OPERATING IN RUSSIA FAR NORTH AND FAR EAST REGIONS

HOW TO MITIGATE OCCUPATIONAL HEALTH RISKS AND MEET REGULATORY COMPLIANCE
Foreword:

Companies planning to set up operations in the Russian Far North and Far East regions need to consider numerous challenges. These include compliance with the complex Russian health and safety regulatory framework and the regional specifics thereof, severity of the climate and weather conditions combined with occupational hazards and the impact these have on the health and wellbeing of the workforce. Finally, the broader socio-economic and demographic situation in Russia needs to be considered.

To mitigate the risks and ensure sustainable operations in these remote regions it is critical that companies comply with the regulatory environment, understand the relevant legal standards impacting their business and the best ways to implement those. Global industry best practices and multi-layered comprehensive measures that combine medical emergency response with workforce wellness can offer a holistic approach in addressing the risks.

This paper highlights the health risks, countrywide and region-specific labor and occupational health regulations, and provides practical guidance on mitigating risks faced by employers while operating in Russia’s remote regions.

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Introduction.

Russia’s vast natural resources attract numerous foreign and local investors, yet a significant part of them is located in the remote Far North and Far East regions.

These territories are typically sparsely populated or uninhabited and face severe climate conditions.

To be successful, companies operating in these locations need to deliver a tangible return on investment and shield their workforce from unnecessary risks. It is, therefore, important to (1) comply with the industry’s OH&S standards and Russian regulations and to (2) mitigate the challenges in attracting and retaining talented workers by providing adequate levels of healthcare and wellbeing on remote sites.

Therefore, the aim of this document is to (1) provide a brief overview of Russia’s regulatory environment pertaining to the Employer’s Duty of Care for remote projects and shift based works, as established by the Labour Code of the Russian Federation and other regulatory documents applicable to occupational safety and work specific activities in general; to (2) highlight the health issues pertaining to Russia’s working age population and the risk factors linked to working in Russia’s remote regions and to (3) provide general recommendations on how to mitigate health risks on remote projects as suggested by industry best practice.
An Employer’s responsibility to local employees

The Labour Code of the Russian Federation is the primary source regulating general requirements and rules pertaining to labour in Russia.

Most remote areas of Russia (e.g. Far North and Far East regions) have unique geographical and climate conditions. These and other specific factors mean that any industrial activity in these regions face various levels of hazard and health risks.

These are in turn reflected in the labour regulation that establish a range of requirements that must be followed by all employers.

Health Risk Factors in Russia

Shift works in remote regions with severe climate conditions have a lasting impact on the human body that affect the metabolic processes as well as the immune, blood, respiratory and cardiovascular systems. Taken together, these are known as the Polar Stress Syndrome.

Companies must duly consider a range of health factors: physical, chemical, biological, climate and psychosocial. In addition, businesses must be mindful of the country’s socio-economic and demographic environment.

Climatic health risk factors

Russia’s Far North and Far East regions communly experience long winter periods with extremely low temperatures, with snow cover typically lasting for seven months or more, average temperatures sinking below 40 degrees Celcius, with strong winds and insufficient sunlight. Such environmental conditions may lead to hypothermia, frostbite, immune deficiency and psychological disorders. Animal, insect and snake bites may lead to traumatic injuries, poisoning and infectious diseases such as tick-borne encephalitis and borreliosis.

Work-related health risks and hazards

Irregular work schedules that may include night shifts; varied accommodation conditions; specifics of the work process, such as duration, work intensity, and monotony; the need to use special types of equipment and accessories; and the risks caused by noise, vibration, illumination, chemicals, and uneven and slippery surfaces - these are all factors that may contribute to physical, psychological, emotional and mental overstrain, or that may result in occupational disorders and injuries.
Employer’s Duties and Employee’s Guarantees in the Far North and areas equated to them.

Russia's regulations, and specifically the Resolution No. 1029 of the Council of Ministers of the USSR (implemented 10 November 1967 and as amended on 27 February 2018), establish specific categories termed "Regions of the Far North" and "Areas Equated to Regions of the Far North".

