

PROCEDURE

PET-HSE27-HH-PRD-00003 Medical Assessment and Surveillance



Objective

To establish a process whereby personnel can be medically assessed to:

- determine their fitness for work for specific job tasks
- identify controls to minimize the risk of harm where fitness for work is compromised

Audience

HSE BPs, Human Resource Business Partners, Petroleum HSE A&I (Health/Hygiene), Health Contacts, and Local/Petroleum Medical Directors.

Contractors are expected to have a medical assessment/surveillance program in place that meets/exceeds the requirements outlined in this procedure. This should be managed through the contractor management framework.

Owner

Annette Bisby, Head of Health & Safety - Corporate

Document Signatures (e-signatures are permissible)

	Business Role	Name	Signature
Approver	VP HSEQ Project	Karelis Holuby	<i>Signature on file – refer to Memorandum: Heritage BHP Petroleum HSE MS Post-Merger Update</i>

Disclaimer:

This document has been updated to meet post-merger requirements. Updates have been restricted to rebranding of logo, company name and revision number and date. Updates have not impacted the design or functionality, or taken away from original intent, of the document.

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Process Summary

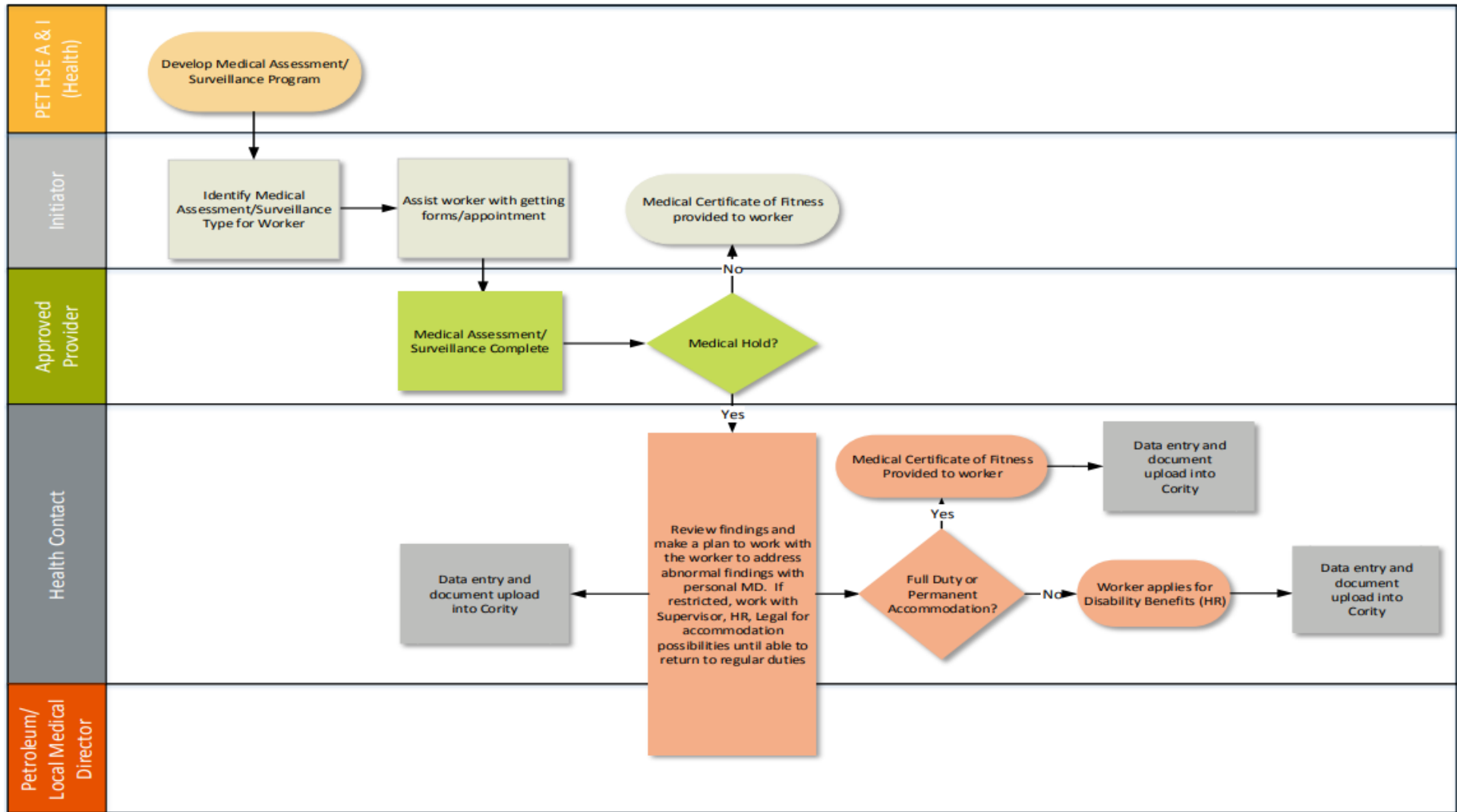


Figure 1: Medical Assessment and Surveillance Process

Procedure

Role	Responsibility
Approved / Preferred Medical Provider	A medical facility or physician that has been assessed and approved by <i>Petroleum HSE A&I (Health)</i> to provide clinical services for medical assessments, injury/illness case management, return to work, etc., and has working knowledge of OSHA and occupational health and environmental medicine.
Human Resources Business Partner	Position responsible for providing specialist advice to employees and line managers on the effective execution of people processes including developing job descriptions, workforce planning, talent, reward and by partnering with the line management to develop their workforce and influence the culture and performance of the organization. This is an organizational position.
Local Medical Director	Certified physician, contracted to Petroleum Deepwater (WEL) Petroleum at a local level, with responsibility for providing local technical occupational health support. This is a process role and not an organizational position. The <i>Medical Director</i> preferably has specialization in occupational medicine.
Initiator	Person who has designated responsibility for initiating a medical assessment. This is a process role and not an organizational position. Typically, this will be the <i>HR or HSE Business Partner</i> , or Employee and Contractor.
Petroleum HSE Analysis & Improvement (Health and Hygiene)	Subject matter experts (SMEs) in occupational health and hygiene who set Petroleum's minimum standards, provide guidance for functional excellence and monitor programs through analysis and improvement processes.
Petroleum/Local Medical Director	Board certified physician who provides technical support, oversight and quality assurance for the practice of health care professionals (Registered Nurses, Medics, etc.) globally for Petroleum and has a working knowledge of applicable regulations and occupational health and environmental medicine. The <i>Petroleum Medical Director</i> also supports <i>PET HSE A&I (Health and Hygiene)</i> with the development of minimum standards.
Medical Case Manager	Person who has responsibility to provide technical occupational health oversight and support for assigned injury and illness case from the initial injury/illness to recovery. This is a process role and not an organizational position. The <i>Medical Case Manager</i> must be a recognized health professional (preferably a Registered Nurse) with specialization in case management.
HSE Business Partner	Person who has responsibility to provide support identifying Employees and Contractors required to have assessments and ensuring assessments are complete. The person is responsible for liaising with <i>Medical Case Managers</i> , Supervision, Human Resources and Contractor Representatives. This is a process role and not an organizational position. The <i>HSE Business Partner</i> is usually a Petroleum Deepwater (WEL) Petroleum employee appointed by the HSE Manager.
Health Contact	Health care practitioner working on behalf of Petroleum Deepwater (WEL) (Houston Health Services, Health Analyst, Site Medic, Petroleum/Local Medical Director, etc.) who supports Pet DW (WEL) medical assessment/surveillance data entry into Cority and case management of employees who are placed on medical holds.
