The 1%’ Oil & Gas UK Case Studies

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Iqarus
‘The 1%’ OGUK case studies

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‘The 1%’ OGUK case studies

Occupational physician at Iqarus
Iqarus completed over 3500 OGUK medicals in 2016
Medical advisor for: Total(UK)
                  Engie
                  Perenco
                  Bumi Armada
‘The 1%’ OGUK case studies

1) Parkinson’s disease
2) New onset IDDM
3) Renal transplant
4) Alcohol dependence
Case 1 Parkinson’s disease
Case 1 Parkinson’s disease

55 year old Offshore Mechanical Technician
Worked offshore for 30 years
Various installations
3 on 3 off rotation
Dayshift
Duties include planned maintenance of equipment

Offshore medical in 2016
   Parkinson’s disease declared
   Employers aware and letter from employer confirming no concerns about ability to perform his role
Case 1 Kraken
Case 1: Kraken sick bay
Case 1 Parkinson’s disease

Diagnosed Parkinson’s disease 2010
Tremor primarily right sided
Good function
  Plays 5 aside football
  Completed survival refresher course

Medication: Ropinirole 6mg and Domperidone 10mg
No significant psychological symptoms or memory problems

Conclusion:
Fit
1 year cert
Case 1 Parkinson’s disease

Referred back to Occupational Health 6 months later:
Managing all his work duties
Pronounced tremor at times, noticed by colleagues when suiting up
  *Was he drunk*
  *Was he having a stroke*
  *Don’t want to sit beside him in helicopter*
Occasion when needed assistance in unbuckling safety harness
Still fit to be working offshore?
Case 1 Parkinson’s disease

Seen at OH clinic
Temporarily unfit for offshore work
Report from Neurologist requested
Referred for functional capacity assessment
Case 1 Parkinson’s disease

Consultant Neurology Report

Outward appearance of being severe based on quick look at his tremor but in reality the Parkinson’s is only at a moderate level

Tremor worsened by person feeling they are the subject of attention

Management of an emergency situation by a person with Parkinson’s is in general very good and would be expected to remain so for some years

Functional Capacity Assessment
Speed of manual dexterity was slower than expected but matched all job requirements
Case 1 Parkinson’s disease

Review appointment:
Discussed reassuring reports
Risk that events would repeat themselves if he simply returned
Involvement with employer, medical advisor and OIM
  Maintain on one installation
  Town hall meetings - educate colleagues / support
  Two piece boiler suit

Fit – Restricted destination certificate
Review at OH
Case 2 New onset IDDM
Case 2 New onset IDDM

30 year old offshore painter/blaster
No PMH
Medevac with hyperglycaemia, ketones in urine
Admitted to hospital
  Diagnosed Type 1 DM
  Basal bolus regime of insulin with Levimir and Novorapid

Referred in by employer 2 weeks later
  When will he be fit to return to work offshore?
Case 2 New onset IDDM

OGUK Guidelines
- Report from treating physician
- Hypoglycaemic awareness
- Approval from operators medical advisor
- Medic must have supply of glucagon and IV dextrose
- Restricted destination certificate maximum 1 year
- The individual must have had good control of their diabetes as defined by accepted clinical criteria for a minimum of the prior 6 months
Case 2 New onset IDDM

Do you need to wait 6 months?.....
Case 2 New onset IDDM

Report from specialist 3 months after medevac
Spoke with specialist
Employee knowledgeable about diabetes and testing
Managing very well
Occasional mild hypoglycaemia good awareness managed appropriately
Will always be a risk of hypo when returns to more energetic work but this risk unlikely to change in a further 3 months

Discussed with medical advisor
Approval confirmed
Returned offshore 3.5 months post diagnosis
Case 3 Renal transplant
Case 3 Renal transplant

40 year old assistant derrickman
• Renal transplant 12 months ago
• Successful operation
• Monthly renal function blood test now stable
• Feeling well, back doing usual activity and looking to get back to work offshore

Medication
Tacrolimus
Mycophenolate mofetil
Prednisolone
Alphacalcidol
Calcichew

Examination
Non tender graft kidney palpable in right iliac fossa
Case 3 Elgin
Case 3 Elgin sick bay
Case 3 Renal transplant

**Derrickman Duties**
- Pipe handling
- Maintaining and repairing pumps and drilling equipment
- Occasional manriding activity
  - Suspended from harness
  - Hoisted/lowered by winch
Case 3 Renal transplant

Report from renal consultant
Consultant report confirmed good kidney function and stable

Protective kidney belt ‘Alpine Stars Kidney Belt’

Assessment at safety services centre
Confirmed belt compatible with safety harness
Fit to return
Case 4 Alcohol dependence
Case 4 Alcohol dependence

40 Production Technician

Medevac with concerns about his health
Meeting with HR and he admitted alcohol problem
Suspended
OGUK expiring
Booked in for OGUK medical
NUI (Normally unmanned installation)
Case 4 Alcohol dependence

OGUK Medical
Admitted alcohol problem
Regularly taking >100 units per week
Attended GP and booked himself into a private inpatient detox centre

Plan
Unfit
Must complete alcohol rehab programme and obtain report
Period of monthly review in clinic with breathalyser and blood test LFTs and CDT
Case 4 Alcohol dependence

Completed rehab course
Report from clinic confirmed attendance, treatment and abstinence plan
Initial CDT >2 in keeping with excess alcohol intake
He was adamant that no intake

Plan
Remains unfit for offshore
Fit onshore non safety critical work
Ensure HR go through drug and alcohol policy with him
Ongoing monthly review until satisfactory period of stable control
Counselling
Case 4 Alcohol dependence

Outcome
Never obtained evidence of good control
Continued to drink alcohol excessively
Dismissed by employers
Summary

Parkinson’s
Involvement of employer, OIM, medical advisor helpful

New onset IDDM
Is 6 months necessary

Kidney transplant
Protective belt may be appropriate depending on occupation. Check compatibility with other safety equipment.

Alcohol dependence
Carbohydrate deficient transferrin (CDT) useful aid for monitoring compliance along with MCV and LFTs