

# Offshore first-aid training and qualifications for the purposes of the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989

A guide for training organisations



## Section 1: Introduction

- 1 This guidance is for training organisations that wish to run first-aid training courses for the purposes of the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989. Separate guidance is available for employers,<sup>1</sup> and training providers are advised to read it in conjunction with this document.
- 2 This section provides an overview of legal aspects of offshore first-aid provision, and where to apply to run offshore first-aid (OFAR) training courses. Section 2 provides details of the Health and Safety Executive's (HSE's) procedures for gaining and maintaining approval to run OFAR courses.
- 3 The guidance will help training providers develop and maintain appropriate standards of OFAR training. Ultimately, this will ensure first-aiders in the offshore environment are competent to perform their role.
- 4 The standard accepted qualification for offshore first-aiders is the OFAR certificate, issued following an OFAR course. Paramedics holding current registration with the Health Professions Council (HPC) or offshore medics holding a current certificate from an HSE-approved organisation would also be acceptable to HSE. The OFAR certificate is also acceptable for onshore first aid at work (FAW) duties under the Health and Safety (First-Aid) Regulations 1981.
- 5 Towards the end of three years, offshore first-aiders need to complete an OFAR requalification course if they are to continue working in the offshore environment. If they have moved into onshore work they would be eligible to complete an FAW requalification course, but this would result in the award of an FAW certificate and they would have to undertake a full OFAR course if they wished to return to offshore first-aid work.

### The law

6 The Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 require employers to provide suitable equipment, facilities and personnel to enable first aid and/or medical treatment (under the direction of a doctor) to be given to employees if they are injured or become ill at work.<sup>1</sup> Regulation 5(1) states that: *'The person in control of an offshore installation.....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.'*

7 Regulation 5(1) goes on to specify arrangements for the medical supervision of the 'suitable persons' and for informing workers of all the provisions made.

8 Regulation 5(2)(a) states that –

*'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.'*

9 'Suitable persons' are further defined by paragraph 47 of the Approved Code of Practice (ACOP)<sup>1</sup> which states that:

**'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).**

10 These terms are defined in paragraph 22 of the ACOP as follows:

**(a) 'offshore first-aiders' 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.**

## Section 2: Gaining and maintaining HSE approval to run offshore first-aid (OFAR) courses

### General aspects

11 This section provides detailed information on how training organisations can gain and maintain approval, through HSE's First Aid Approval and Monitoring Section (FAAMS), to run OFAR courses.

#### **The role of FAAMS**

12 FAAMS administers the approval and monitoring process. It issues and renews Certificates of Approval to those organisations whose training and qualifications in OFAR meet the required standards detailed in this guidance.

#### **HSE's contractor**

13 HSE has appointed a contractor to carry out visits to training providers. These visits are to both providers seeking approval to run OFAR courses for the first time and to those already approved for this purpose.

#### **Fees**

14 HSE charges fees for the various elements of the approval and monitoring process.<sup>2</sup> HSE will inform you of the fees as appropriate.

### **Records of training organisations**

15 FAAMS will keep all records in accordance with the Data Protection Act 1998.<sup>3</sup> FAAMS will retain documentation from Original Approval applications for a minimum of six months from the date when approval was granted.

## **Gaining approval**

### **Submitting your application**

16 There is a fee charged for approval, covering all assessment activities carried out by FAAMS and its contractor (including the Original Approval Assessment visit and Original Approval Monitoring visit). The fee is not refundable if the application is not successful or if it is withdrawn once the evaluation has begun.

17 Your organisation needs to complete an Original Approval Questionnaire. In addition, you are required to provide copies (do **not** send originals) of the following information:

- details of your organisation's administrative systems;
- a sample of the OFAR certificate to be issued to successful students;
- personal portfolios of at least four individuals (two trainers and two assessors);
- your organisation's quality assurance plan;
- the standards of first-aid practice your organisation will use in teaching and assessing OFAR;
- details of the course syllabus including at least **three** sample lesson plans showing aims, objectives and outcomes;
- a timetable for the four-day OFAR syllabus;
- a timetable for the two-day OFAR requalification syllabus, if applicable;
- the final practical assessment procedure;
- your organisation's training equipment;
- details of the premises to be used for training.

