



Fitness to work

Guidance for company and contractor health,
HSE and HR professionals

Health
2011





The global oil and gas industry association for environmental and social issues

5th Floor, 209–215 Blackfriars Road, London SE1 8NL, United Kingdom
Telephone: +44 (0)20 7633 2388 Facsimile: +44 (0)20 7633 2389
E-mail: info@ipieca.org Internet: www.ipieca.org



International Association of Oil & Gas Producers

London office

5th Floor, 209–215 Blackfriars Road, London SE1 8NL, United Kingdom
Telephone: +44 (0)20 7633 0272 Facsimile: +44 (0)20 7633 2350
E-mail: reception@ogp.org.uk Internet: www.ogp.org.uk

Brussels office

Boulevard du Souverain 165, 4th Floor, B-1160 Brussels, Belgium
Telephone: +32 (0)2 566 9150 Facsimile: +32 (0)2 566 9159
E-mail: reception@ogp.org.uk Internet: www.ogp.org.uk

OGP Report Number 470

© OGP/IPIECA 2011 All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior consent of IPIECA.

This publication is printed on paper manufactured from fibre obtained from sustainably grown softwood forests and bleached without any damage to the environment.

Fitness to work

Guidance for company and contractor health,
HSE and HR professionals

Contents

Purpose of this guidance	1	Appendix 1	
		Test combinations for selected positions	16
Introduction	1	Appendix 2	
		Examples of medical screening protocols	17
Definition	2	Appendix 3	
		Examples of functional capacity evaluation protocols	19
Why ‘fitness to work’?	2	Appendix 4	
		Special considerations for selected positions and tasks	20
Roles and responsibilities	3	References	21
		Glossary	21
Principles of a fitness to work process	4		
Designing a fitness to work process	4		
The fitness to work risk assessment	5		
Key questions arising from the risk assessment	5		
Assessing tasks or activities for specific demands or safety-critical impact	5		
Fitness to work as part of an overall risk management process	6		
Control options	7		
Medical examinations for fitness to work	7		
Functional capacity evaluation	10		
Trade testing	11		
Using different tests together	11		
The outcome of fitness to work evaluations	12		
The consequences of fitness to work evaluations	12		
Legal assessment	13		
Implementing a fitness to work programme	15		

Purpose of this guidance

This guide presents a structured process for the systematic identification, assessment and management of the risks associated with tasks that place specific demands (physical or psychological) on employees. It offers processes and tools which, if adopted, help to reduce the risk of injury or harm to employees, the company and third parties.

Objectives

The key objectives of this report are to:

1. Describe the rationale for fitness to work processes and systems.
2. Describe a risk assessment process to focus activity on what needs to be done.
3. Discuss legal constraints on what can and cannot be done in certain jurisdictions.
4. Describe medical control options, e.g. fitness to work examinations.
5. Describe work capacity testing, its strengths and limitations.
6. Describe special considerations for certain groups of employees.



Introduction

In the oil and gas industry there are many tasks in which the health and capacity of an individual could have an impact on the safety of a task being conducted, or could worsen the health condition of the individual. Any individual who is unable to complete a task safely places themselves and others at risk. It is not surprising, therefore, that over the years, many employers have sought to reduce this risk through a process of defined interventions, whether medical examinations or otherwise.

Currently, no established consensus or standardized approach exists which is applicable to the global oil and gas industry, and a wide variety of fitness to work practices and procedures are commonplace. This lack of a standardized approach results from many root causes, including differing risk tolerances, multiple interfaces between joint venture partners and contractors, legal systems and the objectives of individual programmes. Historically, many programmes have had a clinical focus and depended upon clinical medical opinions. Increasingly, and specifically in some jurisdictions, this approach is being

challenged and, in some cases, is illegal. This does not mean that fitness to work assessments cannot be made, but it does mean that a careful assessment of the risk should be carried out, and that any decisions taken with regard to an individual's fitness to work should be objective and fair. This document does not attempt to achieve a standard approach for the industry with respect to fitness to work. For reasons that are discussed, the approach adopted by a company will be shaped and tempered by the situation pertaining to the workplace, country and company. It does, however, offer a structured approach, describing the assessment of risk, as well as control options. It is primarily intended for health, HSE and human resources (HR) professionals who are charged with designing and implementing a fitness to work system. It is not a detailed reference point for clinical decisions in the medical assessment of fitness to work, nor is it an authoritative text on assessing work capacity. These processes are described, and examples are given, but more comprehensive texts on these subjects exist elsewhere.

Definition

For the purposes of this document, 'fitness to work' relates to the process of assuring that an individual can complete a task safely and without unacceptable risk to themselves, their employing company or a third party.

This definition specifically excludes processes designed to monitor the health of a workforce exposed to occupational hazards (usually termed medical surveillance) and/or any process designed to promote the general health and well-being of the workforce (often referred to as health promotion or wellness). The rationale for this

distinction is that, where a company adopts a fitness to work control, it is considered mandatory for the employee to comply with its requirements. Hence, an employee cannot decline a required fitness to work test or examination, whereas they can choose to decline any test or screening made available as part of a health promotion programme. Not infrequently, elements of all three types of examination (i.e. fitness to work, medical surveillance and health promotion) are included at one clinic visit; however, the distinction of each component is important and has meaning in terms of the outcome of the examination.

Why 'fitness to work'?

Key point:
Fitness for task and fitness for environment or location may not be the same thing. For example, an employee considered fit to work on an offshore platform in the North Sea may not be fit to work in the climatic extremes and remoteness of the West Coast of Africa or a desert location in the Middle East. The assessment of fitness must consider both aspects for it to be complete and meaningful.

Work-based tasks place physical and psychological demands on the individual conducting them. Such demands may be directly associated with the task—for example the physical exertion of carrying loads. Alternatively, a task may not be exceptionally demanding but is conducted in a location where workers falling ill would present a major logistical challenge for the company and carry unnecessary risk for the individual. It is therefore important to understand that being 'fit for task' and 'fit for location' may not be the same thing, and a fitness to work assessment should address both aspects where relevant. Additionally, working in extreme climates (hot or cold) may require a greater degree of physical fitness than that which may be necessary to carry out a similar task in a temperate climate. In all cases, the fitness to work question is: '*can this person do the assigned tasks safely and repeatedly without foreseeable risk to their health and safety or that of their colleagues, third parties and company assets*'? An airline pilot is an obvious example, where a medical event resulting in the incapacity of the pilot would result in serious consequences for the aircraft, passengers and crew. Fire and rescue teams encounter extremes of physical exertion in

their work, and may place colleagues and the public at risk if they are unable to complete that task. Offshore work carries additional but different risks. Tasks may or may not involve special requirements, but living in a remote offshore environment, away from normal services and health resources, may be inappropriate for some people. Another factor to be considered when carrying out an assessment of fitness to work is the availability and quality of medical services. An individual who requires regular access to secondary and tertiary health care may not be suitable for a remote assignment where the provision of medical care is restricted to simple primary care and emergency response.

