Introduction

1 This guidance explains how to gain and maintain approval to run offshore medic courses. It also provides an overview on the legal aspects of offshore first aid provision for the purposes of the Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR).

2 The guidance will help new and existing training providers develop and maintain appropriate standards of offshore medic training and should be read in conjunction with the Approved Code of Practice (ACOP).

3 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 the practice of first aid and training first-aiders, both offshore and onshore.

4 At 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 an offshore first-aid requalification course if they wished, but this would result in the award of an offshore 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

5 OFAR requires 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. 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’.

6 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.
7 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.

8 ‘Suitable persons’ are defined in the ACOP 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).

9 These terms are defined in the ACOP as follows:

‘offshore first-aider’ means a person who holds a current Offshore First-Aid 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 Offshore Medic Certificate issued by an organisation approved by HSE to train examine and certify offshore medics.

10 The ACOP is the sole basis for the definition of the term ‘offshore medic’ and links that definition to the OFAR regulations.

Gaining and maintaining HSE approval to run offshore medic courses

General aspects

11 This section provides detailed information on how training organisations can gain and maintain approval, through HSE’s Corporate Medical Unit (CMU), to run offshore medic courses.

The role of CMU

12 CMU 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

13 HSE charges fees for the various elements of the approval and monitoring process. HSE will inform you of the fees as appropriate.

Records of training organisations

14 CMU will keep all records in accordance with the Data Protection Act 1998. CMU will retain documentation from original approval applications for a minimum of five years from the date when full approval was granted.

Candidate suitability

15 HSE guidance stipulates that candidates who are suitable to attend the offshore medic course will be either experienced nurses registered with the Nursing and Midwifery Council (NMC) or experienced paramedics registered with the Health
and Care Professions Council (HCPC). However, others may be suitable subject to them having the necessary and underpinning core skills allied to medicine and nursing, and extensive experience of using these skills immediately prior to attending the course.

16 Where candidates have alternative qualifications and/or competencies, the training provider can determine the candidate’s suitability by consulting with the medical practitioner involved in the delivery of offshore medic training. For example all Army Combat Medical Technicians, Royal Air Force Medics and Royal Navy Medical and Leading Medical Assistants are required to maintain competency log books (covering primary and acute care topic areas) whose validity is signed off by a competent healthcare professional. Where this evidence is not available or not current, a training provider may wish to further consider the candidate’s suitability.

**Gaining approval**

**Submitting your application**

17 The fee charged for approval covers all assessment activities carried out by CMU and other HSE staff including the original approval monitoring (OAM) visit. The fee is not refundable if the application is not successful or if it is withdrawn once the evaluation has begun. Fees are outlined on HSE’s website.4

18 Your organisation needs to complete an original approval questionnaire and to provide copies (do not send originals) of the following information (‘Appendix 3’ has further details):

- 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;
- evidence to show which hospital departments or general practitioners have agreed to participate in training placements for your organisation;
- a timetable for the initial offshore medic training syllabus;
- a timetable for the offshore medic requalification syllabus;
- the final assessment procedure;
- your organisation’s training equipment;
- details of the premises to be used for training.

19 If you do not supply this information it will delay processing of your application.

20 Send the following documentation to CMU:

- 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) or an invoice request for the application fee.
21 The full contact details for CMU are:

   Corporate Medical Unit
   Health and Safety Executive
   Redgrave Court
   Merton Road
   Bootle
   Merseyside
   L20 7HS

22 CMU will acknowledge receipt of the documents and cheque, if requested. On assessing your application CMU will inform you of the outcome and whether additional information is required. If additional information is required this may delay the processing of your application.

Provisional approval
23 When satisfied that you have provided a complete and satisfactory set of information, CMU will issue you with a provisional certificate of approval allowing you to carry out medic training for six months.