18 Appendix 1 gives more detailed information on what you need to provide.

19 You should send the following documentation to FAAMS:

- a completed Original Approval Questionnaire;
- copies of the relevant information listed in paragraph 17; and
- a cheque (made payable to the Health and Safety Executive) for the application fee.

20 The full contact details for FAAMS are:

First Aid Approval and Monitoring Section (FAAMS)  
Corporate Medical Unit  
Health and Safety Executive  
4N.3 Redgrave Court  
Merton Road  
Bootle  
Merseyside L20 7HS

Telephone: 0151 951 3919  
Fax: 0151 951 4845  
E-mail: faams@hse.gsi.gov.uk

21 FAAMS will acknowledge receipt of the documents and cheque, if requested. On completing the assessment of your application, FAAMS will inform you of the outcome and indicate whether more information is required.

### **Original Approval Assessment visit**

22 When satisfied that you have provided a complete set of information, FAAMS will instruct HSE's contractor to carry out an Original Approval Assessment visit. Its purpose is to validate the information your organisation provided to FAAMS and ensure relevant administrative processes are in place. The Contractor will arrange a mutually convenient time to carry out this visit.

23 Following the visit, the Contractor will provide FAAMS with a written report. FAAMS will consider the findings and inform you of the outcome. If your organisation needs to make minor improvements, FAAMS will indicate what is required. Minor improvements are normally resolved through correspondence. If major improvements are needed, FAAMS may instruct the contractor to carry out an additional visit once you have notified FAAMS you have made those improvements. There is a fee charged retrospectively for any additional visit.

24 Following a satisfactory outcome, FAAMS will give your organisation **provisional** approval to provide OFAR training and issue a Certificate of Approval for a period of five years.

### **Original Approval Monitoring visit**

25 On issuing the Certificate of Approval, FAAMS will instruct its contractor to arrange an Original Approval Monitoring visit. This will focus on your organisation's trainers and assessors in relation to teaching and assessing standards. It will also assess the equipment and premises used for training. Where practicable, the visit will take place within the first three months after gaining approval.

26 Following the visit, the contractor will provide FAAMS with a written report. FAAMS will consider the findings and inform you of the outcome. If your organisation needs to make minor improvements, FAAMS will indicate what is required. Minor improvements are normally resolved through correspondence. If major improvements are needed, FAAMS may instruct the contractor to carry out an additional visit once you have notified FAAMS you have made those improvements. There is a fee charged retrospectively for any additional visit.

27 Following a satisfactory outcome, FAAMS will confirm that your organisation has met the required training standard and OFAR training can continue.

## **Maintaining approval**

### **Post-approval Monitoring visit**

28 Post-approval Monitoring visits assess whether the training standard is being maintained. Each training provider will have at least one Post-approval Monitoring visit during its five-year certification period. The exact number of visits is determined by the number of sites used by a training organisation for running OFAR courses. There is a fee charged retrospectively for a Post-approval Monitoring visit.

29 FAAMS notifies the contractor when your organisation's Post-approval Monitoring visit is due. The contractor will contact you to arrange a mutually convenient time for the visit.

30 Following the visit, the contractor will provide FAAMS with a written report. FAAMS will consider the findings and inform you of the outcome. If your organisation needs to make minor improvements, FAAMS will indicate what is required. Minor improvements are normally resolved through correspondence. If major improvements are needed, FAAMS may instruct the contractor to carry out an additional visit once you have notified FAAMS you have made those improvements. There is a fee charged retrospectively for any additional visit.

31 Following a satisfactory outcome, FAAMS will confirm your organisation has met the required training standard and OFAR training can continue.

### **Cancellations**

32 You should notify the contractor and FAAMS if you intend to cancel either an Original Approval Monitoring visit or Post-approval Monitoring visit, giving at least three working days' notice before the start date of the training course. You may be charged a cancellation fee if you do not give enough notice.

### **Certificate renewals**

33 It is the training provider's responsibility to apply for renewal of their Certificate if the intention is to continue OFAR training. You will need to apply to FAAMS at least one month before the expiry date of your organisation's current Certificate of Approval. **Please note FAAMS will not send out a reminder.**

34 There is a fee for renewing a Certificate of Approval. You should send your organisation's renewal request, along with a cheque (made payable to the Health and Safety Executive) for the current renewal fee, to FAAMS at the address in paragraph 20.

### **Appeals**

35 You may appeal against a decision:

- not to issue your organisation with a Certificate of Approval to conduct OFAR training;
- to request an additional visit; or
- to revoke your organisation's approval status.

