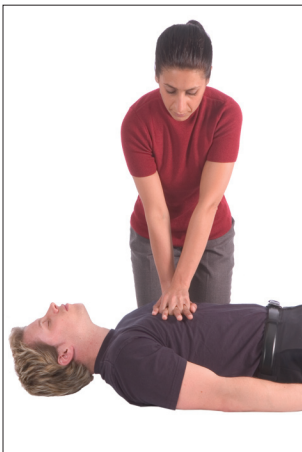


# Offshore medic training and qualifications for the purposes of The Offshore Installations and Pipeline Works (First-Aid) Regulations 1989

A guide for training organisations



## Section 1: Introduction

- 1 This guidance is for training organisations that wish to run offshore medic training courses for the purposes of the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989.<sup>1</sup>
- 2 The Approved Code of Practice<sup>1</sup> associated with these regulations is aimed mainly at employers, but we recommend that training organisations and prospective offshore medics are familiar with it, particularly the appendices describing the roles and responsibilities of offshore medics and first-aiders. The relevant appendices are also contained in this guidance as Appendix 1 (medics) and Appendix 2 (first-aiders).
- 3 This section provides an overview of legal aspects of offshore medic provision, and where to apply to run offshore medic training courses. Section 2 provides details of the Health and Safety Executive's (HSE's) procedures for gaining and maintaining approval to run offshore medic courses.
- 4 The guidance will help training providers develop and maintain appropriate standards of offshore medic training. Ultimately, this will ensure medics in the offshore environment are competent to perform their role.
- 5 The standard qualification for offshore medics is the offshore medic certificate, issued after successful completion of an offshore medic course delivered by an organisation approved by HSE. The offshore medic certificate is also acceptable as equivalent to an offshore first-aid certificate for both the practice of first aid and training first-aiders, both offshore and onshore.
- 6 Towards the end of three years, offshore medics need to complete an offshore medic requalification course if they are to continue working as medics in the offshore environment. They would be eligible to complete a first-aid requalification course if they wished, but this would result in the award of a first-aid certificate and they would have to undertake a full offshore medic course if they subsequently wished to return to a medic post.

### The law

7 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’.*

8 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.

9 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.*

10 ‘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).**

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

**(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.**

12 Paragraph 22(b) of the ACOP is the sole basis for the definition of the term ‘offshore medic’ and paragraph 47 links that definition to the OFAR regulations.

## Section 2: Gaining and maintaining HSE approval to run offshore medic courses

### General aspects

13 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 offshore medic courses.

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

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

### **Fees**

15 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**

16 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 full approval was granted.

## **Gaining approval**

### **Submitting your application**

17 There is a fee charged for approval, covering all assessment activities carried out by FAAMS and other HSE staff including the 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.

18 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 offshore medic 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 practice your organisation will use in teaching and assessing offshore medics;
- details of the course syllabus including at least **three** sample lesson plans showing aims, objectives and outcomes;
- for attachments to hospital departments or general practitioners, evidence that they have agreed to participate;
- a timetable for the initial offshore medic training syllabus;
- a timetable for the medic requalification syllabus, if applicable;
- the final assessment procedure;
- your organisation's training equipment;
- details of the premises to be used for training.

19 Appendix 3 gives more detailed information on what you need to provide.

20 You should send the following documentation to FAAMS:

- a completed Original Approval Questionnaire;
- copies of the relevant information listed in paragraph 18; and
- a cheque (made payable to the Health and Safety Executive) for the application fee.

21 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

22 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.

### ***Provisional approval***

23 When satisfied that you have provided a complete and satisfactory set of information, FAAMS will issue you with a **provisional** Certificate of Approval allowing you to carry out medic training for six months.

### ***Original Approval Monitoring visit***

24 On issuing the Certificate of Approval, FAAMS will ask you to provide dates of courses you intend to run during that period in order to arrange for a Medical Inspector to conduct an Original Approval Monitoring visit. This visit will be conducted during a course and 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. **It is important that you give as much notice as possible of course dates so that the Medical Inspector can arrange a mutually convenient date with you.**

25 Following the visit, the Medical Inspector 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 Medical Inspector 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.

26 Following a satisfactory outcome, FAAMS will confirm that your organisation has met the required training standard and will issue a full Certificate of Approval valid for five years from the date of your provisional approval.

## **Maintaining approval**

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

27 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 medic courses. There is a fee charged retrospectively for a Post-approval Monitoring visit.

28 When your organisation's Post-approval Monitoring visit is due, FAAMS will arrange for a Medical Inspector to carry out the visit. Either FAAMS or the Medical Inspector will then contact you to arrange a mutually convenient date for the visit.

29 Following the visit, the Medical Inspector 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 request an additional visit once you have notified FAAMS you have made those improvements. There is a fee charged retrospectively for any additional visit.

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

### **Cancellations**

31 You should notify 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**

32 It is the training provider's responsibility to apply for renewal of their Certificate if the intention is to continue offshore medic 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.**

33 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 21.