Approval monitoring visit
24 During this time, CMU will ask you to provide dates of courses you intend to run in order to arrange an OAM visit. This visit will be conducted by HSE’s medical contractor 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 our medical contractor can arrange a mutually convenient date with you.

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

26 Following a satisfactory outcome, CMU 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 your provisional approval commenced.

Maintaining approval
Post-approval monitoring visit
27 Post-approval monitoring (PAM) visits assess whether the training standard is being maintained. Each training provider will have at least one PAM visit during its five-year certification period. The 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 PAM visit.

28 When your organisation’s PAM visit is due, CMU will send you a notification. Either CMU or the medical contractor will contact you to arrange a mutually convenient date for the visit within 3 months of the notification. If the visit cannot occur within this time, HSE will suspend your approval until a visit can be arranged, provided the certificate of approval remains in date.
29. Following the visit, the medical contractor will provide CMU with a report. CMU will consider the findings and inform you of the outcome. If your organisation needs to make improvements, CMU will indicate what is required. Minor improvements are resolved through correspondence. If major improvements are needed, CMU may instruct the medical contractor to carry out an additional visit once you have notified CMU that the improvements have been made. There is a fee charged retrospectively for any additional visit.

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

Cancellations
31. If you need to cancel an OAM visit or PAM visit you should notify CMU, giving at least three working days' notice before the start 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 they intend to continue offshore medic training. You will need to apply to CMU at least one month before the expiry date of your organisation's current certificate of approval. Please note CMU 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) or request to be invoiced for the current renewal fee, to CMU 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, Science Directorate
Health and Safety Executive
Redgrave Court
Merton Road
Bootle
Merseyside
L20 7HS

35. You should make such representation within 28 days of receiving formal notice of the decision. It should be accompanied by full supporting documentary evidence.

Complaints
36. CMU will ask anyone making a verbal complaint about your organisation, to confirm it in writing. To investigate a formal, written complaint, CMU will 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 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 to:
   - provide on-site first-aid care;
   - assist in the management of serious incidents involving multiple casualties;
   - provide general support to the offshore medic;
   - 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 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:
   - 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 full name of the approved training organisation and their HSE certificate of approval number;
   - 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 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 7–16) 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. CMU 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 19).

Qualifications and experience of trainers
7 Training on any single offshore medic course should be given by at least two people. One of those 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 who has an extensive knowledge of trauma care (eg a consultant in accident and emergency medicine or a consultant intensivist) that is maintained through current clinical practice.

9 Other trainers may be:

- 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 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);
- 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 or evidence of having conducted two relevant practical and theoretical training sessions under the supervision of a qualified assessor;
- where applicable under paragraph 7, evidence of knowledge and/or experience of the offshore working environment.

11 Offshore medic courses will include attachments to topside doctor clinics, hospital (accident and emergency) departments or general practitioners to gain clinical experience. We understand that for certain non-NHS students it may be difficult to get consent to do this. You should note that it is a specific requirement for new offshore medics and those undertaking the four week course (120 hours duration). This clinical placement should last at least two weeks (60 hours duration). There should be evidence of attendance through the use of log books. The
purpose of the clinical placement is to provide an opportunity for students, before qualifying, to practise the skills they have been taught and observe others with that skill demonstrating its application in a clinical setting relevant to offshore work and offshore workers. It also provides students with an opportunity to ask about the practicalities of using certain techniques and be assessed by the practical tutor through questioning and/or by demonstrating their skills in a clinical setting.

12 Organisations providing clinical experience should be named in advance of the training. A letter from each organisation confirming their agreement to provide the placement must be submitted to HSE at the time of your application. You will be responsible for ensuring that there is appropriate liability insurance in place for clinical placements. If the organisations you use to provide these clinical placements change, you are responsible for ensuring these arrangements are also in place for the new organisations. You may need to make the details available to HSE if requested. You are not responsible for checking the qualifications of the staff who participate in training at these external sites, and the external trainers do not need to maintain portfolios.

