

STANDARD: Medical Emergency Response

This HSSE document may set requirements supplemental to applicable law. However, nothing herein is intended to replace, amend, supersede or otherwise depart from any applicable law relating to the subject matter of this HSSE document. In the event of any conflict or contradiction between the provisions of this HSSE document and applicable law as to the implementation and governance of this HSSE document, the provisions of applicable law shall prevail.

This HSSE document shall be subject to formal adoption as specified in EP Standard 'HSE Controlling Documentation Management' [9].

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1. Introduction

1.1 Objective of the Document

This Standard and its associated Controlling Documents define requirements for Medical Emergency Response (MER), which include a Procedure to be used by EP Companies for developing, implementing and maintaining their local MER Manuals and Procedures.

1.2 Scope

It applies to all EP Companies and to their activities which are work related as defined in Group (YG) 'Incident Classification, Investigation and Reporting' [24]:

- This Standard is intended to provide for effective MER for EP Company employees and others on EP Company *Sites*;
- Contractors operating under their own management system (*Mode 2* contract [8]) shall be responsible for providing MER for their own personnel, subcontractors and others on contractor *Sites* pursuant with the requirements of this Standard when performing work for or on behalf of an EP Company.

1.3 Definitions

Italicised terms are defined in this Standard and also available in EP Specification 'EP2005 HSSE Glossary of Terms' [13].

First Response

The first response delivered by the person(s) nearest to the casualty at the time of the incident (i.e. Make Safe, Call Out to DFA and site control centre, Follow standard 'Do's and Don'ts' [2, §4.1.1]).

Site

The site, installation, location(s), activity or group of activities for which MER is to be provided. A *Site* may be a single physical site or may consist of a main *Site* with a number of satellite *Sites* grouped to suit the local situation and dependent on the main *Site* for some or all of their MER provision. Two categories of *Sites* are defined based on the activities normally conducted at the *Site*.

Category 1 Site

A *Site* with activities where the results of an incident are not likely to include major injury (typically in the 'blue' area of the RAM), notwithstanding that non-work related acute medical conditions may occur. Such *Sites* typically include light engineering, assembly work, instrument maintenance workshop, inspections in non-hazardous areas, normal office situations and accommodation and catering areas. Standard MER requirements are defined for *Category 1 Sites*.

Category 2 Site

A *Site* with activities where the results of an incident are likely to include major injuries (typically on the 'red and yellow' area of the RAM). Such *Sites* typically include construction sites, manufacturing yards, pipeline laying, drilling and seismic operations, and most production operations. MER requirements are enhanced for *Category 2 Sites* to reflect the higher risks associated with the activities on such *Sites*.

Non-routine Activities

For the purpose of this MER Standard, the following activities are referred to as *Non-routine Activities* and shall be challenged and justified to be necessary prior to work performance. If the activity cannot be avoided additional controls as described in §3.3.2 shall be implemented:

- Confined Space Entry into a confined space where a toxic, explosive, flammable or non-life supporting environment is/may be present, see Group (YG) 'Confined Space Entry' [25];
- Diving Operations, see Group (YG) 'Underwater Operations Management Guidelines' [26];
- Chain saw operations;

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- Mountaineering / abseil (rappel) operations;
- Introduction of hydrocarbons into the system during commissioning of a hydrocarbon treatment plant.
- Other activities, which are infrequently conducted in Shell EP Operations but where injury data indicate a high likelihood of an incident that will require the prompt attention of a Tier 2 MER Professional.

Site Clinic

Site health centre for the provision of medical attention, First Aid and Advanced Life Support, including Tier 2 MER care. *Site Clinics* shall be equipped as per Specification 'MER Equipment' [4; §4.2].

Extended Site Clinic

Extended *Site* health centre for the provision of casualty stabilisation in transit to a *Tier 3 Hospital*. An *Extended Site Clinic* shall be equipped as per [4; §4.2].

Note: An *Extended Site Clinic* and a *Site Clinic* may be combined.

Remote Medical Support

Real time specialist medical advice to the Site Medical Professional by voice communication as per EP Specification 'Remote Medical Support' [3].

Tier 3 Hospital

A hospital approved by the Company Health Adviser to provide Tier 3 medical care.

Tier 4 Hospital

A hospital approved by the Company Health Adviser to provide specialist medical care required for further response to the injury or illness. The *Tier 4 Hospital* may be outside the country of operation.

