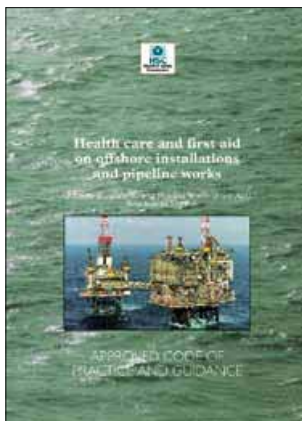


Health care and first aid on offshore installations and pipeline works

Offshore Installations and Pipeline Works (First-Aid) Regulations 1989

Approved Code of Practice and guidance



This is a free-to-download, web-friendly version of L123, (second edition, published 2000).

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The Regulations and Approved Code of Practice in this book are aimed at duty holders to ensure that they understand and provide adequate first aid and basic health care provision for all personnel, including visitors, who are injured or become ill while on offshore installations in the UK.

It considers the role and responsibilities of offshore medics and offshore first-aiders as well as training objectives and the assessment of basic first aid and healthcare needs.

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This Code has been approved by the Health and Safety Executive, with the consent of the Secretary of State. It gives practical advice on how to comply with the law. If you follow the advice you will be doing enough to comply with the law in respect of those specific matters on which the Code gives advice. You may use alternative methods to those set out in the Code in order to comply with the law.

However, the Code has a special legal status. If you are prosecuted for breach of health and safety law, and it is proved that you did not follow the relevant provisions of the Code, you will need to show that you have complied with the law in some other way or a Court will find you at fault.

This document also includes other, more general guidance not having special status. This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance as illustrating good practice.

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Notice of approval

By virtue of section 16(4) of the Health and Safety at Work etc Act 1974, and with the consent of the Secretary of State for the Environment, Transport and the Regions, the Health and Safety Commission has on 5 October 2000 approved the revision of the Code of Practice entitled *Health care and first aid on offshore installations and pipeline works*.

The Code of Practice is approved for the purpose of providing practical guidance with respect to the requirements of the Offshore Installations and Pipelines Works (First-Aid) Regulations 1989.

The Code of Practice comes into effect on 2 April 2001. With effect from that date the first edition of the Code of Practice shall cease to have effect.

Signed:

AVRIL ADAMS
Secretary to the Health and Safety Commission

16 October 2000

Preface

The Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR)(SI 1989/1671) require duty holders to ensure adequate first-aid and basic health care provision for all personnel, including visitors, who are injured or become ill while on offshore installations or pipeline works.

This publication has been prepared to help duty holders understand and comply with the Regulations and offers practical advice on what they might do. It contains the Regulations themselves (as amended in 1993, 1995 and 1999), a revised Approved Code of Practice (ACOP) and revised guidance. It replaces the ACOP and guidance published in 1990.

For convenience, the text of the Regulations is in *ITALIC type*, with the accompanying ACOP in **BOLD roman type** and guidance in NORMAL roman type.

In the instances where other statutes or publications are referred to in this ACOP and guidance, the title of the document is followed by a superscript reference number. Full details of the publication may be found by looking up the number in the list of references at the back of this publication.

Introduction

- 1 This publication has been prepared following widespread consultation with associations representing offshore operators, owners and contractors; offshore unions; other interested organisations; and government departments.
- 2 The Regulations, ACOP and guidance deal with securing effective arrangements to meet first-aid and basic health care needs offshore.
- 3 These Regulations complement various other health and safety requirements which also apply to offshore operations. The rest of this Introduction describes how the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR)¹ fit in with general health and safety legislation and with certain offshore-specific regulations.

General health and safety legislation

- 4 The Health and Safety at Work etc Act 1974 (HSW Act) places general duties on all employers to ensure, so far as is reasonably practicable, the health, safety and welfare of their employees and the health and safety of others who might be affected by the way they carry out their undertaking (HSW Act, sections 2 and 3).
- 5 These general duties are supported by the Management of Health and Safety at Work Regulations 1999 (Management Regulations)^{2,3} which require employers to undertake and, where appropriate, record risk assessments for the purpose of identifying the measures needed to prevent or control the risks to employees or others. The information gathered from risk assessments will help duty holders assess the level of first-aid and basic health care provision needed to comply with OFAR.
- 6 The Management Regulations also require employers to appoint competent people to help them with health and safety measures. Such competent people will include offshore medics and offshore first-aiders appointed under OFAR.

Safety Case Regulations

- 7 The Offshore Installations (Safety Case) Regulations 2005 (SCR05)^{4,5} require a safety case to be submitted for acceptance by the Health and Safety Executive (HSE) for each offshore installation.
- 8 Regulation 12(1)(a)(i) of SCR05 requires the safety case to include a demonstration of the adequacy of the safety management system (SMS) to ensure compliance with health and safety requirements. The arrangements for first aid and basic health care should form part of the SMS.

Prevention of Fire and Explosion, and Emergency Response Regulations

- 9 The Offshore Installations (Prevention of Fire and Explosion, and Emergency Response) Regulations 1995 (PFEER)^{6,7} set out requirements for securing effective emergency response in the event of incidents affecting offshore installations. This includes both major accidents and some lesser incidents, such as injury or illness to people who then need urgent evacuation for medical treatment or recuperation. First-aid and emergency medical provision will normally form part of emergency response.

10 Regulation 8 of PFEER requires an emergency response plan to be prepared which sets out the organisation, and arrangements and procedures for dealing with an emergency on the installation. The plan needs to provide details of the role and responsibilities of those with specific duties in an emergency, including offshore medics and offshore first-aiders, as well as the general procedures for everyone on the installation. It should be produced in consultation with the people who are likely to have a role in implementing the plan.

Management and Administration Regulations

11 Regulation 8 of the Offshore Installations and Pipeline Works (Management and Administration) Regulations 1995 (MAR)^{8,9} requires everyone to co-operate with the operator or owner of an offshore installation and the employer of people engaged in connected activities, so far as is necessary to enable them to fulfil their legal responsibilities, including their responsibilities under OFAR. The duty to co-operate falls on everyone on the installation and their employers, as well as anyone who has agreed to provide medical support.

12 MAR also amended some of the general definitions used in OFAR. See paragraphs 16 and 17 for further guidance on the revised definitions.

Offshore Safety Representatives and Safety Committees Regulations

13 Regulation 23 of the Offshore Installations (Safety Representatives and Safety Committees) Regulations 1989^{10,11} requires duty holders and other employers to consult safety representatives on health and safety arrangements. This includes mandatory consultation of safety representatives over the preparation of installation safety cases and their subsequent amendment (see paragraphs 7 and 8 above).