If you wish to appeal, you should make representation to:

The Director, Corporate Specialist Division  
Health and Safety Executive  
4N.3 Redgrave Court  
Merton Road  
Bootle  
Merseyside  
L20 7HS

36 You should make such representation within three months of receiving formal notice of the decision. It should be accompanied by full supporting documentary evidence.

### **Complaints**

37 FAAMS will ask individuals making a verbal complaint about your organisation, to confirm it in writing. To investigate a formal, written complaint, FAAMS may ask you to provide written information on which to base its judgement. Alternatively, the contractor or HSE (or both) may conduct an unannounced visit to your organisation. There is a fee charged retrospectively for any such visit if the complaint is found to be justified.

# Appendix 1: Detailed requirements for training organisations applying to HSE for approval to run offshore first-aid (OFAR) courses

1 This appendix sets out the requirements of the approval process. Your application and any visit conducted will be assessed against these requirements.

## Administrative systems

2 There should be an efficient administrative system for recording, storing and retrieving training information. This information should be retained for a minimum of five years.

3 Records should include the following:

- course dates, including the names of trainers and assessors used;
- names and details of students, including assessment information;
- requalification dates of students.

## OFAR certificates

4 The certificates issued to successful students on satisfactory completion of the final practical assessment should contain the following:

- full name of the approved training organisation;
- the title 'Offshore First Aid';
- reference to the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989;
- confirmation that the certificate is valid for three years;
- the approved training organisation's HSE Certificate of Approval number;
- a signature of an appropriately authorised person.

## Trainers and assessors

### *Number of trainers and assessors*

5 Approved training providers should have at least four individuals – two trainers and two assessors. All portfolios (see paragraphs 7-8) should be current, regularly reviewed and contain up-to-date, chronological evidence to confirm competence.

6 At least one trainer and one assessor should have knowledge of the offshore working environment, ideally through practical experience, but which may have been obtained through other means.

### *Qualifications and experience of trainers*

7 Each trainer should have a personal portfolio that contains:

- a current and valid OFAR certificate (unless exempt – see paragraphs 11-12);
- a formal training/teaching qualification (see Table 1); and either
- a detailed, chronological list of evidence to show the trainer has regularly provided OFAR training during the previous three years. If this is limited, evidence of other first-aid training that demonstrates all the elements of the OFAR syllabus are covered by the trainer's experience; or

- evidence to show the trainer has conducted at least two practical and two theoretical first-aid training sessions under the supervision of a qualified assessor, in the last three years;
- (if applicable – see paragraph 6) evidence of knowledge and/or experience of the offshore working environment.

**Qualifications and experience of assessors**

8 Each assessor should have a personal portfolio that contains:

- a current and valid OFAR certificate (unless exempt – see paragraphs 11-12);
- a formal assessing qualification (see Table 1); and
- a detailed, chronological list of evidence to show the assessor has regularly provided OFAR assessments during the previous three years. If this is limited, evidence of other first-aid assessments that demonstrate competence; or
- evidence to show the assessor has conducted at least two practical and two theoretical first-aid assessments under the supervision of a qualified assessor, in the last three years;
- (if applicable – see paragraph 6) evidence of knowledge and/or experience of the offshore working environment.

**Formal training/teaching and assessing qualifications**

9 FAAMS accepts the qualifications shown in Table 1. However, the list is not definitive and is only a guide.

**Table 1** Examples of training/teaching and assessing qualifications

***Qualifications are suitable for both training and assessing unless specified***

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Further and Adult Education Teacher's Certificate

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Cert Ed/PGCE/B Ed/M Ed

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CTLLS/DTLLS

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NVQ level 3 in Training and Development

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NVQ level 4 in Training and Development

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IHCD Instructional Methods

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IHCD Instructor Certificate

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First Aid at Work Trainer/Assessor Qualification

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English National Board 998

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Training Group A22, B22, C21, C23, C24 (training only)

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PTLLS (training only)

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A1 (D32/33) (assessing only)

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A2 (D32) (assessing only)

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***No formal qualification***

10 If the trainer/assessor has no formal qualification, then significant experience in undertaking these roles may be considered. The portfolio should include details

of knowledge and experience gained and the time period over which they were applied, and any contributing training undertaken and the learning outcomes achieved. There should be evidence that the individual has conducted at least two practical and two theoretical first-aid training/assessing sessions under the supervision of a qualified assessor.