2. Background

The objective of MER is to minimise the potential health consequences of workplace injury or acute illness. The principles of MER management are to:

- Create awareness of emergency situations and of their potential for escalation;
- Communicate MER procedures to staff who may respond to medical emergency at work as appropriate to their training, qualification, competence and available resources;
- Develop an integrated consistent approach to managing MER at a *Site*, providing for coordinated action through several escalation tiers by several levels of expertise;
- Provide reliable communications as needed to provide continuous medical support from the incident scene to the hospital if needed;
- Provide adequately trained, competent personnel with adequate resources, with skills maintenance, and communication facilities;
- Provide for periodic exercises of MER procedures and dissemination of learning;
- Include MER management in the annual review of EP Company's HSSE Control Framework.

3. Medical Emergency Management

3.1 Policy and Strategy

3.1.1 Policy Requirements

The 'Group HSE Commitment and Policy' [21] states 'we are all committed to pursue the goal of no harm to personnel'.

The 'Group Procedure for an HSE Management System' [22] requires EP Companies to have emergency response procedures in place, including plans for medical emergencies.

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The 'Group Minimum Health Management Standards (MHMS)' [23, §7] require EP Companies to plan for managing medical emergencies in compliance with the Group (YG) 'Medical Emergency Guidelines for Management' [27].

3.1.2 MER Strategy

This Standard adopts a risk based approach for MER embracing two key concepts: it applies a time-dependent tiered set of responses to an incident, and it sets differing response requirements depending on the nature of the hazards and the activities on the *Site*.

3.1.3 MER Requirements

MER shall be planned, resourced, implemented and documented pursuant to the requirements of this Standard to be able to reasonably meet the response times in Table 3.1.3.1 below, recognising that the actual MER response times to an incident depend on various factors, such as time of notification, the incident location and circumstances (e.g. safety of entering or remaining at incident scene).

For situations, where the response times in Table 3.1.3.1 cannot reasonably be achieved §3.3.3 shall be applied.

Table 3.1.3.1: Tier Structure and Response Times

Tier	Action	Time after Injury
Tier 0	<i>First Response</i> by people on emergency site i.e.: <ul style="list-style-type: none"> • Make Safe; • Call Out to DFA and site control centre; • Follow standard 'Do's and Don'ts' [2, §4.1.1]. 	Immediate
Tier 1	<ul style="list-style-type: none"> • DFA arrives on scene. • Starts assessing causality and conducts First Aid and Basic Life Support (e.g. CPR and AED). • Call Out to site control centre and Tier 2 MER Professional. 	Four minutes (to arrival at scene).
Tier 2 Stage 1	Tier 2 MER Professional communicates with DFA attending emergency, while mobilising to emergency location.	As soon as practicable after Call Out.
Stage 2	Tier 2 MER Professional arrives at casualty, assesses injury and need for further action: <ul style="list-style-type: none"> • <i>Category 1 Sites</i> and <i>Category 2 Sites</i> • <i>Non-routine Activities</i> 	One hour On standby to arrive at casualty within 20 min.
Stage 3	Tier 2 MER Professional administers Advanced Life Support. Stabilises casualty at scene, transports casualty to <i>Site Clinic</i> if necessary and continues response in <i>Site Clinic</i> . Communicates with <i>Remote Medical Support</i> if warranted (ongoing).	-
Stage 4	Site Manager, with Site Medical Professional's advice, initiates Medevac (if required) to <i>Tier 3 Hospital</i> *. <ol style="list-style-type: none"> 1. If <i>Tier 3 Hospital</i> not accessible within four hours transfer to <i>Extended Site Clinic</i> for interim care, consulting with <i>Remote Medical Support</i> as needed. 2. Transport from <i>Extended Site Clinic</i> to approved <i>Tier 3 Hospital</i> and inform Company Health Adviser. 	- As soon as practicable but within four hours. As soon as practicable.
Tier 3*	Admission to and care at the nearest approved <i>Tier 3 Hospital</i> . Notify Company Health Adviser, who from this point on monitors progress of casualty with the person's physician, as applicable.	Four hours (unless staged through <i>Extended Site Clinic</i>).
Tier 4	Referral, transport, admission to and care at approved <i>Tier 4 Hospital</i> , if: <ul style="list-style-type: none"> • Recommended by a medical professional at <i>Tier 3 Hospital</i>; • Approved by Company Health Adviser; • Agreed and accepted by a medical professional at <i>Tier 4 Hospital</i>. 	Time is casualty-specific.
Legend		
AED: Automatic External Defibrillators		DFA: Designated First Aider

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*Note: The four hour response time is based on the maximum time that vital life functions (e.g. respiration, lung function, and blood pressure) can be maintained through artificial respiration, bleeding control etc. without potentially escalating the casualty's condition. It is clear, however, that in an actual case medical judgement should be exercised to readjust the time requirement.