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, ie doctor, nurse or paramedic 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);
- 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 or evidence of having conducted two relevant practical and theoretical assessments under the supervision of a qualified assessor;
- Where applicable under paragraph 13, evidence of knowledge and/or experience of the offshore working environment.
**Formal training/teaching and assessing qualifications**

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

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

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Train</th>
<th>Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 (D32/33) – Assess candidates using a range of methods</td>
<td>-</td>
<td>✓</td>
</tr>
<tr>
<td>A2 (D32) – Assess candidates’ performance through observation</td>
<td>-</td>
<td>✓</td>
</tr>
<tr>
<td>Cert Ed, PGCE, B Ed, M Ed</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CTLLS/DTLLS</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>English National Board 998</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>First Aid at Work Trainer/Assessor qualification*</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Further and Adult Education Teacher’s Certificate</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>IHCD Instructional Methods</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>IHCD Instructor Certificate</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Learning and Development Unit 9D – Assess workplace competence using direct and indirect methods</td>
<td>-</td>
<td>✓</td>
</tr>
<tr>
<td>Learning and Development Unit 9D1 – Assess workplace competence using direct and indirect methods</td>
<td>-</td>
<td>✓</td>
</tr>
<tr>
<td>Nursing mentorship qualifications</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PTLLS</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>PTLLS with unit ‘Principles and Practice of Assessment’</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>QCF Qualifications based on the Learning and Development NOS for assessors</td>
<td>-</td>
<td>✓</td>
</tr>
<tr>
<td>S/NVQ level 3 in training and development</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>S/NVQ level 4 in training and development</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>TQFE (Teaching Qualification for Further Education)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Training Group A22, B22, C21, C23, C24</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Level 3 Award in Education &amp; Training</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Level 4 Certificate in Education &amp; Training</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Level 5 Diploma in Education &amp; Training</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*From 31 March 2018 this qualification will no longer be considered valid for the purposes of demonstrating competence to train or assess offshore medics. Instead the trainer/assessor should hold one of the alternative qualifications listed in Table 1.

**No formal qualification in teaching/assessment**

17 If the trainer/assessor has no formal qualification, then CMU 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. However, HSE would expect such individuals to obtain a suitable training/assessing qualification within two years from 31 March 2016. There should be evidence that the individual has conducted at least two practical and theoretical first-aid training/assessing sessions under the supervision of a qualified assessor.
Quality assurance

Monitoring the skills of trainers and assessors
18 There should be a quality assurance plan, identifying: the methods used for reviewing the skills of trainers and assessors; who will carry out the monitoring; and its frequency. 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 contractor conducting a monitoring visit.
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 should be 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. HSE accepts the first-aid management of injuries and illness which 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 (AED) and advanced life support;
- in the current edition of 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.

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 contractor at monitoring visits.

Table 2 An example of a lesson plan

**Topic:** Perform cardiopulmonary resuscitation (CPR)
**Time:** Two hours
**Aim:** To demonstrate effective adult CPR to a casualty who is unconscious and not breathing

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

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

**Duration**
27 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.

28 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 HSE.

**Class size**
29 The size of classes should be limited according to the available facilities. CMU recommends a limit of ten.

**Offshore medic certificates**
30 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 and the new certificate will be effective from that expiry date.
Offshore medic requalification courses

Validation of students
31 You should have systems in place to make sure students are not accepted for requalification training unless they have a current and valid offshore medic certificate. A student whose offshore medic certificate has expired can attend the requalification course provided they can complete it within three months of the expiry date on the original qualification. Where the expired period is more than three months it may be prudent to attend the full course again. Until offshore medics have requalified they are not considered to be competent under the regulations. Training providers should check all students’ offshore medic certificates before they start a requalification course.

Course content
32 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
33 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.

34 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
35 The final assessment of all courses 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 practical assessment.

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

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

- CPR, which may include airway management and the use of an AED;
- control of bleeding;
- the management of an unconscious patient.

