



# Health Performance Indicators

*A guide for the  
oil and gas industry*



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# Introduction

## Background

The oil and gas industry recognizes the potential for significant health hazards inherent in its operations and products. Companies in the industry have made many commitments to achieve excellence in managing these hazards and often these commitments go well beyond regulatory obligations. Indicators for the health performance of the industry are a necessary part of effective health management and the promotion of improvements in health performance. Currently there is no globally applied set of performance indicators within the oil and gas industry, although companies do align when reporting in some national jurisdictions (e.g. OSHA 300 in the USA).

In addition to being a regulated reporting requirement in many countries, the use and evaluation of Health Performance Indicators (HPIs) underpins consistent standards of health management for a company's operations globally. It also facilitates performance benchmarking among oil and gas companies, with the aim of identifying and sharing best practices.

The setting, collection and dissemination of HPIs has direct business benefits because:

- collection of data can act as a driver to support performance improvement;
- it can help demonstrate transparency and provide a reference for a wide range of external stakeholders, with the potential to enhance reputation; and
- simplifying reporting of these indicators has the potential to reduce administrative costs in all companies.

This document updates the 1999 OGP publication *Health Performance Indicators* (Report 6.78/290) in the context of recently agreed guidance on voluntary sustainability reporting (API/IPIECA, 2005) and the growth of health management standards such as OSHAS 18001. Both the OGP and the API/IPIECA documents represented an agreed position of, and

were endorsed by, respective association member companies at the time of publication. This document builds on that early guidance to provide a more practical and detailed set of 'stand-alone' health indicators. It is recognized that this approach may ultimately involve the use of multiple reporting protocols, particularly in countries where regulation requires reports in a specific format. However, the document attempts to define the core data requirement from which reports satisfying multiple stakeholders may be generated. It is anticipated that the document will facilitate a gradual replacement of the current multiple reporting criteria used in the industry with a single, consistent standard, which in turn will permit the adoption of a single OGP-IPIECA database for collection of HPIs for the industry.

The document should be of use to:

- oil and gas industry, including management, and employees/contractors and their families;
- national and regional oil and gas industry associations;
- shareholders;
- government/regulatory authorities;
- non-governmental organizations; and
- general public and communities adjacent to industry facilities.



## Introduction



HPIs may be applied to both occupational (work-related) and non-occupational health activities. Sole reliance on the ‘lagging’ indicator of occupational illness is a poor measure of health performance because the absence of illnesses, even over a period of years, is no guarantee that hazards are being identified, that the associated risks are being effectively managed, or that there will be no ill-health or loss in the future.

There may be a considerable time lapse between exposure to health hazards and the development of health effects. For example, exposure to carcinogens (cancer-causing agents) at the workplace may cause effects which can only be observed many years after exposure. It is clear that monitoring systems are needed which provide early feedback on performance before ill health or an incident occurs, and thus the use of proactive monitoring systems and the use of ‘leading’ indicators wherever possible is of particular importance.

HPIs can be used to:

- help to protect the health of employees and others;
- demonstrate management’s commitment to continuous health improvement;
- give line management a better understanding of the health issues relevant to their operational responsibility;
- enable measurement of performance against predetermined targets;

- highlight important health issues and set priorities;
- improve the morale of the workforce;
- maintain credibility and confidence both from within the company and the general public and stakeholders;
- provide meaningful input into internal and external HSE reports;
- benchmark; and
- improve cost-effectiveness.

### Key characteristics for HPIs

Health Performance Indicators should:

- be simple to identify, collect, measure, understand and use;
- be cost-efficient in use of equipment, personnel and additional technology;
- provide immediate and consistent indications of the level of performance within an identified normal and abnormal range;
- be relevant to the operation and understood by line management; and
- provide a clear indication of a means to improve performance.

### Costs

Actions taken to improve performance need to be cost-effective. Processes associated with HPIs are unlikely to result in short-term financial benefits but will result in savings and the control of loss in the medium to long term.

### Accountability for performance

To be useful, the HPI must be owned by line management. It is essential that performance indicators do not remain solely with health or HSE specialists but form part of an integrated system managed alongside other specialist disciplines (e.g. safety, environment). Some indicators may be regulatory requirements, and in this case a level of performance will be necessary to assure compliance with regulation.



