



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality
Department

STANDARD OPERATION PROCEDURE – OCCUPATIONAL HEALTH PLAN AND MINIMUM REQUIREMENTS

Document No LUS-HSE-SP2-446-004.05 Rev 5

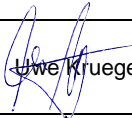
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COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev. No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information – Not controlled if printed has been added.	HSE Working Group	Michael Ford	Uwe Krueger	1 st April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford	Uwe Krueger	1 st April 2015
2	(All pages) Full review	HSE Working Group	Michael Ford 19 April 2015 <i>Michael Ford</i>	Uwe Krueger	19 April 2015
3	(Pg. 10) 5.8 Fit to Work, Correction has been made, from "Company approved Medical Practitioner" to "Initial Treating Doctor from an approved Hospital".	Occupational Health Team	<i>Michael Ford</i>	Uwe Krueger	
3	(Pg. 10) 5.8 Fit to Work, "Only the initial treating Doctor or another Doctor (Second Opinion) from the same hospital can overrule the original prescribed treatment or Medical Certificate obtained (fit or unfit for duty), and this must be done on the same date," has been added.	Occupational Health Team	<i>Michael Ford</i>	Uwe Krueger	
3	(Pg. 13) 6.2. Medical Center Structure Specifications (Onsite and Labor Camp), Medical Staff and Employee ratio has been revised.	Occupational Health Team	<i>Michael Ford</i>	Uwe Krueger	
4	(Pg. 7) 5.1 Organization – Contractor's Medical Arrangements has been amended.	HSE Working Group	<i>Michael Ford</i>	Uwe Krueger	
4	(Pg. 9) 5.5 Monitoring of Health Performance has been amended.	HSE Working Group	<i>Michael Ford</i>	Uwe Krueger	
5	(Pg. 15) 6.5.1 Basic First Aid Station Facility with only Certified First Aiders has been amended.	HSE Working Group	<i>Michael Ford</i>	 Uwe Krueger	15 th May 2016

Contents

1.0 Commitment	5
2.0 Purpose.....	5
3.0 Scope and Objectives.....	5
4.0 Contractor Roles and Responsibilities.....	5
5.0 Project Health Deliverables.....	6
5.1 Organization	6
5.2 Licensed Medical Staff of Contractors Medical Facilities.....	7
5.3 Medical Transport	9
5.4 Assessment and Control of Health Risk.....	9
5.5 Monitoring Of Health Performance	9
5.6 Health Impact Assessments	10
5.7 Product Stewardship	10
5.8 Fit to Work.....	11
5.9 In Country Health Care and Medical Emergency Response	11
6.0 Appendix A.....	12
7.0 Appendix B.....	17

ABBREVIATIONS

- **ILO** - International Labor Organization
- **SCH** - Supreme Council of Health
- **HMC** - Hamad Medical Corporation
- **HSE** - Health Safety and Environment
- **ERP** - Emergency Response Plan
- **MER** - Medical Emergency Response
- **Medivac** - Medical Evacuation
- **ILS** - Intermediate Life support
- **EMT** - Emergency Care Technician
- **MSDS** - Material Safety Data Sheet
- **QCS 2010** - Qatar Construction Specifications 2010
- **PMP Project** - Management Plan
- **IOD** - Injury on duty
- **LC SMP** - Lusail Construction Safety Management Plan
- **LREDC** - Lusail Real Estate Development Company

1.0 COMMITMENT

Lusail is committed to the protection of every employee, contractor and visitor from unacceptable exposures to workplace, industrial and construction health hazards.

Lusail is committed to ensure the promotion of health and protection of human rights.

Lusail is committed to manage the overall health impact and reduce workplace and project dependency on local government health resources.

2.0 PURPOSE

This section is intended to provide all contractors, employees, stakeholders associated or working for LREDC and Lusail City Development Project with key deliverables and general requirements for the occupational health element of the Lusail HSE management system and section in the Unified PMP.

3.0 SCOPE & OBJECTIVES

To develop and implement a program for occupational health management which match the scope of the associated Lusail Construction Management plan and procedures, designed to ensure compliance with local legislation and all Lusail HSE directives.