All EP Companies shall have access to professional health advisory services endorsed by Shell Health Services.

3.1.4 MER Resource Capacity

MER resource capacity shall be available to manage one critical and two additional non-critical but serious casualties from an incident.

MER planning shall address the possibility of multiple casualty incidents, which may be resourced in cooperation with external parties (e.g. third party emergency services, military, other operators).

3.1.5 MER for Third Parties

EP Companies should be willing to assist third parties in medical emergencies and should have procedures in place to do so.

3.2 Organisation, Resources, Competence

3.2.1 Organisation

The following roles have MER responsibilities, which are defined in [\[App. 2\]](#).

Line Manager

The EP Company Manager accountable for the *Site* (e.g. an Asset Manager, Operations/ Production Manager or Contract Holder). The Contact Holder may delegate responsibility for MER to the contractor, but remain accountable.

Health Adviser

A qualified doctor who provides health advice to the EP Company or contractor:

Company Health Adviser

The most senior qualified doctor who provides health advice to the EP Company. The Company Health Adviser can fulfil the role of the Health Adviser for EP Company managed *Sites*.

Site Manager

The most senior responsible position on the *Site* (e.g. an Offshore Installation Manager, Vessel Master or Senior Site Supervisor).

Site Medical Professional

The most senior Tier 2 MER Professional responsible for providing medical care and MER advice for the *Site*.

Tier 2 MER Professional

Tier 2 MER Professionals may include: paramedics, offshore medics, nurses, or a site doctor.

Designated First Aider (DFA)

An individual trained and certified in First Aid and receiving regular skills maintenance from the Site Medical Professional.

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3.2.2 Resources

3.2.2.1 General

Adequate suitable MER resources (including personnel, facilities, equipment and consumables) shall be available consistent with response times in [Table 3.1.3.1] for reasonably foreseeable scenarios that have been identified as requiring MER.

Tier 2 MER Professionals shall not hold other roles that would prevent them from assigning full priority to their medical MER role in a medical emergency.

Without prejudice to the above general requirement, the following resources shall be provided.

3.2.2.2 Personnel – DFAs

DFA numbers shall not be less than:

- For *Category 1 Sites*: one per 100 people (or part thereof);
- For *Category 2 Sites*: one per 50 people (or part thereof).

Small *Sites* (less than 25 people) may be treated as '*Sites* where Tier response times cannot reasonably be achieved', §3.3.3.

3.2.2.3 Personnel - Tier 2 MER Professionals

Providing the Tier 2 response time (one hour) can be assured at all times including the hours of darkness, a non-dedicated third party ambulance/medevac provider may provide the Tier 2 MER Professional. Otherwise the EP Company or the contractor shall provide at least one Tier 2 Medical Professional for:

- *Category 1 Sites* with ≥ 100 people;
- *Category 2 Sites* with ≥ 25 people;
- Any *Site* with ≥ 25 people, which is completely isolated during night time (no transport possible).

Small *Sites* (less than 25 people) may be treated as '*Sites* where Tier response times cannot reasonably be achieved', §3.3.3.

3.2.2.4 Facilities and Equipment - General

MER facilities and equipment shall comply with EP Specification 'MER Equipment' [4], and shall be maintained within a formal maintenance management system.

A site control centre shall be available, suitably equipped to act as communications and coordination centre for MER. See [Communication](#) below.

Automatic External Defibrillators and First Aid boxes shall be provided such that one of each can be available to start response to a casualty in any reasonable scenario within the Tier 1 response time (four minutes) [Table 3.1.3.1].

Each Tier 2 MER Professional working on *Site* shall be provided with a personal trauma bag.

