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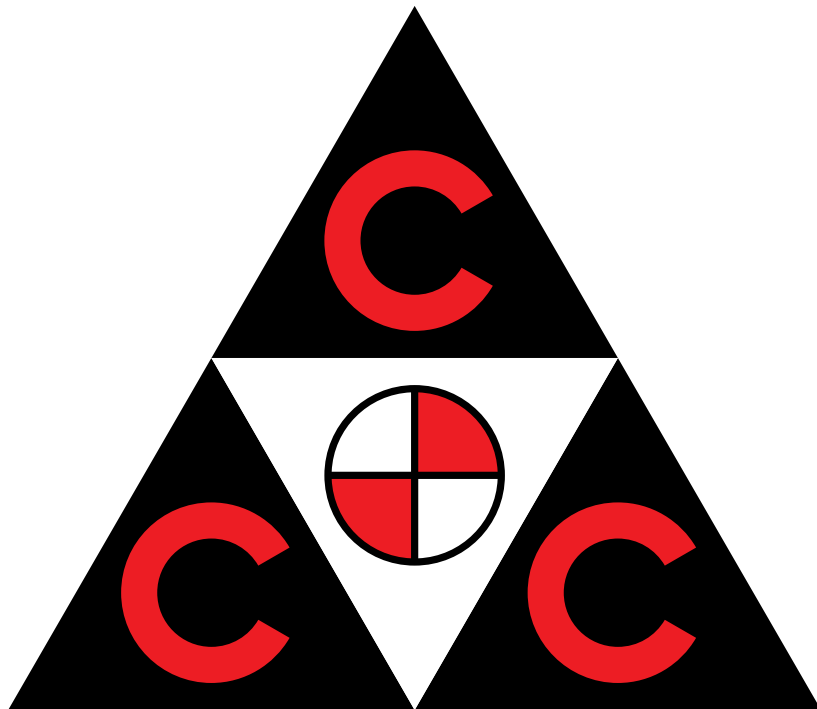


Transition from
Wellness to Wellbeing
In the Corporate Environment





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Workplace Wellness Programs

In the modern workplace, employees with their unique knowledge and capabilities contribute towards achieving business goals and help drive organizations forward. When an organization's success is deeply interlinked with the productivity of its employees, it makes sense to ensure that their work environment is healthy and helps them succeed. Corporate wellness programs take care of a company's most valuable assets, its employees, by encouraging them to be healthier.

Such programs have existed for decades. This is understandable when considering employee wellness from a business management perspective. The logic is simple: employees' health impacts their performance, morale, engagement and absenteeism. Accordingly, the global trend shows that organizations are shifting towards a more strategic approach to address employees' health, embracing the concept of well-being and exploring customized solutions to tackle unique needs. Recognizing that wellness starts at work, organizations are implementing programs to focus on broader issues such as stress, motivation and work-life balance.

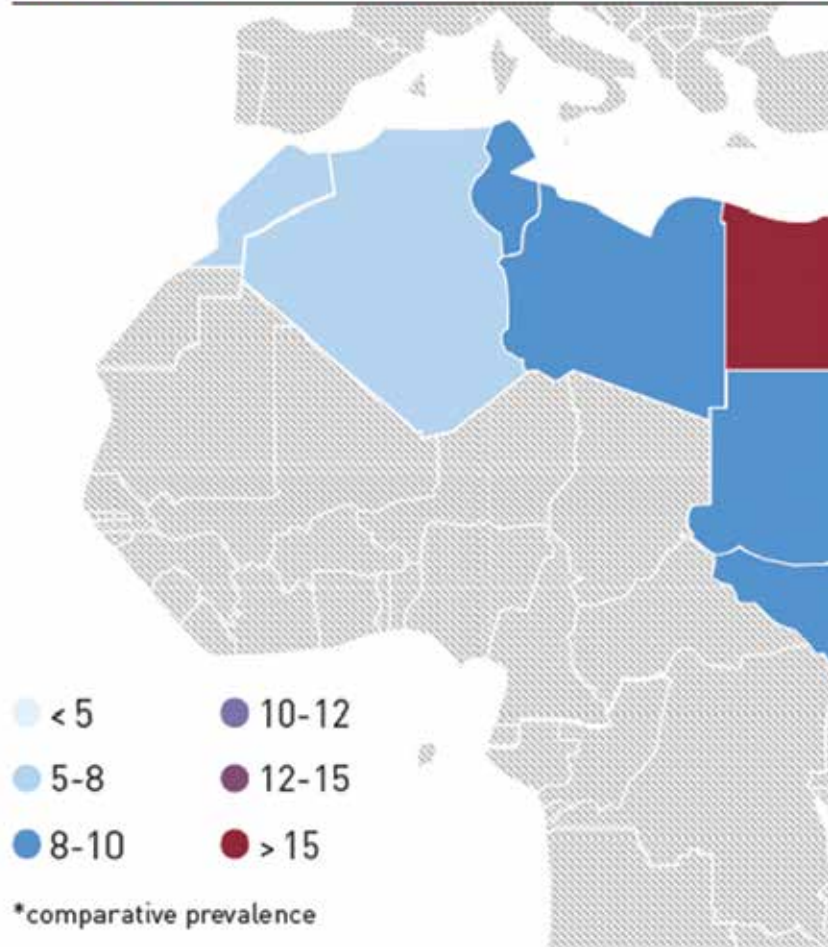
Common Lifestyle Health Risk Factors

					
High Blood Pressure	Overweight	Low fruit & vegetable intake	Tobacco use	Cholesterol	Physical inactivity

In the Arab world, chronic diseases (diabetes, heart illnesses and related diseases i.e. strokes), obesity and mental health problems (anxiety and depression) are some of the common and growing sources of ill health. These health problems are mostly lifestyle related and resemble the issues faced in the Western world. Physical inactivity, unhealthy eating, stress and smoking all contribute to chronic diseases and are damaging for long-term physical and mental health. The declining health of employees has significant consequences on an organizational level (decreased productivity, increased absenteeism and medical compensation claims).

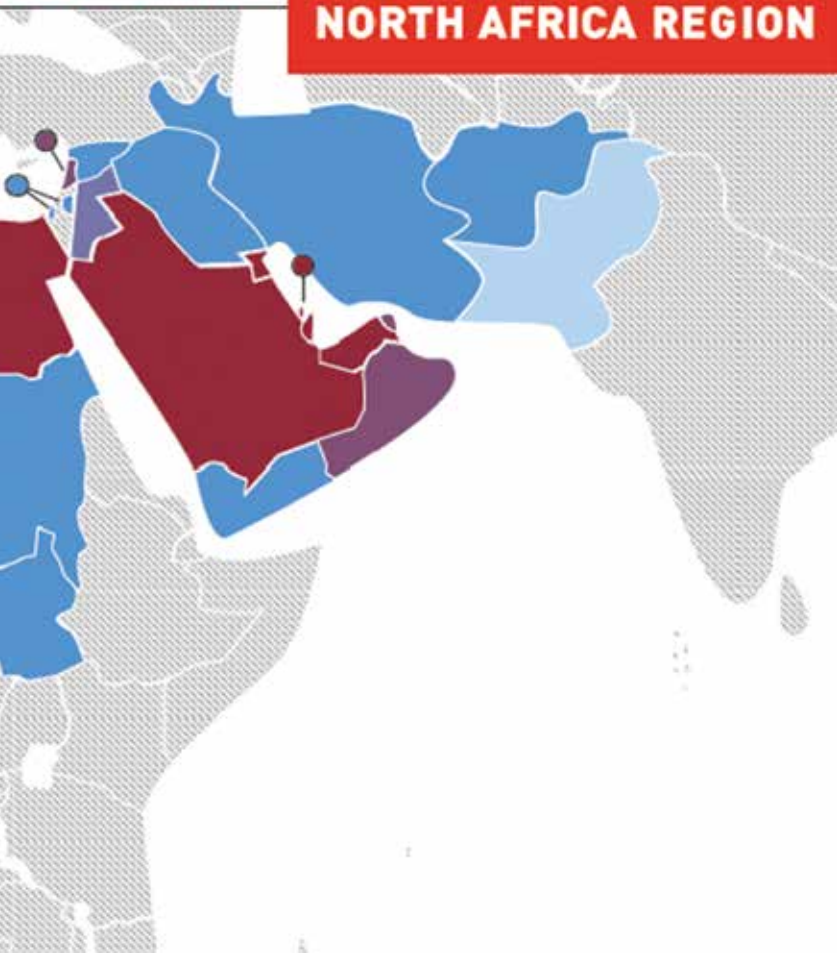
A comprehensive and proactive corporate wellness strategy can cultivate employee well-being. For example, a RAND study summarizes that: *“Consistent with prior research, we find that lifestyle management interventions as part of workplace wellness programs can reduce risk factors, such as smoking, and increase healthy behaviors, such as exercise. We find that these effects are sustainable over time and clinically meaningful”*. Healthy lifestyle initiatives can concentrate on awareness, assessment of health

Map 3.3 Prevalence* (%) estimates of diabetes (2014)



0-79 years), 2013

MIDDLE EAST AND NORTH AFRICA REGION



problems and dealing with risk factors.

This Bulletin issue includes a selection of articles on health and wellness. These discuss: CCC's wellness survey results, the transition from wellness to wellbeing, the importance of prevention, the achievements in occupational health and examples of individuals and projects promoting health.