### **Appeals**

34 You may appeal against a decision:

- not to issue your organisation with a Certificate of Approval to conduct offshore medic 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

35 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**

36 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, HSE 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: Roles and responsibilities of offshore medics

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:

- to provide on-site first-aid care to all those on the installation or vessel;
- to initiate on-site treatment of illness, which may include acute medical and surgical conditions requiring immediate skilled treatment;
- 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;
- 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;
- to understand their role in emergency plans and to co-operate with the duty holder and others involved in implementing the plans;
- 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 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: Roles and responsibilities of offshore first-aiders

- 1 The main responsibilities of the offshore first-aider are as follows:
  - to provide on-site first-aid care;
  - to assist in the management of serious incidents involving multiple casualties;
  - to provide general support to the offshore medic;
  - 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: Detailed requirements for training organisations applying to HSE for approval to run offshore medic 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.

### Offshore medic 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 Medic';
  - 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 who provide internal training/assessment - two trainers and two assessors. Their portfolios (see paragraphs 7-15) should be current, regularly reviewed and contain up-to-date, chronological evidence to confirm competence.

6 Training providers seeking approval need to use their judgement about the competence of individual trainers and assessors. FAAMS will consider the overall case made by applicants. Once approved, a training organisation must continue to be able to demonstrate the competence of its trainers and assessors (see paragraph 18).

### **Qualifications and experience of trainers**

7 Training on any single offshore medic course should be given by at least two people, one of whom should have knowledge of the offshore working environment, ideally through practical experience, but which may have been obtained through other means.

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

9 Other trainers may be drawn from any of the following categories:

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

10 Most offshore medic courses will include attachments to hospital departments or general practitioners to gain clinical experience. The training organisation is not responsible for checking the qualifications of the staff who may participate in training at these external sites, nor do the external trainers need to maintain portfolios.

11 The training organisation must provide written evidence that any external organisations providing training experience have agreed to do so. A simple letter of agreement would be sufficient.

12 Each trainer should have a personal portfolio that contains:

- evidence of a medical, nursing, paramedical or first-aid qualification in accordance with the requirements of paragraphs 8-9;
- a formal training/teaching qualification (see Table 1) if held;
- a detailed, chronological list of evidence to show the trainer has regularly provided offshore medic training during the previous three years. If this is limited, evidence of other training activities relevant to the contents of the offshore medic course;
- (if applicable – see paragraph 7) evidence of knowledge and/or experience of the offshore working environment.

### **Qualifications and experience of assessors**

13 The examination at the end of an offshore medic course should be conducted by at least two assessors. One of these should be a registered health professional and one should have knowledge of the offshore working environment, ideally through practical experience, but which may have been obtained through other means.

14 At least one assessor should be drawn from outside the organisation running the course.

15 Each assessor should have a personal portfolio that contains:

- evidence of a medical, nursing, paramedical or first-aid qualification in accordance with the requirements of paragraphs 8-9;
- a formal assessing qualification (see Table 1) if held;
- a detailed, chronological list of evidence to show the assessor has regularly provided offshore medic assessments during the previous three years. If this is limited, evidence of other assessment activities relevant to the contents of the offshore medic course;
- (if applicable – see paragraph 13) evidence of knowledge and/or experience of the offshore working environment.

**Formal training/teaching and assessing qualifications**

16 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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CTLTS/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

---

First Aid at Work Trainer/Assessor Qualification

---

English National Board 998

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

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PTLLS (training only)

---

A1 (D32/33) (assessing only)

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A2 (D32) (assessing only)

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***No formal qualification in teaching/assessment***

17 If the trainer/assessor has no formal qualification, then FAAMS will consider significant experience in undertaking these roles. The portfolio should include details of knowledge and experience, the period over which they were gained, and any contributing training undertaken.

## Quality assurance

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

18 There should be a 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 19) 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 Medical Inspector conducting monitoring visits.

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

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

### *Complaints procedure*

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

## Standards of practice

21 Offshore medic 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 offshore medic 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.

## Initial offshore medic courses

### *Course objectives and content*

22 The training objectives of an offshore medic course are stated in Appendix 4. The training course should equip offshore medics to meet these objectives.

23 Appendix 5 shows the specific topics to cover in an offshore medic 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. Note that offshore medics are also expected to be competent in the topics covered in an offshore first-aid course. These are listed for reference in Appendix 6.

24 Training providers should not combine the initial offshore medic course with offshore medic requalification training.

### *Lesson plans*

25 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 Medical Inspector at monitoring visits.

**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**

26 Offshore medic courses should contain at least 120 contact hours, which include the final practical assessment. 'Contact hours' refer to teaching and practical time and do not include lunch and breaks etc.

27 Normally, the course is run full-time over a minimum of four weeks. However, modular courses or courses including distance learning may be acceptable to FAAMS.

### **Class size**

28 A suitable limit should be placed on the size of classes to be trained consistent with the available facilities. FAAMS recommends a limit of ten.

### **Offshore medic certificates**

29 Offshore medic certificates are valid for three years. However, a medic can attend an offshore medic requalification course up to three months **before** the expiry date on their certificate. The new certificate will then be effective from that expiry date.

