

Notice of Change to Controlled Documents #200 / 28 July 2014

Summary of Changes

NOC#	Ch., Sec., SOP	Summary	Revision#
200	SOP-GEN-2014C	New SOP describes responsibilities of HSE Officer.	#1

- 7-29-14 - 88 SMM TOC web page updated
- _____ NOC web page updated
- 7-29-14 88 SMM - each section updated
- _____ NOC sent to fleet
- _____ NOC pdf posted on CM
- _____ Vessel Acks recorded on fleet tracking
- _____ Client page SMM & NOC updated
- 7-29-14 55 Office Controlled SMM updated

Approvals	Approvals
 <p><i>James</i> (handwritten note pointing to the stamp)</p>	

NOC # 200
SOP-GEN-2014C Health, Safety and Environmental Officer

Topic: New SOP describes responsibilities of HSE Officer.

Revision #	Section(s)
Revision #1	See new SOP on the following pages

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Revision/ Review Log

Revision Date	Approved by	Reviewed by	Revision Details/ Proposal Notes
28 July 2014 Revision #1	Dr. Jim Brooks Mr. Pete Tatro	Dr. Jim Brooks Mr. Pete Tatro Dr. James Howell	HSE Officer position and duties defined

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1.0 Introduction

The Health, Safety and Environmental Officer is the designated person on a vessel or at a work site responsible for preventing accidents and injuries and ensuring that work is carried out safely and in compliance with regulatory HSE requirements and company policies and procedures.

Project specific HSE ^{officers} ~~Managers~~ may work on the vessel during projects, but must coordinate their activities with the Party Chief. In the absence of an HSE officer or Party Chief on the vessel, the designated HSE Officer is the Chief Mate. If a project includes a work site other than the vessel, all HSE activities must be coordinated with the site HSE Manager.

2.0 Definitions


HSE Officer- The person on each site or vessel responsible for preventing accidents, illnesses, injuries or harm to the environment.

First Aid- 29 CFR 1904.7(b)(5)(ii) **Only** the following may be considered first aid treatment:

1. Non-prescription medication at non-prescription strength
2. Tetanus immunizations
3. Cleaning, flushing or soaking wounds on the surface of the skin
4. Wound coverings such as gauze pads or Band-Aids
5. Hot or cold therapy
6. Non-rigid means of support such as elastic bandages or flexible arm slings
7. Temporary immobilization devices used solely to transport an accident victim (backboards, neck collars, splints)
8. Drilling a fingernail or toenail to relieve pressure or draining fluid from a blister
9. Eye patches
10. Removing foreign material from the eye using irrigation, tweezers or cotton swabs
11. Finger guards

Medical Treatment- Any treatment beyond first aid as defined by the regulation. It does NOT include visits to a physician or medical center for evaluation of an injury. It does NOT include diagnostic procedures such as x-rays, blood test or CAT scans.

Recordable- A term used by OSHA to determine if an injury or illness should be reported as part of OSHA reporting requirements. 29 CFR 1904.7(a) is used as a guideline by many of our clients.

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Reportable- Any event resulting in the death of an employee or the in-patient hospitalization of three or more employees. 29 CFR 1904.39(a) Reporting is the responsibility of Senior Management.

3.0 Responsibilities

The HSE Officer is responsible for a number of duties, all of which are geared toward the prevention of accidents, illnesses, injuries and harm to the environment. The HSE Officer's duties are listed below.

- Promote correct HSE behaviors through personal example.
- Take action on any health, safety or environmental matter brought to their attention.
- Facilitate effective two way communication with the workers regarding HSE issues.
- Bring any HSE issues that require management intervention to the attention of the company HSE Manager.
- Ensure that all operations are conducted in compliance with company policies and procedures.
- Conduct health and safety inspections.
- Conduct weekly Toolbox Talks and turn in the sign in sheets to the Assistant HSE Manager on time.
- Ensure that all incidents are recorded in NS5 and that the incident forms are completed and attached to the NS5 report.
- Work with the client to ensure project specific HSE bridging documents are reviewed prior to the start of the project and followed during the project.
- Ensure employees are adequately trained, competent and authorized for the work they are required to perform.
- Ensure Job Safety Analyses (JSAs) are conducted as required.
- Evaluate the work site, processes and activities for the presence of hazards and act to mitigate them.
- Ensure PPE provided is appropriate to the work, in sufficient supply and in good condition.

Possible additional duties may include but are not limited to the following:

- Conduct or assist with an incident investigation.
- Assist with the development of corrective action plans related to HSE issues.
- Review and monitor the site Safety Observation Card program to make sure it is used effectively and that reported hazards are addressed in a timely manner.