Some of the tasks for which a fitness to work assessment is appropriate are fairly obvious. But for many others it is less so. This can result in either the application of a process which is not justified or value adding, or the lack of a process and the persistence of undue risk. Some basic principles of design for any fitness to work programme are therefore key to ensuring that the development of such a process is both effective and appropriate.

Roles and responsibilities

A successful fitness to work programme requires that all individuals are aware of their specific roles and responsibilities. These are summarized below.

Health professionals conduct risk assessments, select controls, and apply medical screening tests and examinations. They are professionally accountable for their medical opinions, and for compliance with the law and ethical standards.

HSE professionals (including industrial hygienists) conduct risk assessments and select controls (e.g. operating procedures, specific test requirements such as medical examinations and capacity evaluations, etc.).

Line managers ensure that employees attend necessary assessments in a timely fashion. They may be required to assist in risk assessment by confirming the exact operational requirements of a task. They should seek the advice of HR and a health professional if they become concerned about an employee's fitness to work.

HR professionals lead any necessary consultation processes with the line management, and manage cases where employees are found to be unfit for duty. They can provide detailed and country-specific knowledge of employment law.

Legal professionals review proposed practice within the context of applicable legislation.

Employees attend for assessments when required to do so and, if they develop any limitation of their capacity for work between assessments, they should report this to their line manager and seek confidential advice from a health professional.



Principles of a fitness to work process

The principles of a fitness to work process may be summarized as follows:

- The programme should be based on an assessment of the risk.
- The programme should aim to match the requirements of a position with the reasonable (and foreseeable) health and capacity requirements for an employee in that position.
- Any tests of functional capacity or medical examinations should relate to an assessment of fitness for the assignment or tasks.
- Tests and examinations should produce repeatable and consistent results.
- Tests or examinations should apply equally to all who are required to do the work. Tests and examinations required to define control options are mandatory, not optional (in contrast with any test or process associated with health promotion—see *Definition* on page 2).
- Tests and examinations must be legal in the country in which they are applied.
- All work capacity tests or medical examinations must be safe.

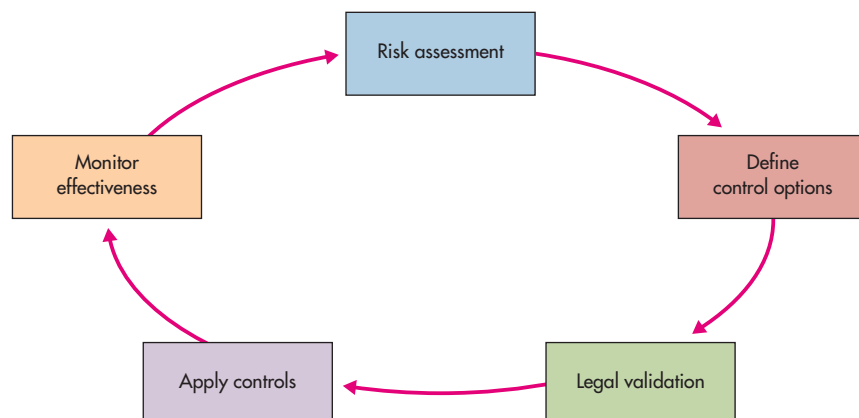
A well-designed fitness to work process will reduce risk and liability, and will determine whether employees are capable of conducting their assigned tasks. At the same time, however, a well-designed process will avoid waste, discrimination, and unnecessary and inappropriate exclusion of individuals from work that they could carry out safely and productively.

Designing a fitness to work process

An effective fitness to work process can be achieved by going through a series of linked steps to determine the activity required for reducing the risk. Often, these steps are not followed, and practice is based on historical precedents of clinical examinations for

certain positions. Failing to understand the risks, and subsequently failing to design the appropriate controls, is poor practice. At best, this will result in a wasteful programme. At worst, it is illegal and may result in additional liabilities for the company.

Figure 1 Key steps in the design of an effective fitness to work programme



The fitness to work risk assessment

Many companies address health risks through a systematic process, such as the *health risk assessment*. This generally results in a holistic view of tasks and positions in the organization, and the associated health and safety hazards. Other risk assessment processes, including safety cases and HAZID (hazard identification) programmes, will result in a systematic assessment of activities and the identification of safety-sensitive positions.

- Can the risk be reduced through system redesign or process-related controls?
- What additional factors may add to the risk—for example locations and/or environment?
- Could fitness to work tests or examinations further reduce the risk?

Key questions arising from the risk assessment

The risk assessment will give rise to a number of key questions. For example:

- Which tasks are associated with specific physical or psychological demands?
- Which tasks are associated with direct safety implications if the operator is incapacitated?
- What could go wrong and what are the potential consequences?

Assessing tasks or activities for specific demands or safety-critical impact

A high-level screening process can be used to identify the many positions or tasks that do not warrant detailed assessment; these may then be excluded from further consideration. For the remaining positions, one way of reducing a potentially large number of detailed assessments is to apply a risk rating methodology, such as a risk assessment matrix (Figure 2). Typically, positions associated with a high or medium risk of an adverse event would be further assessed to identify the need for possible fitness to work controls.

Figure 2: Each company will decide on its own levels of acceptability. Typically, the focus will be on tasks or positions where the incapacity of an individual might have a severity of 4 or 5—leading to detailed assessment of those positions.

Figure 2 An example of a risk assessment matrix

Severity	Consequences				Increasing likelihood				
	People	Assets	Environment	Reputation	A	B	C	D	E
					Never heard of in the industry	Heard of in the industry	Has happened in the organization, or more than once per year in the industry	Has happened at the location, or more than once per year in the organization	Has happened more than once per year at the location
0	No injury or health effect	No damage	No effect	No impact					
1	Slight injury or health effect	Slight damage	Slight effect	Slight impact					
2	Minor injury or health effect	Minor damage	Minor effect	Minor impact					
3	Major injury or health effect	Moderate damage	Moderate effect	Moderate impact					
4	Permanent total disability or up to 3 fatalities	Major damage	Major effect	Major impact					
5	More than 3 fatalities	Massive damage	Massive effect	Massive impact					

Fitness to work as part of an overall risk management process

The application of safe working practices is essential to limit the potential consequences of an adverse health event. In the absence of such practices, a fitness to work control will be of limited or no value.