Safety-Sensitive Position	Positions at operational sites, are regulated, are occupationally exposed, or those that require work at, or travel to, remote/high risk locations. Positions in which incapacity due to the negative effects could result in direct and significant risk of injury to the employee, their colleagues, members of the public, property and/or the environment.

	<p>This includes all employees who are required to rotate through, or temporarily relieve, safety-sensitive positions (i.e., Crane Operators, Production Operators, Offshore Installation Managers, etc.) and supervisory or managerial positions who oversee safety sensitive-positions or are responsible for or actually perform the same duties or exercise the same responsibilities.</p> <p><i>Primarily office-based roles with minimum field work (i.e., site visits, walkthroughs, observations, or other activities that do not affect operational activities) are excluded from this definition.</i></p>
Business Traveler	Positions that require travel for business.
Medical Hold	The examining health care provider has identified a fitness to work concern that prevents the employee from performing essential duties safely. The health care provider may assign restrictions or remove the employee from work. Case management is required until employee is at maximum medical improvement.
Health Care Provider/Professional	A physician, physician assistant, registered nurse or other licensed clinical practitioner employed by or contracted with the Company or any of its Subsidiaries for the purpose of providing clinical services.

Step 1. Development of the Medical Assessment/Surveillance Program

- *Petroleum HSE A&I (Health)*
 - Perform periodic risk assessment/analysis, best practice reviews, regulatory and legal requirement reviews to establish components, frequency of and Employee and Contractor population for assessment/surveillance.
 - Liaise with *PET Medical Director* to identify medical assessment components based on approved standards of care, regulatory requirements, and best practices.
 - Ensure medical surveillance recommendations comply with the [Medical Screening and Surveillance Requirements in OSHA Standards: A Guide](#), and as required by other regulatory agencies, in the areas where Pet DW (WEL) operates.
 - Approve and maintain a list of preferred providers to conduct medical assessments/surveillance across Petroleum who have working knowledge of occupational health and OSHA/Country regulations. The preferred provider list is housed in HSE DAT under PET HSE Vendor List.
 - In some situations, a preferred provider is not available in the location of the Employee and Contractor. Petroleum HSE A&I (Health) will work with the *HR Business Partner or Medical Assessment Initiator* to identify an appropriate resource.
 - Ensure processes are designed to manage medical declarations and medical holds when fitness for work concerns are identified, including training to identify fitness for work concerns for Health Contacts.
- *Petroleum HSE A&I (Hygiene)* to advise *HSE A&I (Health)* of agents identified in the exposure risk profile triggering medical surveillance requirements.
- *Human Resources Business Partner*, with support from line and functional Supervisor, to define and maintain Job Descriptions outlining essential job duties/tasks across the Business.
 - *Petroleum HSE A&I (Health)* will provide support to assist in the identification of roles requiring medical assessments and surveillance.
 - There may be situations where a functional job analysis is required if one does not exist for the position. The *HSE BP* will facilitate with guidance from *Petroleum HSE A&I (Health)*.

Outputs	<ol style="list-style-type: none"> 1. Job descriptions (with physical requirements for safety sensitive roles) 2. Minimum requirements for assessments / surveillance 3. List of approved-third-party medical providers
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Step 2. Determine Type of Medical Assessment/Surveillance Required for Employees and Contractors

- *Initiator (HR BP, HSE BP, Employee and Contractor)* to determine the type of medical assessment required for a given role by referring to the Medical Assessment and Surveillance Requirements Matrix below.
- If unsure of what type of assessment is needed, contact the *Content Administrator (Petroleum HSE A&I - Health)*.