When operating in regions falling under the categories above, the Employer must comply with all federal and regional requirements (e.g. collective labour agreements) that establish guarantees and compensations to employees working in these regions. The non-exhaustive list of such requirements is as follows:

- Provision of additional payment in accordance with regional coefficient (multiplier);
- Provision of additional payment in accordance with the period of continuous work in the same conditions;
- Provision of additional paid leave in amount of 24 calendar days for work in the Far North, and 16 calendar days for work in areas equivalent to the Far North areas;
- Compensation of travel expenses (travel to and from the place of vacation within the territory of the Russian Federation, once every two years at the expense of the employer);

Biological health risk factors

Main biological hazards and health risk factors arise from factors such as overcrowding, possible issues with provision and maintenance of ventilation and water supply, quality of the cleaning process, violation of personal hygiene and food safety, and low quality of preliminary and periodic medical examinations. All these factors, if not addressed properly, could lead to the outbreak of infectious diseases and other health-related problems, severely affecting project operations.

Psychosocial risk factors

Job dissatisfaction; the feeling of isolation from a socially defined ‘regular’ way of life – due to factors such as shift work, the increased duration of shifts, and lack of communication with one’s family; monotony of schedule, working space and environment; and emotional overstraining due to matters such as heavy intensity of workflow may lead to depression, emotional instability and exhaustion. This can cause a negative impact on project operations.
Socio-economic and demographic health determinants

Occupational health and safety risks arise not only from specific workplace hazards present at a remote-site project, but also from more general factors that can affect the health of the general population – such as heart disease, obesity and mental illness. This is critical for employers, which have operations in remote areas of Russia, such as the Far North and Far East, to understand.

Over the past 20 years, social and economic changes in Russia have brought about negative effects on the health and wellbeing of its people. Compared to developing countries placed at similar Socio-demographic Index levels, the rates of mortality and disability among the working-age community in Russia are high, and life expectancy is low.

Russian men and women have different morbidity and mortality profiles. In 2016, 59.2% of mortality in men aged between 15 and 49, and 46.8% of mortality in women of the same age were attributed to non-communicable diseases (NCDs), as well as behavioral risk factors that include smoking, and alcohol and drug use. In 2016, the 20 leading causes of disability in Russia included NCDs, falls (third place), road accidents (14th place), and accidents while operating mechanical devices (20th place).

About 200,000 people in Russia die because of sudden cardiac arrest every year, and mostly outside of hospitals.

It is important to remember that a minor injury or illness, which could be easily managed in an urban setting, may result in a critical incident on a remote site. Injuries or chronic illnesses that take place on a remote site may cause complications due to potential delays in treatment – due to the remoteness of the project site and related logistical issues – therefore, decision-makers of companies operating in remote areas need to be aware of the potential risk factors and be ready to appropriately address all related challenges and issues.
Employer’s Duties and Employee’s Guarantees when working in Harmful and Hazardous Conditions

Work activities in the oil & gas or mining industries are linked with various health risks and hazards, some of which have been mentioned earlier.

The employer must provide employees with detailed safety inductions that would include information on working conditions and instructions on safe work methods and required personal protective equipment. The employer has to arrange a traineeship period for newly hired personnel, special assessment of working conditions and provide first aid capabilities and First Aid Training to employees.

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Chapters 33-36 of the Labor Code of the Russian Federation regulates the issues related to the Workplace Safety, the duties of employers and the rights and guarantees of employees. The Employer must identify any harmful and dangerous factors at the workplace and assess the level of their impact on employees.

The Employer has a duty to arrange a special assessment of working conditions that is carried out at least once every 5 years by a legally certified subcontractor. Current legislation (e.g. Law of the Russian Federation No. 426-FZ dated December 28, 2013 “On a special assessment of working conditions”), splits working conditions by the level of hazard and harmfulness on the employee’s health into 4 classes:

- 1 class - optimal;
- 2 class - allowed;
- 3 class - harmful (classified into 4 subcategories);
- 4 class - hazardous.
Case study #1: Importance of First Aid skills among on-site employees

A 58 year-old engineer suffers a cardiac arrest on an offshore platform near Russia.

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8:41 am: A co-worker working nearby, who is trained in First Aid, recognises the condition and immediately calls for the International SOS medic on-site.

8:43 am: The medic reaches the patient, equipped with an Automated External Defibrillator (AED). The co-worker, trained in First Aid, performs CPR on the patient.

