

Offshore first aid and medic qualifications

How training organisations can gain and maintain approval



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Introduction

- 1 This guide explains how training providers can gain and maintain approval to run offshore first aid (OFA) and offshore medic (OM) courses under the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR).¹ It replaces and consolidates separate guidance for OFA and OM training published in 2016, following a review by the Health and Safety Executive (HSE). It will help training providers develop and maintain an appropriate standard of training and should be read in conjunction with the Approved Code of Practice and guidance: *Health care and first aid on offshore installations and pipeline works* (L123).² Training providers should also be familiar with HSE's offshore first aid web page.³
- 2 The accepted qualification for offshore first aiders is an OFA certificate issued after successful completion of an OFA course. Nurses registered with the Nursing and Midwifery Council, paramedics registered with the Health and Care Professions Council or offshore medics holding a current OM certificate can also undertake the roles and responsibilities of an offshore first aider (see Appendix 1).
- 3 The accepted qualification for offshore medics is an OM certificate issued after successful completion of an OM course. The roles and responsibilities of offshore medics are outlined in Appendix 2.
- 4 Offshore first aiders and offshore medics should complete a requalification course every three years to continue working in these roles.

Legal aspects

5 Regulation 5(1)(a) of OFAR requires the person in control of an offshore installation to provide adequate and appropriate equipment, facilities, medications and suitable personnel to enable first aid, and treatment under the direction of a registered medical practitioner, to be given to workers who are injured or become ill at work. In addition, regulation 5(1)(b) requires provision of suitable personnel for giving basic advice to workers about their health.

- 6 For the purposes of regulations 5(1)(a) and 5(1)(b), a person is not suitable unless they have undergone training and have obtained qualifications approved by HSE (regulation 5(2)(a)). The Approved Code of Practice (L123)² defines suitable persons as offshore medics (regulation 5(1)(a) and (b)) or offshore first aiders (regulation 5(1)(a) only). It defines these terms as follows:
- Offshore first aider means a person who holds a current OFA certificate issued by an organisation approved by HSE to train, examine and certify offshore first aiders.
- Offshore medic means a person who holds a current OM certificate issued by an organisation approved by HSE to train, examine and certify offshore medics.

Gaining and maintaining HSE approval to run offshore first aid and/or offshore medic courses

7 This section provides detailed information on how training providers can gain and maintain approval through HSE to run OFA and/or OM courses. Under the Health and Safety and Nuclear (Fees) Regulations,⁴ HSE charges fees for the various elements of the approval process. Current fees are available on HSE's offshore first aid web page.³ HSE will invoice training providers for the appropriate fee.

How to apply to gain approval

- 8 Your organisation should complete the approval application form available on HSE's offshore first aid web page.³ You should send the completed application form and copies of the information specified in the checklist on that form by email to: offshore-first-aid-and-medic@hse.gov.uk.
- 9 HSE will acknowledge receipt of your application and arrange for you to be invoiced for the appropriate fee. On reviewing your application, HSE will assess it against the standard of training set out in paragraphs 22-55 of this guidance, inform you of the outcome and indicate if you need to provide further information. Requesting further information may delay processing of your application. The fee is not refundable if your application is unsuccessful or you withdraw it once the assessment has begun.
- 10 Provided your application is satisfactory, HSE will issue a provisional certificate of approval (which will contain your unique HSE approval number) for 12 months so you can start running training courses. During this period, HSE will contact you to arrange a visit to see your training premises and assess training against the training standard. The application fee covers the cost of this visit.

- 11 Following the visit, the visiting officer will submit a report of the findings, which HSE will consider and then inform you of the outcome. Minor improvements may be resolved through correspondence. To address major improvements, HSE may request an additional visit once you confirm you have made the necessary changes. You will be charged a fee for any additional visit.
- 12 Following a satisfactory outcome, HSE will issue a full certificate of approval for five years from the start date of your provisional approval.
- 13 If a visit can't be arranged during the provisional approval period, HSE will not be able to issue a full certificate of approval. If you wish to reapply for approval, you should submit a new application and pay the appropriate fee.