Such practices might include:

- safe systems of work (e.g. tying off at height);
- procedures for managing illness absence;
- supervisory surveillance of the workforce and referral of concerns;
- personal accountability for safe working and self-referral of concerns;
- incident investigation;
- substance misuse policy and procedures; and
- trade testing for the safe execution of tasks.

A fitness to work programme may include trade tests, e.g. helicopter underwater escape training (pictured right). An effective fitness to work programme can be designed by combining trade tests with medical evaluations.



Having considered the possible outcomes and the degree of control afforded by existing work practices, the following questions should be addressed:

1. Will fitness to work controls further reduce the risk; and
2. Can these controls be reasonably applied (in terms of complexity and cost)?

Having gone through this process, most companies will be left with a shortlist of positions and tasks for which they will go on to consider, design and apply a fitness to work process. The resulting process is likely to provide a targeted and risk-based approach, avoiding unnecessary testing and cost.

Box 1: Common examples of positions with specific demands or safety critical impact¹

- Fire fighters and emergency responders
- Commercial divers
- Catering personnel
- Airline/helicopter pilots
- Professional drivers (e.g. heavy goods vehicles)
- Remote location workers (e.g. offshore workers)
- Users of sealed mask breathing equipment
- Expatriates (some locations only)
- Colour vision-dependent tasks (e.g. electricians)
- Manual tasks with high aerobic energy demands
- Workers in climatic extremes (hot or cold)

¹ The list provided in Box 1 is not exhaustive. Some companies following a due process may choose to include other workers and tasks (e.g. working at height or working in a confined space). Such a decision will depend on the tolerance of risk, the location, practical considerations and the local regulatory requirements.

Control options

Having identified the positions for which a fitness to work control is appropriate, it is necessary to define which control options shall be applied, and how frequently they will be carried out. While not forgetting the overall management of risk as described earlier, the interventions used in a fitness to work process can be divided into three broad types:

- medical examinations;
- functional capacity evaluation; and
- trade tests.

All three have their place in a well-designed fitness to work programme, and they may co-exist, with one supplementing either or both of the others.

Medical examinations for fitness to work

The objective of such examinations is to identify physical and psychological limitations which may be incompatible, or cause particular problems, with performing a specific task or employment in a particular location. For example, an individual who experiences sudden and unpredictable loss of consciousness will normally be considered unfit for driving. An individual with complex chronic medical conditions may not be considered fit for an assignment at an overseas location where



appropriate medical help is not immediately available. Whilst such decisions are sometimes clear cut and simple to make, it is often the case that considerable experience and skill is required to interpret the issues accurately and appropriately. This is essential to avoid the potential legal implications of deploying an individual who is not suitable for the required task, or the potential waste and discrimination when unreasonable restrictions prevent people who are fit from taking up assignments.

Medical examination protocols

Many companies work through a network of medical providers when arranging for examinations to be conducted. It can therefore be useful to establish medical protocols to guide the content of a medical examination, thereby helping

CASE STUDY: Tanker driver in Thailand

Athit is a 32-year-old tanker driver responsible for long haul transportation and delivery of refined products including gasoline and diesel. His job requires him to work for several days at a time on the road, sleeping in his truck overnight when he has completed his permitted driving miles in any given day. Road trips can last for up to three weeks when he is away from home. He is also required to climb on top of his vehicle to dip the contents of tanks and check volumes and additives on some of the older fleet vehicles. This requires considerable agility and a head for heights. As part of safe working practice he is required to tie off when more than two metres above ground level.

Athit has a medical every two years to confirm his fitness to drive. This includes a screening test for sleep disorders and sleep apnoea.

In addition, Athit's company offers voluntary counselling and testing for HIV. This is not a fitness to work requirement but is combined with clinical visits for his driver certification.

Box 2: Principles of medical examinations for fitness to work

1. They should be restricted to identification of limitations which will materially impact the capacity of the individual to complete the required tasks or to live in the location of assignment.
2. They should be conducted by a health professional.
3. Medical confidentiality shall be preserved. Typically, only statements of 'fit', 'fit with restrictions', and 'unfit' shall be made available to management or HR. (Exceptions to this rule require the consent of the individual under examination.)
4. Decisions made as a result of medical examinations should avoid over-generalizations and interpretation. (It is not the presence or absence of a condition per se that is relevant, but the implications of that condition on capacity or health-care needs.)

to ensure that it is appropriate for the case in question (see the Appendices for examples). In the absence of such protocols, the company will rely on the service provided by the medical contractor, but in these circumstances, the company should still specify which position, task and location the employee is being assessed for. Failure to provide such information will increase the chances of an inappropriate decision being made on the individual's fitness to work.

Practical issues and limitations of medical examinations

Failure to plan ahead, and in particular to address the following points, can make the fitness to work process unnecessarily complicated and expensive:

- The examination should take place where the employee can easily and reasonably attend.
- The examining health professional must know where the employee is going to work, and what the candidate will be required to do once there.
- For those going on international assignments, early examination (ideally before other details of

a move have been progressed) is essential to mitigate potential delays later on.

- If the company has any specific requests for the medical examiner, these should be clearly stated. Special tests (e.g. exercise stress testing) may be required, and unnecessary trips can be avoided if the examiner is notified in advance.
- Where a (potential) employee has a significant medical history, taking copies of relevant medical reports (if available) can save time and obviate the need for collecting supplemental information from family doctors and specialists, etc.
- Quality control and the integrity of the medical examination process can be an issue in some countries. In the case of a large contracted workforce, it can be important to consider the overall governance of the process, in particular who will conduct the medical examinations, their suitability and qualifications, etc.

Preparing the employee for living and working in a new environment

In some cases, the employee (and his/her family) will be preparing for life in a new country and environment. Vaccinations and malaria training may be an important requirement, and the medical examination is an opportunity for these to be provided. In addition, it may be appropriate to explore the employee's understanding of their new location in terms of access to health-care facilities, education, recreation, etc. Expatriate assignments can fail for social and non-adaptation reasons as often as for medical reasons. The medical examination is an opportunity to explore this 'psychological suitability' with the employee and his/her family.

Pre-employment or pre-placement medical examinations?

A pre-employment medical examination is conducted prior to, and as a precondition to, a job offer. On the other hand, a pre-placement medical examination is conducted prior to being placed in a safety-sensitive position, but after a job offer has been made to the

candidate. In the case of a new candidate applying to join a company for the first time, the company may consider requesting the individual to undergo a pre-employment medical examination. It should be noted that, in many countries, pre-employment examinations are prohibited by anti-discriminatory laws. In these countries, a medical assessment for fitness to work must follow a firm offer of employment rather than precede it. Any pre-employment or pre-placement examination must relate specifically to the work required by the position on offer. Non-risk-based pre-employment examinations should be avoided—they are costly, add no value to health and safety, and are potentially harmful. The principles of a pre-placement examination are the same as for any fitness to work assessment. The objective is to reasonably, legally and reliably match the employee to the requirements of their intended position. Some countries have prescriptive legal requirements for pre-placement examinations and a careful review of the prevailing law is essential.