The research available suggests that wellness programs provide organizations with a positive return on investment. Specifically, Harvard researchers after analyzing many studies of corporate wellness programs concluded that: *"Medical costs fall by about \$3.27 for every dollar spent on wellness programs*

and that absenteeism costs fall by about \$2.73 for every dollar spent."

As such, CCC will be analyzing deeper the wellness survey results to identify projects that are leading the way in employee wellness and to celebrate their achievements, in conjunction with recognition rewards. Further announcements will be made regarding this in the near future.

Tahrir Petrochemicals Complex

Egypt



Carbon Holdings, a mid-to-downstream petrochemical company and catalyst of industrial development in Egypt, launches a \$10.9 billion world-scale petrochemicals complex in Egypt's oil and gas industry. This will allow Egypt to double its exports and make and export a range of products including plastics and packaging, paints and solvents, adhesives, floor coverings, and more.

48 key project agreements and contracts for Tahrir Petrochemicals Corporation (TPC) were signed on 30 June 2018 in the presence of Egyptian Cabinet members and top financial backers.

Among the project documents signed were:

- Engineering, procurement and construction contracts with Linde, Bechtel, Archirodon, Maire Tecnimont, Hassan Allam Construction, and Consolidated Contractors Group.
- Commercial agreements with Bayegan International and AOT.
- Land and port agreements with the Red Sea Port Authority.
- Project management consultancy contracts with Bechtel.
- Operations and maintenance agreements with GE for power and Suez Water.
- Technology license agreements with Linde, Univation Technologies, and Novolen Technology.

TPC will be financed by equity and a \$5.4 billion debt package. Main investors and lenders are, among others, El-Baz (include the International Finance Corporation (IFC)), the European Bank for Reconstruction and Development (EBRD), the African Finance Corporation (AFC) and Gulf Capital.

This complex is expected to create approximately 20,000 direct and 15,000 indirect jobs during the construction phase alone and will purchase some \$1.5 billion worth of goods and services in Egypt. Once operational, it will ultimately create more than 200,000 job opportunities in downstream sectors.

Construction contracts execution is expected to start in 2019.

City Centre Al Zahia - Infrastructure Works

UAE



Al Zahia Infrastructure Project will provide the necessary roads and bridges that will enable access to the new city centre Al Zahia Shopping Mall, in the Emirate of Sharjah. The works comprise the installation of "At grade roads" around the mall, post tensioned elevated bridge decks (circa 12; 3 levels) and associated piled foundations, piers, SMBZ road flyover bridge, MSE ramps, service diversions, services protection, traffic light junctions, amendments to road signage, traffic detours, amendments to existing concrete barriers in SMBZ road, access for Ajman bound traffic, widening works on SMBZ road including milling and overlay works, street furniture alterations and new equipment installations, a pumping station along underground GRP storage tanks, and hard and soft landscaping.

- The client is Majid Al Futtain Properties LLC. for Packages 1 & 2 and the Ministry of Infrastructure Development for Package 3.
- The consultant is Parsons Overseas.
- The project was awarded on 9 July 2018.
- The project start was 15 July 2018 for a duration of about 18 months ending on 5 January 2020.

Design, Supply, Installation, Construction and Commissioning and Replacement of Glass Reinforced Plastic (GRP) Pipeline with 1100nd Steel Pipe on NSC 1 Section 338km to 361km

Botswana



The project is EPC of:

- 23 kilometers of NPS 44" main transmission steel pipe on NSC 1 from KP 361 to KP 338.
- Tie-in to NSC1 at KP 361 and KP 338.
- Remove existing section of the line.

The works include all associated E&I, Telecoms and Control Systems.

The client is Water Utilities Corporation.

The project was awarded on 31 July 2018.

The project start was 10 September 2018 for a duration of one year ending on 10 September 2019.

3GP ME&I - Power Generation, Reception Area and Pressure Boost Facility

Kazakhstan



The project scope is construction and commissioning assistance for third generation production "3GP" Mechanical Electrical and Instrumentation Installation (ME&I) at Tengiz in the western part of the Republic of Kazakhstan. The work of the ME&I installation comprises in summary the power generation; reception area and pressure boost facility, inclusive of provision or performance of all construction work, services and relevant activities.

- The client is TENGIZCHEVROIL LLP - TCO.
- The consultant is Fluor.
- The project was awarded on 6 August 2018.
- The project start was 6 August 2018 for a duration of 46 months ending on 1 June 2022.



Interface Management

Introduction

Interface management is a systematic methodology enlisted when working with multiple organizations, contractors, subcontractors, consultants, engineers, employers and other stakeholders. Implementing interface management on the project streamline communication identifies critical interfaces, and monitors on-going work progress while mitigating risk. Interfaces are a connection between parties or elements of a project. Within the context of interface management, all parties are working towards a common, agreed upon goal, which is the completion of the project. As more individuals and organizations work together, there is an increasing chance for miscommunication, lack of communication, or the inability to stay within the project scope, budget and schedule.

What is Interface?

An interface is defined as a point of contact between entities working on a common project. This point can be:

- **Physical** - physical interaction between components.
- **Functional** - functional requirements between systems.
- **Contractual** - interaction between subcontractors / suppliers and others.
- **Organizational** - information exchanged between disciplines.
- **Knowledge** - points of dependency between engineering, procurement, construction and others.

These interfaces have the potential to negatively impact the cost and schedule of the project. As the numbers of different entities and a scope of a project increases, so does the risk associated with interfaces.

A proper interface management process utilizing an interface management system helps to ensure the proper communication and transparency between multiple interfacing subsystems. Failure to properly manage interfaces contributes to the failure of large development projects. Improper interfacing can cause significant delay in execution of work and may lead to excessive work. Interface management is an important process that should be enforced to ensure that a project meets specified requirements, is on time, and is on budget.

Interface Management Objectives

The objective of the interface management process is to guarantee the proper functioning of a system composed of many interfacing subsystems. Ineffective interface management is often responsible for the failure of large development projects: interface mismatches may cause a delay in all phases of projects in a chain reaction process. The existence of many organizations executing the project and the complexity of the operation create multiple interfaces adding higher risk for the project.

Interface Management Plan

An interface management plan addresses the following issues:

- Identification of systems and subsystems that require interfacing.
- Assignment of responsibility and authority for interface.
- Identification of the information to be exchanged over the interface providing precise technical definitions of interface data flows and protocol.
- Identification of the interface requirements including the scope of works, design and development, procurement, installation, construction, testing and commissioning of the systems or subsystems.
- Identification of interface requirements between different organizations and disciplines of the project.
- Interface development risks and risk management strategies.
- Quality management procedures relevant to interface development.

Interface Management - A Global Approach

Interface management is a global approach related to organizations involved in the same projects including employer and stakeholders. Interface management is also related to all key processes of the organization as illustrated in the chart.



Interface Management - An Organization Approach to Project Management*

Interface management is essentially the project manager's job: planning, coordinating, and controlling the work of others at project interfaces. The following are all example of interface management principles:

Control of Dynamic Interfaces

Tight control of dynamic interfaces is essential to achieving project cost, schedule and scope targets. Control of dynamic interfaces has a major impact on project cost, schedule, and scope performance.

Basic engineering determines almost totally the scope, cost, and schedule parameters of the project. Design exerts a strategic influence on the management of a project. Incomplete or late definition of engineering or poor understanding of the implications of what is being designed has led to many project overruns. Effective control of engineering is a major testing area of effective project management.

Static Project Interfaces

Poor definition of the interfaces between principal static groups — project management, functional, planning and control, subprojects — can lead to organizational problems of blurred definitions of responsibility and the reporting of unreliable data.

Because of the temporary nature of most project organizations, there is a tendency, especially in matrix organizations, toward confusion of roles and conflict of decision-taking power between the functional groups and the project managers. A major concern of senior management should thus be to ensure that roles are kept clear by maintaining clearly defined project management/functional interfaces.

Organizational Factors

Organizational factors have a significant impact on the nature of dynamic interfaces. Unfortunately there is often a danger that they may inhibit rather than stimulate the type of interface required.

Project Organization Structure

As projects develop, the relative influence of various groups changes. Project organization structures should reflect this change. In construction as one moves from earthmoving to structure to equipment erection and finishing work there is a change in organizational influence.

Control of Design

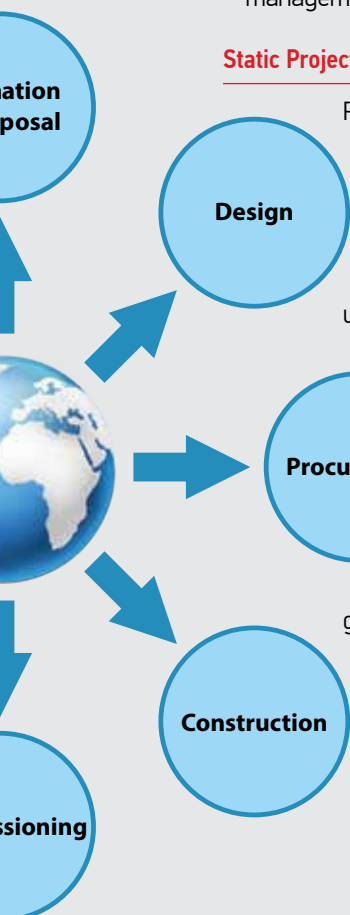
Early, firm control of design is essential for effective project control. This by itself determines the level of success or failure of any construction project. We can draw many examples in the construction industry where design was the major contributor to failure.

Design / Production Interface

The design/production interface covers design/manufacturing and/or design/construction. This is the most difficult project interface to manage, precisely because the differentiation across it is so big. Characterized by an amazing conjunction of dimensions, the design/production interface is differentiated between systems having various technologies and often between different organizations or organizational units. It is an information interface, often with time and territory differences, and it is often vague and ill-defined.