Assessment Type	Initiating Factor	Initiator
Pre-placement/Comprehensive Medical Assessment	Employment – Safety-sensitive Position	HR Business Partner
Travel Health Assessment (2 years or more frequently based on health status changes) NOTE: Traveler should get updated information for each new location traveling to (immunizations, access to medical care, etc.).	First International Trip Frequent International Travel (> 1 times per year) Frequent travel to Pet DW (WEL) office locations (>1 time per month) Travel to and from off-shore locations and remote/high risk on-shore locations as a visitor (short term visit < 5 days)	Traveling Employee
Periodic/Comprehensive Medical Assessment (2 years or more frequently based on health status changes)	Work at offshore/onshore operational site Work at remote/high risk locations onshore (i.e., geo field trips, exploration projects) Office Employee and Contractor who is required to travel to offshore/onshore operational sites as a required duty.	HSE BP
Regulated Medical Assessment (Typically, annual assessment)	Regulated positions (Coast Guard, Crane Operator, Seaman, etc.)	HSE BP
Return to Work Assessment (As needed)	Injury or illness	Employee, Supervisor, HR Business Partner, Medical Representative, Medical Case Manager
Fit for Work Assessment (As needed)	Fitness for Work concern (changes in medications and/or health conditions that may impact fitness)	Supervisor, HR Business Partnership, Health Care Provider, HSE BP Petroleum Health Contact
Medical Surveillance – Hearing Conservation (Annual)	Occupational Exposure	HSE BP
Medical Surveillance – Respiratory Medical Clearance (Annual)	Occupational Exposure	HSE BP
Medical Surveillance – Benzene (Annual)	Occupational Exposure	HSE BP
Medical Surveillance – Biological Monitoring (Annual)	Occupational Exposure	HSE BP
Exit Medical (From surveillance program)	Occupational Exposure	HSE BP

Medical Assessment Initiator/Health Contact may accept one of the following medicals when a comprehensive medical assessment is required for an employee or contractor when medical components are reasonably aligned with Pet DW (WEL) minimum requirements (exemptions require Operational Manager’s approval that must be forwarded to the Health Contact for data entry into Cority):

- Australian Maritime Safety Authority

- US Federal Aviation Administration
- US Coast Guard
- Oil and Gas United Kingdom (OGUK)
- Norwegian Maritime Directorate
- Panamanian Maritime Authority
- Atlantic Canada Medical Assessment for Fitness to Work Offshore (CAPP Medical)
- Republic of the Marshall Islands – Seafarer’s Medical

NOTE: This list is not all inclusive – contact the *Content Administrator (Petroleum HSE A&I - Health)* for review and approval of others.

- *Initiator* to provide information to Employee who is required to have a medical assessment/surveillance and refer the Employee to the relevant forms for completion as per Appendix 1 and list of approved preferred providers which is located in the HSE DAT under vendors.
 - Contractors are responsible for their own medical assessment/surveillance and must provide a certificate of fitness prior to working at Pet DW (WEL).
- *Initiator* is required to track and trigger on-going medical assessment/surveillance.

Outputs

1. Type of medical assessment/surveillance required identified
2. Process in place to track and trigger on-going medical assessment/surveillance

Step 3. Complete Medical Assessment/Surveillance

- *HSE BP* to identify all Employees and Contractors required to have medical assessments/surveillance and have a process in place to ensure identified Employees and Contractors are in compliance and that the *Health Contact* has received required documentation for inclusion into Cority.
- *HR BP* to facilitate pre-employment assessments with an approved preferred provider and notify the *HSE BP* and *Health Contact* with date and location of appointment.
- *Employee* to schedule appointment with approved preferred provider, complete identified sections of medical assessment forms before the appointment and attend the appointment. Employees and Contractors must provide full medical declaration of medications, health conditions, etc., that may impact fitness for work.
- In situations where an approved provider is not available, request support from *Petroleum HSE A&I* to identify acceptable alternatives.
- *HSE BP* is responsible for ensuring medical assessment/surveillance is completed for Employees and Contractors in assigned areas.
 - NOTE: The preferred provider list is housed in HSE DAT under PET HSE Vendor List. If a need arises to seek evaluation outside the list, the medical provider must be approved by PET Health A&I.

Outputs

1. Assessment report and associated documentation (e.g., Fit to Work Certificate)

Step 4. Outcome of Medical Assessment/Surveillance

- The *Approved Medical Provider* will assign one of the following to an Employee and Contractor:
 - *Fit for Work*
 - *Unfit for Work (Medical Hold)*
 - *Fit for Work Subject to Restriction(s) (Medical Hold)*.
- *Approved Medical Provider* to notify *Health Contact* when employee is placed on a medical hold. Medical holds must be case managed by *Health Contact* or *Medical Case Manager*.

- *Health Contact* will liaise with *Local and/or Petroleum Medical Director* to recommend action where a restriction-free Fit for Work Certificate cannot be issued for Employee and Contractor. A multidisciplinary team meeting may be required (*HR Business Partner, Medical Director, Petroleum HSE A&I (Health), Medical Case Manager, Supervisor, Legal*) to discuss options including reasonable accommodation opportunities.
- Employees will be case managed by *Health Contact* and/or assigned *Medical Case Manager* until Employee and Contractor reaches maximum medical improvement.
- In some cases, medical holds cannot be accommodated. In this instance, the Employee and Contractor will be referred to the *HR Business Partner* to apply for disability benefits.

Outputs 1. Recommended course of action (where a full duty - Fit for Work Certificate - cannot be issued) and case management for Employees and Contractors who are unfit or restricted

Step 5. Management of Documentation for Health Contacts

- *Approved Medical Provider* to provide *Health Contact* and employee with complete set of medical results and forms.
- Contractors are required to provide a medical certificate of fitness.
- All medical records/documentation (health history, physical results, lab reports, audiometric testing, etc.) must be managed in a confidential manner and must be entered into Cority by *Health Contact*.
- *Employee* may request a copy of medical record at any time. Medical record must be provided to Employee within 15 days of request, or as outlined by local regulatory requirements.

Outputs 1. Records retained in Cority

Step 6. Medical Declaration

Confidential Medical Declaration must be made to the evaluating health care professional. Refer to Appendix 3 – “Medication Assessment Guidance for Health Care Providers.”