How to maintain approval

- 14 During a five-year certification period each training provider will be subject to at least one visit to assess training against the training standard. When a visit is due, HSE will contact you to arrange a convenient date. You will be charged a fee for the visit.
- 15 Following the visit, the visiting officer will submit a report of the findings, which HSE will consider and then inform you of the outcome. Minor improvements may be resolved through correspondence. To address major improvements, HSE may request an additional visit once you confirm you have made the necessary changes. You will be charged a fee for any additional visit.
- 16 Following a satisfactory outcome, HSE will issue a new certificate of approval for five years.
- 17 If a visit can't be arranged, HSE will not be able to issue a new certificate of approval. If you wish to reapply for approval, you should submit a new application and pay the appropriate fee.

Cancellations

18 If you need to cancel a visit you should notify HSE, giving at least three working days' notice before the date of the visit. You may be charged a cancellation fee if you do not give enough notice.

Appeals

- 19 You may appeal against HSE's decision:
- not to issue your organisation with a certificate of approval;
- to request an additional visit; or
- to revoke your organisation's approval status.

20 If you wish to appeal, you should send supporting documentary evidence within 28 days of receiving formal notice of the decision, to HSE's Principal Medical Adviser at: offshore-first-aid-and-medic@hse.gov.uk.

Complaints

21 HSE will ask anyone making a verbal complaint about your organisation to confirm it in writing. To investigate a formal, written complaint, HSE will ask you to provide written information on which to base its judgement and may conduct an unannounced visit to your organisation. You will be charged a fee for any such visit if the complaint is upheld.

Training standard

22 This section sets out the requirements of the training standard that training providers should meet to gain and maintain approval to run OFA and/or OM courses. The standard applies to both OFA and OM training courses unless it specifies where particular elements apply to only one type of training course.

Administrative system

23 You should have an efficient system for recording, storing and retrieving training information, retaining records for at least the duration of an OFA or OM certificate. Records should contain:

- course dates with names of trainers and assessors used;
- names and details of students, including assessments; and
- requalification dates of students.

Certificates

24 Certificates issued to successful students on satisfactory completion of the final assessment are valid for three years and should contain:

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

Trainers and assessors

Numbers

25 You should have at least two individuals who are competent to train students and two different individuals who are competent to conduct final assessments.

Qualifications and experience

26 At least one trainer and one assessor should have knowledge of the offshore working environment. Each trainer and assessor should have a personal portfolio that contains:

- a current OFA or OM certificate, as appropriate, unless they are exempt (see paragraphs 27-28);
- a regulated training and/or assessing qualification, as appropriate, regulated by one of the UK educational regulators (Ofqual, Scottish Qualifications Authority, Qualifications Wales, Council for the Curriculum, Examinations and Assessment);
- a detailed list of OFA/OM training/assessing (or other first aid training/ assessing relevant to the OFA/OM syllabus) during the previous three years; and
- evidence of knowledge of the offshore working environment, where applicable.

Exemptions from the requirement to hold an offshore first aid or offshore medic certificate

27 To train or assess students, the following groups are exempt from holding an OFA or OM certificate:

- doctors registered with the General Medical Council (GMC);
- nurses registered with the Nursing and Midwifery Council (NMC); and
- paramedics registered with the Health and Care Professions Council (HCPC).

28 For the exemptions to apply, the trainer/assessor should demonstrate current experience (within the previous three years) of first aid skills.

Additional requirements for offshore medic training

29 For OM training, at least one of the trainers should be a registered medical practitioner with relevant knowledge of acute medical care maintained through current clinical practice. This trainer, or another competent health professional with relevant and current knowledge of acute medical care (a doctor registered with GMC, a nurse registered with NMC or a paramedic registered with HCPC), should be responsible for overseeing all clinical aspects of the training. They should ensure the clinical competence of those involved in training and assessing clinical elements of the course. Ideally, they should attend any visit to assess training. If they are not available during the visit, it may delay following up any clinical issues identified by the visiting officer.