## Scope

In the 2005 guidance, a total of five core ‘health and safety’ indicators were identified; however the remit of this document is to address only Health Performance Indicators. This document adopts a hierarchical three-tier approach consisting of:

- a Health Management System comprising a set of eight qualitative system elements;
- leading indicators relating to each of the eight elements (there may be more than one indicator for each system element); and
- a lagging indicator, relating to one element only—occupational illness.

## ‘Voluntariness’

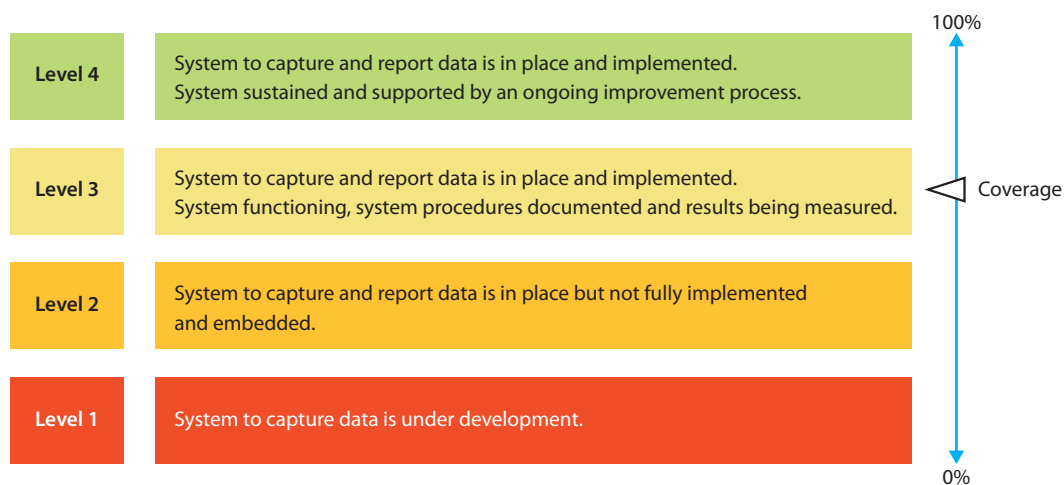
This document is a guideline. Not all indicators will be suitable for use by every company in every situation. In some cases, the collection and dissemination of data or performance criteria may be prohibited by

law. Companies should decide on a case-by-case basis which they will adopt and indeed whether additional indicators might be required for their particular circumstances.

## Assessing performance qualitatively and quantitatively

It should be relatively clear when an indicator is quantitative, i.e. a numeric score or a percentage derived for the purpose of measuring performance or for benchmarking between companies. Difficulty is sometimes encountered however when assessors attempt to numericize performance for aggregability purposes. Some companies have successfully used the ‘traffic-light’ system to give a visual indication of the extent to which a global system is in place (i.e. its degree of implementation, maturity, sophistication, etc.) and the extent to which it reflects global coverage within the organization. An example is given below.

### Example of the ‘traffic-light system’



# Health Performance Indicators—Tier 1: Implementation of a Health Management System

## Purpose

Virtually all companies within the oil and gas industry employ management systems as a principal means of achieving continuous improvement of business performance. This typically includes a system to address the health status of employees. Where applicable, the system may extend to surrounding communities. *Note: individual country legislation may preclude adoption of some indicators. Local legislative arrangements must always take precedence over the specific requirements of the individual management system element.*

## Type of indicator

Qualitative—ranking and rating is based on a subjective assessment of the integrity of the programme. High level quantitative assessments may be made based on a ‘traffic-light’ system.

## Scope

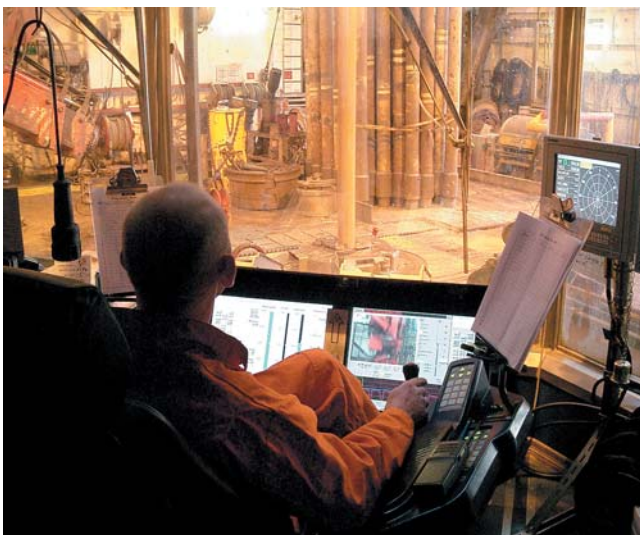
Reporters should describe the company’s status in terms of implementing an occupational health management system and whether it broadly meets the eight categories set out below. A Health Management System

