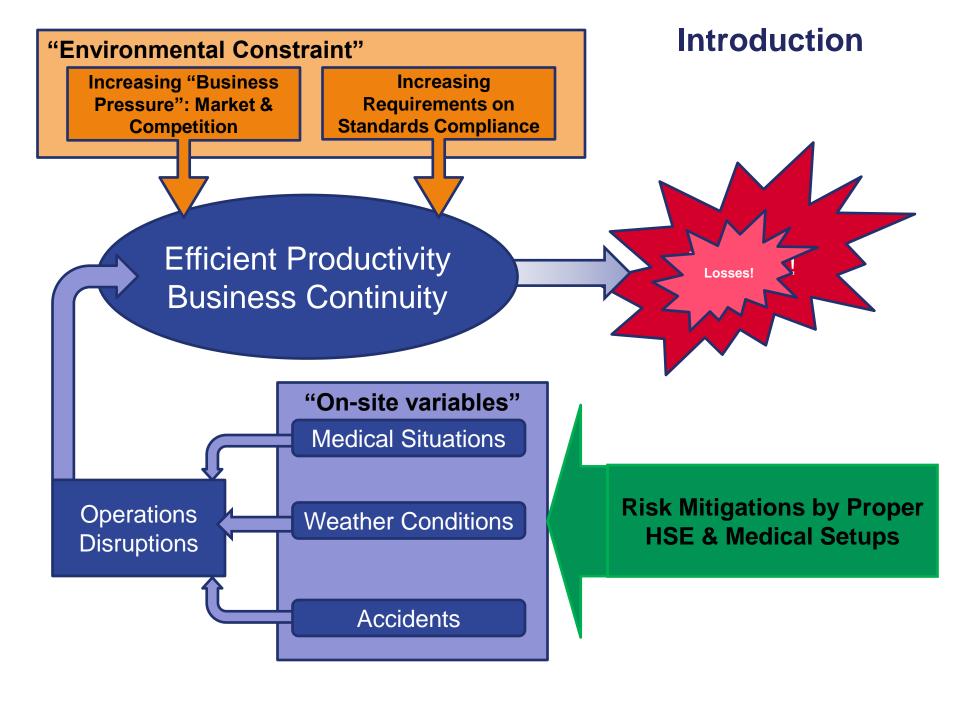


Integrated Medical Services

What's New?

From an Offshore Medical Emergency Care Solution to Health Management Solution



Mitigating Medical Risks

- 1) The "Common" Medical Services Setup
- 2) The "Must Have" Add-ons? Other Services
- 3) What's New?
 From a Multifocal Approach to an Integrated Solution

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Common Medical Setup:

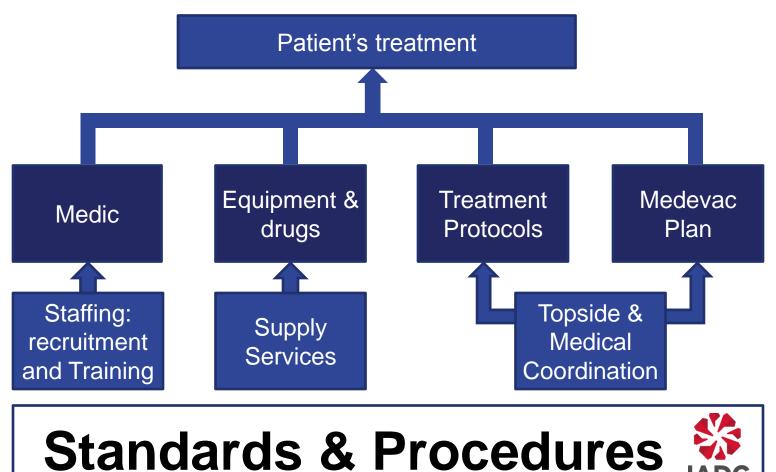
Dealing with (urgent) Medical Situations onboard

Ensuring continuity and consistency in the assessment of a medical event

- "offshore" if crew remains onboard for treatment
- from "offshore" to "onshore" if crew needs to be disembarked