The objective of this program will be to, protect and promote the health of personnel by anticipating, recognizing, evaluating, and controlling workplace environmental factors, which may cause sickness; impaired health and/or significant discomfort and inefficiency among workers associated and working on the Lusail City Development Project.

4.0 CONTRACTOR ROLES & RESPONSIBILITIES

Contractor shall develop and implement a Health plan, using the Lusail City Development Project Occupational Health Plan & Minimum Requirements as a guideline.

- Contractor shall ensure early reporting of health concerns and that personnel working in its site operations are informed and demonstrate awareness regarding the effect of hazard exposure.
- Contractor shall ensure the implementation of a medical surveillance program to evaluate control measures in place necessary to reduce personnel exposures when performing specific tasks and/or in an emergency.
- Contractor shall arrange to evaluate exposure to personnel working on site operations to determine the associated risk by using qualitative and, if needed, quantitative methods.
- Contractor shall ensure personnel working on its site operations are medically fit to perform their assigned job duties. This shall include baseline functional measurements and follow-up where necessary.
- Contractor shall ensure the ongoing health of personnel is not compromised by workplace or living conditions or proposed changes that effect workplace conditions and those anticipatory interventions based on identified risk factors are initiated to promote a state of wellness.
- Wellness programs such as chronic illness monitoring, nutrition counselling, health education and self-care programs will be made available and personnel are encouraged to participate in these programs.
- Contractor shall ensure the welfare of all is in alignment with Qatari National Basic Human Rights committee guidelines.

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- Contractor shall plan and make available for the duration of the contract the budget to implement the program.
 - Contractor shall ensure documentation and record keeping of all occupational health programs are maintained and available for auditing on site.

5.0 PROJECT HEALTH DELIVERABLES

Where LREDC standards are higher than Industry standards the aim is to specify only the additional specifications. Wherever possible reference is made to the relevant LREDC and Industry guidance, therefore this document shall be read in conjunction with the referenced project specification standards and guidance.

This Unified PMP and LREDC specification standards and guidance are applicable to operations and construction of both the permanent and temporary facilities.

Those standards and procedures that are explicitly or implicitly required by LREDC for an HSE Management System and associated standards are highlighted as mandatory in this document. The words shall, must, requires or REQUIRED in the text indicate mandatory Specifications.

By exception, it is permissible to deviate from a mandatory requirement, for example where:

Rigid adherence to a mandatory requirement potentially gives rise to an increased risk. A mandatory requirement conflicts with local legislation

Before deviating from a mandatory requirement the Contractor shall carry out a risk assessment and demonstrate that the proposed controls will achieve the same level of control as the original mandatory requirement. Deviations shall only permit subject to being documented and approved by LREDC and comments provided by the PMCM prior to any such proposed deviations.

5.1. Organization

Contractor's Medical Arrangements

The Contractor will provide the following for all staff/ workers/ personnel of Contractor, sub-contractors, vendor representatives and other visitors to site as the case may be:

- A tiered Medical Emergency Response Procedure that integrates with Lusail Control room, Lusail project grid referencing system and local services.
- Covering of medical treatment for emergency first aid assessments, treatment, stabilization, and on-going transfer/referral
- Local Medical evacuation
- Primary health care (including vaccination program), chronic disease management and on-going specialist referral
 - a. Public health care and Welfare covering all accommodation, living environment, catering facilities, etc.
 - b. Occupational health care, medical surveillance and biological monitoring for all identified at risk or safety critical jobs.
 - c. Perform a periodic medical maximum every year from employment date.
 - d. Perform a baseline medical evaluation (basic) on all employees working on the project.

All of the above shall be coordinated with, and in conformance to Supreme Council of Health, Hamad Medical Corporation and local legislation, as regards to the provision and scope of medical facility.

Each Contractor of the employee or dependent will be responsible for:

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- Hospitalization and specialist treatment
 - Overseas Medivac and repatriation
 - The provision of medical treatment for employees during leave days.