‘With cause’ evaluations

A ‘with cause’ evaluation is one where an ‘off-schedule’ review of fitness to work is carried out. An essential element of any fitness to work programme is the capacity to review and repeat an assessment of an employee’s fitness to work

between regularly scheduled evaluations. Examples of circumstances when a ‘with cause’ evaluation may be appropriate include:

- on return to work after illness, or after commencing new medication;
- after referral by a supervisor following observed behaviour in the workplace, e.g. failing to complete a task appropriately;
- on self-referral by an employee with concerns over fitness to work; and
- following an incident or accident in the workplace where it is considered that fitness to work may have been a factor.

Limitations of medical examinations

In a well-designed process, a medical examination will reduce the likelihood of a mismatch between an employee’s capability, their health and the assigned position. However, such examinations offer an assessment at a moment in time and have limited predictive value for the future development of medical or capability problems. The employer therefore needs a system which allows for the subsequent review of the fitness of any individual returning to work after an illness, and which also provides guidance for the assessment of an employee’s fitness should there be concerns during employment. Ideally, such provisions will be

Key point:

Medical evaluations are most useful when carefully and specifically applied to a defined population with a specific objective. General, untargeted fitness to work examinations of an entire workforce is likely to be wasteful, generate many false positive and false negative results, and expose the company to litigation.

CASE STUDY: A pregnant job applicant in Malaysia

A 23-year-old female candidate applied for an office-based job in a large multinational company in Malaysia. She was found to be suitable for the job, and was given a conditional offer, subject to the outcome of a medical assessment for fitness to work. The medical assessment found her fit, but also found her to be in early pregnancy. After discussions between, the line, HR and health managers, the candidate was rejected. This decision was based on the fact that a long maternity leave will negatively impact the department’s output. In addition, a non-pregnant candidate was available, albeit less qualified.

Although there were no disability discrimination laws in Malaysia, the dissatisfied candidate pursued a lawsuit against the company on the basis of discrimination.

Subsequent investigation into this incident revealed that there was no legal requirement for the pre-employment medical examination. In addition, the company could not demonstrate how the medical examination performed could have protected her from the health and safety risks of office work.

As a result of this incident, the company reviewed their fitness to work protocols, and proceeded to adopt a risk-based, non-discriminatory fitness to work process.

The photographs below show examples of functional capacity evaluation.

The step test (left) is a simple method of measuring an individual's level of fitness and their ability to recover after strenuous exercise.

Neuropsychiatric testing (right), using the Neurobehavioural Core Test Battery (NCTB) developed by the World Health Organization, consists of a series of tests designed to measure an individual's cognitive performance.

specified in the overall fitness to work process, which should include a mandatory review of fitness to work after an illness of a specified duration (typically weeks not days). It should also specify the right of a supervisor to refer an employee for a review if they have reasonable grounds to consider that an employee is unfit or unable to complete his/her assigned work. Where appropriate, these additional steps should be agreed with staff representative groups and unions.

Functional capacity evaluation

A principal category of fitness to work control is the functional capacity test. These tests evaluate an individual's capacity to carry out a work-related task, by simulating the functional demands (e.g. strength, endurance, range of movement) of that task. A well-designed functional capacity test is a useful means of evaluating fitness for duty. However, the design and execution of such an assessment is not a straightforward process, and considerable care and expertise is required when formulating such a test to ensure that it provides a true predictive value for the position in question. As with medical examinations, it is essential that a functional capacity evaluation matches the requirements of the

position. Failure to do this can result in unnecessary cost and the potential for legal disputes.

Examples of functional capacity evaluations include:

1. **'Laboratory' testing of physical strength and aerobic fitness:** Following an assessment of task requirements, it is possible to produce tests of strength and aerobic fitness which have a predictive value for the position in question, but which do not require the candidate to carry out the actual tasks required for the position. These assessments are carried out in a controlled environment. An example is the 'step test', used for evaluating the aerobic fitness of rescue team members.
2. **'Specialist' testing of functional or mental capacity:** Such tests are not normally applied to all candidates for a position but may apply where there is a specific need to assess an individual following an injury or illness. Examples include neuropsychiatric testing and evaluation after a head injury.

There are a number of advantages and disadvantages of functional capacity evaluations (see Box 3).

Box 3: Advantages and disadvantages of functional capacity evaluations

Advantages

- Good reliability and predictive value if well-designed.
- Compatible with disability legislation.
- Well accepted by employees and their representative groups.

Disadvantages

- Require careful and skilled design.
- Can be expensive and time consuming.
- Used on their own, will not address risk posed by medical conditions (e.g. risk of sudden loss of consciousness).



Trade testing

Trade testing requires an individual to demonstrate his/her capacity to complete a required task in controlled circumstances. Trade tests are typically conducted after any necessary medical screening process—so as to reduce the risk of harm resulting from the trade test. For example, fire team workers will typically complete a medical examination to establish their fitness for fire team duty, before being asked to demonstrate their capacity for rescue work using the appropriate functional capacity evaluation and fire ground trade tests.

Common examples include:

1. **Helicopter underwater escape test:** This is a test of an employee's physical and psychological ability for self-rescue in a simulated helicopter ditching. The activities tested include the ability to exit the submerged helicopter, and to swim to a life raft, climb into the life raft and use a scramble net. The test is usually done as part of the mandatory training for offshore work, known as 'helicopter underwater escape training' or 'HUET'.



Above: a helicopter underwater escape test simulates an escape following a helicopter ditching, and is usually carried out as part of the mandatory training for offshore work.

2. **Fire ground simulation test:** This requires an employee to demonstrate his/her capacity to conduct work in a fire team, wearing breathing apparatus and performing simulated emergency response tasks including fire fighting, ladder climbing, fire hose deployment and stretcher carries. This is usually done as a part of the mandatory training for fire team personnel, known as fire ground simulation training.



Above: employees take part in a fire simulation exercise, usually carried out as part of the mandatory training for fire team personnel.