30 At least one of the assessors should be a health professional, either a doctor registered with GMC, a nurse registered with NMC or a paramedic registered with HCPC.

Quality assurance

31 You should have a quality assurance plan for:

- reviewing the skills of trainers and assessors at least annually and acting on the findings as appropriate; and
- evaluating the effectiveness of training/assessing based on student feedback and acting on the findings as appropriate.

32 There should be a complaints procedure, which you should give to each student before training begins.

First aid practice

33 OFA and OM knowledge and skills should be taught and assessed in accordance with currently accepted first aid practice in the UK. HSE accepts the first aid management of injuries and illness, which relate to the topics covered in OFA and OM courses, as laid down:

- by the Resuscitation Council (UK), whose guidance includes standards for training in the use of an automated external defibrillator (AED) and advanced life support; and
- in the first aid manual of the Voluntary Aid Societies (St John Ambulance, British Red Cross, St Andrew's First Aid); or
- in other publications, provided they are in line with the two above or supported by a responsible body of medical opinion in the UK.

Syllabus and structure of initial offshore first aid and offshore medic training courses

General aspects

34 The training should ensure that all students can adequately demonstrate their competence in all elements of the course. Where practicable, you can tailor it to meet the needs of individuals and/or their employers. However, it should still address all the competencies set out in Appendices 1 and 2. You should not combine initial and requalification courses.

35 There should be a lesson plan for each syllabus topic, containing aims, objectives and outcomes. The trainer should use theory and practical tests to assess a student's knowledge, skills and understanding of each syllabus topic. You should retain evidence in your records that each student has been satisfactorily assessed and demonstrated their competence in all syllabus topics.

Initial offshore first aid course

36 The competencies to cover in an initial OFA course are shown in Appendix 1.

37 An OFA course should contain at least 30 contact hours, including the final practical assessment, run over a minimum of four days. However, the course can run over a period not exceeding 13 weeks where each session lasts at least two hours.

Initial offshore medic course

- 38 The competencies to cover in an initial OM course are shown in Appendix 2. In addition, the offshore medic should be competent in all elements of the initial OFA course (see Appendix 1).
- 39 An OM course should contain at least 120 contact hours, including the final practical assessment. Normally, the course is run over a minimum of four weeks full-time. You may also consider other models for delivering the training such as blended learning courses. The latter may allow delivery of more theoretical elements of the course through distance/e-learning. You should have an assessment process to evaluate the knowledge and understanding of students on completion of each distance/e-learning component.
- 40 To gain clinical experience, two weeks (60 hours) of the four-week OM course should comprise an attachment to a UK-based topside doctor clinic, hospital accident and emergency department or GP surgery. This clinical placement provides an opportunity for students, before qualifying, to practise skills they have been taught and observe health professionals demonstrating those skills in a clinical setting. In addition, students can ask questions about the techniques and undergo assessment by the tutor through questioning and/or by demonstrating their skills in the clinical setting.
- 41 You should obtain a letter from each organisation confirming their agreement to provide a clinical placement. You should make sure there is appropriate liability insurance covering placements, but you are not responsible for checking the qualifications and experience of personnel who provide the training at these external sites.
- 42 Evidence of attendance at clinical placements should be provided through using log books. The trainer should review the log book to confirm students practised and observed relevant skills and that this is signed off by the tutor.

Syllabus and structure of offshore first aid and offshore medic requalification training courses

General aspects

- 43 An offshore first aider or offshore medic can attend a requalification course up to three months before the expiry date on their certificate and the new certificate will be effective from that expiry date.
- 44 Students should have a current and valid OFA or OM certificate, as appropriate, on attending a requalification course. Pre-course information should make this clear. You should check a student's certificate before they start a requalification course.
- 45 In exceptional circumstances, where a student's OFA or OM certificate has expired, they can attend the requalification course, provided they can complete it within three months of the expiry date on the previous certificate. Where the expired period is more than three months, it may be sensible for them to attend the full course. An offshore first aider or offshore medic cannot practise unless they hold a current, valid OFA or OM certificate as appropriate.