Contractor will provide a licensed central medical facility (near the work site) equipped and staffed and the establishment of satellite First Aid Stations according to minimum requirements (appendix 1) for each shift. (Qatari Labor Law 2004)

Workers requiring hospital care or treatment of chronic illnesses will be referred to a local medical facility. Quality assurance and contract of these retainer clinics is the responsibility of Contractor.

Contractor shall develop arrangements to administer, fitness to work process for both field and office employees.

Contractor shall follow-up, ensure completed medical management and confirm fit to work status of all employees regardless of employer injured on their jobsite.

A Contractor employee declared to be temporarily medically unfit shall be removed from the work site until his or her medical fitness has been re-established and so certified by the Initial Treating Doctor from an approved Hospital. Only the Initial treating Doctor or another Licensed Doctor (Second Opinion) from the same hospital can over write the originally prescribed treatment or Medical Certificate obtained (fit or unfit for duty), and this must be done on the same date.

5.2. Licensed Medical Staff of Contractors Medical Facilities

5.2.1. Experience & Competency

The Contractor shall make its own independent assessment in accordance with the Qatar Labor Law 2004 of the staffing level and arrangement for staffing a medical facility or first aid station based on the project risk assessment. The staffing plan shall be documented and submitted to Lusail for review before implementation.

Medical staff shall not be engaged until such time as the Lusail Occupational Health Advisor has review and accepted the plan and candidates' suitability for the post.

Contractor is responsible for ensuring that Lusail Project Occupational Health Plan and Minimum Requirements are followed in the establishment of all medical facilities and the provision of medically qualified resources.

To the level permitted by Lusail, the Contractor shall provide qualified health staff with at least two years relevant professional experience and qualifications in the organization/provision of clinical (including emergency medicine), occupational and public health at large construction sites. In addition, the candidate shall have good contacts and knowledge of local health facilities.

All Medical staff will have to complete Intermediate Life Support (ILS) training and will have to complete refresher training as and when required.

All Medical staff shall have a current license in country of origin, and have receipt to proof application to obtain license and do the prometric test from Qatar Supreme Council of Health. This application shall be initiated within 1 month of arrival in country.

The Contractor's senior medical representative on site or Health Advisor will also act as the 'Health Focal point' and shall report directly to the Contractor HSE Manager.

5.2.2. Responsibilities of Contractor's Health Advisor/Staff

- The medical responsibilities of the Medical Staff shall be paramount over any other non-medical duties for which they may be responsible.

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- Staff shall ensure the implementation of Lusail Project Occupational Health Procedure and Minimum Requirements as described in this document and the Unified PMP document.
 - Maintenance and safe keeping of all confidential medical documents, including transfer medical records and regular medical examination forms.
 - Documentation shall be legible and comprehensive.
 - Ensuring that professional and legal standards are met during medical examinations.
 - Providing professional quality medical clinical support in case of illness and / or injuries.
 - Giving advice and quality control on local health facilities and specialists, which will be used as referral hospital and monitoring regularly for change.(Referral process)
 - Giving advice on local health and welfare problems that have the potential to affect employees and LREDC
 - Providing Management with advice on long-term sickness absence, serious illness of employees, and rehabilitation to the work place after prolonged absence.
 - Ensuring that the Contractor's Medical Emergency Response plan is adequate and conforms to the Specifications in the contract, including advice on training of first aiders & paramedics, first aid boxes, etc.
 - Providing medical input and liaison in medivacs.
 - Giving advice on occupational and public health matters, including;
Identification, assessment and mitigation of health hazards in relation Contractor/ sub - contractors activities in the workplace and the living environment (accommodation/ catering/ recreation),
 - Set up and execute occupational and public health monitoring, audit and review system (*including monthly documented site and labor camp health and hygiene inspections*)
 - Diagnosing and reporting of occupational illnesses and the follow-up investigations and recommendations for remedial actions to management.
 - Provide input to health incident and fatality investigations
 - Ensure maintenance and calibration of medical equipment
 - Ensure all medication meet the terms as in local legislation regarding supply, scheduling, control est. (Qatari Pharmacy Act)
 - Liaising with Lusail Occupational Health Advisor in matters of medical importance concerning welfare, public health and injury report of employees.
 - Provide and document health education and promotion – clinical & occupational & public health – and advice on Contractor occupational health policies (e.g. Drugs and Alcohol, HIV/Aids, etc.)
 - Perform and document regular hygiene inspections on site and in accommodation areas.
 - Ensure the management and monitoring of any employee suffering from chronic illness.
 - Shall also be available to meet and discuss Project health issues with Lusail Occupational Health Advisors.
 - Shall be able to provide supporting documentation during auditing of medical arrangements by Lusail/Consultant and provide statistics to Lusail Occupational Health Advisor.