Project Management Effort

In projects, the amount of project management effort required is a function of the project's size, speed, and complexity.



System Approach*

A system approach is fundamental to thinking about project organizations. Systems theory is an approach to bringing to complex situations; it does so by emphasizing certain core concepts, applied in a strict sequence, as outlined in the list below:

- First, treat the system as a “whole” - projects are not ends in themselves; things are interrelated, they are part of a greater whole.
- Second, focus on the principal, overall objective of the system.
- Third, define what is needed to achieve that principal objective. Similarly for the sub-objectives, and so on.
- Fourth, identify what is needed to achieve these sub-objectives. What groups, what information, what hardware? These become the sub-systems. Each sub-system has its own objective and its own boundaries, as does the major system.
- Fifth, look at how the subsystems are regulated.
- And sixth, how their interactions are controlled.

Project Interfaces and Their Integration*

At the initial stage of the project, the project organization is relatively new and not extensively documented, yet the project is reaching the point where it is possible to say with some confidence where the principal organizational interfaces in the project will be, and how they should be managed.

The project manager's principal concern is the successful management of the project interfaces while functional managers have the responsibility for accomplishing work in their functional area on schedule, in budget, and to scope.

Functional work is primarily product oriented, whereas the project manager's work focuses more on the process of accomplishing the work. Process interfaces can be distinguished from product interfaces, as shown below:

Product Interfaces Cover:

- Performance Interfaces between subsystems or components of the product.
- and physical interfaces between interconnecting parts of the product.

Process Interfaces on the other hand

Cover:

- Change of responsibility interfaces when a task is finished and the project moves from one group to another.
- Management Interfaces (meaning project / senior company management interfaces).
- Information interfaces where information is developed by one sub-group for use by another.

Conclusion

The structural perspective of organization theory gives project managers a useful overview on the management of key interfaces on their projects. The three critical items affecting the project interface are the size, speed, and complexity of the project.

**Interface Management - Dr. Morris, Peter W.G.*

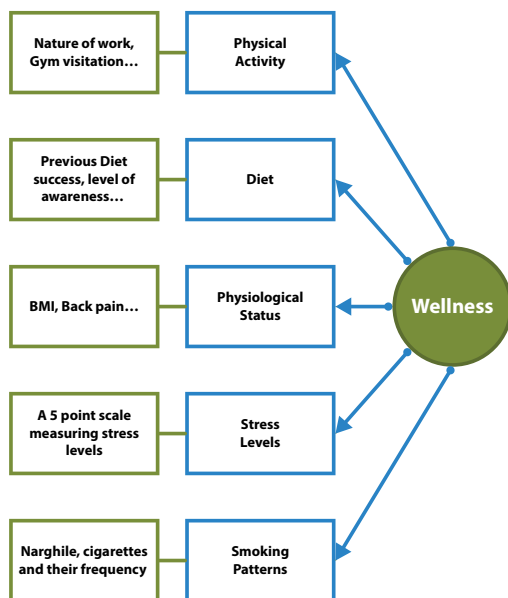
Measuring Wellness in CCC

As per CCC's Employee Wellness Initiative, this year a new section covering the employees' wellness was introduced in the annual employee satisfaction survey. The goal of this new section (i.e. survey) is to capture the "wellness" status of our employees across our operation areas in order to identify any shortfalls and to provide the needed information and statistics for tailoring the CCC wellness program.

Measuring the Unmeasured: How to Measure "Wellness" Across CCC

In social sciences, "wellness" is a typical unmeasured concept similar to "satisfaction" or "quality of life" which means there is no perfect or direct measure to fully capture such concepts, yet we can develop a set of questions that will collectively lead to measuring "wellness", and this is exactly what we did in CCC.

Multiple questions measuring stress levels, physical activity, physiological status, smoking patterns, stress levels and diet were developed and presented to 8500 employees through our in-house surveying system iSurvey through which we got a remarkable 72% response rate. The illustration explains how those questions captured the "wellness" of our employees.



All of the above contribute to wellness in different ways, depending on the individual and his/her environment, but by grouping the results based on age, location and other demographics they gave us enough insights on the status for each country and age group. Those analytics will pave the way for designing strategies and programs to enhance CCC's employee wellness.

Interpreting the Results: So Are We Well?

Yes we are, but there is a lot of room for improvement! Based on the individual's height and weight, the Body Mass Index (BMI) is calculated. The results for the BMI were mostly good, meaning the BMI scores fall within the normal ranges, with the exception of a few projects where the average employee has the status of underweight or obese.

Aside from weight, our locations with the highest smoking percentages have been identified. Possible campaigns to reduce smoking may take place at those locations in order to improve the employees' health, but it is worth mentioning that even CCC's highest smoking percentages were way less than the publicly listed national smoking percentages in those locations!

The stress which our employees face while performing their duties and during their daily life, is an important factor affecting the employee's wellbeing as well as his/her productivity. According to the results of the survey, the majority (90%) of the respondents reported having various levels of stress, with 1/5 reporting serious levels of stress. A positive relationship was found linking stress and smoking, having a high level of stress was found to cause a smoker to smoke a higher quantity of cigarettes per day.

Most of the respondents reported having little to no lower back pain. Moreover, the majority of those who filled the survey declared they exercise at least once a week. Last, a good portion of the respondents show general awareness regarding diet and healthy eating, where 2/5 declared they are following / have followed a diet.

Re-Measure and Quantify: So We Put a Wellness Program in Place, but What Will Be the Impact?

As the wellness survey will be conducted annually, we will be able to compare results across time. Accordingly, we have tailored the analysis to capture such changes and identify positive or negative trends, that is to say that after the next round of data collection we will be able to pinpoint and quantify the impact of the wellness programs on each of the influencing constructs (refer to the illustration) and measure its success. Such feedback will play an integral role in designing and redesigning the wellness program in CCC.

CCC Moving from Wellness to Well-being

FEATURE

While wellness has a long history in the workplace, only recently have organizations begun to consider the whole picture which is termed "Holistic Ergonomics". By incorporating the physical, mental and social aspects of work, this results in organizations moving towards workplace strategies that focus on the overall well-being of their employees. (footnote1)

Consolidated Contractors Company (CCC) is now, more than ever, planning to invest in their employees' well-being. Supporting our people and creating happy, healthy and engaged employees, is what CCC aims to do with its workplaces and practices. It's all about our people and supporting an ecosystem that enhances our employees' wellbeing which will in turn positively benefit our organizational structure.

Since 1948 the World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

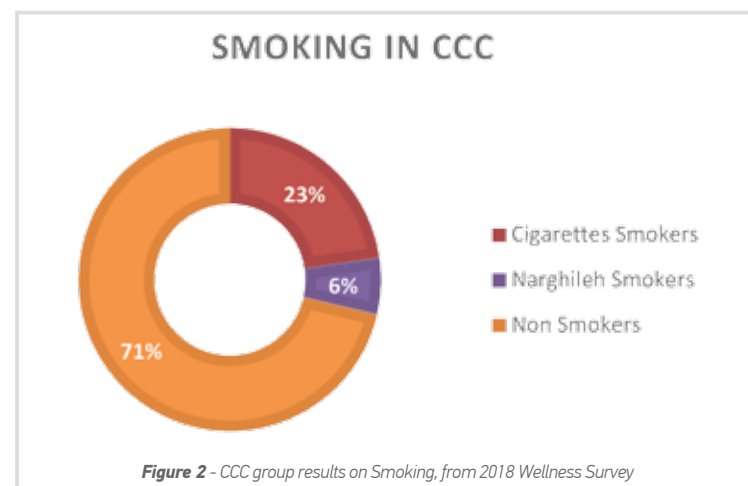
Our first step towards this direction was measuring our employees' health and physical wellbeing through the "Employee Satisfaction Survey 2018" which included a section specifically on 'Employee Wellness'. The survey was completed by approximately 70% of CCC employees; the questions included addressed health, diet, stress, smoking habits and exercise frequency.

CCC Smoking Habits

Situation and trends:

One person dies every six seconds from a tobacco related disease; that is ten people per minute. Equally alarming is that more than 600,000 non-smokers die each year from secondhand smoke worldwide.

Many people do not realize the negative impacts smoking has on our overall well-being. Smoking not only disrupts our physical health, but it also negatively affects our emotional, environmental, financial, intellectual, occupational, social and spiritual health.