Regulation 1 Citation and commencement

Regulation 1

These Regulations may be cited as the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 and, subject to the provisions of regulation 5(2) (b) below, shall come into force on 13th September 1990.

Regulation 2 Interpretation

Regulation

In these Regulations, unless the context otherwise requires -

“the 1974 Act” means the Health and Safety at Work etc. Act 1974;

“the 1989 Order” means the Health and Safety at Work etc. Act 1974 (Application outside Great Britain) Order 1989^(a);

“the 1995 Regulations” means the Offshore Installations and Pipeline Works (Management and Administration) Regulations 1995;

“first-aid” means -

(a) in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until the appropriate help is obtained; and

(b) treatment of minor injuries or illnesses which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse (in this sub-paragraph “treatment” includes redressing and other follow-up treatment);

“offshore installation” has the same meaning as in regulation 3 of the 1995 Regulations;

“person in control” means -

(a) in relation to an offshore installation, the person who is the duty holder as defined by regulation 2(1) of the 1995 Regulations for the purposes of those Regulations;

(b) in relation to pipeline works, the owner of the pipeline or the proposed owner of the proposed pipeline as both are defined in section 33(3) of the Petroleum and Submarine Pipe-lines Act 1975^(b) or, if no person has been designated as the owner of the pipeline or proposed owner of the proposed pipeline in pursuance of the said section 33(3), the person in whom the pipeline is vested or the person for whom it is to be constructed;

(c) in relation to an activity in connection with an offshore installation -

(i) the person who is, in relation to the installation, the duty holder as defined by regulation 2(1) of the 1995 Regulations for the purposes of those Regulations; and

(ii) the employer of persons engaged in that activity;

(a) S.I. 1989/840.

(b) 1975 c.74.

Regulation

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“pipeline” means any pipeline or part of a pipeline in relation to which sections 1 to 59 and 80 to 82 of the 1974 Act are applied by article 5 of the 1989 Order [ie article 6 of the 1995 Order] and any pipeline or part of a pipeline which is connected to it or to an offshore installation and which is in, under or over inland waters within Great Britain or tidal waters and parts of the sea in or adjacent to Great Britain;

“pipeline works” means any of the works mentioned in sub-paragraphs (a) to (d) of the definition of pipeline works in article 5 of the 1989 Order [ie article 6 of the 1995 Order] which relate to a pipeline within the meaning of these Regulations;

“sick bay” means a room for the medical treatment and care of sick and injured persons.

Guidance

2

14 The Health and Safety at Work etc Act 1974 (Application outside Great Britain) Order 1995¹² revoked and re-enacted the 1989 Order with modifications. References in OFAR to the 1989 Order should be construed as referring to the appropriate parts of the 1995 Order.

15 The definition in OFAR of ‘first-aid’ is wide, particularly in including the treatment of minor illnesses. This definition is important in understanding the scope of duty holders’ responsibilities which go beyond first aid.

16 The Offshore Installations and Pipeline Works (Management and Administration) Regulations (MAR) 1995 (the 1995 Regulations) introduced a new definition of an ‘offshore installation’ and modified the definition of ‘person in control’. Further details are set out in the guidance to MAR, regulation 3.

17 The ‘duty holder’ is defined in regulation 2(1) of MAR. Detailed guidance is set out in the guidance to MAR, regulation 2.

18 In relation to pipeline works, the person in control is not necessarily the same as the pipeline ‘operator’ defined in regulation 2(1) of the Pipelines Safety Regulations 1996.

19 The term ‘person in control’ is used in the ACOP and supporting guidance to refer to ALL duty holders.

20 The reference to section 33(3) of the Petroleum and Submarine Pipe-lines Act 1975 should be read as a reference to section 27 of the Petroleum Act 1998 which replaced it.

21 The definition in OFAR of ‘pipeline works’ excludes diving operations by only referring to sub-paragraphs (a) to (d) of article 5 of the 1989 Order (see paragraph 14); this means that OFAR do not apply to diving projects in connection with pipeline works. (This definition of pipeline works should be construed as referring to article 6, sub-paragraphs (a) to (e) of the 1995 Order.)

ACOP

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22 In this Code of Practice, unless the context requires otherwise:

- (a) ‘offshore first-aider’ means a person who holds a current Offshore First-Aid Certificate issued by an organisation approved by the Health and Safety Executive (HSE) to train, examine and certify offshore first-aiders;**
- (b) ‘offshore medic’ means a person who holds a current Offshore Medic Certificate issued by an organisation approved by HSE to train, examine and certify offshore medics;**
- (c) ‘pipelaying barge’ includes a pipelaying vessel;**
- (d) ‘regularly present at one time’ means those numbers normally**

ACOP

- working on the installation or vessel, excluding periods when there are occasional and short-term fluctuations in the normal numbers, for example during seasonal well workovers or construction modifications;
- (e) ‘the Regulations’ means the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989;

and other words and expressions used which are also used in the Regulations have the same meaning as in the Regulations; words and expressions used which are also used in the Health and Safety at Work etc Act 1974, but not in the Regulations, have the same meaning as in the 1974 Act.

2

Regulation 3 Application of Regulations

Regulation

These Regulations apply to or in relation to premises and activities -

- (a) *in Great Britain which are or are connected with offshore installations or pipeline works, and*
- (b) *outside Great Britain in circumstances in which sections 1 to 59 and 80 to 82 of the 1974 Act apply by virtue of articles 4 and 5 of the 1989 Order [ie articles 4 and 6 of the 1995 Order].*

3

Regulation 4 Extension of meaning of “work” and “at work”

Regulation

For the purposes of these Regulations and of Part I of the 1974 Act, the meaning of “work” and “at work” shall be extended, in relation to the provision of first-aid and other medical assistance, the provision of advice in connection with health, and the provision of information in connection with all the foregoing, so that all persons employed or self-employed are treated as being at work whether or not they are on duty, if they are on -

- (a) *an offshore installation;*
- (b) *a vessel engaged in pipeline works, or*
- (c) *a vessel from which any of the following activities in connection with an offshore installation are being carried on, that is to say construction, reconstruction, alteration, repair, maintenance, cleaning, demolition, dismantling and any activity immediately preparatory thereto.*

4

ACOP
4

23 This Code of Practice has the same application as the Regulations.

24 The Regulations apply to:

- (a) offshore installations;
- (b) activities specified in regulation 5(1) (including construction, repair and dismantling), when carried out from a vessel in connection with offshore installations;
- (c) pipeline works (ie including the activities of laying, repairing, moving or removing a pipeline or a length of pipe);

within Great Britain waters, territorial waters adjacent to Great Britain and on the UK sector of the continental shelf.

