in site-specific Medical Emergency Response Plans (MERPs).
	1.3	- Updated requirement that a 'competent person' may conduct a review of medical facilities. - Updated that medical services reviews shall be aligned with industry guidance. - Clarified that medical services reviews for overseas locations shall be subject to risk and applicable personnel are to be relocated for work. - Updated that the reviews shall be entered into ERP for approval, rather than standalone documents.
	1.4	- Updated qualification and experience requirements for facility-based medical personnel. - Included requirement for Medic Assists to undertake skills-based training. - Consolidated section on remote medical support. - Removed External Medical Support reference (i.e.: mutual aid agreements) to section on evacuation.
	1.5	Consolidation and creation of Appendices to support minimum requirements for equipment, medication and medical facility design.
	1.8	Updated requirements per the service arrangement with International SOS for medical support and evacuation from overseas locations.
	1.9	- Removal of reliable communications references and consolidation in 1.1 and 1.4. - Included reference to next of kin (NOK) notification process. - Included reference to communications following a fatality to be referenced in Fatality Management Plan.

Revision	Section	Amendment
	2	Updated to reflect Company process for monitor, review and approve.
	Appendices	Included multiple appendices to support consolidation of information and clarify requirements relating to minimum standards for Company controlled sites for the design and set-up of medical facilities, provision of medical equipment and medications.

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About This Standard

Purpose

The purpose of this Standard is to establish the required systems, plans and processes to provide consistent and effective management of Medical Emergency Response (MER). This includes ensuring that INPEX Australia (Company) has:

- the capability to provide initial response to any credible medical emergency;
- the means to transport injured or ill patient(s) to an appropriate medical care facility, considering external conditions that are reasonably foreseeable such as distance, climate and weather conditions.

Scope

The scope of this Standard applies to:

- All Company operated and controlled activities;
- Company personnel undertaking any Company business activity.

Intended User

Intended users of this Standard are personnel and entities who:

- Are required to plan, manage, conduct, or are involved with 'medical emergency response';

or

- Have an accountability to ensure this Standard is complied with, on behalf of the Company.
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1. Business Rules

1.1. Identification and assessment of potential medical emergencies

Business Principle	All medical emergencies that may potentially arise due to the activities of the Company shall be identified, analysed, and documented to ensure MER is available to reduce risks to personnel to levels that are As Low as Reasonably Practicable (ALARP).
Business Rules	- Potential medical emergencies that would initiate a MER shall be identified, assessed and documented in site-specific Emergency Response Plans (ERPs). - Site-specific ERPs shall be updated prior to the commencement of new activities or new phases of work, as required, based on the introduction of new or increased risk. - Assessment of MER shall consider site-specific activities and risks including but not limited to: - Major Accident Events (MAEs) identified in applicable Safety Case/s and potential injury numbers and types; - Multiple casualty incident (MCI) response processes; - Notification and reporting requirements on site and externally when emergency response is activated; - ER roles and responsibilities; - External medical expertise and cooperation with external organisations such as local or national emergency services and mutual aid agreements with other operating companies in the region; - Training, competency and assurance activities and processes, for site specific emergency response; - Learnings from event investigations and exercises. - All assessments, investigations and exercises relating to MER shall be documented in relevant risk register.

1.2. Site Specific MER Procedures

Business Principle	Site-specific MER procedures shall be documented, implemented and referenced within the site ERP.
Business Rules	- Site specific MER procedures shall be prepared and maintained during the life cycle of the facility, describing the planning, management, and implementation of MER. - Site specific MER procedures shall be developed in accordance with IPIECA IOGP Report 654: Medical emergency response and primary healthcare guideline. - Site specific MER procedures shall consider the following for inclusion based on a risk assessment:

- People, capabilities, equipment and supplies to deliver risk-based MER at multiple levels of MER;
- Quality, proximity, availability assessments, and communication processes with external medical facilities;
- Response times to access required level of medical care;
- Likelihood that an acute condition will deteriorate, or the degree of recovery may be reduced, due to inability to access the level of care required;
- Identification of roles/ positions to accompany critically injured or ill person(s) until transfer to an ambulance or tertiary care hospital.

1.3. Medical services reviews

Business Principle

Medical services reviews, for Company operations and agreed overseas locations, shall be conducted to determine the availability, capability, quality, and locations of medical facilities prior to the mobilisation of personnel.

Business Rules

- An operational medical services review, undertaken by an appropriately qualified medical practitioner with experience in emergency response, shall be completed for all Company controlled facilities in operation.
- For overseas locations with a moderate or high medical risk rating, where Company personnel are to be relocated for work (e.g.: permanent or semi-permanent assignment), a medical services review shall be conducted by a competent person in accordance with [International Oil and Gas Operators \(IOGP\) Report 588](#), Medical Facilities Assessment. This shall inform a qualitative evaluation of a medical facility to support internal Company decision making on its suitability by Company Health Team.
- Following completion of medical services reviews, details of external medical facilities shall be referenced in applicable ERPs and reports maintained as auditable records.

