EMPLOYER PROTECTION AGAINST THE SAFETY RESPONSIBILITIES OF WORKERS WITH OVERSEAS ACTIVITIES—PART 3

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EXPERIENCE IN THE OIL AND GAS INDUSTRY AND THE NATIONAL AND INTERNATIONAL APPLICATION GUIDELINES

A benchmark example of medical surveillance is the health protocols applied in the Oil and Gas industry. This production activity has additional and important international references for the protection of workers' health and allows for the exemplification of the health surveillance procedure, which, with commitment of company resources varying in relation to the number of workers employed in overseas activities, allows for an articulation of this surveillance activity into lines of action and organizational phases.

The employer, through the Medical Officer (MO), is responsible for the activation of health surveillance and vaccination protocols.

Employees are taken in charge by the company's occupational health specialist and included in the health surveillance program provided for by Legislative Decree 81/08, with the aim of assessing their psychophysical condition and ability to cope with the mission and perform work activities safely. At the end of the health checks, a judgment of suitability for the specific task performed abroad will be made, as required by the Consolidated Safety Act.

From a methodological point of view, the health surveillance intervention is divided into three operational phases: 1) pre-departure phase, 2) phase covering the span of the stay abroad, and 3) phase following return from the mission.

The relevant operational health phase is the one prior to the worker's departure, which includes the delicate assessment of suitability for work under conditions different from those in the country of origin.

The MO must establish, in consultation with the relevant company functions:

- Relations with national and international public health agencies (international vaccination centers);
- Contacts with diplomatic representations of destination countries to obtain up-to-date information on conditions in the areas where the work will take place (e.g., Viaggiare Sicuri Travel Advisory Portal); and
- Internal information systems to access up-to-date sources of noninfectious hazards from different geographic areas (e.g., ProMED's Weekly Pulse).

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These activities can be supported by qualified contracted specialist facilities, which make available updated “country risk reports” and other information tailored to the needs of individual companies, thus reducing the commitment of company resources.

In addition, the health surveillance program requires the MO to:

- Know the work destination quickly;
- Provide an appropriate health care program for clinical examinations, targeted laboratory and instrumental tests, and vaccinations;
- Provide a pre-trip counseling program focused on the country to which the resource is to travel by signing an appropriate training and information form and adding it to his medical record; and
- Complete the program at least two weeks ahead of the employee's departure.

Health protocols used for work abroad, in addition to the standard defined by SIML and the various international guidelines (Oil and Gas UK Medical, OGP IPIECA, Norwegian Center for Maritime Medicine), may include modulations with additional examinations in relation to the subject's age, pathological conditions present, and possible high physical activity (work at high altitude or high heat stress conditions). Particular attention should be paid to evaluation of the cardiovascular, respiratory, and neuropsychological systems to identify subjects with pre-existing conditions (e.g., heart disease, hypertension, asthma, diabetes, allergies, epilepsy, anxiety, or depression) as well as vulnerable subjects related to special conditions or carriers of acute or subacute conditions.

The other steps of the worker's pre-travel health assessment are:

- Recognition of vaccination status and adjustment of vaccinations in relation to the areas of destination according to the corresponding vaccination schedules. Legislative Decree 81/08 provides with art. 279 of Title X (biohazard) for the provision of effective vaccines to nonimmune individuals by the employer;
- Review of prescription drugs that may be taken (to plan adequate stocks, to change schedules and dosages in case of multiple time zones). In developing countries, counterfeiting of drugs is widespread and often the active ingredient is completely absent. It is therefore important to guarantee a safe medical supply chain;
- Possible prescription, including transport arrangements, of drugs to prevent or treat specific conditions (such as motion sickness or altitude sickness syndrome, cold illness, traveler's diarrhea, etc.) to support clinical situations in the absence of a referring physician in the country where the work will be performed;
- Arrange for possible malaria prophylaxis and the most suitable skin repellent for insect bite prevention; and
- Health education and information on behaviors and precautions to prevent frequent travel illnesses. Company computer networks are important supports for making health information and behavioral precautions available to workers in relation to different geographical areas of destination.

During the stay abroad, in case of illness or injury or both of the employee on the mission, it is necessary to have prepared a health care plan with access to local medical facilities with acceptable standards, including the

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possibility of medical evacuation to the home country or to another country with adequate standards. These measures can also be acquired through qualified and contracted professional partners.

The third phase of health surveillance, to be activated upon return from travel, differentiates the pathway for asymptomatic and symptomatic workers.

In the former, monitoring is general clinical and based on any risky behavior during the stay, subject to any health issues that may still be incubating, especially for short-term stays (<1 month).

In symptomatic workers, diagnostic investigations after careful history taking will be guided by the predominant clinical symptoms and signs (fever, diarrhea, intense headache, splenomegaly, jaundice, etc.) with subsequent referral to specially contracted specialist facilities.

GUIDANCE FOR COMPANIES WITH EMPLOYEES OPERATING ABROAD

For companies with personnel abroad, the safety of internationally mobile workers is an imperative burden. Adaptation to the stringent regulatory perimeter can be implemented by following the application guidelines provided in the Society of Occupational Medicine Guidelines (SIML Guidelines), which incorporate the principles of ISO 31030.

The implementation of a Travel Risk Management (TRM) plan guides the company in incorporating into its organization the tools to deal with the possible criticalities of international travel.

The many variables of risks that affect working abroad can be addressed with TRM in order to ensure the safety and security of employees. The plan provides for appropriate adaptations to diversified production realities—small, medium, and large—and allows for standardization of prevention procedures.

The employer, with the support of the competent doctor, the Head of the Prevention and Protection Service, and the relevant company functions, can determine compliance processes also making use of professional partners experienced in TRM.

Employer responsibility is protected by codified company procedures consistent with the national and international regulatory framework, SIML Guidelines, and ISO 31030.

The documentation and traceability of prevention activities—risk assessment carried out, health surveillance applied with eligibility for work abroad and vaccinations, training and information provided—make it possible to demonstrate the fulfillment of regulatory obligations in the case of adverse events e.g., accidents, illnesses, other critical events.

With these enforcement methods, the employer overcomes the concept of responsibility and represents himself as a guardian of his employees' well-being. His ability to manage risks, take preventive measures, and ensure adequate care results in an increase in corporate reputation values and builds an important pillar of business continuity in the company.

FOOTNOTES

- ISO 31030:2021 guidelines;

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- Italian Society of Occupational Medicine Guideline: “Professional Orientation Document for the Competent Physician: Practical-Management Aspects for Workers Abroad” – 2024;
- Proceedings of the 86th National Congress of Occupational Medicine – Pisa 2024, Italian Journal of Occupational Medicine and Ergonomics (GIMLE) 253–254.

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