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- Report all human rights violation issues to management and Lusail.
 - Maintain case management records of all injury on duty and close out all cases to return to work.
 - Inform the HSE manager immediately of all work related illness or injury to initiate accident and incident investigation. Document illness or injury in the patient log to reflect IOD.
 - Ensure all referred employees report back to the site medical aid center for review and document of the medical management received and fit for duty assessment.
 - Submit monthly reports to Lusail Occupational health advisor related to health & hygiene inspections, labor camp inspections, clinic and illness profile.

5.3. Medical Transport

The Contractor shall provide a coordination plan for the use of the local HMC ambulance in case of an emergency by contacting the Lusail emergency number, 44977666.

Dedicated transport shall be available for medical staff, to respond on-site or in labor camp for the evaluation of emergency situation.

Transport shall be available to take and collect patients to external health care providers.

THIS IS NOT AN AMBULANCE OR A REPLACEMENT FOR UTILIZING THE LOCAL AMBULANCE SERVICE

5.4. Assessment and Control of Health Risk

The Contractor shall carry out a Health Risk Assessment (HRA) of all construction activities for all chemical, physical, biological, ergonomic and psychological health hazards associated with work at the construction site having risks assessed as Medium or High on the Risk Assessment Matrix, control measures shall be selected, implemented and documented.

Construction staff shall be trained and a record available to support those employees has been informed about the nature of the health hazards and specified controls. HSE staff shall inform the medical staff regarding all health hazards, for the purpose of developing a medical surveillance and biological monitoring program.

The contractor shall implement procedures to control health hazards ALARP and reduced the health risk as identified in the HRA (e.g. Respiratory Protection Procedure, Hearing conservation, Blood borne Pathogens, Asbestos, Cement).

The contractor shall implement as planned a medical surveillance program and procedures for all employees exposed as identified in the health risk assessment, and perform a periodic medical every year.

5.5. Monitoring Of Health Performance

The Contractor shall have health monitoring systems in place. Documentation to support the system shall be available for auditing by Lusail Occupational Health advisor.

A medical file shall be kept for each employee. This file shall include details of the baseline pre-employment health assessment, details of any subsequent treatments or clinic visits, and details of any health surveillance that may be undertaken.

The Contractor medical staff shall monitor and submit data to the Lusail Occupational Health advisor, PMCM and supervising consultant monthly for:

- Occupational illness
- First aid cases (work related)

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- Medical treatment cases (work related)
 - Restricted duty cases (work related)
 - Lost time injury (work related)
 - Chemical Exposure (work related)
 - Fatality (work related)
 - Fatality (non-work related)
 - Number of health and hygiene audits
 - Number of health promotion sessions/occupational health programs
 - Number of individuals' undergoing health surveillance/pre-employment/periodical medical
 - Number of Individuals undergoing Annual Medical Assessment
 - Number of acute illness cases (work related)
 - Number of acute illness cases (non-work related)
 - Number of new chronic illness cases. (Diabetics, hypertensive, est.)
 - Number of new employees who joined the project
 - Number of new employees who had baseline medical screening
 - Number of follow-up management cases (diabetics, hypertensive, est.)
 - Number of communicable diseases in labor camp
 - Number of heat stress cases
 - Number of emergency drills performed.
 - Number of employees vaccinated
 - Number of referrals

Contractors shall be encouraged to investigate health incidents involving their staff in the same way as they are expected to investigate and report safety incidents.

