

## SOP-GEN-012 Medical Emergency / MEDEVAC

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### 1.0 Introduction

Most projects will have their own project specific Medical Evacuation Plan (MEDEVAC) plan for the geographic region of operation. This Standard Operating Procedure (SOP) describes general procedures to be followed in the absence of a project specific MEDEVAC plan.

Each medical situation needs to be carefully evaluated to determine the most likely route for the best medical care. **A Job Safety Analysis (JSA) should be conducted by the Captain and those who will be involved with the transfer procedure to evaluate the best method for transporting the patient to medical care.** The JSA should include: evaluating the risk of the medical condition compared to the capabilities of the medical facilities available and the risk involved in the procedures.

Depending on the nature of the injury/ illness, weather conditions, available facilities and medical advice, the patient may be moved by personnel or Stokes basket to another vessel or rig, vessel to vessel transfer or in extreme situations, helicopter MEDEVAC.

**Under no circumstances should a patient transfer be attempted if other lives will be put at significant risk.**

Should conditions not permit a safe transfer of the patient, the vessel will immediately sail to the nearest location with acceptable medical facilities or transport options. The Captain will contact the appropriate port authorities and arrange for transfer of the patient.

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## 2.0 Responsibility

The Chief Mate as the Health Safety Environment (HSE) Officer is also in charge of medical emergencies. The Captain is responsible for the safety of the vessel and anyone sailing aboard the vessel. He or she is responsible for evaluating the weather, sea state and vessel condition to determine if a vessel to vessel, vessel to rig or MEDEVAC can be carried out within an acceptable level of risk.

## 3.0 Illnesses and Injuries Requiring Emergency Medical Treatment

First aid trained personnel should administer first aid and stabilize the patient. The Bridge Officer of the Watch will decide if the patient's medical declaration should be opened.

The Captain will consult emergency medical services (See ISOS Sec. 6.0) and request assistance for patient transfer to shore based facilities or a platform or vessel with more advanced capabilities. ISOS will contact the medical facility where the patient will be transferred and arrange for ground transportation to the facility.

**Management is to be notified immediately of any injuries or illness requiring emergency medical treatment. A Quality and Compliance report including the employee and supervisor reports is required within 24 hours.**

**\*\* Notify the Port Captain immediately regarding any decision to return to port so we may begin addressing issues that could potentially delay getting the patient to medical care.**

ISOS can also make ground transportation arrangements from the arrival port and assist with any visa issues that may arise.

Should an attempt to be made to move near a fixed facility, such as a drilling rig, review 500 m entry procedures.

- Transfer of the patient to the medical facilities may be via ambulance or other ground vehicle, helicopter, commercial flight, chartered air craft or chartered air ambulance.
- Medical personnel or the Captain may decide that medical care at the facility is insufficient and further transportation is required.
- Additionally, transfers may involve another in country medical facility or an out