1.4. Medical personnel and remote medical support

Business Principle

Competent medical personnel shall be located at all Company controlled operating facilities to respond to medical emergencies.

Business Rules

- Medical personnel working at operational facilities shall meet the following:
 - Qualified registered Nurse or registered Paramedic (onshore and offshore);

- Current professional registration, with no restrictions, with a relevant regulatory body (onshore and offshore);
- Minimum 3 years' relevant experience (i.e.: emergency department, Intensive Care Unit, trauma unit) (onshore and offshore);
- All the above, and 3 years' relevant experience in a remote medical care setting, or, minimum 5 years' experience in critical emergency care (offshore and/or extreme remote locations).
- Exceptions may apply for short term coverage options in which case lesser experience shall be accepted subject to an approved management of change process.
- Medical personnel (excluding first aiders) shall not hold additional or conflicting roles (e.g.: emergency response) where that may be prioritised in the event of a medical emergency. For work scopes with increased personnel on site such as major shutdowns, MER capability (including medic, first aider and medevac coverage) shall be re-assessed for the duration of the activities, taking into consideration both day and night shifts.
- Remote medical support shall be available to Company facility medical personnel 24/7 and delivered by qualified medical practitioners with experience in remote emergency medicine. This shall include:
 - Advice for the initiation and medical priority rating for a medevac from an offshore installation;
 - Clinical guidance on the management of medical situations to site medical personnel, via telephone, video link or tele-health;
 - Clinical standards and standing orders for the storage, administration and records management of Schedule 4 and Schedule 8 medications.

Business Principle

First Aid and Medic Assist (or medic support) roles shall be assigned, and training and competency shall be maintained to support the provision of MER at Company controlled facilities.

Business Rules

- Nominated first aiders and medic support roles shall be available on all shifts at operational facilities and during business hours in offices in accordance with Code of Practice guidance and Facility Safety Case requirements.
- The number and competency of first aid and medic support roles shall not be less than the minimum numbers outlined in Table 1.
- Nominated first aid and medical support roles shall hold a nationally recognised statement of attainment issued by a Registered Training Organisation.
- Mandatory skills training for Medic Assists at Company controlled facilities, shall be delivered based on an agreed schedule by site medical personnel, and shall be adhered to, to retain competency.

Table 1: Minimum number of trained first aiders / medical assist

Low Risk Workplaces e.g. Normal offices, accommodation	High Risk Workplaces or Remote Onshore Locations e.g. Onshore petroleum operations, onshore drilling	Remote Offshore Locations e.g. Offshore petroleum operations (CPF, FPSO)
One first aider trained to Apply First Aid level for every 50 workers (2%)	One first aider trained to Apply First Aid level for every 25 workers (4%). Medic Assist personnel trained to Occupational First Aid level.	One first aider trained to Apply First Aid level for every 10 workers (10%). Medic Assist personnel trained to Occupational First Aid level.

Ref: Extrapolated from Safe Work Australia First Aid in the Workplace or of Practice

1.5. Medical facilities, equipment and medication on Company worksites

Business Principle

Adequate facilities, equipment, medication and services, necessary for medical emergency response shall be available.

Business Rules

- Company offices shall have a first aid room and strategically located first aid kits.
- A site-based medical clinic shall be in place at all Company controlled worksites and shall align to Medical Facility Infrastructure, Design and Setup Checklist, Appendix A.
- Minimum requirements for medical equipment and medical consumables, including medication, shall be determined based on tiers of medical emergency response. See Appendices B and C.
- A trauma response bag shall be provided for medical personnel working at high-risk workplaces or remote locations.
- Defined locations and controls for Scheduled or restricted medications, including storage arrangements, authorised users and best practice management, shall be documented in site-specific MER procedures.
- A formal maintenance management system for medical equipment and stocktake management system for medication and consumables shall be in place for operational facilities.

1.6. Medical Priorities

Business Principle

The level of care and urgency of treatment required for each patient shall be identified to enable appropriate prioritisation of medevac needs.

Business Rules

- Each operating facility shall adopt the model in Table 2 where casualties are allocated a priority for medevac from the facility.
- Patients shall be categorised based on the urgency of the case by the site medical personnel, with guidance and support from the remote medical practitioner.
- Priority 1 and 2 cases shall be evacuated in the shortest possible time, with the aim of minimising the transfer time to an approved tertiary care hospital.
- Priority 1 patients shall undergo medevac with a two-person medical team to accompany them until handover to ambulance services. Exceptions may be made where routine medical transport e.g. ambulance is available and can achieve the transfer more quickly.

