

# Notice of Change to Controlled Documents #367-370/ 14 Aug 2018

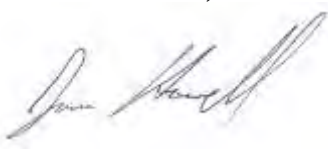

## Summary of Changes

Revisions managed by: Shannon Smith

**Purpose:** [367] Journey mgmt. process formalized [368] Logistics coordinator positions added to DER Positions [369-370] Guidance for captains on when to call International SOS vs. when to book appt for medical care through an agent.

NOC#	Ch., Sec., SOP	Summary	Revision#
367	SOP-GEN-2018A	New SOP for Journey Management	#1
368	Ch 3	Logistics Coordinator position added to logistics duties removed from DER	#20
369	SOP-GEN-2017A	Guidance on when to call ISOS	#2
370	Supervisor Incident Report	Section added for calls to ISOS and case #	Aug 2018

THIS SECTION FOR OFFICE USE ONLY			
Date Completed		Date Completed	
	SMM TOC page updated		NOC pdf posted on CM
	NOC web page updated		Vessel acks recorded
	SMM- each section updated		Office controlled SMM updated
	NOC sent to fleet		Update any postings on Forms pg

Approvals	Approvals
<p><b>James Howell, HSE Manager:</b></p>  <p style="text-align: right;">approved by email</p> <p>Date: 3 August 2018</p>	<p><b>Pete Tatro, DPA:</b></p>  <p>Date: 6 August, 2018</p>

### NOC # 367 SOP-GEN-2018A Journey Management

Revision #	Section(s)
Rev: #1	See attached new SOP

**NOC # 368**  
**Ch 3 Company Responsibility and Authority**

Revision #	Section(s)
Rev: #20	<p><b>4.0 Key Positions</b></p> <p>...</p> <p><b>Designated Employee Representative (DER)</b></p> <p><b><u>Responsibilities:</u></b></p> <ul style="list-style-type: none"> <li>• Responsible for employee medical and drug tests and maintenance of those records in accordance with federal requirements.</li> <li>• Reports drug testing of ship crew according to Flag State requirements.</li> <li>• Updates the crewing module with drug/ medical information.</li> </ul> <p><b><u>Duties:</u></b></p> <p>The Designated Employee Representative is responsible for maintaining all employee medical records and drug tests in accordance with Federal regulations and ensuring that positive drug test results are reported to TDI-Brooks upper management, the appropriate Flag State and other agencies as required.</p> <p><b><u>Training and Experience:</u></b></p> <p>The position of Designated Employee Representative requires a working knowledge of current federal regulations regarding drug testing in the workplace, testing and reporting requirements of appropriate Flag States, and the employer's responsibilities with regard to the Health insurance Portability and Accountability Act (HIPAA).</p> <p><b>Logistics Coordinator</b></p> <p><b><u>Responsibilities:</u></b></p> <ul style="list-style-type: none"> <li>• Works directly with Marine crewing manager and Technical crewing manager to populate vessels and projects with qualified crew and technicians</li> <li>• Ensures all employees have accurate and current licenses and qualifications before each cruise.</li> <li>• Arranges travel of crew and technical party</li> <li>• Works with in-country agents to verify visa and other local requirements are met by travelers before travel begins and arranges for pick up and transportation to and from the vessel.</li> <li>• Updates the crewing module with new employees and certificates.</li> <li>• Applies for all Vanuatu endorsements and seaman ID books on</li> </ul>

	<p>behalf of mariner and ensures delivery of endorsements once completed</p> <p><b><u>Duties:</u></b> The Logistics Coordinator is responsible for helping the crewing managers populate vessels with qualified individuals. Verifies credentials and assists in application process of Vanuatu endorsements and seaman ID books. Is in charge of making sure crewing module is up to date with credentials and employer information. Duties include arranging travel for mariners and technicians and obtaining valid visas for travel. Works with local agents to arrange transportation of individuals to and from the airport and vessel once in country.</p> <p><b><u>Training and Experience:</u></b> The position of Logistics Coordinator requires a working knowledge of credential requirements for mariners and technicians to work on board vessels. Must be diligent about visa requirements per country and nationality restrictions.</p>
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**NOC # 369**  
**SOP-GEN-2017A Medical Care and Medics**

Revision #	Section(s)
Rev: #2	<p><b>4.0 Illnesses and Injuries</b></p> <p>There are three major categories of injuries or illnesses. They range from first aid to a full-scale MEDEVAC and require different levels of response.</p> <p style="padding-left: 40px;">4.1 First Aid</p> <p><b>TDI-Brooks encourages <span style="color: red;">requires</span> employees to complete an Employee Incident Report for all types of injuries/illnesses, even those that seem minor. Reporting provides support for the employee by establishing a record in case additional care is required later on.</b></p> <p>Incident reports are to be turned in to the employee’s supervisor. The supervisor will review the report and turn it in to the First Mate.</p> <p>The First Mate will enter it as an incident in the NS5 Quality and Compliance module and notify the office in the next daily report.</p> <p style="padding-left: 40px;">4.2 Non-Urgent Medical Treatment</p> <p>Some issues, while not an emergency, do require an examination and possible treatment by a medical professional ashore. If you have a dental or medical issue that cannot be resolved on board, notify the First Mate as soon as</p>

possible.