After the third 'shock', the patient's heart responds – although not strong enough to bring him back to consciousness. He is transported to the platform’s clinic where he is hooked up to monitors, IV lines, and a defibrillator.

Within 65 minutes, the International SOS medical emergency response team arrives via helicopter to the platform, which is located hundreds of kilometres from land. Evacuation of the patient, and the following treatment, are successful.

The patient's life was saved thanks to the provision of regular First Aid training for employees hired on the rig. For operations in remote locations, these are essential skills that should be delivered via in-person training, and preferably refreshed in two years. It is important to remember that international-standard quality First Aid training programmes are constantly evolving, updated with new techniques and knowledge. When choosing a First Aid training provider, it is recommended to pay attention to the training standards and practices used.

In addition to the in-person First Aid training programmes, there are now digital applications available. Some First Aid training e-learning programmes allow for a 24/7 flexible learning experience. With 24/7 access to reporting on training progress, you have the capability to fully train your employees in a matter of a few hours.
Employees, facing harmful and/or hazardous factors at the work place (including in subterranean work), as well as employees who have to drive motor vehicles, shall undergo mandatory preliminary (before employment) and periodic medical examinations (annual for all employees up to age of 21, and then once every 1-2 years, depending on character of work activities and harmful factors faced) to determine the employees’ fitness for work and to determine any occupational illnesses.

There might be additional (unscheduled) medical examinations for groups of employees, in accordance with medical recommendations, received during periodic medical checks (Article 213 of the Labor Code of the Russian Federation).

Companies must remember that they are not allowed to allocate additional work in harmful and/or hazardous working conditions to an employee if the employee’s primary duties are already tied to the same conditions.

For concurrent employment, companies must request from the employees a certificate on the working conditions at their other workplace (Article 282-283 of the Russian Labor Code).

**mandatory preliminary (before employment) and periodic medical examinations**

It is forbidden to employ workers younger than eighteen years old in hazardous and/or harmful working environments (Article 265 of the Russian Labor Code).

The employer must keep accurate records of hours worked by employees in harmful and/or hazardous working conditions. Such employees receive special guarantees, benefits and compensations, such as:

- shorter working week - not more than 36 hours per week;
- additional paid annual leave (minimum 7 additional calendar days);
- increase of wage - not less than for 4% of the wage rate (salary);
- free of charge special clothing, footwear, and other personal protective equipment etc.;;
- free of charge milk or other equivalent foods (may be replaced by compensation in the amount equivalent to the cost of milk or other equivalent foods);

There might be other guarantees, benefits and compensations, stated by local regulatory acts. In addition, the employer has the right to provide additional advantages for such employees.

Special attention should be paid on limitations for hiring women for a job related to a harmful and (or) hazardous working conditions (Article 253 of the Labor Code of the Russian Federation). The Government of Russian Federation has issued a list of occupations, where the employment of women is prohibited.
Case study #2: How a poorly conducted medical examination can cause significant financial losses.

A 55-year-old employee working on a remote site who suffers from headaches visits the International SOS doctor on-site.

10:05 am: From a clinical examination, the first finding shows that the patient’s blood pressure rate hit a level of 200/130 (a healthy rate should not exceed 150/90). The main symptom accompanying his high blood pressure (HBP) is a pulsating headache.

10:10 am: While providing emergency treatment to reduce HBP, the doctor finds out, from questioning the patient, that he has a history of HBP. At the same time, the patient admits that he does not diligently take his anti-HBP prescription.

Despite multiple attempts to control the patient’s HBP on-site, the doctor is unable to carry out the full treatment required for the patient to reach a healthy, satisfactory level – the medical risk remains high, and an urgent medical evacuation needs to be arranged.

The nearest hospital is located two hours away and must be accessed by air. The patient is evacuated from the remote site and arrives at the hospital 2 hours later. The patient can finally be treated in the Intensive Care Unit (ICU), where long-term anti-hypertensive therapy is prescribed and initiated. The patient will not be fit to work before his HBP is brought under control, and investigation on all potential health consequences is conducted and understood.