Medical Disclosures	
<ul style="list-style-type: none"> ▪ <i>Health Contact/Health Care Provider</i> should refer to a decision-making framework that lists the main classes of drugs at highest risk of causing potential impairment and health conditions that may impact fitness for work to support the determination of fitness for work, including when to involve a medical review officer experienced in fitness for work determinations. ▪ The work undertaken (including safety critical, management of material risks), potential side effects of the medication, and the potential fitness for work implications of the underlying health condition, should be considered. 	
<p>Disclosures of Medication</p>	<p>To protect individuals’ medical confidentiality, the Company does not require individuals to disclose over-the-counter medication or prescription drugs unless one of the following situations apply:</p> <ul style="list-style-type: none"> ▪ The medication may affect the individual’s ability to safely perform work (i.e., some medications warn of drowsiness or caution regarding the operation of a motor vehicle or machinery); ▪ The medication may influence first aid and emergency response (e.g., anti-coagulants can lead to significant blood loss in the event of injury); or ▪ Point of collection devices are used and a non-negative test result is reported. In these situations, the individual may be prompted to document medications on the chain of custody form. ▪ Upon disclosure of medication, individuals are not required to disclose their diagnosis or medical history to their Supervisor or other non-medical professional. <p>Supporting our efforts to ensure individuals are fit for work, disclosure of medication may be required in the following situations:</p> <ul style="list-style-type: none"> ▪ During periodic Company medical examinations. ▪ Upon arrival at an offshore facility, there will be a requirement to disclose medication that could affect an individual’s ability to safely perform the essential duties of

	<p>assigned position to the health contact; or during injury/illness case management.</p>
<p>Disclosure of Health Condition(s)</p>	<p>To protect individuals’ medical confidentiality, the Company does not require individuals to disclose health conditions unless one of the following situations apply:</p> <ul style="list-style-type: none"> ▪ The health condition(s) may affect the individual’s ability to safely perform work. ▪ The health condition(s) may influence first aid and emergency response; or, ▪ Upon disclosure of health condition(s), individuals are not required to disclose their diagnosis or medical history to their Supervisor or other non-medical professional. <p>Supporting our efforts to ensure individuals are fit for work, disclosure of health condition(s) may be required in the following situations:</p> <ul style="list-style-type: none"> ▪ During periodic Company medical examinations. ▪ Upon arrival at an offshore facility, there will be a requirement to disclose health conditions that could affect an individual’s ability to safely perform the essential functions of assigned position to the Medic; or ▪ During injury/illness case management.

Table 1: Medical Disclosures

<p>Outputs</p>	<p>1. Process for declaration of medications and health conditions is in place</p>
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Healthcare Practitioner Process

Step 1. Medical Assessment/Surveillance Components

The Occupational Physician should evaluate the Employee and Contractor against the job tasks and occupational exposures. Additional clinical testing may be required on a case-by-case basis. At a minimum, periodic medical evaluations must occur every two (2) years and include the following components:

- Health History
- Vital signs
- BMI
- Physical exam
- Vision test
- Audiogram - baseline and annual, if assigned to the hearing conservation program
- Pulmonary Function Test – if clinically indicated, assigned to the respiratory protection program; required if assigned to the hydrocarbon/benzene surveillance program
- Respirator Clearance/Fit Testing – baseline and annual, if assigned to the respiratory protection program
- Blood Chemistry – CMP, CBC with Differential, Lipid Panel
- Urine – dipstick
- ECG/EKG – age 40+ and if clinically indicated
- Immunizations – Hep A/B, T-Dap (other vaccines may be required depending on country requirements)
- Chest X-ray – if clinically indicated
- Functional Capacity Evaluation – if employee works in a physically demanding position, it is recommended that some form of evaluation occurs if certain musculoskeletal health conditions are pre-existing or present
- Framingham Cardiac Assessment – if employee works in a physically demanding position or heat/cold exposed environment, it is recommended that this assessment be completed if Employee and Contractor has a history or current cardiovascular/respiratory health conditions.
- Fatigue Assessment – if health condition is identified that may have a fatigue impact (i.e., sleep apnea)
- Other diagnostic testing, if clinically indicated with approval from Health Contact or PET/Local Medical Director
- Pre-employment drug and alcohol testing for safety-sensitive positions only.

Outputs 1. Minimum requirements for medical assessment and surveillance is outlined

Step 2. Travel Health Assessment Components

- Health History
- Vital signs
- BMI
- Vaccines (as recommended)
- Physical exam (if clinically indicated)

Outputs 1. Minimum requirements for Travel Health Consult is outlined

Step 3. Medical Surveillance: Hearing Conservation Program

- *HSE BP* is responsible for identifying the Employees and Contractors required to be enrolled in the hearing conservation program and working with Cority Administrator to ensure their enrollment in the Cority Hearing Conservation Hearing Surveillance group. See PET-HSE27-HH-PRD-00004 *Occupational Exposure Management* for the triggers for inclusion in the hearing conservation program.
- All Employees and Contractors assigned to the Hearing Conservation Program (HCP) must have an initial baseline within six (6) months of assignment, and annually, thereafter.
- Refer to OSHA 1910.95(g), 1926.52 Noise for specific regulatory requirements.
- Refer to Appendix 3 for audiometric testing requirements and management for standard threshold shifts (STS).
- *Health Contact /External Tester* must follow the audiometric testing protocol in Appendix 4. Audiometric Testing and Work-relatedness Determination Protocol.
- *Health Contact/External Tester* must be CAOHC certified (or comparable certification) to perform testing.
- Work-relatedness recordable events must be made as outlined in Appendix 5. Determination of STS and Recordability.
- *HSE BP* is responsible for ensuring audiometric testing is completed, hearing fit tests are completed, refitting/retraining employees with STS over 8 dB and support work-relatedness process for STS 10 dB and higher.

