



GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY

1.0 OBJECTIVE

In the interests of enhancing the overall health and welfare of the workforce within Ras Laffan Industrial City, and enhancing synergies between organizations within the location, QP/RLC herein introduces a set of Guidelines concerning the establishment and operation of First Aid Stations.

2.0 SCOPE

The purpose of these Guidelines is to convey the level of first aid services which may be provided at project specific location in accordance with established international best practices and appropriate to the risks.

3.0 DEFINITIONS

Basic First Aid	First aid, for purposes of this document, shall be defined as the immediate and temporary care given (in accordance with the requirements and standards described within this document) to a victim of injury or sudden illness until more advanced care can be obtained from the most readily available medical center.
First Aid Station	A facility established, at a defined location, to render first aid care (as described herein) to personnel working on a project specific worksite.
Operator	The party responsible for operating the First Aid Station, whether owner or third party.

4.0 RELATED DOCUMENTS

- Contractor Health and Safety Regulations
- Guidelines For Use of the Ras Laffan Medical Centre
- Petroleum Industry Best Practices

5.0 FIRST AID STATION ACTIVITIES

General

The guiding principal behind these Guidelines is to promote the health and welfare of the workforce. The Ras Laffan Medical Centre has been established to provide primary health care and emergency treatment to all parties working with Ras Laffan Industrial City – in a manner which is intended to optimize resources and the level of required care. To assist organizations in determining requirements for a first aid station on their project site (as a complementary service to the Ras Laffan Medical Centre), QP/RLC



GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY

has outlined herein the minimum and general requirements befitting a first aid station.

The role of an organisation's first aid station shall be to provide a means of first response to a situation requiring basic first aid treatment. The facility shall not:

1. provide primary health care or pre-admission emergency medical services
2. provide services beyond those for which first aid stations are certified under State of Qatar first aid regulations and those prescribed by QP/RLC (*State regulations shall prevail should conflicts arise*)
3. replace or supplement the services of existing medical centres operating within Ras Laffan Industrial City.

As part of its operating obligations, the Operator of the First Aid Station shall adhere to the following:

Services (without limitation, forming part of basic first aid)

Item	Comments
Application of bandages, slings and splints	Cases involving broken bones, severe sprains, etc. shall be referred to an endorsed medical practitioner
Provision of only "over the counter" pain killers (i.e., Aspirin, Panadol)	
Follow-up treatment of minor injuries (e.g., replacement of bandages).	
Administration of oxygen in limited cases	
New cases requiring medical treatment (cuts requiring sutures, burns, broken bones) shall be referred to the RLC Medical Centre or other approved existing medical centres.	
Provision of basic CPR	
Monitoring the worksite for compliance with occupational health and safety requirements	



GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY

Equipment

Item	Comments
First aid kit appropriate to worksite activities and largest shift population	Full inventory must be maintained at all times.
Appropriate telecomms equipment (VHF/UHF radio, GSM)	
Oxygen administration facility	
Eyewash facilities	Mandatory in areas where substances harmful to eyes are used.

Administration

Service	Comments
Display the License to Operate in a prominent location	
Maintain on-site a manual of first aid protocols	
Display emergency contact information in a prominent location	
Ensure facility staff are clearly identified by means of ID cards.	
Maintain patient records in the prescribed manner	
Compile and submit daily case records to QP/RLC (Ras Laffan Medical Centre)	
Maintain – on-site – inspection/certification records (for facility and associated staff)	

6.0 TERMS AND CONDITIONS OF USE

Services of the First Aid Station are restricted to only worksite personnel for whom the station has been established. Any cases reporting to the First Aid Station not belonging to the party(ies) detailed in the Registration Form shall be immediately referred to the Ras Laffan Medical Centre.

Should more advanced medical care or emergency treatment be required, the First Aid Station shall immediately report this requirement using the appropriate emergency call-down protocols. The emergency call-down numbers/contacts shall be issued to the Operator along with the Certificate of Registration.

Situations in which the patient has sought personal and non-work related advice shall be treated in the strictest of confidence and the patient shall be advised to contact an authorised Medical Officer.



GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY

7.0 CASE REGISTERS/RECORDS

Internal First Aid Records

An approved register must be maintained which details first aid treatment given to or sought by a worker, while at work, and of any case referred for medical attention. As a minimum, the information shall include:

- full name, age and occupation of the worker
- short description of the injury/illness and its cause
- nature of the work in which the worker was engaged at the time of sustaining the injury or becoming ill, with date and time
- treatment given, with date and time;
- disposition of the case stating whether the worker returned to work, was sent home or to a physician or hospital and means of transportation where applicable;
- signature of the person making the entry.