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

39 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 with all aspects of the offshore medic syllabus should an offshore medic certificate be issued.
Training equipment

40. 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

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor coverings</td>
<td>Should be suitable, e.g., mats/blankets for use during practical sessions</td>
</tr>
<tr>
<td>Learning materials</td>
<td>Current reference books, flip charts etc should be available and appropriate to the lesson plan and aims, objectives and outcome</td>
</tr>
<tr>
<td>Audiovisual equipment</td>
<td>An overhead projector, slides, ‘PowerPoint’, and other audiovisual equipment appropriate to the lesson plan</td>
</tr>
<tr>
<td>CPR manikins</td>
<td>One manikin to every four students</td>
</tr>
<tr>
<td>AED (training model)</td>
<td>Minimum one to every ten students, ideally one to every four students</td>
</tr>
<tr>
<td>Manual resuscitators (bag, valve, mask)</td>
<td>One to every four students</td>
</tr>
<tr>
<td>Manual suction devices</td>
<td>One to every four students</td>
</tr>
<tr>
<td>Oropharyngeal airways</td>
<td>One per student</td>
</tr>
<tr>
<td>Oxygen administration equipment</td>
<td>One administration set to every ten students</td>
</tr>
<tr>
<td>Entonox administration equipment</td>
<td>One administration set to every ten students</td>
</tr>
<tr>
<td>Dressings/bandages</td>
<td>A sufficient quantity for the number of students</td>
</tr>
</tbody>
</table>

Training venue

41. Quality training involves using premises that are conducive to learning, i.e., of an appropriate size and not subject to intrusive noise. Training providers should ensure that any premises used for training are fit for purpose and can accommodate the welfare needs of the candidates.

Teaching standards

Preparation and planning

Are there adequate and sufficient training aids for the course?

42. Training aids should be appropriate 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?

43. All students require their own working area. 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?

44 If a lesson plan has no strict format, CMU 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 students’ understanding.

Effective delivery

Is there an effective introduction to each topic?

45 The trainer should introduce each topic effectively to enable students to understand the objectives of each session.

Is the lesson plan followed?

46 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?

47 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?

48 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?

49 Assessments should be continuous to make sure each 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?

50 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?

51 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?

52 Students 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

53 Employers may need medics with specific training additional to the standard course. The content of these additional training courses is not specified by HSE, and HSE approval is not 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: Offshore medic training objectives

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 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;
  - effectively communicate 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, endotracheal intubation, laryngeal mask 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).
■ 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 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: Competencies 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 all of the following subjects:

■ airway maintenance, artificial ventilation;
■ intravenous infusions;
■ urinary bladder catheterisation;
■ endotracheal intubation and laryngeal mask;
■ 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: Competencies of the offshore first-aid course

On completion of their training, successful candidates should be able to demonstrate they are competent 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 CPR including the use of AEDs and 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;
  - 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;
- 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: Competencies of an 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 subjects:

- acute medical and surgical emergencies;
- treatment of immersion;
- treatment of hypothermia and hyperthermia;
- management of an unconscious patient;
- treatment of shock, bleeding;
- hyperbaric environment;
- minor ailments and injuries;
revisions 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;
updates on statutory requirements.

References


4 HSE’s offshore first-aid web pages www.hse.gov.uk/firstaid/offshore.htm

Further reading

Basic advice on first aid at work Leaflet INDG347(rev2) HSE 2012 www.hse.gov.uk/pubns/indg347.htm

Basic advice on first aid at work Poster HSE 2011 www.hse.gov.uk/pubns/books/first-aid-poster.htm


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

HSE priced and free publications can be viewed online or ordered from www.hse.gov.uk or contact HSE Books, PO Box 1999, Sudbury, Suffolk CO10 2WA Tel: 01787 881165 Fax: 01787 313995.
HSE priced publications are also available from bookshops.

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