is a process that applies a disciplined and systematic approach to managing health in company activities. This approach uses a cyclical process that takes experiences and learning from one cycle and uses them to improve and adjust expectations during the next cycle. Management systems should convey a company’s structure, responsibilities, practices, procedures and resources for implementing health management, including processes to identify root causes of poor performance, prevent recurrences, and drive continuous improvement. A Health Management System may be integrated into an Environmental, Health and Safety—and possibly also Quality and Security—Management System or it may stand alone.

Note that nothing in this document is in conflict with OSHAS 18001/18002, which specifies the requirements for an Occupational Health and Safety Management System (OHSMS). Such a system would typically include requirements on establishment and support for a policy, the communication of the policy, and other overarching requirements. The elements given below concentrate solely on the implementable aspects of a Health Management System, and which would be evidenced by characteristic activity in the following key areas:

- health risk assessment and planning;
- industrial hygiene and control of workplace exposures;
- medical emergency management;
- management of ill-health in the workplace;
- fitness for task assessment and health surveillance;
- health impact assessment (HIA);
- health reporting and record management; and
- public health interface and promotion of good health.

These characteristics are expanded below.





## Health risk assessment and planning

Health risk assessment is generally understood to relate to ‘within the fence’ activities. Workplace, product and environmental health hazards are identified, their risks assessed and a health plan produced for all current activities, operations and products. This takes place during the development stage of all new projects and products, prior to modifications to plant or process, and before the acquisition or divestiture of sites, leases, plant or other processes or materials, to address changing public and environmental health conditions. The health plan addresses any risks identified, is reviewed regularly and is progressed against internally set targets.

## Industrial hygiene and control of workplace exposures

The workplace environment meets legal requirements and does not harm health. Industrial hygiene and occupational health expertise is used to assess all chemical, physical, biological, ergonomic and psychological health hazards and advise on the implementation of appropriate controls and work practices to eliminate or minimize exposures. Workplace exposure monitoring is used to confirm ongoing effectiveness of control measures. Material storage, labelling, and safety data sheets are kept current. Employees are trained to understand the health risks, preventive measures and emergency procedures associated with their work. The workplace maintains adequate records for auditing and demonstrating compliance.

## Medical emergency management

Provision is made for the management of medical emergencies associated with company operations and activities. There is a medical emergency plan based on competent medical

advice and level of risk, and it is in alignment with existing local provisions. The plan is integrated into other emergency procedures, communicated effectively, and practised regularly with drills and reviews as appropriate. A process is in place to ensure that lessons learned are acted upon as a result of drills or incidents. Appropriate response times are established for first aid, emergency medical care and evacuation, and adequate resources have been made available to meet these times. All staff are provided with emergency contact numbers for medical assistance on each work site and during travel.

## Management of ill-health in the workplace

Employees have access to occupational health practitioners who can help mitigate the effects of ill-health on their ability to work effectively, including facilitating employee rehabilitation and return to work post-illness or post-injury. A system is in place to provide access to primary, secondary and emergency medical facilities as well as counselling and employee assistance where appropriate.

## Fitness for task assessment and health surveillance

Employees’ health status is compatible with the work that they do, and this is confirmed by assessments when necessary. There is a task check-list for different job categories, and health assessments/surveillance are performed by a competent health practitioner who has knowledge of the work to be performed. Pre-employment, pre-placement and periodic health assessments are conducted as dictated by legal requirements and by the health risks associated with specific tasks. Wherever possible, work is adapted so that individuals are included rather than needlessly excluded from work. Health surveillance is performed where

## *Tier 1: Implementation of a Health Management System*

required by legislation or where the work is known to be associated with the development of a recognized health problem for which there is a valid method for testing.

### **Health impact assessment**

Health impact assessment is generally understood to relate to 'outside the fence' activities. HIAs are initiated during the development stage of all new projects and expansions. Baseline data are established on the demography, community health status, air, soil and water quality prior to the start of a new project. Health impact assessors are assigned to work with social and environmental impact assessors in order to outline the range and types of hazard and potential beneficial impacts from the new project/expansion. External stakeholders are defined, and the product/project staff communicate and consult with them on a regular basis. Partnerships are developed with joint ventures, contractors and local government to create a common, cost-effective approach to health management.