25 OFAR require first-aid and basic health care facilities for everyone on an installation or engaged in any of the specified activities. However, this guidance indicates that offshore installations, pipelaying barges and heavy lift vessels involved

4

Guidance

in construction and related activities need their own facilities. People based elsewhere (eg carrying out maintenance work from a support vessel) should have access to facilities on the associated offshore installation, vessel or barge, but there is no requirement for the support vessel to provide its own facilities beyond those required by maritime law. Nor does the duty extend to the crews of such vessels.

Recovery and rescue

26 OFAR do not apply to vessels standing by offshore installations to assist in an emergency. The medical provision for standby vessels has been detailed in two sets of guidelines published by Oil and Gas UK (formerly the UK Offshore Operators Association Ltd).¹³

Diving

27 Under the Diving at Work Regulations 1997¹⁴ the diving contractor is required to provide first aid and medical equipment during a diving project. The person in control under OFAR is therefore entitled to assume that the diving contractor will provide the necessary people and facilities. But the person in control does need to cater for members of a diving team when they are not actively engaged in a diving project.

28 The Health and Safety Commission has published an Approved Code of Practice for Commercial Diving Projects Offshore.¹⁵

29 Regulation 4 makes it clear that where OFAR apply, the meaning of ‘at work’ covers workers at all times while they are offshore, both on-duty and off-duty. When assessing what arrangements, facilities and equipment are necessary for adequate first aid and basic health care, the person in control must consider everyone regularly accommodated on the offshore installation or vessel, whether employed or self-employed. The person in control should also provide treatment facilities for anyone who is injured or becomes ill while visiting the installation or vessel.

4

Regulation 5 Duty of Person in control

Regulation

(1) *The person in control of an offshore installation, pipeline works or any of the following activities in connection with an offshore installation carried on from a vessel, that is to say construction, reconstruction, alteration, repair, maintenance, cleaning, demolition, dismantling and any activity immediately preparatory thereto, shall -*

(a) *provide, or ensure that there are provided, such equipment, facilities and medications and such number of suitable persons as are adequate and appropriate in the circumstances for rendering first-aid to, and treating in accordance with the directions of a registered medical practitioner (who may or may not be present) persons who are injured or become ill while at work;*

(b) *provide, or ensure that there is provided, such number of suitable persons as is adequate and appropriate in the circumstances for giving simple advice in connection with the health of persons at work;*

(c) *make, or ensure that there are made, such arrangements as will enable -*

(i) *the work of the suitable persons referred to in subparagraphs (a) and (b) of this paragraph to be supervised by one or more suitably qualified registered medical practitioners, and*

5(1)

Regulation

5(1)

(ii) *the advice or presence, as appropriate, of a suitably qualified registered medical practitioner to be obtained when needed;*

(d) *ensure that persons at work are informed of the provisions and arrangements that have been made under sub-paragraphs (a), (b) and (c) of this paragraph, in particular, but without prejudice to the generality of the foregoing, as to the location of equipment, facilities, medications and personnel.*

ACOP

5(1)

Assessment of needs

30 The person in control should make an assessment of first-aid and basic health care needs appropriate to the offshore installation (including those normally unattended), pipelaying barge or other vessel on which there are activities under their control, to determine the type and scale of provision they need to comply with the Regulations.

31 However, as a minimum, all normally attended offshore installations, pipelaying barges and heavy lift vessels used in offshore construction, repair, dismantling or related activities should contain a sick bay. The size, layout, equipment, medications and facilities of the sick bay should be sufficient for the number of people regularly present at one time on the installation or vessel, and appropriate for the type of activity carried out.

32 The assessment of needs prepared under regulations 5(1)(a) and (b) must include an assessment of how many offshore medics and offshore first-aiders are required. This will normally indicate that an offshore medic needs to be available at all times. If only small numbers of people (eg 25 or fewer) are regularly present or if the installation or vessel has access to onshore medical services at all times, then continuous cover by an offshore medic may not be required. There must always be an adequate number of offshore first-aiders, both where an offshore medic is available and where there is no need for one. Arrangements should ensure cover for absence, especially of the offshore medic.

Guidance

5(1)

33 Regulation 5(1)(a) requires the person in control to provide adequate and appropriate arrangements for administering first aid and basic health care for people who are injured or become ill on an offshore installation, on a vessel engaged in pipeline works or on a vessel undertaking specified activities in connection with an offshore installation. This requires sufficiently trained and competent first-aid and medical personnel to be available, along with the necessary equipment, facilities and medications necessary to give assistance.

34 First-aid arrangements should be part of wider arrangements to manage health and safety and emergency response offshore. The risk assessment required by regulation 3 of the Management Regulations will feed into an assessment of first-aid and basic health care needs by identifying potential sources of injury and illness. The assessment required by regulation 5 of PFEER will also contribute. However, other factors also affect first-aid and basic health care needs (see Appendix 1). It would be helpful to record the findings of the assessment of health care and first-aid needs.

35 Though defined in regulation 2 as 'a room', sick bays should, if possible, have separate areas for patients to rest and recuperate. Sick bays must be kept clean (the cleanliness provisions of the Offshore Installations and Wells (Design and Construction etc) Regulations 1996, Schedule 116 apply to sick bays on installations) and in good order.

Guidance

36 Sick bays should normally be in the charge of an offshore medic or, if no medic is available, an offshore first-aider. Suitable security arrangements are needed for all medications controlled by the offshore medic or offshore first-aider (in the absence of an offshore medic).

37 In addition to equipment kept in the sick bay, offshore first-aiders should be provided with appropriate first-aid and medical equipment; this should be of a type with which they are familiar. Such equipment also needs to be provided at convenient locations on the installation or vessel where working conditions require it. It would also be helpful to provide both offshore medics and offshore first-aiders with HSE's leaflet *Basic advice on first aid at work*.¹⁷

38 First aid includes treatment to preserve life and minimise the consequences of injury or illness until medical or nursing help is obtained, as appropriate according to the nature of the injury or illness. When it is necessary to evacuate a casualty ashore to receive such help, the person in control must ensure that adequate arrangements are in place for the care of the casualty during evacuation.