Medical Cover Onboard

The Four Pillars



The Four Pillars

Staffing

Aiming for the best possible casting

- Recruitment: Finding and checking
 - > Paramedic background
 - License to work in the country
 - Work experience
 - > Level of medical skills
- Training (Training and Training!): Optimising
 - ➤ Initial: Medical (ACLS, Trauma Support, Special protocols Helicopter Medevac and Industrial Medicine Procedures)
 - > CME: Refreshers on clinical skills, experiential training and procedures
- Quality Control: Maintaining and improving
 - > Drills
 - > Audits: self and by third-party

The Four Pillars

Equipment and Drugs

Aiming for the most appropriate setup

- Based on Companies' industrial requirements (as per IADC / OSHA or equivalent)
- Buffered by local specificities: medico-legal constraints of the country in which operation takes place (Example: legislation on opioids)
- Adapted to geographical data: medical setup and its cost may vary depending on localization of operations
- Serviced and maintained adequately
- Optimizing at best the sick bay space

The Four Pillars Treatment Protocols

Controlling "recordables", "work related" and "Loss Time" while providing the most adequate treatment via 2 approaches:

Local Medic Assessment and Topside Support

- Defining First Aid versus Medical Treatment
- Understanding Work Medicine requirements
- Providing the most appropriate medical assessment in regards to the medical situation
- Helping the Company to give the best qualification / classification on the situation

Treatment Protocols

Helping the Company to give the best qualification / classification about the medical situation

- While it is the responsibility of the HSE management to complete an incident report and to classify it
- Medical personnel are expected to collate & facilitate such a process by providing accurate, appropriate and professional info using Company's used criteria only

The Four Pillars

Medevac Plans

Launching a disembarkation only when necessary and through the most appropriate means

- Defining clearly the "indication"
- Determining the proper means for ensuring both "medical consistency" (between evacuation necessities and medical situation) AND evacuation qualification (regular crew change versus dedicated helicopter, need for medical escort or not)
- Ensuring proper handover upon landing transfer by Ground Ambulance to the nearest competent Hospital
- Preparing patient's admission

Medical Cover Onboard

This Setup indeed Offers

- A satisfactory solution for managing medical situation onboard and correct procedural way to appropriately manage disembarkation cases
- "Only" applies for patient onboard or up to his safe arrival onshore

As a matter of fact, once patient is disembarked and admitted somewhere, control and monitoring on the case usually stops.

But what could be next?

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Post-Disembarkation

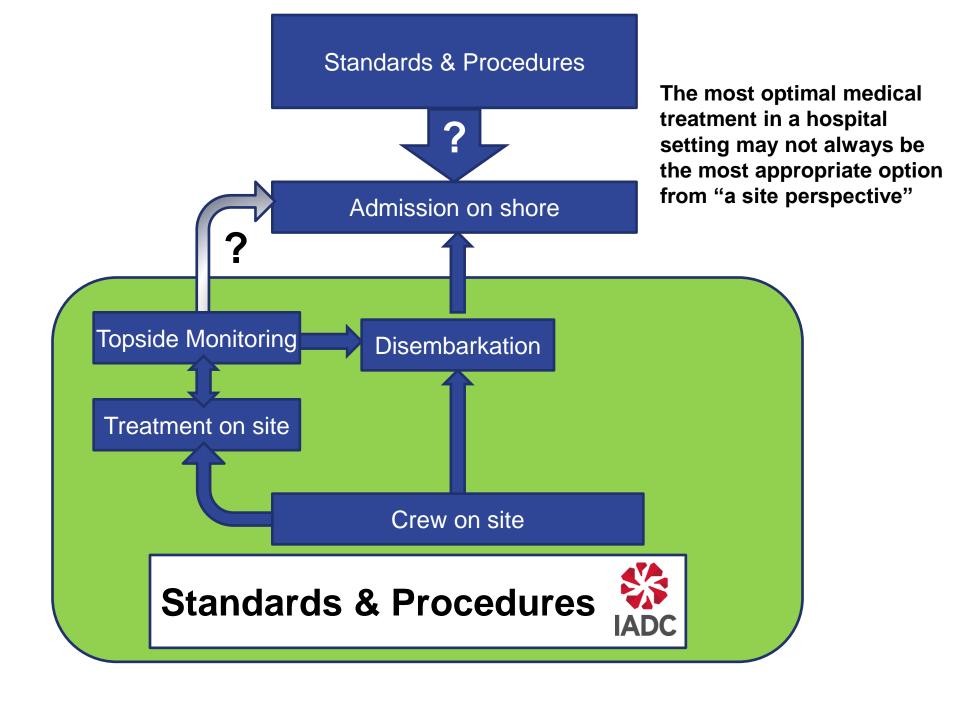
What can be Next?