All documentation and reports shall be available for auditing and in the format as agreed by the supervision consultant, PMCM and Lusail in the Unified PMP.

5.6. Health Impact Assessments

The health impact assessment includes a program to protect the employees against health risks in the community setting (especially labor camps) related to their living environment e.g. public health, sexually transmitted disease including HIV, TB and other communicable diseases.

Contractor shall instruct all employees in the most suitable way and at minimum using their own language in how to prevent these diseases. The Contractor shall give any vaccinations and prophylactics required and shall provide condoms and any other relevant disease prevention materials.

5.7. Product Stewardship

The Contractor shall make an inventory of all hazardous chemical agents involved in the construction process, including building materials, proprietary chemical products, fumes, dusts and gases emitted as a result of cutting and welding and sanding/grinding est. Contractor shall establish a life-cycle process. Contractor shall obtain health hazard information for the chemical agents identified; including Material Safety Data Sheets (MSDS) for all purchased proprietary products and specific labeling. This information shall be available (location) and accessible (language) to the employees at all times.

5.8. Fit to Work

5.8.1. Pre-Employment Baseline Medical Examination

The Contractor is responsible for the Medical Examination and Evaluation of each of its employees to be engaged under the Contract for work or services to be performed in accordance with Lusail Specifications and Qatari laws, prior to the relevant employee performing the work or services for the Company in Qatar.

All new workers shall undergo a basic health assessment (this is NOT the same as the test conducted by the Qatar Medical Commissioning on arrival)

Those groups whose specific work or working conditions require a minimum fitness for duty standard shall have the relevant additional test done by a competent and qualified medical practitioner (e.g. Eye test, hearing test).

All medical staff shall undergo a pre-employment health assessment (Chest X-ray only if clinically indicated) and be considered for BCG and hepatitis B vaccination.

5.8.2. Periodical Medical Examination

The Contractor shall perform a periodic medical as a minimum yearly to all workers in accordance with QCS and if required more often to groups whose specific work or working conditions require a more frequent periodic fitness for duty evaluation. Fitness standards for some occupations, e.g. heavy goods vehicle drivers, food handlers, crane operators, work in hostile environments, fire fighters, divers, frequent international business travelers, working at heights, offshore work, confined space entry, will be more stringent and will require periodic fitness assessments. As a minimum periodical fitness for duty standard has to be defined for each of these groups.

A Contractor employee declared to be temporarily medically unfit shall be removed from the work site until his or her medical fitness has been re-established and so certified by the Initial Treating Doctor from an approved Hospital. Only the initial treating Doctor or another licensed Doctor (Second Opinion) from the same hospital can over write the original prescribed treatment or Medical Certificate obtained (fit or unfit for duty), and this must be done on the same date. In connection therewith, all costs including but not limited to return passage and any necessary medical escorts shall be for the Contractor's account and are not to be re-charged to the Contractor employee or the Company.

A periodic medical examination of each Contractor/ sub-contractor employee shall be risk based.

*** These exams can be done by approved outside providers or by the site medical service as a minimum nurse based assessment for the basic baseline medical. All out of range or abnormal results shall be referred for further evaluation and management. The nurse or doctor conducting the assessment shall have adequate knowledge about occupational health and demonstrate the necessary skill to perform fit to work assessments and to declare workers fit for work.**

Appropriate public health-related policies are to be in place encompassing, as a minimum; the use of alcohol and drugs, and other substances that may impair performance, HIV/Aids, Smoking.

Employees using medication that may have an influence on performance shall be asked to report details to the medical staff, this information shall be recorded in the patient file.

5.9. In Country Health Care and Medical Emergency Response

5.9.1. Hospitalization

The Contractor shall refer staff requiring specialist care and/or in-patient treatment to suitably equipped and staffed hospitals in Qatar or a hospital in Base Country, approved by the Company Health Advisor.

5.9.2 . Medical Emergency Response

The Contractor shall develop and is responsible for maintaining, coordinating and implementing a site specific Medical Emergency Response Plan (MERP) plan based on the risk assessment, describing the response to various medical emergency scenarios and medical evacuation procedures.