Outputs

1. Audiometric and fit testing is complete
2. STSs are managed appropriately

Step 4. Medical Surveillance: Respiratory Protection Program

- *HSE BP* is responsible for identifying the Employees and Contractors required to be enrolled in the respiratory protection program and working with Cority Administrator to ensure their enrollment in the Cority respiratory protection surveillance group. See PET-HSE27-HH-PRD-00004 *Occupational Exposure Management* for the triggers for inclusion in the hearing conservation program.
- Respirator clearance and fit testing is required for Employees and Contractors prior to donning a respirator.
- Refer to OSHA 1926.103 Respiratory Protection for regulatory specific requirements for fit testing.
- *HSE BP* is responsible for ensuring respirator clearance and fit testing is completed.

Outputs

1. Respiratory clearance and fit testing is complete

Step 5. Medical Surveillance – Benzene Program

- *HSE BP* is responsible for identifying the Employees and Contractors required to be enrolled in the benzene biological monitoring program and working with Cority Administrator to ensure their enrollment in the Cority Benzene surveillance group. See PET-HSE27-HH-PRD-00004 *Occupational Exposure Management* for the triggers for inclusion in a biological monitoring program.
- *Approved Medical Providers* must refer to [NIOSH Specific Medical Tests or Examinations and OSHA – Medical Screening and Surveillance](#) for OSHA-regulated substances and performance assessments/surveillance.
- *HSE BP* is responsible for ensuring benzene surveillance is completed.

Outputs

1. Benzene surveillance is complete

Step 6. Medical Surveillance - Biological Monitoring

- *HSE BP* is responsible for identifying the Employees and Contractors required to be enrolled in the benzene biological monitoring program and working with Cority Administrator to ensure their enrollment in the Cority Benzene surveillance group. See PET-HSE27-HH-PRD-00004 *Occupational Exposure Management* for the triggers for inclusion in a biological monitoring program.
- In some cases where Biological Exposure Indices (BEI) exist, a formal medical surveillance program may be supplemented with approval from the *HSE A&I (Health) and/or PET or Local Medical Director*.
- Industrial Hygiene Technicians must refer to AIHA – Biological Monitoring: A Practical Field Manual and ACGIH current TLV's and BEL's for specific program requirements.
- Biological monitoring is to be conducted by trained and competent technicians and certified laboratories.
- Equipment used will be calibrated and maintained in accordance with the manufacturer's recommendations.
- The test method, frequency, and type of monitoring to be verified by a competent *Occupational Health Specialist, Occupational Hygienist and/or the Petroleum Medical Director*.
 - S-PMA is the recommended biological monitoring test for benzene.
- Biological monitoring data must be treated as confidential medical records.
- *HSE BP* is responsible for ensuring biological testing is completed.

Outputs 1. Biological monitoring is complete

Appendix 1. Forms

Abbreviation / Term	Definition
Pre-employment / Periodic Medical Assessment	<ul style="list-style-type: none"> ▪ <i>Medical Assessment Packet (PET-HSE27-HH-FRM-00013)</i> ▪ <i>Medical Information Authorization Consent Form (PET-HSE27-HH-CER-00001)</i> ▪ <i>Medical Information Authorization Consent Form (PET-HSE27-HH-FRM-00001)</i> ▪ <i>Framingham Cardiac Risk Assessment Form (PET-HSE27-HH-FRM-00003)</i>
Travel Health Assessment	<ul style="list-style-type: none"> ▪ <i>Travel Health Assessment Packet (PET-HSE27-HH-FRM-00009)</i> ▪ <i>Medical Information Authorization Consent Form (PET-HSE27-HH-CER-00001)</i> ▪ <i>Petroleum Medical Declaration Form (PET-HSE27-HH-FRM-00011)</i>
Return to Work Assessment	<ul style="list-style-type: none"> ▪ <i>Return to Work Certificate (PET-HSE27-HH-CER-00002)</i>
Annual Audiometry	<ul style="list-style-type: none"> ▪ <i>Audiometric Evaluation form (PET-HSE27-HH-FRM-00008)</i> ▪ <i>Medical Information Authorization Consent Form (PET-HSE27-HH-CER-00001)</i>
Annual Respiratory Medical Evaluation	<ul style="list-style-type: none"> ▪ <i>Respiratory Medical Questionnaire and Clearance Certificate (PET-HSE27-HH-FRM-00010)</i> ▪ <i>Medical Information Authorization Consent Form (PET-HSE27-HH-CER-00001)</i>
Annual Hydrocarbon/Benzene Surveillance	<ul style="list-style-type: none"> ▪ <i>Benzene Exposure and Medical History Review Form (PET-HSE27-HH-FRM-00002)</i> ▪ <i>Medical Information Authorization Consent Form (PET-HSE27-HH-CER-00001)</i>
Annual Biological Monitoring	<ul style="list-style-type: none"> ▪ <i>Medical Information Authorization Consent Form (PET-HSE27-HH-CER-00001)</i>
Exit Medical Letter	<ul style="list-style-type: none"> ▪ <i>Exit Medical Letter of Notification – (PET-HSE27-HH-00012, 00010)</i>

Appendix 2. Health Risk Guidance for Health Care Providers

Assessing Employees and Contractors assigned to, or working in, regions with limited medical resources (Remote/High Risk Assignments)

Introduction

Limited or no access to definitive medical care, medical evacuation and emergency response services are unavoidable risks for people living and working in remote locations with limited medical resources. Health conditions that might be considered “low risk” may pose a direct threat or significant risk of substantial harm to the affected individual or to others while working or living in remote areas.

Persons living and/or working in remote locations are often subject to the following factors:

- Physical exertion (climbing walkways, stairs, work tasks, etc.) and exposure to heights.
- Shiftwork, with long hours (e.g., 12-hour shifts) and changes in routine.
- Absence from home for prolonged periods, which may be up to 2-3 weeks in duration.
- Adverse weather.
- Heat and/or and cold exposure.
- Workplace emergencies.

Persons working in remote/high risk locations should be evaluated on an individual basis.