### ***Exemptions from the requirement to hold an OFAR certificate***

11 All trainers and assessors should have a valid OFAR certificate. The following are exempt from this requirement:

- doctors registered with the General Medical Council (GMC);
- nurses registered with the Nursing and Midwifery Council (NMC);
- paramedics registered with the Health Professions Council (HPC);
- offshore medics holding a current Offshore Medic certificate from a training organisation approved by HSE.

12 For these exemptions to apply, the trainer/assessor should demonstrate current experience (within the previous three years) of first-aid skills by producing sufficient evidence in their portfolio. The contractor will need to see a current GMC, NMC, HPC or Offshore Medic certificate at the time of a visit.

## **Quality assurance**

### ***Monitoring the skills of trainers and assessors***

13 There should be a copy of the quality assurance plan, identifying who will carry out the monitoring, its frequency, and the methods used for reviewing the skills of trainers and assessors. The course evaluation procedure (see paragraph 14) can be linked to this plan to help define any personal training needs. It is expected that all trainers and assessors are monitored at least once a year. Monitoring assessments should be available to the contractor. A copy should be put in the relevant trainer's/ assessor's personal portfolio.

14 You should have a course evaluation procedure, based on student feedback, covering at least:

- the ability of trainers and assessors;
- structure and content of the course;
- the equipment used;
- the training premises used.

### ***Complaints procedure***

15 There should be a complaints procedure and details of it given to each student before training begins.

## **Standards of first-aid practice**

16 OFAR skills and knowledge should be taught and assessed in accordance with currently accepted first-aid practice in the United Kingdom. At present, HSE accepts the first-aid management of injuries and illness, in as far as they relate to the topics covered in an OFAR training course, as laid down:

- by the Resuscitation Council (UK), whose guidance includes standards for training in the use of an Automated External Defibrillator; and
- in the current edition of the first-aid manual of the Voluntary Aid Societies (St John Ambulance, British Red Cross, St Andrew's Ambulance Association); or
- in other publications, provided they are in line with the two above or supported by a responsible body of medical opinion.

## OFAR courses

### Syllabus

17 Appendix 2 shows the topics to cover in an OFAR course. The training should include all these elements but, where practicable, you can tailor it to meet the needs of individuals and/or their employers.

18 Training providers should not combine the OFAR course with OFAR requalification training.

### Lesson plans

19 There needs to be a lesson plan for each syllabus topic (at least **three** of these need to be submitted as part of your application). Table 2 illustrates an example. Each lesson plan should contain aims, objectives and outcomes. A combination of theory and practical tests will help the trainer assess each student's understanding of a given topic. Evidence of these tests should be available to the contractor.

**Table 2** An example of a lesson plan

*Topic:* Perform cardiopulmonary resuscitation

*Time:* Two hours

*Aim:* To demonstrate effective adult CPR to a casualty who is unconscious and not breathing

<i>Objectives</i>	<i>Trainer</i>	<i>Student</i>
Determine the risks to the first-aider	Describe and explain	Question and answer
Determine the level of consciousness	Describe and explain	Practical work using casualty/manikin
Explain how to open the airway	Describe method	Practical work using casualty/manikin
Establish the absence of breathing	Describe, explain and show method	Practical work using casualty/manikin
Explain how to maintain an adequate circulation using chest compressions	Describe, explain and show method	Practical work using manikin
Explain how the lungs are ventilated by artificial means	Describe, explain and show method	Practical work using manikin
Explain the correct ratio of chest compressions and ventilations	Describe, explain and show method	Practical work using manikin
Explain how/when to obtain additional help	Describe and explain	Question and answer

*Outcome:* Each student will have a practical assessment at the end of the lesson, conducted by the trainer, covering the procedures listed in the lesson plan, to ensure that they can recognise the requirement for and administer CPR.

### **Duration**

20 OFAR courses should contain at least 30 contact hours, which include the final practical assessment. 'Contact hours' refer to teaching and practical time and do not include lunch and breaks etc.

21 The course is run over a minimum of four days. However, it is acceptable to run the course over a longer period, not exceeding thirteen weeks, where each session lasts at least two hours.

### **OFAR certificates**

22 OFAR certificates are valid for three years. However, a first-aider can attend an OFAR requalification course up to three months **before** the expiry date on their certificate. The new certificate will then be effective from that expiry date.