For ease to identify location contractor is advised to use the Lusail Grid system referencing which has been communicated to Hamad ambulance services and Lusail control room. (Appendix 2)

This plan shall comply with Specifications of Lusail HSE directives guidelines and the Contractor shall arrange for regular Medical Emergency Response exercises/ drills to practice and learn from the various emergency scenarios. These drills will include consultants and debrief. A fire or medical drill shall be performed every 3 months in accordance with QCS 2010.

The drill reports shall be submitted to Lusail PMCM on the agreed template.

The MERP plan will include the first aid response and coordinating with Lusail Control room, HMC emergency response team dispatch (if required) to the site of the medical emergency, then arranging the transport of the patient back to the first aid station and/or transfer to HMC, a local medical facility or emergency evacuation as appropriate.

The final responsibility for medical and casualty evacuations of staff is and remains with the Contractor.

6.0 APPENDIX A – PROJECT MINIMUM REQUIREMENTS FOR HEALTH

6.1. Organization

6.1.1 Key Management Arrangements

Site and labor camp arrangements shall include, but are not limited to, the following:

- Equipment management (inventory, calibration, repair, replace est.)
- Staffing arrangements (working hours, shifts, training est.)
- Medical waste management (biological hazard control)
- Consumables and medication management (stock levels, safe keeping, ordering est.)
- Incident and accident reporting (documentation, notification, follow-up est.)
- Documentation management (regular internal audits, confidentiality est.)
- Health promotion and awareness management (schedule, workshops, publications est.)
- Sick leave management
- Communicable disease management (reporting, isolation est.)
- Chronic illness management (monitoring, recording, treatment est.)
- Environmental and hygiene management
- Catering and accommodation inspections

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- Patient transport arrangements, emergencies and non-emergencies
 - Community and public health management (pest control, water quality, counseling est.)
 - Epidemic management and business contingency plan
 - Fit to work program (Occupational Health)
 - Health Risk assessment
 - Fatality, non work related fatality and accident investigation
 - Standard operating Procedures and Protocols for medical support and treatment in line with SCH and Hamad Hospital.
 - Facilities and practice license by the Supreme Council of health displayed and available for inspection by Lusail or MOL

Documentation supporting these processes shall be available for auditing purposes.

6.1.2 Staff and Facility Arrangements

- Credentials recognized by Qatar Supreme Council of Health (SCH) and hold a currently license from health council of country of origin.
- Have a Minimum 2 year emergency care and industrial working experience.
- Shall be certified from HMC (Hamad Medical Corporation) for ILS (Intermediate life support) and BTLs (Basic Trauma life support).
- License, facility and staff.
- Size and number of staff shall be in parallel with Qatari Labor Law and HSE General Requirements.
- Advance care (non-emergency) patient will be provided with a referral letter, after stabilizing and evaluation by facility nurse.
- Transport arrangements shall be available for non-emergency referrals (take and collect).
- Placement of First Aid units shall be coordinated with Project management Team.
- Medical staff shall be able to communicate to patients or a translator provided.
- Consumables and drugs shall be in line with Qatari Pharmacy Act.
- Arrangements for Medical waste removal shall be in place.
- Sufficient equipment for emergencies, occupational and primary health care.
- Cleaning staff available to the clinic
- Staff shall not work more than 12 hours per 24 hour period.
- All equipment shall be checked and accounted for daily during each shift; evidence of checklist shall be available to demonstrate compliance.
- Patient privacy and confidentiality always respected for male and female patients.
- Staff shall have suitable uniforms and easily identifiable.

6.2. Medical Center Structure Specifications (Onsite and Labor Camp)

Flooring, walls and surfaces will be easily cleaned and sanitized.

- Air conditioned.
- On site information resources, PC and Literature.