It takes a lot of planning to arrange these visits. **Don't wait until you are pulling in to port to tell someone you need to see a medical professional.**

**If in doubt as to the urgency**, (infections, diabetic conditions, heart conditions, high blood pressure issues, etc.) **International SOS should be contacted for medical advice.** The **Vessel Medical Emergency Plan** with the ISOS contact information and the TDI-Brooks member number should be posted on the bridge.

The First Mate will enter it as an incident in the NS5 Quality and Compliance module and notify the office via an email to [DPA@tdi-bi.com](mailto:DPA@tdi-bi.com) or in the next daily report.

#### 4.3 **Role of International SOS (ISOS)**

**TDI International has contracted International SOS to provide routine and emergency advice from licensed medical doctors 24 hours a day via phone.**

If you have any doubt about how to care for a routine illness or injury, call ISOS for medical advice.

If an injury or illness looks as if it **might** lead to a condition requiring emergency medical treatment, call ISOS for medical advice.

ISOS can advise of the location of the nearest health care facilities that are capable of providing an international standard of care. ISOS can also arrange for shore side assistance in an emergency.

An incident report is required for all medical injuries/ illnesses, even first aid. **So if you are calling ISOS, document that call and case number in your Supervisor Incident Report.**

#### 4.4 Emergency Medical Treatment/ Medevac

The project specific Medical Emergency Plan is to be followed as the primary guide.

In the absence of a project specific plan (such as transits between jobs) the **Vessel Emergency Medical Plan in SOP-GEN-008B**, which includes medevac procedures, is to be followed.

#### 4.5 Reporting Illness and Injuries

**TDI-Brooks expects all incident, illnesses and injuries to be reported, no matter how small. This includes first aid treatment. See SOP-GEN-007L Incident Reporting for procedures.**

. . . Ellipses indicate unchanged material has been skipped for the sake of brevity.



Revision Aug 2018

Name of Vessel / Facility \_\_\_\_\_

### Supervisor's Incident Report Form

Entered into NS5 Quality & Compliance section as incident # \_\_\_\_\_

Title of incident \_\_\_\_\_

Name of Supervisor completing this report \_\_\_\_\_

This is a report of a: <input type="checkbox"/> Near Miss <input type="checkbox"/> First Aid Only <input type="checkbox"/> Illness <input type="checkbox"/> Chemical Exposure	
<input type="checkbox"/> Initial Dr/ Hospital visit <input type="checkbox"/> Follow up Dr/ Hospital visit <input type="checkbox"/> Fatality	
<input type="checkbox"/> Equipment Damage <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Equipment Loss	
Date of incident: (DD-MONTH-YYYY)	Date of report: (DD-MONTH-YYYY)

Was employee working full or part time when incident occurred? \_\_\_\_\_

How long has employee been working this position? \_\_\_\_\_

Were TDI procedures/ PPE in place and used? \_\_\_\_\_ If not, why?

What caused the event? \_\_\_\_\_

**If an injury/ injuries resulted, complete this section. If not, skip to next section.**

Name of Injured Person \_\_\_\_\_ (Circle one) Male Female

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What part of the body was injured? Describe in detail. \_\_\_\_\_

What was the nature of the injury? Describe in detail. \_\_\_\_\_

Was employee on or off shift, traveling to or from work site at time of injury?

What equipment, chemicals, tools were being used by the employee?

**Please describe any first aid or medical treatment the employee may have received.**

Did injury occur because of:

Substance abuse     Failure to use safety devices/ PPE     Failure to follow procedures

Was International SOS contacted for advice about the illness/ injury? YES / NO

If yes, write the ISOS case number here: \_\_\_\_\_

If yes, enter the dates with approximate times of the calls and a quick summary of their advice.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Was employee taken to a doctor's office for evaluation/ treatment? \_\_\_\_\_

Was employee treated in an Emergency Room? \_\_\_\_\_

Was employee hospitalized overnight as in-patient? \_\_\_\_\_

Name and Address of treating practitioner and hospital

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was employee unable to work as a result of injury? \_\_\_\_ If yes, what was employee's first day unable to work? \_\_\_\_\_ Date of return to work? \_\_\_\_\_

If still off work, what is estimated date of return? \_\_\_\_\_

**If the incident is related to equipment damage, failure or loss, complete this section.**

List major equipment involved: \_\_\_\_\_

Did the equipment have any known defects/ damage before this event occurred? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_  
List any other possible contributing factors to the event- weather, employee experience/ training, off spec procedures, communications, etc. \_\_\_\_\_  
\_\_\_\_\_

Was a new JSA required/ held to handle this incident? \_\_\_\_\_

How was the equipment repaired/ recovered? \_\_\_\_\_

\_\_\_\_\_  
If not recovered, record the location of equipment here:  
\_\_\_\_\_

If beacon was lost, record beacon serial # here:

Rented or owned by TDI? \_\_\_\_\_ Rented from whom? \_\_\_\_\_

Recommended action(s) to prevent future reoccurrence:

\_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date (DD-MONTH-YYYY)**