The first aid registers shall be available for inspection by nominated representatives from QP/RLC. These registers shall be retained by the employer for a period of at least 3 years from the date of the last entry.

Daily Report Requirements to QP/RLC

As part of the Registration, the First Aid Station will be required to prepare and submit case listings to QP/RLC using the Daily Report Form (refer to Attachment 3). QP/RLC reserves the right to periodically inspect the facilities, licenses/certificates and various records maintained by the facility. The Daily Report data received by QP/RLC shall be incorporated into an industrial health and safety database for purposes of analysing trends and enhancing safe work practices.

8.0 HOURS OF OPERATION

First Aid Stations are free to select hours of operation which complement site work cycles, and ensure sufficient first aid coverage. The hours of operation specified in the Registration Form (Refer to Attachment 1) shall be strictly adhered to. Any planned or actual change to the First Aid Station's hours of operation must be communicated to and approved by QP/RLC prior to any change being implemented.



GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY

9.0 STAFF QUALIFICATIONS/CERTIFICATIONS

The Registration Form submitted by the Operator shall detail the level of staff and their qualifications/certifications to ensure that the facility's capabilities adequately meet the needs of the worksite. Staff involved with rendering of treatment shall all possess first aid and/or nursing qualifications that are officially recognised by the State of Qatar Health Authorities.

10.0 REGISTRATION PROCESS

All worksites shall be equipped with an approved basic first aid kit suited to the needs of the worksite. Where an organisation employs 100 or more individuals (on the largest shift) for a specific worksite, the organisation may elect to make a formal application for establishment and operation of a First Aid Station.

Organisations wishing to establish a First Aid Station within Ras Laffan are required to submit a completed Registration (shown as Attachment 1) no later than one full calendar month prior to the intended start-up date of the facility.

Note: If the Applicant organisation has previously operated a similar facility, then previous information and records shall be forwarded as an enclosure to the Application.

11.0 CERTIFICATE OF REGISTRATION

Once QP/RLC has reviewed and endorsed the Registration, the organisation is free to establish the First Aid Station. Prior to the organisation being granted a Certificate of Registration, QP/RLC shall first inspect the facility and resources to satisfy itself that all requirements have been met. If adequate, a Certificate of Registration shall be issued and shall be valid for a period of one year from the date of issuance. Requests for extension of Certificate of Registration shall be returned to QP/RLC no later than two weeks prior to the expiry of the existing license in order to allow for sufficient time for inspection and review of operations by QP/RLC representatives.

12.0 NON-COMPLIANCE

In the interests of protecting the welfare of the workforce, QP/RLC reserves the right to monitor and work with the Operator to ensure that the services rendered at the First Aid Station are in the best interests of the workforce. Any conduct inconsistent with the contents of the Guideline, or operation without a valid Certificate of Registration, shall be addressed on a case by case basis and may result in closure of the facility until such time that the deficiency has been remedied.



**GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID
STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY**

13.0 ENQUIRIES

All enquiries and correspondence concerning this Guideline or associated issues shall be to the following address and numbers:

Ras Laffan Medical Centre

P.O. Box 22247, Doha, QATAR

(0974) 473-9615 Senior Medical Officer


(0974) 473-9612 Medical Reception

(0974) 473-9611 Fax



GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY

ATTACHMENT 1



مدينة راس لافان الصناعية
RAS LAFFAN INDUSTRIAL CITY
Managed and Administered by Qatar Petroleum

Registration to Establish and Operate a First Aid Station

File No: _____

Note: *Authorised operators of a First Aid Station within Ras Laffan Industrial City will be obliged to comply with the standards and specification contained within the "Guidelines for the Establishment and Operation of First Aid Stations Within Ras Laffan Industrial City".*

In accordance with State law and QP requirements, parties must file a Registration Form to operate a first aid station.

Part 1: To be Completed by Requesting Organisation	
Name of Requesting Organisation	
Ownership Information <i>(i.e., type of organisation)</i>	
Proposed Location of Facility <i>(refer to attached RLC Locator Map)</i>	Coordinates _____
Proposed Start-Up/Shut-Down Dates for Facility <i>(dd/mm/yy)</i>	Start-Up Date _____ Shut-Down Date _____ <i>(dd/mm/yy) (dd/mm/yy)</i>
Proposed Days and Hours of Operation	Days (e.g., Sunday-Thursday) _____ Hours (24-hr clock) (_____ to _____)
Party(ies) to be Serviced By Facility	
Capacity of Facility <i>(expected number of cases/day)</i>	
Number of staff dedicated facility staff	No. of Staff _____ <i>Attach copies of valid health clearance and training certificates for nursing/medical attendant staff</i>
Specify Type of Operation Being Served <i>(e.g., site construction, plant ops)</i>	
Has your organisation previously been accredited to operate a first aid station?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, attach available information (including previous experience)</i>
Describe the Facility <i>(include first aid consumables /equipment, type of structure [tent/porta-cabin], telecomm equipment, fire-extinguishers, electrical power [mains/generator], etc.)</i>	
Equipment inspection and certification dates included?	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>Attach available information (i.e., inspection records and certificates)</i>
Attach insurance policies demonstrating sufficient coverage to operate	