Offshore first aid requalification course

- 46 The competencies to cover in an OFA requalification course are shown in Appendix 1.
- 47 The course should contain at least 12 contact hours, including the final assessment, run over a minimum of two days. However, the course can run over a period not exceeding six weeks where each session lasts at least two hours.

Offshore medic requalification course

- 48 OM 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. The competencies to cover are shown in Appendix 2.
- 49 The course should contain at least 60 contact hours, including the final assessment. Normally, the course is run over a minimum of two weeks full-time. You may consider other models for delivering the training (see paragraph 39). Practical retraining does not have to be entirely classroom based, with practical skills being demonstrated through a clinical placement (see paragraphs 40–42).

Final assessment

50 The final assessment should determine a student's proficiency in the following critical skills:

- management of an unconscious casualty;
- cardiopulmonary resuscitation (CPR), which may include airway management and use of an AED; and
- control of bleeding.

51 Two suitably qualified assessors, who have not been involved in the training, should conduct the final assessment. It should cover both theory and practice. Theory may be tested in a written paper before the practical assessment, but the assessors may ask oral questions on theory during the practical assessment.

52 You should have a procedure in place for students who fail the final assessment and wish to appeal against the outcome.

53 You should only issue an OFA or OM certificate when the student has adequately demonstrated their competence in all aspects of the syllabus. This should be verified by both assessments conducted during the course and the final assessment. For OM courses, you should also make sure there is evidence of competence in relevant skills from the clinical placement.

Training equipment and venue

54 There should be a sufficient range and quantity of equipment to support students in all aspects of training. Where appropriate, procedures should be in place for maintaining hygiene when using equipment.

55 Training premises should be an appropriate size, suitable for training and assessing students, and accommodating their welfare needs.

Candidates for offshore medic training

56 Candidates who are suitable to attend the OM training course are likely to be experienced nurses registered with NMC or experienced paramedics registered with HCPC. However, other people may be suitable if they have appropriate, underpinning core skills allied to medicine and nursing, and recent, relevant experience of using these skills immediately before attending the course.

57 Where candidates have alternative qualifications and/or competencies, the training provider should determine their suitability by consulting with the medical practitioner involved in delivery of OM training. For example, all army combat medical technicians, Royal Air Force medics, and Royal Navy medical and leading medical assistants maintain competency log books (covering primary and acute care topic areas) signed off by a competent health care professional. This information can be used as evidence when assessing their suitability for undertaking OM training.

Additional training

58 Employers may need offshore first aiders and medics with specific training additional to OFA and OM courses, for example so they can provide first aid in incidents arising from work with particular hazards such as hydrofluoric acid, cyanide or confined spaces.

59 The content of these additional training courses is not specified by HSE, and HSE approval is not required to run them. They can be provided as an extension to OFA or OM courses, or as stand-alone courses. The certificate issued following successful completion of additional training should be separate from the OFA or OM certificate.

Appendix 1 Roles, responsibilities and competencies of offshore first aiders

Roles and responsibilities

The main responsibilities of the offshore first aider are to:

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

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.

Competencies covered in the initial offshore first aid course

On completion of their training, successful candidates should be able to demonstrate the following competencies:

- assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- administer CPR, and safely use and maintain AEDs, manual resuscitators, manual suction devices, oropharyngeal airways and oxygen supplies;
- recognise the presence of major illness and provide appropriate first aid (including heart attack, stroke, seizures, and asthmatic and diabetic emergencies);
- administer first aid to a casualty who:
 - is bleeding;
 - is unconscious;
 - 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;
 - has a bone, muscle or joint injury, including suspected spinal injury;
 - has an eye injury;
 - has been burned or scalded, or has inhaled hot gases or smoke;
- recognise minor injuries and illnesses and take appropriate action;

- redress wounds and perform other follow-up treatment which can be carried out by offshore first aiders;
- evacuate 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 relief of pain, and to administer Entonox safely and effectively;
- communicate and delegate promptly and effectively in an emergency; and
- understand the role of the first aider including reference to:
 - the importance of preventing cross-infection;
 - use of available equipment;
 - the need for adequately recording incidents and actions, and keeping contemporaneous records.