- Patient waiting area separate from waiting/examination area.
- Hand washing facility for nursing staff in treatment area.
- Patient toilet and hand washing for patients.
- Treatment couch.
- Isolation room/s.
- Emergency vehicle access (stretcher and ambulance).
- Two forms of communication (cell phone and landline).
- Minimum floor space 60 square meters (depending on the staffing arrangements).
- The medical centre shall be easily identified with signage and flags (seen from access road).
- Segregated cleaning equipment (clinic only).
- The emergency number shall be displayed and visible in all accommodations, offices, first aid station and health facilities **44977 666**

No of employees	No of staff per shift (work area)	No of staff per shift (accommodation)
Less than 5	1 Trained first aider	1 Trained first aider
>5	At least one first aider per 25 employees	1 First Aider
100 - 500	1 nurse	1 nurse
500 +	1 nurses or EMT + 1 doctor	1 doctor + 1 nurse or EMT

6.3. Staff Specifications

Contractor shall not depend on National Health Service for medical arrangements of employees, but will be responsible for providing own or contracted medical arrangements. Guidance based on best practice in Qatar and legislation - focus on, population and risk activities, employee profile and other medical response arrangements.

The Contractor shall make its own independent assessment of the staffing level and arrangement for staffing a medical facility or first aid station based on a risk assessment, location, emergency response and type of activities. The staffing plan shall be documented and submitted to Lusail Representative for review before implementation.

The Contractor's senior medical representative on site or "Health Advisor" will also act as the 'Health Focal Point' for the Contractor and shall report directly to the Contractor Health and Safety Representative. The medical staff shall not be engaged until such time as Lusail Representative has reviewed and accepted the plan and candidates' suitability for the post.

6.4 Review & Approval of Staff Qualifications

The Contractor shall submit an Occupational Health and Safety Organization Plan to Lusail Representative thirty (30) days prior to starting work under this CONTRACT for review and Approval.

This requirement includes Subcontractor personnel proposed to serve as Subcontractor Health and Safety Staff. The LUSAIL REPRESENTATIVE will reply back to CONTRACTORS within seventy two (72) hours with a determination on personnel suitability for the HSE position.

6.5 Equipment Specification for Medical Facility

6.5.1 Basic First Aid Station, facility with only certified first aiders

- Signage to call for help, and translated if needed
- First aid log
- First Aid Box
- 5 Triangular bandages 130cm x 90cm x 90cm
- Sterile eye pads
- Non-sterile 4x4" gauze pads
- Sterile 4x4" gauze pads
- Sterile 10x10" gauze pads
- Antiseptic wipes packet
- 4 Roller bandages 7.5 cm
- 4 Roller bandages 3 cm.
- 4 Roller bandages 2.5 cm
- Instant cold pack compress
- Burn sheet/dressing
- Pairs of gloves (disposable/ non sterile)
- Stainless steel bandage scissors
- Adhesive tape
- Sterile multi-trauma dressing/gauze
- Hand sanitizer
- Sterile Eye wash
- Sterile water
- Barrier device for CPR (pocket mask, face shield)
- Elastoplasts/sterile adhesive dressing
- Safety pin for triangular bandages
- Small plastic bag for soiled waste
- Monthly checklist and log

This list has been adopted from ILO and QCS 2010 for LUSAIL

6.5.2. Medical Facility with qualified medical staff

Emergency

- Pulse Oximeter
- Monitors for blood pressure (portable to take out on a call)
- AED
- Portable oxygen
- Portable suction
- Emergency medications according to HMC treatment guidelines
- Dressings, adjustable cervical collars and splints
- Communication arrangement
- Transport arrangement
- Stretcher
- Basic ALS first responder bag for emergency response
- Bag-Mask Device (Ambu-bag)
- Oxygen masks
- Spine board
- Glucometer and strips
- Pocket mask
- Oropharyngeal airways

Consultation

- Examination couch
- Medical waste bin with lid
- ENT set
- Pupil torch
- Stethoscope
- Baumenometer/sphygmomanometer
- Eye Chart
- Scale
- Measurement tape
- PPE
- Sharps containers
- Disposable linen
- Stainless steel dressing trolley
- Stainless steel instruments (scissor and forceps)
- Urine test strip
- Thermometer
- Examination lamp
- Privacy screen
- Standard Operating procedures for medication and treatment
- Adequate and appropriate consumables

7.0 APPENDIX B – LUSAIL GRID REFERENCE MAP