The following is a list of conditions that may be disqualifying. It is not all-inclusive. At a minimum, the presence of one or more of these conditions should prompt the examiner to further investigate whether their patient is medically fit for remote, high risk and/or safety sensitive work and consider consulting the Petroleum Deepwater (WEL) / Local Medical Director.

General rules

Recent significant illness or surgery
Morbid obesity (BMI>40) and/or severe deconditioning
Active infections including dental disease
Significant hearing loss
Corrected visual acuity worse than 20/40 in the better eye

Specific conditions

Cardiovascular Disease

- Significant history of, or current, heart disease
- Uncontrolled hypertension
- Venous thrombosis/anticoagulation therapy
- Pacemaker

Respiratory System

- Acute illness
- Severe asthma
- COPD
- Restrictive lung disease
- Sleep Apnea

Gastrointestinal and Abdominal Conditions

- Active peptic ulcer disease
- Inflammatory bowel disease
- Chronic active Hepatitis B or C
- Hernias-inguinal or abdominal

Musculoskeletal Disorders

- Significantly impaired mobility
- Musculoskeletal conditions that are currently or have been disabling
- Absence of foot, leg, hand, or arm

Neurological Disorders

- Seizures as an adult
- Cerebrovascular accident
- Transient ischemic attacks
- Dementia

- Impairing migraine headaches
- Endocrine and Metabolic Disorders
- Insulin dependent diabetes mellitus
 - Poorly controlled diabetes mellitus
 - Thyroid dysfunction (poorly controlled)
 - Other endocrine disorders requiring specialized treatments
- Neoplastic and Hematologic Disease
- Any disease requiring ongoing treatment or frequent follow-up
 - Anemia
 - Coagulopathies
 - Immunodeficiency's
- Mental and Psychiatric Disorders
- Ongoing substance abuse disorders
 - Schizophrenia
 - Major depression
 - Alcoholism
 - Anxiety
- Medications
- Psychotropic medications
 - Tranquilizers
 - Anticoagulants
 - Others that may impair

Petroleum Deepwater (WEL) Medical Director Contacts			
Petroleum Medical Director	Joseph Pearson, MD	+ 1 337 962 7900 (24/7 XstremeMD back up + 1 337 704 0915)	jpearson@xstrememd.com
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Trinidad Local Medical Director	Ryan Abraham, MD	+ 1 868 622 7340 + 1 868 682 5965 (after hours)	ryan.abraham@serpentinemedical.com

Appendix 3. Medication Assessment Guidance for Health Care Practitioners

<p>HIGH RISK: High risk potential for health and/or safety offshore, high risk/remote facilities. Requires medical clearance from Pet DW (WEL) Local Medical Director/Topside Medical Control before bringing medications to facility.</p> <p>Medical Marijuana is prohibited. Must be stored in clinic and dispensed by Medic.</p>			
<p>DEA schedule I: Marijuana (prohibited)</p>	<p>Tranquilizer / Hypnotic: Ambien Halcion Lunesta Klonopin Trazadone Restoril</p>	<p>Tricyclic Anti-depressant: MAOI Anafranil Elavil Ascendin Sinequan Norpramin Tofranil Vivacitil Surmonti Selegine Parnate Nardil</p>	<p>Potent Immune Suppressant: Prednisone (20mg/d) Prednisolone (20mg/d) Dexamethasone (3mg/d) Gengraf Copaxone Methotrexate Imuran Cytosan Chlorambucil</p>
<p>DEA schedule II: Methadone Dilaudid Demerol Fentanyl Oxycotin Morphine Hydrocodone Suboxone Opana Codeine (high dose)</p>	<p>Anti-anxiety / Benzodiazepine: Ativan Librium Valium Klonopin Xanax (1mg) Serax Restoril Halcion Buspar</p>	<p>Antipsychotics: Mellaril Loxitane Moban Navane Prolixin Serentil Stelazine Thorazine Trilafon Abilify Clozaril Geodon Risperdal Seroquel Zyprexa</p>	<p>Muscle Relaxer: Soma Baclofen Flexeril Robaxin Valium</p>
<p>Barbiturate: Fioricet Fiorinal</p>	<p>Weight Loss: Adipex</p>	<p>Other: Nitroglycerin Lithium Antiparkinson</p>	
<p>RESTRICTED: Moderate risk for health and/or safety offshore, high risk/remote facilities. Requires medical clearance by Pet DW (WEL) Local Medical Director/Topside Medical Control. Must be stored in clinic and dispensed by Medic.</p>			
<p>Pain/Muscle Relaxer: Tramadol Tylenol #3 Skelaxin</p>	<p>Sedative (herbal): Valerain</p>	<p>Seizure, Neurologic: Banzel Cerebyx Dilantin</p>	<p>Other: Chantix Anabolic Steroids Epipen</p>

Zanaflex		Felbatol Gabitril Keppra Tegretol Depakote Lamictal Neurontin Onfi Sabril Topamax Tripletal Zarontin Zonegra	COPD/Asthma
Anti-tuberculosis: Rifampin Isoniazid Pyrazinamide Bedaquiline			
DEA schedule II N Stimulates: Adderal Vyvanse	Anti-platelets/PDI: Plavix Pletal Aggrenox Ticlid Effient	Sedating Antihistamines: Benadryl Zyrtec	Anti-diabetic: Insulin Byetta
Cautionary: Examples of medication where worker caution is recommended. If medication is newly started or experiencing side effects, check with Medic/Houston Health Services/Local Medical Director/Topside Medical Control			
NSAID: Arthritis/Pain Aspirin Motrin Aleve Mobic Celebrex Tylenol Exedrine	Antihistamine (non - sedating): Claritin Allegra Clarinex	Supplements: St. John's Wort Melatonin (sleep aid)	SSRI Antidepressants: Citalopram (Celexa) Escitalopram (Lexapro) Fluoxetine (Prozac) Paroxetine (Paxil, Pexeva) Sertraline (Zoloft) Vilazodone (Viibryd)
Topical Pain: Lidoderm Voltaren Capsaicin Biofreeze	Anti-inflammation: Prednisone Prednisolone	Anti-hypertensive: Enalapril (Vasotec) Captopril (Zestril and Prinivil) Benazepril (Lotensin) Quinapril (Accupril) Perindopril (Aceon) Ramipri (Altace) Trandolopril (Mavik)	Anti-cholesterol: Atorvastatin (Lipitor) Fluvastatin (Lescol) Lovestatin Pitavastatin (Livalo) Pravastatin (Pravachol) Rosuvastatin Calcium (Crestor) Simvastatin (Zocor)

Appendix 4. Audiometric Testing and Standard Threshold Shifts

Audiometric Testing Requirements:

The purpose of audiometric testing is to determine each employee's hearing threshold by determining the employee's response to noise at several frequencies.