Using different tests together

Not infrequently, functional capacity and trade tests may be used to supplement a medical evaluation. For example, a fire team worker is likely to undergo a medical evaluation first, to eliminate candidates with a medical profile that renders them unsuitable for fire ground training. The candidate would then be required to demonstrate his/her capacity to complete the required tasks by completing a functional capacity assessment through an aerobic fitness test and a strength test. Finally, the candidate would be required to undertake a fire ground simulated fire fighting task, sometimes called a trade test. Careful test combination improves the overall predictive value of testing and reduces the false negative and false positive rates.

Key point:

Combining medical examinations with functional capacity and trade tests is a common and useful option for more demanding positions such as fire and rescue work. To demonstrate their fitness to work, these workers will typically be required to undergo periodic medical examinations, complete a bench step test to demonstrate a minimum level of aerobic fitness, and finally complete a trade test involving simulated fire/rescue tasks.

The outcome of fitness to work evaluations

A fitness to work evaluation should result in a clear statement to the employing company on the status of the employee. Typically, an employee may be regarded as:

- **fit** for the assigned work/tasks and location;
- **unfit** for the assigned work/tasks and location; or
- **fit with restrictions**, i.e. the employee may be fit for certain tasks but not for others. Such a recommendation should be time bound and is at management discretion.

In the event of an individual being assessed as 'unfit', it is the responsibility of the employing company to seek alternative employment for the individual, if possible and where appropriate. However, it is important to recognize that alternative employment may not always be possible, especially if the restriction relates to work in a particular geographical location.

Temporary or partial restrictions can be the cause of confusion and difficulty. The advice provided in a statement of fitness to work should be clear and unambiguous; phrases such as 'fit for light work' should be specifically avoided, as they are meaningless in a practical and legal sense. The advice should state what tasks the individual can and cannot do, and for how long the restriction applies. Whether these restrictions can be accommodated by the employer is for the line management and/or HR team to resolve. Transitional duties are a particularly useful means of rehabilitating an employee back to work after a period of illness or injury.

Left: a fitness to work certificate should provide a clear and unambiguous statement of the individual's suitability for the task.

The consequences of fitness to work evaluations

An assessment of unfit for a position can have serious implications for the employee, from losing a position they hold, to not getting one they are otherwise qualified for. It is imperative, therefore, that the assessment process is fair, consistent and based on objective assessments of health and work capacity. In some circumstances and jurisdictions, employers will be asked to prove that the process of selection in a particular case is objective and within the law of that country.

To ensure the fair treatment of employees, many companies adopt some or all of the following measures as good practice, with the specific goal

of reducing the personal impact of an assessment of unfit for work:

1. **Accommodation:** It is good practice to consider which of an individual's tasks might be assigned to others, thus permitting the individual to continue in the same position. The practicality of accommodating an individual in this way will, of course, depend on the task; for example, a fireman who cannot climb a ladder or use a hose is severely restricted, whereas an employee who occasionally has to work at height but cannot do so because of vertigo could be assigned to floor duty only.

Accommodation can also take the form of physical modifications to the workplace, or adjustments to the work schedule. In many countries such accommodation processes are a legal requirement.

2. **Transfer to alternative work:** The incapacity of an individual to fulfil the needs of a particular position does not of course mean that the individual will automatically be considered unfit for other positions with different demands. Although it may not always be possible, the employer should actively consider the options to transfer the individual to a more appropriate position if one is available. In some countries, a transfer to alternative work is a legal requirement.
3. **Termination:** The decision to terminate, not offer or modify employment for any individual is a matter for the line management and/or the HR team. This should only be pursued after a careful consideration of the alternatives (i.e. accommodation and transfer to alternative work). A panel review of the medical assessment (commonly known as a 'Medical Board review') is good practice in the termination process. It ensures that the medical recommendations are accurate, and that alternative diagnoses or outcomes have been sufficiently explored.

4. **Appeals:** Some companies have an established appeals process which permits the decisions made regarding fitness to work to be reviewed. It is entirely a matter for the company to decide on the value of this process. It is good practice and is well-received by unions and staff representative groups where appropriate.

In designing a programme of fitness to work, the company must also consider the consequences of an individual's failure or refusal to attend a fitness to work examination. In most, if not all cases, such absence or refusal will render the individual unfit for that work, because their capacity to do it safely cannot be demonstrated.



An assessment which determines an individual to be unfit for a position may not necessarily lead to termination of employment; candidates may be considered for alternative, less demanding positions.

Legal assessment

The law is a major consideration when specifying the components of a fitness to work programme. It determines:

- actions required for legal compliance (e.g. licensing examinations for drivers of heavy goods or commercial vehicles); and
- actions prohibited by a country's legislation, and any extension such legislation may have to include citizens of that country working elsewhere. (This can be of significance to expatriated employees).

A logical approach is to start with identifying any fitness to work tests that are required by law. Requirements will vary significantly from one country to another. For example, some countries require an annual medical examination for all those at work. The exact purpose and content may or may not be defined. In other countries specific work groups only will require medical review on a periodic basis, e.g. the U.S. Department of Transportation specifies requirements for workers in certain groups according to the nature of their

Key point:

The law regarding fitness to work and employment practice varies by country, each having many unique and often non-intuitive requirements. The applying law may be the law of the employer and employment contract, or the country of the work or both may apply.

Companies implementing a fitness to work programme are strongly advised to seek a legal opinion on their proposals.

work. Generally, the 'what is required' stipulations are well-specified and easily understood.

It can be more challenging to address and define actions, examinations and decisions that are *prohibited* under country legislation. Often, legislation is aimed specifically at protecting the rights of employees with disabilities and ensuring that medical grounds are not used to exclude them from work they could do. A detailed review of such legislation is beyond the scope and intent of this publication. Companies are strongly advised to ensure that a competent authority is engaged to review the company's fitness to work process and ensure that it complies with local legal requirements.



Some countries require an annual medical examination for all those at work, whilst other countries may only require the periodic review of specific work groups.

CASE STUDY: Offshore worker in West Africa

Andy is a 46-year-old production technician who works on offshore production platforms off the West Coast of Africa. He works a 28-day roster before returning to the UK for shore leave between trips. He has been in this position for three years. His work requires that he lives and works offshore. His daily tasks include operating the process units from a control room and making routine inspection visits to the plant to check pressure gauges and valves. The work involves some manual valve operating and climbing platform stair gantries over several deck levels. The platforms are two hours' flying time by fixed-wing aircraft from the airport on shore. The climate is tropical with high temperatures of 35°C. He is a member of the platform emergency response team, which involves wearing self-contained breathing apparatus and performing fire fighting and casualty rescue as necessary. The team conducts regular emergency drills on board the platform.