WORKPLACE STRATEGY IN EMPLOYEE WELL-BEING

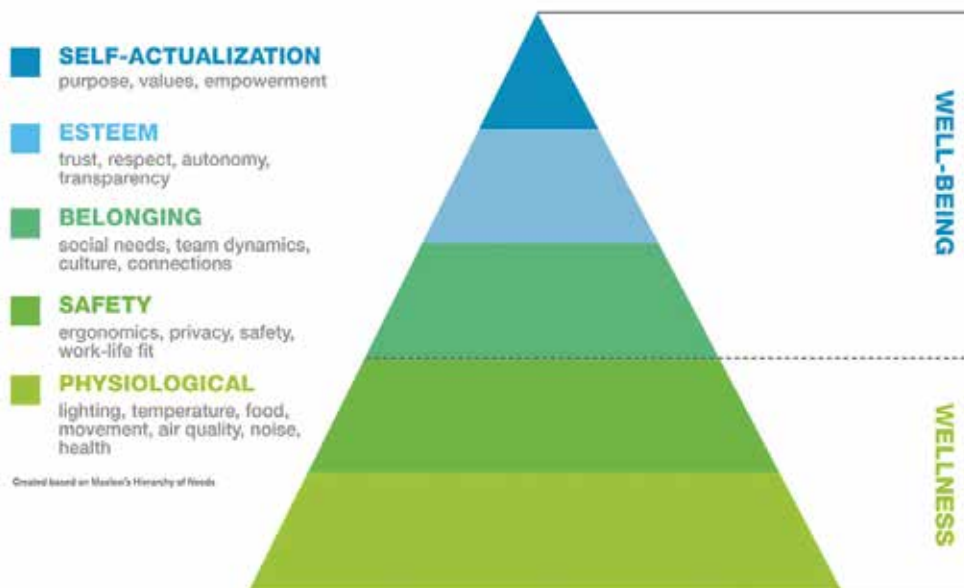


Figure 1 - Workplace Strategy in Employee Well-Being¹

CCC Moving from Wellness to Well-being

Smokers often report that cigarettes help relieve feelings of stress. However, did you know that the stress levels of adult smokers are higher than those of nonsmokers? Adolescent smokers report increasing levels of stress as they develop regular patterns of smoking. Smoking cessation has been proven to reduce stress; far from acting as an aid for mood control, nicotine dependency seems to exacerbate and intensify mood swings and stress.

CCC's survey results indicate that approximately one fifth of employees are cigarette smokers with the majority being in their 20's (Figure 1). CCC is currently looking into ways to establish smoke-free policies and offer plans to support our people in their journey towards greater happiness and enhanced well-being.

CCC Stress Levels

Situation and trends:

It has been long established that our minds and bodies are closely connected. Now, research has found that the way we think about stress could add decades to our lives. Research from Harvard University has found that viewing stress as helpful rather than harmful can improve performance and reverse the physical changes caused by stress.

Researchers found that those who reported experiencing high stress levels and who also believed that stress negatively affected their health had a 43% increase risk of premature death. On the other hand, those who experienced high stress and didn't believe it to be harmful were at the lowest risk of dying, even compared to people who didn't experience high levels of stress.

Stress alone isn't dangerous, but perceiving it to be is critical. Researchers from the University of California have found that some stress is good for you, as it keeps the brain more alert and improves performance. During times of physical or psychological stress, oxytocin is released, which influences the social centers of the brain, encouraging you to connect with other people and strengthens relationships. During times of stress, oxytocin acts as a natural anti-inflammatory: it helps blood vessels stay relaxed and it helps heart cells heal from any damage done to them by stress. Under certain conditions, short term stress prepares the immune system for assault from environmental stressors such as wounds, medical procedures, infection, vaccination, or a hard fought stint on a sports field.

Our CCC survey results have shown that the majority of respondents have reported having various levels of stress. CCC is now studying future plans to help employees better manage their stress. Stress management tools we are researching include a combination of mindfulness and meditation, healthy living, goal mapping and approaches in establishing work/life balance.

CCC's Physiological Status

Situation and trends:

Worldwide, at least 2.8 million people die each year as a result of being overweight or obese. Being overweight and obese can lead to adverse metabolic effects on blood pressure, cholesterol, triglycerides and insulin resistance. Risks of coronary heart disease, ischemic stroke and type 2 diabetes mellitus increase steadily with increasing body mass index (BMI). Raised BMI also increases the risk of cancer of the breast, colon, prostate, endometrium, kidney and gall bladder. To achieve optimum health, the median BMI for an adult population should be in the range of 21 to 23 kg/m². On a positive note, our CCC survey results that the majority of our staff fall under the healthy normal weight bracket and the majority of CCC employees report having no pain to little lower back pain (Figure 2).

BACK PAIN IN CCC

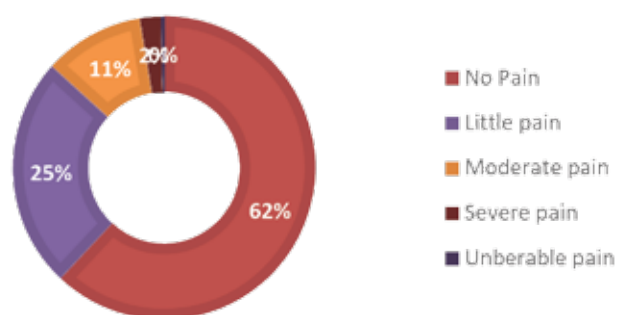


Figure 3 - CCC group results on Back pain, from 2018 Wellness Survey

On a CCC group level, CCC is currently researching methods to achieve optimal wellness for our staff worldwide. CCC has always promoted health and wellbeing through its sports activities, awareness campaigns and training courses and intends to intensify these activities to achieve optimal wellness to well-being.

¹<https://www.knoll.com/knollnewsdetail/moving-from-wellness-to-well-being-infographic>

Prevention & Treatment

“An ounce of prevention is worth a pound of cure” is an old saying which holds true in daily life and is applicable in almost every field.

FEATURE

Prevention is always better than cure, if we know that something might become dangerous with time, then it is better to halt the danger by combating it now. We used to hear this from our parents and grandparents and we are saying this to our children and grandchildren. We must not give our problems a chance to grow. Better work now and take precaution instead of fixing the damage in the future.

A student must study every day not only during exams. Ignoring studying in the early stages leads to very hard work during exams and to risking one's success.

When it comes to **health**, we should immediately seek medical advice if there are certain visible symptoms of a disease, before getting diagnosed with that disease. There have been many cancer cases where the patient did not take his health seriously and later on with further deterioration of his health, he comes to know that he is suffering from cancer and is at the second or third stage. Had he been to the doctor earlier and diagnosed with his disease then he could have been easily cured in the first stage. Even in the case of other diseases early detection helps in taking better preventive measures. Thinking that the disease will cure itself or avoiding a visit to the doctor may result in an increase of the problem and expenses and may even endanger your life.

We can take precautionary methods by choosing a healthy diet and making it a point to exercise regularly. Regular exercise and good nutritious food will make us less prone to diseases, and will also result in a healthy heart, mind and body.

Preventive measures taken in work areas also lessen the intensity of suffering. Wise men always use this formula for success: they never wait for the deadline to come near to start their work, instead they finish their work before the deadline. This gives them time to solve any unseen problem that might occur during the process of their work. No man is perfect: we all make mistakes. But with the help of a preventive act one can avoid many disasters, complexities, confusion and destruction.

Health Maintenance & Disease Prevention

Preventive medicine can be categorized as primary, secondary, or tertiary.

Primary prevention aims to remove or reduce disease risk factors (e.g., immunization, giving up or not starting smoking). Secondary prevention techniques promote early detection of disease or precursor states (e.g., routine cervical Papanicolaou screening to detect carcinoma or dysplasia of the cervix). Tertiary prevention measures are aimed at limiting the impact of established disease (e.g., partial mastectomy and radiation therapy to remove and control breast cancer).

Tables 1-1 and 1-2 give leading causes of death in the United States and estimates of deaths from preventable causes. (Numbers given in the thousands).

Table 1-1

CATEGORY	ESTIMATE
All causes	2,472,699
Diseases of the heart	617,527
Malignant neoplasms	566,137
Chronic lower respiratory diseases	141,075
Cerebrovascular diseases	133,750
Accidents (unintentional injuries)	121,207
Alzheimer disease	82,476
Diabetes mellitus	70,601
Influenza and pneumonia	56,335
Nephritis, nephrotic syndrome, and nephrosis	48,283
Septicemia	35,961

Source: National Center for Health Statistics 2010

Many effective preventive services are underutilized, and few adults receive all of the most strongly recommended services. The three highest-ranking services in terms of potential health benefits and cost-effectiveness include discussing aspirin use with high-risk adults, tobacco-use screening and brief interventions, and immunizing children. Other high-ranking services with data with substantial room for improvement in utilization are screening adults aged 50 and older for colorectal cancer, immunizing adults aged 65 and older against pneumococcal disease, and screening young women for Chlamydia.

Prevention & Treatment

Table 1-2

RISK FACTOR	MALE (95% CI)	FEMALE (95% CI)	BOTH SEXES (95% CI)
Tobacco Smoking	248 (226-269)	219 (196-244)	467 (436-500)
High Blood Pressure	164 (153-175)	231 (213-249)	395 (372-414)
Overweight–Obesity (High BMI)	114 (95-128)	102 (80-119)	216 (188-237)
Physical Inactivity	88 (72-105)	103 (80-128)	191 (164-222)
High blood glucose	102 (80-122)	89 (69-108)	190 (163-217)
High LDL cholesterol	60 (42-70)	53 (44-59)	113 (94-124)
High dietary salt (sodium)	49 (46-51)	54 (50-57)	102 (97-107)
Low dietary omega-3 fatty acids (seafood)	45 (37-52)	39 (31-47)	84 (72-96)
High dietary trans fatty acids	46 (33-58)	35 (23-46)	82 (63-97)
Alcohol use	45 (32-49)	20 (17-22)	64 (51-69)
Low intake of fruits and vegetables	33 (23-45)	24 (15-36)	58 (44-74)
Low dietary polyunsaturated fatty acids (in replacement of saturated fatty acids)	9 (6-12)	6 (3-9)	15 (11-20)

Prevention of Infectious Diseases

Much of the decline in the incidence and fatality rates of infectious diseases is attributable to public health measures—especially immunization, improved sanitation and better nutrition. Immunization remains the best means of preventing many infectious diseases. Recommended immunization schedules for children and adolescents can be found online at www.cdc.gov/vaccines/rec/schedules.