The case cost the patient’s company a significant amount of money, which could have been prevented if an investment in a high-quality Fit to Work (FTW) assessment was made instead. A properly conducted FTW assessment would have helped the employer to avoid this case entirely.
Employer’s Duties and Employee’s Guarantees in case of Work Injury.

An employee working in harmful conditions may be exposed to several hazards simultaneously. This exposure increases the risks of acute occupational injury or illness. The chapter here describes an employer’s duties and an employee’s guarantees in case of an accident and/or work-related injury.

Federal Law No. 125-FZ from July 24, 1998 "On Mandatory Social Insurance Against Occupational Accidents and Occupational Diseases" stipulates that any employee performing works as part of a labor contract must be covered by a mandatory accident insurance. This means that in case of a work-related injury suffered by an employee without fault on his part, his employer is obligated to compensate the damages.

In accordance with Article 227 of the Labor Code of the Russian Federation - an accident recognized as a work related if it occurred when the employee:

- performed his/her work duties;
- has been travelling to work on official transport;
- was at lunchtime;
- was on a business trip.

Duties of the employer in the event of a work injury are as follows:

- provide the employee with all the necessary assistance;
- sick-leave payments - issued from funds the employer pays into the occupational diseases and accidents insurance;
- lump-sum insurance payment - the amount of this payment depends on the duration of the disability. The Social Insurance Fund of Russia has established that the maximum amount of payment in 2018 is limited by 97778,80 RUB;
- monthly insurance payments - is paid to the employee until his full recovery. The amount of payment is equal to average earnings of the injured employee during the last year and it is indexed every year. The Social Insurance Fund of Russian Federation has declared that in 2017 the minimum amount for such payments was - 75 182 rubles per month.

Furthermore, additional payments, mentioned below, should be made by the employer, but they are not reimbursed by the Social Insurance Fund.

- additional expenses (specialized medical care, purchase of medications, expenses for special equipment or transport).
- compensation of psychological harm.

To provide employee with all the necessary assistance

- conduct a thorough investigation to determine the causes of the accident;
- fill in the act on the accident (within the required timeframe);
- make all necessary payments to the injured employee.

There are several types of payments and compensations which shall be provided to the injured employee:
Case study #3: Importance of having a fully equipped medical facility on-site for a project on a remote site.

5:50 pm: A 35 year-old employee on a remote mining site suffers from work-related injuries, on a day with heavy snowfall.

5:55 pm: The worker, who is dealing with skin abrasions, calls the nearby International SOS clinic for help.

6:10 pm: A doctor and feldsher, along with the HSE manager from the patient’s company, arrive at the site in an ambulance. While the HSE manager handles the administrative aspect of the incident, the patient is stabilised and prepared for transport to the clinic.

The first clinical exam reveals suspected fractures in the pelvic bones and right leg, along with right pneumothorax (air in chest cavity due to rib fractures). Treatment procedures carried out include chest-air drainage, administration of IV fluids and analgesics, immobilisation of the leg fracture, provision of a vacuum mattress for pelvis stabilisation, and insertion of a urinary catheter.

The doctor gives instructions for the patient to be kept in the clinic until the next day, while waiting for the improvement of road conditions. Transport via ambulance to the nearest local hospital takes five hours.

If the clinic had not been staffed with highly trained medical personnel or equipped with medical tools catered for remote-site incidents, the patient’s suffering would have increased significantly, and his recovery process and return-to-work time period would have been delayed.
Employee’s Duties in the field of occupational safety

Article 214 of the Labor Code of the Russian Federation stipulates the duties of the employee in the field of occupational safety:

- comply with occupational safety requirements;
- correct and appropriate use of personal and collective protective equipment;
- to pass the training in safe methods of work, as well as trainings in first aid, and occupational safety;
- immediately report any life-threatening situation, any accident that occurred in the workplace, or any signs of ill health, including the manifestation of occupational disease (injury) to a supervisor.

- to pass mandatory preliminary (before employment) and periodic (during work assignment) medical check-ups, as well as to undergo additional medical examinations when required by the Labor Code and other federal laws.

Should an employee refuse to pass periodic medical check-ups or somehow disrupt the schedule of these check-ups, such an employee must be suspended from performing his duties and disciplinary measures may apply.