Table 2 : Priority levels of Medevac

Priority Level	Description and medevac coding/ type	Immediate medevac
Priority 1	Life-Threatening Emergency (e.g. heart attack, critical injury, crush, electrocution or major burns). Flights depart in shortest possible time subject to weather and other essential safety requirements.	Yes
Priority 2	Urgent medical transfer (where the patient's condition is not life or limb-threatening, but where the time to obtain medical treatment is an important factors e.g. acute abdominal pain.) Flight departs promptly (within performance criteria) with flight planning requirements met on the ground.	Yes
Priority 3	Non-urgent or elective transfers (no life or limb threatening complaint and do not require medical attention promptly.) Flight tasked to make best use of resources and crew hours. Once tasked, flight departs within the performance criteria set. For elective cases, next available return flight may be adequate.	No

Ref: Adapted from RFDS of Australia – Transporting Your Patient. Guidelines for Organizing and Preparing Patients for Transfer by Air³.

1.7. Recovery, evacuation and response – Australia

Business Principle

All practicable control measures shall be implemented to ensure MER design reduces risk of delayed access to tertiary medical care to levels that are ALARP and meets the Safety Case Performance Standard.

Business Rules

- Aeromedical service provider(s) shall have demonstrated processes for retrieving patients from the locations in which Company personnel work.
- Aeromedical retrieval arrangements shall be established for any new facility, rig, vessel that comes into Company controlled operation or area of obligation and will be the responsibility of the Company Aviation Manager.
- MER design for Company operated facilities shall provide the capability to perform a medevac of a priority 1 casualty (life threatening injury/ illness) to a tertiary care hospital by use of rotary and fixed wing aircraft from activation of medevac to arrival at a tertiary hospital in:
 - 7.5 hours during the day; and
 - 8 hours at night.
- Evacuation routes and methods to transport personnel from incident location(s) to tertiary care hospital/ referral centre shall be identified.
- Service or mutual aid agreements shall be considered, as part of MER design, to ensure, so far as practicable medevac transport providers are able to provide a timely response, when required.
- Available emergency services provided locally or nationally that are proposed for use by the Company shall be documented in the ERP.

1.8. Recovery, evacuation and response - International

Business Principle

Provision for medical evacuation, medical care and medical advisory services shall be in place to support Company personnel on overseas business trips or international assignment.

Business Rules

Comprehensive travel and expatriate insurance policies shall be in place to ensure personnel can access medical care and medical services during periods of work travel or expatriation.

Company shall have in place an international medical assistance service to support business travellers (where travel is booked by INPEX Australia) and international assignees. The service shall provide:

- A global network of medical support resources including medical professionals (i.e.: Doctors, Nurses etc.) in major cities;
- Medical advice and briefings, upon request to international travelers;
- A comprehensive online, digital platform for travelers to access information and advice on overseas locations;
- Support to travelers in overseas locations for accessing inpatient medical services and emergency medical care, 24 hours per day, 7 days per week;

- Where appropriate, travelers with a means to be evacuated to appropriate medical care where the medical resources at the international location are not adequate.

Travel itineraries shall include information about the global medical assistance program and travelers shall be requested to register via the online portal prior to travel.

1.9. Organisational and Communication Structures

Business Principle Organisational and communication structures shall be established to prepare for and respond to medical emergency scenarios for routine and non-routine activities.

- Business Rules**
- The site-specific ERP shall document planned sources of external assistance (e.g. Australian Maritime Safety Authority, ambulance, aeromedical, and other operators) and MER scenarios to utilise these resources.
 - Each site, vehicle, vessel, aircraft, nominated first aider, emergency response team and medical personnel shall have access to real-time voice communication consisting of either:
 - VHF or UHF radio;
 - satellite radio; or
 - telephone.
 - Communication to next of kin (NOK) in cases of medical evacuation and medical emergencies, where appropriate, shall be carried out by the most senior facility manager or delegate on operating facilities or supervisor or delegate at office locations.
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2. Monitor, Assure and Improve

The Vice President of HSEQ Risk and Assurance is accountable for the content and review of this Standard.

Compliance with this Standard shall be monitored in accordance with the Company [Assurance Standard](#). Changes made to this Standard shall be subject to Company management of change processes. Relevant Technical Authority(s) and Subject Matter Expert(s) must be consulted and involved during this process. The review of this document shall be in accordance with the Company [Business Management System Standard](#).

Deviations to the requirements stipulated within this Standard/Procedure are managed by the Company Management of Change process. Relevant Technical Authority(s) and Subject Matter Expert(s) must be consulted and involved during this process.

Refer to the [Management of Change Standard](#) and [Technical Authority Register](#).