Substantial vaccine-preventable morbidity and mortality continue to occur among adults from vaccine-preventable diseases, such as hepatitis A, hepatitis B, influenza and pneumococcal infections. Strategies to enhance vaccinations include increasing community demand for vaccinations; enhancing access to vaccination services; and provider- or system-based interventions, such as reminder systems.

Prevention of Cardiovascular Disease

Cardiovascular diseases, including coronary heart disease (CHD) and stroke, represent two of the most important causes of morbidity and mortality. Several risk factors increase the risk for coronary disease and stroke. These risk factors can be divided into those that are modifiable (e.g., lipid disorders, hypertension, cigarette smoking) and those that are not (e.g., gender, age, family history of early coronary disease). Impressive declines in age-specific mortality rates from heart disease and stroke have been achieved in all age groups during the past two decades, in large part through improvement of modifiable risk factors: reductions in cigarette smoking, improvements in lipid levels, and more aggressive detection and treatment of hypertension. Key recommendations for cardiovascular prevention are shown in Table 1-3.

Table 1-3: Prevention Cardiovascular Diseases

PREVENTION METHOD	RECOMMENDATION
Screening for abdominal aortic aneurysm	<p>Recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked. (B)</p> <p>No recommendation for or against screening for AAA in men aged 65 to 75 who have never smoked. (C)</p> <p>Recommends against routine screening for AAA in women. (D)</p>
Aspirin use	<p>Recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (A)</p> <p>Recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (A)</p> <p>Current evidence is insufficient to assess the balance of benefits and harms of aspirin for cardiovascular disease prevention in men and women 80 years or older. (I)</p> <p>Recommends against the use of aspirin for stroke prevention in women younger than 55 years and for myocardial infarction prevention in men younger than 45.</p>
Blood pressure screening	Recommends screening for high blood pressure in adults aged 18 and older. (A)
Serum lipid screening	<p>Strongly recommends screening men aged 35 and older for lipid disorders. (A)</p> <p>Recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. (B)</p> <p>Strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. (A)</p> <p>Recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. (B)</p> <p>No recommendation for or against routine screening for lipid disorders in men aged 20 to 35, or in women aged 20 and older who are not at increased risk for coronary heart disease. (C)</p>
Counseling about healthy diet	<p>Evidence is insufficient to recommend for or against routine behavioral counseling to promote a healthy diet in unselected patients in primary care settings. (I)</p> <p>Recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians. (B)</p>
Screening for diabetes	<p>Recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) > 135/80 mm Hg. (B)</p> <p>Current evidence is insufficient to assess the balance of benefits and harms of screening for type 2 diabetes in asymptomatic adults with blood pressure of 135/80 mm Hg or lower. (I)</p>
Counseling to promote physical activity	Evidence is insufficient to recommend for or against behavioral counseling in primary care settings to promote physical activity. (I)
Screening for smoking and counseling to promote cessation	Recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. (A)

Prevention & Treatment

Abdominal Aortic Aneurysm

One-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65-75 years is associated with a significant reduction in AAA-related mortality. Women do not appear to benefit from screening, and most of the benefit in men appears to accrue among current or former smokers. Recent analyses suggest that screening men aged 65 years and older is highly cost-effective.

Cigarette Smoking

Cigarette smoking remains the most important cause of preventable morbidity and early mortality. In 2000, there were an estimated 4.8 million premature deaths in the world attributable to smoking, 2.4 million in developing countries and 2 million in industrialized countries. More than three-quarters (3.8 million) of these deaths were in men.

The leading causes of death from smoking were cardiovascular diseases (1.7 million deaths), chronic obstructive pulmonary disease (COPD) (1 million deaths), and lung cancer (0.9 million deaths). Cigarettes are responsible for one in every four deaths in the world. Fortunately, smoking rates are declining worldwide.

Nicotine is highly addictive, raises brain levels of dopamine, and produces withdrawal symptoms on discontinuation. Smokers die 5-8 years earlier than never-smokers. They have twice the risk of fatal heart disease, 10 times the risk of lung cancer, and several times the risk of cancers of the mouth, throat, esophagus, pancreas, kidney, bladder and cervix; a twofold to threefold higher incidence of stroke and peptic ulcers (which heal less well than in nonsmokers); a twofold to fourfold greater risk of fractures of the hip, wrist, and vertebrae; four times the risk of invasive pneumococcal disease; and a twofold increase in cataracts. Smoking has also been associated with increased risk of leukemia, of colon and prostate cancers, of breast cancer in postmenopausal women, osteoporosis and Alzheimer disease.

Both active smoking and passive smoking are associated with deterioration of the elastic properties of the aorta (increasing the risk of aortic aneurysm) and with progression of carotid artery atherosclerosis. The children of smokers have lower birth weights, are more likely to be mentally retarded, have more frequent respiratory infections and less efficient pulmonary function, have higher incidence of chronic ear infections than children of nonsmokers, and are more likely to become smokers themselves.

Table 1-4. Actions and strategies for the primary care clinician to help patients quit smoking.

ACTION	STRATEGIES FOR IMPLEMENTATION
Step 1. Ask-Systematically Identify All Tobacco Users at Every	
Implement an office-wide system that ensures that for every patient at every clinic visit, tobacco-use status is queried and documented ¹	Expand the vital signs to include tobacco use. Data should be collected by the health care team. The action should be implemented using preprinted progress note paper that includes the expanded vital signs, a vital signs stamp or, for computerized records, an item assessing tobacco-use status. Alternatives to the vital signs stamp are to place tobacco-use status stickers on all patients' charts or to indicate smoking status using computerized reminder systems.
Step 2. Advise - Strongly Urge All Smokers to Quit	
In a clear, strong, and personalized manner, urge every smoker to quit	Advice should be Clear: "I think it is important for you to quit smoking now, and I will help you. Cutting down while you are ill is not enough." Strong: "As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your current and future health." Personalized: Tie smoking to current health or illness and/or the social and economic costs of tobacco use, motivational level/readiness to quit, and the impact of smoking on children and others in the household. Encourage clinic staff to reinforce the cessation message and support the patient's quit attempt.
Step 3. Attempt-Identify Smokers Willing to Make a Quit Attempt	
Ask every smoker if he or she is willing to make a quit attempt at this time	If the patient is willing to make a quit attempt at this time, provide assistance (see step 4). If the patient prefers a more intensive treatment or the clinician believes more intensive treatment is appropriate, refer the patient to interventions administered by a smoking cessation specialist and follow up with him or her regarding quitting (see step 5). If the patient clearly states he or she is not willing to make a quit attempt at this time, provide a motivational intervention.
Step 4. Assist-Aid the Patient in Quitting	
A. Help the patient with a quit plan	Set a quit date. Ideally, the quit date should be within 2 weeks, taking patient preference into account. Help the patient prepare for quitting. The patient must: Inform family, friends, and coworkers of quitting and request understanding and support. Prepare the environment by removing cigarettes from it. Prior to quitting, the patient should avoid smoking in places where he or she spends a lot of time (eg, home, car). Review previous quit attempts. What helped? What led to relapse? Anticipate challenges to the planned quit attempt, particularly during the critical first few weeks.
B. Encourage nicotine replacement therapy except in special circumstances	Encourage the use of the nicotine patch or nicotine gum therapy for smoking cessation
C. Give key advice on successful quitting	Abstinence: Total abstinence is essential. Not even a single puff after the quit date. Alcohol: Drinking alcohol is highly associated with relapse. Those who stop smoking should review their alcohol use and consider limiting or abstaining from alcohol use during the quit process. Other smokers in the household: The presence of other smokers in the household, particularly a spouse, is associated with lower success rates. Patients should consider quitting with their significant others and/or developing specific plans to maintain abstinence in a household where others still smoke.
D. Provide supplementary materials	Source: Federal agencies, including the National Cancer Institute and the Agency for Health Care Policy and Research; nonprofit agencies (American Cancer Society, American Lung Association, American Heart Association); or local or state health departments. Selection concerns: The material must be culturally, racially, educationally, and age appropriate for the patient. Location: Readily available in every clinic office.

Prevention & Treatment

Smoking cessation reduces the risks of death and of myocardial infarction in people with coronary artery disease; lessens the risk of stroke; slows the rate of progression of carotid atherosclerosis; and is associated with improvement of chronic obstructive pulmonary disease (COPD) symptoms. On average, women smokers who quit smoking by age 35 add about 3 years to their life expectancy, and men add more than 2 years to theirs. Smoking cessation can increase life expectancy even for those who stop after the age of 65.

Although tobacco use constitutes the most serious common medical problem, it is undertreated. Almost 40% of smokers attempt to quit each year, but only 4% are successful. Persons whose doctors advise them to quit are 1.6 times as likely to attempt quitting. Over 70% of smokers see a physician each year, but only 20% of them receive any medical quitting advice or assistance. Factors associated with successful cessation include having a rule against smoking in the home, being older, and having greater education. Several effective interventions are available to promote smoking cessation, including counseling, pharmacotherapy, and combinations of the two. The five steps for helping smokers quit are summarized in Table 1-4 and the common elements of supportive smoking treatments in Table 1-5.

Table 1-5. Common elements of supportive smoking treatments.