On appointment, he had a medical examination designed to determine his fitness to work in a remote location, as required by his employing company. This revealed that he was overweight with a BMI of 31, and had controlled high blood pressure (he takes medication, in this case a beta blocker). He was given the necessary vaccinations for West Africa and routinely takes malaria prophylaxis as he transits a malarial endemic area en route to the platform. (This journey involves an overnight stay.) At the medical examination, he was found fit to work in this role but encouraged to lose weight.

He proceeded to complete his helicopter underwater escape training and fire ground trade test successfully. Because of his satisfactory medical examinations and his passing of these two tests, Andy is considered fit to work for this position. He requires a repeat medical examination every two years prior to repeating his fire ground training.

One year ago, Andy developed a hernia and required surgery to correct this. The operation was successful, and after shore leave and a short period of absence he was cleared by an examining physician for return to work on a normal basis. (His company requires a medical clearance following absences of more than two weeks.)

Two months later, Andy changed his blood pressure medication on the advice of his doctor. He contacted the company occupational physician because he knew he was required to do so to check whether this would affect his fitness to work and/or his prescription for malaria medication. No issues were anticipated in this respect, but it was agreed that he would begin his medication at the start of his 28-day home leave so that, if there were any problems, he would be close to his doctor for advice. The medication switch was uneventful and he reported for duty for his next offshore rotation on the expected day.

Implementing a fitness to work programme

Implementing a fitness to work programme requires the coordinated input of a number of different stakeholders. Successful implementation will require strong and visible leadership from senior management.

There are a number of steps which should be followed to ensure the successful implementation of a fitness to work programme:

1. **Conduct a risk assessment:** Decide which work groups require a fitness to work control. This should involve HSE professionals who have a detailed understanding of risk assessment and the operational requirements of the task to be completed.
2. **Identify which medical examinations, functional capacity evaluations and/or trade tests are to be used for each work group:** Ensure all tests are valid for their intended use. Specialist help will be required from occupational physicians, ergonomists, safety professionals, etc.
3. **Conduct a legal review** to confirm that the intended approach is permissible within the context of the local legislative framework.
4. **Consult with unions/staff councils** as necessary. It will be necessary to address specifically the consequences of being unfit for duty and refusal to attend an assessment.
5. **Agree to a detailed timeline** for implementation.
6. **Obtain competent resources to deliver tests,** paying particular attention to the competence of those engaged for this purpose. Specific challenges arise when a network of different health providers is engaged to provide a service at different locations. All will require specific guidance on what is required with respect to medical examinations and tests, investigations and non-medical evaluations.
7. **Develop implementation plan** with line management and HR teams, specifically addressing notification procedures.
8. **Conduct medical assessments for fitness to work** on the population identified by the risk assessment (item 1 above). Notify line management and HR teams of the outcome. Set a recall date for periodic review.
9. **Review compliance and process**—it is particularly important to monitor compliance. If a risk assessment identifies a particular test or examination as necessary but it is not carried out, the net result may be increased liability.
10. **Run periodic quality checks** on tests conducted to ensure ongoing validity.

For most contractors, the required fitness to work assessments are often conducted by another organization. In this case, the parent company should specify the requirements for fitness for duty which the contractor must fulfil. Contract HSE clauses can be an effective means of capturing and enforcing this requirement. This is particularly important for joint venture partners and for their contractors. Agreement early on in the contracting and procurement process can specify who is responsible for what in respect of the contracted workforce.

Key point:

Interfaces between joint venture partners and contractors can be the weak point in a fitness to work programme.

Necessary fitness to work requirements should be agreed between the relevant parties early in the contracting process to ensure that those conducting at-risk activities are properly assessed in a timely fashion and certified fit to work by a competent authority.

Appendix 1: Test combinations for selected positions

The examples given below are indicative only, and the actual tests chosen will depend on the risk assessment and company context as described in the main text.

Tests may be combined based on the location and task (e.g. an offshore worker exposed to high intensity manual handling).

Task/ position	Medical questionnaire	Medical examination	Aerobic fitness test	Strength test	HUET training	Fire ground training	Psychological profile	Colour vision test
Office worker	optional	–	–	–	–	–	–	–
Operations technician	+	optional	–	optional	–	–	–	–
Fire team/rescue	+	+	+	+	–	+	–	–
Commercial driver	+	+	–	–	–	–	–	–
Pilot	+	+	–	–	–	–	–	–
Commercial diver	+	+	+	–	–	–	–	–
Remote location	+	+	–	–	–	–	–	–
Offshore	+	+	–	–	+	+	–	–
Users of breathing apparatus sets	+	+	–	–	–	–	–	–
Expatriates	+	optional	–	–	–	–	–	–
High intensity manual handling	+	+	–	+	–	–	–	–
Conflict zone	+	+	–	–	–	–	optional	–
Aircraft refuelling electricians	+	–	–	–	–	–	–	+

Appendix 2: Examples of medical screening protocols

Position	Medical assessment	Content	Purpose	Comment
Office workers	Short questionnaire completed by employee and returned to health professional	Short simple questions designed to identify potential issues with, e.g. workstation use, work patterns including shifts, etc.	Basic screening questionnaire designed to establish basic health on entry to position, and any accommodation that may be necessary	Not legal in some countries for a low-risk environment/position
Operations technicians	Questionnaire with or without examinations conducted by a health professional	Assess for mobility restrictions, increased risk of loss of consciousness from any underlying medical condition, baseline hearing and vision testing	Site safety, especially if lone worker on plant	Examination is optional and usefulness will depend on nature of site, location and tasks conducted
Fire team or rescue workers	Questionnaire plus a medical examination and additional physiological test that may be relevant, including aerobic capacity, strength testing and pulmonary function tests	Assess for mobility, strength, underlying risk for cardiovascular disease, diabetes, epilepsy or similar which may impact consciousness level and exercise tolerance	Assess medical suitability for high-intensity physical work, e.g. climbing ladders in protective gear and breathing apparatus	Often combined with a fire ground trade test
Professional drivers	Questionnaire plus (in most jurisdictions) a medical examination	Assess vision hearing, locomotor health, cardiovascular health and risk of any other debilitating condition including diabetes and epilepsy	Safe operation of a heavy goods vehicle, commercial passenger vehicle or high mileage private vehicle (in some cases)	Heavily regulated area—most countries have detailed and specific legislation
Remote location workers	Questionnaire plus a medical examination	Assess for any medical condition which may require prompt medical attention which is not readily available at a remote location	Minimize, so far as reasonably practicable, the need for unforeseeable medical emergencies requiring urgent transfer	The degree of isolation at the location drives the risk, and therefore the acceptability, of different medical conditions
Offshore workers	Questionnaire plus a medical examination	Assess for any medical condition which may require prompt medical attention which is not readily available at an offshore location	Minimize, so far as reasonably practicable, the need for unforeseeable medical emergencies requiring urgent transfer	Sector specific guidelines (e.g. Oil and Gas UK guidelines) apply in the North Sea
Users of breathing apparatus	Questionnaire plus a limited medical examination	Assess for any medical condition which may be exacerbated by use of sealed breathing apparatus	Minimize risk to user	Regulated in many countries (e.g. OSHA fit-testing in USA)

continued ...