3. Abbreviations and Definitions

Abbreviation / Term	Definition
ALARP	As Low as Reasonably Practicable.
Business travellers	Refers to any personnel travelling for business where that is booked by Company Travel.
Company	Any operation or business activity under the control of INPEX Executive Management in Australia, whether located in Australia or another location (as a branch office).
Company controlled worksite (or facility)	A work site, operating facility, office or other location that the Company has direct control and influence over, including where Company makes all decisions relating to health, safety and has liability of personnel, plant, environment etc.
Company business activity	Any activity or undertaking by personnel at work or related to work, including during business travel or relocation, where travel has been directed and booked by Company.
Emergency	An unplanned or uncontrolled situation that harms or has the potential to harm people, the environment, assets, Company reputation or Company sustainability and is unable, through the implementation of Company standard operating procedures, to be contained or controlled.
Emergency Medical Evacuation	When the illness or injury is life threatening or urgent where the patient's condition requires prompt attention.
Expatriate	A Company employee assigned to work in a location outside of their home country or country where they were initially employed.
First Aid	Immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.
HSE	Health Safety and Environment.
MAE	Major Accident Event – an event connected with a facility, including a natural event, having the potential to cause multiple fatalities of persons at or near the facility.
Medical Emergency	An acute injury, illness or condition that poses an immediate risk to a person's life, long term health or ability to live their normal life.
MER	Medical Emergency Response.
Medical Personnel	Medical personnel with medical qualifications that may be engaged to work at operational facilities.
Medical Practitioner	Medical practitioners are persons who are registered under the Health Practitioner National Law (National Law) as in force in each state and territory.
Medical review services	A review conducted of the quality and capability of medical services delivered on a Company worksite (e.g.: primary healthcare), or externally at medical facilities (e.g.: hospitals) that Company personnel may access during the course or employment or while relocated for work.

Medevac	Commonly used term for Medical Evacuation.
Nominated First Aider	Nominated First Aider is a person who has successfully completed a nationally accredited training course or an equivalent level of training that has given them the competencies required to administer first aid.
Operational facilities	Facilities where hydrocarbons are produced, treated, stored or offloaded.
Registered Nurse	Registered nurses (RNs) are persons who possess a Bachelor of Science (Nursing) or Bachelor of Nursing from a university and are in good standing with the Australian Health Practitioner Regulation Agency (Nursing and Midwifery Board).
Registered Paramedics	Registered paramedics are persons who possess qualifications in paramedical science and/or relevant work experience in paramedicine such that they are able to register with the Australian Health Professional Registration Agency (AHPRA).
Risk Owner	A person with accountability and authority to manage a risk.
Scheduled Medicines and Poisons	Medicines and poisons are classified into schedules based on their toxicity and use, e.g. Schedule 4 medications are prescription only medication. Schedule 8 Controlled drugs (possession without authority is illegal) as defined in the Standard for Uniform Scheduling of Medicines and Poisons, adopted in State and Territory Legislation (The Medicines and Poisons Act 2014 and its subsidiary legislation, the Medicines and Poisons Regulations 2016 in Western Australia and the Medicines, Poisons and Therapeutic Goods Act 2012 and its subsidiary legislation the Medicines, Poisons and Therapeutic Goods Regulations 2014 in the Northern Territory).
Secondary Care Facility	Facility that serves a community at a regional level and include: • Outpatient consultations and medical speciality • Inpatient as well as surgical and advanced treatment capabilities • Advanced laboratory and investigative equipment • Emergency Department facilities, ambulance support and stabilisation.
Tertiary Care Facility	Most advanced level of care facility available and may not be available in all locations or within reasonable access to each location. In addition to the services of a Secondary Care Facility, a Tertiary Medical Facility provides: • Advanced emergency department • Psychiatric Care • Cancer treatment • Medical research Personnel requiring this level of care may need to be repatriated with international medical assistance support by air ambulance or moved to the nearest Tertiary Care Facility.
Tele-Health	Tele-Health (also called tele-medicine or tele-diagnostics) is the delivery of real-time health-related services and information via telecommunications technologies such as telephone or video link.

4. Reference and Compliance Documents

The documents listed below are relevant to the execution of this Procedure:

Reference documents (R) are documents referred to in the course of completing this Procedure

Compliance documents (C) include all standards, regulatory governance, contracts, business rules or policies applicable to this Procedure.

Document Name	R	C	Document Number
Policies			
Health, Safety, Security, Environment and Quality Policy		C	0000-AH-POL-70000
Standards			
Assurance Standard	R		0000-A0-STD-60031
HSE Management in the INPEX Value Assurance System Standard		C	0000-AH-STD-60004
Business Management System Standard	R		0000-A0-STD-60015
Assurance Standard	R		0000-A0-STD-60031
INPEX Travel Standard	R		0000-AD-STD-70000
External			
Medical emergency response and primary healthcare guideline. IPIECA/OGP Report Number 654, Revision 1, Dec 2022	R	C	
NOPSEMA: Qualifications of medical personnel on offshore petroleum facilities (N-09000-GN1744 A550270), 21/05/2020		C	
Medical Carriage Requirements, Australian Maritime Safety Authority (AMSA), Aug 2016		C	
First Aid in the Workplace, Code of Practice. Safe Work Australia, July 2019	R	C	

Ichthys Project Medical Emergency Response Offshore Study Report, Dr Ian Norton, August 2013		C	
Transporting your patient. Guidelines for organizing and preparing patient for transfer by air. Royal Flying Doctor Service of Australia, Western Operations Version 2, Reprinted 2015		C	
Managing health for field operations in oil and gas activities – A guide for managers and supervisors in the oil and gas industry. IPIECA/OGP Report Number 343, Revision 3, Jan 2019		C	

APPENDIX A: MEDICAL FACILITY INFRASTRUCTURE, DESIGN AND SET-UP

The following shall be considered in the design, setup and verification of medical facilities on Company controlled facilities and worksites. It shall serve as a guide and be used in conjunction with medical best practice and relevant industry and regulatory guidance.