Action plan for assessing and meeting compliance

Article 212 of the Labor Code of the Russian Federation stipulated that the employer’s duty is to ensure Occupational Safety and Security for all employees. To comply with this requirement the employer should develop an action plan, that provides detailed information on the measures agreed between the employer, employees and the authorities.

This plan may include, but may not be limited by the following:

- Employee’s Health Impact Assessment;
- Social Impact Assessment;
- Hazard and risk management;
- Roles and responsibilities;
- Training and competence;
- and other supporting actions and documents.

Hazard and risk management
Case study #4: How a Health Risk Assessment (HRA) conducted at a remote industrial site in Russia Far North supported a company in setting risk-mitigating measures.

After a thorough HRA of the site, the International SOS medical expert identifies the following site hazards as high- or extremely high-risk:

- Standard of healthcare facilities – inappropriate location, poor quality of construction, insufficient space, inadequacy of medical waste disposal;
- Sub-standard working and living environments – extremely cold weather, with wide-ranging temperature variations around the workplace and living quarters;
- Repetitive manual handling and lifting of heavy objects weighing more than 20kg;
- Contact with irritants or sensitisers – in the form of chemicals, ultraviolet light, and ionising radiation;
- Contact with oxidisers – in the form of chemicals such as hydrogen peroxide.

All the above hazards pose severe health implications, if they are not addressed in a proper and timely manner. As a result of the assessment, the site operator received a comprehensive report containing recommended risk-mitigation strategies; actionable next steps; and a plan, compliant with local and international government and industry standards and requirements, to manage and support the health and wellness of the on-site employees.
Ways to minimise health risks at remote-site projects, and comply with legal and industry requirements in Russia

International-standard best practices in planning and preparing health support for remote-site projects include:

1. Planning and prevention

2. On-site Medical Emergency Response Planning (MERP)

3. Keeping your on-site workforce healthy and safe

Pre-mobilisation planning and prevention for a remote-site project includes a Health Risk Assessment (HRA) conducted on-site, and a workstream related to preparing the workforce for deployment on-site.

### Preparing the workforce for deployment

The purpose of the HRA is to identify health hazards present at the site; evaluate their risks to the employees on duty, likelihood of injuries occurring (factors such as frequency in a specific location/region, or with a particular business or industry), potential severity of outcomes (minor or major health impacts); and determine required controls.

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Health Effect</th>
<th>Likelihood plus Severity = Risk</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major trauma - RTA with delay in treatment</td>
<td>Permanent disability/death</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Food poisoning (outbreak)</td>
<td>Gastro-enteritis and dehydration</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Heat</td>
<td>Heat exhaustion Heat stroke</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Cardiac incident (heart attack)</td>
<td>Permanent disability/death</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Psychological</td>
<td>Stress, anxiety, burn out</td>
<td>Low</td>
<td>Medium</td>
</tr>
</tbody>
</table>

- MERP
- On site clinic and HCP
- Topside support (including telemedicine)
- Food safety management system
- H&H inspections
- Water testing
- Infectious disease management plan
- Work – rest regime when working outdoors
- Worker education
- FTW assessments
- Facilities for hydration
- FTW
- Health promotion
- ACLS capabilities on site
- Rotational schedules
- Communication methods with family
- Employee assistance program
Preparing your workforce for on-site deployment includes (1) fit for work (FTW) assessments, which complies with the Russian legislative requirements on health checks mentioned above, and (2) pre-deployment medical inductions.

The FTW assessment programme is also a risk-based medical assessment that accounts for:

- Environment of the remote location, and related health risks and implications – HRA to assess extremities in weather and temperature, potential delays in evacuations, availability of nearby health facilities, and more
- The possible impact the remote location has on the worker’s health and wellbeing, including specific risks such as noise hazards
- The possible impact remote-site constraints and complications have on the worker
- The potential effects these factors have on site safety and business continuity

**Pre-deployment worker information and health induction** should include:

- Pre-deployment medical briefings and guidance on procedures, which would include a listing of health risks faced in the region and on-site, as well as advised risk-mitigation measures
- Checks on quality and consistency of the medical examination described above, as well as vaccine requirements
- Involvement of on-site medics in health incidents early on
- Focus on staying healthy at work (health promotion while on-site)
- Explanation of the suggested action plan in the case of a medical emergency
- Location and content of First Aid Kits and First Aid equipment sets
- General measures related to personal hygiene and prevention of communicable diseases