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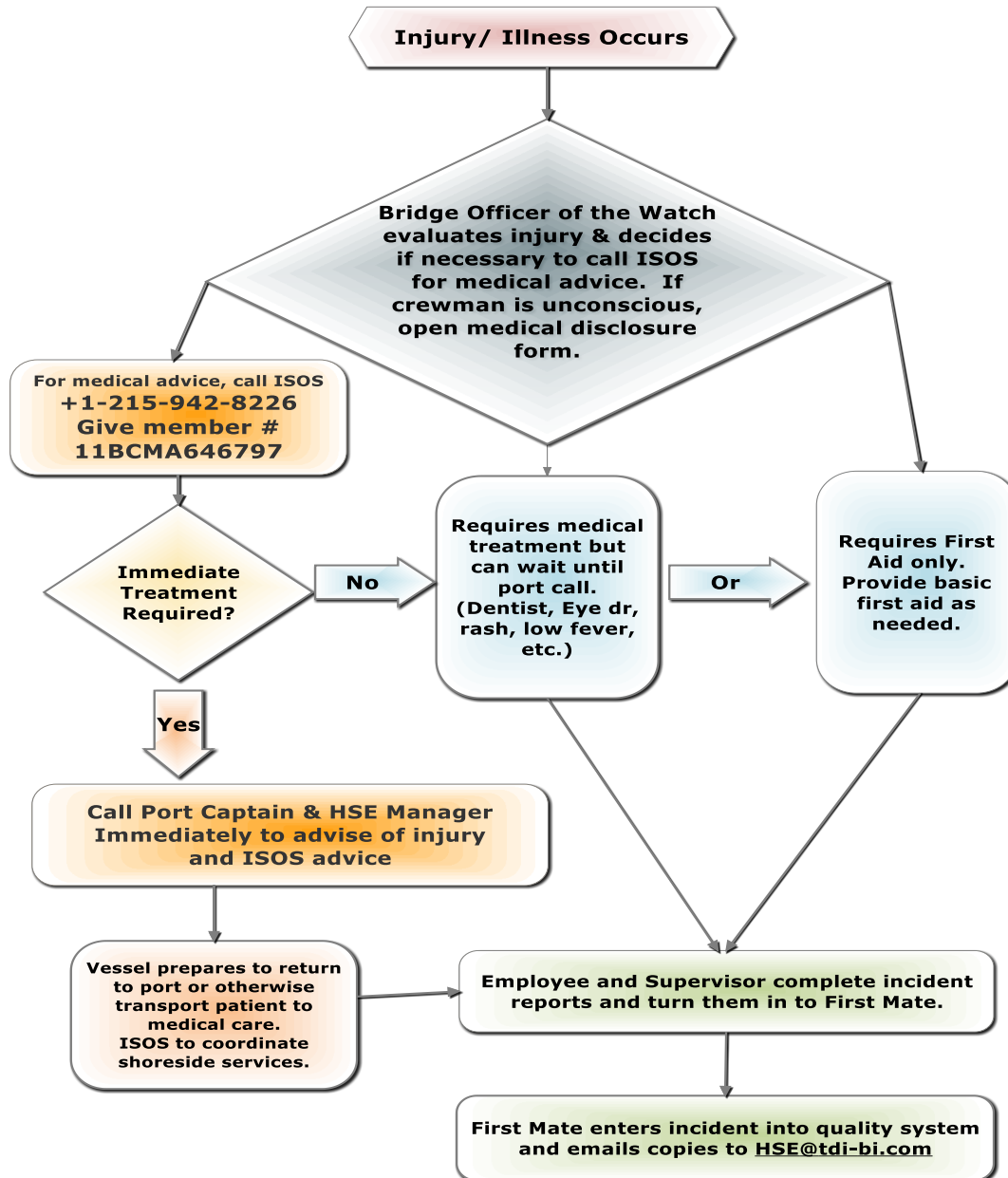
of country facility. The decision to move the patient will be made by local medical personnel and the Captain

[See next page for Vessel Medical Emergency Flowchart]

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## 4.0 Vessel Medical Emergency Plan

# TDI-Brooks International Vessel Medical Emergency Plan



## 5.0 Emergency Office Contacts

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Should an injury/ illness occur requiring a MEDEVAC, the Captain/Party Chief will notify the appropriate client representative and the Port Captain and HSE Manager as soon as possible after the patient has been stabilized.

**TDI-Brooks International Main Office: 1-979-693-3446**

<b>Roy Robbins</b> <b>Port Captain</b>		<b>Dr. James Howell</b> <b>HSE Manager</b>	
Mobile:	817-253-3930	Mobile:	979-794-3806
E-mail:	<a href="mailto:royrobbins@tdi-bi.com">royrobbins@tdi-bi.com</a>	E-mail:	jameshowell@tdi-bi.com
Richard Byno Director of Marine Operations		Daniel Brooks Technical Manager	
Mobile:	979-219-6740	Mobile:	979-220-3799
E-mail:	<a href="mailto:richardbyno@tdi-bi.com">richardbyno@tdi-bi.com</a>	E-mail:	<a href="mailto:Danielbrooks@tdi-bi.com">Danielbrooks@tdi-bi.com</a>

## 6.0 Emergency Medical Services & 24 hr hotline

**TDI-Brooks maintains a contract with a full-service medical provider known as ISOS International.** Services include a medical doctor that is on call 24 hours a day, advice, repatriation, assistance with local medical resources, in country clinics and MEDEVACs. **Do not hesitate to contact ISOS for any concerns**