3.2.2.5 Facilities and Equipment – Site Clinics

A *Site Clinic* shall be provided at every:

- *Category 1 Site* with ≥ 100 people;
- *Category 2 Site* with ≥ 25 people.

For smaller *Sites* conduct a risk assessment and demonstrate, that the chosen alternative solution ensures risks are ALARP.

Where a *Site Clinic* is required, it shall be extended to an *Extended Site Clinic* if the Tier 3 response time (four hours) for admission to a *Tier 3 Hospital* [Table 3.1.3.1] cannot be assured.

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The requirement for a *Site Clinic* may only be waived if:

- A *Tier 3 Hospital* is in the close proximity to the *Site* (i.e. admission of a casualty to the *Tier 3 Hospital* can be achieved within approximately 1.5 hours);
- The *Site* is too mobile or has insufficient population for a *Site Clinic* to be practicable and alternative measures are provided (e.g. trauma bags).

3.2.2.6 Facilities and Equipment – Remote Medical Support

The *Site Medical Professional* shall have access to a *Remote Medical Support* provider according to EP Specification ‘Remote Medical Support’ [3].

3.2.2.7 Material Safety Data Sheets

Material Safety Data Sheets (MSDS) for all chemicals on the *Site* shall be readily and reliably available at the locations where these chemicals are in use and at the *Site Clinic / Extended Site Clinic*.

3.2.2.8 Medevac Transport

Medevac transport resources (e.g. ambulances, vessels, fixed wing aircrafts and helicopters) shall be planned and identified in advance. Ambulances shall comply with [4]. Medevac transport capacity shall provide for at least one stretcher case accompanied by a Tier 2 MER Professional.

Adequate Medevac transport shall be available to deliver three casualties, in the company of a Tier 2 MER Professional or DFA, to an *Extended Site Clinic* or a *Tier 3 Hospital* within the Tier 3 response time (four hours) [Table 3.1.3.1]. To achieve this, the Medevac transport may be augmented by suitable planned dual-purpose vehicles.

Airborne Medevac requirements, including aircraft and equipment, are described in EP Guideline ‘Airborne Medevac’ [7].

3.2.2.9 Communication

Each workgroup, vehicle, craft, DFA and Tier 2 MER Professional shall have reliable real-time voice communication with the site control centre. This can be a single mode of communication (e.g. mobile telephone or VHF radio). Close attention shall be given to restrictions in timing of communications (e.g. night time, lunch hours, technical issues) and possible delays before communication can be established.

The site control centre shall have reliable means of communication (e.g. telephone, radio) to:

- External ambulance or aircraft provider;
- *Tier 3 Hospital*;
- *Remote Medical Support*;
- EP Company main office;
- Other planned sources of external assistance (police, military, coast guard, other operators).

3.2.3 Competence

Competencies, refresher training and skills maintenance for MER Tier 1 and Tier 2 roles are defined in EP Specification ‘Training and Competence for MER Tier 1 and Tier 2 Roles’ [2].

All employees shall be trained in *First Response* in accordance with [2]. This requirement shall apply to all persons including both contractors and visitors spending more than one month in any 12-month period on the *Site*.

3.3 HEMP

3.3.1 Site MER Design Evaluation

It shall be demonstrated that, for reasonably foreseeable scenarios and considering the characteristics of the *Site* and its surroundings, the MER design of the *Site* complies with:

- The Tier response times, [Table 3.1.3.1]; and

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- Resource requirements (§3.2.2).

This demonstration shall be documented, or referred to, in the *Site* MER Manual [6].

For *Sites* with large populations (>300), large areas, and/or widely distributed population or uncommon *Site*-specific risks (e.g. identified in Site Medical Review and Health Risk Assessment) compliance with the resource requirements alone may not be adequate to ensure the Tier response times can be achieved and therefore the resource requirements shall be reassessed by applying HEMP [12].

3.3.2 Managing MER for Non-routine Activities

MER preparedness shall be enhanced for *Non-routine Activities*. These *Non-routine Activities* shall be identified during work planning, recorded and reflected in the Permit To Work system and the Manual Of Permitted Operations.

Non-routine Activities shall be managed by exception following HEMP [12]. A risk assessment shall be conducted including a rigorous challenge and justification that the activity as proposed is necessary.