39 In most cases, this will involve providing an offshore first-aider or offshore medic as escort (see guidance in Appendices 2 and 3). Where it is not possible or necessary to provide an escort from the offshore installation or vessel, the person in control should ensure, so far as possible, that attendant personnel are competent to provide an adequate level of care during evacuation. Once the sick or injured person has been transferred to the care of a hospital or other onshore medical facility, the person in control no longer has to provide for their needs.

40 Appendix 1 sets out some points for the person in control to consider when assessing what arrangements, facilities and equipment are necessary for adequate first aid and basic health care.

41 People in control need to review their first-aid and health care needs from time to time, particularly after any operational changes, to ensure that the provision remains appropriate.

Normally unattended installations

42 The assessment of needs is likely to indicate that there is no need for a sick bay on normally unattended installations; the same may be the case for first-aid equipment. However, if they are provided, arrangements must be made to maintain their effectiveness, since equipment left unattended may deteriorate.

43 Arrangements need to be made to provide cover for work crews visiting normally unattended installations. Normally, the assessment will indicate that the crew should include an offshore first-aider. If this is not the case, the assessment must consider the need for the crew to have:

- (a) basic first-aid training (see paragraph 46);
- (b) appropriate first-aid equipment which they have been trained to use; and
- (c) means for making contact with the appropriate person in case they need help.

Arrangements during the construction and dismantling of offshore installations

44 Arrangements should be made during the construction or dismantling of an offshore installation for all workers to have pedestrian access to medical and first-aid personnel, and to a sick bay on the installation or adjacent to it (eg by a bridge-linked flotel or heavy lift vessel).

Guidance

45 Where there is no sick bay on the installation, such first-aid materials as it would be reasonable to provide should be available, for example in any emergency shelter accommodation on the installation.

Basic first-aid training

46 Although not required by OFAR, it is recommended that all offshore workers who are not qualified offshore medics or offshore first-aiders should receive training in the basic principles of first aid, including resuscitation, the control of bleeding and management of unconsciousness. This would be especially valuable in the event of a major emergency or for small crews visiting normally unattended offshore installations. The offshore medic can carry out any offshore training necessary.

5(1)

ACOP

Recruitment and selection of 'suitable persons'

47 'Suitable persons' may be offshore medics (in the case of regulation 5(1)(a) and (b)) or offshore first-aiders (in the case of regulation 5(1)(a) only).

48 European law provides for the recognition of qualifications obtained in other Member States of the European Union plus Iceland, Norway and Liechtenstein. In the case of offshore medics, HSE will examine the suitability of such qualifications in the context of OFAR; for further details contact HSE's Offshore Division at the address in the References section at the back of this publication.

5(1)

Guidance

49 Appendices 2 and 3 provide guidance on the roles and responsibilities of offshore medics and offshore first-aiders.

Training and selection

50 Because of the special attributes required of those employed as offshore medics, selection of suitable applicants is of prime importance. To ensure that those appointed are sufficiently knowledgeable, a doctor or nurse with offshore experience, or an experienced offshore medic, should be consulted when applications are considered for employment.

51 People in control may need to recruit or select candidates for offshore medic or offshore first-aid training courses. In recruiting or selecting people for training, the requirements of the courses and the qualities likely to make a good offshore medic or offshore first-aiders should be borne in mind. Training alone does not ensure that a person will be 'suitable'. It is essential to select reliable and self-reliant people who will remain calm in an emergency. People in control are recommended to consult an experienced medical practitioner (see paragraph 50) and relevant training organisations to satisfy themselves that the responsibilities of offshore medics and offshore first-aiders are likely to be met by particular candidates.

52 The HSE-approved training for offshore medics (see Appendix 4) is designed to build on basic medical or nursing skills already held by candidates. Successful candidates are therefore likely to be nurses (Registered General or Enrolled Nurses, whose names are on the UK Central Council for Nursing, Midwifery and Health Visiting Register or acceptable equivalent). Other candidates may be suitable, and it is for the training organisation to determine if they have the necessary basic medical or nursing skills. All candidates should have knowledge of the offshore working environment, which may have been obtained through means other than practical experience.

53 In the course of their duties, offshore medics and offshore first-aiders may need to communicate with doctors or nurses on the UK mainland. Therefore, it

5(1)

Guidance

is important that they have sufficient command of the English language (including medical terminology) to be able to communicate effectively with UK shore-based medical facilities.

Medical supervision

54 Regulation 5(1)(c) requires the person in control to make arrangements to ensure that a suitably qualified medical practitioner, who can be based onshore in the UK, is available to supervise the work of the offshore medic and, particularly where no offshore medic is available, the offshore first-aiders (see Appendices 2 and 3). The medical practitioner should also be available to provide general medical advice and assistance with sick or injured persons as required. 'Suitably qualified' means having knowledge and experience of conditions offshore. In many cases the assessment of needs will also indicate a need for experience or a qualification in occupational medicine.

55 Written arrangements for liaison with medical practitioners should be drawn up in consultation with them and made available to those involved in the arrangements (eg the offshore installation manager, the offshore medic, the radio operator).

56 Regular supervision of the offshore medic should include such things as oversight of the ordering and supply of drugs and medical equipment, the application of medical policy and procedures, the provision of non-urgent medical advice and involvement in the continuing refresher training of the medic.

Duty to provide information

57 Regulation 5(1)(d) requires the person in control to ensure that at all times all offshore workers are informed, among other things, about where to find first-aid and medical equipment and facilities and about how to contact the offshore medic or offshore first-aiders rapidly in case of an emergency. New workers should be informed of arrangements when they come aboard. Any alterations in the arrangements (for example, when workers are required to use different facilities or go to different personnel) should be brought to the attention of all workers.

58 Offshore medics and, in an emergency, designated offshore first-aiders need to be easily identifiable (eg by the use of armbands or distinctive safety helmets). The location of the sick bay and of first-aid and medical equipment should also be clearly identified by signs conforming to the Health and Safety (Safety Signs and Signals) Regulations 1996.¹⁸ Notices should be posted in conspicuous positions, including the sick bay, giving the locations of first-aid and medical equipment and facilities and the names and, as far as possible, locations of the offshore medic and offshore first-aiders.

Further information

59 Oil and Gas UK has published guidelines on environmental health on offshore installations.¹⁹

5(1)

Regulation

(2)(a) For the purposes of paragraph (1)(a) and (b) of this regulation, a person shall not be suitable unless he has undergone such training, or further training, and has obtained such qualifications, or further qualifications, as the Health and Safety Executive may approve for the time being in respect of the relevant case or class of case.