Appendix 2: Examples of medical screening protocols (continued)

Position	Medical assessment	Content	Purpose	Comment
Expatriates	Questionnaire with or without examinations conducted by a health professional	Assess for a medical condition for which treatment is not readily available in destination	Minimize risk of failed expatriation for health reasons	Not necessary for countries with developed medical infrastructure
Conflict zone	Questionnaire plus a medical examination	Assess for any medical condition which may require prompt medical attention which is not readily available in a location with particular security issues that limit access to health care	Minimize, so far as reasonably practicable, the need for unforeseeable medical emergencies requiring urgent transfer	Some form of psychological assessment (formal or informal) may be relevant
Colour vision-dependent tasks	Colour vision testing	Screening test (e.g. Ishihara test) followed by detailed assessment (e.g. at city university), as necessary	Assure colour vision where necessary for safe task completion	Can be combined with a trade test

Appendix 3: Examples of functional capacity evaluation protocols

As described in the main text to this document, fitness for duty may be established by a medical screening process. However, the medical screening process is limited in its ability to predict the individual's capability for conducting a given task. A more robust test is a well-designed work capacity test. Such a test is established by measuring the physical demands of the tasks in question and then designing a screening test which has a high predictive value of fitness for the task.

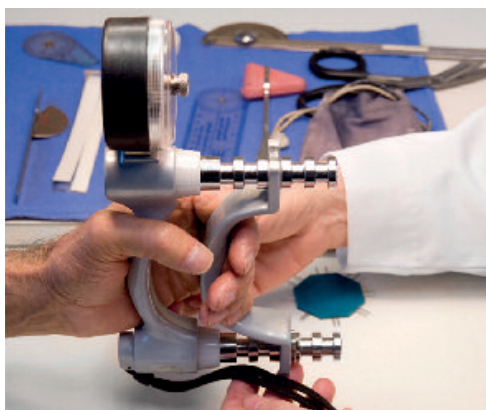
Examples include:

- **Aerobic fitness requirements for operations technician work activity:** this can be established by measuring the aerobic demands of the position or activity which simulates the demands of the position. From this it can be predicted that an individual with an aerobic capacity (i.e. VO_2 max) below a given threshold is unlikely to be able complete the tasks required of the position. This can easily be measured using a simple step test in a controlled environment.



A simple step test can be used to measure an individual's aerobic capacity, and hence the person's physical ability to complete the tasks required of the position in question.

- **Strength requirements for operations technician work activity:** through technical study, it is possible to identify the strength requirements that an operator will need to meet in order to complete repetitive strength-dependent tasks during a shift (e.g. lifting weights and turning valves). Strength can be measured in a controlled environment and, following careful study, a predictive value can be identified as a minimum requirement. Employees who do not meet this minimum standard will have difficulty sustaining the necessary level of activity in the course of a full shift.



The grip test shown here is an example of a functional capacity evaluation designed to assess the individual's ability to complete repetitive strength-dependent tasks involving the hands.

Caution when using functional capacity evaluations

Considerable skill and expertise is required to design an appropriate work capacity test which has a true predictive value for the demands of the position in question. Hence, only principles, and not quantitative values, are given in this guide.

Anyone considering such tests should ensure that they are carefully designed and have an established predictive value for the work in question. The results of the tests also need to be interpreted by a competent individual, not least because some results will fall into the 'borderline' category which should not be taken as automatically indicative of failure or unfitness for the task.

Appendix 4: Special considerations for selected positions and tasks

The migrant workforce

Major construction projects will often use large numbers of workers from emerging nations. In assessing their fitness to work, there are a number of aspects to consider:

- Visa requirements will often dictate the content of the medical examination (e.g. screening for tuberculosis, hepatitis B and HIV in some countries).
- Primary vaccinations, typical of the developed world, may not be complete, and primary courses and/or booster vaccinations may be required.
- The presence of a chronic disease may have an impact on an individual's suitability for an assignment if timely access to a specialist (secondary) health-care facility cannot be facilitated at the location.
- Some employees may have had limited access to regular health care. The percentage with a significant pathological condition that could have consequences for their fitness to work may, therefore, be higher than in other populations.
- Medical screening examinations conducted in the country of departure may not be a reliable indicator of fitness to work. Care should be taken in the selection of a medical provider, and the authenticity of any medical certificates issued should be verifiable.

The executive

Many companies offer their senior executives special medical screening programmes, the rationale being that this group are of high value to the company. In accordance with the definition of fitness to work as used in this document, this group do not require a fitness to work assessment. Any examination and support offered is typically an employment benefit rather than a contractual requirement (this varies). The composition of such examinations should adhere to the principles of

good screening as recommended by the relevant professional health associations. No test is perfect, and conducting more tests may result in false positive diagnoses, unnecessary further investigations, and anxiety. The value of additional tests therefore needs to be balanced against the actual or perceived value of any existing medical screening programme.

Drugs and alcohol abuse

An essential element of any fitness to work programme is a robust drug and alcohol programme. A detailed discussion of substance misuse is beyond the scope of this document. For further information on this subject see OGP-IPIECA, 2010.

The expatriate family

Expatriates (those employed outside their normal country of residence) can face many challenges in their new country, including health, educational, dietary, cultural and socioeconomic challenges beyond their previous experience. In addition to an assessment of the employee, it is also important to assess the employee's family for fitness to reside in the new destination. The presence of a chronic medical condition in a family member may be incompatible with relocating to a developing country where access to a secondary or tertiary specialist cannot be guaranteed.

Psychological and social factors are also common in failed expatriations. Families may not have a full appreciation of the challenges imposed by a particular location, or the impact of separation from an extended family. Many companies offer support in this area. A pre-departure medical examination offers a good opportunity to raise these issues and highlight the available support.

References

Oil & Gas UK (2008). *Medical Aspects of Fitness for Offshore Work: Guidance for Examining Physicians*. Issue 6, March 2008. ISBN 1903003374.

Palmer, K.T., Cox, R.A.F. and Brown, I. (2007). *Fitness for Work: The Medical Aspects*. 4th edition. Oxford University Press, 2007. ISBN: 9780199215652

Milligan, G.S., House, J.R., Long, G.M. and Tipton, M.J. (2010). *A recommended fitness standard for the oil and gas industry*. Energy Institute Report. First Edition, October 2010.