## **OFAR requalification courses**

### **Validation of students**

23 Administrative systems should be in place to ensure students are not accepted for requalification training unless they have a current and valid OFAR certificate. Pre-course information should make this requirement clear. Training providers should validate a student's OFAR certificate before they start a requalification course.

### **Syllabus**

24 OFAR requalification training should include:

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

### **Duration**

25 OFAR requalification courses should contain at least 12 contact hours, which include the final assessment. 'Contact hours' refer to teaching and practical time and do not include lunch and breaks etc.

26 The course is run over a minimum of two days. However, it is acceptable to run the course over a longer period, not exceeding six weeks, where each session lasts at least two hours.

## **Final practical assessment**

27 The final assessment should determine a student's ability to act safely, promptly and effectively when an emergency occurs at work and to deal with a casualty who:

- is unconscious;
- requires cardiopulmonary resuscitation;
- is wounded and bleeding.

28 There should be an appropriate waiting area separate from where the assessments are conducted.

29 To ensure a student can demonstrate competency, the assessment should be practical with oral questioning. Two suitably qualified assessors (see paragraph 8), who have not been involved in the training, should conduct the assessment. Training providers will need to have a procedure in place for students who fail the assessment and wish to appeal against the outcome. Only if the training provider is satisfied that a

student has demonstrated the competency to deal safely and effectively with first-aid emergencies in the workplace, should they issue an OFAR certificate.

## Training equipment

30 It is important there is a sufficient range of equipment to support all elements of the training (see Table 3). Where appropriate, there should be procedures in place for maintaining hygiene when using equipment.

**Table 3** Equipment requirements

<i>Equipment</i>	<i>Requirement</i>
Seats	One per student
Writing surfaces	Adequate for each student to take notes
Learning materials	Current reference books, flip charts etc should be available and appropriate to the lesson plan and aims, objectives and outcomes
Audiovisual equipment	An OHP, slides, 'PowerPoint', and other audiovisual equipment appropriate to the lesson plan
CPR manikins	One manikin to every four students
Automated External Defibrillator (training model)	Minimum one to every ten students, ideally one to every four students
Manual resuscitators (bag, valve, mask)	One to every four students
Manual suction devices	One to every four students
Oropharyngeal airways	One per student
Oxygen administration equipment	One administration set to every ten students
Entonox administration equipment	One administration set to every ten students
Dressings/bandages	A sufficient quantity for the number of students

## Training venue

31 Quality training involves using premises that are conducive to learning. Training providers do not need to use their own training premises. Using hired premises or client facilities is acceptable providing they are fit for purpose. Each approved training provider is responsible for ensuring that all premises used are suitable and adequate (see Table 4).

**Table 4** Premises requirements

<i>Aspect</i>	<i>Requirement</i>
Room size	Adequate space for <b>all</b> students on the course to undertake theory and practical work
Toilets	Separate facilities for male and female students
Ventilation	Should be adequate
Lighting	Should be suitable for reading
Heating	Should maintain a 'shirt sleeve' environment
Access/exits	Should be safe, well lit and cater for people with special needs
Floor coverings	Should be carpeted or mats/blankets provided for use during practical sessions
Cleanliness	Maintain a clean, tidy and hygienic environment
Noise	Consider whether there is noise that may distract students from training

## Teaching standards

### *Preparation and planning*

#### *Are there adequate and sufficient training aids for the course?*

32 Training aids should be appropriate (Table 3) and clearly contribute towards achievement of the stated objectives. All students should benefit from the training aids used.

#### *Is the classroom conducive to effective teaching and learning?*

33 All students require their own working area (Table 4). They should be able to hear and see the trainer at all times. There should be adequate space for theory and practical work to enable effective learning.

#### *Are lesson plans of sufficient quality and detail?*

34 If a lesson plan has no strict format, FAAMS recommends it includes:

- time allocated for each session;
- learning objectives (a statement to show what the student is expected to achieve by the end of the session);
- trainer and student activities during the session;
- teaching methods and equipment to be used;
- a method of assessing the student's understanding.

### **Effective delivery**

#### *Is there an effective introduction to each topic?*

35 The trainer should introduce each topic effectively. This will enable the student to understand the objectives of each session.