If aspects are not met in an existing medical facility, a suitable and safe alternative shall be implemented. However, if a legislative requirement applies (e.g.: Scheduled drug management), any deficiencies shall be addressed in consultation with the relevant authority.

Factor	Considerations & recommendations	
Location – offshore	• Within the temporary refuge (offshore) • Safe location with road access for emergency service vehicles (onshore) • Signage is present and clear for indication of clinic location	
Access/ egress	• Corridor width can fit stretcher with 2 persons either side • Main clinic access can fit stretcher through • Bathroom access wide enough to fit patient on stretcher and unobstructed for ease of access • Stairwells and corridors between clinic and exit point (i.e.: heli-deck or exits) wide enough for stretcher and stretcher-bearers • Lifts can fit stretcher and 4 people for transfers • Treatment bed(s) in acute care areas should have 360-degree access around them	
Bathroom/ ablutions	• Toilet facilities available with handrails and mobility dependent devices in case of patient unable to walk • Use of toilet/ handwashing facilities (sink) available and appropriate for provision of drug testing (AS/NZS 4308:2008) • Shower head detachable with long cord to enable medic to wash patient down	
Communications – external support	All site-based clinics shall have access to: • External Government Agencies e.g. St John's external ambulance or aircraft • external medical centres • remote medical support	
Communications – internal setup	• Data points and phone lines with international access in consult area and acute care area of clinic • Data bandwidth capable of teleconferencing	

	• Camera/ video facilities, with hands free option within acute care area • Radio and public address systems must be able to be heard from within clinic and activated from clinic • Radio access • A distress notification system available to clinician that will notify the central control room • Patient call bell or means to notify for assistance, from toilet or acute care area • Building/ facility electrical services monitoring for alarm systems	
Electrical lighting/ ventilation /	• Emergency power supply within clinic (i.e.: generator power for emergency equipment) • Electrical circuit body protection (AS/NZS3003 (2018)) • Additional adequately bright examination lighting (fixed or mobile) within acute care area • HVAC system in consult and acute care areas • Maintenance schedule for cleaning and servicing HVAC effective (AusHFG, 2019)	
Equipment requirements Fixed -	Consult area • Desk (positioned so computer screen can be hidden for confidentiality, or use of confidentiality screens) • Chairs – minimum one for patient and clinician. • Cupboards for storage, lockable as appropriate Acute care area • Treatment bed(s) with wall fixings (or mobile) for oxygen, suction, monitoring equipment • Treatment beds should be suitable, or resuscitation boards should be available, to undertake resuscitation on • Adequate storage (closed shelving or in cupboard) in clinic to avoid any equipment, consumables and boxes on the floor in the clinic and to provide suitable surplus of consumables to mitigate supply shortages • Wall mounted clock • Wall mounted whiteboard for recording resuscitation treatments • Fixed items should be able to be wiped down for infection control • Double locked cupboard/ safe secured and bolted to mainframe (in accordance with relevant schedule drugs poison permit requirements)	

Equipment requirements - Mobile	Critical care mobile medical equipment is listed in Appendix B and is relevant to the location of a worksite and requirements for medical care	
Infection control design	- All surfaces are easy to clean – e.g.: vinyl floors, hard surfaces, non-cloth seats etc. - Isolation rooms for infectious patients meet requirements for a separated/ isolated HVAC system from the primary system (AusHFG, 2019) - Clinical waste systems (i.e.: sharps bins, contaminated waste bins) and appropriate signage shall be available in clinic, with additional bins and consumables in stores	
Security – of clinician	Access and exits in consult areas	
Security – of patient	Call bell or communication system in place for patients in cabins or isolation rooms to contact Medic is effective	
Security – of clinic	Clinic is lockable, with restricted and controlled access to authorised personnel	
Record-keeping	Comprehensive, confidential records with only appropriate controlled access	
Triage areas	- For multiple casualty scenario, the clinic becomes the resuscitation area, and nearby areas should be re-designated, separate from muster points, for: - triage area - first aid and medical treatment (needs to be large enough to cope with multiple casualties. Furniture should not be fixed). - mortuary	

APPENDIX B: MEDICAL EQUIPMENT LIST: COMPANY CONTROLLED WORKSITES

The following shall be used as a guide for the types of medical equipment required for medical facilities at Company controlled locations and shall take into consideration the remoteness, demographics of the population, time to access tertiary medical care and scope of care to be provided at the work location/ site.

The list shall not be considered exhaustive and local legislation, regulation, health risk assessment and medical staff capabilities and qualifications shall also be considered for the equipment required.