- A baseline audiogram will be conducted within six months of hire, or within one year if a mobile test van is used. Annual audiometric testing will be required for all employees enrolled in the hearing conservation program.
- The initial audiogram will be used as a baseline measurement to which all subsequent audiograms will be compared. Audiometric testing will be completed annually for all employees whose exposures equal or exceed an 8-hour TWA of 85 dBA.
- Audiometric testing will be performed by an approved provider. There may be circumstances where an unapproved external provider must be used (i.e., STS confirmation, work-relatedness determination). The provider must be trained/certified to meet CAOHC, or like, requirements.
- The audiometric testing will be performed at no cost to the employee.
- Employees who are to receive audiograms during a workday must wear hearing protection prior to their tests or have been exempt from workplace noise for a period of **14 hours** prior to the testing procedures. During the 14 hours prior to the testing, the employees shall refrain from any noisy non-work exposures such as listening to loud music, mowing the lawn, target practice and woodworking.
- The annual audiogram will be compared to the baseline audiogram to determine if the audiogram is valid and if a standard threshold shift has occurred. An STS is defined as the average hearing loss of 10 dB or more at the tested frequencies of 2,000 Hz, 3,000 Hz, and 4,000 Hz in either ear.
- Evaluation of the results of the audiograms will be performed by a trained health care professional. The company will follow all recommendations made for each employee by the trained, health care professional.
- If the results of the audiogram demonstrate an STS > 10dB, the company reserves the right to conduct a second audiogram **within 30 days** and to consider these results as the annual audiogram.

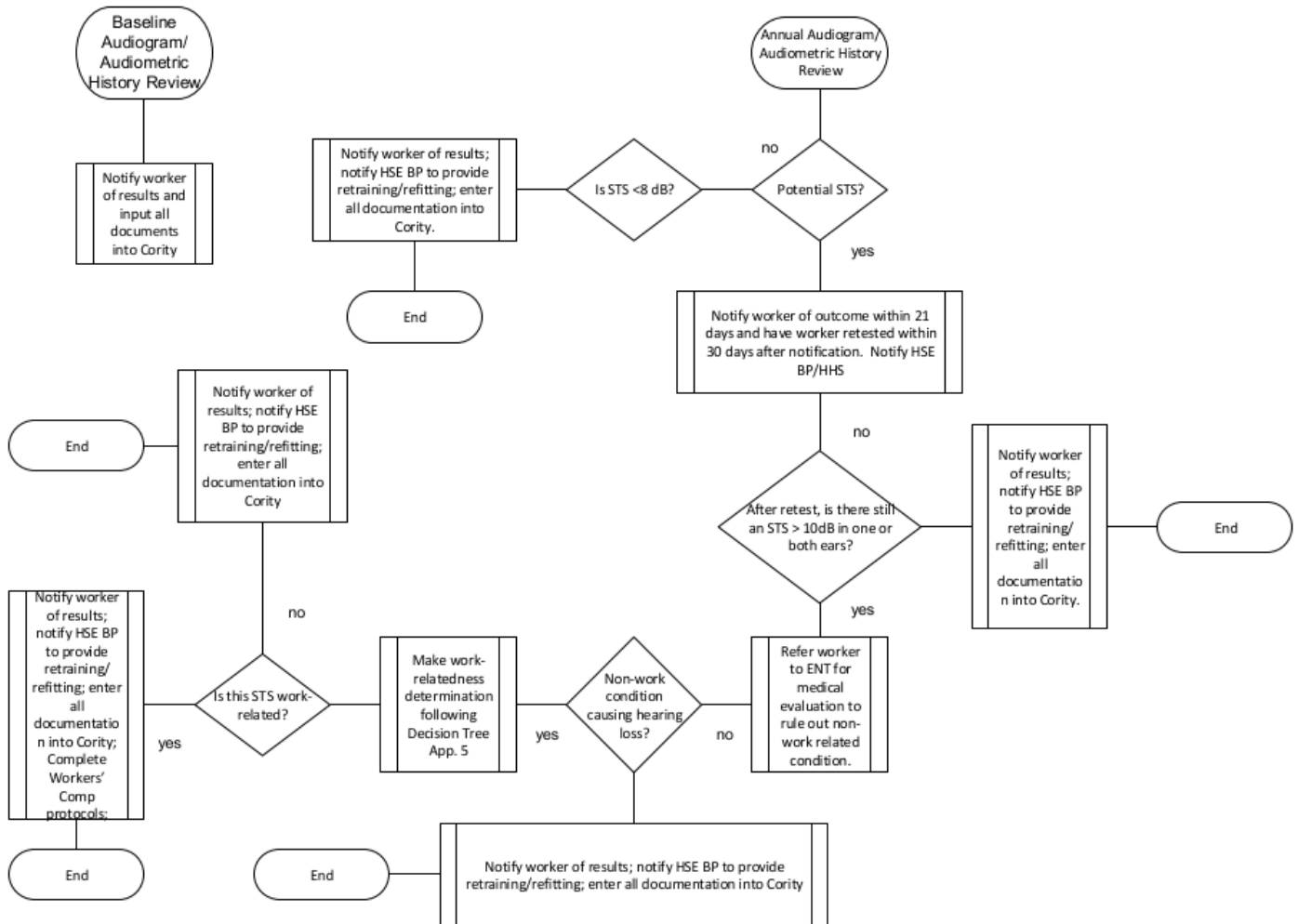
Management of Standard Threshold Shifts (STS)