COMPONENT	EXAMPLES
Encouragement of the patient in the quit attempt	Note that effective cessation treatments are now available. Note that half the people who have ever smoked have now quit. Communicate belief in the patient's ability to quit.
Communication of caring and concern	Ask how the patient feels about quitting. Directly express concern and a willingness to help. Be open to the patient's expression of fears of quitting, difficulties experienced, and ambivalent feelings.
Encouragement of the patient to talk about the quitting process	Ask about: Reasons that the patient wants to quit. Difficulties encountered while quitting. Success the patient has achieved. Concerns or worries about quitting.
Provision of basic information about smoking and successful quitting	Inform the patient about: The nature and time course of withdrawal. The addictive nature of smoking. The fact that any smoking (even a single puff) increases the likelihood of full relapse.

The Ironman Challenge

Awakening the Iron Will Hidden Inside Us

*"With what stones, what blood, what iron
With what fire are we made
Although we seem made of plain cloud ..."*

Extract from the poem "Sun the First" by Odysseus Elytis - Nobel Prize in Literature, 1979

Our colleague Richard Bursnoll is a Senior Project Engineer (Planning) based in Athens working in the Construction Support and Quality Department. Richard has been with us for the last three years. Very impressed by his amazing sports endeavours we thought we should learn more about what it takes to be an "Ironman" and Richard kindly agreed to shed some light on the sport and his training routine.

What is your sport and for how long have you been involved with it?

I am an Ironman. I took the plunge four years ago, and agreed over coffee, to start the Ironman journey with two friends. An Ironman event is a long distance triathlon and involves a 3.8km swim, a 180km cycle and a 42km run; i.e. a marathon. This is done in one continuous effort. I didn't immediately decide to complete the 'big one' at first, just taking part in smaller distance triathlons, however as I approached age fifty I decided to embrace the challenge, before I started my second half century!

Have you always been a sportsman?

I am not a fitness fanatic and up until my early forties, I was a smoker. However as my mid-forties loomed I knew that my lifestyle had to change. This was because my father suffered from strokes in his early thirties because of stress and I didn't and don't want to be affected in a similar manner. Stress is a silent killer and I have known too many people in their fifties where a poor lifestyle has contributed to ill health. So I tried to develop the idea to "look after my body, so it could look after me". I was never a sportsman in my early years, only picking up running at thirty when I found I was getting out of breath going up the stairs.

What benefits have you noticed from your sporting activities?

The benefits I have gained from being more active is a healthier lifestyle - treating life as a balance, where you have a balance of pain and pleasure. Pain being the pushing of yourself to do the exercise when you really aren't in the mood, and pleasure obviously the enjoyment of life - the eating, socializing and relaxing where



life is to be enjoyed. Too much of either is a poor balance and you pay the price, either making the family suffer if you do too much training or putting the dreaded weight on if you put the feet up too much! It is also good to set an example to my children and hope they can realize that being healthy takes work! At least it does when you get older!

What benefits has it had on work?

The training routine for the Ironman event varies within the thirty week training plan that I use, from 6 hours to 12 hours a week, half of which is taken up by the cycle training on a Sunday morning. Fitting in this training in the week is hard and has needed to be part of the routine, i.e. fitting this training in on the commute home. I have never been a fan of television so a lack of viewing time in the evening is fine, as it is reasonably late in the evening when I finish. So I find that I need an early night to get enough sleep in in particular at peak training time, which means that I am alert and awake when I do start work. The improved fitness also means that body is in a better shape to fight off infection, which is maybe why I have not had a sick day in the three years I have been at CCC.

The Ironman Challenge: Awakening the Iron Will Hidden Inside Us

FEATURE



What is your advice to your colleagues who have not taken up sports yet?

I started late in life with sport due to the effect I saw that ill health had on my father- perhaps maturity enabled that, or the weight finally starting to go on in my thirties as my friends told me in my slimmer youth it would do. Hence starting running at that age and picking up a bicycle at 48 when I hadn't been on one since I was perhaps 17, was daunting. However I soon realized I needed to "look after my body, so it could look after me" as nobody else would do it for me! Especially when you read about the statistics of smoking and its effect upon on the body especially in middle age. It is an addiction that is hard to stop, and yes I can still pick one up, but I feel so much better not doing so. My

advice would be to take an outside view of your lifestyle and where your fitness / lack of fitness will take you in life. If you have a family they get to benefit too, I am blessed that I can enjoy active holidays with my children but it does take a reasonable level of fitness. Whilst I took on a challenging event and continue to do the long distance triathlon events as it suits the sports I enjoy, it doesn't mean that this is for everybody. If the environment permits then walking and rambling and exercising in a manner that raises the heartrate slightly is good for the body - and perhaps refusing the extra afternoon biscuit too!

It has been an inspirational journey pursuing the Ironman triathlon. At the start I thought it was all about the body and the physical challenge, however training makes you realize that it is more

about developing the IRON WILL, the tenacity to keep going when the body is asking and screaming to stop. I'm not at the front of the pack, I'm two thirds back, but I'm still way in front of the guys still sitting on the couch. The outdoor swimming in England was tough as it is so cold. Indeed, when I first started training the cold water started my asthma off again after being dormant for years. However when I stood in central Manchester preparing to get in the so cold water (with wetsuit) a guy with one leg climbed out and was glowing from the cold and with how much he'd enjoyed the swim. He certainly made me evaluate my excuses / reluctance to "get in cold water" and still inspires me today. I mean really, I have so much to be grateful for and the journey is worth it.

CCC, Winner of the Best Company in Qatar for Occupational Health

FEATURE

On the 28 April 2018, CCC was awarded the “Best Company in Occupational Health in Qatar”. The award selection committee that chose CCC as its winner combines engineers from the Ministry (ADLSA), the Public Works Authority (ASHGHAL) and is chaired by the Vice President of the Qatar Chamber of Commerce. Competing for the award were registered companies in Qatar.

The award was presented by the Minister of Administrative Development, Labour and Social Affairs HE Dr Issa Bin Saad Al Jafali Al Nuaimi and HE Muhammed Bin Ahmed Bin Towar Al Kuwari Vice President of the Qatar Chamber of Commerce and was received by Oussama El Jerbi, Qatar Area Managing Director, on behalf of CCC.

The award was presented during the opening ceremony of the Second Conference for Occupational Safety and Health that coincided with the International Labour Organization’s World Safety and Health Day. In attendance were high level executives from the private and public sectors in the State of Qatar. This award comes in the wake of recent health and safety achievements by CCC projects in Qatar that were recognised by CCC’s clients and the ministry.

While it is critical that safety is maintained at the forefront and throughout all that we do,



occupational health is its enabler. Any successful HSE management system should have an effective occupational health component. The occupational health programmes implemented on the projects in Qatar involve strict compliance with the country laws, the various clients’ requirements and the CCC HSE Management System requirements. It includes the following key elements:

- Establishing licensed site based medical facilities that provide treatment to the workforce, manned 24 hours, 7 days a week by qualified medical staff.
- 100% post-employment and pre-deployment medical screening for all workers and staff to ensure medical fitness and establish a baseline.
- Periodic medical screening as part of the health surveillance for all the critical-to-safety



CCC, Winner of the Best Company in Qatar for Occupational Health

positions on the project including welders, scaffolders, riggers, drivers, operators, personnel using breathing apparatus and others as identified by the project specific risk assessment. (Examples include workers inside special confined spaces and personnel assigned to handling chemicals).

- Establishing audiometric baselines for workers exposed to high noise activities and introducing adequate engineering and administrative controls.
- Noise and dust monitoring on a weekly basis.
- Ergonomics and monitoring. (Examples include work benches, manual handling training and selection of power tools with ergonomic design).
- Working in confined space programmes. This includes continuous monitoring of atmospheric gases to ensure the safety of the air quality for entrants.
- Fit testing for workers using respirators.
- Comprehensive, site specific heat stress prevention plans.
- Radiation protection plans for those workers carrying out NDE works.
- Welfare facilities provided for the workers at the work locations that are maintained in good working conditions (sufficient and close to work location toilets, rest shelters, drinking water stations, cool down rooms and first aid stations).
- Monthly health education programmes run by the projects' HSE and medical teams whereby health educational topics are discussed with the workers to raise awareness. Examples include: diet control (for hypertensive and diabetic patients), health precautions for working in hot weather, the importance of exercise, the importance of health monitoring and surveillance, among others.
- The projects also utilize the weekly mass

toolbox talks to disseminate frequent messages about occupational health to the workforce.

The programmes are frequently audited by various clients and have always been commended for being thorough and in most cases exceeding expectations.



As an example, the CCC site for the Water Mega Reservoir Project has been recognised by Kahramaa (the Electricity and Water authority in Qatar) as a role model. Other contractors working on the Water Mega Reservoirs Programme for Kahramaa have been invited by the client to CCC's site to learn about the occupational health programme being implemented. The Water Mega Reservoirs - Package A Project achieved more than 29 million safe man-hours and Package C achieved more than 26.5 million safe man-hours.

Another example is the Msheireb Doha Downtown - Phase 4 (MDP4) Project that was commended by the MADLSA inspectors for its occupational health programme implementation. MDP4 Project achieved more than 15 million man-hours safely. In addition, some of the HSE Staff in Qatar have been recognised by clients for their contributions to the occupational health programmes implementation on projects.

The award came as recognition of all those efforts demonstrating that CCC's commitment to the health, safety and the overall wellbeing of its workers is an unwavering one.

Jazan Projects Employee Wellness Programme

Jazan IGCC Project - SARU (PKG 1) & JSRU (PKG 2)

FEATURE

Introduction

Wellness is the integration, balance and harmony of mind, body, spirit and emotions where the whole is always greater than the sum of the parts for optimal health. In some cultures the focus on wellness tends to place the greatest importance on physical health, because this is the easiest to measure. Yet, by ignoring one or more of the other components we do a great injustice to our overall well-being. Simply stated, we compromise our quality of life.