			Category of medical care				
			First Aid Room	Regular	Remote	Extreme Remote	Ambulance
		Recommended					
		Optional					
		Not required					
PPE	PPE as per situation	Appropriate mask / respiratory protection					
		Appropriate Gloves					
		Apron					
		Eye protection					
		Enclosed footwear / appropriate protective footwear					
Diagnostic tools	General	Glucometer					
		Pulse oximeter					
		Refractometer					
		Rapid tests					
		Digital stethoscope					
		12-lead ECG					

		Blood pressure and heart rate monitor					
		PoC lab	HB				
			Leukocyte count				
			CRP				
			Chemistry				
			Electrolytes				
			Troponins				
		Imaging	X-ray				
			Ultrasound				
Treatment tools	Basic life support	Pocket mask for resuscitation					
		Automatic external defibrillator					
		Bleeding control kit					
	Airway Management	Therapeutic oxygen					
		Bag and valve mask					
		Intubation kit and or varied sizes of MLAs					
		Cricothyrotomy kit					
		(Portable) Mechanical ventilator					
		Chest drains and vacuum seal					
		Suction pump					
		Extrication device					

		Laryngoscope (adult) spare bulbs and batteries					
		Laryngoscope blades					
		Magill's forceps					
		Nasogastric tube					
		Nasopharyngeal airways, disposable					
		Oropharyngeal airways, disposable					
		Laryngeal mask					
	Circulation Management	Cardiac monitor and defibrillator (with back up battery power)					
		Cardiac monitor and defibrillator back-up battery packs for at least 8 hours of use					
		Infusion pump					
		Tourniquets					
		Traumatic hemorrhage control (E.g.: OLAES and BLAST Modular Dressing)					
		Intraosseous IV access					
		IV fluids					
		Urinary catheter and drainage bags					
	Immobilisation	Body splint and spinal board					

		Stiff neck collar (size-adjustable)					
		Pelvic and extremity splints					
	Burns management	Burn gel					
		Eyewash					
		Burn blanket					
		Diphoterine					
	Miscellaneous equipment	Bandages, occlusive dressings, sling, arm cold compress					
		N95 masks					
		Suture kits					
		Diagnostic kit (ophthalmoscope, otoscope, with disposables and batteries)					
		Urinalysis sticks					
		Blood-taking equipment					
		Stretchers					
		Disposable scalpel blades, scalpel					
		Forceps (various)					
		Sterile irrigation fluids					
		Refuse management – sharps / contaminated waste					
		Magnification lamp					

APPENDIX C: MEDICATIONS LIST OFFSHORE FACILITIES: COMPANY CONTROLLED WORKSITES

The following list is a guide for the minimum requirements of medication recommended to be stocked on an offshore, Company controlled facility.

The list shall not be considered exhaustive and is subject to change based on Therapeutic Goods Association (TGA) regulations, approvals and other factors (i.e.: supply, manufacture).

Abena Skincare Ointment 150ml	Ipratropium Bromide 21mcg Inhaler
Acetylcysteine Inj 2g/10ml	Ipratropium Bromide 500mcg/1ml Neb
Aciclovir 500mg/20ml Vial	Isosorbide Dinitrate 5mg - Isordil
Aciclovir Cold Sore Cream 5% 5g	Kenacomb Otic Ear Drops 7.5ml
Adenosine 6mg/2ml	Ketamine 200mg/2ml
Adrenaline 1/1000 in 1ml	Ketorolac Inj 30mg / 1ml
Adrenaline 300mcg (EpiPen)	Konakion Mm Amp 10mg/1ml - Phytomenadione
ADT Vaccine 0.5ml	Lactulose 3.4g/5ml 500ml bottle
Aloe Vera Gel 125g	Lamivudine Ziovue Tab 150/300mg
Amiodarone IV 150mg/3ml Amp	Lemsip Max Decongestant Sachet Pkt 10
Amiodarone Tab 200mg	Levetiracetam Vial 500mg/ml
Amoxycillin Capsules 500mg	Lignocaine 1% Adrenaline 1:100k 5ml Amp
Amoxycillin Clavulanic Acid 875/125mg Tab (Augmentin Duo Forte) Pk 10	Lignocaine 10% Pump Spray
Anusol Suppositories	Lignocaine 2% Gel with Chlorhexidine 0.05% Syringe
Aqua Ear 35ml	Lignocaine hydrochloride 2% 100mg/5ml inj
Aspirin Chewable 300mg	Lignocaine Injection 1% 50mg/5ml
Aspirin Tab 100mg Pk 112	Loperamide / Gastro Stop / Imodium 2mg Cap
Atenolol Tab 50mg	Loratadine Tablets - Claratyne 10mg
Atropine 600mcg/1ml	Lyclear Scabies Cream 30g Tube
Auraglan Ear Drops	Magnesium Sulphate 50% Con Inj 2.5g/5ml
Azithromycin 500mg Tab	Magnoplasm 100g
Bactroban Cream 2% 15g Tube (Mupirocin)	Malarone/Atovaquone 250mg/100mg Tab
Beclometasone 100mg Inhaler	Mefenamic (Ponstan) Cap 250mg
Benadryl Chesty Forte 200ml	Melatonin 2mg tabs
Benztropine 2mg/2ml Amp	Metalyse (Tenecteplase) Vial 50mg
Benzyl Penicillin 600mg Vial	Metaraminol 10mg/1ml
Bepanthen Cream 50g Tube	Methoxyflurane Vial + Pentrox Inhaler 3ml
Betadine Sore Throat Gargle 15ml	Metoclopramide HCl (Maxolon) 10mg/2ml
Bisacodyl 10mg Suppos (Dulcolax)	Metoclopramide HCl 10mg Tablet