### TDI-Brooks Policy Number 11BCMA646797

<p><b><u>Johannesburg South Africa</u></b> International SOS Assistance</p> <p><b>Open 24 hours a day</b> Tel: <b>+27 (0) 11 541 1300</b> Fax: <b>+27 (0) 865 290 777</b></p>	<p><b><u>Philadelphia USA</u></b> International SOS Assistance</p> <p><b>Open 24 hours a day</b> Tel: <b>1 215 942 8226</b> Fax: <b>1 215 354 2338</b> Tel (Japanese): <b>1 215 942 8189</b> Fax (Japanese): <b>1 215 354 2349</b></p>
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<p><b><u>Paris France</u></b> International SOS Assistance <b>Open 24 hours a day</b></p> <p>Tel: <b>+33 (0) 155 633 155</b> Fax: <b>+33 (0) 155 633 156</b> Tel (Japanese): <b>+33 (0) 155 633 107</b> Fax (Japanese): <b>+33 (0) 155 633 156</b></p>	<p><b><u>London United Kingdom</u></b> International SOS Assistance <b>Open 24 hours a day</b></p> <p>Tel: <b>+44 (0)20 8762 8008</b> Fax: <b>+44 (0)20 8748 7744</b></p>
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## 7.0 Initiate MEDEVAC and Prepare the Vessel

Should an **extreme emergency** arise that indicate a medical evacuation is necessary to preserve a life, the following procedures will ensure as safe an evacuation as possible.

These procedures have been adapted from U.S. Coast Guard (USCG) helicopter evacuation procedures but should be applicable to helicopter operations conducted by other rescue agencies.

### 7.1 Identify a Lift Site

The first step is to identify and designate a site on the vessel from which a helicopter can hoist a person. This area needs to be free of overhead lines, cables, antennas and structures and be large enough to allow a helicopter hoist.

If there is no area free of obstacles and with enough room to maneuver a hoist basket safely, a MEDEVAC is NOT an option.

Keep in mind that the maximum distance a USCG helicopter will attempt a hoist under ideal conditions ranges from 100 to 300 nautical miles. Further distances will require that the vessel diverts to a closer location.

### 7.2 Request Assistance

When requesting assistance from either the USCG or other rescue agency for a MEDEVAC you will need to provide information concerning vessel position and patient condition.

### 7.3 Vessel Position and Weather/ Sea Conditions

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The rescue group will need an accurate position, time, speed, course and weather conditions (ceiling visibility, wind direction and speed and sea state). Be prepared to change course toward the helicopter if so directed by the Search and Rescue (SAR) Coordinator of the rescue agency. **The following steps should be completed before the arrival of the helicopter.**

- Provide continuous radio guard on 2182 or 4125 kHz, 156.8 MHz (CH 16, VHF-FM) or whatever other frequency designated by the SAR coordinator.
- Secure and clear the hoist area. This includes loose gear, equipment, antennas (with the exception of the communication antenna unless you receive specific instructions to do so), rigging, flagstaffs, cables, etc. **The more free space, the less risky the hoist.**
- Should the MEDEVAC be conducted at night, illuminate the area as well as possible, ensuring that lighting is not directed toward the helicopter so that the pilot and other rescue personnel are not blinded. If there are obstructions in the area, illuminate those so that the pilot is aware of their location.
- Point search lights vertically to help the helicopter locate the vessel. Once the helicopter is on scene aim lights at the deck to avoid blinding the pilot.
- Inform the SAR coordinator of the hoist location so that they can direct the approach of the helicopter.
- Be aware that voice communications will be severely compromised due to the helicopter noise. **Discuss and agree to hand signals** with which the crew assisting with the hoist is familiar.

#### 7.4 Patient Information

When contacting the USCG or other rescue organizations about a MEDEVAC, have the following patient information ready. Use the patient information form at the end of this SOP. Provide as much information as possible.

#### 7.5 Communications

Communication must be established with the aircraft to aid in coordination. International distress frequencies such as 2182 kHz or 4125 kHz, 156.8 MHz (CH 16 VHF-FM) or other agreed upon frequencies may be used.