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**On-site Medical Emergency Response (MER) Planning** is an integral element of international-standard best practices, contributing to health-risk mitigation for remote-site projects, which include:

- Consideration of factors influencing on-site medical services and responses covered by the HRA of the site
- Medical staffing resources needed to provide adequate health and emergency care on-site
- On-site medical facility settings
- Off-site medical transportation
- Regulatory requirements and concession standards

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**On-site Medical Emergency Response (MER) Planning**

The details of **MER Planning** should account for single or multiple casualty cases. They should provide clear and structured information on the recommended responses and timing to medical emergencies, depending on risks identified within the HRA. The MER Plan (MERP) also needs to clearly state available resources for provision of medical and emergency care on-site, and how challenges such as distance to secondary/tertiary care, travel time to secondary/tertiary care, weather constraints, language barriers, and delays in evacuation will be addressed at the site.
Table 2: IRHC guidelines for medical response times

**MER Standard**

In order to design an effective MER Plan, it is important to first determine the expected standard of care during medical emergencies. Various standards exist, most utilising a time-based tiered approach. A typical example of an MER Standard is as follows:

<table>
<thead>
<tr>
<th><strong>Medical Emergency Response Standard</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1:</strong> Provide first aid treatment, including defibrillation, by a Designated First Aider within 4 minutes of any injury or illness.</td>
</tr>
<tr>
<td><strong>Tier 2:</strong> Provide Assessment and stabilization by a health professional within 1 hour of any injury or illness that requires it.</td>
</tr>
<tr>
<td><strong>Tier 3:</strong> Provide admission to and care at the nearest Local Hospital within 4 hours of any injury or illness that requires it.</td>
</tr>
<tr>
<td><strong>ALARP:</strong> When response time or requirements above cannot reasonably be met, perform a risk assessment and provide medical emergency response risk mitigation measures to ensure that the risks are kept as low as reasonably practicable (ALARP).</td>
</tr>
</tbody>
</table>

A project’s Medical Staffing settings need to be made based on the factors identified in the HRA and when planning for MER.

Table 3: Example of MER based on the tiered approach

<table>
<thead>
<tr>
<th>Tier</th>
<th>by</th>
<th>at</th>
<th>time</th>
<th>Training requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 0 Initiation</td>
<td>Bystander</td>
<td>Incident site</td>
<td>Immediate</td>
<td>Call for help and make area safe</td>
</tr>
<tr>
<td>Tier 1 First aid and defib</td>
<td>First aider</td>
<td>Incident site</td>
<td>4 minutes</td>
<td>DFA training (40 h)</td>
</tr>
<tr>
<td>Tier 2 Medical stabilization</td>
<td>RHCP (medic/doctor/nurse)</td>
<td>Incident site/on site facility</td>
<td>1 hour</td>
<td>Professional training ALS training</td>
</tr>
<tr>
<td>Tier 3 Hospital admission</td>
<td>Emergency Physician</td>
<td>Hospital</td>
<td>4 hours</td>
<td>Specialist training</td>
</tr>
</tbody>
</table>
In the event that a project is located in an extremely remote region, and the nearest hospital sits more than four hours away, on-site support starting at enhanced Tier 2 is needed.

This should include:

- Enhance the level of Tier 2 competency, e.g. professional skills and experience;
- Additional number of Tier 2 HCPs;
- Additional medical equipment and capabilities, e.g. X-ray, laboratory and Ultrasound;
- Direct communication with specialist physicians, e.g. orthopedic surgeon and cardiologist;
- The use of digital communication technology, i.e. telemedicine.

The importance of the regular First Aid Training (FAT) provision to remote-site project workers, as well as an enhanced format of emergency care training (BLS/ACLS/ITLS) for the on-site medical team cannot be overestimated. These will not only address Russian legislative requirements, but also positively contribute to the saving of lives, boosting of workforce morale and motivation, and more rapid recovery after an injury or an incident – with less probability of complications for those affected.
protection (against factors such as noise, sand and wind) needed is critical. There should be easy access and egress (ground floor, separate ER/OPD); a stretcher ramp and ramp for ambulance access and parking (asphalt); and plumbing and electricity access points.