Blistex Lip Balm	Metoprolol 5mg/5ml Vial
Blistex Ultra Lip Balm SPF 50	Metoprolol tab 50mg PKT 100
Bonjela Ulcer Gel 15g	Metronidazole 500mg/100ml IV Bag
Breath A Tech Spacer	Metronidazole Tablets 400mg
Bushman Heavy Duty Aero 60g	Metsal Heat Rub Cream 50g
Calcium Gluconate 10% 1g/10ml	Midazolam 15mg/3ml Ampoules
Carbsorb Charcoal XS Bottle 250ml	Minims Fluorescein 1.0%
Cefalexin 500mg Cap	Minims Pilocarpine 2.0%
Ceftriaxone Sodium 1g Inj Amp	Minis Tetracaine (Amethocaine) Eye Drops 0.5%
Cerumol Ear Drops (Wax Softener) 10ml	Misoprostol 200mcg - Cytotec
Cephazolin 2g IV, another two doses/ 8hrs	
Cetirizine Hydrochloride 10mg Tab - Zyrtec	Morphine Sulphate 10mg/1ml Amp
Chapstick Strawberry SPF15+	Mylanta 2Go DbL/Str Chewable Tablet
Chlorhexidine Mouthwash 0.2% 200ml (Rivacol)	Naloxone 400mcg/1ml Amp
Chlorpromazine (Largactil) 50mg / 2ml	Naprosyn / Naproxen Tab 250mg
Chlorsig Eye Drops 0.5% 10ml	Nasonex - Mometasone 50ug/ml Spray
Chlorsig Eye Ointment 1.0% 4g	Nifedipine 30mg - Adalat
Ciprofloxacin 500mg Tablets	Noradrenaline 4mg/4ml Inj
Ciprofloxacin Ear Drops 5ml	Nurofen (Ibuprofen) Gel 50g
Ciprofloxacin Hcl 250mg	Nyall Toothache Drops 6ml
Ciprofloxacin Hcl 750mg Tab	Octreotide Inj 0.1mg/1ml
Ciproxin HC Ear Drops 10ml	Olanzapine IM 10mg
Clindamycin 150mg Cap	Olanzapine Wafer (Zypine)
Clonidine HCL Injection 150mcg/1ml	Omeprazole/Omepral 20mg Tab
Clopidogrel 75mg Tablets	Ondansetron 4mg Wafer - Zofran
Clotrimazole 1% Anti Fungal Cream 50g	Ondansetron Inj 4mg/2ml
Clotrimazole 10mg/g Anti Fungal Cream 20g (Clonea)	Oral Rehydration Salts
Clotrimazole 2% 3 Day Cream 20g	Otocomb Otic Ear Ointment 5g
Clotrimazole 2% 6 Day Cream 20g	Oxymetazoline HCL Nasal Spray
Clove Oil 10ml	Pantoprazole 40mg Tab
Codeine Phosphate 30mg Tab / Panadeine Forte	Pantoprazole Sun 40mg Vial
Colchicine Tablet - Colgout 0.5mg	Paracetamol 500mg Tablets Pkt 100
Curash Nappy Rash Cream 100g	Paracetamol IV 1g / 100ml Btl
Daktarin Cream 2% 30g - Miconazole	PC Cough Cold Elixir PE 200ml
Daktarin Powder 2% Puffer 30g - Miconazole	Phenoxymethylpenicillin 500mg Tab
Deep Heat Rub 50g	Poly Tears 15ml