### **Health reporting and record management**

Health information on all operations and products meets legal requirements and is accurate, secure and readily available. Records are maintained on raw materials, processes, products, work locations and work duties, as well as monitoring and assessment activities such as health risk assessments, workplace and personal exposure monitoring. Significant health incidents or trends are investigated. Personal health records are retained confidentially in line with any legislation on access and data protection. Health records are retained for a minimum of 40 years after an individual leaves employment. Categories and cases of occupational ill-health are tracked and analysed on a regular basis, and form part of

the routine presentation of operating, business and financial metrics to facility management. In turn, these data are aggregated to form part of the annual business planning process.

### **Public health interface and promotion of good health**

An effective interface between public health and occupational health is maintained to mitigate major business risks and identify key sources of epidemiological information. Communications are maintained with local governments and health authorities to plan timely response to major outbreaks of infectious diseases. A programme is in place to identify key employee health issues and develop programmes to educate around prevention/harm reduction. Where appropriate these programmes extend beyond the workforce and into the community; examples might include HIV, tuberculosis, smoking, obesity, heart disease, malaria and vaccination programmes.





# Health Performance Indicators—Tier 2: Leading indicators

Tier 2 indicators provide data to support Tier 1 indicators.

## Health risk assessment and planning

- *The percentage of health risk assessments (HRAs) completed from the total population being studied*

**Definition:** A percentage that measures the proportion of ‘in-date’ HRAs completed against an identified need within an agreed time frame or frequency as required by written procedures and standards.

**Scope:** The identification of, at a given location, the number of HRAs that should be completed to assess all the relevant health risks in the workplace. Out-of-date assessments are not counted towards the total. Completed assessments are expressed as a percentage of the total required. The assessor must make a judgment on the quality of the HRA and not count any towards the total that do not adequately assess risk.

**Purpose:** A semi-objective measure which, over time, will allow a business to track how comprehensive the assessment of

health risk in the workplace is. Quality assurance and continuous improvement can be included in the assessment process through auditing.

## Industrial hygiene and control of workplace exposures

- *The percentage of ‘at-risk’ people that have completed appropriate job-related health awareness, education and training programmes*

**Definition:** The proportion of eligible people (those identified by a HRA as being exposed to a hazard for which specific training/education is considered appropriate) who have completed the training required by company standards and procedures.

**Scope:** The indicator is calculated by defining the cohort (the number of people at a given location who are exposed to a hazard) and calculating the percentage that have received appropriate training.

**Purpose:** This indicator links an objective measure of compliance with a required control for a hazard or risk. The cohort must be specifically defined and targeted to the specific location or job hazard or risk: ‘generic’ training will not usually qualify.



## Medical emergency management

- *Regular medical emergency drills are conducted at all locations to a defined standard*

**Definition:** Medical emergency drills are conducted on a defined schedule/frequency and the performance of those drills is assessed for compliance with a pre-defined standard.

## Tier 2: Leading indicators

**Scope:** The percentage of drills that are conducted compared to the number/frequency required by written procedures and standards.

- *Percentage compliance with defined response times*

**Definition:** as above

**Scope:** Of the drills conducted, the indicator is the percentage compliance with defined response times for a given category of medical emergency.

### Management of ill-health in the workplace

*(No indicators)*

### Fitness for task assessment and health surveillance

- *The identification of jobs/tasks with specific physical, mental and social requirements, and the process for assessing worker ability to meet requirements with or without restriction or limitation*

**Definition:** The proportion of individuals identified by the jobs/tasks that they do as needing a fitness-for-task assessment who have actually undergone that assessment.

**Scope:** The presence or absence of a system for identifying such groups, the definition of the impacted groups and the required intervention, a process for reviewing and monitoring entry, exit and return to employment in these groups to assure fitness for task.

**Purpose:** An objective measure of compliance with a required control for a hazard.



- *The percentage of a defined cohort of at-risk employees who have undergone health surveillance appropriate to the hazardous exposure*

**Definition:** The proportion of individuals identified as being potentially exposed to a health hazard who have undergone health surveillance.

