



RAPID MEDICAL RESPONSE

Medical evacuations are particularly challenging within the oil and gas industry, combining logistical know-how with health and safety considerations, reports Emran Hussain

Last month Pipeline covered the challenges of oil and gas logistics in and around the region, we now take a look at an equally – if not more – challenging area in the oil and gas industry: Medical evacuation.

Medical evacuation is one of those services everyone hopes they will never need, but rapid responses driven by efficient contingency plans are essential in the often remote and technically

challenging environments of the industry. Everything from a simple cut or graze to a heart attack or severe toothache is covered in the scope of work for any medical evacuation (or 'medivac') service provider.

Just as the crucial energy resources of oil and gas are the lifeblood of the world economy, the health and well-being of workers who maintain constant production at the oilfields around the world are paramount.

With health and safety and quality management (HSQM) at the centre of any respectable oil and gas operation, having a comprehensive emergency medical care strategy for field based executives and rig site workers alike is a necessity.

Time, above anything else, is the primary concern for any health emergency on an oilfield, with the speed of response often a critical factor in determining whether an injured worker lives or dies.



RMSI's nerve centre in Dubai

"Our average time on the ground in Basrah airport is 22 minutes," says Dr Rikard Moen, HSEQ director at Dubai based medivac specialist, RMSI Medical Solutions which has a sizeable presence in southern Iraq.

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The nature of the oil and gas industry is such that it requires those from very diverse backgrounds and cultures to be working side by side. Although this brings a number of advantages in diverse perspectives and experience, particularly with international companies often hiring from the local workforce in the countries

where they operate it, also has its challenges.

In the contemporary oilfield or gasfield, the typical workforce, especially in the field, will be multinational and consist of short- and long-term contractors. Including workers on regular rosters and also rotating schedules, their terms of contract will be just as diverse, making it even more important for employers there to have robust and actionable health and safety policies in place.

Dr Moen, who recently spoke at an Iraq-focused industry conference in Dubai, explains that services provided by companies like RMSI, which specialises in hostile territory operations in the region, tend to be taken for granted.

"We know you, we're signed up with you in Iraq...but we'll never need you though," he recalls from the conversations he had with executives from many of RMSI's oil and gas clients in Iraq who were

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present at the event.

Founded in 2006 and with over 150 personnel operating 24 hours a day, RMSI boasts 25 field clinics in Iraq alone, with its services supporting more than 30 oil and gas companies there. A centrepiece of RMSI is its dedicated airborne intensive care unit, a fully-equipped medical response unit on-board a Hawker 800 jet.

"You tend to find with a vast number of air ambulance providers, they do a dry lease of an aircraft, they don't have a dedicated crew so when they've got to rush around a plane somewhere and then try and get their crew from the on-call team that they have, there is always going to be a delay," explains Dr Moen.

He describes how critical it is to have on-ground medical support in the remote regions of Iraq and also Afghanistan, which is another theatre of operations for RMSI.

"The clinics out in the field all



An RMSI field clinic

feed directly into here [Dubai], this is command control even for the most basic of things, but it means as soon as there's a case anywhere in the field,

mission response here is aware of it. We've got doctors on call here, not always on site but always by phone so you've got immediate medical input."

Hands-on practitioners

Mick Barry is a veteran in both medical practice and working in some of the most challenging environments, with nearly three decades of frontline experience, much of which took place in hostile territories. Having worked for military organisations, NGOs and the oil and gas industry, Barry is no stranger to adversity.

Currently working as a medical specialist for the London-based security firm AKE Group in Libya, he explains that it is often the most mundane incidents that he encounters in oilfield operations.

"[It is] mainly road traffic accidents and [the result of] bad health and safety measures, where workers become complacent within their working