Dexamethasone 4mg/1mL Amp	Phenytoin 250mg/5ml ampoules
Diazepam 10mg / 2ml	PosiFlush Pre-Fill Saline 10ml
Diazepam Tablets 5mg	Potassium Chloride Amp 0.75g 10ml
Diclofenac Suppositories 100mg (Voltaren)	Prednefrin Forte 10ml
Diclofenac Tab 50mg (Voltaren)	Prednisolone 25mg
Diffiam Plus Sugar-free Lozenges - Berry	Prednisolone Tab 5mg
Diphoterine Mini DAP	Prickly Heat Powder 50g (Soov)
Dorzolamide / Timolol 20/5 Eye drop - Cozdol 20/5	Prochlorperazine (Stemetil) 5mg Tab
Doxycycline 100mg	Prochlorperazine 12.5mg/1ml - Stemetil
Doxylamine succinate 25mg / Restavit	Proctosedyl Ointment 30g
Droperidol 2.5mg 1ml Amp	Promethazine / Phenergan Tablet 10mg
Elocon Ointment 0.1% 15g (Mometasone)	Promethazine / Phenergran 25mg Tab
Enoxaparin Syringe 100mg/1ml - Clexane	Promethazine Hydrochloride Inj 50mg/2ml
Enoxaparin Syringe 40mg/0.4ml - Clexane	Propofol Vial 200mg/20ml
Ergometrine Maleat 0.5mg Amp	Rectinol Haemorrhoidal Ointment
Erythromycin 400mg	Refresh Eye Drops 0.4ml
Ethanol 37.5% 200ml	Rocuronium Bromide 50mg/5ml Amp
Eurax Cream 10% 20g Tube	Ropivaccine Kabi 7.5mg/ml 20ml
Fentanyl Citrate 100ug / 2ml	Salbutamol IV Infusion 0.5mg/1ml Amp
FESS Nasal Spray 75ml	Salbutamol Sulfate 5mg/2.5ml Amp Neb
Fleet RTU Enema 133ml	Seretide MDI DC 250/25mcg 120 Dose
Flucloxacillin 1g vial	Sigmacort/Hydrocortisone Acetate 1% Cream 30g
Flucloxacillin 500mg	Silver Nitrite Applicator
Fluconazole 150mg - Diflucan One	Silver Sulfadiazine Cream 50g (Flamazine)
Flumazenil 0.5mg/5ml - Anexate	SM 33 Mouth Ulcer Liquid
Fluorets 1mg - Fluorescein strips	Sodium Bicarbonate 8.4% 100ml
Framycetin - Otodex (Sofradex) Ear Drops 8ml	Sodium Chloride 0.9% Injection 10ml
Framycetin Eye/Ear Drops 8ml - Soframycin	Sodium Chloride 0.9% Irrigation 30ml
Friars Balsam 25ml	Sodium Chloride 0.9% IV 1000ml
Frusemide (Lasix) 20mg/2ml Amp	Sodium Chloride 0.9% IV 100ml
Frusemide 40mg/4ml	Sodium Chloride 3% - HYPERTONIC 1000ml
Frusemide Tablets 40mg	Sodium Lactate (Hartmans) IV Solution 500ml
Fucidin Ointment 15g (Sodium Fusidate)	Soov Cream 50g - Antiseptic Pain Relief
Gaviscon Liquid Dual Action Peppermint 300ml	Sorbolene & Glycerine 10% Cream 100ml
Gaviscon Liquid Peppermint 600ml	Sotalol HCL Tab 80mg

Gentamicin 80mg/2ml	Stingose Gel 25g
GlucaGen HCl 1mg/1ml Hypo Kit	Strepsils Lozenges Honey/Lemon
Glucose 10% IV 500ml	Strepsils Lozenges Orange (Original)
Glucose 5% IV Solution 100ml	Strepsils Plus Lozengers
Glucose 5% IV Solution 250ml	Sudafed PE Sinus Pain Relief Tab
Glucose 5% IV Solution 250ml	Sudocrem Healing Cream 30g
Glucose 5% IV Solution 500ml	Syntocinon 100ug/1ml
Glucose 50% 50ml Inj	Tamiflu/Oseltamivir 75mg Caps - Pk 10
Glucose (Glucose) 15 Oral Gel 37.5g	Thiopental 500mg
Glyceryl Trinitrate 25mg/24hr Patch	Tramadol 50mg Capsules
Glyceryl Trinitrate Inj 50mg/10ml	Tranexamic Acid 1000mg/10ml Amp
Glyceryl Trinitrate Pumpspray 400ug/dose	Tranexamic Acid 500mg/5ml Amp
Haloperidol Serenace 5mg/1ml Amp	Travacalm Original/Dimenhydrinate, Hyoscine Hydrobromide & Caffeine
HavRix Hep A	Trimethoprim 300mg Tablets
Hydralazine Hcl 20mg/1ml	Trimethoprim/Sulfamethoxazole 160/800mg - Bactrim
Hydrocortisone/Solu Cortef 100mg Vial	TwinRix Hap A&B
Hyoscine Butylbromide / Buscopan 10mg Tab	Ural Sachets 4g Pkt 28
Hyoscine Butylbromide 300ug (Kwells) Tab Pk 12	Valaciclovir Tablets 500mg Pk 10
Ibuprofen 200mg Tablets	Vancomycin Inj 1g 1 Vial
Ibuprofen 400mg Tablets Pkt 30	Ventolin / Salbutamol Inhaler 100mcg 200d
Indomethacin 100mg Suppository - Indocid	Verapamil (Isotopin) 5mg/2ml
Indomethacin 25mg Capsule - Indocid	Vermox/Mebendazole 100mg
Influenza Vaccine - FluQuadri	Vicks Vapo Rub 50g Jar
Instillagel Almed 2% Gel 10ml x 10	Visine Allergy Eye Drops 15ml
Insulin Actrapid 10ml 100 IU/ml	Water for Injection 10ml
Insulin Humulin 30/70 1ml Vial	Xylometazoline Nasal Spray 1mg/1ml 10ml
	Zinc Cream 20g