IPIECA-OGP (2010). *Substance misuse: A guide for managers and supervisors in the oil and gas industry*. OGP report number 445.

Glossary

Accommodation: the process by which reasonable changes may be made to the workplace or work task, such that an employee may safely conduct the task or the work be reasonably assigned to another employee.

Fire ground simulation training: training provided to fire teams, to prepare them for fire fighting and rescue tasks (e.g. fire fighting, ladder climbing, fire hose deployment and stretcher carries) in a controlled or simulated fire environment (e.g. wearing breathing apparatus and fire-fighting gear in a smoke-filled and confined space).

Fitness to work: an employee's physical and psychological condition affecting his/her ability to carry out specific work without significant risk to the employee, the business or third parties. Fitness to work is just one category within a range of occupational health controls (e.g. elimination of hazards, substitution of less harmful substances, engineering controls, administrative procedures, use of personal protective equipment, etc.) which may be required for the safe execution of a task.

Functional capacity evaluation: an evaluation of an individual's capacity to carry out a work-related task, by simulating the functional demands (e.g. strength, endurance, aerobic capacity, range of movement, etc.) required of a particular task. The evaluation is usually carried out by a health professional. Unlike a **Trade test**, functional

capacity evaluations do not simulate the actual tasks of the job (e.g. firefighting).

Hazard: see **Health hazard**.

HAZID (hazard identification study): a tool for hazard analysis, used early in a project as soon as process flow diagrams are available.

Health hazard: the potential to cause harm to health. Health hazards may be biological, chemical, physical, ergonomic or psychological in nature. Health hazards are also known as 'agents hazardous to health' and 'hazardous agents'. These terms are interchangeable.

Health professional: a doctor, nurse or paramedical professional who has specific training in obtaining and interpreting medical data and information.

Health promotion: the process of enabling people to increase control over their health and its determinants, and thereby improve their health.

Health risk assessment: the identification of health hazards in the workplace and subsequent evaluation of risk to health. This assessment takes into account existing or proposed control measures. Where appropriate, the need for further measures to control exposure is identified.

Health risk: the likelihood that a health hazard will cause harm in the actual circumstance of exposure. Health risk = Hazard x Exposure.

Helicopter underwater escape training (HUET): training provided to offshore oil and gas industry staff and military personnel who are regularly transported to and from facilities by helicopters over water. As the name implies, the purpose is to prepare them for emergency exit in the case of a crash landing over water.

HR: human resources.

HSE: health, safety and environment.

HUET: see **Helicopter underwater escape training**.

Medical assessment: the process by which medical information is solicited through a questionnaire and/or examination as part of the decision making process in a fitness to work assessment.

Medical evaluation: see **Medical assessment**.

Medical surveillance: the assessment of an employee's health in relation to identified possible occupational risks, using medical or biological methods to identify any significant abnormalities attributed to potential exposure to specific substances or agents, at as early a stage as possible. The fundamental purpose of medical surveillance is to detect and eliminate the underlying causes such as specific hazards or exposures. For the purposes of this document, medical surveillance is distinct and separate from fitness to work assessments.

Non-medical evaluation: evaluations which are not medical in nature but which are integral parts of the fitness to work decision-making process. Examples include strength and agility tests, substance abuse tests and trade tests.

Pre-employment medical examination: a medical assessment conducted prior to, and as a pre-condition to, a job offer.

Pre-placement medical examination: a medical assessment conducted prior to being placed in a safety-sensitive position, but after a job offer has been made to the job candidate.

Risk assessment matrix: a tool that standardizes qualitative risk assessment and facilitates the categorization of risk from threats to health, safety, environment and reputation. The axes of the matrix are 'consequences' and 'likelihood'.

Risk assessment: see **Health risk assessment**.

Risk: the product of the chance that a specified undesired event will occur and the severity of the consequence of the event. See also **Health risk**.

Risk-based approach: a method for designing a fitness to work process based on objective health risk assessment.

Safety case: a structured argument, supported by a body of evidence, which provides a compelling, comprehensible and valid case that a system is safe for a given application in a given environment.

Safety-sensitive position: positions in which the incorrect action of the incumbent or a failure to act can be a significant factor in events causing or leading to unsafe acts, environmental damage or material losses.

Trade test: an evaluation of an individual's ability to carry out a particular work-related task, by simulating the actual task to be carried out (e.g. fire fighting, helicopter underwater escape, driving, climbing, etc.) in a controlled environment. The test is usually carried out by the work supervisor or a training instructor. Unlike a **Functional capacity evaluation**, trade tests simulate actual tasks and thus tend to be a better predictor than a functional capacity evaluation.

Unfit: a decision made, as a result of medical and non-medical evaluation, that an employee has a functional limitation such that they are not able to complete the designated task safely. In these circumstances the process of accommodation or transfer to alternative work is applied to facilitate the retention of the employee in the workplace.

With-cause evaluation: an 'off-schedule' review of fitness to work carried out at any time between regularly scheduled evaluations, and triggered by a significant change in the employee's health.



IPIECA is the global oil and gas industry association for environmental and social issues. It develops, shares and promotes good practices and knowledge to help the industry improve its environmental and social performance, and is the industry's principal channel of communication with the United Nations. Through its member-led working groups and executive leadership, IPIECA brings together the collective expertise of oil and gas companies and associations. Its unique position within the industry enables its members to respond effectively to key environmental and social issues.

5th Floor, 209–215 Blackfriars Road, London SE1 8NL, United Kingdom
Telephone: +44 (0)20 7633 2388 Facsimile: +44 (0)20 7633 2389
E-mail: info@ipieca.org Internet: www.ipieca.org



OGP represents the upstream oil and gas industry before international organizations including the International Maritime Organization, the United Nations Environment Programme (UNEP) Regional Seas Conventions and other groups under the UN umbrella. At the regional level, OGP is the industry representative to the European Commission and Parliament and the OSPAR Commission for the North East Atlantic. Equally important is OGP's role in promulgating best practices, particularly in the areas of health, safety, the environment and social responsibility.

London office

5th Floor, 209–215 Blackfriars Road, London SE1 8NL, United Kingdom
Telephone: +44 (0)20 7633 0272 Facsimile: +44 (0)20 7633 2350
E-mail: reception@ogp.org.uk Internet: www.ogp.org.uk

Brussels office

Boulevard du Souverain 165, 4th Floor, B-1160 Brussels, Belgium
Telephone: +32 (0)2 566 9150 Facsimile: +32 (0)2 566 9159
E-mail: reception@ogp.org.uk Internet: www.ogp.org.uk