"Keeping on Controlling the Case" as per Company Standards.
Going for an Extended Range of Services.

Medical monitoring and supervision of patient's treatment plan.

It can be challenging once patient is onshore

- ➤ Because Crew is back into the "Regular Health System" under a "Regular Treating Team" that sees him as a "Regular Patient"
- ➤ There is neither "obvious buffering" through OH / Work Medicine Standards, nor control on potential consequences in regards to those standards of the medical assessment and plan of treatment



"Topside Support" again?

- "Adding "a touch of Topside"
- > on the Hospital Medical Handover
- > and what may come after
- Using specific facilities that understand Company's requirements
- "Educating" the treating teams of "other facilities": can be feasible when dealing with a Private facility, more difficult when using the Public Health System

- In all cases, this is about providing ongoing medical coordination when case direction can be adapted through regular medical contacts
- Aiming for patient's assessment to be directed as much as possible towards Company standards requirements

Example: discussing number of days off for convalescence or medical treatment plans between "directed healing" using bandages versus suturing for a non-serious skin wound

Going Further?

Return to Work Advisory

Questions are:

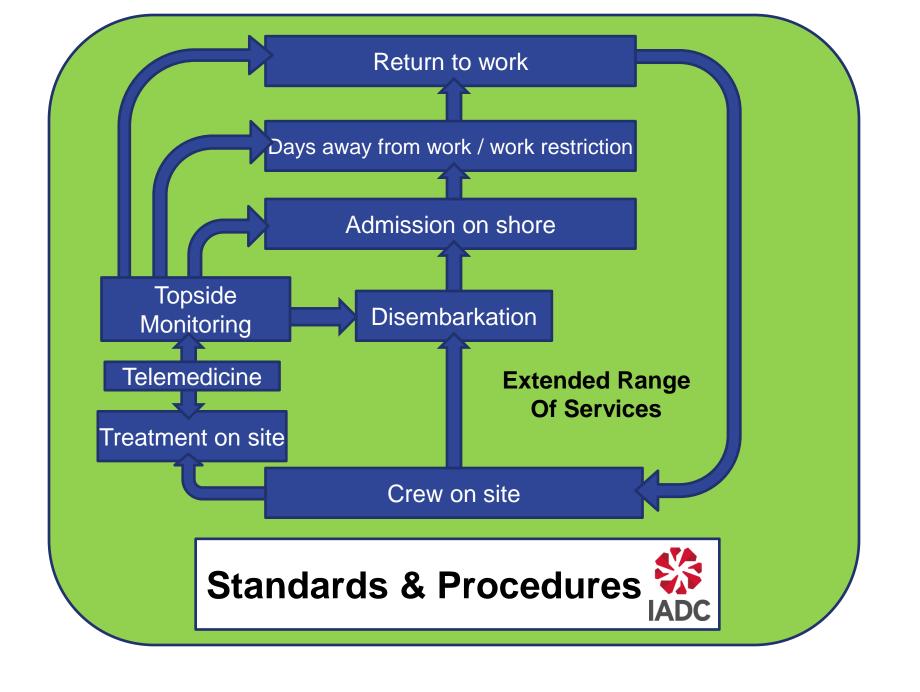
- Is crew's condition under control (full healing or not) and appropriate/able for him to resume his duty (in full or restricted)?
- In other words, is he fit to resume his duty?
- And when can he go back to work?
- Again, to be interpreted/delivered in regards to Company Medical Standards

Going Further?

Systemised Telemedicine

Questions are:

- How to improve quality in clinical management in order to provide the most appropriate options to decide what to do?
- How to help for diminishing indications of (urgent) disembarkation?
- Again, to be interpreted in regard to Company Medical Standards



Finally, from "Topside only", it goes toward Extended Work Health Services

Topside: becoming the first part of a more global "Workplace Injury and Illness Case Management" Service

Work Health Services would include:

- Topside Support
- Return to Work Service
- Work Health Reporting
- Systemised Telemedicine

Question: how to keep control on the case handling "from A to Z"?

