

REVISED ACoP AND GUIDANCE ON FIRST AID ON OFFSHORE INSTALLATIONS AND PIPELINE WORKS

REGULATORY IMPACT ASSESSMENT

PURPOSE AND INTENDED EFFECT

Issue

1. The Offshore Installations and Pipeline Works (First-Aid) Regulations 1989 (OFAR) came into effect on 13 September 1990. An ACoP and Guidance entitled 'First aid on offshore installations and pipeline works' that supports the Regulations came into effect on the same date. More recently, the Commission undertook a comprehensive review of offshore safety legislation and a more general review of the role and status of ACoPs. It considered that the supporting ACoP is more prescriptive than the Regulations themselves and that this level of prescription is undesirable. The Commission also concluded that whilst some key elements of the ACoP should be retained, much supporting detail should be guidance and did not require ACoP status. The Commission therefore requested the preparation of a revised ACoP.

Risk Assessment

2. The proposals are not specifically targeted at reducing risks at source. The objective is to encourage more accurate assessment of first aid needs which may lead to improved care for sick or injured workers.

Objectives

3. The revised ACoP aims to:
- a. achieve consistency with the approach taken in revising the onshore ACoP and Guidance on the Health and safety (First-Aid) Regulations 1981;
 - b. make the approach more goal-setting;
 - c. change the status of material that was previously ACoP to become guidance;
 - d. ensure consistency with EU requirements, particularly in the Extractive Industries (Boreholes) Directive on first aid rooms and equipment;
 - e. update the content to reflect recent legislative changes offshore and current offshore practice concerning the role of offshore medics.

Options considered

4. There were two main options considered:
 - a. issue the revised ACoP and guidance as proposed;
 - b. retain the present position. This would mean the ACoP and guidance continues to be confusing and prescriptive. Recent changes in legislation would not be incorporated, nor would current offshore practice concerning the role of offshore medics. Common areas of approach with the onshore first aid ACoP and guidance would not be established.

Information sources

5. As there were no new requirements included in these proposals it was decided not to undertake a preliminary survey of industry though this assessment is subject to a detailed examination during formal consultation. Costs and benefits of this ACoP are calculated over the appraisal period 2001/2 – 2010/11.

BENEFITS

Health and safety benefits

6. The proposals will have little effect on the risks to which employees are exposed offshore, thus no health and safety benefits are expected. Encouraging more accurate assessment of first aid needs may lead to a small benefit in improved care for sick or injured workers.

Other benefits

Operational/cost savings

7. The proposals bring the ACoP and Guidance up-to-date in terms of allowing for technological developments and increased consistency with other Regulations and EU requirements. It is therefore expected that the proposals will reduce problems of interpretation for industry and that this will produce a small benefit to industry.
8. Industry may also benefit from the less prescriptive nature of the ACoP and Guidance, in particular increased flexibility in assessing their own first-aid needs. For instance the current guidance recommends duty holders to hold a wide range of first-aid equipment, some are up to the duty holder, reflecting the risks to which the workers are exposed. However, some may decide to hold the same equipment as before. Therefore it is difficult to quantify any cost savings that may arise.

9. There may be additional cost savings from allowing trained and qualified assessors to be used for examination purposes, this is in addition to allowing the use of qualified trainers as specified in the CD. This will not add to costs, but may help training bodies to find examiners and may have a small potential for a cost saving. Similarly, dropping the requirement in the current ACoP for trainers and examiners to have experience of working conditions offshore may make it easier for training bodies to find trainers and examiners. This may also provide scope for savings, as most offshore training bodies also train onshore first aiders but these benefits are difficult to quantify.

10. Over time, reducing problems of interpretation may result in a reduction in queries to the HSE from industry and therefore result in some small time savings.

COSTS

Business sectors affected

11. The ACoP and Guidance applies to offshore installations (it is estimated that there are around 300 offshore installations in the UK sector in a typical year), pipeline works and specified activities (including construction, repair and dismantling), when carried out from a vessel in connection with offshore installations. The 25 training organisations approved by HSE to train offshore medics and/or offshore first aiders will also be affected by the proposals.

Compliance costs to business, charities and voluntary organisations

12. The cost implications of these proposals are considered to be marginal as no new requirements are being introduced. The main cost to industry is expected to be the time taken to familiarise itself with the new ACoP and Guidance. This will involve:

- a) a small number of managers/health and safety professionals on behalf of duty holders in the offshore sector, and
- b) the 25 training organisations approved by HSE to train offshore medics and first aiders.

This is expected to take no more than a few hours per person, as the proposals contain nothing new in terms of requirements. The emphasis on assessment combined with a less prescriptive ACoP may mean that identifying needs takes a little longer than at present. Overall, however, the costs are expected to be small.

13. We might expect to see some small cost changes from changing the training objectives for offshore first aiders into competencies, along the lines of those for onshore first aider training. This is expected to add little, if anything, to costs as training bodies will simply need to check their course still complies with the syllabus in the ACoP.

14. In addition, since the CD, the treatment of hypothermia and the use of entonox and defibrillation have been added to the training course syllabus for

first aiders. Again there may be a small additional cost here if training bodies do not already provide this training. Those that do not, will not need to make minor amendments to their training course and may also need to purchase some equipment for demonstration purposes. However, we expect these costs to be fairly minor.

Compliance costs for a 'typical' business

15. As we have not estimated costs for industry it is not possible to quote costs for a typical business. However, if one assumes that on average the main cost per firm will involve one safety professional in familiarising themselves with the proposals it is likely that the costs will be very small.

Impact on small and medium sized businesses

16. As the offshore industry is characterised by large-scale operations these proposals are likely to have very little or no impact on SMEs. The training organisations are mostly small, but as with other organisations affected, the only costs incurred will be in becoming familiar with the new ACoP.

Costs to HSE

17. Costs incurred prior to consultation and the consultation process itself are assumed to be non-recoverable and are not included. In effect, this excludes costs incurred prior to 1999/2000. It has been estimated that the work involved 0.4 person years of a Band 4 and 0.2 years of a Band 2. Using the (provisional) 1999/2000 HSE ready-reckoner, average salary cost for a Band 2 and Band 4 Administration (London) are £50,135 and £29,316 respectively. This gives rise to a cost of £21,753. This is uprated by 1.8%, the historical trend of an average annual real earnings growth, to give total costs to HSE in 2001/2 prices of £22,140.

Total costs to society

18. The total cost of the proposals is therefore estimated to be £22,140 costs to HSE, plus an unqualified, though small, cost to industry in becoming familiar with the ACoP and Guidance.

ENVIRONMENTAL IMPACTS

19. No significant environmental impacts are expected from these proposals.

BALANCE OF COSTS AND BENEFITS

20. The total cost of the proposals is estimated to be £22,140 in costs to HSE, plus an unquantified, though small, cost to industry in becoming familiar with the ACoP and Guidance. The benefits of the proposal are unquantifiable but it seems likely that the ongoing savings to industry, and increased flexibility allowed, from an updated ACoP and Guidance should

ensure that as a minimum benefits will balance with the small one-off costs involved.

Uncertainties

21. Since the proposals add little that is new there is comparatively little uncertainty over the assessment of costs and benefits.

Arrangements for monitoring and evaluation

22. OSD are considering including the evaluation of compliance with the ACoP as an Inspection Project in their Work Plan for 2002/3. We will then be able to evaluate the effects of the revised ACoP in 2003/4.

Contact point and date

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