Where a *Non-routine Activity* cannot be avoided, the following steps shall be taken prior to the start of the *Non-routine Activity*:

- A Tier 2 MER Professional has been briefed and is on standby to arrive at the casualty within 20 minutes upon request, see [Table 3.1.3.1];
- The ability to meet the Tier 3 response time [Table 3.1.3.1] for evacuation to a *Tier 3 Hospital or Extended Site Clinic* has been confirmed (Medevac resources available and other conditions suitable);
- Relevant specialised medical advisors, medical equipment and supplies, (e.g. decompression chamber) are identified and available upon request;
- A written communication protocol is in place requiring 'positive reporting' checks at prescribed frequencies and defining action to be taken on failure to report.

3.3.3 Sites where Tier Response Times cannot reasonably be achieved

Sites for which the Tier response times in [Table 3.1.3.1] cannot reasonably be achieved, such as vehicle drivers, workers in transit, workers located in isolated locations, shall be managed by exception following HEMP [12]. A risk assessment shall be conducted including a rigorous challenge and justification that the activity as proposed is necessary.

Practicable additional controls shall be implemented and it shall be demonstrated that the chosen MER design reduces the Tier response times to ALARP.

3.3.4 Temporary Higher-Risk Activities on Category 1 Sites

Where short-term temporary activities typical of *Category 2 Sites* are carried out on a *Category 1 Site*, MER cover shall be enhanced for the duration of the activities to achieve the DFA and Tier 2 MER Professional numbers of a *Category 2 Site* for those at increased risk.

Where less than 25 people are at risk the approach of §3.3.3 may be invoked.

For longer-term temporary activities (e.g. major refurbishment construction at an office) the basic *Site* MER design shall be reconsidered, see §3.4.1.

3.4 Planning and Procedures

3.4.1 Planning

Planning for MER shall be carried out in the early stages of overall activity planning and shall comply with EP Procedure 'Develop, Implement and Maintain MER' [1]. This requirement

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applies to all activities, which may affect MER, throughout the life cycle of *Site*, to ensure that MER provision remains current.

3.4.2 MER Manual and Procedures

A *Site*-specific MER Manual [6] and *Site*-specific MER procedures shall be prepared, and maintained during the life cycle of the *Site*, describing the planning, management and implementation of MER. The MER Manual [6] and the required MER procedures shall comply with the requirements of this Standard and [1].

The following *Site*-specific MER procedures shall be documented:

- 'First Response and Call Out Procedure' complying with the requirements listed in EP Specification 'Local MER Procedures' [5, §4.1];
- 'Tier 2-3 Medevac Procedure' (emergency location to *Tier 3 Hospital*) complying with the requirements listed in [5, §4.2];
- 'Tier 4 Medevac Procedure' (*Tier 3 Hospital* to *Tier 4 Hospital*) complying with the requirements listed in [5, §4.3].

3.5 Implementation, Performance Monitoring and Corrective Action

3.5.1 Implementation

The Line Manager shall be accountable for the planning and implementation of the *Site*-specific MER Manual [6].

3.5.2 Performance Monitoring

The Line Manager shall monitor the effectiveness of all elements of MER management. This includes addressing all relevant changes to the *Site* and reflecting these in risk assessments, the MER Manual [6], MER procedures and resources (including staff numbers and competency, facilities and equipment).

3.5.2.1 MER Exercises

Periodic MER exercises shall be conducted in accordance with [2, App. 1]. They shall:

- Involve external service providers in some cases;
- Be realistic and challenging (e.g. include at least one escalation factor);
- Be evaluated and followed by a debrief with learning opportunities appropriately disseminated.

3.5.2.2 Incident Investigation and Follow-Up

Incidents involving MER shall be reviewed in accordance with EP Standard 'Incident Reporting and Follow-Up' [10]. Detailed records of events and casualty management shall be maintained. The Site Medical Professional and the Company Health Adviser shall review incident reports involving MER to identify learning and improvement opportunities.

Corrective actions and learning opportunities shall be tracked and implemented using Fountain [29].

3.5.2.3 Key Performance Indicators (KPIs)

Suitable KPIs shall be maintained and regularly reviewed to monitor MER performance, e.g.:

- Frequency of and response times in Medevac drills and real MER events;
- Number of non-compliances with the requirements of this Standard.

3.6 Audits

In compliance with EP Standard 'HSE Auditing' [11] MER planning and performance shall be included in the Terms of Reference of local and independent HSSE Management System audits.