5(2)-(3)

(3) Nothing in this regulation shall require alteration of the siting or construction of a sick bay which at the date of the coming into force of these

Regulation

Regulations exist either on an offshore installation in respect of which there is a valid Certificate of Fitness issued under the Offshore Installations (Construction and Survey) Regulations 1974^(a) or on a vessel if -

- (a) the sick bay is provided with interior surfaces which may easily be kept clean; and
- (b) there is provided -
 - (i) in the sick bay or in suitable accommodation in its immediate vicinity a bath accessible from three sides,
 - (ii) in suitable accommodation in the immediate vicinity of the sick bay, a water-closet and a hand wash-basin, and
 - (iii) a supply of sufficient hot and cold water for the bath and hand wash-basin and of sufficient cold water for the water-closet.

5(2)-(3)

Guidance

Provision of training

60 Regulation 5(2)(a) allows HSE to approve the training and qualifications of offshore medics or offshore first-aiders.

Approval of training organisations

61 Any organisation, or individual employer, may seek approval to train, examine and certify offshore first-aiders and offshore medics. So long as the training objectives or competencies are achieved (specified in Appendix 4 for offshore medics and Appendix 5 for offshore first-aiders), the design of training courses is a matter for the organisation or the employer concerned. For example, modular courses and courses which include distance learning may be acceptable. However, the approval of training and/or qualifications depends upon the organisation or employer satisfying certain criteria, which are given in Appendix 6. Applications for approval as a training organisation should be sent to HSE's Offshore Division using the address in the References section at the end of this publication.

62 Organisations may provide additional training, for example to meet needs identified by persons in control under paragraphs 30 to 32. HSE approval for such training is not available or required. Nor should an individual's performance on any such additional training affect the result of their examination and certification as an offshore first-aiders or offshore medic.

(a) S.I.1974/289.

63 Regulations 5(2)(b) and (c) are not reproduced in this publication. They deal with transitional arrangements only, and are no longer relevant.

64 The requirements in regulations 5(3)(a) and (b), apart from the requirements for the bath to be accessible from three sides and to provide a wash basin, were contained in the regulations replaced by OFAR. Sick bays already existing on 13 September 1990 did not have to be modified as a result of OFAR, so long as they met these requirements. Sick bays introduced since 13 September 1990 cannot take advantage of this provision. The Offshore Installations (Construction and Survey) Regulations have been replaced by the Offshore Installations and Wells (Design and Construction etc) Regulations 1996, but this does not affect regulation 5(3), which applies only to units which had a certificate of fitness on 13 September 1990.

5(2)-(3)

Regulation 6 Defence in proceedings for contravening these Regulations

Regulation 6

In any proceedings for an offence of contravening these Regulations it shall be a defence for any person to prove that he took all reasonable precautions and exercised all due diligence to avoid the commission of that offence.

Regulation 7 Power to grant exemptions

Regulation

(1) *Subject to paragraph (2) of this regulation, the Executive may, by a certificate in writing, exempt any person, class of persons, offshore installation, class of offshore installations, pipeline works, class of pipeline works, activity or class of activity from regulation 5(1)(b) and (c) and (2)(a) of these Regulations, and any such exemption may be granted subject to conditions and to limit of time and may be revoked by a certificate in writing at any time.*

(2) *The Executive shall not grant any such exemption unless, having regard to the circumstances of the case, and in particular to -*

- (a) *the conditions, if any, which it proposes to attach to the exemption; and*
- (b) *any other requirements imposed by or under any enactment which apply to the case,*

the Executive is satisfied that the health, safety and welfare of persons at work will not be prejudiced in consequence of it.

(3) *An exemption granted under paragraph (1) above from the requirements in regulation 5(2)(a) of these Regulations shall be subject to the condition that a person provided under regulation 5(1)(a) of these Regulations shall have undergone adequate training.*

7

Guidance

65 Regulation 7(1) was amended and regulation 7(3) added by the Management Regulations.

66 'The Executive' is the statutory three-person Health and Safety Executive. Previous references to the Secretary of State are to be construed as references to the Executive, by the Offshore Safety (Repeals and Modifications) Regulations 1993.

7

Regulation 8 Amendment of the Health and Safety (First-Aid) Regulations 1981^(a)

Regulation

67 Regulation 8 is not reproduced as it amends regulation 7 of the Health and Safety (First-Aid) Regulations 1981 which apply elsewhere.

8

(a) S.I. 1981/917.

Appendix 1 Assessment of first-aid and basic health care needs

Guidance

- 1 Factors to consider in assessing needs include:
 - (a) offshore hazards and risks;
 - (b) injuries and illnesses experienced on the offshore installation or vessel, or on similar offshore installations and vessels;
 - (c) the number of people normally on board and the type of activity carried out;
 - (d) first-aid and basic health care cover for visitors, including contractors' employees on short-term contracts;
 - (e) any groups of workers at potentially greater risk, eg owing to the nature of their work or their work pattern;
 - (f) the needs of work parties visiting normally unattended installations;
 - (g) the general health status and level of fitness of the workforce;
 - (h) likely weather conditions;
 - (i) the likelihood of an offshore first-aider needing to work without the support of an offshore medic, eg if an offshore medic has to accompany a patient ashore or if an offshore first-aider visits a normally unattended installation;
 - (j) for sick bays the size, siting, layout, facilities, medications and equipment need to be sufficient for the number of people on board and capable of accommodating and providing medical support for an ill or injured person for up to 48 hours;
 - (k) effective communication between the sick bay and all areas on the installation or vessel. In particular, access to the evacuation and escape routes (eg the helicopter pad and the survival craft) needs to be as easy as possible;
 - (l) ability to effectively clean work surfaces and equipment in sick bays;
 - (m) effective and adequate ventilation, heating, lighting (including emergency lighting) and water supply (including drinking water) in sick bays;
 - (n) appropriate storage, supervision and security arrangements for prescription-only medicines, controlled drugs (medications are subject to the Medicines Act 1968 and the Misuse of Drugs Act 1971) and confidential medical records;
 - (o) first-aid containers checked and maintained to ensure they are adequately stocked and that supplies are within expiry dates;
 - (p) additional facilities required for handling multiple casualties according to the emergency plan;
 - (q) emergency plan is up to date on the arrangements for administering first aid and basic health care and information is clearly disseminated.

This is not intended to be a comprehensive list. Other factors may be relevant.