#### 7.6 Deck Check

Before the helicopter approaches, check the deck and remove any loose debris. Even small objects can become projectiles in the prop wash.

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## 8.0 Helicopter Transfer from Vessel

As helicopter approaches, change vessel course until the wind is 30 degrees off your port bow, or as directed by the helicopter crew, as long as it is safe to do so. Maintain course and normal speed, unless otherwise directed. It is usually easier for a hoist if the vessel is underway.

The hoist operation is controlled by the helicopter crew and the vessel must follow their directions.

- **The “Go Bag”**- Put together a small sealed bag of critical items to be transferred with the patient. The Go Bag should contain:
  - **Patient ID** (passport, visas), **medications** the patient may be taking, the **Medical Disclosure form** signed by the patient at the beginning of the cruise, the **Patient Information form**, and personal effects.
- Move the patient as close to the designated hoist area as their condition and weather permits.
- **The pilot will make the final call if a hoist is to be attempted and will provide instructions once on site.**
- A rescue swimmer may be lowered to the vessel to evaluate the situation and patient and assist in the hoist. **Assist the rescue swimmer and follow their instructions.**
- If the patient cannot be easily moved, the rescue basket must be taken to the patient. The hoist cable will need to be unhooked first. **Do not secure the hoist cable to the vessel.** Usually, the hoist cable will be retrieved until the patient is on deck in the hoist device.
- Keep the patient’s hands inside the rescue basket. Instruct them not to hold on to the sides.
- Only those directly assisting in the hoist should be on the deck or in the hoist area. An observer in communication with the bridge should be in a good position for observation but remain out of the hoist target area.
- All personnel assisting with the hoist need to have on appropriate PPE, **NO HARD HATS SHALL BE WORN under the helicopter prop wash.**
- The helicopter will send down the rescue basket to hoist the patient.
- Allow the rescue basket to touch the deck before handling, so that personnel do not receive a shock due to build up static electric charge.
- Strap in the patient as quickly as possible, face up, wearing a life jacket if possible.
- Keep the ship’s position so that the vessel has the best ride with the wind on the bow. Maintain speed to minimize the ship’s movement as instructed by the

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helicopter crew.

- If a trail line is dropped by the helicopter, use this to guide the rescue basket. **Under no circumstance tie the trail line or hoist cable to the vessel. Always tend the trail line so that it does not foul.**
- When the patient is secured, signal the helicopter by radio, thumbs up hand signal or by flashlight if attempting at night.
- As the hoist begins, steady the rescue basket to prevent turning or swinging. **However, do not stand directly under the hoist device.**
- For night time hoists, light the ship and hoist area as necessary. **Do not shine lights into the cockpit – it will blind the pilot.**

## 9.0 Patient Information

The following form may be used to supply information for the patient.

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<b>Patient Name</b>					
<b>Age</b>		<b>Sex</b>		<b>Nationality</b>	
<b>Type of Injury/Illness</b>					
<b>Symptoms and Location</b>					
<b>When/How Injury/Illness Occurred</b>					
<b>Medications/Treatment Administered</b>					
<b>Previous Medical Condition (Include Medications)</b>					
<b>Vital Signs</b>					
Temp _____ BP _____ Comments _____					
<b>Airway:</b>	Obstructed	Gurgling	Open		
<b>Respiration:</b>	Normal	Shallow	Deep	None	
<b>Pulse:</b>	Normal	Weak	Fast	None	
<b>Skin Color:</b>	Blanched	Yellow	Blue	Red	Normal
<b>Skin Conditions:</b>	Hot	Cold	Dry	Clammy	Normal
<b>Conscious</b>	Y/N	<b>Ambulatory</b>	Y/N	<b>Eyes Dilated</b>	Y/N
<b>Convulsions</b>	Y/N	<b>Signs of Shock</b>	Y/N	<b>Eyes Reactive</b>	Y/N
<b>Vomiting</b>	Y/N	<b>Bleeding</b>	Y/N	<b>Eyes Equal</b>	Y/N
<b>Tingling Limbs</b>	Y/N	<b>Paralysis</b>	Y/N		

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