**Scope:** Health surveillance is a generic term which covers procedures and investigations to assess workers' health in order to detect and identify any abnormality. Health surveillance is appropriate where potential exposure to a workplace hazard has a known health effect and there is a validated, reproducible and measurable biological impact. Hazards include a wide spectrum of chemical, physical and biological agents which can be divided into general industry-related hazards such as noise, radiation, benzene and also location-specific exposures such as process-related chemicals. Surveillance should be conducted when an exposure is identified or can be reasonably expected, or as required under legislation. Health assessment procedures may include, but are not limited to, medical examinations, biological monitoring, radiological examinations, questionnaires or a review of health records.



**Purpose:** This indicator requires preliminary identification of employees at risk from potentially damaging exposures in the workplace and then measures compliance with a requirement that all these employees need health surveillance on a regular basis. Surveillance serves as a feedback loop to identify potential problem areas and the effectiveness of existing workplace preventative strategies. The results of surveillance should be used to protect and promote the health of the individual, collective health at the workplace, and the health of the exposed working population.

### Health impact assessment (HIA)

- *A description of health impact assessments completed for new projects*

**Definition:** The establishment of a system to assess the potential impact of a policy, project or company operations on the health of local communities.

**Scope:** The reviewer should describe the systems or programmes the company has to accomplish HIAs either as part of comprehensive impact assessments or as freestanding assessments. The assessments should be consistent across company operations and be scalable by project size, potential risk and location. For projects, the health function should be involved during planning, engineering and construction through to start-up.

**Purpose:** Understanding the potential health impacts of a policy, project of change in operations upon the local community is important so that impacts can be either prevented or appropriately managed. This cannot be accomplished effectively without the early and continued dialogue with the affected community.

### Health reporting and record management

*(No indicators)*

### Public health interface and health promotion

- *A description of how the company manages the interface between employees in different locations and the public health situation in those locations*

**Definition:** The existence of programmes and practices to understand the general health risks and experiences affecting the local workforce.

**Scope:** The reviewer should describe any processes and programmes the company has for identifying the general workforce health problems that are most significant in each location and approaches used to address these health problems. This indicator pertains to health problems in the workforce that are both work-related and non work-related. It may include health issues that are prevalent in the communities where businesses are



## Tier 2: Leading indicators

located. Sources of information can include local public health officials, medical absenteeism data, health benefits data, information from company-sponsored medical clinics, health impact assessment information, knowledge of work-related incidents and summary data from employee personal health risk and wellness data. The programme to understand workforce health issues will vary widely by location.

**Purpose:** Understanding the health profile of the local workforce (e.g. frequent diagnoses, health concerns and lifestyle risks) can help to identify opportunities to improve employee and family health, employee productivity and the company's business performance. Communicable diseases pose a serious threat to employee health in many areas of the world in which the oil and gas industry operates. HIV/AIDS is a good example of a workforce health issue that requires special focus in some areas of the world. In other locations the primary employee health concerns may be very different, e.g. substance abuse, cardiovascular disease, obesity or automobile related injuries.



Although there is no uniform approach, evaluations of potential diseases, workforce health issues and causes of lost work days can help determine the most important issues and appropriate preventative measures in each location.

- *The percentage of sites at which the health concerns of employees are represented at an appropriate group, e.g. health circle, health and safety committee*

**Definition:** The extent to which individual and collective employee health concerns are able to be heard, discussed and acted upon by the employer.

**Scope:** The presence or absence of a system to have a voice on health matters.

**Purpose:** Dialogue with employees is an effective method of obtaining a good understanding of opportunities for performance improvement.

# Health Performance Indicators—Tier 3: Lagging indicator



This section provides data to support Tier 1 indicators. There is only one lagging indicator, in part because the emphasis should be on leading indicators, but also because the established occupational illness definitions are the only ones that meet the required criteria.

## Industrial hygiene and control of workplace exposures

- *The efficient reporting of work-related illness*

**Definition:** Occupational illness frequency rate (OIFR), expressed per million man hours exposure.

**Scope and purpose:** Refer to the Appendix on the following page.



# Appendix

## *Guidelines on scope and collection of data in respect of occupational illness frequency rates*

### **Introduction**

Efficient reporting of work-related illness is a key element in effective management of occupational health risks. Within countries and companies the reporting of occupational health is, at the time of writing, unequal and incomplete. This is due to differences in legislation, culture and occupational health practices. This guideline provides a consensus approach, which will assist companies to generate harmonized data.

