1619 PROVISION OF OCCUPATIONAL HEALTH AND EMERGENCY CARE IN REMOTE LOCATIONS

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Many industries by the nature of their business have to locate themselves in remote locations often distant from urban centres. This remoteness creates many challenges, not least in the provision of medical care, and in the practice of occupational health for the employees. During this session we will look at different aspects of medical and occupational health care in these remote settings and how some of the challenges can be overcome. My colleagues will discuss the provision of medical services in remote locations, and the particular features of the provision of occupational health services in Russian Siberia, in the Deserts of the Gulf Region in the Middle East and in Malaysia.

Before looking at the examples we will examine elements of the Health Risk Assessment (HRA) that should be carried out to enable the formulation of the Health Plan. Ideally the HRA should be carried out well in advance of the commencement of operations, but that does not always happen. Elements to be considered include:

- Health Hazards of the operation and project
- Local climate
- Patterns of diseases and illness, in the community and local work force
- Levels of education in the local workforce, including awareness of health and safety
- Standards and access to local health care
- Availability of National Medical and Nursing staff – requirements for local employment
- Availability of drugs and medical equipment
- Routes for medical evacuation
- National Legislation
- Industry and International Standards
- Access to food and drinking water
- Security Situation
- Potential Community Health Projects

All these elements and more need to be considered to formulate and execute a comprehensive medical and occupational health plan.

1619a OCCUPATIONAL HEALTH IN THE ENERGY INDUSTRY – IMPROVING HEALTH IN REMOTE AREAS

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The Energy Industry has had a challenging period with low and fluctuating oil prices driving uncertainty and massive structural impact. This has come at a time when exploration and operations are moving into increasingly remote and challenging areas of the planet. The resultant business changes create pressure on people that is related to job security, to divestments and to organisational redesign. However, these changes also drive efficiencies and include opportunities to

create new ways to improve access to health. One area of health at work that has benefited from this innovation opportunity is the provision of healthcare in remote areas and operations. The session will focus on several specific topics related to driving Health in remote areas:

- Remote Health Care provision. Examining the impact of new medical technologies on both health and business outcomes. An overview of the shift in mindset, competence and the change management required to implement this new paradigm of care and to deliver real outcomes
- Supporting remote populations by moving beyond a medical model of health promotion. Implementing interventions based on positive psychology, linked to specific cultural interventions that boost engagement, thriving, social cohesion and productivity, whilst mitigating health risk
- Health Practitioners in a remote environments in the energy industry – skillset, mindset and qualifications?
- Looking forward – opportunities, paradigms and do we need new types of practitioners and business models?

1619b OCCUPATIONAL HEALTH IN DESERT ENVIRONMENT

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Occupational Health management in the Middle East presents many interesting and complex challenges. Some of the challenges are due to the climate and topography as might be expected. However other challenges may not be so obvious related to culture demography and politics.

In terms of climate, occupationally it is necessary to protect workers in temperatures of +50C plus, in many areas high temperature is combined with high levels of humidity. This presents a significant challenge and if with WBGT method of worker heat management was used then work would be curtailed for significant portions of the year. More flexible but effective approaches to heat management have to be adopted. The Holy month of Ramadan dramatically compounds the issues relating to heat exposure and resultant heat illnesses.

Distance is also a significant challenge some sites are very remote from health care and it is necessary to arrange medical evacuation routes to centres of medical excellence. Workers often live in work camps, and if not well managed infectious diseases like Norovirus, TB can significantly impact the workforce. Camp Health and Hygiene (food, water, sanitation, etc.) form an integral part of OH responsibilities.

Demographically in some countries in the Gulf of Arabia there are large numbers of migrant workers, >80% of the population in UAE and Qatar. These workers often have existing health concerns, which require ongoing management. Also they can bring diseases from their home locations to the area of work e.g. Malaria. Migrant worker welfare and CSR programs are an integral part of workplace health provision in these environments, which includes local competency building and nationalisation programs ultimately resulting in sustainable developments.

There are also the usual anxieties and psychiatric risk factors of living away from home and family which have significant impact on mental health. Programs need to be arranged