Offshore first aid requalification course

Requalification training should retest the competence of offshore first aiders in accordance with the competencies listed in the initial OFA course and should include:

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

Appendix 2 Roles, responsibilities and competencies of offshore medics

Roles and responsibilities

The treatment role of offshore medics is crucial in the event of an injury or acute illness and they may be called upon to exercise skills which they have few opportunities to practise. However, much of their workload may also consist of consultations over minor ailments. The competencies set out in this appendix are based on the offshore medic's general responsibilities, which are to:

- provide on-site first aid care to all those on the installation or vessel;
- initiate on-site treatment of illness, which may include medical and surgical emergencies;
- 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;
 - advise managers on the need for evacuation;
 - assess, in consultation with the 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;
- be aware of the complexities and hazards of diving operations and the measures appropriate to the treatment of divers. In the event of an incident where a diver has a medical issue, 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 OFAR, but the offshore medic should be able to offer help and assistance, where appropriate;
- understand their role in emergency plans and to cooperate with the dutyholder and others involved in implementing the plans; and
- give simple advice on providing a healthy living and working environment offshore. This includes advice on lifestyle issues, welfare, health promotion and on factors which might cause ill health, eg food hygiene, water quality, occupational hazards etc. This requires knowledge of dutyholders' programmes for managing health issues and an ability to identify hazards to health and advise on preventive measures.

Offshore medics may have other functions, but these additional roles should not conflict with or jeopardise their primary role of providing the services required by OFAR. For example, they should not be assigned two different roles in an emergency, nor should a secondary role be so time-consuming or fatiguing that it compromises 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.

Where additional roles are assigned, they should complement the offshore medic's main functions. For example, an offshore medic may be able to assist the person in control in carrying out 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, noise and vibration;
- monitoring food hygiene and water quality; and
- providing basic first aid training (providing they have the appropriate training, skills, experience and time to do this).

Competencies covered in the initial offshore medic course

Offshore medics should study and be examined in the subjects required for the offshore first aider's training course (see Appendix 1), but in greater depth than is required for offshore first aiders.

On completion of their training, successful candidates should be able to demonstrate the following competencies:

- communicate effectively with shore-based medical services and apply such care or treatment as they direct;
- cooperate with a medical practitioner and provide treatment in accordance with their directions in circumstances where it is not practicable or necessary for them 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;
 - undertake general observations of a patient's physical state (eg pulse, temperature, respiratory rate, blood pressure);
 - have knowledge of the availability of other medical services (mobile or shore-based), and communicate relevant medical information effectively:
 - understand and comply with the medical advice and directions of a medical practitioner;
 - give basic bedside care to ill and injured people;

- 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 advanced airway management (eg laryngeal mask, endotracheal intubation), intravenous therapy 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;
- treat minor ailments and injuries, and supervise the continuation of such treatment;
- 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;
- recognise communicable (including sexually transmitted) diseases;
- recognise common eye conditions;
- recognise common ear conditions;
- recognise common skin conditions;
- know the effects, side effects and interactions of available drugs, and the indications and contraindications 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 write brief reports and letters of referral (maintaining confidentiality);
- provide simple advice to offshore personnel regarding their health problems and indicate 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 on how health risks arising from these hazards may be minimised;
- be able to give 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; and
- have background knowledge of the offshore industry and offshore activities.

Offshore medic requalification course

Requalification courses should include the following subjects and successful candidates should be able to demonstrate they are competent in all these topics:

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

References

- 1 The Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 SI 1989/1671 The Stationery Office www.legislation.gov.uk/uksi/1989/1671/made
- 2 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 (Third edition) HSE Books 2016 www.hse.gov.uk/pubns/books/l123.htm
- 3 HSE offshore first aid web page: www.hse.gov.uk/firstaid/offshore.htm
- 4 The Health and Safety and Nuclear (Fees) Regulations 2016 SI 2016/253 The Stationery Office (Reviewed yearly) www.legislation.gov.uk/uksi/2016/253/made

Further information

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