The following steps will be taken by the Health Contact:

- If a STS > 8 dB is identified:
 - Employees will be notified of the results **within 21 days** of the determination.
 - Employees will be refitted and retrained in the proper use of hearing protection. Hearing protection offering greater noise reduction will be provided to the affected employees.
- If a STS > 10 dB is identified:
 - The employee will be referred for a clinical audiological evaluation or an otological examination for additional testing to confirm STS.
 - If a STS >10 dB is confirmed, a work-relatedness determination will be made.
 - If the STS is determined to be work-related (WR), then it will be entered as a recordable WR illness in Cority and EMS.
- All documentation, including correspondence and verbal follow up, will be documented in Cority by HHS.
- If Contractor audiograms identified a potential STS the contractor company will be notified and will be responsible to undertake the required, follow up and provide notification to Petroleum Deepwater (WEL) if there is a confirmed WR STS or not.
- HHS to be notified if any contractor working on our sites have a WR STS in order to enter a recordable WR illness in Cority and EMS.
- HSE BP, along with management, will perform periodic reviews for the effectiveness of engineering and administrative controls to identify and correct any deficiencies.

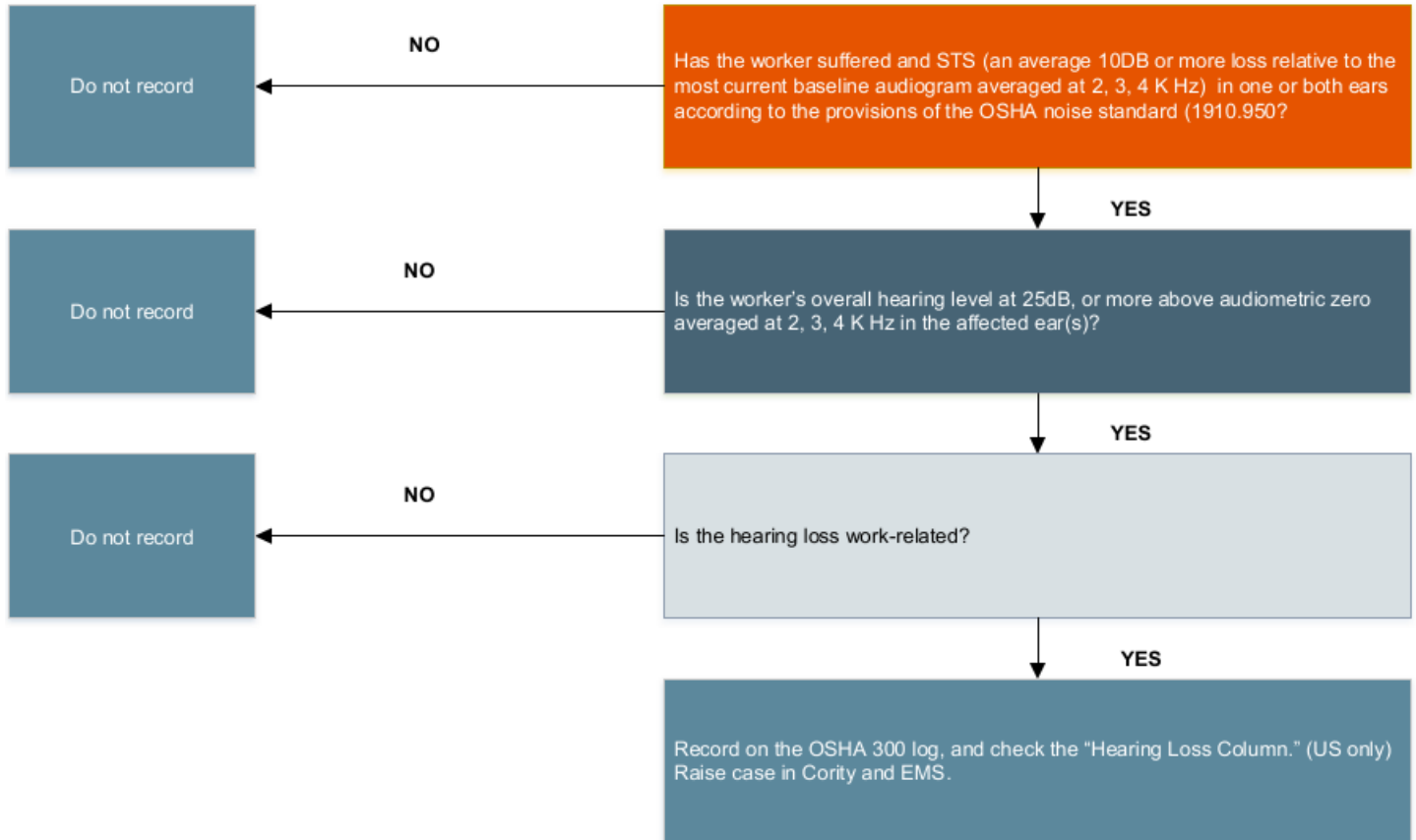
Appendix 5. Process flow for Audiometric Testing, STS Confirmation and Work-relatedness Determination

Audiometric Testing and Work-relatedness Determination Protocol



Appendix 6. Determination of STS and Recordability

DECISION TREE - Determination of STS and Recordability



NOTE:

In all cases, use the most current baseline to determine recordability as you would to calculate an STS under the hearing conservation provisions of the noise standard (1910.95).

If an STS occurs in only one ear, you may only revise the baseline audiogram for that ear.

The audiogram may be adjusted for presbycusis (aging) as set out in 1910.95.