For remote-site projects, considerations on medical emergency transportation requirements need to be made. These would be based on the road conditions and length of the route to the nearest hospital, level of available care in the nearest medical facility, and time required for activation and organisation of the medevac – for example, transport via ambulance on land, versus that by a helicopter.

**medical emergency transportation requirements**

As an example of industrial best practice and considering the integral element in health risk-mitigation at a remote-site project, the constant flow of preventative initiatives needs to be considered, while keeping a focus on managing the health and safety of the on-site workforce – through fighting common routine health issues, non-communicable disease (NCD) prophylaxis, and the prevention of the outbreak of infectious diseases.

Here are the top 10 medical cases requiring medical consultations that are common for remote-site projects, and would need to be addressed on a daily basis:

- Upper respiratory tract infections;
- Digestive system disorders;
- Musculoskeletal complaints;
- Trauma (only one out of 10 cases would fall in this category);
- Dental problems;
- Dermatological disorders;
- Endemic disorders;
- Ear, nose and throat (ENT) disorders;
- Ophthalmological conditions;
- Various other infections.

Another important area in keeping the on-site workforce healthy and safe is NCD prophylaxis. At the beginning of the document, we highlighted how severe this problem is in Russia, and how it affects the working-age population. Therefore, NCD prophylaxis is considered a best practice. Furthermore, it is highly recommended that health promotion initiatives, targeting issues such as smoking, obesity and blood pressure abnormalities, are run regularly among the workforce to promote healthy eating and sporting activities, ultimately leading to greater Return on Investment (ROI) and Value on Investment.

**managing the health and safety of the on-site workforce**
Return on Investment

- Manage or reduce health care costs
- Reduce the number of sick days
- Manage / reduce disability claims

Value on Investment

- Reduce employee health risks
- Improve employee job satisfaction
- Improve employee productivity
- Improve employee morale
- Attract or retain talented employees
- Improve employee energy levels at work
- Increase on-the-job safety
- Positive impact business performance and profitability

The final factor is remote-site preparedness for infectious diseases. What needs to be taken into consideration is awareness of infectious diseases endemic in the region, screening and triage procedures, availability of an isolation room at the project’s medical facility, personal hygiene with focus on hand hygiene and food and water safety, notification of case transfer of a patient to a hospital following disinfection.

preparedness for infectious diseases

The complex set of activities conducted for remote-site projects starts from:

- HRA of the site;
- Pre-deployment health screening;
- MER planning;
- Medical staffing;
- Provision of FAT for employees;
- Emergency care trainings for medical personnel;
- Availability of appropriately equipped medical facilities to address possible scenarios;
- Capabilities for safe medical transportation;
- Constant flow of preventative medical initiatives with a focus on keeping the on-site workforce healthy and safe.

These will not only enable organisations to comply with industry standards and national regulatory requirements, but will also ensure that all possible measures have been undertaken to minimise health risks at the project site, providing on-site employees with the highest possible standard of healthcare.

Case studies: mitigating health risks at a remote industrial project in Russia Far East

Started in 2016 with our Travel Risk Mitigation Programme and evacuation coverage for business travellers and expatriate employees, International SOS’ cooperation with an EPC client continued in 2017 with a Site Health Review (SHR) conducted at the client’s site in Russia Far East.
The SHR demonstrated significant gaps in the local healthcare system – lack of required medical staff, limited medical investigation and emergency care capabilities, overstretching of existing resources, very basic level of accommodation, and absence of any foreign language capabilities, among others.

With significant growth of the local community planned (due to development of the large project, tens of thousands of people – in addition to the current population – were expected to arrive), the situation looked very concerning. As the client’s employees population on-site began to grow, the first Medical Staffing contract for one doctor was signed in 2018, and a small medical facility was established. The medical facility enabled the client to manage routine cases and medical emergencies in a timely manner, avoiding unnecessary referrals to local and regional hospitals.