## **Offshore medic requalification courses**

### **Validation of students**

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

### **Course content**

31 Offshore medic requalification training should include practical retraining, where appropriate, as well as providing a summary of advances in knowledge and a review of relevant practical offshore experience. Subjects to include in requalification courses are shown in Appendix 7.

### **Duration**

32 Offshore medic requalification courses should contain at least 60 contact hours, which include the final assessment. 'Contact hours' refer to teaching and practical time and do not include lunch and breaks etc.

33 Usually, the course is run over a minimum of two weeks full-time. Continuing refresher training (eg using modular courses) is acceptable as a requalification course. Modular courses may be phased over three years as long as a full examination is taken at the end of that time.

## **Final assessment**

34 The final assessment should cover both theory and practice. Theory may be tested in a written paper before the final practical assessment, but the assessors may ask oral questions on theory during the final assessment.

35 The final assessment should be conducted by two suitably qualified assessors (see paragraphs 13-15).

36 Every candidate should be required to demonstrate proficiency in certain critical skills:

- cardiopulmonary resuscitation, which may include airway management and the use of an automated external defibrillator;
- control of bleeding;
- the management of the unconscious patient.

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

38 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 offshore medic certificate.

## Training equipment

39 It is important that 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

40 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	Room temperature 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?*

41 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?*

42 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 facilitate effective learning.

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

43 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?*

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

*Is the lesson plan followed?*

45 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?*

46 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?*

47 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?*

48 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?***

49 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?***

50 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?***

51 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**

52 Employers may need medics with specific training additional to the standard course. 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 offshore medic courses, or as stand-alone courses, and any certificate should be issued separately from the offshore medic certificate.

## Appendix 4: Training objectives for offshore medics

The aim of training is to prepare candidates for posts as offshore medics by

enabling them to be competent in the following areas:

- communicate effectively with shore-based medical services and to apply such care or treatment as they direct;
- 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;
- 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:
  - take a concise, accurate history of the patient’s symptoms;
  - perform a clinical examination;
  - establish basic information regarding the patient’s physical state, eg pulse, temperature, respiration, blood pressure;
  - have knowledge of the availability of other medical services, mobile or shore-based;
  - communicate effectively relevant medical information to a shore-based medical service;
  - understand and comply with the medical advice and directions of a medical practitioner when received;
  - give basic bedside care to sick and injured people;
  - undertake treatment for minor ailments and injuries, and supervise the continuation of such treatment;
  - initiate appropriate first-aid measures in cases of serious injury or illness;
  - apply appropriate resuscitation measures and initial treatment in cases of unconsciousness or critical illness;
  - 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);
  - initiate procedures designed to stabilise a patient’s medical condition and maintain vital functions;
  - 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;
  - recognise common infectious conditions and implement appropriate methods for isolation and treatment;
  - recognise common dental conditions, including indications for the emergency use of analgesics;
  - recognise common psychological and psychiatric conditions;
  - know the effects and side-effects of available drugs and the indications and contra-indications for their use in treatment;
  - be aware of the hazards of diving and understand the correct procedures for treating medical conditions associated with diving;
- 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);
- 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;
- understand food and general hygiene requirements offshore and be able to recommend improvements where required;
- 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;
- be capable of giving advice on the first-aid arrangements for visits to normally unattended installations;
- maintain the sick bay, its equipment and medical stores, order supplies and keep records of materials and drug usage;
- be familiar with the offshore medic’s role in emergency response plans;

- know the statutory requirements affecting the offshore medic's role.

## Appendix 5: Content of the offshore medic course

Offshore medics should study and be examined in the subjects required for the offshore first-aider's training course (see Appendix 6), 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:

- airway maintenance, artificial ventilation;
- intravenous infusions;
- urinary bladder catheterisation;
- endotracheal intubation;
- communicable (including sexually transmitted) diseases and infectious conditions;
- common eye conditions;
- common ear conditions;
- common skin conditions;
- common dental conditions;
- hyperbaric environment;
- decompression and its complications;
- individual clinical instruction as required;
- emergency medical services;
- communications, installation/vessel to shore;
- offshore occupational hazards and the prevention of risks to health;
- offshore hygiene requirements;
- psychiatric conditions;
- background to the offshore industry and offshore activities;
- standing orders and emergency plans;
- use and administration of drugs;
- stores and equipment;
- statutory requirements;
- keeping of detailed records.

## Appendix 6: 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.

## Appendix 7: Content of an offshore medic requalification course

Requalification courses should include the following subjects:

- acute medical and surgical emergencies;
- treatment of immersion;
- treatment of hypothermia and hyperthermia;
- management of the unconscious patient;
- treatment of shock, bleeding;
- hyperbaric environment;
- minor ailments;
- revision of practical techniques and procedures;
- medical services and communications;
- transport of patients;
- drugs and equipment;
- records;
- update on developments in occupational health, hygiene and health promotion;
- update on statutory requirements.

## 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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