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3.7 Management Review

The annual *Management Review* of the HSSE Management System shall specially address MER effectiveness as required by the 'Group Minimum Health Management Standards (MHMS)' [\[23\]](#).

4. Related EP Controlling Documents

#	Title	Number
[1]	EP Procedure 'Develop, Implement and Maintain MER'	EP2005-0151-PR-10
[2]	EP Specification 'Training and Competence for MER Tier 1 and Tier 2 Roles'	EP2005-0151-SP-01
[3]	EP Specification 'Remote Medical Support'	EP2005-0151-SP-02
[4]	EP Specification 'MER Equipment'	EP2005-0151-SP-03
[5]	EP Specification 'Local MER Procedures'	EP2005-0151-SP-04
[6]	EP Tool 'MER Manual Template'	EP2005-0151-TO-80
[7]	EP Guideline 'Airborne Medevac'	EP2005-0151-GL-01
[8]	EP Standard 'Contractor HSE Management'	EP2005-0110-ST
[9]	EP Standard 'HSE Controlling Documentation Management'	EP2005-0140-ST
[10]	EP Standard 'Incident Reporting and Follow-Up'	EP2005-0170-ST
[11]	EP Standard 'HSE Auditing'	EP2005-0180-ST
[12]	EP Standard 'Hazards and Effects Management Process'	EP2005-0300-ST
[13]	EP Specification 'EP2005 HSSE Glossary of Definitions'	EP2005-0100-SP-01

5. Other References

#	Title	Number
[21]	Group HSE Commitment and Policy; March 1997	SWW
[22]	Group Procedure for an HSE Management System; March 1997	SWW
[23]	Group Minimum Health Management Standards	SWW
[24]	Group (YG) ¹ 'Incident Classification, Investigation and Reporting'; Feb. 2002	SWW
[25]	Group (YG) ¹ 'Confined Space Entry'; Sept. 2004	SWW
[26]	Group (YG) ¹ 'Underwater Operations Management Guidelines'; Nov. 2004	SWW
[27]	Group (YG) ¹ 'Medical Emergency Guidelines for Management'; August 2001	SWW
[28]	Group (YG) ¹ 'Risk Assessment Matrix' (RAM); April 2006	SWW
[29]	Fountain	SWW

¹ Group Yellow Guide, issued by the Health, Safety and Environment Advisers Panel

Appendix 1: Glossary

ABCDE:	Airway, Breathing, Circulation, Disability, Exposure
ACLS:	Advanced Cardiac Life Support
AED:	Automatic External Defibrillators
ALARP:	As Low As Reasonably Practicable
ALS:	Advanced Life Support
ATLS:	Advanced Trauma Life Support
BLS:	Basic Life Support
CPR:	Cardiopulmonary Resuscitation
DFA:	Designated First Aider
ECG:	Electrocardiogram
EP:	Exploration and Production
HEMP:	Hazards and Effects Management Process
HIV:	Human Immunodeficiency Virus
HRA:	Health Risk Assessment
HSSE:	Health, Safety, Security and Environment
KPI:	Key Performance Indicator
MER:	Medical Emergency Response
MSDS:	Material Safety Data Sheet
PHTLS:	Pre-Hospital Trauma Life Support
PPE:	Personal Protective Equipment
RAM:	Risk Assessment Matrix [28]
VHF:	Very High Frequency
WHO:	World Health Organization

Appendix 2: Key Roles and Responsibilities

The key MER roles and responsibilities are defined in EP Procedure 'Develop, Implement and Maintain MER' [1] and are summarised below.

Line Manager

- Approves implementation of *Site* MER Manual;
- Performs annual review of MER.

Health Adviser

- Conducts Site Medical Review;
- Identifies and assesses required MER resources;
- Documents and implements *Site* MER Manual.

Company Health Adviser

- Supports Health Adviser;
- Verifies *Site* MER design.

Site Manager

- Identifies *Site* characteristics;
- Evaluates, if *Site* MER resources meet Tier response times;
- Evaluates *Non-routine Activities*;
- Manages Sites where Tier response times cannot reasonably be achieved;
- Identifies and manages interfaces with other emergency response plans;
- Identifies possibility of multiple causality incidents;
- Monitors MER performance.

OpCo Leadership Team

Establishes policies and procedures for responding to external requests for MER assistance.