Unsound and risky advice on different dimensions of wellness, especially on diet and exercise are aplenty on social media. There is growing concern that too many people are opting for the current buzz on social media and are not after scientific thinking and advice. From crazy diets to risky gym routines, the web is awash with pseudo experts offering advice with potentially dangerous consequences. Everybody is concerned about their health and searches for the right means of achieving wellness. However, seeking professional advice is not always feasible for the vast majority of us given the modern mode of living.

Definition of Wellness

Wellness is “an active process of becoming aware of and learning to make choices (healthy choices)”, says Wellness Proposals, an independent wellness consultant. Wellness means more than simply not being ill; it focuses on keeping your body in good condition so it runs more efficiently and you stay well longer. True wellness is proactive; recognize that you have mental, physical and social needs to operate at top functionality.

Definition of a Wellness Programme

A wellness programme is any programme implemented by an employer to improve the health of its labour force. A good wellness programme also helps individual employees overcome specific health-related issues. You can provide mandatory staff training, employee seminars or even operate through a third-party provider with a range of programmes. Often, employers are willing to foot the bill because health and wellness directly affect productivity and profits.



Jazan Projects Employee Wellness Programme



Why Should We Care About Wellness?

Wellness programmes include activities such as company-sponsored exercises, weight-loss competitions, educational seminars, tobacco-cessation programmes and so on, and health screenings that are designed to help employees eat better, lose weight and improve their overall physical health. Employees can benefit from wellness programmes through lower health insurance premiums, decreased out-of-pocket medical expenditures and an increased sense of well-being. Besides the moral obligations and social responsibility, there is proven ROI for businesses in terms of reduced healthcare costs, market differentiation and higher employee productivity and retention.

Employee Health and Wellness Programme “Fitness”

Company-sponsored fitness programmes encourage employees to live more active lifestyles. Some programmes involve on-site fitness instructors and trainers that conduct fitness classes before or after work hours or during the lunch break. Other programmes partner the company with a local fitness facility



wherein employees receive large discounts on membership and services. A fit workforce can result in improved job satisfaction and a feeling of well-being among workers. These programmes often include a nutritional advice component where employees have periodic access to a registered dietitian. A dietitian can design a nutritional programme that helps employees more effectively achieve fitness goals.

Employee Health and Wellness Programme “Weight Loss”

Obesity causes lower productivity and higher absenteeism in the work place. Because of its link to diseases, such as cardiovascular disease, hypertension and joint pain, employee wellness programmes focusing on weight loss have become a popular addition to the benefits package of many businesses. These programmes consist of counsellors and registered dietitians who advise employees on the best nutrition strategy and exercise programme for them. Some have an online component where participants can track their progress and receive confidential feedback and support. Employees learn how to plan menus and choose foods that augment their efforts to lose weight rather than hinder them. People with normal weight and good nutrition reduces the health care costs of a business and increase overall productivity.

Employee Health and Wellness Programmes

1. Arranging outdoor games tournaments among the employees.
2. Health awareness weekly classes by the clinic doctor.
3. Employee regular health and fitness check-ups by camp clinic.
4. Open areas for jogging and running.
5. Gymnasium for the project employees.
6. World Diabetes Day - 14 November.

Wellness Telegrams from the Construction Site

FEATURE

Preamble

As per CCC policy and of our Regional Manager, and in support of the welfare of our employees on the TGPC EPC03-1151 Project in Algeria, the site management arranged for a wellness programme on site, and a specialist dietitian/trainer was brought to site for one week to perform a body mass index test for selected heavy weight staff and labourers, followed by a tailored training programme and a diet menu.

The specialist visited the site on a weekly basis over a period of three months in order to monitor and support the workforce who joined the wellness programme.

A group of 30 staff and labourers was therefore created and divided into subgroups of 10 employees to attend the programme on a daily basis throughout three training sessions from 7 to 10pm.

Trainer Identification

- **Name:** Ismail
- **Family Name:** Boumasaoud
- **Profession:** Police and Self Defense Trainer
- **Qualifications:** A former world champion in mixed martial arts who has won several Algerian tournaments in Kickboxing and Brazilian Jujitsu

Fitness Programme

- **Sunday, 18 February 2018:** Muscle formation for 45'
- **Monday, 19 February 2018:** Cardio + burn fat for 45'
- **Tuesday, 20 February 2018:** Jump movements + flexibility + fat burning for 45'
- **Wednesday, 21 February 2018:** The speed of the cardio is 45'
- **Thursday, 22 February 2018:** Build muscle for 45'
- **Friday, 23 February 2018:** Cardio + fat burning + flexibility movements 45'



Employees during the training sessions.

Wellness Telegrams from the Construction Site

Diet

A cup of warm water first thing in the morning.

The First Meal

- 05 egg whites; 50g oats; a cup of skimmed milk; a green apple.

The Second Meal

- 150g scallops; a green apple.

The Third Meal

- 200g rice; 250g scallops; salad.

The Fourth Meal

- Five egg whites; tuna tray; a green apple.

The Fifth Meal

- 250g of purified vegetables; 200g scallops.

Note: 4-5 liters of drinking water per day.

Healthy food

At the beginning of the week, each member receives his share of oats, skimmed milk and apple.

And the remaining meals are prepared specifically for the programme members and distributed on time.

FEATURE



Employees during the training sessions.



Employees during the last training session with the specialist.



UAE

Internship & Career Fair, Sharjah

AREA NEWS

On Tuesday, 10 April 2018, CCC participated in the Internship and Career Fair 2018, which was organized and hosted by the University of Sharjah.

It was a full-day event held on the university campus located in Sharjah. There was a total attendance of 58 local and international companies offering various jobs and internship opportunities, as well as a large number of interested students and graduates inquiring about the different companies and gathering information about their vacancies.

The CCC stand attracted a vast number of enthusiastic applicants, eagerly seeking training opportunities to kick start their careers, in addition to a number of experienced job seekers looking to further advance their careers with the company. CCC met and collected resumes for numerous applicants of this generation's promising youth.

The event concluded with a distribution of participation certificates.



Middle East Economic Digest (MEED) Project Awards 2018

UAE



The award ceremony took place on 2 May 2018 in the ballroom of the Westin Mina Seyahi, Dubai.

Oil & Gas Project of the Year: Khazzan Project, Oman

The giant Khazzan gas field in Oman won first place after competing against several oil and gas projects in the region. The successful completion of Khazzan Phase 1 in 2017 was a major milestone for British Petroleum (BP), Petrofac and CCC.

Editor's Award for Innovation: Dubai Opera Project, UAE

Our UAE team has received one of the highest honours by winning the MEED Editor's Award for Innovation of the Year 2018.

The Dubai Opera House Project has been honoured the innovation project of the year which recognizes companies that are raising the standard for innovations in project execution across the region. Judging criteria cover economic and social impact, environmental impact, and engineering, design and construction achievements.

It was a double celebration for the team behind the project as it also won the national Winner for GCC Leisure & Tourism Project of the Year award.

CCC's UAE Managing Director George Haddad and an area management team including Munif Mahamud and David Skinner were honored at the ceremony.

AREA NEWS



"We are pleased to see our construction team recognized by MEED with innovation awards," said Walid Salman, CCC Regional Director.

"They stand as a testimonial to CCC's commitment to innovation and quality during project execution."

“Thank You” From the KM Team



The Knowledge Management Department's mission is to promote knowledge sharing and encourage innovation. Our success is reliant on the knowledge contributions from various CCC staff members. All these contributions are captured in the KM portal, Fanous (<https://km.ccc.gr/>). The best measure of success is when a CCC staff member uses knowledge available in Fanous for the benefit of the company or when a group of CCC staff members collaborate via Fanous to solve a problem and come up with an innovative solution. We would like to thank several CCC staff members who through their contributions this year enabled us to advance in our mission.

At the beginning of the year 2018 we launched the Lessons Learned portal in Fanous and migrated all available lessons so that all Fanous members could read existing lessons as well as contribute new lessons. Many thanks to the new Construction Support Department management and especially Wissam Abu Taha who helped tremendously in the transition process. Thank you, Tarek Halabi; Bashar Elias and Ayman Shabrawy for sharing several valuable lessons.

We held several collaboration meetings to address some hot topics such as “MEP Performance Improvement”. Many thanks go to Sameh Grace; Jebri Abu Eisheh; Reebal Shakhtour; Georges Karitem and Ayman Hamad for their valuable input on this topic. Similarly, many thanks also go to Waleed Aly Elsayd; Firas Hijazi and Nabeel Beidas who performed analysis on timesheet data from several on-going projects and provided the input for a study on Timekeeping Process Improvement.

Cost Control and Productivity Improvement are always topics of great interest. We received many contributions on both topics this year. Thank you, Rabih Shraiteh; Tareq Ashhab; Murad Dahdouh and Mohammad Nasser for your articles.

Our regular webinars were very popular. Selection of the topics for all these webinars were by Fanous members. Some webinars attracted over one hundred participants like the one on “Estimate Preparation Overview” by Watheq Haddad and the one on “Utilization of 4D in Construction Baseline Schedule” by Ibrahim Mansour and Wissam Abu Taha. All these webinars are recorded and available in Fanous.

Thank you, Ziad Alim for the contributions on the six sigma process. We thank lyad Zimmo for the articles that provided practical tips on how to work as a team, and on the effect of acceleration and disruption on productivity as well as the feedback on an innovative rendering machine.