- Having the right medical staff onboard
- Utilising the right equipment and drugs
- By using the right medical protocols
- And applying the right medical coordination advice
- All that "in full embedment" into Company HSE requirements

Answer:

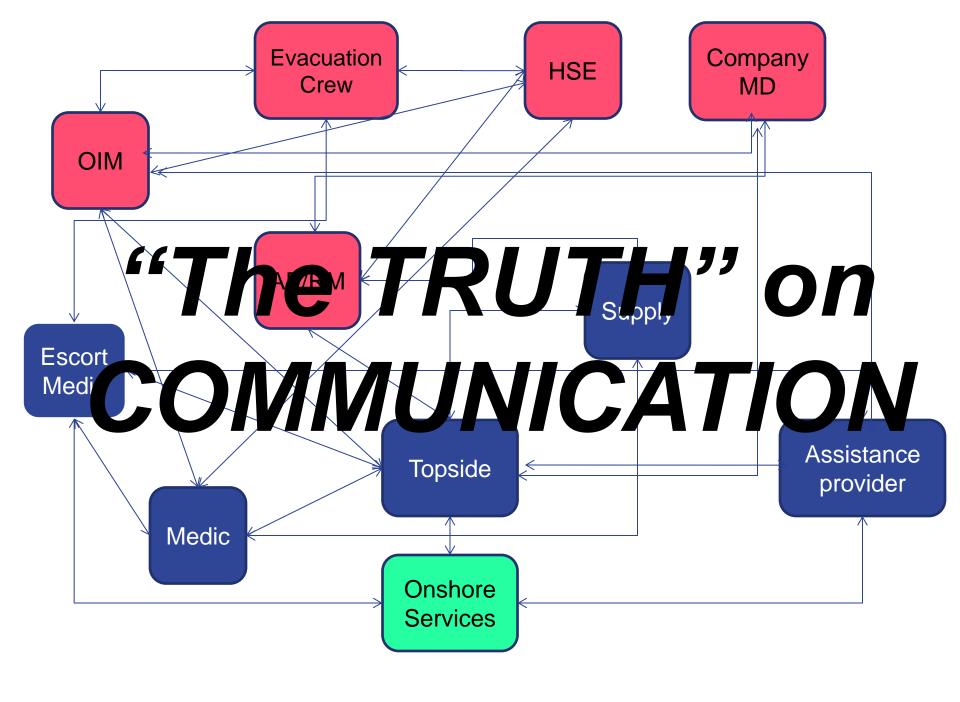
- Keeping control on communications
- Ensuring that communication is well based and well in line on the required industry standards

So, it goes back to the necessity of an UNEQUIVOCAL COMMUNICATION!

- Being able to speak the same language
- Understanding the same reciprocal issues
- Aiming the same purpose: controlling health risk of workforce
 - Not driven by the individuals' clinical need
 - But not designed to change the necessary medical care that should be provided to the patients

Because...

... What does really happen in regard to communications to deal with a case offshore?



Those communication lines are indeed indispensable... ...or aren't they?

- For ensuring that the Plan Of Action is in line with the MERP requirements
- For ensuring patient's safety from site to receiving facility (on both the medical and safety sides)
- For ensuring minimal operations disruption
- For ensuring IADC Standards are well applied