#### *Is the lesson plan followed?*

36 It is important to follow the lesson plan. Every student group has different learning needs and abilities. The trainer should be aware of this and make allowances when applying the constraints of the lesson plan.

#### *Is the overall timetable followed?*

37 The trainer should ensure that all training follows the specified timescales. Session times should follow the lesson plans and course syllabus. Overrunning may affect subsequent sessions and proper delivery of their content.

### **Trainer and student interaction**

#### *Is training producing a good level of interaction?*

38 The trainer should encourage and ensure full participation and involvement of all students in all aspects of the training.

#### *Does the trainer ensure that every student achieves the stated outcomes?*

39 Assessments should be continuous to make sure the student has gained the relevant knowledge, skills and understanding relating to each element of the course. Only when they can demonstrate this, should they move to the next subject area. Assessment methods recorded in lesson plans may include theory tests, practical work or question and answer sessions, as appropriate.

## **Assessing standards**

### ***Do students receive clear instructions?***

40 The assessment procedure should be explained to students so they are clear about what it involves. They should be encouraged to seek clarification and ask questions at any point during the process.

### ***Are all assessors unobtrusive?***

41 During the final practical assessment, the assessor should be as unobtrusive as possible while observing. They should also be sensitive towards students who find the assessments stressful.

### ***Is feedback given to students promptly and constructively?***

42 The student should receive prompt feedback after the assessment. This should clearly indicate whether they met the required standard. Where they have not demonstrated a sufficient level of competence, the student should receive a constructive explanation to encourage their further development.

## **Additional training**

43 Employers may need first-aiders with specific training additional to OFAR. For example, to enable them to provide first aid in relation to incidents arising from work with particular hazards such as hydrofluoric acid, cyanide or confined spaces.

44 The content of these additional training courses is not specified by HSE, nor is HSE approval needed to run them. They should be provided as an extension to OFAR courses, or as stand-alone courses, and a certificate should be issued separately from the OFAR certificate.

## Appendix 2: Content of the offshore first-aid course

On completion of their training, successful candidates should be able to:

- understand the role of the first-aider including reference to:
  - the importance of preventing cross infection;
  - the need for recording incidents and actions;
  - use of available equipment;
- assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- administer cardiopulmonary resuscitation including the use of automated external defibrillators, the use and maintenance of manual resuscitators, manual suction devices, oropharyngeal airways and oxygen supplies;
- administer first aid to a casualty who is bleeding;
- administer first aid to a casualty who is unconscious;
- recognise the presence of major illness and provide appropriate first aid (including heart attack, stroke, epilepsy, asthma, diabetes);
- administer first aid to a casualty who:
  - is suffering from shock;
  - is suffering from hypothermia or hyperthermia;
  - is suffering from the effects of immersion;
  - is suffering from the effects of poisons encountered offshore;
  - is suffering from an injury, including the dressing and immobilisation of injured parts;
  - has an eye injury;
  - has been burned or scalded;
  - has inhaled hot gases or smoke;
- recognise minor injuries and illnesses and take appropriate action;
- re-dress wounds effectively and perform other follow-up treatment which can be undertaken by offshore first-aiders;
- 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);
- recognise situations in which it is appropriate to use Entonox for the relief of pain, and to administer Entonox safely and effectively;
- communicate and delegate promptly and effectively in an emergency.

## References

- 1 *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 L123* HSE Books 2000 ISBN 978 0 7176 1851 4
- 2 *The Health and Safety (Fees) Regulations 2009* SI 2009/515 The Stationery Office 2009 ISBN 978 0 11147593 5 (Reviewed yearly)
- 3 *Data Protection Act 1998* The Stationery Office 1998 ISBN 978 0 10 542998 2

## Further reading

*Basic advice on first aid at work* Leaflet INDG347(rev1) HSE Books 2006 (single copy free or priced packs of 20 ISBN 978 0 7176 6193 0) [www.hse.gov.uk/pubns/indg347.pdf](http://www.hse.gov.uk/pubns/indg347.pdf)

*Basic advice on first aid at work* Poster HSE Books 2006 ISBN 978 0 7176 6195 4

*Electric shock: First aid procedures* Poster HSE Books 2006 ISBN 978 0 7176 6203 6

## Further information

Information on first aid at work is available on the first aid web pages of HSE's website at: [www.hse.gov.uk/firstaid/index.htm](http://www.hse.gov.uk/firstaid/index.htm)

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