Muhammad Suleiman Aldaoud has always been a great supporter of the KM initiative. He continued to encourage his project team to contribute to Fanous. He is dedicating the time to share his experience and answer many questions that are raised in Fanous. Thank you.

Finally, we are very grateful to our senior management for their continued support for the KM initiative. Special thanks go to Imad Khalid who is constantly sharing with us best practices, lessons learned and encouraging his projects to contribute knowledge to Fanous.

CCC Volunteering Program



I ask you all to sit back and think how happy you were when you helped someone in need or when you visited a sick person in a hospital or when you simply gave a kind smile to a suffering soul.

CCC is starting this Volunteering Program with a set of policy and procedures to try and encourage our workforce to do more volunteer work in an organized and more efficient way. In turn, CCC will provide both the necessary time and resources.

Some of the programs we have chaired in Greece and other CCC areas of operation are:

- Youth Training
- Refugee Assistance
- Innovation
- Restoration
- Hygiene
- Forest Cleaning and Reforestation.

I urge you all to be part of this initiative. As a wise man once said: "Those who are happiest are those who do most for others".

Please find below the Facebook links to our two newly launched CSR projects in Greece and Lebanon:

Inclusion of Refugee Children through Art Education; Everyone together at the Museum – Greece

<https://www.facebook.com/ConsolidatedContractorsCo/photos/rpp.271063176673225/541370299642510/?type=3@theater>

Photography Training; Building a Better Future for Palestinian Youth – Lebanon

<https://www.facebook.com/ConsolidatedContractorsCo/posts/533897763723097>

This is also to let you know that the inauguration of CCC's Pilot Volunteer Program is taking place in Athens on October 19, 2018.

In addition we are in the process of developing two new CSR projects one for the MENA and the Gulf Region and one for Africa (Mozambique).

R. NASSER

CSR News

Contribution to CSR Initiative

CCC's corporate giving strategy is to improve the social and economic livelihood of marginalized and underprivileged communities. CCC staff are welcome to suggest activities that are in line with CSR's theme priorities: **1)** education (formal and vocational training); **2)** science, technology and innovation; **3)** health; **4)** humanitarian aid and relief. CSR can be contacted via email at csr@ccc.net.

CSR HAS A NEW LOGO & SLOGAN

The new logo and slogan represent CCC's genuine belief in caring and giving back to society and to its employees. Throughout the history of the Company, CCC's philanthropy has been embedded in the founders' beliefs and values. To them, business success was measured by more than growth and profits and always came in second to employee wellbeing and social investment in the communities where CCC conducts its business.

The new CSR logo and slogan stem from CCC's core values, the human element of caring, team building, communication, and the connection between CCC and communities.

KAZAKHSTAN

CCC donated 1 million Tenge to the Gymnastics Federation in Atyrau which was used to buy special gymnastic swimsuits for the regional team. The head of the gymnastics federation in Atyrau was deeply grateful to Hisham Kawash and CCC for their donation.



CCC & Its Staff Help the Poor & the Disabled



OMAN

During Ramadan, CCC Oman in coordination with “Ithar for Volunteering” and “Basmat Amal” associations organized a fundraising campaign to collect donations from employees. 30 CCC volunteers purchased, packed and labeled the boxes of food supplies before distributing them to 513 needy families living in different neighborhoods of Muscat. Through this successful initiative the 30 volunteers spent in total 237 volunteering hours and had the opportunity to establish relationships with the charitable societies for upcoming events.



GREECE

Spring Cleaning and Much More: the CSR Team in cooperation with ‘Desmos’ organized a second food and clothing drive in the beginning of June under the theme “Spring Cleaning and Much More”. Through this successful initiative all the donations provided much needed assistance to vulnerable groups and welfare organizations that are in a time of great need. CCC staff donated summer clothing, non-perishable food, cleaning supplies and baby equipment and food. All the donated goods were distributed by Desmos to certified organizations and institutions.



KAZAKHSTAN

During the month of Ramadan, CCC with the help of Atyrau Association for Disabled People organized a charity event for pensioners, disabled and low-income inhabitants of the Atyrau region. The first part of charity event took place on 18 May, in Balykshy city, where CCC Deputy Director Amin Mushtaha and Executive Director Ryskali Sisatov gave 75 vouchers worth 1,125,000 KZT to people who are in great need. The second part of the event took place on 26 May in Qulsary city, where an additional 75 vouchers were given to poor people. With these vouchers many people had the opportunity to purchase basic supplies such as milk, meat, rice, and so on from a local grocery store.

The charity event was covered by the media for local newspapers and local national channels. An article in “The Caspian Commune” newspaper stated that Consolidated Contracting Engineering & Procurement SAL – Offshore was one of the first companies that responded to the request and provided such tangible support immediately. Furthermore, this charity event was posted on Instagram, where several people were able to express their great appreciation.



Cultural Diversification & Tolerance in Kazakhstan



The core values of CCC were highlighted during a staff Iftar in Kazakhstan which was held and attended by Samer Khoury and Hisham Kawash.

The Head Imam of Atyrau Imanghali Mosque and Head Priest of Atyrau Church were also invited. During the gathering, the Imam spoke about the meaning of fasting, the strong bond between God and his followers, and the importance of unity of the human race despite their cultural, racial and religious differences.

The Head Priest of Atyrau Orthodox Church advised the audience to have tolerance towards other religions and to learn to respect representatives of other faiths.

The concluding speech was delivered by Samer Khoury who talked about CCC's values and gave his best wishes.

The gathering encouraged team spirit among the employees while the management talked about the bright and positive perspectives of CCC's future. The mission of the Iftar gathering was to embrace cultural diversification, tolerance and respect of other religions and opinions and to motivate staff to reach the goals and the objectives of CCC.

W. ARAFEH

Employee Appreciation in Oman



During Labour Day, 1 May 2018, Bassam Addada, Oman Area Managing Director, sponsored an annual celebration to honour and acknowledge CCC's appreciation of 27 outstanding employees for the year 2017.

The recognition comes as an appreciation of the company's management for the efforts exerted by these employees during the past year in various administrative and technical departments of the company.

Engineer Bassam said:

"This recognition stems from the management's keenness to recognize outstanding employees and appreciation for their efforts to provide the best services and urge them to exert more diligence to improve the level of service."

He stressed the importance of developing the skills of the Omani staff to enable them to take more leadership positions.

Engineer Bassam Addada honoured the employees with certificates of appreciation for their efforts in various aspects of professional practices.

CCC UK Beach Volleyball Team Wins Tournament

The CCC Travel team, consisting of Sam Khan, Milton Fernandes, Rami Hraiki, Mark Kontopoulos and Gabi Kontopoulos are happy to announce having won the SkyTeam Beach Volleyball Tournament. The tournament took place in mid-June in Brighton, England and teams from all over the UK participated.

Congratulations! They will be flying to Rimini (Italy) for the European Champions Tournament on the 22-23 September 2018.

SPORTS & LEISURE



See our medal winners, centre left of the picture!



Baby Boys

Hobiquul Islam (JRTE, Saudi Arabia) and his wife Zakia Islam Juie are pleased to announce the birth of their first baby boy named **Riyajul Islam Aryan**. He was born on 30 October 2017 in Sunamganj, Sylhet, Bangladesh.

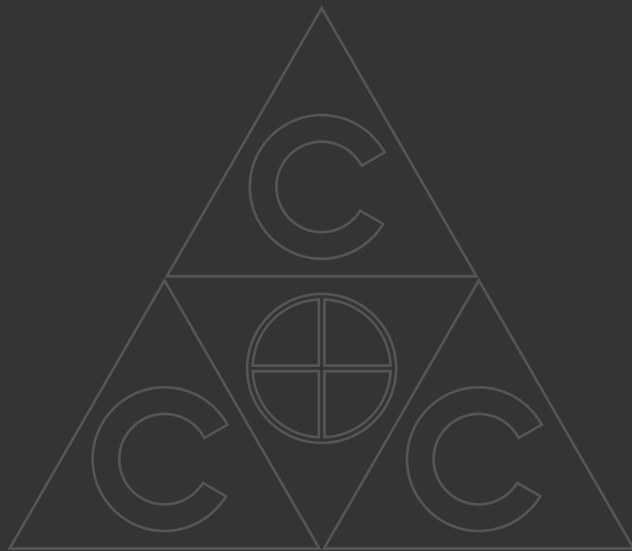
Khalid Jamil Khan (JRTE, Saudi Arabia) and his wife Tarannum Jamil are pleased to announce the birth of their second baby boy named **Aahil Jamil Khan**. He was born on 10 November 2017 in Bikramganj, Bihar, India.

Rami Othman (BVTP, UAE) and his wife Om Yazan are very happy to announce the birth of their third baby boy named **Jad**. He was born on 16 January 2018 in UAE

Babar Hayat (JRTE, Saudi Arabia) and his wife Azra Babar are pleased to announce the birth of their son, **Mohammad Haseeb**. He was born on 17 March 2018 in Munara Chakwal, Pakistan.

Shahnawaz Shaikh (DMIA Project, Oman) and his wife Nigare take immense pleasure in informing us of the birth of a cute and healthy baby boy. He was born on 30 April 2018 and is named **Zehran Nawaz**.

Mohammad N. Ansari (RAHP, Qatar) and his wife are very glad to announce the birth of their second child, a boy named **Mohammad Asif Nezam**. He was born on 15 May 2018 in the Women's Wellness Research Hospital, Doha, Qatar. All the family are very happy with the new arrival.

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