I verify that the information contained in this application is true and complete, and I consent to allow inspections of the first aid station by authorised representatives. Further, I agree that I have read and understood the contents of the Guidelines and its obligations. Please submit the original Registration Form and return one copy for your files. Attach all requested information.

I hereby accept the responsibilities and liabilities specified under the laws and regulations of the State of Qatar.

Company Stamp

Authorised Applicant's Name: _____ Signature: _____

Title: _____ Date: _____ Time: _____
(dd/mm/yy) (24 hr. clock)

Off. Ph. No. _____ Off. Fax. No. _____


GSM. No. _____ E-mail: _____

Revision A0 Feb 2002



GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY

ATTACHMENT 2



مدينة راس لافان الصناعية
RAS LAFFAN INDUSTRIAL CITY
Managed and Administered by Qatar Petroleum

**First Aid Station
Certificate of Registration**

This form shall be displayed in a prominent location within the First Aid Station.

The Operator of the specified First Aid Station herein certifies that the facility shall be operated in a manner that satisfies the requirements of the State of Qatar and those set out by Qatar Petroleum, in the "Guidelines For The Establishment and Operation of First Aid Stations Within Ras Laffan Industrial City". The services provided by the specified First Aid Station shall be restricted to the client party(ies) specified within the Registration Form and shall not exceed the prescribed level of services. The Operator represents that it, and each of its qualified staff is registered and is in good standing with the State of Qatar medical agencies.

The Operator represents that it maintains, at all times, a professional liability insurance policy and other insurance against any claim for damages arising directly or indirectly in connection with the performance or non-performance of any services furnished to personnel availing themselves of the First Aid Station.

The Operator shall provide first aid care to its intended clients in a manner which neither QP nor the State of Qatar accept any responsibility to such parties and patients whatsoever or however in relation thereto. The Operator shall indemnify and hold QP, the State of Qatar and the staff of the Ras Laffan Medical Centre harmless from and against, all claims, liabilities, causes of action, expenses and costs (including without limitation, incidental expenses, legal fees and costs of litigation) of whatever kind or nature arising out of or in connection with the provision of such services.

COMPANY NAME _____

COMPANY ADDRESS _____

Company Stamp

AUTHORISED SIGNATORY _____

CONTACT NAME / TITLE _____ / _____ DATE _____

CONTACT INFORMATION
 Phone _____ Fax _____ GSM _____ E-mail _____

For Endorsement by Ras Laffan Medical Centre Officer

Registration No. _____ Expiry Date _____
(dd/mm/yy)

Company Stamp

Date: _____

(dd/mm/yy)
OFFICER'S NAME
AUTHORISED SIGNATORY

Revision A0 Feb 2002



GUIDELINES FOR THE ESTABLISHMENT AND OPERATION OF FIRST AID STATIONS WITHIN RAS LAFFAN INDUSTRIAL CITY

ATTACHMENT 3



Page ___ of ___

Date _____
dd/mm/yy

**First Aid Station
Daily Report**

Note: Authorised operators of a First Aid Station within Ras Laffan Industrial City are required to submit daily written Case Reports in compliance with standards and specifications contained within the "Guidelines for the Establishment and Operation of First Aid Stations Within Ras Laffan Industrial City".

In accordance with QP health and safety requirements, each case should include a reference number to a specific Accident/Incident Report. If the First Aid Station is operated on a shift basis, each shift shall duly complete the Record Sheet(s) prior to the end of the shift and submit same to the RLC Medical Centre within 24 hours.

Case Information to be Completed by First Aid Station Representative

Name of Operating Organisation	First Aid Station Identifier #	File Reference #
--------------------------------	--------------------------------	------------------

SL No.	Patient Name	Complaint/Diagnosis	Action Taken	Inc/Acc Report # (if applicable)

I verify that the information contained in this application is true and complete, and I consent to allow inspections of the first aid station records by authorised representatives.

Authorised Representatives's Name : _____ Signature: _____ Date: _____ Time: _____
(dd/mm/yy) (24 hr. clock)