As the project’s population grew, there was a significant increase in the need for health-risk mitigation measures, such as an extended medical staffing presence, medical supply services and an ambulance on standby. As a result, the decision was made to grow the number of medical staff on-site. The presence of the appropriate medical support thus helped the client to manage serious medical emergency cases very quickly and successfully, with the support of the regional Assistance Centre. One such case was a hemorrhagic stroke that was appropriately treated with further evacuation to the patient’s home country, and convalescence with no significant neurologic deficiency. Considering the project site’s remoteness and the harsh climate, International SOS medics on-site have introduced several important initiatives, in addition to the core medical services.

These include induction programmes for newcomers – during which employees are introduced to topics covering climate and local food specifics.

Additionally, regular health awareness sessions are run for the site workers – these include fatigue prevention, smoking and drinking cessation courses, and programmes to encourage a healthy lifestyle.
Conclusion

Operating in remote areas in Russia Far North and Far East Regions can present various challenges. Factors include a harsh climate, vast areas, varying levels of health services, complex socio-economic factors, and health risks. Other challenges are related to compliance with Russian Legislation, which is often complicated and more ‘layered’ in comparison to Western standards. Remote-site project operators not only have to find the right legal standards, but also understand how to meet all the mandatory regulations.

The solution can be found in implementing preventative measures and ensuring the mitigation of the potential impact of medical incidents, with which international standards and best practices related to occupational safety and health need to be followed.

Using a systematic approach and international standard, which include:

- preliminary investigation of the region, involving the identification of medical and other risks;
- ongoing risk-monitoring;
- development of the necessary arrangements and organisation of healthcare systems at facilities facing different conditions;
- the development of effective sanitation measures; prediction of potential emergencies;
- and mitigation measures, i.e. the development of tiered MERPs, FAT for employees, and more.

It is also important to promote psychological resilience, and a sense of safety among employees - in order to motivate them to perform well in their professional duties; to compensate for insufficiencies in the local healthcare system (i.e. ensuring timely emergency care); to prevent or reduce the duration of disability; to minimise the risk of disablement and loss of life; to prevent financial loss due to adverse consequences from medical cases – to the maximum extent that is possible.

All of the above will help to address regulatory requirements and regional climate specifics.
Sources for key legislation in the field of workplace safety and health, alongside other sources, used in the preparation of this document:

• Labor Code of the Russian Federation;

• Federal Law No. 326-FZ dated November 29, 2010 “On Mandatory Medical Insurance in Russian Federation”;


• Federal Law No. 426-FZ dated December 28, 2013 “On a special assessment of working conditions”;


• Resolution No. 1029 of the USSR Council of Ministers dated 10.11.1967 (amended on February, 27, 2018);

• RF Governmental Regulation dated February 25, 2000 № 162 «On Adoption of List of Hard Works and Works with Harmful and Hazardous Working Conditions, the Performance of Which by Women’ Labor is Forbidden»;

• RF Governmental Regulation dated March 13, 2008 № 168 «On Order of Determination of Norms and Conditions of Free Issuance of Preventive Nutrition, Milk and Other Equivalent Foods, and Compensation Payments in the Amount Equal to the Cost of Milk or Other Equivalent Foods»;

• Sanitary-epidemiological regulations;

• Standard of labor safety “Provision of workers with flushing and (or) neutralizing agents” approved by the Order of the Ministry of Health and Social Development of Russia dated 17.12.2010 N 1122n;

• Model provision on the HSE management system approved by the Order of the Ministry of Labor of the Russian Federation No. 438n dated August 19, 2016;

• Letter from Rostrud dated 03.06.2013 N PG / 5408-3-5 For an explanation of the issue of training on labor safety for managers and specialists;

• Order of the Ministry of Labor of Russia dated 19.08.2016 N 438n “On approval of the Model Regulations on the management system of labor safety”;

• Decree No. 1160 of the Government of the Russian Federation dated December 27, 2010 ”On approval of the Regulation on the development, approval and amendment of normative legal acts containing state regulatory requirements for labor safety”;

• Decree of the Government of the Russian Federation No. 967 dated December 15, 2000 “On approval of the Regulation on the investigation and registration of occupational diseases”;

• http://www.demoscope.ru/weekly/2017/0741/barom07.php;

• https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31485-5/fulltext;

• https://spb.aif.ru/health/situation/1360174;

• Investing and Operating in Russia. Mitigate Occupational Health Risks and Meet Regulatory Compliance. 2017, International SOS and ENHESA.
INTERNATIONAL SOS

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