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4.0 Medics

At times, TDI-Brooks will hire a medic to stay on board a vessel for the duration of a project. **Before the project begins, the HSE Officer needs to meet with the medic and discuss TDI expectations and procedures.**

TDI-Brooks and most of their clients follow the OSHA recordable policy. It is important that the medic understand what determines if an event is recordable and when appropriate, use alternative, non- recordable treatments.

Review the OSHA definitions of first aid with the medic prior to the start of the project. The medic is expected to consult with the HSE Officer before administering any treatment beyond first aid.

5.0 Recordable Events

TDI-Brooks expects all incident, illnesses, injuries to be reported, ^{no} not matter how small. This information is used to continually improve our processes and to protect the worker in case an injury or illness turns into a workers compensation claim at a later time. See incident reporting **SOP-GEN-007L** for details and definitions.

Some work related illnesses and injuries are considered "recordable". These events are serious enough to cause an employee to lose consciousness, miss days of work, render him or her incapable of performing their regular job duties, require medical treatment or result in a significant diagnosed injury or illness

Not understanding the criteria for recordable events can result in small injuries being classified as recordable or serious events. Medical professionals not trained in occupational medicine will habitually prescribe medications (recordable) for minor injuries without considering equally effective over the counter alternatives (non-recordable).

It is the HSE Officer's responsibility to consult with the medical professional to see if a non-recordable option for treatment is appropriate. **However, the employee's welfare is the priority at all times.** See the following examples.

Recordable (Medical Treatment)	Non-recordable (First Aid)
prescription medications OR over the counter medicines given at prescription <i>rec/dose</i>	over the counter pain medications at regular strength and intervals
an injection of any kind other than tetanus vaccine	tetanus immunization injection
prescription antibiotic ointment	over the counter antibiotic ointment
superglue, staples or stitches to close a wound	butterfly bandages, Steri-Strips® or Band Aids® to close a wound
a plaster cast to stabilize an injury	elastic bandages or wraps to stabilize an injury
applying fluorescent dye in the eye to detect a foreign object or injury	using irrigation, a cotton swab or tweezers to remove a foreign object or material from the eye
giving fluids intravenously for relief of heat stress	drinking fluids for relief of heat stress

Figure 1

In addition to the methods described in Figure 1, the following treatments are the only other treatments considered first aid according to 29 CFR 1904.7.

First Aid

cleaning, flushing, soaking sores on the surface of the skin
using hot or cold therapy
drilling a fingernail or toenail to relieve pressure, or draining fluid from a blister
using eye patches
using temporary immobilizing devices while transporting an accident victim
using finger guards
using massages

Figure 2

Common over the counter medications are considered first aid UNLESS the amount taken at one time exceeds the normal dose. Over the counter medication is considered medical treatment if a medical professional gives it as a prescription or recommends it be taken at prescription dosage. See the chart in Figure 3 for a guideline to recordable dosages for common medications.

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Dosage Chart

Dose= amount taken at one time	Recordable (Medical Treatment)
Common name: Ibuprofen Brand Names: Advil, Motrin	More than 467 mg
Common name: Diphenhydramine Brand Names: Benadryl, Simply Sleep, ZzzQuil, Banophen, AllerMax, Dormin, Genahist, Nytol, Unisom, Sominex	More than 50 mg
Common name: Naproxen Sodium Brand Names: Aleve, Anaprox, Naprelan, Naprosyn, Treximet, Vimovo	More than 220 mg
Common name: Acetaminophen, Paracetamol Brand Names: Tylenol	more than 1,000 mg
Common name: Ketoprofen Brand Names: Orudus KT, Actron, Orudis, Oruvail	More than 25 mg

Figure 3

6.0 Subcontractors

TDI-Brooks will at times hire contractors to work on the vessels, work sites or TDI-Brooks properties. The HSE ^{officer} ~~Manager~~ for the site or vessel is responsible for ensuring that subcontractors are made aware of and follow TDI HSE policies and procedures. Topics that should be reviewed with subcontractors prior to the start of work are:

Review with Contractors Prior to Start of Work	
Policy	Site Specific
Safety Data Sheets (SDSs) Chemical storage	Location of SDSs and hazardous chemicals
Personal Protective Equipment (PPE)	Location and use of PPE matrix and associated PPE
Lifting Gear	Use only lifting points and gear that have been clearly marked with SWL. Current lifting gear color and how to identify gear approved for use. Where to stow damaged lift gear.
Permit to Work Procedures	Where to find permits, who is authorized to sign them, permits required for Energy Isolation (Lockout/ Tagout), Working at Heights and Hot Work.
Known hazards	Openings in deck, no walk zones, lockout/ tagouts in effect, defective equipment

Figure 4

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In shipyards or dry docks, the HSE Officer must work with the Port Engineer and dock authorities to identify and bridge any gaps between TDI-Brooks and local HSE policies and procedures.

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7.0 HSE Reporting Structure