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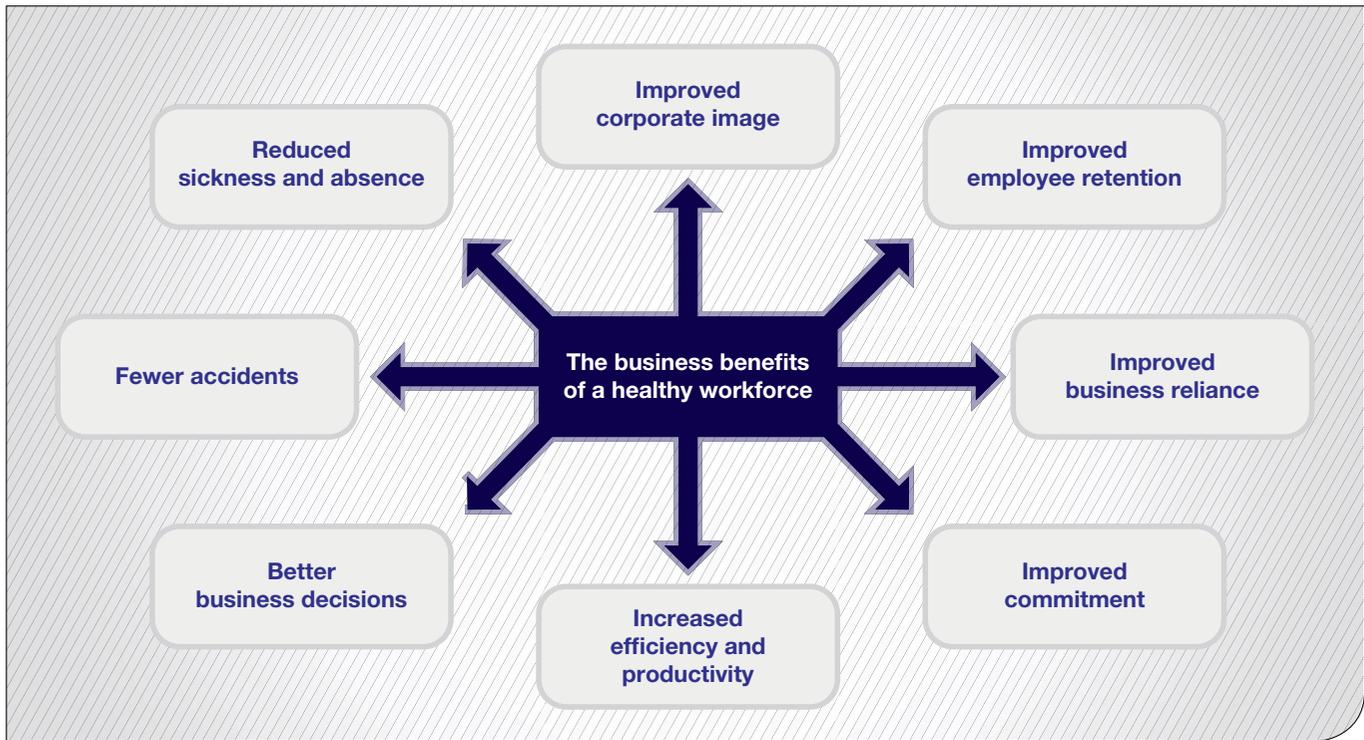


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Dr. Rikard Moen, RMSI

environment. Training and retraining is a must to prevent further incidents,” says Barry.

He explains there is simply no substitute for preparedness, especially when foreign workers are involved: “[A] good repatriation service as a possible country evacuation plan for non-residents should be in place.”

Additionally, Barry says an advance assessment should be made about the capabilities of medical facilities in neighbouring countries, to support medivac operations.

He says that it is all about “knowing which hospitals have the best plans, treatment, facilities and ambulances, it’s no good going to an eye hospital with a trauma patient.”

Barry’s work as a medic has taken him to war zones and also natural disaster zones, like the Japanese Tsunami and subsequent nuclear disaster last year. He recalls his experience of having braved the extreme climatic conditions of the Arctic and the Andes to practice altitude medicine.

A previous deployment saw him work with an oil company in Yemen where he undertook medical training for dealing with bomb explosion and bullet injuries, an unfortunate reflection of the realities of operating in that country.

Another point Barry emphasises is the importance of ongoing attention in keeping medical plans up to date: “Medical plans in most companies need revisiting on a regular basis, like testing

the medical teams within companies so as to refresh their knowledge and revisit mass casualty triage systems.”

Dr Moen agrees with this, adding: “We’re doing a lot of work and not just in medical equipment, medication and staffing but training and supervision, because Iraq has suffered on the medical side over the last 20 years.

“In the 1970s Iraq had the best health sector in the Middle East, that isn’t the case now, so one of the things we are able to do in the country is provide that training, the supervision for your normal workers but also for the local medics. That’s part of what we do, we contribute to the community as a whole.”