### **Definitions**

**Occupational illness:** an occupational illness is any abnormal condition or disorder of an employee, other than one resulting from an occupational injury, caused by exposure to environmental factors associated with employment. This includes both acute and chronic illnesses or diseases. They may be caused by inhalation, absorption, ingestion of or direct contact with the hazard, as well as exposure to physical and psychological hazards.

**Reporting:** will include cases which are required to be reported to the authorities as part of national schemes and all other cases judged by a competent occupational health advisor to be work-related.

**Frequency:** the number of occupational illnesses per year per million working hours.

**Work related:** where the balance of probability is 50 per cent or more that the case was caused by work or work-related environmental factors.

Only new cases (incidence) are reportable, i.e. new cases diagnosed during the reporting year. Existing cases are reportable if diagnosed for the first time during the reporting year. It is useful to keep records on existing cases (prevalence) as well but these are not reportable as part of this system. Exacerbation or recurrence of existing occupational or existing general illnesses is reportable if caused by new exposures at work (see below for further explanation). Cases should be reported whether or not they result in time lost from work.

**An injury** (i.e. not an occupational illness) is caused by a single incident and has immediate consequences.

### **Identification of occupational illnesses**

In order to facilitate the understanding, reporting, investigation and follow-up of occupational illnesses, they are frequently classified in one of the categories below. Further guidance on distinguishing between an occupational illness and injury, and the reporting, detection and diagnosis of occupational illness is given in the references.

- **Respiratory disease**  
Asthma, silicosis, asbestosis, alveolitis.
- **Skin disease**  
Contact dermatitis (allergic or irritant).
- **Upper limb and neck disorder**  
This includes disorders of the upper limb associated with repeated and cumulative trauma.



- **Back problems and lower limb disorder**  
This includes back problems and disorders of the lower limb associated with repeated and or cumulative trauma.
- **Cancers and malignant blood disease**  
Mesothelioma, bladder cancer, leukaemia.
- **Poisoning**  
Poisoning by lead, mercury, arsenic, cadmium, carbon monoxide, hydrogen sulphide.
- **Noise induced hearing loss**  
Cases which meet national or company criteria.
- **Infectious and preventable disease**  
Malaria; food poisoning; infectious hepatitis; legionnaire's disease. Cases of infectious diseases, for example malaria, are reportable if they occur among non-immune staff, e.g. business travellers travelling to areas where the disease is endemic.
- **Mental ill-health**  
Depression, post traumatic disorder.
- **Other occupational illness**  
Disorders due to physical agents (other than toxic materials), heat exhaustion, hypothermia, bends.

**Notes:**

1. The occupational illness frequency is a measure of incidence, meaning that only new cases should be reported.
2. An employee's physical or mental defect or pre-existing physical or mental condition does not affect the reportability of a subsequently contracted occupational illness. If in such circumstances an illness is caused or mainly caused by exposures at work, the case should be reported without regard to the employee's pre-existing physical or mental condition.
3. The denominator 'per million working hours' has been selected in order to be consistent with safety statistics reporting.
4. In some jurisdictions local law may prohibit the collection and reporting of data on illness and injury and/or the disclosure of that data to an employer.

## References and further reading

API. *Five-point Approach to Addressing Workplace Ergonomics*. (August, 2004).

API/IPIECA (Endorsed by OGP). (2005). *Oil and Gas Industry Guidance on Voluntary Sustainability Reporting: Using Environmental, Health & Safety, Social and Economic performance Indicators*.

Birley, M. (1995). *The health impact assessment of development projects*. London: HMSO.

CDC. *Guidelines about SARS for Persons Travelling to Areas Where SARS Cases Have Been Reported*. (April 2004).  
[www.cdc.gov/ncidod/sars/travel\\_advice.htm](http://www.cdc.gov/ncidod/sars/travel_advice.htm)

Health and Safety Executive. Draft—Suite of Management Standards on Work-related Stress (January 2003). Health and Safety Executive. *Real Solutions, Real People: A Managers' Guide to Tackling Work-related Stress*.  
[www.hse.gov.uk/stress/index.htm](http://www.hse.gov.uk/stress/index.htm)

International Labour Organization. *Technical and Ethical Guidelines for Workers' Health Surveillance* (September 1997).

International Labour Organization (2001). *An ILO Code of Practice on HIV/AIDS and the World of Work*.  
[www.ilo.org/public/english/protection/trav/aids/index.htm](http://www.ilo.org/public/english/protection/trav/aids/index.htm)

IPIECA (2003). *HIV/AIDS Management Tools for the Oil and Gas Industry*.