- 2 The minimum first-aid and basic health care provision for normally attended offshore installations and vessels is:
 - (a) a fully equipped sick bay (see paragraph 31);
 - (b) appropriate first-aid equipment available to offshore first-aiders and/or at suitable locations on the installation or vessel (see paragraph 37);
 - (c) suitably qualified persons appointed as offshore medics and/or offshore first-aiders (see paragraphs 32 and 47 to 53);
 - (d) a suitably qualified registered medical practitioner available to supervise offshore medics and offshore first-aiders and to give advice or assistance (see paragraphs 54 to 56);
 - (e) information for workers on first-aid and basic health care arrangements (see paragraphs 57 and 58).
- 3 It would be helpful to record the findings of the assessment of needs.

Guidance

Sources of further information

4 To help persons in control undertake their assessment of needs, Oil and Gas UK has published guidelines for first-aid and medical equipment on offshore installations.²⁰ The guidelines are intended to provide for a minimum standard of care.

5 Oil and Gas UK has published a number of other documents which may be of assistance to duty holders when undertaking their assessment of needs. Details of their address and website appear in the References section at the back of this publication.

Appendix 1

Appendix 2 Roles and responsibilities of offshore medics

Guidance

1 The treatment role of offshore medics is crucial in the event of an injury or acute illness and they may be called upon suddenly to exercise skills which they have few opportunities to practise. However, much of their workload may also consist of consultations over minor ailments. The training objectives set out in Appendix 4 have been prepared on the basis that the offshore medic's general responsibilities are as follows:

- (a) to provide on-site first-aid care to all those on the installation or vessel;
- (b) to initiate on-site treatment of illness, which may include acute medical and surgical conditions requiring immediate skilled treatment;
- (c) to arrange, in conjunction with shore-based medical services, for the continued treatment and further care of ill or injured people. While minor ailments may be treated on the offshore installation or vessel, some conditions may involve sending the person ashore. The offshore medic should be able to carry out resuscitation and stabilise a patient before evacuation ashore. The offshore medic needs to be able to advise management of the need for an evacuation, and to assess in consultation with the approved medical practitioner (likely to be onshore) the seriousness of the condition and the urgency of the treatment. This assessment should take account of weather conditions and the distance and accessibility of onshore emergency medical services;
- (d) to be aware of the complexities and hazards of diving operations and the measures appropriate to the treatment of divers under pressure. In the event of a diving medical incident the diving supervisor is, and must remain, in control of the action to be taken. Medical arrangements for diving emergencies are outside the scope of the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR), but the offshore medic should be able to offer help and assistance, where appropriate;
- (e) to understand their role in emergency plans and to co-operate with the duty holder and others involved in implementing the plans;
- (f) to give simple advice on the provision of a healthy living and working environment offshore. This includes advice on lifestyle issues, welfare, health promotion and on factors which might give rise to ill health, eg food hygiene, water quality, occupational hazards etc. This requires knowledge of duty holders' programmes for managing health issues and an ability to identify hazards to health and to advise on preventive measures.

2 Offshore medics may have other functions, if their main one does not occupy them full time. Secondary duties must not conflict with or jeopardise the offshore medic's primary role of providing the services required by OFAR. For example, an offshore medic should not be assigned to two different roles in an emergency, nor

Appendix 2

Guidance

should a secondary role be so time-consuming or fatiguing as to compromise their ability to carry out non-emergency medical responsibilities. Unsuitable secondary roles may include radio operators, helicopter landing officers, stewards with cleaning duties and any full-time work.

3 It is recommended that any additional roles assigned should complement the offshore medic's main function. For example, an offshore medic is likely to be able to assist the person in control in undertaking assessments of both first-aid and basic health care needs. An offshore medic's proactive occupational health role could be enhanced by assisting with health-based risk assessments such as those relating to hazardous substances, manual handling and noise; monitoring food hygiene and water quality; and providing basic first-aid training.

Appendix 2

Appendix 3 Roles and responsibilities of offshore first-aiders

Guidance

1 The main responsibilities of the offshore first-aider are as follows:

- (a) to provide on-site first-aid care;
- (b) to assist in the management of serious incidents involving multiple casualties;
- (c) to provide general support to the offshore medic;
- (d) to be a trained escort for sick or injured people being evacuated ashore.

2 On certain smaller installations which do not require an offshore medic to be available at all times, a designated offshore first-aider will be in charge of the sick bay. In such circumstances, the offshore first-aider should be able to communicate effectively with shore-based medical services and, if necessary, to act on the directions of a supervising medical practitioner.

Appendix 3

Appendix 4 Training objectives for offshore medics

Guidance

1 The aim of training is to prepare candidates for posts as offshore medics by enabling them to be competent in the following areas:

- (a) communicate effectively with shore-based medical services and to apply such care or treatment as they direct;
- (b) co-operate with and provide treatment in accordance with the directions of a medical practitioner in circumstances where it is not practicable or necessary for the latter to attend a patient offshore;
- (c) give appropriate treatment to anyone suffering from illness or injury offshore, where such illness or injury does not require skilled medical attention or until skilled medical attention becomes available, equipping them to:
 - (i) take a concise, accurate history of the patient's symptoms;
 - (ii) perform a clinical examination;
 - (iii) establish basic information regarding the patient's physical state, eg pulse, temperature, respiration, blood pressure;
 - (iv) have knowledge of the availability of other medical services, mobile or shore-based;
 - (v) communicate effectively relevant medical information to a shore-based medical service;

Appendix 4

Guidance

- (vi) understand and comply with the medical advice and directions of a medical practitioner when received;
 - (vii) give basic bedside care to sick and injured people;
 - (viii) undertake treatment for minor ailments and injuries, and supervise the continuation of such treatment;
 - (ix) initiate appropriate first-aid measures in cases of serious injury or illness;
 - (x) apply appropriate resuscitation measures and initial treatment in cases of unconsciousness or critical illness;
 - (xi) in an emergency, carry out procedures such as intravenous therapy and endotracheal intubation and urinary bladder catheterisation (where practicable, only after consultation with, and on the directions of, a suitably qualified medical practitioner);
 - (xii) initiate procedures designed to stabilise a patient's medical condition and maintain vital functions;
 - (xiii) prepare patients for transport ashore by air or sea, give appropriate information to the cabin crew regarding the patient's condition and, if necessary, be prepared to accompany the patient ashore;
 - (xiv) recognise common infectious conditions and implement appropriate methods for isolation and treatment;
 - (xv) recognise common dental conditions, including indications for the emergency use of analgesics;
 - (xvi) recognise common psychological and psychiatric conditions;
 - (xvii) know the effects and side-effects of available drugs and the indications and contra-indications for their use in treatment;
 - (xviii) be aware of the hazards of diving and understand the correct procedures for treating medical conditions associated with diving;
- (d) maintain adequate medical records of illness and injury, and be able to write brief reports and letters of referral about patients (with due regard for confidentiality);
 - (e) be capable of giving simple advice to offshore personnel regarding their health problems and of indicating methods of improving general health (including stress-related issues) and welfare;
 - (f) understand food and general hygiene requirements offshore and be able to recommend improvements where required;
 - (g) know the occupational and toxicological hazards offshore and, so far as possible and in conjunction with other personnel, give advice as to how health risks arising from these hazards may be minimised;
 - (h) be capable of giving advice on the first-aid arrangements for visits to normally unattended installations;
 - (i) maintain the sick bay, its equipment and medical stores, order supplies and keep records of materials and drug usage;
 - (j) be familiar with the offshore medic's role in emergency response plans;
 - (k) know the statutory requirements affecting the offshore medic's role.