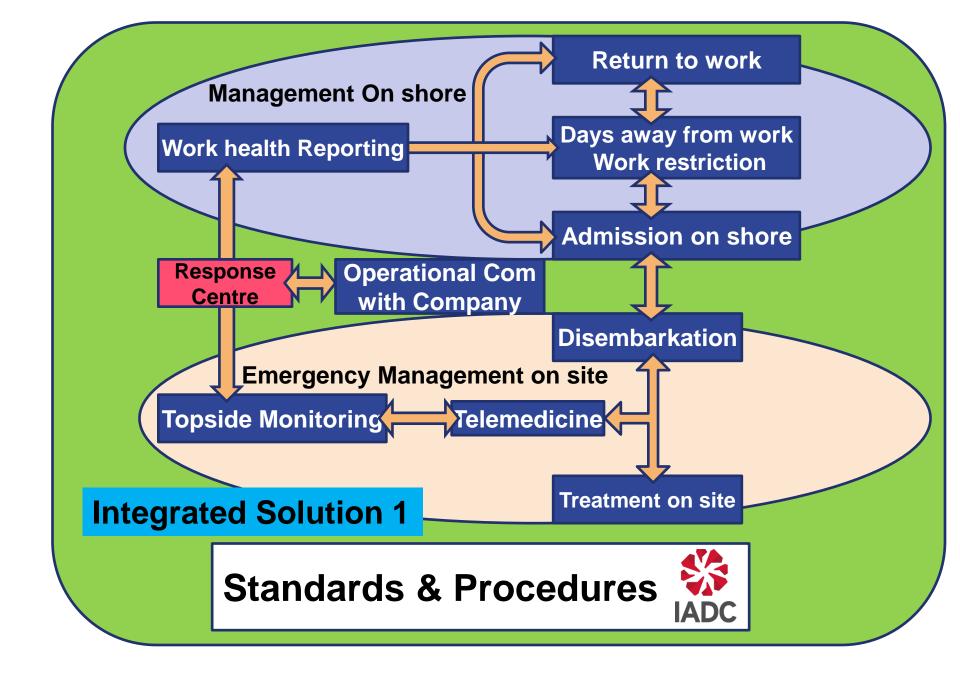
If not properly controlled, those "centrifuge communications" can lead to "over-communication"

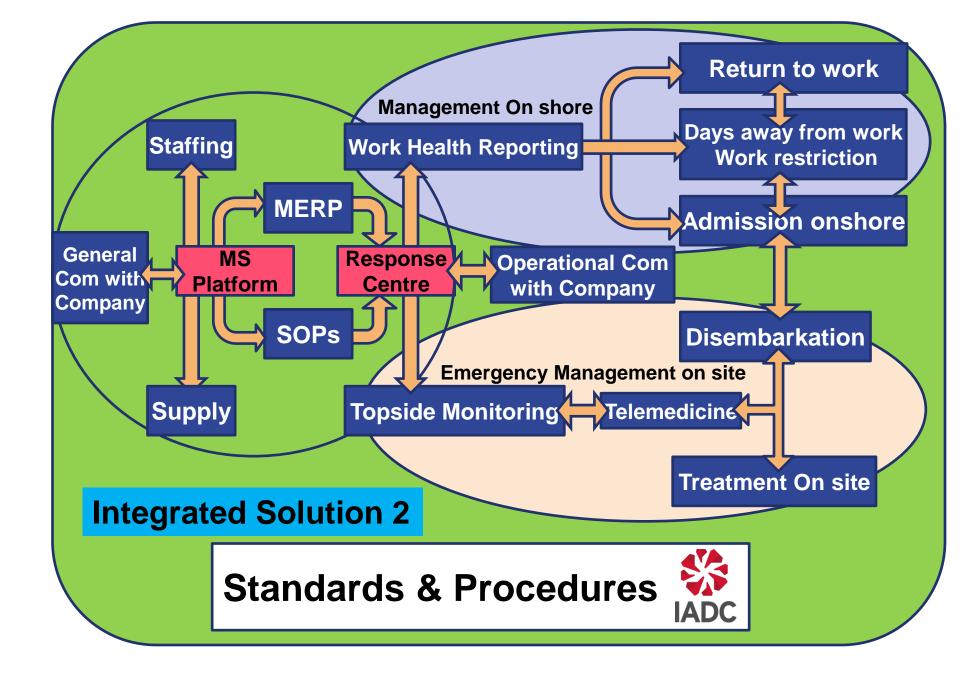
And over-communication may mean:

- Dilution of the information
- Dilution of the ownership on the "who is in charge of what"
- Risk of overlooking Standards and "being non-compliant"

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"Integration" means:

- Control on Communication in an Adapted Way:
 - Keeping it necessary and useful
 - Keeping it in the Scope of the Standards Requirements
- Control on the setup:
 - Aligning all parties in regard to all of the Standards Requirements
 - Working through a common vision by sharing common understanding and talking a common language

...allowing:

- The provision of a full solution of Work Health Services from the opening of a case on site to its closing
- The consistency of all Reports regarding the management of a case
- ... Then, thinking further by using this setup for promoting/ helping on Wellness Solutions and General Health Advice

Thank You