IPIECA (2005). *A Guide to Health Impact Assessments in the Oil and Gas Industry*.

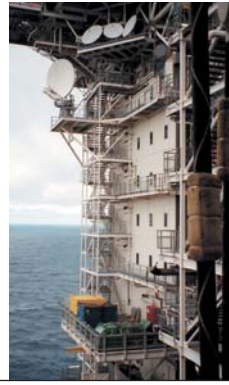
Occupational Safety and Health Act, OSHA, USA, 1986. *Recordkeeping Guidelines for Occupational Injuries and Illnesses*.

OGP Report No. 6.78/290, June 1999. *Health Performance Indicators*.

OGP. *Substance Abuse: Guidelines for Management* (June 2004).

United Nations Programme on HIV/AIDS / Global Business Council / Prince of Wales Business Leaders' Forum (2000). *The Business Response to HIV/AIDS: Impact and Lessons Learned*. [www.businessfightsaids.org](http://www.businessfightsaids.org)

Gothenburg Consensus Paper. *Health impact assessment: main concepts and suggested approach*. Brussels: WHO European Centre for Health Policy, WHO Regional Office for Europe (1999).



## *Glossary of terms*

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API	American Petroleum Institute
CDC	US Centers for Disease Control and Prevention
EHSMS	Environmental, Health and Safety Management System
HIA	Health Impact Assessment
HMS	Health Management System
HPI	Health Performance Indicator
Health surveillance	see page 8
Lagging indicators	Performance measures that represent the consequences of actions previously taken
Leading indicators	A measure that, if adopted, helps drive improved performance
OIFR	Occupational Illness Frequency Rate

## The OGP/IIPECA Membership

### Company members

ADNOC  
AgipKCO  
Amerada Hess  
Anadarko Petroleum Corporation  
BG Group  
BHP Billiton  
BP  
Cairn Energy  
Chevron  
CNOOC  
ConocoPhillips  
Dolphin Energy  
DONG  
ENI  
ExxonMobil  
Gaz de France  
GNPOC  
Hellenic Petroleum  
Hocol  
Hunt Oil Company  
INPEX Holdings  
Japan Oil, Gas & Metals National Corporation  
Kuwait Oil Company  
Kuwait Petroleum Corporation  
Mærsk Oil & Gas  
Marathon Oil  
Nexen  
NOC Libya  
Oil & Natural Gas Corporation  
OMV  
OXY  
Papuan Oil Search Ltd  
PDO  
Perenco Holdings Ltd  
Persian LNG  
PetroCanada  
Petrobras  
Petropars Ltd  
Petronas  
Petrotrin  
Premier Oil  
PTT EP  
Qatar Petroleum  
RasGas  
Repsol YPF  
Saudi Aramco  
Shell International Exploration & Production  
SNH Cameroon  
Sonatrach  
Statoil-Hydro  
TNK-BP Management  
TOTAL  
Tullow Oil  
Wintershall  
Woodside Energy  
Yemen LNG

### Association and Associate members

Australian Institute of Petroleum  
American Petroleum Institute  
ARPEL  
ASSOMINERARIA  
Baker Hughes  
Canadian Association of Petroleum Producers  
Canadian Petroleum Products Institute  
CONCAWE  
Energy Institute  
European Petroleum Industry Association  
Halliburton  
Institut Français du Pétrole  
IADC  
IAGC  
IOOA  
M-I SWACO  
NOGEP  
OLF  
PAJ  
Schlumberger  
South African Petroleum Industry Association  
UKOOA  
WEG  
World Petroleum Council

### International Association of Oil & Gas Producers (OGP)

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.

### International Petroleum Industry Environmental Conservation Association (IIPECA)

IIPECA is the single global association representing both the upstream and downstream oil and gas industry on key environmental and social issues, including: oil spill response; global climate change; fuels; biodiversity; social responsibility and sustainability reporting.

Founded in 1974 following the establishment of the United Nations Environment Programme (UNEP), IIPECA provides a principal channel of communication with the United Nations. IIPECA Members are drawn from private and state-owned companies as well as national, regional and international associations. Membership covers Africa, Latin America, Asia, Europe, the Middle East and North America.

Through a Strategic Issues Assessment Forum, IIPECA also helps its members identify emerging global issues and evaluates their potential impact on the oil industry. IIPECA's programme takes full account of international developments in these issues, serving as a forum for discussion and cooperation, involving industry and international organizations.