Appendix 4

Guidance

Course content

2 The course should equip offshore medics to meet the objectives set out above. Training organisations will therefore need to keep course content under review to keep pace with developments in law and practice.

3 The detailed design of the course is a matter for the training organisations concerned, subject to the following points. Offshore medics should study and be examined in the subjects required for the offshore first-aider's training course (see Appendix 5), but in greater depth than is required for offshore first-aiders. In addition, the course of instruction should enable offshore medics to carry out their duties competently in respect of the following subjects:

- (a) airway maintenance, artificial ventilation;
- (b) intravenous infusions;
- (c) urinary bladder catheterisation;
- (d) endotracheal intubation;
- (e) communicable (including sexually transmitted) diseases and infectious conditions;
- (f) common eye conditions;
- (g) common ear conditions;
- (h) common skin conditions;
- (i) common dental conditions;
- (j) hyperbaric environment;
- (k) decompression and its complications;
- (l) individual clinical instruction as required;
- (m) emergency medical services;
- (n) communications, installation/vessel to shore;
- (o) offshore occupational hazards and the prevention of risks to health;
- (p) offshore hygiene requirements;
- (q) psychiatric conditions;
- (r) background to the offshore industry and offshore activities;
- (s) standing orders and emergency plans;
- (t) use and administration of drugs;
- (u) stores and equipment;
- (v) statutory requirements;
- (w) keeping of detailed records.

4 The course, including examinations, should normally take at least four full weeks (120 contact hours). A suitable limit should also be placed on the size or classes to be trained, consistent with the available facilities. Normally, the size of the class should be limited to ten.

5 Offshore Medic Certificates are valid for three years only. A refresher course, followed by re-examination, will be required before re-certification. If a certificate expires before a refresher course is taken, it will be necessary to undertake full training again before a new certificate can be issued. However, offshore medics may attend a refresher course up to three months before the expiry of their certificate. Re-certification will then take effect from the date of expiry.

Refresher courses for offshore medics

6 Refresher training is needed to prevent skills declining through infrequent use and to keep offshore medics up to date with developments in knowledge and practice. But the person in control should also be alert to the continuing education needs of an offshore medic (under the supervision of a medical practitioner).

Appendix 4

Guidance

7 Refresher training for offshore medics should occupy at least two weeks (60 contact hours), including examinations. Courses should include considerable practical retraining, where appropriate, as well as providing a summary of advances in knowledge, and a review of relevant practical offshore experience. Practical retraining does not have to be entirely classroom-based, for example offshore medics may be able to obtain some practical experience through placement in a hospital or general practice. Continuing refresher training (eg using modular courses) is acceptable. Modular courses may be phased over three years, so long as a full examination is taken at the end of that time. Refresher courses should include the following subjects:

- (a) acute medical and surgical emergencies;
- (b) treatment of immersion;
- (c) treatment of hypothermia and hyperthermia;
- (d) management of the unconscious patient;
- (e) treatment of shock, bleeding;
- (f) hyperbaric environment;
- (g) minor ailments;
- (h) revision of practical techniques and procedures;
- (i) medical services and communications;
- (j) transport of patients;
- (k) drugs and equipment;
- (l) records;
- (m) update on developments in occupational health, hygiene and health promotion;
- (n) update on statutory requirements.

Examinations

8 Requirements for examinations are set out in Appendix 6 (paragraphs 2, 9 and 10).

Appendix 4

Appendix 5 Competencies for offshore first-aiders

Guidance

1 Training courses in offshore first aid, including examinations, should not be less than 30 contact hours, spread over no less than four days. A suitable limit should also be placed on the size of the classes to be trained, consistent with available facilities. Normally, the size of the class should be limited to no more than 20. On completion of their training successful candidates need to be able to apply the following competencies:

- (a) the ability to administer cardiopulmonary resuscitation promptly and effectively, including the use of defibrillators, the use and maintenance of manual resuscitators, manual suction devices, oropharyngeal airways and oxygen supplies;
- (b) the ability to administer first aid safely, promptly and effectively to a casualty who is bleeding;
- (c) the ability to administer first aid safely, promptly and effectively to a casualty who is unconscious;
- (d) the ability to administer first aid safely, promptly and effectively to a casualty who:
 - (i) is suffering from shock;
 - (ii) is suffering from hypothermia or hyperthermia;
 - (iii) is suffering from the effects of immersion;

Appendix 5

Guidance

- (iv) may be suffering from the effects of poisons encountered offshore;
 - (v) is suffering from an injury, including the dressing and immobilisation of injured parts;
 - (vi) has an eye injury;
 - (vii) has been burned or scalded;
 - (viii) has inhaled hot gases or smoke;
-
- (e) the ability to recognise minor illnesses and take appropriate action;
 - (f) the importance of personal hygiene in first-aid procedures;
 - (g) the ability to redress wounds effectively and to perform other follow-up treatment which can be undertaken by offshore first-aiders;
 - (h) the ability to transport a sick and injured patient safely and effectively (including an understanding of the difficulties of transport by helicopter, the management of a patient during flight and the need for stabilisation of a casualty before transport);
 - (i) the ability to recognise situations in which it is appropriate to use Entonox for the relief of pain, and to administer Entonox safely and effectively;
 - (j) the ability to use first-aid equipment provided in the workplace;
 - (k) the ability to communicate and delegate promptly and effectively in an emergency;
 - (l) the ability to maintain simple factual records.

2 Offshore First-Aid Certificates are valid for three years and offshore first-aiders with a current certificate can renew it for a further period by taking a short refresher course and examination. If a certificate expires before a refresher course is taken, it will be necessary to undertake full training again before a new certificate can be issued. However, offshore first-aiders may attend a refresher course up to three months before the expiry of their certificate. Re-certification will then take effect from the date of expiry.

Refresher courses for offshore first-aiders

3 Refresher training helps to ensure that the knowledge and skills of an offshore first-aiders do not deteriorate. The offshore medic may assist with continuing training for offshore first-aiders. Refresher courses to renew certificates for offshore first-aiders should be at least two days (12 contact hours) in length. The competence of offshore first-aiders should be re-tested and should include:

- (a) a demonstration of the ability to perform emergency first-aid procedures safely, promptly and effectively;
- (b) a revision and updating of techniques and procedures and, where appropriate, a demonstration of new techniques and procedures.

Examinations

4 Requirements for examinations are set out in Appendix 6 (paragraphs 2, 11 and 12).

Appendix 5

Appendix 6 Criteria for approval of training providers

Guidance

1 Organisations or individual employers seeking approval to train, examine and certify offshore medics or offshore first-aiders will need to satisfy the criteria listed under the headings below.

Training arrangements, equipment, syllabus and examination

2 The criteria are as follows:

- (a) that the proposed syllabus includes both theoretical and practical work, and conforms with the guidance in Appendix 4 and/or 5;
- (b) that the qualifications of trainers conform with the guidance in paragraphs 5 to 8;
- (c) that suitable arrangements have been made for conducting examinations;
- (d) that examinations will be conducted by suitably qualified persons who have not been involved in the training of the candidates they examine (see paragraphs 9 to 12);
- (e) that the proposed programme of examinations is appropriate;
- (f) that premises and equipment to be used for training are suitable;
- (g) that a suitable limit is placed on the size of classes to be trained.

3 Courses will be subject to monitoring and approval and can be revoked if satisfactory standards of training are not maintained.

4 Training providers seeking approval need to use their judgement in respect of the competence of individual trainers. HSE will consider the overall case made by applicants. Once approved, a training body must continue to be able to demonstrate the competence of its trainers.

Qualification and experience of offshore medic trainers

5 Training for offshore medics should be given by at least two persons. All trainers should have knowledge of the offshore working environment, ideally through practical experience, but which may have been obtained through other means.

6 At least one of the trainers should be a registered medical practitioner.

7 Other trainers should be drawn from any of the following categories:

- (a) registered medical practitioners, or registered nurses, with knowledge and experience of basic health care;
- (b) graduate lecturers or qualified teachers who hold a current Offshore First-Aid Certificate and who have practical experience of first aid;
- (c) qualified and experienced offshore medics who hold a certificate which shows that they are competent to teach;
- (d) trainers with practical experience of first aid who hold a current Offshore First-Aid Certificate and a certificate which shows that they are competent to teach.

Qualification and experience of offshore first-aid trainers

8 Training for offshore first-aiders should be given by persons listed in paragraph 7 of this appendix. All trainers should have knowledge of the offshore working environment, ideally through practical experience, but which may have been obtained through other means.

Guidance

Examinations

Offshore medic examinations

9 Offshore medic examinations should be conducted by two qualified trainers, at least one of whom should be a registered medical practitioner with knowledge and experience of basic health care and knowledge of the offshore working environment, ideally through practical experience, but which may have been obtained through other means. At least one examiner should be drawn from outside the organisation running the course. The examination should cover both theory and practice. Every candidate should be required to demonstrate proficiency in certain critical skills: resuscitation, control of bleeding and management of the unconscious patient.

10 A suitably qualified assessor with knowledge of the offshore working environment, ideally through practical experience, but which may have been obtained through other means, and similar qualifications to those described in paragraph 7 of this appendix, may act as an examiner; this does not replace the requirement for one of the examiners to be a registered medical practitioner.

Offshore first-aid examinations

11 Offshore first-aid examinations should be conducted by two qualified trainers, at least one of whom should be a registered medical practitioner, or a registered nurse, with knowledge and experience of basic health care and knowledge of the offshore working environment, ideally through practical experience, but which may have been obtained through other means, or a qualified offshore medic (ie one who holds a current Offshore Medic Certificate). The examination should cover both theory and practice. Every candidate should be required to demonstrate proficiency in certain critical skills: resuscitation, control of bleeding and management of the unconscious patient.

12 A suitably qualified assessor with knowledge of the offshore working environment (ideally through practical experience, but which may have been obtained through other means) and similar qualifications to those described in paragraph 7 of this appendix, may act as an examiner; this does not replace the requirement for one of the examiners to be a registered medical practitioner or registered nurse.

Appendix 6

References

- 1 *The Offshore Installations and Pipeline Works (First-Aid) Regulations 1989* SI 1989/1671 The Stationery Office 1989 ISBN 978 0 11 097671 6
- 2 *The Management of Health and Safety at Work Regulations 1999* SI 1999/3242 The Stationery Office 1999 ISBN 978 0 11 085625 4
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- 4 *The Offshore Installations (Safety Case) Regulations 2005* SI 3117/2005 The Stationery Office 2005 ISBN 978 0 11 73610 5
- 5 *A guide to the Offshore Installations (Safety Case) Regulations 2005. Guidance on Regulations L30 (Second edition)* HSE Books 2006 ISBN 978 0 7176 6184 8
- 6 *The Offshore Installations (Prevention of Fire and Explosion, and Emergency Response) Regulations 1995* SI 1995/743 The Stationery Office 1995 ISBN 978 0 11 052751 2
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17 *Basic advice on first aid at work* INDG347(rev1) HSE Books 2006 Single copies of this leaflet are free, multiple copies in priced packs ISBN 978 0 7176 6193 0

18 *Safety signs and signals. Health and Safety (Safety Signs and Signals) Regulations 1996. Guidance on Regulations* L64 HSE Books 1996 ISBN 978 0 7176 0870 6

19 *Environmental Health for Offshore Installations* Issue 3 1996 Ref 1.14 Oil and Gas UK

20 *Industry guidelines for first-aid and medical equipment on offshore installations* Oil and Gas UK ISBN 1 903003 082

While every effort has been made to ensure the accuracy of the references listed in this publication, their future availability cannot be guaranteed.

Further information

HSE publications

For information about health and safety ring HSE's Infoline Tel: 0845 345 0055
Fax: 0845 408 9566 Textphone: 0845 408 9577 e-mail: hse.infoline@natbrit.com or
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e-mail: customer.services@tso.co.uk Website: www.tso.co.uk (They are also
available from bookshops.) Statutory Instruments can be viewed free of charge
at www.opsi.gov.uk.

Sources of further information

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Oil and Gas UK
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